

McCready Foundation, Inc.

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: McCready Health.	<input type="radio"/>	<input checked="" type="radio"/>	McCready Foundation, Inc.
Your hospital's ID is: 210045.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input type="radio"/>	<input checked="" type="radio"/>	Independent Hospital
Your hospital was licensed for 3 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21817, 21824, 21838, 21851, 21853, 21856, 21871.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Peninsula Regional Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input checked="" type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question area is not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

21817

21821

21822

21824

21838

21851

21853

21871

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question area not displayed to the respondent.

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question area not displayed to the respondent.

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question area not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question area not displayed to the respondent.

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question area not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

McCreedy identifies its service area based on facility utilization history

Other. Please describe.

Q32. Provide a link to your hospital's mission statement.

<https://www.mccreedyhealth.org/about-us/our-mission/>

Q33. Is your hospital an academic medical center?

Yes

No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

McCreedy Health is the smallest hospital in the state of Maryland with a licensed bed designation of 3. We provide both inpatient and outpatient services to the Somerset County community residents. Our hospital facility is attached to a 76 bed skilled nursing facility and a 28 bed assisted living facility.

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question area not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

01/01/2014

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

12/12/2017

Q40. Please provide a link to your hospital's most recently completed CHNA.

<https://www.mccreadyhealth.org/news-releases/somerset-county-community-health-needs-assessment-lists-accomplishments-challenges/>

Q41. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q42. Please describe the other formats in which you made your CHNA available.

This question area not displayed to the respondent.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
 No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

12/01/2015

Q47. Please provide a link to your hospital's CHNA implementation strategy.

N/A

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input checked="" type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Mental Health and Mental Disorders | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other (specify) <input type="text"/> |
| <input checked="" type="checkbox"/> Environmental Health | | |

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The needs and priorities of the Somerset County residents have remained consistent from the 2014 Needs Assessment Survey. The community continues to have challenges with obesity, nutritional education and access, smoking, oral health access, mental health and substance abuse top the list of concerns. The community also continues to struggle with lack of access to transportation, lack of access to health insurance, unemployment rates and educational opportunities.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

[Somerset County Community Health Needs Assessment Report 12122017.pdf](#)
967.3KB
application/pdf

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q57. Please describe the community benefit narrative review process.

This question was not displayed to the respondent.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q59. Please explain:

The community benefits narrative is normal reviewed internally on the executive level before submission.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q61. Please explain:

McCready does plan and budget for annual initiatives to contribute to the improvement of the community health status during the annual planning of the hospitals finances.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Community benefits and events are budgeted for during the operation budget process. Community initiatives such as flu drive and health fairs are budgeted during the planning of the fiscal model.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

McCready's community benefits program is administered internally by the Community Relations Director of the organization. All initiatives that meet the guidelines provided by HSCRC as a community benefit are compiled during the year for review and report. McCready also works with several external agencies such as the Somerset County Health Department, Crisfield Chamber of Commerce, Health Somerset Coalition and more in an effort to reach the needs of the community collectively

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Community Care-a-Van

Q70. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q71. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |

- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q72. When did this initiative begin?

06/01/1998

Q73. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

1,700

Q75. Describe the characteristics of the target population.

Targets populations includes the estimated 26,000 Somerset County residents who are without access to transportation to assist in improving access to healthcare services

Q76. How many people did this initiative reach during the fiscal year?

1,913

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q79. Please describe the primary objective of the initiative.

Objective of this initiative is to provide transportation needs to community residents to ensure that they have the opportunity to received needed healthcare.

Q80. Please describe how the initiative is delivered.

McCreedy owns a van that is used to transport patients to scheduled doctor's appointments here at the Crisfield campus. This services provides patients access to services include primary care appointments, physical therapy appointments, outpatient surgical procedures and ancillary services that may otherwise be unobtainable.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q82. Please describe the outcome(s) of the initiative.

Patients that would otherwise not be able to receive healthcare services due to lack of transportation now have an alternative to not receiving care. This program has had increased utilization in 2018 impacting 297 more residents than in 2017

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Improves assess to care for the community to ensure that patients are getting the medical care and screening necessary to keep the residents healthy and to reduce the number of preventable diagnosis in the area.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Estimated \$46,384 hospital funds

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

McCready Health Flu Drive

Q88. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q89. Select the CHNA need(s) that apply.

- | | |
|---|--|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input checked="" type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify: <input type="text"/> |

Q90. When did this initiative begin?

