

HSCRC Community Benefit Reporting Narrative

I. General Hospital Demographics and Characteristics:

1. Table I: Primary Service Area Description:

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
125	7736	20646, 20602, 20601, 20603, 20640, 20695	Southern Maryland Hospital Center (20602)	Charles County: 6.8%*	Charles County: 22.7%*

*2012 US Census Bureau, American Community Survey

2. Describe the community the hospital serves:

a. Description of Community Benefit Service Area:

The Community Benefit Service Area for Civista Medical Center is all 28 zip codes located within the borders of Charles County. This includes the six zip codes identified as the Primary Service Area. Civista Medical Center is Charles County’s only hospital and, as such, serves the residents of the entire county.

Geography

Charles County is located 23 miles south of Washington, D.C. It is one of five Maryland counties, which are part of the Washington, DC-MD-VA metropolitan area. At 458 square miles, Charles County is the eighth largest of Maryland’s twenty-four counties and accounts for about 5 percent of Maryland’s total landmass. The northern part of the county is the “development district” where commercial, residential, and business growth is focused. The major communities of Charles County are La Plata (the county seat), Port Tobacco, Indian Head, and St Charles, and the main commercial cluster of Hughesville-Waldorf-White Plains. Approximately 60 percent of the county’s residents live in the greater Waldorf-La Plata area. By contrast, the southern (Cobb Neck area) and western (Nanjemoy, Indian Head, Marbury) areas of the region still remain very rural with smaller populations.

Population

Charles County has experienced rapid growth since 1970, expanding its population from 47,678 in 1970 to 120,546 in the 2000 census and 146,551 in the 2010 census. The current Census Bureau 2012 estimates the population at 150,592 for a 2.8% increase in two years. The magnitude of growth can be seen in the changes in population density. The 1990 census showed that there were 219.4 individuals per square mile, which increased to 261.5 individuals per square mile by 2000, an increase of 19.2%, and to 320.2 individuals per square mile by 2010, an increase of 22.5%.

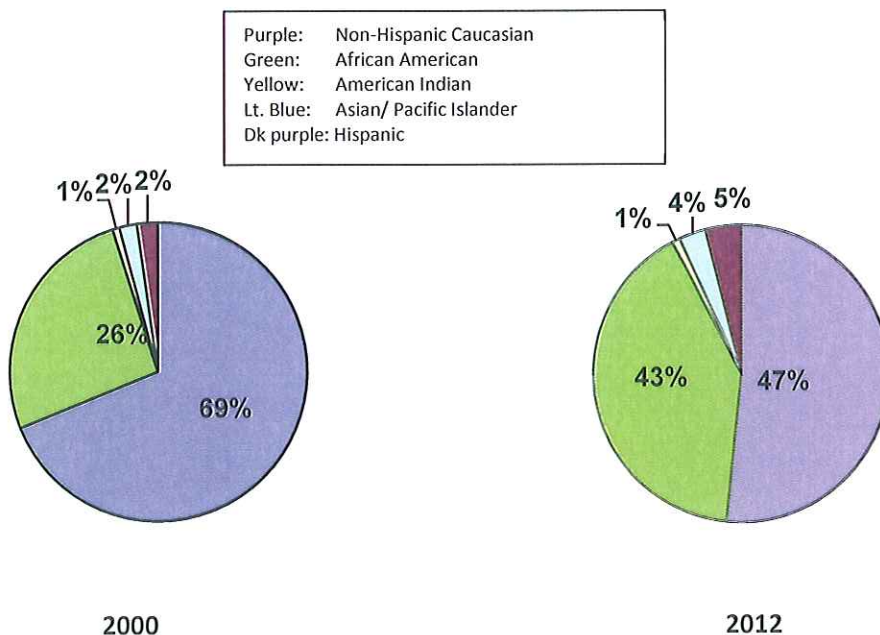
Transportation

The percent change in the population growth for Charles County has been slightly greater than the change seen in the Maryland population growth. This growth has created transportation issues for the County in particular for the “development district” in the northern part of the county where many residents commute to Washington D.C. to work. The average work commute time for a Charles County resident is 42.3 minutes which is higher than the Maryland average by slightly more than 10 minutes. Public transportation consists of commuter bus for out-of- county travel and the county-run Van Go bus service for in-county transportation.

Diversity

As the population of the county changes, the diversity of the county also increases. The African American population has experienced the greatest increase. In 2000, African Americans made up 26% of the total Charles County population; by 2012, they comprise 42.4% of the total county population. As of 2012, minorities make up roughly 54% of the Charles County population. The Hispanic community has also seen increases over the past few years. They now comprise 4.7% of the total county population. This is the one of the highest percentages among the 24 Maryland jurisdictions.

Race of Charles County Population, 2000 versus 2012



Source: US Census Bureau; Charles County Quick Facts; 2012

The 2012 Charles County gender breakdown is approximately 50/50. Males make up 48.2% of the population, and females make up 51.8% of the county population.

Economy

Employment and economic indicators for the county are fairly strong. The 2010 US Census estimates found that 73.8% of the Charles County population is currently in the labor work force. The 2011 update estimates that approximately 5.6% of Charles County individuals are living below the poverty level, up 0.4% from 2010, however this is lower than the Maryland rate of 9% in 2011. The Charles County median household income was \$92,135, an increase of \$3,310 over the 2010 estimates and still well above the Maryland median household income of \$72,419. The diversity of the county is also represented in the business community with 29.3% of all Charles County businesses being Black-owned firms. This is higher than the State of Maryland at 19.3%.

Education

Charles County has a larger percentage of high school graduates than Maryland (90.6% vs. 88.2%); however, Charles County has a smaller percentage than Maryland of individuals with a bachelor's degree or higher (26.3% vs. 36.1%).

Housing

There is a high level of home ownership in Charles County (80.1%), however, this is slightly down from the 2010 level of 81.8%. The median value of a housing unit in Charles County is higher than the Maryland average (\$341,200 vs. \$319,800). Home values across Maryland have decreased and Charles County showed a slightly larger decrease than the Maryland average (4% vs. 3%). The average household size in Charles County is 2.86 persons.

Life Expectancy

The life expectancy for a Charles County resident, as calculated for 2009-2011, was 78.4 years. This is similar to the state average life expectancy of 79.2 years.

Births

There were 1,923 births in Charles County in 2012. Charles County represents 54% of the births in Southern Maryland (up 11% from 2009) and 2.6% of the total births in Maryland for 2012.

Minorities made up just over half of the babies born in Charles County in 2012 (51.5%) which is in line with the composition of the county.

Source: 2012 Maryland Vital Statistics Report

Health Disparities

Health topics where health disparities are seen for the minority population in Charles County:

Health Topic	Indicator	Rate	Source
Heart Disease Prevalence	Rate of ED visits for hypertension per 100,000 population	White: 194.1 Black: 368.1	Maryland SHIP (HSCRC 2010)
Colon and Rectal Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 58.2 Black: 64.3 White: 28.1 Black: 34.9	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Breast Cancer Incidence	Incidence Rates per 100,000	White: 104.8 Black: 118.1	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Prostate Cancer Incidence Mortality	Incidence Rates per 100,000 Mortality Rates per 100,000	White: 185.3 Black: 249.0 White: 26.3 Black: 50.2	2010 Cigarette Restitution Fund Program Cancer Report per CC Health Needs Assessment
Diabetes Prevalence	Unadjusted Diabetes ED Visit Rates by Black or White Race	White: 225 Black: 493	Maryland HSCRC per SHIP site
Obesity	Unadjusted % Adults at Healthy Weight	White: 28.2 Black: 30.1	Maryland BRFSS per SHIP site
STD	Rate of Chlamydia infection for all ages per 100,000 (all ages)	White-109.5 Black-569.6	IDEHA 2009 per SHIP Site
Asthma	Rate of ED visits for asthma per 10,000 population	White-42.2 Black-104.1	HSCRC 2010 Per SHIP Site
Infant Mortality	Infant Mortality Rate per 1,000 births	White/Not Hispanic-4.7 Black-10.4	VSA 2007-2009 Per SHIP Site

1. 2010 Charles County Current Population Survey Data. United States Census Bureau. Available at: www.census.gov.

2. 2000 and 2009 Maryland Vital Statistics Report. Charles County Demographic and Population Data. Maryland Department of Health and Mental Hygiene. Available at www.vsa.maryland.gov.

