



Community Benefits Report Narrative

Fiscal Year 2016

Submitted December 15, 2016

Frederick Memorial Hospital
400 W 7th Street
Frederick, MD 21701

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. (For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

a. Bed Designation	b. Inpatient Admissions	c. Primary Service Area Zip Codes	d. All other Maryland Hospitals Sharing Primary Service Area	e. Percentage of Hospital's Uninsured Patients	f. Percentage of the Hospital's Patients who are Medicaid Recipients	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
233 licensed beds	17,714	21701 21702 21703 21771 21788 21793	n/a	1.67%	19.98%	34.82%

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report ([26 CFR § 1.501\(r\)-3](#)).

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	<p>Northern – 21727, 21757, 21773, 21778, 21780, 21788, 21791, 21793, 21798</p> <p>Central – 21701, 21702, 21703, 21704</p> <p>Southern – 21710, 21716, 21718, 21754, 21755, 21758, 21769, 21770, 21771, 21774, 21777, 21790</p> <p>Most vulnerable populations include the Waveryly/Hillcrest area within the Central zip codes and the areas east of Frederick Memorial Hospital (to East and South Streets). Also have pockets of vulnerable populations in Brunswick and Thurmont.</p>	Various
Median Household Income within the CBSA	\$84,570 (Frederick Co., 2009-2013)	Census Bureau State and County Quick Facts
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6.1%	Census Bureau State and County Quick Facts
For the counties within the CBSA, what is the percentage of uninsured for each county?	6.7%	Census Bureau State and County Quick Facts
Percentage of Medicaid recipients by County within the CBSA.	15%	http://www.mhaonline.org/docs/default-source/presentations-and-talking-points/maryland-medicaid-landscape.pdf?sfvrsn=2

Demographic Characteristic	Description	Source
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	740.2 per 100,000 residents	http://phpa.dhmh.maryland.gov/OEHFP/EH/tracking/Shared%20Documents/County-Profiles/FrederickCounty_Final.pdf
<p>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) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p>Frederick County has consistently ranked 3rd in Maryland for Health Factors since 2012. The overall ranking for Health Factors is a composite of the next four categories.</p> <ul style="list-style-type: none"> • Frederick County has consistently ranked 4th in Maryland for Health Behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity) since 2010. • In the area of Clinical Care (access to care and quality of care), Frederick County moved up one position to #9. • Frederick County ranked 3rd for Social & Economic Factors (education, employment, income, family & social support, community safety) for the second year in a row, up from #4 in 2013. • Frederick County moved down six positions to #23 in Physical Environment (air & water quality, housing & transit), down from #17 in 2014. 	<p>http://health.frederickcountymd.gov/317/County-Health-Rankings</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</p>	<p>See the following two pages from the 2016 Community Health Needs Assessment related to profile and disparities.</p>	

Frederick County Community Profile




The Frederick County, MD population has increased 4.4% from 2010 to 2014. The White population has decreased from 77.8% in 2010 to 75.7% in 2014. The Black population has increased from 8.6% to 9.4% and the Hispanic population has increased from 7.3% to 8.4%.



























2014	Frederick County	Maryland	United States
Total Population	243,675	5,976,407	318,857,056
Gender			
Males	49.3%	48.5%	49.2%
Females	50.7%	51.5%	50.8%
Race			
White, not-Hispanic (NH)	75.7%	52.6%	62.1%
Black, NH	9.4%	30.3%	13.2%
Hispanic	8.4%	9.3%	17.4%
Asian, NH	4.5%	6.4%	5.4%
American Indian and Alaska Native, NH	0.5%	0.6%	1.2%
Two or More Races	2.7%	2.6%	2.5%
Ages			
Under 5 Years Old	6.0%	6.2%	6.2%
Under 18 Years Old	23.9%	22.6%	23.1%
65 Years and Over	12.9%	13.8%	14.5%
Household and Economic Indicators			
Median Household Income (2009-2013)	\$84,570	\$73,538	\$53,046
Homeownership rate, 2009-2013	75.3%	67.6%	
Persons per household (2009-2013)	2.69	2.65	2.63
Language other than English spoken at home, pct age 5+ (2009-2013)	12.3%	16.7%	20.7%
High school graduate or higher, percent of persons age 25+ (2009-2013)	91.8%	88.7%	86.0%
Bachelor's degree or higher, percent of persons age 25+ (2009-2013)	38.2%	36.8%	28.8%
Persons Below Poverty Level (2009-2013)	6.1%	9.8%	15.4%
Unemployment Rate, Sept 2015*	4.4%	5.1%	5.1%

Data Source: U.S. Census Bureau: State and County Quick Facts; 2013 Population Estimates; 2013 American Community Survey 1-year Estimates; United States Department of Labor; Bureau of Labor Statistics; Maryland Department of Labor, Licensing, and Regulation Local Area Unemployment Statistics (<http://www.dllr.state.md.us/lmi/laus/>)

Healthcare Disparities in Frederick County

At this time, county level data is not available to allow us to examine the role of poverty, education, and other social determinates of health for health disparities. Some data is available for certain topics by gender, race and/or ethnicity. The following list shows health disparities in Frederick County. Other disparities may exist, but this list consists of topics where data was available at the county level for both genders and/or at least two races.

 Equity	 Modest Inequity (More than 0% but less than 10% difference between groups)	 Substantial Inequity (More than 10% difference between groups)
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Topic	Core Measure	Data Source	Disparities Identified	
			Gender	Race/ Ethnicity
Cancer Mortality	All Cancers Mortality	2007-2011		
Cancer Mortality	Lung and Bronchus Cancer Mortality	2007-2011		
Cancer Mortality	Colorectal Cancer Mortality	2007-2011		Insuff. data
Cancer Incidence	All Cancers Incidence	2007-2011		
Cancer Incidence	Lung and Bronchus Cancer Incidence	2007-2011		
Cancer Incidence	Colorectal Cancer Incidence	2007-2011		
Cancer Incidence	Female Breast Cancer Incidence	2007-2011	N/A	
Cancer Incidence	Prostate Cancer Incidence	2007-2011	N/A	
Cancer Incidence	Oral Cancer Incidence	2007-2011		Insuff. data
Cancer Incidence	Melanoma Cancer Incidence	2007-2011		Insuff. data
Chronic	All Heart Disease Death Rates 35+ years	2011-2013		
Chronic	Stroke Death Rates 35+ years	2011-2013		
Chronic	Hypertension Death Rates 35+ years	2011-2013		
Maternal, Infant, Child Health	Low Birth Weight	2014	Data not collected	
Maternal, Infant, Child Health	Early Prenatal Care	2014	N/A	
Maternal, Infant, Child Health	Cesarean Section Births	2010-2014	N/A	
Sexually Transmitted Diseases	HIV Adult/Adolescent Cases	2014		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

Yes

Provide date here: June 2016 (also in 2013)

If you answered yes to this question, provide a link to the document here.

The 2016 CHNA is available online at:

http://www.fmh.org/documents/PDFs/56183-Community-Health_Rev-829.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

Yes

Approved by the Frederick Memorial Hospital Board of Directors on 9/27/16

If you answered yes to this question, provide the link to the document here.

In this FY 16 report we are still working off of our 2013 CHNA. The implementation strategy for the 2016 CHNA can be found here:

<https://www.fmh.org/documents/FMH-Community-Needs-Assessment-Implementation-Strategy-2016.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

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

- a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

Yes

If yes, please provide a description of how the CB **planning** fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

Community Benefits Planning, The Community Health Needs Assessment and the Community Health Needs Implementation Strategy are all presented to and reviewed by the Strategy Council of the FMH Leadership Team.

- 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 describe the role each plays in the planning process (additional positions may be added as necessary))

i. Senior Leadership

Sr. VP Population Health, Ambulatory Services
Strategy Council/FMH Leadership Team

Describe the role of Senior Leadership.

The Senior VP attends all Community Benefit Committee meetings and oversees strategic direction of the group to ensure that we are meeting the needs of the community as defined in the 2013 (and going forward, 2016) Community Health Needs Assessment. The Senior VP presents findings to Strategy Council for review and input as needed throughout the year.

ii. Clinical Leadership

AVP Medical Affairs
AVP Integrated Care Delivery
Director, Women's and Children's Services
Director, Nursing Resources

Describe the role of Clinical Leadership

Clinical leadership also attend all committee meetings and help to (1) determine the most appropriate community benefits and (2) ensure the clinical efficacy of each activity.

iii. Population Health Leadership and Staff

Sr. VP Population Health, Ambulatory Services

Describe the role of population health leaders and staff in the community benefit process.

As described above, the Sr. VP Population Health is the executive sponsor for the Community Benefits Committee and oversees and approves its strategic direction.

iv. Community Benefit Operations

1. ___ Individual (please specify FTE)
2. **X Committee (please list members)**
3. ___ Department (please list staff)
4. ___ Task Force (please list members)
5. ___ Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

Please see the table on the following page listing the members and activities of the community benefit committee.