10/14/2017

Q91. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.
- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- The initiative will end when external grant money to support the initiative runs out. Please explain.
- The initiative will end when a contract or agreement with a partner expires. Please explain.
- Other. Please explain.

Annual Initiative, no 4

Q92. Enter the number of people in the population that this initiative targets.

25,000 residents of Somerset County

Q93. Describe the characteristics of the target population.

Populated is undeserved and isolated with limited access transportation an healthcare.

Q94. How many people did this initiative reach during the fiscal year?

203

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q97. Please describe the primary objective of the initiative.

The objective is to provide an environment that will allow members of the community to receive their preventative flu shot at a reduced price to the patient. This is an effort to reduce incident of flu diagnosis and the spread of the disease.

Q98. Please describe how the initiative is delivered.

Employees and volunteers participate in the annual Flu drive at the Crisfield campus. The drive lasts for an estimated 5 hours. Registered Nurses administer the flu vaccination to members of the community that show up during the allotted times for a reduced discounted cost to the patient.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
203
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q100. Please describe the outcome(s) of the initiative.

Continued engagement from community residents that exceeded expectations.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative address the need for preventative care and access to immunizations for the community

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

31.5 estimated staff hours. Estimated wage cost and supplies \$3,673 hospital funds

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Smith Island Health Visits

Q106. Does this initiative address a need identified in your CHNA?

Yes

No

Q107. Select the CHNA need(s) that apply.

Access to Health Services: Health Insurance

Access to Health Services: Practicing PCPs

Access to Health Services: Regular PCP Visits

Access to Health Services: ED Wait Times

Adolescent Health

Arthritis, Osteoporosis, and Chronic Back Conditions

Blood Disorders and Blood Safety

Cancer

Chronic Kidney Disease

Community Unity

Dementias, Including Alzheimer's Disease

Diabetes

Disability and Health

Educational and Community-Based Programs

Emergency Preparedness

Environmental Health

Family Planning

Food Safety

Genomics

Global Health

Health Communication and Health Information Technology

Health-Related Quality of Life and Well-Being

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury Prevention

Lesbian, Gay, Bisexual, and Transgender Health

Maternal and Infant Health

Mental Health and Mental Disorders

Nutrition and Weight Status

Older Adults

Oral Health

Physical Activity

Preparedness

Respiratory Diseases

Sexually Transmitted Diseases

Sleep Health

Social Determinants of Health

Substance Abuse

Telehealth

Tobacco Use

Violence Prevention

Vision

Wound Care

Other. Please specify.

Q108. When did this initiative begin?

06/01/2017

Q109. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

Q110. Enter the number of people in the population that this initiative targets.

270 residents of Smith Island, MD

Q111. Describe the characteristics of the target population.

Q112. How many people did this initiative reach during the fiscal year?

15

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

Chronic condition-based intervention: treatment intervention

Chronic condition-based intervention: prevention intervention

Acute condition-based intervention: treatment intervention

Acute condition-based intervention: prevention intervention

Condition-agnostic treatment intervention

Social determinants of health intervention

Community engagement intervention

Other. Please specify.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q115. Please describe the primary objective of the initiative.

To ensure that care was made available to the residents of Smith Island who may otherwise not received healthcare services

Q116. Please describe how the initiative is delivered.

A Register Nurse and a Physician Assistant travel to Smith Island, Md via boat to provide care to the residents of the island. During FY18 18 trips were made totaling an estimated 144 hours of staff time.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q118. Please describe the outcome(s) of the initiative.

Preventative care has been extended to an undeserved population of the community.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

Increases access to healthcare services for Somerset County Residents who may not receive care otherwise.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Estimated total cost \$6,688.96 hospital funds

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Heart Disease and Stroke
- HIV

- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	McCready provides ac
Increase the % of adults who are at a healthy weight	<input type="text"/>
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	McCready partners wi
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	McCready provides ca
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	McCready provides M
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	<input type="text"/>
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	McCready partners wi
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce drug induced mortality (per 100,000)	McCready offers subs
Reduce mental health-related emergency department visit rate (per 100,000)	McCready provides M

Reduce addictions-related emergency department visit rate (per 100,000)	McCready offers subs
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	McCready provides an
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	<input style="width: 80px; height: 15px;" type="text"/>
Non-Resident House Staff and Hospitalists	<input style="width: 80px; height: 15px;" type="text"/>
Coverage of Emergency Department Call	<input style="width: 80px; height: 15px;" type="text"/>
Physician Provision of Financial Assistance	<input style="width: 80px; height: 15px;" type="text"/>
Physician Recruitment to Meet Community Need	<input style="width: 80px; height: 15px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 80px; height: 15px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 80px; height: 15px;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 80px; height: 15px;" type="text"/>

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Policy 2018 Scanned.pdf](#)
141.3KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Families whose income is 150% but not more than 250% the income range depending on family size. A family of 1 with a household income of \$18,210, and a family of 8 with a household income of \$41,320 would qualify for free care.