3. 2005-2009 US Census Bureau, American Community Survey 5 year estimates, Charles County and Maryland. Available at www.census.gov.

b. Table II: Service Area Demographic Characteristics and Social Determinants:

Characteristic or determinant	Data	Source
Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	<p>Population: 150,592</p> <p>Sex:</p> <ul style="list-style-type: none"> • Female 51.8% • Male: 48.2% <p>Race and Ethnicity:</p> <ul style="list-style-type: none"> • White 46.9% • Black 42.4% % • American Indian and Alaska native 0.7% • Asian alone 3.2% • Native Hawaiian and Other Pacific Islanders 0.1% • Person reporting 2 or more races 3.5% • Hispanic or Latino 4.7% • White not Hispanic 46.9 % <p>Age:</p> <ul style="list-style-type: none"> • Persons under 5 years 6.0% • Persons under 18 years 25.2% • Persons 65 years and over 10.3% 	2012 US Census Quick Facts
Median Household Income within the CBSA	\$92,135	2012 US Census Quick Facts
Percentage of households with incomes below the federal poverty guidelines within the CBSA	5.6%	2012 US Census Quick Facts
Estimate the percentage of uninsured people by County within the CBSA	10.3%	2012 American Community Survey 1-Year Estimate
Percentage of Medicaid recipients by County within the CBSA.	27.6%	2012 American Community Survey 1-Year Estimate
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	The life expectancy from birth for a Charles County resident as calculated for 2009-2011 was 78.4 years. This is similar to the state average life expectancy of	2011 Maryland Vital Statistics Report. Charles

	79.2 years. White: 78.6 Black: 77.4	County Demographic and Population Data. Maryland DHMH
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Age adjusted all-cause death rate for Charles County for 2009 – 2011 is 777.8 per 100,000 population. Race and ethnic data is not available at the county level.	2011 Vital Statistics Report
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	<p>Access to healthy food:</p> <ul style="list-style-type: none"> • % of census tracts with food deserts: 0 <p>Transportation:</p> <ul style="list-style-type: none"> • Mean travel time to work: 41.8 min <p>Environmental Factors:</p> <ul style="list-style-type: none"> • # of days Air Quality Index exceeds 100: 9 • % of children tested who have blood lead levels \geq 10 mg/dl: .098 <p>Housing:</p> <ul style="list-style-type: none"> • Home ownership: 80.1% • Renter occupied housing: 18.9% 	<p>USDA 2000, Maryland SHIP</p> <p>2012 US Census Data, <i>Quick Facts</i></p>
Available detail on race, ethnicity, and language within CBSA.	<ul style="list-style-type: none"> • Language other than English spoken at home: 6.9% • See race and ethnicity information in "Community Benefit Service Area Target Population" 	2012 US Census , <i>Quick Facts</i>
Access to Care:	<ul style="list-style-type: none"> • 81.5% of Charles County residents travel outside of the county for medical care at some point. • % Mothers who received prenatal care 1st trimester ; 75.4 <ul style="list-style-type: none"> ○ White/NH: 81.3 ○ Black: 71.2 ○ Asian: 76.7 ○ Hispanic: 62.7 • Infant Mortality Rate: 6.7% <ul style="list-style-type: none"> ○ White/NH: 4.7% ○ Black: 8.0% • Number of federally designated medically underserved areas in Charles County: 6 <ul style="list-style-type: none"> ○ Brandywine ○ Allens Fresh ○ Thompkinsville ○ Hughesville ○ Marbury ○ Nanjemoy • Number of physician shortage specialties in Southern Maryland: 28 	<p>2011 Charles County Health Needs Assessment</p> <p>Maryland SHIP;</p> <p>2011 HPSA Designation</p> <p>2007 Maryland Physician</p>

	<ul style="list-style-type: none"> Physician-to-population ratios in Southern Maryland below the HRSA benchmark for all types of physicians 	Workforce Study 2011 MD Workforce Study Health Resources and Services Administration Report
Education	<ul style="list-style-type: none"> 90.4% persons 25+ high school graduates 26.1% persons 25+ bachelor's degree or higher 	Charles County Community Health Needs Assessment 2011; 2010 US Census

II. Community Health Needs Assessment (CHNA) and Implementation Plan (CCHIP)

Description of CHNA Process:

Civista Health and the Charles County Department of Health (CCDOH) collaborated to complete a comprehensive assessment of the health needs (CHNA) of Charles County, Maryland. An epidemiologist with a Master's Degree in Public Health Epidemiology was contracted to analyze the qualitative and quantitative data. Civista lead the effort and covered 80% of the cost of the CHNA.

To provide a comprehensive assessment of the health needs of the county, a four method plan was developed which included 4 different sources of data: a long online survey of Charles County residents perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, 7 focus groups with community leaders, citizens, and stakeholders, and a quantitative data analysis.

The use of the multiple data collection methods strengthened the validity of the assessment's findings, as well as ensured that Charles County residents had an opportunity to participate in the assessment process and to feel invested in its outcome. Three hundred and two (302) Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health website. The first section of the survey asked participants about their perception of health and health services within the county. The second section asked them about their health behaviors, in order to determine their risk for the development of certain health conditions.

A short three question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including Civista waiting rooms, CCDOH waiting rooms, libraries, senior centers, community centers. Thirty five were completed in Spanish (17.5%).

Seven focus groups were held throughout the county. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups.

Survey for Community Members:

302 Charles County residents completed the 74 question online survey that was created using Survey Monkey. The link to the survey was available on the Civista Health website. A short 3 question survey was distributed throughout the county regarding perceptions of health within the county. A total of 200 short surveys were completed. Surveys were located throughout the county including Civista waiting rooms, Charles County Department of Health waiting rooms, libraries, senior centers, community centers. 35 were completed in Spanish (17.5%).

Description of Individuals and Organizations Consulted for CHNA Input:

Seven focus groups were held throughout the county with representation from the following organizations. The focus group topics included: age-related health issues, chronic disease specific health, special populations, county leadership, substance abuse, youth through the school nurses, and the Partnerships for a Healthier Charles County (PHCC) (community leaders and stakeholders). Approximately 165 people participated in the county focus groups from the following organizations.

Partnerships for a Healthier Charles County
 Civista Medical Center
 Civista Health, Board Of Directors
 Charles County Department of Health
 University of Maryland Clinical Trials Program
 Bel Alton Alumni Community Development Association
 Charles County Department of Community Services, Transportation
 Tri County Council for Southern Maryland
 Minister's Alliance of Charles County
 Charles County Department of Social Services
 Maryland Foundation for Quality Healthcare
 Health Partner's Clinic
 Greater Baden FQHC
 Shiloh Community United Methodist Church
 Charles County Nursing and Rehabilitation Center
 Alzheimer's Association
 Center for Children
 Chesapeake Potomac Home Health Agency
 College of Southern Maryland
 Charles County Department of Aging
 Priority Partners
 Big Brothers/Big Sisters
 Community Hispanic Advocates
 Black Leadership Council for Excellence
 Young Researchers Community Project
 Pinnacle Center (Mental Health)
 Hospice of Charles County
 Breast Cancer Support Advocates
 Charles County Public Schools - School Nurses
 Charles County Commissioners
 Charles County Emergency Services
 Charles County Sheriff's Office
 So. MD Delegation

Charles County Community Foundation
 Community Physicians
 Charles County Fire and Rescue Board
 Lifestyles, Inc. (Homeless)

Prioritization of Community Health Needs

Quantitative data was analyzed for several health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, arthritis, dementia/Alzheimer’s disease, communicable disease, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance abuse, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data identified the top 11 health needs of Charles County which was presented to the PHCC, a coalition of Charles County agencies and organizations. The direction of PHCC is guided by the Steering Committee which consists of leadership from Civista Health, CCDOH, CCPS and the CSM, as well as a Public Health Epidemiologist.

PHCC Executive Committee:

Noel A. Cervino	CEO	Civista Health
Dr. Devadason	Health Officer	CC Health Department (CCDOH)
Dr. Brad Gottfried	President	College of Southern Maryland (CSM)
Jim Richmond	Superintendent	Charles County Public Schools (CCPS)

PHCC Steering Committee:

Joyce Riggs	Dir., Community Development and Planning	Civista Health
Fay Reed, RN	Deputy Health Officer	CCDOH
William Leebel	Public Information Officer	CCDOH
Linda Smith	Project Coordinator	CSM
Tanisha Saunders	Coordinator of Integrated Student Services	CCPS
Amber Starn, MPH	Epidemiologist	Civista Health (Contract)

Implementation Strategy: The Charles County Health Improvement Plan (CCHIP):

Upon completion of the CHNA, the Steering Committee of Partnerships for a Healthier Charles County (PHCC) reviewed the results and the identified top 11 health needs. The Steering Committee set county objectives through 2014 based on Maryland SHIP objectives and Healthy People 2020 Goals.

The results and goals were presented to the PHCC membership at the quarterly General Membership Meeting. Six teams were formed based on expertise and interest to formulate 3-year action plans to address the following health needs using one or more of the “Seven Strategies for Community Change” found on the last page of the Charles County Health Improvement Plan .

1. Reproductive Health
 - a. Healthy Babies (Infant Mortality Disparity)
 - b. STD Reduction/Prevention
2. Chronic Disease
 - a. Heart Disease
 - b. Diabetes
 - c. Obesity
3. Access to Care

- a. Dental health
- b. Transportation
- c. Physician Shortage
- 4. Cancer Team
 - a. Lung Cancer
 - b. Prostate Cancer
 - c. Colorectal Cancer
- 5. Injury and Violence-free Community
 - a. Roadway incidents
 - b. Injuries and Fall Prevention
- 6. Behavioral Health
 - a. Substance Abuse
 - b. Mental Health

The Charles County Health Needs Assessment and Health Improvement Plan were presented to the Civista Health Board of Directors and approved. Annual updates to the Plan are reviewed and approved.

The CCHIP objectives are the Charles County Health Improvement Plan and available at:

<http://www.charlesregional.org/index.cfm?fuseaction=HealthResources.showHealthActionPlans>

The Health Improvement Team Action Plans (Implementation Plans) are available at:

<http://www.charlesregional.org/index.cfm?fuseaction=HealthResources.showHealthActionPlans>

All the primary needs outlined in the Needs Assessment are being addressed by Civista Health either directly (i.e., OB Clinic, Physician Recruitment) or through partnerships with other organizations (i.e., Childhood Obesity Program, Fetal Infant Mortality, Prostate Cancer) or through the PHCC which is led and primarily financed by Civista Health. Where a need is appropriately addressed by another entity, Civista provides leadership through the Charles County Health Improvement Plan and the local health coalition (PHCC) to communicate initiatives, provide financial support and/or assistance when needed and review results (i.e., Substance Abuse, Mental Health).

III. 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. Is Community Benefits planning part of your hospital’s strategic plan?