Community Benefits Committee

Employee	Title/Department	Function for Community Benefits
Jim Williams	Sr. VP Population Health, Ambulatory Services	Executive sponsor, oversees and approves strategic direction.
Dr. Rachel Mandel	AVP Medical Affairs	Executive leader for overseeing clinical direction of community benefits program.
Gloria Bamforth	Director of Operations, CorpOHS	Member, provides staff and clinical expertise as needed.
Kristen Fletcher	Community Benefits Co-Chair and Director, Cardiac & Vascular Services	Co-Chairs all meetings and activities. Integral role in setting strategic direction and overseeing approval of initiatives.
Phil Giuliano	Manager, Public Safety, Security and Emergency Preparedness	Member, assists with planning, parking and public safety for larger events.
Sharon Hannaby	Director, Volunteer Services	Member, provides insight and assists with lining up volunteers as needed.
Janet Harding	Community Benefits Co-Chair and Director, Cultural Awareness and Inclusion	Co-Chairs all meetings and activities. Integral role in setting strategic direction and overseeing approval of initiatives.
Heather Kirby	AVP Integrated Care Delivery	Member, plays crucial role in determining which initiatives provide best access to care for our most vulnerable communities.
Melissa Lambdin	Director, Marketing and Communications	Member, assists in planning and working at events. Provides publicity when needed.
Mike McLane	Director, Nursing Resources	Member and clinical lead in deciding on how initiatives meet clinical needs and assists with staffing.
Katherine Murray	Director, Women's and Children's Services	Member and clinical lead in deciding how initiatives meet the needs for vulnerable women's and children's population.

Employee	Title/Department	Function for Community Benefits
Patricia Reggio	Women's Health Navigator	Member, provides insight related to reaching community needs for women.
Don Schilling	VP Ambulatory Services	Member, assists in staffing community events.
Tom Shupp	Stroke Center Coordinator	Member and clinical insight related to stroke needs and care.
Margaret Siebeneichen	Oncology Care Navigator	Member and clinical insight related to oncology needs and care.
Cookie Verdi	FMH Select! Program Coordinator	Member, also plays crucial role in tracking and reporting on each community benefit activity.

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

Spreadsheet Yes

Narrative Yes

If yes, please describe the details of the audit/review process (Who does the review? Who signs off on the review?).

The spreadsheet is reviewed by Jim Devlin, Director of Financial Reporting and Jennifer Hulvey, Director of Reimbursement. Finance provides a supporting spreadsheet with the details of what department posted each expense, along with printouts from the General Ledger supporting each line item.

The narrative is reviewed by Jim Williams, Sr. VP Population Health and Ambulatory Services and Kristen Fletcher, Community Benefits Co-Chair and Director of Cardiac & Vascular Services.

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

Spreadsheet	No
Narrative	No

If no, please explain why.

The narrative and data pulled for this report are used to develop our 990 tax filing. The filing is audited by Ernst & Young. After that process, the information is presented to our Board of Directors.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

- a. Does the hospital organization engage in external collaboration with the following partners:

- Other hospital organizations
- X Local Health Department
- X Local health improvement coalitions (LHICs)
- Schools
- X Behavioral health organizations
- X Faith based community organizations
- X Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Frederick County Health Department	Dr. Barbara Brookmyer	Health Officer	<ul style="list-style-type: none"> • Collaborated on 2016 CHNA • Collaborate with care transition team to provide community services • Key member of Ebola and other infectious disease preparation and drills • Support each other's efforts at Frederick Community Health Fair and other events • Peer Recovery Support Specialist those with substance abuse transition back into the community. • COPE Team and Behavioral Health leadership at FMH are part of the county's Overdose Fatality Review Team to identify and target trends related to SA deaths to prevent future deaths.. • Frederick Memorial is working closely with the Frederick County Health Department to ensure coordination of efforts around chronic disease management programs and engagement of high risk individuals is coordinated in a manner that reduces duplication of effort, provides a standardization of tools and resources and optimizes the reach of such programs. As an example of this effort we are working to develop a shared tool to identify high risk individuals and will actively train hospital staff using the same Certified Health Coach

			training as used by the health department. Additionally, we are working to engage EMS personnel in the dialogue with plans to develop a paramedicine program to further reach high risk individuals and assist in appropriate access of health, medical and social services.
Organization	Name of Key Collaborator	Title	Collaboration Description
Asian American Center of Frederick	Elizabeth Chung and various staff	Executive Director	<ul style="list-style-type: none"> • Partner on annual community health fair • In partnership, launched a Community Health Worker pilot to support patients and their families navigating and accessing community services, providing advocacy, and coaching to promote improved overall health and wellbeing. The CHW will support providers through an integrated approach to care management and community outreach. As a priority, activities will promote, maintain, and improve the health of patients and their family. Community Health Workers come from the communities they serve, working at the grassroots level building trust and vital relationships which make them effective culture brokers between their own communities and systems of care
George Washington University	Cherise B. Harrington, PhD, MPH	Assistant Professor	Worked with research students to interview 483 community residents, hold six focus groups and interviewed 20 key community leaders as part of CHNA.

Organization	Name of Key Collaborator	Title	Collaboration Description
LHIC	Jenny Morgan	Business Health Manager	<p>The Coalition serves to improve availability and accessibility to quality health care in Frederick County. The idea to form a coalition rose from the proceedings of the Frederick Health Summit (on Barriers to Access) held May 12, 2006. More than 100 diverse representatives from across the community convened to examine and prioritize barriers to health care. Business Health Manager works to garner relationships between FMH, Frederick County Health Department, Frederick County Public Schools, the Chamber and numerous health focused businesses to create a healthy community.</p>
Way Station	Scott Rose	CEO	<p>FMH meets regularly with the Way Station Inc. to problem solve and care plan some of the most challenging and complex shared clients. The collaboration with the Way Station has resulted in improved communication across the organization, increase partnership and collaboration on share patients and the opportunity to address process/ procedural related barriers. Additionally, bringing the teams together on a regular basis has improved a variety of workflow, handoff and process related questions – all aimed at improving patient/client outcomes and ensuring individuals are appropriately connected to needed services.</p>

Organization	Name of Key Collaborator	Title	Collaboration Description
The Coordinating Center	Carol Marsiglia MS,RN,CCM	Sr. Vice President, Strategic Initiatives and Partnerships	Frederick Memorial engaged with The Coordinating Center in July 2015 to provide intensive community based care management services to the highest risk and most vulnerable patient populations, including homeless individuals, ESRD patients and individuals with chronic conditions and poor health literacy. Thru the use of a health coach/advocate model The Coordinating Center has successfully engaged an estimated 280 individuals. These health coaches meet the patient in their home, the library, homeless shelter, etc. offer services and supports to increase health literacy, access services to address social determinates of health including, housing, hunger, employment, health care, etc. The patients engaged by The Coordinating Center have readmission rate of approximately 17%.
Mission of Mercy	David Little	CFO	The Mission of Mercy provides primary care services to low and under insured individuals via a mobile health clinic model. Frederick Memorial and the Mission of Mercy entered into an MOU which provides a mechanism for hospital patients to be scheduled for follow up care, as well as ensure a warm hand off between care providers occurs. The goal of which I to increase the likelihood patients engage in follow up care as they now have a scheduled appointment versus waiting in line on the usual first come first serve service model. An estimated 160 patients have received care thru this shared patient transition of care model.

Organization	Name of Key Collaborator	Title	Collaboration Description
Capital Coordinated Medicine	Amy Schiffman, MD	President	<p>Many patients are challenged by medical or physical situations that limit their ability to access routine primary care services, thus waiting until situation exacerbate to the point of requiring a 911 call leading to emergency room visits and or hospitalization. Frederick Memorial engaged in a partnership with Capital Coordinated Medicine to provide home based primary care to Medicare beneficiaries. Capital Coordinated Medicine receives referrals from hospital discharge planners, Department of Aging, Department of Social Services and other social and health care professions with the consent of the patient. A provider from Capital Coordinated Medicine initiates in home primary care, doing so on a short or long term basis. The provider is responsible for medical management and partners with care management or other social support agencies.</p>
Behavioral Health	Various	Various	<p>Frederick Memorial Hospital now actively partners with professional community providers as well as peer recovery support providers. Representatives from Alcoholics Anonymous now provide AA services inside the BHU twice weekly. On-Our-Own, a local peer recovery support group for mental illness now provides their services inside the BHU weekly, in an effort to diversify the treatment and support options available to our consumers. The Frederick County Health Department, Adult Substance Abuse Services now has an embedded peer recovery support specialist who works inside the hospital with patients</p>

			at all levels of need and in any location throughout the hospital (Emergency, Inpatient Medical, and Inpatient Behavioral Health). Finally, Frederick County providers from our co-owned outpatient full service psychiatric practice, Behavioral Health Partners (BHP) provide specially groups for individuals living with bipolar-spectrum disorders weekly.
Organization	Name of Key Collaborator	Title	Collaboration Description
Elderly and Vulnerable Adult Task Force	Various	Various	FMH collaborates with local EMS, law enforcement, department of social services, department of aging, and Frederick County Health Department on the Elderly and Vulnerable Adult task force – bringing key stakeholders and human service providers together to address the challenging social and medical needs of the most vulnerable adult population in the county. Working together to address individual resident needs in an effort to address immediate safety, housing, hunger, and medical needs.
Mental Health Association	Shannon Alshire	Executive Director	FMH supplies \$30,000 in support to ensure operations continue in order to provide access to a crisis counselor 7 days a week. A process has been established thru which patients discharged from the hospital can be scheduled for a follow up visit to ensure ongoing support and connectivity to mental health services. An estimated 105 patients in FY 15 and the thru the first quarter of FY 16 reported they would have sought services in the emergency room if they had not had access to walk-in clinic services.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