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Families whose income is 150% but not more than 250% the income range depending on family size. A family of 1 with a household income of no more than \$22,216 and a family of 8 with a household income of \$103,300 would qualify for reduced care ranging from 75% to 25% benefit.

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Stated above.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

We have seen a reduction in the Financial Assistance need. More patients are presenting with insurance coverage. There is still a population that we offer assistance in getting coverage.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: [\[38.280700683594, -75.651000976562\]](#)

Source: GeolIP Estimation

PART TWO: ATTACHMENTS

**Somerset County, Maryland
2017 - 2018
Community Health Needs Assessment**

Prepared by:



Somerset County Community Health Needs Assessment

Table of Contents

- **Executive Summary**
- **Introduction**
- **Study Methodology**
- **About Somerset County**
 - **Demographics**
 - **Education**
 - **Economy**
 - **Housing and Transportation**
 - **Crime, Safety, and Disaster Preparedness**
 - **Other Societal and Geographic Factors**
- **Overview of Community Health Needs in Somerset County**
- **Access to Healthcare in Somerset County**
- **Healthcare Affordability in Somerset County**
- **Nature and Scope of Healthcare Services in the County**
- **Healthcare Literacy**
- **Behavioral Health, Substance Abuse, and Other Addictions**
- **Tobacco Cessation**
- **Diet and Obesity**
- **Cardio Vascular Diseases**
- **Cancer**
- **Diabetes**
- **Infectious Diseases and Immunization**
- **Maternal and Child Health**
- **Environmental Health**
- **Oral Health**
- **SNFs, Extended Care Organizations, and End-of-Life Care**
- **Care Giver Needs**
- **Conclusions and Recommendations**
- **Appendix**

EXECUTIVE SUMMARY

The Somerset County Health Department and McCready Foundation partnered with the Business Economic and Community Outreach Network (BEACON) to sponsor a Health Needs Assessment in Somerset County, Maryland. The goal of this needs assessment was to identify the health concerns of residents and barriers they encounter in accessing health care.

A mixed method approach was used to assess the needs, identify resources, and identify opportunities for intervention. With assistance from the Somerset County Health Department and the McCready Foundation Inc., the BEACON team conducted in-depth key informant interviews focus groups accessing over 102 opinion leaders. The BEACON team also accessed secondary data and information from public sources to provide the background and context for the in-depth interviews.

The interviews and focus groups were conducted using questions involving the identification, discussion, and/or explanation of health concerns, health trends, and potential methods of prevention or improvement of health concerns in Somerset County.

Based on the interviews and focus groups, poverty, low health literacy, transportation barriers, financial constraints, and lack of insurance coverage emerged as the biggest barriers to accessing health care in Somerset County. In addition, obesity and diabetes were identified as major public health concerns for the county. The study participants discussed the lack of exercise programs and weight loss resources in the community. Most study participants listed the Somerset County Health Department as the best source of healthcare information in the county. Finally, the study participants offered the following recommendations to reduce risk factors and improve health outcomes in Somerset County:

1. Seeking Additional Resources
2. Pooling Resources within Somerset County and Regionally
3. Focusing more on Education, Outreach, and Prevention
4. Strengthening partnerships with Faith and Community Based Organizations
5. Breaking down silos and allocating funding to patients not the providers
6. Enhancing Case Management

INTRODUCTION

Somerset County, one of the 24 jurisdictions of the State of Maryland¹, is located on the Eastern Shore of Maryland, between the Chesapeake Bay and the Atlantic Ocean. The County has an estimated population of about 26,000, with 54% being White, 42% African American, 3.6% Hispanic; 2.4% Multiracial; and 0.9% Asian.²

Somerset County residents have to contend with a number of health needs that exceed the available resources to address them. The County has been ranked 19th out of 24 in length of life based on years of potential life lost before age 75 per 100,000 population. With the highest percentage of children in poverty throughout the state of Maryland (36% under age 18); the highest rate of obesity in Maryland (42% with BMI >30), and a 24.1% smoking rate among adults, the County's health needs are significant. There are over 3,000 residents for each primary care physician in the County putting it last in the State of Maryland.³

This study is an attempt to better quantify and qualify the community health needs in Somerset County, and to identify the limitations, barriers, and gaps that impact health outcomes in the County.