_x_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 - Board of Directors

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
2. Committee (please list members)
 - a. Director, Community Development and Planning
 - b. Controller/Director of Finance
 - c. Health Promotions Specialist
 - d. Accountant
3. Other (please describe)
 - a. Department Leadership (Identify Community Benefit Reporter for their Departments; Review Departmental Community Benefit information provided)
 - b. Community Benefit Reporters (enters departmental community benefit information into database; Attends quarterly reporter meetings)

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

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

Spreadsheet yes no
 Narrative yes no

If you answered no to this question, please explain why. N/A

IV. Hospital Community Benefit Program and Initiatives

See attached Table III for hospital initiatives.

V. Physicians

1. Physician Gaps

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.

In 2007, the Maryland Physician Workforce Study was initiated to document current and future shortages by region and specialty, to determine the impact on access, to document key physician environment issues and potential impact on supply, and to engage physicians and hospitals in the discussion, and to develop a consensus for solutions. The study will run from 2007-2015. 2007 data will serve as the baseline for the study. Additionally, in May 2011, the Maryland Healthcare Commission issued an extramural report titled, *Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland Data*.

County level data is not available for either study; however, data for the Southern Maryland region (Charles, Calvert, and St. Mary's counties) is presented below.

According to the 2007 Maryland Physician workforce study, the Southern Maryland region has a physician shortage for primary care physicians. Southern Maryland had the regional low requirement for primary care physicians per 100,000 residents of 56.5. The Maryland state average rate was 58.2 per 100,000 residents.

Under medical specialties, the Southern Maryland region had a shortage for cardiology, dermatology, endocrinology, gastroenterology, hematology, oncology, infectious disease, nephrology, psychiatry, pulmonary medicine, and rheumatology. The only medical specialties with adequate physician supplies were allergy and neurology. Charles County has one Neurologist which is deemed adequate for the population however, the physician plans to retire which will leave the county in a critical shortage in this specialty.

Under hospital-based physicians, the Southern Maryland region had a shortage for anesthesiology, diagnostic radiology, emergency medicine, pathology, physical medicine, and radiation oncology.

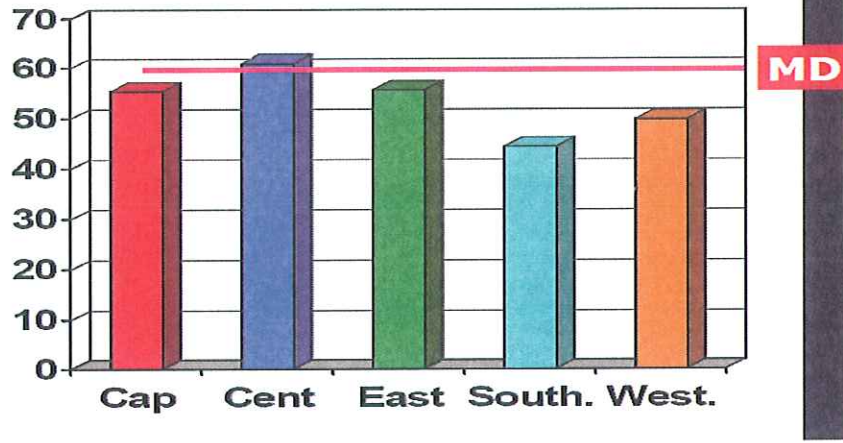
Under surgical specialties, the Southern Maryland region had a shortage of general surgery, neurosurgery, obstetrics, gynecology, orthopedic surgery, otolaryngology, plastic surgery, and thoracic and vascular surgery.

Southern Maryland also has a borderline physician shortage for ophthalmology surgery and urology surgery. Southern Maryland had the highest percentage of physician shortages than any other regions of Maryland (89.9%).

According to the study, Southern Maryland has the smallest portion of resident in training. There is only a handful in the region. Most of Maryland residents in training are located in the Central Region of the state.

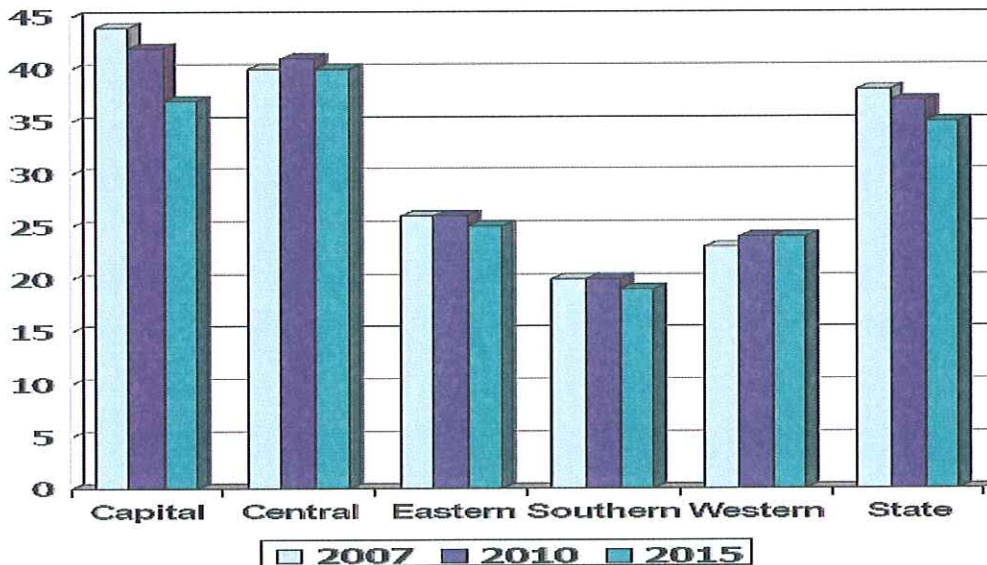
When comparing all the Maryland regions, the Southern Maryland region had the lowest rate of primary care physicians 44.4 physicians per 100,000 residents. This is lower than the Maryland state average of 57 physicians per 100,000 residents.

Primary Care Physicians Per 100K Residents by Region



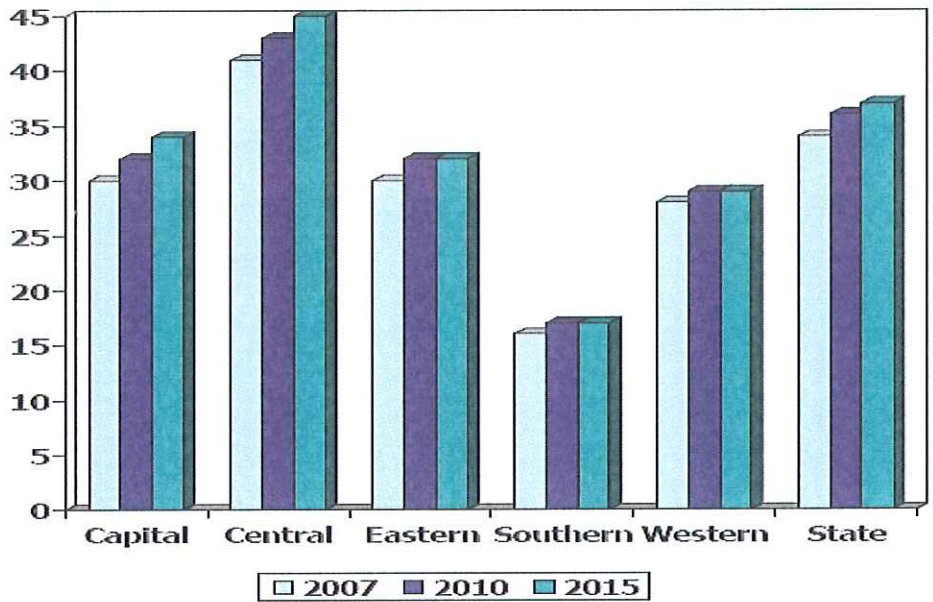
The Southern Maryland region also has the lowest rate of medical specialty physicians per 100,000 residents (20 per 100,000 residents). This is approximately half the rate of the Maryland state average for medical specialty physicians (38 per 100,000 residents). It is anticipated that the supply of medical specialists in the Southern Maryland region will decrease over the next decade due to retirements and population in-migration into the county.

Medical Specialty Physicians per 100,000 Residents, 2007-2015 by Region



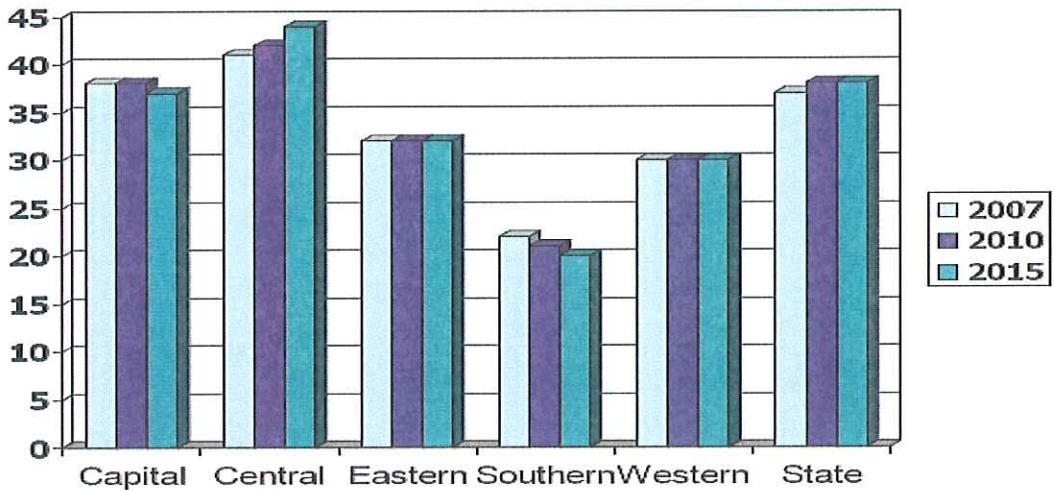
The Southern Maryland region also has the lowest rate of hospital specialty physicians per 100,000 residents (16 per 100,000 residents). This is more less than half the Maryland state average for hospital specialty physicians (36 per 100,000 residents). The Southern Maryland region is expected to have little or no growth from 2010-2015.