YES

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

YES

Jennifer Teeter (VP, Clinical Integration and Contracting) and Gloria Bamforth (Director of Operations, CorpOHS)

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

	<p>social support services in the community. As the team works closely with patients who have been identified as high risk for readmission a great deal of time and energy is spent working with patients and caregivers to establish a post discharge plan.</p> <p>Over the past 12 months the work of this team has expanded to include referrals from community based providers before hospitalization is necessary. Collaborative partnerships have established with the community to ensure services are provided and appropriate charges covered by the Care Transitions Program</p>
f) Single or Multi-Year Initiative Time Period	Multi-Year
g) Key Collaborators in Delivery of the Initiative	Walgreens, Whitesell's pharmacy, Department of Aging, Frederick County Health Department, assisted living facilities, local skilled nursing facilities, community primary care and specialty practices, FMH Immediate Care, Hospice of Frederick County, homecare, Right at Home, DaVita Dialysis Centers, Way Station Inc., Mental Health Association
h) Impact/Outcome of Hospital Initiative?	FMH's HSCRC measured readmission rate stays relatively consistent between 9.5 and 10.5%, which is among the lowest in the state.
i) Evaluation of Outcomes	<p>The effectiveness of the interventions is evaluated thru our readmission and ED recidivism rates, which year over year continue to improve.</p> <p>Additionally, success is measured thru our patient satisfaction with the discharge process, which almost simultaneously with the program patient satisfaction moved from the "78th" percentile to the 88th and has not dropped since.</p>
j) Continuation of Initiative	Care Transitions is an ongoing initiative with no end date planned.

<p>k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p>A. Total Cost</p> <p>The entire cost of the program, including salaries is \$ 1,381,604.</p> <p>\$273,041 was spent providing post-acute services to meet individual patient needs</p>	<p>B. Direct Offsetting Revenue from Restricted Grants</p> <p>n/a</p>
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Table III – Initiative 2 – Access to Care

<p>a) 1. Identified Need</p> <p>2. Was this identified through CHNA process?</p>	<p>There is an underserved population in Frederick County that is lacking in health care coverage. Up to 44% of this population do not have health care coverage and 25% are Spanish speaking.</p> <p>Yes</p>	
<p>b) Hospital Initiative</p>	<p>Partner with the Asian American Center of Frederick on the Frederick County Health Fair.</p>	
<p>c) Total Number of People Within the Target Population</p>	<p>Several thousand.</p>	
<p>d) Total Number of People Reached by the Initiative Within the Target Population</p>	<p>500-700</p>	
<p>e) Primary Objective of the Initiative</p>	<p>FMH partnered in 2015 and 2016 with The Asian American Center of Frederick to offer health education, vaccination, and screenings to the residents of Frederick County and surrounding areas, with emphasis on underserved and underinsured populations who may not have access to care. FMH offered flu vaccinations, glucose/cholesterol xscreenings, bone density screenings, women's health education, pediatric asthma and chronic disease prevention education and counseling, as well community resource access.</p>	
<p>f) Single or Multi-Year Initiative Time Period</p>	<p>Multi-year</p>	
<p>g) Key Collaborators in Delivery of the Initiative</p>	<p>Asian American Center of Frederick, Monocacy Health Partners, CorpOHS</p>	
<p>h) Impact/Outcome of Hospital Initiative?</p>	<p>At the 2015 health fair we provided 800 adult flu vaccines, 350 Cholesterol/Glucose screenings, 43 bone density screenings, and 63 audiology screenings. Healthcare literature was given to approximately 500 participants. 105 referrals were given related to abnormal screening results.</p>	
<p>i) Evaluation of Outcomes</p>	<p>We measure our results based on the number of vaccines and screenings provided, as well as the follow up of patients who are referred for ongoing care.</p>	
<p>j) Continuation of Initiative</p>	<p>Yes, we plan to continue this program.</p>	
<p>k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p>A. Total Cost of Initiative</p> <p>\$37,712</p>	<p>B. Direct Offsetting Revenue from Restricted Grants</p> <p>n/a</p>

	doctor or specialist, but rather a resource to help transition the patient until they are able to see their provider for follow up care. The long term goal of this program is to expand the offerings to patients facing other co-morbidities who are high risk for readmission	
f) Single or Multi-Year Initiative Time Period	Multi-year	
g) Key Collaborators in Delivery of the Initiative	The clinic is collaboration of many departments within the hospital and our social workers connect the patients to physicians and community resources as needed.	
h) Impact/Outcome of Hospital Initiative?	Our goal is to help our patients manage their health in the community.	
i) Evaluation of Outcomes	We will evaluate the readmission rates of CARE clinic patients to see if they are better or worse than other patients with similar health issues.	
k) Continuation of Initiative	Yes, this is an ongoing program.	
l) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative \$40,673	B. Direct Offsetting Revenue from Restricted Grants n/a

g) Key Collaborators in Delivery of the Initiative	Clinical and administrative staff from a variety of service lines, including women's, cardiovascular, stroke, diabetes, and nutrition collaborated with Lay Health Educators from the Bridges program and community leaders to create a full program of education and hands-on participation.	
h) Impact/Outcome of Hospital Initiative?	350 attendees heard heart experts speak about a healthy lifestyle, attended exercise classes ranging from Zumba to Line Dancing, participated in healthy cooking demonstrations and received literature on a wide range of heart healthy topics.	
i) Evaluation of Outcomes	<p>We are encouraging participants to follow up on all screenings and achieve healthy measurements as related to weight, blood pressure and cholesterol.</p> <p>We performed 125 blood pressure screenings. 26 participants (21%) had abnormal readings and were referred to see their PCP within 2-4 weeks.</p> <p>There were 62 lab tests performed for RSH, Cholesterol, Hemoglobin A1C. 27.4% were abnormal and the patients were referred to their PCPs for follow up care.</p>	
j) Continuation of Initiative	Yes, we will hold this program again in February 2018.	
m) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative \$1,775	B. Direct Offsetting Revenue from Restricted Grants n/a

Table III – Initiative 5 – Lay Health Educators

<p>a) 1. Identified Need</p> <p>2. Was this identified through CHNA process?</p>	<p>FMH established the Bridges Lay Health Educator (LHE) Program in response to feedback obtained during the 2013 Community Health Needs Assessment indicating that more FMH sponsored programs and seminars needed to be conducted in the community and that the multicultural community wanted and needed to be engaged in the national work to improve health and the overall quality of life for our citizens.</p> <p>Yes</p>
<p>b) Hospital Initiative</p>	<p>Bridges Lay Health Educators</p>
<p>c) Total Number of People Within the Target Population</p>	<p>Thousands.</p>
<p>d) Total Number of People Reached by the Initiative Within the Target Population</p>	<p>29 LHE graduates are now working within their specific communities, reaching an exponential number of people.</p>
<p>e) Primary Objective of the Initiative</p>	<p>To connect networks and build partnerships that collaborate to close the gap on health disparities, decrease the incidence of chronic disease and preventable illness, and build a healthier Frederick.</p>
<p>f) Single or Multi-Year Initiative Time Period</p>	<p>Multi-year</p>
<p>g) Key Collaborators in Delivery of the Initiative</p>	<p>The Lay Health Educator (LHE) Program is designed to prepare volunteers from multicultural communities to start or energize health programs in the places that they live, work, worship and gather. There is no charge to the organization or volunteer. Participants are recommended through Faith Based Organizations or other cultural and community organizations to take the 10 week, 30 hour course.</p> <p>Subjects, which were selected based on the Community Health Needs Assessment, Focus Groups with target communities, clinical staff, hospital data and patient feedback pointed to these topics:</p> <ul style="list-style-type: none"> • Advanced Directives • Cancer • COPD • Dementia/Alzheimer • Depression/Mental Health/Addiction • Diabetes • Heart Disease