¹ <http://msa.maryland.gov/msa/mdmanual/01glance/html/county.html>

² https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#

³ <http://www.countyhealthrankings.org/app/maryland/2017/rankings/somerset/county/outcomes/overall/snapshot>

STUDY METHODOLOGY

A Community Health Needs Assessment is a method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve public health and reduce inequalities.⁴ These assessments can be used to identify gaps between current health status and those desired, and to categorize such gaps via level of importance and source of influence (environmental, behavior, genetic, or healthcare). Health needs assessments have many benefits, including the development of strategies to address health care needs in the community, strengthened community involvement in decision making, improved communication with agencies and the public in the community, a snapshot of the health needs of an entire community, and better use of resources.

Limitations of a needs assessment are introduced once the method of research is chosen; i.e. quantitative versus qualitative. Quantitative research methods of assessment are objective, number-based, and generalizable. This method is used to test concepts, constructs, and hypothesis of a theory; examples include surveys, structured interviews, observations, and reviews of records or documents for numeric information. Qualitative research methods are subjective, text-based, and less generalizable. Qualitative research is used to formulate a prediction; examples include focus groups, in-depth interviews and brainstorming.⁵

⁴ https://www.k4health.org/sites/default/files/migrated_toolkit_files/Health_Needs_Assessment_A_Practical_Guide.pdf

⁵ http://www.orau.gov/cdcynergy/soc2web/Content/phase05/phase05_step03_deeper_qualitative_and_quantitative.htm

This study combines quantitative and qualitative approaches. In addition to a thorough review of the most recent federal, state, and local data sets pertaining to Somerset County's health needs and health outcomes, the BEACON Team has conducted a series of opinion leader and key stakeholder interviews as well as focus groups key County health care professionals, elected and appointed officials, business and economic development decision makers, emerging community leaders, and other key informants. The process included data collection from 102 unique individuals over a three-month period in the fall of 2017. Such community-based recruiting of key informants is most successful when there is a partnership between the researchers and local community-based organizations such as health departments or hospitals. The BEACON Team is grateful to the support of the study sponsors Somerset County Health Department and the McCready Foundation, Inc. for assisting in recruiting these study participants. These key informants have provided in-depth insights to the BEACON Team in better understanding the data and the outcomes observed through the initial data analysis. The information gathered from the key informants interviewed was organized as follows:

1. *Primary community health needs in Somerset County;*
2. *Somerset County's key health outcomes;*
3. *Health care access, affordability, and inequality issues;*
4. *Key community health trends (improving/worsening);*
5. *Gaps in health needs versus available services;*
6. *Health Literacy Issues.*

ABOUT SOMERSET COUNTY

Somerset County is located in Maryland directly above the Chesapeake Bay. It is one of 24 Maryland counties/jurisdictions. The county has a rural designation, as defined by the United States Census Bureau, hosting a population of less than 50,000 residents.⁶ The County includes eleven towns: Chance, Crisfield, Dames Quarter, Deal Island, Eden, Fairmount, Frenchtown, Mount Vernon, Princess Anne, Smith Island, and West Pocomoke.⁷ Somerset County has one hospital, three health care and social assistance clinics, and three nursing and residential care facilities.

Demographics

Somerset County is home to 26,000 residents. Racially, the county is majority white (54%); 43% black; 0.9% Asian, and less than 1% each of Native American and Hawaiian backgrounds. The median age of the county is 37 years old. In 2016, the Somerset County median household income was just under \$36,000 with 24.3% of the population living in poverty. Housing problems are an issue, with around 24% of all households (highest in Maryland) experiencing one or more of the following challenges: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. A more detailed demographic profile of the County is presented on the following page in Table 1.

⁶ <https://storymaps.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=9e459da9327b4c7e9a1248cb65ad942a>