Hospital Specialist Physicians per 100,000 Residents, 2007-2015 by Region



The Southern Maryland region also has the lowest rate of surgical specialty physicians per 100,000 residents (22 per 100,000 residents). This is approximately half the rate of the Maryland state average for hospital surgical specialty physicians (37 per 100,000 residents). The Southern Maryland region is expected to experience a decline in supply through 2015.

Surgical Specialists per 100K by Region



The Maryland Physician Workforce Study: Applying the Health Resources and Services Administration Method to Maryland (May 2011; p 30) regional analysis states that “Southern Maryland has physician-to-population ratios below the HRSA benchmark for all types of physicians.”

2.) Physician Subsidies:

As a result of the prevailing physician shortage (southern Maryland has the highest number of physician specialty shortages in the state); Civista Medical Center has an insufficient number of specialists within the medical staff. In all of these areas there are not enough physicians to care for patients including uninsured and underinsured in the hospital. Therefore, subsidies are paid to the physicians to provide on call coverage for the Emergency Department and patient care departments. For FY 2013, subsidies to physicians totaled more than \$5.4 million.

Subsidized Specialty Areas:

- Anesthesiology
- Pathology
- Intensive Care
- Emergency Department
- Outpatient Practices: Surgery and OB/GYN

Non-resident house staff and hospitalist:

- Pediatric Hospitalists
- Adult Hospitalists
- OB/GYN

Coverage of Emergency Call:

The following physician contracts for on-call coverage were necessary to cover emergency room call due to the physician shortage (Southern Maryland is highest in the region) in virtually all primary care and medical specialties. The entire county is a federally designated mental health professional shortage area. In the following areas, there are not enough community physicians to cover the emergency call for all patients including the uninsured and underinsured.

- Urology
- General surgery
- Orthopedics
- OB/GYN
- Neurology
- Gastroenterology
- Psychiatric Services

Physician Recruitment and Loan Guarantees:

Southern Maryland had the highest percentage of physician shortages of all of the regions in Maryland (89.9%). To address the shortage, Civista Medical Center hired both a Chief Medical Officer and Physician Recruiter and Liaison who are working to successfully attract and retain private physicians to the community with private practice being the preference and employment if that is not achievable. The recruitment strategy plans to increase primary care and specialty providers by at least seven (7) by FY 2014. Costs for recruiting and loan guarantees for FY 2013 amount to \$135,194.

- 1 Gastroenterologist
- 1 Otolaryngologist
- 1 Surgeon

Table III – Civista Medical Center
 FY13
 (MD SHIP Objectives and Results in Bold)

Initiative 1 Obesity

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Over two-thirds of CC residents are either overweight or obese (70.6%)	Multiple Jump with Jill Rock Star Dietician Show	Decrease the percent of children and adolescents who are obese from 13.3 to 11.2 percent. Increase the percent of adults who are at a healthy body mass index (healthier weight) from 29.4 to 30.4 percent (<25) by 2014.	Multi Year Began in 2012	Civista Health, Charles County Department of Health, The Judy Centers, Charles County Community Services, College of Southern Maryland, University of Maryland Extension Office, Charles County Public Schools		# of young children and adolescents who are obese: 12.2% (MD SHIP 2012 Data) is down from 14.1% in 2011	Initiative will be continued	Cost of initiative \$ 32,099
CC obesity prevalence is higher than the state average (33.2% vs. 26.5%).		Jump with Jill is a live rock 'n roll concert about nutrition for school aged children. The interactive experience not only makes eating breakfast and drinking water cool, but helps increase retention of these important health messages. Created by a registered dietitian and musician, the show has been performed nearly 600 times for almost 100,000 kids all over the United States. The topics covered include respecting your body, eating breakfast, drinking more water, getting enough calcium, getting lots of exercise, examining food packages more closely, and eating more foods with less sugar. The show is both educationally sound and completely rock n' roll.				Civista Health in collaboration with The Chronic Disease Prevention Team (CDPT) sponsored Jump with Jill. Members of the CDPT and Civista Health provided health education materials at their exhibit to over 3,000 people on healthy eating chronic disease, stroke and blood pressure screenings through the weekend of the fair.		

Table III – Civista Medical Center
FY13

(MD SHIP Objectives and Results in **Bold**)

Pediatric food model project	<i>Provide 14 local pediatricians with food model kits and educate them on how to talk with their patients and families on obesity.</i>	Single Year	Civista Health, Charles County Department of Health, the Judy Centers, Charles County Community Services,		Through the Community Transformation Grant, the CDPT chose food model kits with portion size models and educational materials to be given to 14 county pediatricians. 14 kits were distributed in 8 different pediatric offices. 17 pediatricians were educated. 1600 educational materials were distributed. Surveys were distributed to all 14 pediatricians that participated. A total of 9 completed the survey. Over 70% of the physicians feel that childhood obesity and nutrition was a moderate problem in their practices. 57% of pediatricians said that 20-40% of their patients have issues with childhood obesity	Initiative will not be continued.	Total cost of initiative \$10,000
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Table III – Civista Medical Center
 FY13
 (MID SHIP Objectives and Results in **Bold**)

<p>Obesity Billboard campaign</p>	<p>Educate the community on the obesity issue in Charles County.</p>	<p>Single Year</p>	<p>Charles County Department of Health, Civista Health, Judy Centers, Charles County Community Services, College of Southern Maryland, University of Maryland Extension Office, Charles County Public Schools</p>		<p>and being overweight. The CDPT initiated one obesity billboard campaign on July 17, 2012 through September 17, 2012 on the well-traveled Route 301. The billboard had 7,500 vehicles pass daily for 9 weeks.</p>		<p>Total cost of Initiative \$ 7,881</p>
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Table III – Civista Medical Center
 FY13
 (MID SHIP Objectives and Results in **Bold**)

<p>the state average and mortality for blacks is higher than the state average.</p>	<p>FREE Prostate Cancer Didactic with a panel of</p>	<p>Increase the awareness of early detection to help reduce the mortality rate for breast cancer in the community. Educate women of all ages about the importance of breast self-exams and routine</p>	<p>Multi- year starting 2009</p>	<p>Civista Medical Center, Sisters at Heart, Pink Ladies,</p>	<p># of participant attending</p>	<p>a normal PSA and abnormal DRE. Zero participants had an abnormal PSA and DRE. Participants without a physician were referred to community physicians. Noninsured patients were referred to the CC DOH Prostate Cancer Program</p> <p>* A follow up letter was sent to participants, asking if they had received their results, and if they had followed up with a physician. 11% of the participants had followed up with their doctor and 6.4% planned to follow.</p>	<p>Initiative will be continued to encourage men to know their personal risk factors and to discuss them with their physician.</p>	<p>Total cost of initiative \$ 3,481</p>
<p>The incidence of breast cancer in Charles County is higher in blacks than whites (118.1 per 100,000 to 104.8)</p>								

Table III – Civista Medical Center
FY13

(MID SHIP Objectives and Results in **Bold**)

physicians.	mammograms.	Multi- year starting 2009	Charles County Department of Health, Side Out Foundation American Cancer Society, Southern Maryland Blue Crabs Baseball	# of participant attending; # of women assisted through the Pink Ribbon Fund	experts included, 1 urologist, 1 oncologist, 1 radiation oncologist. The didactic discussed the newest options, latest technologies, and screening recommendations for prostate cancer. A total of 33 community members attended.	Initiative will be continued	Total cost of initiative \$ 10,480
Paint the Park Pink	Increase the awareness of early detection to help reduce the mortality rate for breast cancer in the community. Educate women of all ages about the importance of breast self-exams and routine mammograms.	Multi- year starting 2009	Civista Health PHCC Cancer Team So Maryland Blue Crabs	# of participant attending; # of women assisted through the Pink Ribbon Fund	7/21/12 4632 people attended the event and heard PSA's on breast cancer detection and awareness. Civista raised more over \$5,000 at Paint the Park Pink at Regency Furniture Stadium. The money is held in the Pink Ribbon Fund and community organizations had	Initiative will be continued	Total cost of initiative \$ 10,480

Table III – Civista Medical Center
 FY13
 (MID SHIP Objectives and Results in **Bold**)

						<p>the opportunity to submit proposals to use the money for breast cancer education and awareness. Funds were distributed to organizations such as Sisters at Heart for a Breast Cancer Awareness Luncheon for the community attended by 180 participants; other funded programs were the continuation of pamphlets, explaining how to perform breast self-exams, which were printed in both Spanish and English and distributed to the community; and to support the Sisters at Heart Breast Cancer support Group. Starting in FY 14 the Pink Ribbon fund will assist women in purchasing of their prostheses, wigs and bras if they are</p>		
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Table III – Civista Medical Center
 FY13
 (MID SHIP Objectives and Results in Bold)