	<ul style="list-style-type: none"> • HIV/STD's/HPV • Hospice Care/End of Life • Medication Management • Men's/Women's Health • Navigating the Healthcare System • Nutrition • Oral Health • Obstructive Sleep Apnea • Stroke • Talking to Your Doctor <p>Instructors are drawn from the hospital's physicians, other professional staff, nursing educators, advocacy groups and community physicians. The exchange of learning at this level is important – what the participants talk about in class, especially about barriers to access, their experiences in doctors' offices, and their comfort level with the communication between physician and patient leave a lasting impression on everyone including the "expert." Each LHE leaves with binders, totes and electronic versions of the materials that they can edit to match the audiences culture, beliefs, language, gender or tolerance for graphic images.</p>
h) Impact/Outcome of Hospital Initiative?	<p>To date, 29 people have completed the program and community educational sessions are growing in formal, informal, and one on one formats. "Boys Night Out" now features discussion on men's health issues, and the Deaf Seniors group for Frederick County now receives their health education in American Sign Language. More families are holding "The Conversation" and tackling tough topics because of a chance mention of it in the monthly bulletin.</p>
i) Evaluation of Outcomes	<p>To keep track of activity from which metrics will develop, the program's coordinator regularly receives updates and phone calls about new ventures or the need for hospital resources. Sponsoring organizations may feature the Bridges "Partner" Badge on their website or banners to indicate membership in this growing network. Metrics are being tested and defined, but evaluations and feedback from the LHE's and Organizations has been extremely positive. New topics are added and the curriculum is adjusted after each cohort evaluates the content. To keep LHE's up to</p>

	date and in line with the community needs, a continuing education program has been developed and all LHE's return for a "reunion" of sorts, and as a result new network relationships form.	
j) Continuation of Initiative	FMH is committed to continuing this initiative in the coming years.	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative \$43,000	B. Direct Offsetting Revenue from Restricted Grants

	<p>take right away to change their own risk for stroke.</p> <p>At the conclusion of the workshop, attendees are able to name and identify stroke signs and symptoms and know what to do in case they, or someone they know, are having a stroke.</p>	
f) Single or Multi-Year Initiative Time Period	Multi Year	
g) Key Collaborators in Delivery of the Initiative	<p>Frederick County Health Department Frederick Co. Community Action Agency American Heart Association Centro Hispano Asian American Center of Frederick Various Long term/Sub-acute facilities in Frederick EMS Frederick Keys</p>	
h) Impact/Outcome of Hospital Initiative?	<p>Because the onset of coronary artery disease, vascular disease and the predilection to atherosclerosis all have a genetic component, it is difficult to ascertain what impact, if any, a focused awareness campaign about the signs and symptoms of stroke may have on a given population.</p> <p>An immediate evaluation tool was used to assess whether the attendees learned and retained some of the pertinent information presented in the workshops.</p>	
i) Evaluation of Outcomes	<p>At the conclusion of the workshops, approximately 100 percent of the attendees are able to name and identify stroke signs and symptoms and know what to do in case they, or someone they know are having a stroke</p>	
j) Continuation of Initiative	<p>Yes, this initiative will continue. Efforts will focus even more specifically in those underserved communities in which the incidence of cardiovascular disease is highest in Frederick County.</p>	
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative \$1,500 (\$500 donated from Genentech)	B. Direct Offsetting Revenue from Restricted Grants n/a

Table III – Initiative 7 – Prenatal Clinic

<p>a) 1. Identified Need</p> <p>2. Was this identified through CHNA process?</p>	<p>The FMH Auxiliary Prenatal Center (PNC) provides prenatal care for women with no insurance - or with Medical Assistance who are unable to obtain care from private practice providers. Many of the women in the Prenatal Center are high-risk patients, and many of the women present with medical conditions of which they may be unaware, that pose significant risk to full-term healthy fetal development.</p> <p>Yes</p>
<p>b) Hospital Initiative</p>	<p>The FMH Prenatal Center for Frederick County residents who plan to deliver at FMH.</p>
<p>c) Total Number of People Within the Target Population</p>	<p>According to the U.S. Census Bureau, 4.8 percent of Frederick County's roughly 233,000 residents were living below the poverty level between 2006 and 2010. The exact number needing prenatal care is not known.</p>
<p>d) Total Number of People Reached by the Initiative Within the Target Population</p>	<p>524</p>
<p>e) Primary Objective of the Initiative</p>	<p>The implementation of early prenatal care in the PNC allows uninsured or underinsured patients who live in Frederick County to receive early interventions for underlying conditions before they adversely affect the course of the pregnancy. Patients in the FMH Auxiliary Prenatal Center are either self-referred or referred by Frederick County Health Department (FCHD), Frederick County Mission of Mercy, private physicians, or other community groups.</p>
<p>f) Single or Multi-Year Initiative Time Period</p>	<p>Multi year</p>
<p>g) Key Collaborators in Delivery of the Initiative</p>	<p>The FMH Auxiliary Prenatal Center staff members consist of certified nurse midwives, a Spanish certified interpreter, and two bilingual staff members who perform the duties of medical assistant, scheduler, and registrar. The Medical Director, Dr. Jie Gao, is a local obstetrician who reviews high risk cases weekly with the CNM.</p> <p>In addition, FMH contracts with Mid Maryland Perinatology Associates and patients are referred for Maternal-Fetal-Medicine consults as appropriate.</p>

h) Impact/Outcome of Hospital Initiative?	PNC quality outcome metrics are reported to The Frederick County Office for Children and Families, Health-E Kids Program.	
i) Evaluation of Outcomes	<p>Frederick County's infant mortality rate decreased from 4.8 deaths per 1,000 live births in 2013 to 3.6 in 2014, and remains consistently lower than the Maryland infant mortality rate.</p> <p>The percentage of preterm births in Frederick County decreased from 9.7% in 2013 to 9.2% in 2014, and remains lower than the Maryland percentage.</p> <p>The percentage of pregnant women in Frederick County who have received early prenatal care remains consistently higher than the Maryland percentage. There is racial disparity, particularly in the Hispanic and Black populations, which are 22% and 21% lower than the White population.</p> <p>In the FY 16 we had 524 patients who received prenatal care at the clinic:</p> <ul style="list-style-type: none"> • 314 were newly enrolled • There were a total of 2,621 visits • 90% of patients said they were satisfied with their service • 50% of the women received at least 8 prenatal visits • 91% of participants had a baby at a healthy birth weight (2500 grams or above) 	
j) Continuation of Initiative		
k) Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative \$264,000 total (net cost of \$165,000)	B. Direct Offsetting Revenue from Restricted Grants \$18,621 grant from Frederick County Healthy Kids, Office of Families and Children

See attachment B for a complete list of seminars and community events held in Fiscal Year 2016.

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Mental Health

Today an estimated 22.1% of adults in America - about one in five – suffer from a diagnosable mental disorder in any given year. In addition, four of the ten leading causes of disability are mental disorders. While Frederick County's rate of emergency department visits related to behavioral health per 100,000 population is less than the Maryland Healthy Communities target of 5,028, it remains a significant – and growing - problem in the county. The Frederick County figure for 2010 was 3,725 per 100,000 population. In 2011 the figure grew to 4,422. That is an increase of 84% per 100,000 population.

Frederick Memorial Hospital provides behavioral health care to patients who come to the hospital for help. Because we are hospital-based, we offer a full continuum of services. Our highly specialized team consists of board certified psychiatrists, clinical nurses, mental health associates, clinical nurse specialists, physical therapists, occupational therapists and clinical social workers.

Addressing the community's behavioral health needs is an important and urgently needed facet of care that is missing in Frederick County. While FMH recognizes this issue must be addressed moving forward, the organization will not be able to respond in the near term because of facility constraints and the lack of the infrastructure necessary to sustain the kinds of programs that would make an impact in this area. Until we are given permission by the HSCRC to expand inpatient bed capacity, and the economic environment is such that funds will be available for the necessary construction, FMH will continue to participate in the County's ongoing needs assessment process, and support with in-kind services and dollars those agencies better positioned to immediately manage the near crisis conditions our community is currently experiencing.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?

Our work with the Frederick County Health Care Coalition includes the following initiatives:

- Dental Health Home – Ensuring every adult resident of the county as an affordable dental home.
- Healthy Workplace – Recognize work places committed to improving employee health and well being based upon evidence-based worksite wellness guidelines derived from the CDC Worksite Health Scorecard.
- Health Disparities Education and Awareness – Identify tools and resources to help address disparities and set objective outcome indicators within the other Coalition workgroups.
- Low income Elderly advocacy – No elderly person in Frederick County will have an unmet health need due to lack of funding including access to: health care, transportation, housing, assisted living and nursing home care.
- Reduction of Deaths due to overdose and suicide – Reduce overdose death rates by 20% by 2016. Provide a seamless system of prevention, intervention, treatment and recovery services regardless of ability to pay. Decrease County suicide rates by 9.1% by 2016.

Our work with the Frederick County Local Health Disparities Committee (LHDC) (Frederick County Local Health Improvement Plan (LHIP) 2014-2016 Work Group):

Promotes awareness about Health Disparities in Frederick County and mobilize partnerships for disparity reduction.