⁷ <http://maryland.hometownlocator.com/counties/cities/cfips,039,c.somerset.cfm>

Table 1: Demographic Profile of Somerset County

SOMERSET COUNTY DEMOGRAPHICS	
Population	
Population estimate, July 1, 2016	25,928
Persons under 5 years, percent, July 1, 2016	4.80%
Persons under 18 years, percent, July 1, 2016	17.20%
Persons 65 years and over, percent, July 1, 2016	16.00%
Female persons, percent, July 1, 2016	46.30%
Race and Hispanic Origin	
White alone, percent, July 1, 2016	53.90%
Black or African American alone, percent, July 1, 2016	42.30%
American Indian and Alaska Native alone, percent, July 1, 2016	0.40%
Asian alone, percent, July 1, 2016	0.90%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016	0.10%
Two or More Races, percent, July 1, 2016	2.40%
Hispanic or Latino, percent, July 1, 2016	3.60%
White alone, not Hispanic or Latino, percent, July 1, 2016	51.40%
Population Characteristics	
Veterans, 2012-2016	1,813
Foreign born persons, percent, 2012-2016	5.10%
Housing	
Housing units, July 1, 2016, (V2016)	11,420
Owner-occupied housing unit rate, 2012-2016	64.40%
Median value of owner-occupied housing units, 2012-2016	\$131,800
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,218
Median selected monthly owner costs -without a mortgage, 2012-2016	\$482
Median gross rent, 2012-2016	\$667
Building permits, 2016	25
Families & Living Arrangements	
Households, 2012-2016	8,328
Persons per household, 2012-2016	2.32
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	81.40%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	7.40%

Source: U.S. Census Bureau

Education

In 2017, Somerset County had just under 3,000 students enrolled in K-12 classes.

Approximately 450 of these students were in Pre-Kindergarten and Kindergarten; about 1,135 of them were in elementary school; 625 in Middle school, and 730 in high school.

Overall, 80.5% of the County's population are high school graduates or higher. College graduates with Bachelor's degrees or higher comprise about 15% of the County population.

Economy

In 2017, Somerset County had a total labor income of \$415 million. The Median household income in the County is \$35,154 and the Average household income is \$49,530. At \$16,631, Somerset County's per capita income is the lowest in the State of Maryland.

Somerset County has a civilian labor force of 9,234 with 8,586 of them employed and 648 unemployed. The unemployment rate is 7% which is the highest in the State of Maryland (almost 3% higher than the state average). Close to half of County residents commute outside the County for work. A list of the major employers in the County can be seen on the following page, in Table 2. Please note that this list excludes post offices, state and local governments, national retail and national foodservice establishments. In fact, there are close to 3,000 federal, state, and local government employees working in 43 government establishments in Somerset County, making public service jobs the largest employment category. Median hourly wages in Somerset County range from the minimum wage up to \$39.85 per hour depending on education, experience and employment sector. However, in most categories, these median wages put the County at the bottom in the State of Maryland.

Table 2: Major Employers in Somerset County

Employer	Product/Service	Employment
University of Maryland Eastern Shore (UMES)	Higher education	930
Sysco Eastern Maryland	Food products distribution	450
Somerset Community Services	Services for the disabled	425
McCready Health	Medical services	300
Aurora Sr. Living of Manokin	Nursing care	175
Sherwin Williams / Rubberset	Paint brushes	150
Southern Connection Seafood**	Seafood processing, distribution	130
Three Lower Counties	Medical services	105

Source: Maryland Department of Commerce

Housing and Transportation

Somerset County has close to 8,500 occupied housing units of which 64.8% are owner occupied. Over 2,500 units are either currently vacant or abandoned. The median value of owner occupied housing units is slightly over \$130,000 with a median mortgage amount of \$736. The median non-mortgage owner costs are over \$480. For renters, the median gross rent is \$667.

Somerset County is served by US Route 13, a major North-South artery and a speed limited railroad for freight. The County has access to water transportation via the Ports of Salisbury and Baltimore. In addition, the Crisfield Harbor serves smaller vessels. Scheduled air service available at Salisbury-Ocean City Wicomico Regional Airport, 16 miles from Princess Anne; Crisfield Airport has one 2500' x 75' paved, lighted runway, and one 3350' x 100' grass runway. Transit services are provided by Shore Transit, a regional public transportation system.

Crime, Safety, and Disaster Preparedness

Violent crime in Somerset County is relatively low at under 280 per 100,000 population. However, property crime rates are above state averages at close to 1,500 per 100,000 population.

The Somerset County Department of Emergency Services has the mission of coordinating the resources necessary to respond to an emergency. On a daily basis this occurs through the 9-1-1 Emergency Communications Center. For large scale events the Emergency Operations Center coordinates emergency management services. This agency is the lead agency in the County for emergency management planning, response, mitigation and recovery. This office is responsible for the Emergency Operations Center, the County Emergency Operations Center, the County Emergency Operations Plan, and the Hazardous Materials Regulatory Program.

Other Societal and Geographic Factors

Based on its demographic, education, economic, and workforce profiles, Somerset County ranks at the bottom 5% of U.S. counties. In addition, proximity to Worcester County with Ocean City and Wicomico County with Salisbury means that a large number of the higher income workers in the County live in these two contiguous counties, creating a leakage of the economic impact or their earnings. This, in turn, exacerbates the resource limitations in the County for dealing with residents' needs, including healthcare.