Initiative 3: Heart Disease

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Heart disease is the leading cause of death for Charles County residents	Multiple	Reduce the number of deaths from heart disease in Charles County from 228.5 per 100,000 to 211 per 100,000 or 7.5% improvement. Reduce hypertension related emergency department visits	Multi- year	Civista Medical Center, PHCC Chronic Disease Team	Reduction in county heart disease deaths	Reduction in deaths from 228.5 per 100,000 to 200.7		See below
The rate of ED visits for hypertension per 100,000 population is higher in blacks (368.1) than whites (194.1)	Free blood pressure screenings		Multi- year	Civista Medical Center Auxiliary	# of participant screened	In FY 2013, a total of 182 community members were screened and educated about the importance of routine management of their blood pressure.	Initiative will be Continued	No cost
Stroke risk factors, symptoms awareness and education	5k Run/Walk for Wellness and Celebrate La Plata Day Event: Community Run/Walk educating the public on early signs, symptoms and risk factors for stroke.		Multi- year	Civista Medical Center Staff	# of participant screened	Over 200 community members participated in the Run/Walk. Between the two events over 175 people had blood pressure	Initiative will be continued.	Total cost of initiative \$1,232

Table III – Civista Medical Center
FY13

(MD SHIP Objectives and Results in **Bold**)

Stroke Education	Free Stroke support group: Monthly support group for stroke survivors and caregivers offered by a physical therapist and speech therapist. All community members are invited to attend.	Multi-year	Civista Medical Center Staff and outside speakers from other organizations.	# of participant	116 stroke survivors and their caregivers attend the stroke support group in FY 13. The stroke support group has proven to be a sustainable group in the county.	Initiative will be Continued.	Total cost of initiative \$ 2,874
Matters of the Heart	Reducing the mortality rate for heart disease within the community by encouraging healthy behaviors that reduce the risk factors, including smoking cessation, healthy eating habits, increased physical activity, fasting glucose and cholesterol screening, body fat composition and pulmonary function testing.		Civista Medical Center Charles County Department of Health College of Southern Maryland	# of participant; Results	The cardiovascular screening may reduce the cardiovascular risk factors through awareness and education. The screening included fasting glucose, total lipid panel, body fat composition, blood pressure screening, pulmonary function testing, and stroke education. There was a total of 49 participants, 59 % were women and	Initiative will be Continued	Total Cost of Initiative \$12,592

Table III – Civista Medical Center
 FY13

(MD SHIP Objectives and Results in Bold)

									41% men. The participants were given a pre test health risk questionnaire, 59% reported exercising regularly, while over 41% reported to not exercising at all. Over 47 % of participants reported having high cholesterol before, while 53 % had never been diagnosed with high cholesterol. More than 50 % of participants had normal results of glucose and total cholesterol.		
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Table III – Civista Medical Center
 FY13
 (MD SHIP Objectives and Results in Bold)

Initiative 4: Access to Care

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Improve access to health care for all residents in CC</p> <p>MD Health Commission report 83 physician specialties are in shortage in So MD.</p> <p>County rankings and roadmaps states CC ratio of MD's to residents is 2,111:1 as compared to 834:1 for the state of Maryland and 631:1 for the US</p>	<p>Physician recruitment and retention</p>	<p>Increase primary care and specialty physician in CC by 7 providers by 2014.</p>	<p>Multi-year</p>	<p>University of Maryland Medical System</p>	<p># of physicians recruited</p>	<p>FY 13: Recruited 2 pediatric hospitalists, 1 ENT, 1 General Surgeon 1 GI physician.</p>	<p>Initiative will be continued</p>	<p>Physician recruitment search costs \$135,194.</p> <p>In FY 13 subsidies to physicians totaled more than \$5.4 million</p>

Table III – Civista Medical Center
FY13
(MD SHIP Objectives and Results in **Bold**)

Table III – Civista Medical Center
 FY13
 (MD SHIP Objectives and Results in **Bold**)

Initiative 5: Diabetes

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
The death rate for people in Charles County with diabetes mellitus 34.1 per 100,000 people. This is highest among the other So MD counties and higher than the state average (2009 MD Vital Statistics Report). B. Approximately 7.4% of CC adults report having diabetes (2010 MD BRFSS	Multiple (see below)	Reduce the death rate from diabetes in Charles County 2 % or to 33.4 deaths per 100,000. Reduce the prevalence of diabetes in Charles County by 2% or to 5.4%.	Multi-year Began July 2012	Civista Medical Center PHCC Chronic disease team	Reduction in diabetes-related ED visits	Diabetes related Ed visits increased from 300.9 in FY 12 to 319.2 in FY 13 (MD SHIP 2012)	Initiative will be continued	(see below)
-Conduct free or low cost diabetic education in the county.	Provide diabetes self-management training to the community.	Multi year	Civista Medical Center	Pre post test results # of participant	Starting in July 2012 Civista Medical Center offered free diabetes education classes to the public bi-monthly; there was a total of 64 community members. All participants were asked to take a pre and post test of their diabetes knowledge. The average pre score	Continue in FY 14; Education classes will be increased	Total cost of Initiative \$ 1,337	

Table III – Civista Medical Center
 FY13
 (MD SHIP Objectives and Results in **Bold**)

<p>Communicate with community physicians to determine barriers for diabetic patients.</p>	<p>Create a physician survey and/or focus group to obtain information about the barriers diabetic patients' experience which is conducted annually.</p>	<p>Multi-year Began February 2013</p>	<p>Civista Medical Center, Charles County Department of Health, Charles County Community Services, the College of Southern Maryland, the University of Maryland Extension Office, local</p>	<p># of physicians receiving materials # of physician taking survey</p>	<p>The CDPT created a diabetic survey for physician PCP practices asking physicians what the barriers to care are for their patient population that struggle to manage their diabetes. The goal was to have the survey be no</p>	<p>starting July 2012 - pre 76%, post score 100% Sept 2012 average pre score - 63%, post score 100% Nov 2012 average pre score - 63%, post score 100% Jan 2013 average pre score - 72%, post score 100% March 2013 average pre score - 66%, post score 100% May 2013 average pre score - 67%, post score 100%</p>	<p>Continue in FY 14</p>	<p>Health Promotion Staff time – approximately 30 hours \$5049.</p>
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Table III – Civista Medical Center
 FY13
 (MID SHIP Objectives and Results in **Bold**)

				grocers, Charles County Department of Aging, and the Charles County Public Schools, the Judy Centers.		more than five questions. The survey was complete and will be used in the next CHNA data collection process.		
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Table III – Civista Medical Center
FY13

(Maryland SHIP Objectives in Bold)

Initiative 6: Accident/Injuries

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (Sec Instructions)
<p>Accidents are the 4th leading cause of death for Charles County residents. Charles County had one of the highest injury-related death rates for the state of Maryland (9th out of 24 jurisdictions) (2009 MD Vital Statistics Report and 2008 Injuries in Maryland report)</p>	<p>Multiple</p>	<p>Reduce the number of accidental deaths in Charles County by 2014.</p> <p>Reduce the number of hospitalizations due to falls by the elderly in CC from 389.1 per 100,000 to 259.</p> <p>Reduce hospitalizations due to motor vehicle incidents in CC from 99.5 to 89.5 per 100,000</p>	<p>Multi-year</p>	<p>Civista Medical Center PHCC -</p> <p>AARP Driver Safety Council Richard R. Clark Senior Center</p>	<p># of fall related deaths</p> <p># of participant</p>	<p>Fall related deaths increased from 16 to 18 per 100,000 (MD SHIP 2012)</p> <p>No new data available until 2014</p> <p>The class is held 6 times a year at the Richard R. Clark Senior Center.</p> <p>A total of 55 participants over the age of 50 years old were educated in the following areas:</p>	<p>Initiative will be continued</p>	<p>(see below)</p> <p>Total cost of Initiative \$ 676 + advertising dollars</p>
<p>B.Motor vehicle incidence is the</p>								

Table III – Civista Medical Center
FY13

(Maryland SHIP Objectives in Bold)

<p>second leading cause of injuries at 99.5 per 100,000 (2008 Injuries in Maryland report).</p>		<p>Partner with ACA Hip Fracture Educational Program</p>		<p>Community Services Dept on Aging Clark Senior Center</p>		<p>How to maintain a proper following distance The safest way to change lanes and make turns at intersections. The effects of medications on driving Reducing driver distractions such as eating, smoking and cell phone use</p>	<p># of attendees</p>	<p>72 attendees; Distributed through hospital communication venues</p>	<p>No cost;</p>
<p>Train Master Trainers in "A"</p>			<p>Clark Senior</p>	<p># of trainers</p>	<p>5 trainers were trained</p>	<p>Staff time \$360</p>			

Table III – Civista Medical Center
 FY13

(Maryland SHIP Objectives in Bold)

		<p>Matter of Balance”- Scientifically based, clinically-proven methods</p>		<p>Indian Head Senior Center Dept of Aging</p>	<p>Regular team meetings</p>	<p>trained</p> <p>Multi disciplinary team is meeting regularly</p>	<p>Yes</p>	<p>Health Promotion staff time: 15 hours = \$400</p>
	<p>Revitalize Traffic Safety Team in Charles County</p>		<p>Jacqueline M. Beckman, Project Coordinator, Potomac Region’s Highway Safety</p>					

Table III – Civista Medical Center
 FY13
 (Maryland SHIP Objectives in bold)