Health disparities adversely affect groups of people who have experienced greater obstacles to health based on:

- racial or ethnic group
- religion
- socioeconomic status
- gender
- age
- mental health
- geographic location
- cognitive, sensory, or physical disability
- sexual orientation or gender identity
- or other characteristics historically linked to discrimination or exclusion.

There are significant health disparities in some health outcomes in Frederick County

- Some affect men, some affect Blacks more
- Health Disparities impact us and people we love

Health disparities are complicated

- It takes us all to reduce and eliminate Health Disparities!

VI. PHYSICIANS

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

Frederick County currently has gaps in accessibility for four specialties. Our uninsured population is impacted by the lack of Dermatologists who will accept Medicaid patients. Frederick County also has a shortage of Primary Care, Neurosurgery and Adult Ear/Nose/Throat physicians, leading to limited access for all residents.

There are numerous specialties, as well as primary care and internal medicine, where the majority of practices don't willingly accept uninsured or Medicaid HMO patients.

FMH bylaws state that medical staff members MUST see patients referred from the ED when they are on call.

FMH pays for an anti-coagulation management clinic, since few Frederick county physicians provide this service, and our pharmacists do a better job than private practices have historically done.

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

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospital-Based physicians	<p>FMH subsidizes Intensivists, Behavioral Health and NICU providers. There would not be enough providers for these services within the Frederick community without our contractual arrangements.</p> <p>FMH also contractually subsidize anesthesia, emergency room physicians (both adult and peds), interventional cardiologists, and observation services. In all of those areas, we wouldn't have enough providers without subsidies to care for County patients.</p>
Non-Resident House Staff and Hospitalists	<p>FMH subsidizes Hospitalists to meet the needs of our patients. There are not enough primary care providers in Frederick to accommodate all inpatient needs. Also, most community PCP physicians do not maintain their hospital privileges and therefore cannot care for their patients while in the hospital.</p>
Coverage of Emergency Department Call	<p>FMH contracts with the following specialties to provide coverage on a 24/7 basis.</p> <ul style="list-style-type: none"> • Anesthesiology • Cardiology • ENT • Gastroenterology • General Dentistry • Hematology/Oncology • Interventional Cardiologists • Nephrology • Neurology • Obstetrics • Ophthalmology • Oral/Maxillo/Facial • Orthopedics • Pediatrics • Plastic Surgery • Pulmonary Medicine • Urology • Vascular Surgery • Neuro Surgeon

Category of Subsidy	Explanation of Need for Service
Physician Provision of Financial Assistance	<p>Monocacy Health Partners (MHP) is a division of Frederick Regional Health System and includes primary and specialty care providers in the community. MHP provides financial assistance to patients and FMH subsidizes the financial shortfall this creates for the practices.</p>
Physician Recruitment to Meet Community Need	<p>MHP has actively recruited Endocrinology, Urology and Surgical specialists to meet the provider shortage in the community. FMH has paid for the cost of recruiting these physicians.</p> <p>Additionally, FMH paid all recruitment fees related to the hiring of a primary care physician in a private practice in Middletown to meet the needs of that community.</p>
Dental Clinic	<p>Due to the growing need for adult dental care, MHP has opened up a Dental Clinic to serve under and uninsured adults in Frederick County. The Dental Clinic is partially funded by grants and the remainder of the budget is paid for by FMH.</p>

VII. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - besides English, in what language(s) is the Patient Information sheet available;
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
 - c. Include a copy of your hospital's FAP (label appendix III).
 - d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e).
Link to instructions:
http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).

APPENDIX I

DESCRIPTION OF FINANCIAL ASSISTANCE POLICY

Appendix I - Description of Financial Assistance Policy

FMH reviews the Financial Assistance Policy (FAP) and the communication methodology we employ on a regular basis to make sure our patients have easy access to this information in a variety of formats and that it is culturally and linguistically sensitive.

We review the FAP to make sure the reading comprehension level is appropriate for our audience and we provide English and Spanish versions to meet the needs of our CBSA. We have services available to provide any other languages when needed.

The FAP is shown on our website (following this page) and is offered to patients as part of the intake process at time of registration in the hospital and in the emergency department. Our billing statements reference our Financial Assistance Policy and include the URL for the online version. The billing statements are being updated during FY 17 to include detailed explanation of the FAP.

FMH provides assistance to our patients who need to apply for government benefits when appropriate. Most common examples are "self-pay" Inpatients who admit through the Emergency Department and patients who come to our Prenatal Clinic. We have a Department of Social Services Representative onsite at our Prenatal Clinic to work directly with the patients.

All patients receive the Patient Information Sheet (Appendix IV), available in English and Spanish, which includes information about Financial Assistance.

The following information about Financial Assistance can be found on our website at:

<http://www.fmh.org/About/Billing/Financial-Assistance.aspx>

Financial Assistance

Frederick Regional Health System has a financial assistance program available for patients who find that they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household, and household size.

You will receive a reply within two business days of the submission of your financial assistance request. If additional information and/or documentation is required, we will contact you by phone or mail within two business days. Notification regarding your financial assistance application will be made in writing within 30 days of the submission of your application.

Payment plans are available depending upon the balance due. To arrange for a payment plan, contact our billing office at 855-360-5443.

Apply Online for Financial Assistance

Frederick Memorial Hospital has a Financial Assistance Program available for patients who find that they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household, and household size.

You will receive a reply within two business days of the submission of your financial assistance request. If additional information and/or documentation is required, we will contact you by phone or mail within two business days.

You will be notified in writing of the decision regarding this application within 30 days of the submission of your application. If you have any questions or concerns about your application, please contact us at 240-566-4602.

[Click here to download the application](#)

Application is shown on following pages.

insert application here from website: <http://www.fmh.org/documents/PDFs/FA-Cover-Letter.pdf>



Frederick Memorial Hospital has a Financial Assistance Program available for patients who find they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household and household size. Please complete the entire application and return it with the required documentation to:

Frederick Memorial Hospital
Attn: Patient Accounts/Financial Assistance
470 Prospect Blvd
Frederick, MD 21701

Helpful Hints:

- Please make sure that you include all of the required documentation with your application to avoid any delay in processing your application.
- If you have applied for Financial Assistance in the past, you must submit new and current documentation with your application. We cannot use information from your previous application.

If additional information and/or documentation are required we will contact you by phone or by mail within two (2) business days. You will be notified in writing of the decision regarding this application within 30 days of the completed application. If you have any questions or concerns regarding your application please contact a Financial Counselor at (240) 566-4214 Monday through Friday between the hours of 7:30 am and 4:00 pm.

Sincerely,

Financial Counselor
Frederick Memorial Hospital

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
 First Middle Last

Social Security Number _____ - _____ - _____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

 City State Zip code

Phone _____

Country _____

Employer Name _____

Phone _____

Work Address _____

 City State Zip code

Household members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment?

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient

Checklist of Information that MUST be attached to this Financial Application:

Financial Documentation

Please submit the following financial documentation to assist with processing your application. **A current income tax return is the *preferred* method for determining household income.**

_____ Current Income Tax return **form 1040** for previous calendar year (if business owner, Schedule C is required). If not returned, why? _____

Or three of the following

_____ Three current pay stubs from employer for applicant and spouse. If not returned, why?

_____ Bank Statement for Check/Savings account on bank letterhead. If not returned, why?

_____ Social Security, Pension and/or disability

_____ Unemployment amount received

_____ Child Support

_____ Food Stamps and any government assistance

If you have no income please provide the following

_____ Signed letter of support detailing how living expenses are being met (signed by the person providing support)

Don't forget, have you:

_____ Signed the application?

_____ Completed the application?

Please use this as a checklist so you do not forget any information that would cause your application to be denied. If you have any questions about the application and its process please call (240) 566-4214.

APPENDIX II

ACA'S HEALTH CARE COVERAGE EXPANSION OPTION

Appendix II - ACA's Health Care Coverage Expansion Option

Our Financial Assistance Policy did not need to change after January 1, 2014 as we were already using income based-only information. We did not include any assets and we followed (and continue to follow) federal poverty level guidelines.

We work with our patients to help them find out about eligibility for assistance and application information.

APPENDIX III

FINANCIAL ASSISTANCE POLICY

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance
Responsible Person: Vice-President of Finance

Effective Date: 1/1/11
Reviewed Date: 1/1/13
Revised Date:

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

It is the policy of Frederick Memorial Hospital to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria.

POLICY:

FMH will publish the availability of Financial Assistance on a yearly basis in the local newspaper and will post notices of availability at appropriate intake locations. Notice of availability will also be included as part of the admission packet and will be included with patient bills. A summary of the Financial Assistance policy will be posted in Admitting, the Emergency department, key registration areas and Patient Financial Services.