Overview of Community Health Needs in Somerset County

In 2017, Somerset County was ranked 22nd out of 24 in health outcomes and 23rd in health risks. Some of the key statistics for the County were:

Factor	Somerset	Maryland
Poor or fair health	20% of the Population	13% of the population
Poor physical health days	4.5	3.5
Poor mental health days	4.2	3.4
Low birthweight	8% of births	9% of births
Premature age-adjusted mortality	430	320
Child mortality	130	50
Infant mortality	9 per 1000 Live Births	7 per 1000 Live Births
Frequent physical distress	14% of the population	11% of the population
Frequent mental distress	13% of the population	11% of the population
Diabetes prevalence	14% of the population	10% of the population
HIV prevalence	634 per 100,000 pop.	641 per 100,000 pop.

Source: <http://www.countyhealthrankings.org> – A Robert Wood Johnson Foundation Program

In addition, the Maryland Department of Health and Mental Hygiene’s Office of Minority Health and Health Disparities has identified ten of fifteen elevated indicators for health disparities including percent of families in poverty, substance abuse treatment rate, teen birth rate, and Medicaid enrollment rate. 11% of the population under age 65 in Somerset County is uninsured. The county holds an unemployment rate of 6.1% as of August 2017. There were 20% of families and people whose income were below the poverty line in 2015.⁸

Access to Healthcare in Somerset County

In addition to the offerings of the Somerset County Health Department (See:

<https://somersethealth.org/> for a comprehensive listing), the McCready Health organization

⁸ <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

offers 24 Hour emergency services at McCready Hospital and immediate care/lab & imaging at Princess Anne; a behavioral health addictions program; an NA support group; assisted living & nursing home/skilled nursing (including rehab a wound care certified nurse); medical-surgical care; PT, OT, Speech Therapy; Pulmonary Rehab; Pain Clinic, and free or \$5 flu shots each season. McCready has providers in internal medicine, occupational health and surgery (full-time); pediatrics, cardiology, gynecology and podiatry (by appointment or set days per week or month). There is also a PA and/or LPN who goes to Smith Island two times a month to see patients.

In spite of these offerings, virtually all study participants ranked access to healthcare in the County as one of their top three critical concerns. Many have also noted that the proximity of Wicomico County with a much higher concentration of healthcare facilities as a positive factor. However, these same respondents agreed that to a rural population with economic, workforce, and transportation challenges, this proximity may not be the optimal solution.

Limited number of physicians, clinics, offices, urgent care centers, and the sparsely populated rural nature of the County (transportation barriers) were also mentioned as access challenges.

Healthcare Affordability in Somerset County

In Somerset County, 13% of adults are without health insurance, compared to 11% in Maryland as a whole. In children, these rates are 4% for the County compared to 3% in the State. The older residents with access to Medicare, the low-income residents with access to

Medicare and other affordable options, and a large number of government employees in the County with employer subsidized health insurance prevent these percentages from being worse than they are. However, affordability of wellness and nutrition programs, medication, co-pays, and other out-of-pocket costs make this issue a growing problem for County residents. When combined with low access to and/or low availability of services, Somerset County’s low rankings are easier to understand.

Nature and Scope of Healthcare Services in the County

During the key-informant interviews, the lack of an adequate number of healthcare facilities and professionals in the County was a very common reason given for the troublesome health outcomes. In addition, about one in three key informants identified the limited scope of services in existing facilities as a cause for concern. These respondents linked the low numbers and limited scopes to the lack of resources and the nature of a sparsely populated region where it is not easy to reach a critical mass of clients to absorb the high cost of these services. Some key service statistics are:

Factor	Somerset	Maryland
Primary care physicians	3,230:1	1,130:1
Dentists	740:1	1,350:1
Mental health providers	500:1	490:01:00
Preventable hospital stays	55	46
Diabetes monitoring	84% (65-75 Yr. Old)	85% (65-75 Yr. Old)
Mammography screening	67% (67-69 Yr. Old)	64% (67-69 Yr. Old)

Source: <http://www.countyhealthrankings.org> – A Robert Wood Johnson Foundation Program