Initiative 7. Dental Health

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Of the children (ages 4-20) enrolled in a Medicaid MCO greater than 320 days only 53.4% received preventive dental service in the past year. (FHA FY2009)(Maryland SHIP DATA)	Multiple	Increase the proportion of Medicaid children and adolescents who received any dental care in the past year services from 53.4 to 56.3%.	Multi-Year started April 2013	PHCC – Access to Care Team	% of children having dental visit in past year	41.8% of CC children with Medicaid insurance had a dental visit in FY 13. (MD SHIP 2012)	Initiative will be continued	(See below)
		Increase proportion of children and adolescents who receive dental care		Members of the Access to Care Team: Charles County Department of Health: School Nurse Program, the Charles County Public Schools, Health Partners, Charles County Center for Children, Bel	% of children receiving dental visit	47.8% children received a dental visit which is up from 46.2% baseline data point.	Yes	Staff time to participate on Access to care Team - 7 hours \$311
	Institute a dental component to the Health Room Emergency Card to every student from pre-k to 12 th grade.	<i>Institute a dental component to the Health Information Form that all Charles County Public Schools students and their families must complete each year, to the current Health Room Emergency Information card to be given out during the 2013-2014 school year. To be completed for every child that attends a Charles County Public School.</i>			# of students completing health form questionnaire	In the Spring of 2013, in collaboration with the Charles County Department of Health School Nurse Program and Health Partners, and support from the Access to Care Team, approval was		

Table III – Civista Medical Center
 FY13
 (Maryland SHIP Objectives in bold)

				Alton HS CDC, Civista Medical Center		received to add "Are you interested in free or low cost Dental services for your child or family?" This question will be added for the 2013-2014 school year Health Room Emergency Card. Information for all free or low cost dental providers (Health Department, Health Partners, Greater Baden Medical and Bel Alton Dental) will be provided to all 37 schools and will be distributed to parents indicating they want information. The group will be preparing the packets during the June meeting to be		
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Table III – Civista Medical Center
FY13

(Maryland SHIP Objectives in bold)

						delivered to the Health Department by August 1, 2013.		

Table III – Civista Medical Center
 FY13
 (Maryland SHIP data in bold)

Initiative 8. Mental Health

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
A. 12% of Charles County BRFSS respondents reported that they have been diagnosed with an anxiety disorder (2009 MD BRFSS)	Multiple	Reduce the number of ED visits related to behavioral health	Multi-year began fall 2012	PHCC – Behavioral Health team	Rate of ED visits	ED visits related to behavioral health is 154.9 per 100,000 up from baseline rate of 151.5	Yes	(See below)
B. 14% of Charles County BRFSS respondents reported that they have been diagnosed with depression (2009 MD BRFSS)	Team members participate in community events and fairs to promote mental health services available throughout county.	Promote mental health awareness and reduce stigma through community awareness Identify community events to provide information about mental health, wellness, stigma and accessing -Reduce the number of people reporting having an anxiety disorder to 10.8%. (10% reduction)		Charles County Department of Health: Civista Medical Center Core Service Agency, Our Place (Freedom Landing), NAMI Southern Maryland	# of events participate	The Core Service Agency actively participated in the Homeless Resource Day on October 24, 2012 to provide information on resources and care coordination for mental health services in Charles County. 136 head of households (does not include # of children or spouses) attended; Lifestyles enrolled	Initiative will be continued.	Staff time – 8 hours \$400
C. Charles County's rate of		Reduce the number of people reporting having depression to 12.6%.						

Table III – Civista Medical Center
 FY13

(Maryland SHIP data in bold)

suicide for 100,000 of population is 12.2.	-Reduce the rate of suicide 12.2 to 9.1 per 100,000 population.			Establishm ent of support group	64 people safe-nights, provided food for 30 and 54 people received emergency shelter and/or utilities; Health Partners provided 31 dental screenings, 12 breast exams and 77 households with clothing; 40 agencies participate and 60 volunteers.	Completed	Staff time – 8 hours \$400
				Establishm ent of support group	Establish NAMI Recovery support groups and WRAP wellness groups in Charles County. NAMI Southern Maryland offered a monthly Family Support Group and twice monthly Consumer Support Group in Charles County. Our Place at Freedom Landing provided three WRAP support groups for consumers.		

Table III – Civista Medical Center
 FY13
 (Maryland SHIP data in bold)

Initiative 9. Substance Abuse

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Underage drinking In 2007, 69% of 12th graders in CC abused alcohol. Binge drinking 48% of 12th graders in CC had 5 drinks at 1 setting (2007 MD Adolescent Survey). C. Marijuana usage In 2007, 35.6% of 12 th graders in CC reported using marijuana. (2007 MAS data)	Multiple	Reduce alcohol related driving fatalities	Multi	PHCC Behavioral Health Team	# of deaths	2 alcohol related driving fatalities in CC which is down from baseline data of 4	Yes	(See below)
	Present awarenes Campaign on the Social hosting of alcohol by parents	“Parents Who Host Lose the Most” and Buzzkill (target prom and graduation) <i>Social hosting awareness campaign: “Parents Who Host Lose the Most” and Buzzkill (target prom and graduation).</i> Two billboards have been developed and purchased that will have the Buzzkill and Parents who Host Lose the Most taglines on them. Additionally, Team members have used additional MSPF funding to purchase an ad at the movie theaters concerning underage drinking. The message was designed by the College of Southern Maryland BACCHUS members. Team Members also worked with traffic safety to write a grant to put the Buzzkill message on liquor bags that will be used at county liquor stores in areas with a high number of alcohol-	Single Year	Civista Medical Center; The College of Southern Maryland, Charles County Public Schools, Charles County Sheriff’s Office, Charles County Department of Health: Substance Abuse Prevention Services, Southern Maryland Traffic	# of “eyes on” awareness of billboard;	A total of two billboard campaigns The “Parents Who Host Lose the Most” billboard had 152,000 “eyes on”. The “Buzzkill” billboard had 147,000 “eyes on”.	Initiative will be continued if grant funding continues beyond FY 13.	Total cost of initiative paid with the Maryland Strategic Prevention Framework Grant for a total of \$4,000

Table III – Civista Medical Center
 FY13

(Maryland SHIP data in **bold**)

		<p>related crashes.</p> <p>The traffic safety team is pursuing grant opportunities and a design/message for the liquor store bags.</p>		<p>Safety Coordinator, Civista Health, the Charles County Commissioners Chemical People, and the Charles County Core Service Agency.</p>				
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Table III – Civista Medical Center
 FY13
 (Maryland SHIP data in bold)

Initiative 10: Healthy Babies

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Infant mortality in CC is 7.4 % per 1,000 live births. The mortality for white infants is 4.7% and black infants is 10.4 %</p> <p>75.5 % of births occurred where the mother had prenatal care.</p> <p>White/Non Hispanic 81.3% Black 71.2% Asian 76.7% Hispanic 62.7%</p>	<p>Decrease infant mortality rate for CC</p>	<p>Reduce the rate of infant deaths in CC</p> <p>Increase the number of OB providers in CC to increase access to early and complete prenatal care in particular to minority populations with transportation barriers.</p> <p>Increase the number of providers seeing uninsured or underinsured patients. .</p> <p>Provide infant safety DVD's to all postpartum patients upon discharge</p>	<p>Multi – year</p>	<p>Civista Medical Center</p> <p>March of Dimes Dept of Health Social Services Board of Ed Paternal Council Local Pediatrician</p>	<p># of OB providers recruited</p> <p># DVD's distributed</p>	<p>33 OB candidates contacted and screened; 7 OB site visits</p> <p>I recruited community OB physician added an additional physician and PA to her practice.</p> <p>782</p>	<p>On going;</p>	<p>\$6141+ physician recruiter time.</p> <p>\$5340</p>

Appendix I
HSCRC Community Benefit Report FY 2013
Financial Assistance Policy Description
Civista Medical Center

Civista Medical Center posts its charity care policy, or a summary thereof, as well as financial assistance contact information, in admissions areas, emergency rooms, business offices and other areas of the facility where eligible patients are likely to present. In addition, the policy is available on the Civista website and is posted in the local paper twice each year.

The FAP is written in a culturally sensitive and at an appropriate reading level. It is available in English and Spanish.

During the intake or discharge process or when there is contact regarding a billing matter, if a patient discloses financial difficulty or concern with payment of the bill, the patient is provided with FAP information.

Additionally, assistance is provided for patients or their families in qualification and application of government benefits, Medicaid and other state programs.

APPENDIX II



Organizational Policy & Procedure Manual

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

POLICY NUMBER: AD-0150

EFFECTIVE: July 1, 2011

LAST REVIEW: February 2012

[Attachment I updated]

POLICY:

1. This policy applies to Civista Medical Center (CMC). CMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.
2. It is the policy of CMC to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.
3. CMC will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Signage in key patient access-areas will be made available. A Financial Assistance Information Sheet will be provided to patients receiving inpatient services and Financial Assistance Information Sheet made available to all patients upon request.
4. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
5. CMC retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROCEDURE:

I. Program Eligibility

- A. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, CMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. CMC reserves the right to grant Financial Assistance without formal application being made by our patients.