PROCEDURE:

- 1.0 Patients shall receive financial assistance if they meet any one of following three guidelines: Financial Assistance Guidelines, Financial Hardship Guidelines, and the Social Service Program Guidelines. If a patient qualifies for more than one of the guidelines, the guideline that is most favorable to the patient will be used.
- 2.0 Financial Assistance Guidelines - Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor, the family size, and the monetary assets.
 - 2.1 Gross income refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensation, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home.
 - 2.2 Family size is determined by each person living on the gross family income.
 - 2.3 Monetary assets are liquid and near liquid assets such as cash, savings accounts, certificates of deposit, money market accounts, stocks, bonds, mutual funds, etc. Monetary assets exclude primary residences and retirement accounts. At a minimum, the first \$20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Assistance.
 - 2.4 Patients will receive 100% financial assistance for incomes at 200% or less of Federal Poverty Guidelines if their monetary assets are below \$20,000. If the patient/guarantor's monetary assets are above \$20,000, less than 100% financial assistance may be provided. The Financial Assistance Committee will review these cases and determine the financial assistance amount.

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance
Responsible Person: Vice-President of Finance

Effective Date: 1/1/11
Reviewed Date: 1/1/13
Revised Date:

- 2.5 Patients will receive partial financial assistance for incomes over 200%, but less than 300% of Federal Poverty Guidelines if their monetary assets are below \$20,000. The amount of partial financial assistance a patient is to receive is outlined in Attachment A – Frederick Memorial Hospital Financial Assistance Program. If the patient/guarantor's monetary assets are above \$20,000, the financial assistance provided may be less than outlined in Attachment A. The Financial Assistance Committee will review these cases and determine the financial assistance amount.
- 2.6 All other resources will first be applied including Medicaid Medical Assistance before the Financial Assistance adjustment will be given.
- 2.8 FMH may use publicly available tools to estimate patients' financial status and provide presumptive charity based on established guidelines. Presumptive charity will be provided only after all other payment avenues are exhausted.
- 2.9 Some persons may exceed established income levels but still qualify for Financial Assistance when additional factors are considered. These will be reviewed on a case by case basis by the Financial Assistance Committee.
- 2.10 Patients shall remain eligible for financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.
- 3.0 Financial Hardship Guidelines - Financial hardship guidelines apply when medical debt incurred by a family over a 12-month period exceeds 25% of family income, and their income is less than 500% of Federal Poverty Guidelines.
- 3.1 Medical debt is defined as out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by the hospital. Patients meeting the financial hardship guidelines are eligible for reduced cost care.
- 3.2 Patients shall remain eligible for financial hardship when seeking subsequent care at FMH during the 12-month period beginning on the date on which the reduced-cost necessary care was initially received.
- 3.3 At a minimum, the first \$20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Hardship.
- 3.4 The Financial Assistance Committee will review these cases and determine the financial assistance amount.

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance

Effective Date: 1/1/11

Responsible Person: Vice-President of Finance

Reviewed Date: 1/1/13

Revised Date:

4.0 Social Service Program Guidelines - Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of means-tested social services programs are deemed eligible for free care, provided proof of enrollment can be verified. These programs include, but are not limited to:

- a. Households with children in the free or reduced lunch program
- b. Supplemental Nutritional Assistance Program (SNAP)
- c. Low-income-household energy assistance program
- d. Primary Adult Care Program (PAC) (until such time as inpatient benefits are added to the PAC benefit package; or
- e. Women, Infants and Children (WIC)
- f. Frederick Community Action Agency (FCAA)

4.1 Patients shall remain eligible for Social Service financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.

4.2 A monetary asset test will not be applied to patients who meet Social Service program guidelines.

5.0 PROCEDURES AND RESPONSIBILITIES:

5.1 During the registration/intake process, patients will be provided an information sheet that describes the hospital's financial assistance policy, patients rights and obligations with regard to hospital billing and collection under the law, how to apply for free and reduced-cost care, how to apply for Medical Assistance, and information that hospital and physician billing is separate. FMH staff will be available to work with the patient, the patient's family, and the patient's authorized representative in order to explain this information.

If the patient was unable to receive the information sheet at registration, the information sheet will be provided before discharge. The information sheet will also be provided with the hospital bill and upon request.

5.3 If a patient inquires about financial assistance or we determine the patient may qualify for financial assistance, a Maryland State Uniform Financial Assistance Application will be provided to the patient (either in person or via mail if patient is not in person).

5.4 During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:

- a. Copy of payroll stub to include year to date wages.
- b. Letter from federal or state agency indicating the amount of assistance received.
- c. Copy of most recently filed federal income tax return.
- d. List and value of monetary assets

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance
Responsible Person: Vice-President of Finance

Effective Date: 1/1/11
Reviewed Date: 1/1/13
Revised Date:

e. If the patient does not have a payroll stub, receives no federal or state assistance, and has not filed a tax return, then the patient must provide written documentation as to their financial circumstances.

5.5 Completed applications will be forwarded to the Patient Financial Services Department for review. Applications are to be scanned into the patient's account for retention. .

5.6 An approval or denial letter will be sent directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.

5.7 Probable determination for Financial Assistance will be completed within two (2) business days.

5.8 The approval process for financial assistance is as follows:

a. Financial Assistance:

Approval levels for patients who qualify for Financial Assistance:

- < \$10,000: Patient Financial Services Manager or his/her designee.
- \$10,000 - \$50,000: Patient Financial Services Director or his/her designee
- > \$50,000: Senior VP & CFO or his/her designee.

b. Financial Hardship:

A Financial Assistance Committee will be established to review/approve patients who qualify under the Financial Hardship guidelines. The committee will include, but is not limited to, the following members: VP of Finance, Patient Access Director, PFS Director, and Director of Care Management. The committee will review each case on its merits and determine the level of financial assistance.

b. Social Service Program

The Patient Financial Services Manager or his/her designee can approve all patients who qualify for assistance under the Social Service Programs Guidelines, regardless of balance.

5.9 If a financial assistance request is denied, the patient or responsible guarantor may appeal the decision. Appeals will be reviewed for final determination as follows:

- < \$10,000: Patient Financial Services Director.
- \$10,000 - \$50,000: Senior VP & CFO
- > \$50,000: Financial Assistance Committee.

5.10 Hospital contracted vendors will be required to follow this FMH policy.

5.11 Write offs of accounts meeting the criteria will be noted as financial assistance.

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

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Effective Date: 1/1/11
Reviewed Date: 1/1/13
Revised Date:

5.12 Refunds will be provided for amounts collected from a cooperative patient or guarantor of a patient who was found eligible for free care within two (2) years of the date of service. Patients or guarantors deemed to be uncooperative in providing required information may have their eligible timeframe reduced to 30 days after date of hospital service.

6.0 The FMH Board of Directors shall review and approve this policy every two (2) years.

7.0 QUALITY ASSESSMENT:

1.1 The Poverty Guidelines are issued each year in the Federal Register by the department of Health and Human Services (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.

1.2 The Poverty Guidelines are available on line at: <http://faspe.hhs.gov/povertyIndex.shtml>

1.3 Poverty guidelines are updated each year by the Census Bureau whereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.

1.4 Eligible care covered under this program is all necessary medical care provided.

DEFINITIONS:

APPENDIX IV

PATIENT INFORMATION SHEET

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
Frederick, MD 21701

240-566-3300

PAYMENT SERVICES FOR FMH PATIENTS

Frederick Memorial Hospital (FMH) is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Maryland state law, FMH offers the following information.

HOSPITAL FINANCIAL ASSISTANCE

FMH provides emergency or urgent care to all patients regardless of their ability to pay. Under the FMH financial assistance policy, you may be entitled to receive financial assistance for the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.

FMH financial assistance eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 200% of the most current poverty guidelines published yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance is given in increments of 20%, 40%, 60%, 80% and 100%.

If you wish to get more information about or apply for FMH Financial Assistance, please call 240-566-4214 or download the uniform financial assistance application at:

http://www.hscrc.state.md.us/consumers_uniform.cfm

Financial Assistance applications are also available at all FMH registration areas.

PATIENT RIGHTS

Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the FMH business office at 240-566-3950 or 1-855-360-5443.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments and it pays the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for FMH financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347; TTY:1-800-925-4434; or internet www.dhr.state.md.us. We can also help you at FMH by calling 240-566-3862.

PATIENT OBLIGATIONS

For those patients with the ability to pay, it is their obligation to pay the hospital in a timely manner. FMH makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office at 240-566-3950 or 1-855-360-5443.

If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact the FMH business office to provide updated information.

PHYSICIAN SERVICES

Physicians who care for patients at FMH during an inpatient stay bill separately and their charges are not included on your hospital billing statement.

APPENDIX V

MISSION, VISION AND VALUES

FREDERICK MEMORIAL HOSPITAL

Vision, Mission, & Values

Vision

Superb Quality. Superb Service. All the Time.

Mission

The mission of Frederick Memorial Hospital is to contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, safe and convenient manner through a coordinated program of prevention, diagnosis and treatment, rehabilitation, and support.

Values

We believe in:

- Quality
- Responsibility
- Stewardship
- Respect and Dignity
- Empowerment
- Honesty and Integrity
- Collaboration and Teamwork



ATTACHMENT A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

Bulleted activities are listed below each measure.