Healthcare Literacy

While most of the respondents listed low health literacy as a contributing factor to Somerset County's low health outcome and risk factor rankings, they also acknowledged the efforts of the County's Health Department in improving residents' access to health information. In addition, the collaborative efforts of the Health Department and of MrCready Health with the County's public schools, faith and community based organizations, and with various government agencies operating in the County were cited as key strategies for increasing health literacy. There was consensus that such activities suffer from fairly significant resource limitations. Some of the key risk factors that these outreach activities target were identified as follows:

Factor	Somerset	Maryland
Adult smoking	20%	15%
Adult obesity	42%	29%
Food environment index	5.6	8.2
Physical inactivity	31%	22%
Access to exercise opportunities	13%	93%
Excessive drinking	16%	16%
Alcohol-impaired driving deaths	20%	33%
Sexually transmitted infections	570.9	462.6
Teen births	29	25
Food insecurity	20%	13%
Limited access to healthy foods	11%	3%
Drug overdose deaths	18	18
Motor vehicle crash deaths	9	9
Insufficient sleep	43%	39%

Behavioral Health, Alcohol and Substance Abuse, and Alzheimer's/Dementia

There are four Behavioral Health Providers, one Recovery & Re-entry Center, and zero treatment beds in Somerset County. Dementia patients and their caregivers can be referred to an agency in Cambridge, MD that provides Dementia respite care. The local Area Agency on Aging (MAC) does not accept dementia patients due to risk of "walking off"; also clients need to toilet independently to attend. Adult Medical Day Care may be a resource to some; but the nearest facility is in Salisbury, MD and comes with a cost for some. There are currently no local support groups. McCready hospital has treated 164 patients with a primary or secondary diagnosis of dementia in the latest six month period.

Most of the key informants interviewed (78 out of 102) expressly linked the major behavioral health issues in Somerset County first to substance and alcohol abuse and secondarily to aging related depression and dementia concerns. Other issues voiced by the respondents included lack of counseling for kids and young adults. When asked what prevention measures are appropriate to these behavioral health problems, respondents gave mixed opinions. Access and affordability, stigma, lack of awareness of services available were all listed as major concerns. Some of the concerns include Excessive Drinking Prevalence. For Somerset County, this number has gone from around 10% of the population in 2015 to over 16% of the population in 2017. Deaths in Somerset County attributable to substance abuse, while low, are on the rise. In 2016 the Maryland Department of Health

and Mental Hygiene reported that Age Adjusted Death Rates for Total Unintentional Intoxication Deaths in Somerset County had reached 16.9 per 100,000 population, putting the county in the middle of the 24 jurisdictions of Maryland. Overall, approximately 24% of Somerset residents have Anxiety related conditions. On a slightly positive note, Alzheimer's and other dementia related conditions afflict approximately 2% of Somerset County residents which puts the County towards the bottom of Maryland jurisdictions.

Tobacco Cessation

The key informants have noted that Somerset County's tobacco cessation efforts have been effective. However, they also acknowledge that the County's smoking rate of 20% is 50% higher than that of the Maryland average. Diminishing resources, language barriers, and access to cessation services were identified as barriers to further success.

Diet and Obesity

The adult obesity rate in Somerset County is over 42%. This rate is nearly 50% higher than the Maryland rate. One of the reasons for this is the food environment in the county. The Food Environment in Somerset County is rated at 32% below the state average. In addition, almost a third of county residents do not get adequate physical exercise, exacerbating the obesity problem. Combined, these factors lead to increased negative health outcomes through Cardio Vascular Diseases, Diabetes, Cancer, Joint Disease, and other conditions (which are discussed further in the following sections).

Cardio Vascular Diseases

The Maryland Department of Health and Mental Hygiene estimates Age Adjusted Cardio Vascular Mortality per 100,000 population in Somerset County is close to 300 and increasing while this same ratio for the state as a whole is under 200 and falling. The study participants attribute the high numbers to (in descending order) obesity, lack of exercise, diabetes, health literacy, and access issues.

Cancer

The National Cancer Institute estimates that in 2017, the Somerset County Cancer deaths will be under 500 per 100,000 population. The good news is that this number reflects a downward trend of about 5% over the past five years. The age adjusted incidence rate per 100,000 population for some major cancer types are as follows:

Cancer Type	Somerset	Maryland
Lung	97.6	56.4
Colorectal	60.2	35.8
Breast	40.7	125.0
Prostate	117.3	112.0
Melanoma	18.9	20.7

Just as in the case for Cardio Vascular Diseases, the study participants attribute these incidence rates to obesity, lack of exercise, health literacy, and access issues.