Specific exclusions to coverage under the Financial Assistance program may include the following:

1. Services provided by healthcare providers not affiliated with CMC (e.g., home health services)

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GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

2. Patients whose insurance denies coverage for services due to patient's non compliance of insurance restrictions, rules and access (e.g., insurance requires use of capitated facility and patient was non complaint therefore claim was denied), are not eligible for the Financial Assistance Program.
 - a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.
 3. Unpaid balances resulting from cosmetic or other non-medically necessary services
 4. Patient convenience items
 5. Patient meals and lodging
 6. Physician charges related to the date of service are excluded from CMC's financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly
- B. Patients may become ineligible for Financial Assistance for the following reasons:
1. Refusal to provide requested documentation or providing incomplete information
 2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to CMC due to insurance plan restrictions/ limits
 3. Failure to pay co-payments as required by the Financial Assistance Program
 4. Failure to keep current on existing payment arrangements with CMC
 5. Failure to make appropriate arrangements on past payment obligations owed to CMC (including those patients who were referred to an outside collection agency for a previous debt)
 6. Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program
 7. Refusal to divulge information pertaining to legal liability claim
- C. Patients who become ineligible for the program will be required to pay any open balances and may be referred to a bad debt service if the balance remains unpaid in the agreed upon time periods.
- D. Patients who indicate they are financially unable to pay an outstanding balance(s) shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership.
- E. Standard financial assistance coverage amounts will be calculated based upon 200-300% of income and hardship will be calculated based on hardship guidelines as defined by federal poverty guidelines and follows the sliding scale see Attachment I.
- II. Presumptive Financial Assistance
- A. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a

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GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

patient's eligibility for financial assistance, CMC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. If patient is receiving any of the programs listed below and completed an application for financial assistance, the application may be processed to provide patient with a longer term of assistance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. Active Medical Assistance pharmacy coverage
2. Qualified Medicare Beneficiary ("QMB") coverage (covers Medicare deductibles) and Special Low Income Medicare Beneficiary ("SLMB") coverage (covers Medicare Part B premiums)
3. Primary Adult Care ("PAC") coverage
4. Homelessness
5. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
6. Maryland Public Health System Emergency Petition patients
7. Participation in Women, Infants and Children Programs ("WIC")
8. Food Stamp eligibility
9. Eligibility for other state or local assistance programs
10. Patient is deceased with no known estate
11. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

B. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

1. Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.

III. Medical Hardship

A. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

1. Medical Hardship criteria is State defined:
 - a. Combined household income less than 500% of federal poverty guidelines
 - b. Having incurred collective family hospital medical debt at CMC exceeding 25% of the combined household income during a 12-month period. The 12-month period begins with the date the Medical Hardship application was submitted.
 - c. The medical debt includes co-payments, co-insurance and deductibles.

B. Patient balance after insurance:

1. CMC applies the State established income, medical debt and time frame criteria to patient balance after insurance applications.

C. Coverage amounts will be calculated based upon zero - 500% of income as defined by federal poverty guidelines and follows the sliding scale included in Attachment I.

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GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

- D. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received.
- E. Individual patient situation consideration:
 - 1. CMC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.
 - 2. The eligibility duration and discount amount is patient-situation specific.
 - 3. Patient balance after insurance accounts may be eligible for consideration.
 - 4. Cases falling into this category require management level review and approval.
- F. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, CMC is to apply the greater of the two discounts.
- G. Patient is required to notify CMC of their potential eligibility for this component of the financial assistance program.

IV. Asset Consideration

- A. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.
- B. Under current legislation, the following assets are exempt from consideration:
 - 1. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families
 - 2. Up to \$150,000 in primary residence equity
 - 3. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement, account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally, this consists of plans that are tax exempt and/or have penalties for early withdrawal

V. Appeals

- A. Patients whose financial assistance applications are denied have the option to appeal the decision.
- B. Appeals can be initiated in writing.
- C. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- D. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.
- E. If the first level appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration
- F. The escalation can progress up to the Chief Financial Officer who will render a final decision.
- G. A letter of final determination will be submitted to each patient who has formally submitted an appeal.

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GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

VI. Procedures

- A. CMC will provide a trained person or persons who will be responsible for taking Financial Assistance applications in Patient Access and Patient Accounts. These staff can be Financial Counselors, Billing Staff, Customer Service, etc.
- B. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
1. Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
 2. To facilitate this process each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
 3. CMC will not require documentation beyond that necessary to validate the information on the Financial Assistance Application.
 4. Applications initiated by the patient will be tracked, worked and eligibility determined within 30 days of receipt of completed application. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
 5. Incomplete applications/missing documentation will be noted in patient's account and original documents will be returned to patient with instruction to complete and return for processing.
- C. In addition to a completed Financial Assistance Application, patients may be required to submit:
1. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).
 2. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.
 3. Proof of social security income (if applicable)
 4. A Medical Assistance Notice of Determination (if applicable).
 5. Proof of U.S. citizenship or lawful permanent residence status (green card).
 6. Reasonable proof of other declared expenses.
 7. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
- D. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on CMC guidelines.
1. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

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- a. If the patient does qualify for financial clearance, appropriate personnel will notify scheduling department who may then schedule the patient for the appropriate service.
 - b. If the patient does not qualify for financial clearance, appropriate personnel will notify the scheduling staff of the determination and the non-emergent/urgent services will not be scheduled.
 - c. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.
- E. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following three (3) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.
- F. The following may result in the reconsideration of Financial Assistance approval:
- 1. Post approval discovery of an ability to pay
 - 2. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to CMC
- G. Patients with three (3) or twelve (12) months certification periods have the responsibility (patient or guarantor) to advise of their eligibility status for the program at the time of registration or upon receiving a statement.
- H. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

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GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

CIVISTA HEALTH, INC.

TITLE: GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM
FUNCTION: Administrative
POLICY NUMBER: AD-0150
ISSUE DATE: 01/99
REVIEW/REVISED DATE:

Revised: 04/00
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Revised: 01/04
Revised: 05/07
Revised: 03/11

Revised: 06/02
Revised: 11/04
Revised: 05/08
Revised: 02/12

APPROVED BY:

Sara Middleton
Chair
Civista Board of Directors

Date

Noel Cervino
President & CEO

Date

Erik Boas
VP, Finance/CFO

Date

NOTE: This policy was previously LD-004 (as of 04/10).

Disclosure Statement

The shared drive is the official location for Organizational Policies and Procedures for Civista Medical Center. The original of this Organizational Policy and Procedure document with required signature is available for review during regular business hours by contacting the Information Technology Department at 301-609-4495. Civista Medical Center reserves the right to update or modify all policies, procedures, and forms at any time and without prior notice, by posting the revised version on this drive. NOTE: To ensure the integrity of these documents, each page is either scanned or converted and placed on this drive as a duplicate of the original.

Organizational Policy & Procedure Manual
GUIDELINES FOR THE FINANCIAL ASSISTANCE PROGRAM

ATTACHMENT I

Sliding Scale

FINANCIAL ASSISTANCE – INCOME GUIDELINES

Size of Family Unit	FPL Income	% of Federal Poverty Level Income - 2012										Medical Hardship Patient Responsibility is 25% of income
		Up to 200%	Up to 210%	Up to 220%	Up to 230%	Up to 240%	Up to 250%	Up to 260%	Up to 270%	Up to 280%	Up to 300%	
		Standard Financial Assistance - % of Reduction in Charges										
1	\$11,170	\$22,340	\$23,457	\$24,574	\$25,691	\$26,808	\$27,925	\$29,042	\$30,159	\$31,276	\$33,510	\$33,510
2	\$15,130	\$30,260	\$31,773	\$33,286	\$34,799	\$36,312	\$37,825	\$39,338	\$40,851	\$42,364	\$45,390	\$45,390
3	\$19,090	\$38,180	\$40,089	\$41,998	\$43,907	\$45,816	\$47,725	\$49,634	\$51,543	\$53,452	\$57,270	\$57,270
4	\$23,050	\$46,100	\$48,405	\$50,710	\$53,015	\$55,320	\$57,625	\$59,930	\$62,235	\$64,540	\$69,150	\$69,150
5	\$27,010	\$54,020	\$56,721	\$59,422	\$62,123	\$64,824	\$67,525	\$70,226	\$72,927	\$75,628	\$81,030	\$81,030
6	\$30,970	\$61,940	\$65,037	\$68,134	\$71,231	\$74,328	\$77,425	\$80,522	\$83,619	\$86,716	\$92,910	\$92,910
7	\$34,930	\$69,860	\$73,353	\$76,846	\$80,339	\$83,832	\$87,325	\$90,818	\$94,311	\$97,804	\$104,790	\$104,790
8	\$38,890	\$77,780	\$81,669	\$85,558	\$89,447	\$93,336	\$97,225	\$101,114	\$105,003	\$108,892	\$116,670	\$116,670

For families with more than 8 persons, add \$9,960 for each additional person.

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
<ul style="list-style-type: none"> - Patient earns \$54,000 per year - There are 5 people in the patient's family - The % of potential Finance Assistance coverage would equal 90% (they earn more than \$54,020 but less than \$56,721) 	<ul style="list-style-type: none"> - Patient earns \$38,000 per year - There are 2 people in patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than \$37,825 but less than \$39,338) 	<ul style="list-style-type: none"> - Patient earns \$55,000 per year - There is 1 person in the family - The balance owed is \$20,000 - This patient qualifies for Hardship coverage, owed 25% of \$55,850 (\$13,750)

FPL = Federal Poverty Levels



If you feel your rights have been violated in any way, please contact Performance Improvement at 301-609-4310.

Contact & Phone Numbers:

For customer service in Billing, the hours of operation are 8:00am—4:30pm, Monday through Friday. We can be reached at 301-609-4403

Patient Financial services:

301-609-4400

Maryland Medical Assistance

300-284-4510

Department of Labor, Licensing and Regulation:

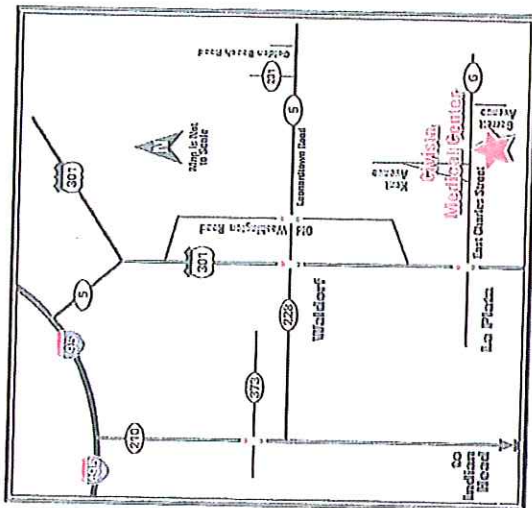
301-645-8712



APPENDIX III

PATIENT INFORMATION

GOOD HEALTH STARTS HERE



Civista Medical Center
 Finance Department
 5 Garrett Avenue
 P.O. Box 1070
 La Plata, MD 20646
 301.609.4000
 www.civista.org





Physician Billing

You will receive multiple bills for your visit to the emergency room; as well as multiple bills for outpatient/inpatient services. Civista Medical Center will submit a bill to you or your insurance company for our facility charges and/or the "technical" portion of the services. Your physician, surgeon, anesthesiologist, pathologist, radiologist, cardiologist, and Emergency Department physician will bill you separately for their professional services. Please contact them directly with your billing questions.