Increase life expectancy

- Follow up educational phone calls made by Nurse Navigators to increase participation in the high risk breast cancer screening and prevention program

Reduce infant mortality

- Increased number of prenatal clinic visits for non-insured/underinsured community residents

Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization

Reduce the % of adults who are current smokers

- Pediatric Asthma Observation and Inpatients receive education on Trigger avoidance, which includes information on smoking cessation for the parent if needed

Reduce the % of youth using any kind of tobacco product

- Pediatric Asthma Observation and Inpatients receive education on Trigger avoidance, which includes information on smoking cessation if needed

Reduce the % of children who are considered obese

- April 2016 Children's Festival Participation – provided education on Pediatric Health eating

Increase the % of adults who are at a healthy weight

Increase the % vaccinated annually for seasonal influenza

- Screen all observation and inpatients and encourage and give flu vaccination

Increase the % of children with recommended vaccinations

- Screen all Pediatric patients for vaccination compliance and provided education and potential vaccination when needed
- Provide education a Children's Festival (April 2016)

Reduce new HIV infections among adults and adolescents

Reduce diabetes-related emergency department visits

Reduce hypertension related emergency department visits

Reduce hospital ED visits from asthma

- Pediatric Asthma Joint Commission Certified Designation Center of Excellence for our work with Peds Asthma (ensuring we are following best-practices, providing education).
- We are in the process of utilizing Community Health Workers to provide in home follow up for our asthma patients to reduce ED visits and hospitalizations

Reduce hospital ED visits related to mental health conditions

- Implemented pilot program for Integrated Behavioral Health Specialist (to help meet growing MH needs in community; divert unnecessary ED visits)
- Partnership with FCMHA walk-in clinic (to help meet growing MH needs in community; divert unnecessary ED visits)

Reduce hospital ED visits related to addictions

- Peer Recovery Specialist (reducing ED visits r/t substance abuse)
- Instituted protocols to administer long-acting injectable to promote wellness

Reduce Fall-related death rate

ATTACHMENT B

COMPLETE LIST OF SEMINARS AND COMMUNITY EVENTS

11/22/2016

Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Program: Advance Care Planning									
Department: Unknown (0)									
Motter Ave Apts., Senior Information Session cverdi	9/22/2015	6/30/2016	2.00	0.00	0	0	0	0	20
Notes: Educational Materials, Event Speaker on Advance Directives									
Asian American Health Fair cverdi	9/21/2015	6/30/2016	5.00	0.00	65	0	65	55	55
Notes: Educational materials, event presenter advance directives									
Women's Giving Circle Education cverdi	9/15/2015	6/30/2016	1.00	0.00	100	0	100	150	150
Notes: Educational materials and speaker on advance directives									
Taney Village Seniors Event cverdi	9/15/2015	6/30/2016	1.00	0.00	30	0	30	15	15
Notes: Educational materials. Event Speaker presenting on Advance Directives									
Rotary Club of Carroll Creek cverdi	8/26/2015	6/30/2016	2.00	0.00	25	0	25	100	100
Notes: Educational Materials, Event speaker on Advance Directives presented at All Saints Episcopal Church									
Rotary Club (Wednesday Group) cverdi	8/19/2015	6/30/2016	1.00	0.00	25	0	25	110	110
Notes: Educational materials, Event Speaker on Advance Directives event at Dutch's Daughter									
Community Living cverdi	8/6/2015	6/30/2016	2.00	0.00	0	0	0	0	9
Notes: Offered assistance in completing Advance Directives and scanning into the hospital medical record. Educational materials, & speaker.									

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Totals (Program): Advance Care Planning			14.00	0.00	245	0	245	459	
Program: Asthma Education									
Department: Community Outreach Program (7066)									
Thurmont Primary School/asthma Education cverdi	3/15/2016	4/29/2016	2.00	0.00	0	0	0	5	
Notes: Educational materials on Asthma...presentation on health, prevention, well-being for asthma, chronic health condition.									
Totals (Program): Asthma Education			2.00	0.00	0	0	0	5	
Program: Care Coordination									
Department: Community Outreach Program (7066)									
Care Transition Outreach cverdi	11/18/201	8/8/2016	2.00	0.00	50	0	50	30	
Notes: Event Speaker-providing information to persons living in Taney Apts.									
Brunswick Senior Center cverdi	9/29/2015	8/8/2016	2.00	0.00	15	0	15	15	
Notes: Event Speaker-providing information about Care Transitions to person living in Brunswick.									
Totals (Program): Care Coordination			4.00	0.00	65	0	65	45	
Program: Center for Diabetes and Nutrition Services									
Department: FMH Wellness/Out Patient Diabetes Educat (8622)									
Asbury Block Party cverdi	6/18/2016	8/26/2016	4.00	0.00	0	0	0	200	
Notes: Educational materials -Registered Dietitian available to discuss diabetes and Nutrition with participants.									
Frederick Senior Center cverdi	6/2/2016	8/26/2016	2.50	0.00	0	0	0	30	

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs			Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons		
Notes: Educational presentation on Diabetes by a CRNP, CDE as well as educational materials.										
Healthy Kids Day-YMCA-Frederick County cverdi	5/21/2016	6/21/2016	4.00	0.00	0	0	0	0	250	
Notes: Educational materials, informational table with staff present for Q & A.										
Parent University-Family Fitness Night cverdi	5/19/2016	6/21/2016	4.50	0.00	0	0	0	0	170	
Notes: Educational Table with staff for Q & A. 20 individuals rec. information on diabetes and heart disease										
Frederick County Health Dept. cverdi	5/17/2016	6/21/2016	1.00	0.00	0	0	0	0	20	
Notes: CRNP provided education/presentation to participants. Diabetes Support Group										
Ask the Expert Senior Expo cverdi	5/10/2016	7/28/2016	3.00	0.00	0	0	0	0	70	
Notes: Approx. 25 participants rec. educational information on diabetes, 70 participants heard a registered dietitian speak on the subject matter. Event at Crestwood Conference Center										
Bridges Program cverdi	4/28/2016	7/27/2016	7.00	0.00	0	0	0	0	15	
Notes: 15 -Dietitian educated lay persons in the community on Diabetes & Nutrition In order for them to educate their peers. Educational Materials provided as well as speaker										
First Missionary Baptist church/Health Fair cverdi	4/9/2016	4/29/2016	5.00	0.00	0	0	0	0	150	
Notes: Dietitian spoke with approx. 25 participants about health-diabetes being focus. Educational materials available to participants.										
Faith Striders/Health Fair cverdi	4/2/2016	4/29/2016	4.00	0.00	0	0	0	0	70	
Notes: Trinity UMC/Faith Striders Health Fair Participants stopped by educational table for materials and to speak with and answer questions with dietitian.										

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
"What Is All the Fuss About Diabetes" cverdi	1/30/2016	4/29/2016	2.50	0.00	0	0	0	0	45
Notes: Presentation made to group by Jacqueline Messner, CRNP & Heather Boyd, RD, LDN, CDE as well as information table with hand-outs and educational material.									
Victoria Park at Walkersville cverdi	11/10/201	8/8/2016	2.00	0.00	0	0	0	0	35
Notes: Educational Materials (only materials used for education, not for marketing purposes) Terri Kreimer spoke to the group!									
Homewood Retirement Center cverdi	10/5/2015	10/22/2015	3.50	0.00	0	0	0	0	5
Notes: Diabetes Management-verbal understanding of information presented.									
Diabetes Awareness Seminar/Victoria Park-Walkersville,MD cverdi	9/14/2015	2/2/2016	2.00	0.00	10	0	0	10	30
Notes: Signs & Symptoms of diabetes and education about diabetes. Increased awareness to prevent further complication for advanced age 65yrs. of age and greater.									
First missionary Baptist Church/Health Fair cverdi	7/11/2015	7/16/2015	6.00	0.00	0	0	0	0	150
Notes: Provided educational materials on diabetes to members of the First Missionary Baptist Church in Frederick, Md.									
Totals (Program): Center for Diabetes and Nutrition Services			51.00	0.00	10	0	0	10	1,240
Program: Cultural Awareness & Inclusion									
Department: Unknown (0)									
Medication Management/Bridges Presentation cverdi	11/2/2015	2/2/2016	2.00	0.00	50	0	0	50	30
Notes: Train the Trainer Program..Educational materials, event speaker.									
Totals (Program): Cultural Awareness & Inclusion			2.00	0.00	50	0	0	50	30

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs			Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons		
Program: Frederick Children's Festival										
Department: Women's & Children Services (10)										
Children's Festival, Child Care Choices, MHA cverdi	4/30/2016	5/5/2016	75.00	0.00	480	0	480		3,000	
Notes: Children's Festival, Baker Park, Child Care Choices, MHA. Educational materials (only materials used for education, not for marketing purposes) Give Aways (not intended for marketing purposes. Donated Teddy Bears.										
Totals (Program): Frederick Children's Festival			75.00	0.00	480	0	480		3,000	
Program: Frederick Health Fair										
Department: Unknown (0)										
Frederick Health Fair cverdi	10/24/201	12/1/2015	404.50	0.00	37,712	0	37,712		1,000	
Notes: 309 adult flu vaccines, 291 Glucose screenings, 43 one density screening, 63 Audiology screenings. Educational materials to approx 500 participants on various topics, 1000 hand sanitizers, 250 pill boxes. Flu prevention, 105 referrals from screenings for abnormal findings.										
Totals (Program): Frederick Health Fair			404.50	0.00	37,712	0	37,712		1,000	
Program: Health Fairs										
Department: Community Outreach Program (7066)										
Hillcrest Family Fun Day cverdi	9/13/2015	2/2/2016	11.00	0.00	75	0	75		200	
Notes: Nurses reported that they took 50+ blood pressures from different adults present. Gave out mor information, pamphlets and women and engaged those who could donvers on. Served a diversified and underserved population.										
Totals (Program): Health Fairs			11.00	0.00	75	0	75		200	
Program: National Nigh Out										
Department: Community Outreach Program (7066)										
National Night Out cverdi	8/4/2015	8/10/2015	3.00	0.00	0	0	0		200	
Notes: Underserved adults and children seeking health & safety information. Carrollton Park, Frederick, Md., South End Baptist Church along with Frederick City Police & Fire. Awareness and visability of our community partners.										