Emergency Medical Associates
240-566-2310

American Radiology
800-255-5118

Newbridge Anesthesia
301-638-4400
AHMA, Inc.
240-566-1600

Civista Medical Center understands that patients may be faced with a difficult financial situation when they incur medical bills that are not covered by insurance. We encourage every patient and family to pursue all available programs that may be offered through the local Department of Social Services.

Civista Medical Center can offer financial assistance to our patients who are denied state assistance.

Please speak with a Customer Service Representative to determine if you may be eligible for either full or discounted services under this program. You may also contact a Customer Service Representative at 301-609-4400 for further information. Our financial aid programs will only apply to your hospital bills, and again, we encourage you to contact the Department of Social Services for assistance in paying your medical bills.

Patient's Rights & Obligations

You have the right to:

1. Receive care and treatment at this hospital despite the ability to pay.
2. Receive consideration and respect by the staff during every phase of your care.
3. Be treated with dignity, respecting your spiritual, cultural, and personal values and beliefs.
4. Have respect for your privacy and for the confidentiality of information about you and your medical condition.
5. Be involved in decisions affecting your health care and well-being.
6. Know the name of the physician responsible for directing and coordinating your care as well as the names of other hospital caregivers.
7. Be informed about procedures and treatment and to refuse treatment as permitted by law.
8. Have questions answered about your condition and course of treatment.
9. Expect the health care professionals will accept and act upon your reports of pain and will provide education and resources available relating to pain management.
10. Be informed of available resources for resolving disputes, grievances, and conflicts.
11. Receive a written bill stating the Medical Center's charges.

You have the responsibility to:

1. Provide, to the best of your ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. Ask questions and request clear explanations of your care treatments and service in order to make informed decisions.
3. Follow the care, treatment, and service plan developed.
4. Be responsible for the outcomes if you do not follow the care, treatment and service plan provided to you.
5. Provide a copy of your advance directives power of attorney or domestic partnership affidavit if you have created such documents, to those responsible for your care while you are in the hospital.
6. Know and follow hospital rules and regulation, showing respect and consideration for other patients and individuals providing your health care.
7. Meet the financial commitments made with Civista Medical Center.
8. Inform Civista Medical Center as soon as possible if you believe that any of your rights have been or may be violated. You may do this at any time by calling the Office of the President at 301-609-4265 or Performance Improvement at 301-609-4310.

Hospital billing can be confusing. We hope that this brochure answers some of the questions that you may have regarding billing.

Información de Contacto

Si usted siente que sus derechos han sido violados de alguna manera, por favor comuníquese inmediatamente a Mejoramiento de Desempeño, llamando al 301-609-4310.

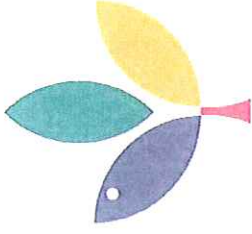
Números de teléfonos y Contactos:

Para Servicio al Cliente en Facturación, las horas de operación son de 8:00am-4:30pm., Lunes a Viernes. Nos pueden localizar en el 301-609-4403

Servicios Financieros al Paciente:
301-609-4400

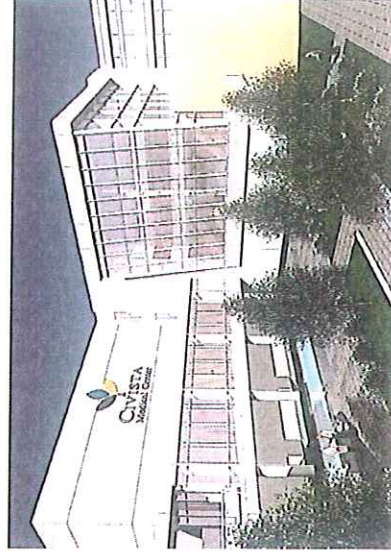
Asistencia Médica de Maryland
800-284-4510

Departamento del Trabajo, Licenciatura y Regulaciones:
301-645-8712



CIVISTA[®]
Medical Center

INFORMACION AL PACIENTE



"La buena salud comienza
aquí"



5 Garrett Ave.
PO Box 1070
La Plata, MD 20646
Teléfono: 301-609-4000
www.civista.org

Derechos y Obligaciones del Paciente

Usted tiene el derecho a:

1. Recibir cuidado y tratamiento en este hospital a pesar de su habilidad para pagar.
2. Recibir consideración y respeto por el personal durante cada fase de su cuidado.
3. Ser tratado con dignidad, respetando sus creencias y valores espirituales, culturales, y personales.
4. Tener respeto a su privacidad y a la confidencialidad de la información sobre usted y de su condición médica.
5. Estar envuelto en las decisiones que afectan su cuidado de la salud y su bienestar.
6. Conocer el nombre del médico responsable de dirigir y de coordinar sus cuidados así como también los nombres de otros encargados de cuidado de pacientes del hospital.
7. Estar informado sobre los procedimientos y tratamientos, y de rechazar tratamiento según sea permitido por la ley.
8. Que se le contesten las preguntas sobre su condición y curso de tratamiento.
9. Esperar que los profesionales del cuidado de la salud acepten y actúen de acuerdo con los reportes de dolor y que provean educación y los recursos disponibles relacionados al manejo del dolor.
10. Estar informado de los recursos disponibles para resolver disputas, quejas, y conflictos.
11. Recibir una factura escrita donde se establezcan los cargos del Medical Center.

Usted tiene la responsabilidad de:

1. Proveer, con su mejor habilidad, información exacta y completa sobre quejas actuales, enfermedades pasadas, hospitalizaciones, medicamentos, y otros asuntos relacionados con su salud.
2. Hacer preguntas y solicitar explicaciones claras de sus tratamientos en cuidados de la salud y servicios, a fin de tomar decisiones informadas.
3. Seguir el tratamiento, y el plan de servicio desarrollado.
4. Ser responsable de los resultados si usted no sigue el cuidado, tratamiento, y plan de servicio proveído para usted.

Civista Medical Center entiende que los pacientes pueden enfrentar situaciones financieras

5. Proveer una copia del poder notarial de sus directivas anticipadas o declaración jurada de sociedad doméstica, si usted ha creado estos documentos, a los responsables de su cuidado mientras usted se encuentre en el hospital.
6. Conocer y seguir las reglas y regulaciones del hospital, mostrar respeto y consideración por los otros pacientes e individuos que están proveyendo su cuidado de la salud.
7. Cumplir con los acuerdos financieros hechos con Civista Medical Center.
8. Informar a Civista Medical Center tan pronto como sea posible si usted cree que alguno de sus derechos han sido violados o pueden ser violados. Usted puede hacer esto en cualquier momento llamando a la Oficina del Presidente al 301-609-4265 o llamando a Mejoramiento de Desempeño al 301-609-4310.

Las facturas del hospital pueden ser confusas. Esperamos con este panfleto contestar algunas preguntas que usted pueda tener relacionadas a facturación.

Facturas Médicas

Usted recibirá múltiples facturas por su visita a la sala de emergencias; así como múltiples facturas por servicios como paciente interno y externo. Civista Medical Center le someterá a usted o a su compañía de seguros los cargos por nuestras facilidades y/o la porción "técnica" de los servicios. Su médico, cirujano, anesthesiólogo, patólogo, radiólogo, cardiólogo, y médico de Sala de Emergencias le facturará separadamente sus servicios profesionales. Por favor comuníquese con ellos directamente con sus preguntas sobre facturación.

Emergency Medical Associates
240-686-2310

American Radiology
800-255-5118

New Bridge Anesthesia
Anestesia
301-638-4400

AHMA, Inc.
Patología
240-566-1600

difíciles cuando incurrir en facturaciones médicas que no son cubiertas por el seguro. Nosotros animamos a cada paciente y familia a conseguir todo programa disponible que pueda ser ofrecido mediante el Departamento de Servicios Sociales local.

Asistencia Financiera

Civista Medical Center puede ofrecer asistencia financiera a nuestros pacientes que han sido denegados la asistencia estatal. Por favor, hable con el Representante de Servicio al Cliente para determinar si usted puede ser elegible para el servicio completo o descuentos bajo este programa. Usted puede comunicarse con un Representante de Servicios al Cliente al 301-609-4400 para mas información. Nuestros programas de ayuda financiera solo aplicara a sus facturas del hospital, y nuevamente, le exhortamos a que se comunique con el Departamento de Servicios Sociales para asistencia en pagar sus facturas médicas.



5 Garrett Ave.
PO Box 1070
La Plata, MD 20646
301-609-4000
www.civista.org



Our Mission

Civista Health is a not-for-profit healthcare system created to provide excellence in acute healthcare and preventive services in Charles County and the surrounding communities.

Our Vision

To be the best not-for-profit healthcare system in the State of Maryland.