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Totals (Program): National Nigh Out			3.00	0.00	0	0	0	0	200
Program: Stroke and Chest Pain Program									
Department: Preventative Cardiology and Rehab (8617)									
Blood Pressure Screening cverdi	12/17/201	3/9/2015	2.00	0.00	0	0	0	0	20
Notes: Hispanic/Blood pressure screening and educational material on hypertension									
Totals (Program): Stroke and Chest Pain Program			2.00	0.00	0	0	0	0	20
Program: Stroke and Diabetes Awareness Program									
Department: Stroke & Chest Pain Center (7062)									
Heart Health & Stroke prevention cverdi	4/9/2016	4/29/2016	4.00	0.00	0	0	0	0	25
Notes: Centennial Memorial UMC Health Fair. Provided educational materials and education. Individuals reading back the information that was disseminated for educational purposes.									
Heart Disease & Women/Frederick County Health Dept. cverdi	2/11/2016	2/26/2016	2.00	0.00	0	0	0	0	50
Notes: Frederick County Health Dept....provided educational materials & presentation									
Heart Disease/Mount St. Mary's University cverdi	2/5/2016	2/26/2016	3.00	0.00	0	0	0	0	40
Notes: Educational material, presentation at Mount St. Mary's University									
Totals (Program): Stroke and Diabetes Awareness Program			9.00	0.00	0	0	0	0	115
Program: Stroke Survivor Group									
Department: Stroke & Chest Pain Center (7062)									

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Stoke Support Group overdi	6/14/2016	11/22/2016	1.50	0.00	0	0	0	0	7
Notes: Shared experiences, educational materials.									
Strike Out Stroke overdi	5/23/2016	11/22/2016	4.00	0.00	0	0	0	0	2,000
Notes: Frederick Keys –event...recognizing signs and symptoms of stroke. educational materials.									
Stroke Support Group overdi	5/10/2016	11/22/2016	1.50	0.00	0	0	0	0	10
Notes: Shared experiences since last mtg., performed a survey on how well the patients currently feel and where they feel they should be currently post stroke. Educational materials									
Ask An Expert overdi	5/10/2016	11/22/2016	3.00	0.00	0	0	0	0	50
Notes: Individual feedback on what are the participants risk factors, educational materials, event speaker									
Stroke Support Group overdi	4/12/2016	11/22/2016	1.50	0.00	0	0	0	0	8
Notes: Shared Experiences since the last meeting, educational materials.									
Stroke Support Group overdi	3/8/2016	7/29/2016	1.50	0.00	0	0	0	0	10
Notes: Support Group for Patients & Caregivers of Stroke Survivors.Educational materials.Sharing information and latest accomplishments since last mtg.									
Stroke Support Group overdi	12/8/2015	2/26/2016	2.00	0.00	0	0	0	0	10
Notes: Presentation to group, provide educational materials									

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Stroke Support Group cverdi	11/10/201	2/26/2016	2.00	0.00	0	0	0	0	12
Notes: Presentation, interaction, educational materials provided.									
Totals (Program): Stroke Survivor Group			17.00	0.00	0	0	0	0	2,107
Program: Women's and Children's Services/Women's Services									
Department: Women's & Children Services (10)									
Mommy and Me Health Fair for Employees cverdi	5/11/2016	7/27/2016	3.00	0.00	0	0	0	0	30
Notes: Educational materials provided, as well as answered questions related to birth at FMH. Walkersville High School-for employees health fair									
Totals (Program): Women's and Children's Services/Women's Services			3.00	0.00	0	0	0	0	30
Program: Women's Health Services									
Department: Woman's Health Services at FMH Crestwood (6986)									
Women as Caregivers: The Sandwich Generation cverdi	6/15/2016	6/21/2016	20.50	0.00	209	0	209	0	33
Notes: 16 Attendees rec. either Chair Massage or Chair Reiki, 25 attendees rec. educational material on vaarious topics for self care and resource info. for taking care of an elderly relative. Educational materials. Speaker: Angela Martin, Visiting Angels.									
Bad to the Bone Osteoporosis Seminar cverdi	5/18/2016	7/27/2016	23.00	0.00	30	0	30	0	Unknown
Notes: Educational Materials, event speaker, Medical Screening for the evening									
St.Katherine Drexel Catholic Church/Health Fair cverdi	4/24/2016	5/5/2016	12.00	0.00	0	0	0	0	45
Notes: 15 Bone Density Screening performed and education given. Educational materials handed out to 30 more participants.									

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User / cverdi	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Country Meadows Senior Health Fair cverdi	3/31/2016	4/29/2016	3.00	0.00	0	0	0	0	35
Notes: Bone mineral Density screening for risk to fall and fx., osteoporosis risk and prevention. T-scores were given to residents post screening to follow-up with their primary care physicians.									
Blood Clots: A Pain in the Leg cverdi	3/30/2016	5/5/2016	16.00	0.00	0	0	0	0	60
Notes: Educational materials, Event speaker, Medical Screening provided by physician practice. Varicose veins and impact on blood clot prevention.									
Zonta Club of Frederick cverdi	3/14/2016	4/29/2016	2.50	0.00	0	0	0	0	12
Notes: Event held at Homewood @Crumland Farms for Zonta Club. Presented to members the role of the Women's Health Navigator and gave education and summary of Heart Health Event held on February 19, 2016 at Crestwood. Provided members with educational materials on women's Health.									
Listen to the Rhythm of your Heart: Go Red cverdi	2/19/2016	4/29/2016	283.00	0.00	1,775	0	1,775	0	350
Notes: Educational materials, event speaker, medical screening, give aways(donated items) vendor table (not charge to vendors), blood draw, exercise demonstrations, educational tables.									
Be Well, Serve Well cverdi	2/13/2016	4/29/2016	3.00	0.00	0	0	0	0	20
Notes: Dr. Rachel Mandel presented "Importance of caring for ourselves so that we can serve others." Women's Health educational materials and well as Women's Health Guides. Peach in Christ Lutheran Church, Walkersville, Md.-group of ladies supported by church who contribute to outreach activities in Frederick community.									
Cervical Cancer & HPV: Fact or Fiction? cverdi	1/20/2016	2/2/2016	18.00	0.00	0	0	0	0	30
Notes: Dr. Lee presented educational materials about presentation.									
The Pain Really Is in Your Head: Headaches Seminar cverdi	1/6/2016	2/2/2016	16.00	0.00	45	0	45	0	44
Notes: Increased knowledge of Neurological conditions..Physician (Dr. Goodman) NP (Cory Ward) Presentation with Q & A after.									

11/22/2016
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2015 through 6/30/2016

Description / User /	Date	Date Created	Time Inputs		Monetary Inputs			Outputs	
			Staff	Volunteer	Expenses	Offsets	Benefit	Persons	
Surviving The Holidays cverdi	12/8/2015	2/2/2016	20.00	0.00	0	0	0	0	70
Notes: Presenter Teri Heger, FMH Behavioral Health presenter with Q & A after.									
How Sweet It Is; Preventing & Managing Diabetes cverdi	11/18/201	2/2/2016	30.00	0.00	28	0	28	0	70
Notes: Vendors, NP, physician, dietician and navigator met with participants before and after the event. Educational materials cooking demonstration provided by an RD									
I Only Leak When I Laugh cverdi	9/16/2015	10/22/2015	2.00	15.00	0	0	0	0	43
Notes: Monthly presentation at FMH Crestwood- covered pelvic health concerns, provided educational materials.									
Totals (Program): Women's Health Services			449.00	15.00	2,087	0	2,087	0	812
Number of Programs	14	Totals:	1,046.50	15.00	40,724	0	40,724	0	9,263
Number of Occurrences	55								