Diabetes

According to the data compiled by Dartmouth College for all U.S. jurisdictions, Somerset County had just under 700 patients between the ages of 65 and 75 that received treatment for diabetes. About 30% of these patients were African-American. In 2016, these patients were given over 350 eye exams, just under 500 hemoglobin tests, and over 450 lipid tests as part of their diabetes care. All these numbers were growing at a slightly higher rate than the population growth in this age group. The difference, however, was not statistically significant. The study participants list (in descending order) obesity, lack of exercise, health literacy, and access issues as factors that contribute to the incidence of diabetes and related ailments in Somerset County. They also list the high (estimated) number of undiagnosed cases as well as the high number of pre-diabetes cases as major concerns.

Infectious Diseases and Immunization

According to the data compiled by the Maryland Department of Health and Mental Hygiene, Tuberculosis Incidence rates per 100,000 in Somerset County was 3.8 compared to 4.9 in Maryland as a whole. For Chlamydia, the Somerset rate was 835.6 compared to 437.9 in Maryland. For Gonorrhea, the Somerset rate was 115.0 compared to 118.3 in Maryland. A particularly bright spot was the rate for HIV/AIDS cases in Somerset at 17.7 versus 46.6 in Maryland.

On the immunization front, Somerset County rates were similar to or even better than those for Maryland. For example, the average % of Kindergarten Students Immunized in

Somerset County was 100.0 compared to 99.3% in Maryland. Adults Receiving Flu Shots in Somerset County were 37.4% of the population compared to 38.5% in Maryland. Finally, adults receiving Pneumonia Shots were 29.5% of the County population compared to 24.7 in Maryland.

Maternal and Child Health

The key informants taking part in this needs assessment rated Somerset County's Maternal and Child Health services as being adequate and praised the County Health Departments outreach and partnership efforts. However, slightly more than half of the participants were concerned about the limited resources available for education, outreach and prevention efforts. In addition, about a third of the participants were concerned that health literacy issues and language barriers were adding to these problems.

Environmental Health

The bulk of the environmental health services in the county are provided by the Somerset County Health Department. These include reviews, approvals, and inspections of private septic systems and wells; testing well waters; reviewing and approving commercial development and subdivisions; licensing and inspecting food service facilities (restaurants, grocery stores, bars, mobile food trucks, food services at fairs & events, and bed and breakfasts); licensing and inspecting public swimming pools to monitor health and safety conditions; conducting Rabies investigations and offering vaccination clinics; approving burn permits, and land plat reviews. About a third of the key informants participating in this community health assessment listed agriculture as a concern for environmental health.

Water and air pollution were listed as being linked to agriculture. However, the participants also recognized the progress that was made on these issues over the past 20 years.

Oral Health

According to the Maryland Department of Health and Mental Hygiene, more than half of Somerset County residents have not seen an oral health professional in the past 12 months. This is compared to slightly over a quarter of the residents of the State of Maryland. About a fifth of the study participants were concerned about the link between bad oral health and other diseases such as Cardio Vascular ailments. It should also be noted that the lack of adequate dental care offerings (Chesapeake Health plus three solo practitioners) in the county was mentioned by half of the participants. McCready hospital has treated 111 patients in the most recent six months with a primary dental diagnosis.

SNFs, Extended Care Organizations, and End-of-Life Care

The key informants taking part in this needs assessment praised the activities of the two Skilled Nursing Facilities in the County (Princess Anne and Crisfield) but also noted the growing need for elder care and memory care beds. They also discussed the lack of resources, long-term care insurance coverage and access/affordability barriers to such care in the county. The participants also praised the outreach efforts of Coastal Hospice in Somerset County. They noted that in the sparsely populated rural Somerset County, it may not be economically viable to have a stand-alone end-of-life facility. Finally, Adult Evaluation services (AERS) of the Somerset County Health Department was listed as a

valuable service. AERS provides assistance to aged and functionally disabled adults who are at risk of institutionalization. AERS staff conducts a comprehensive evaluation to identify services available to help the individual to remain in the community, or in the least restrictive environment, while functioning at the highest possible level of independence and personal well-being (See: <https://somersethealth.org/programs/community-health-nursing/aers-adult-evaluation-review/>).

Care Giver Needs

As the population of Somerset County ages, it is increasingly becoming common for family members to become primary care givers to their aging relatives. Frequently, these care givers are having to withdraw from the workforce, putting additional burdens on the households involved. The key informants taking part in this needs assessment noted that the lack of respite care, limited options for training care givers, and difficulties in securing adult medical and non-medical day care issues as additional concerns.

Conclusions and Recommendations

The key informants taking part in this needs assessment listed the rural nature of Somerset County, the low population density, poverty, low educational outcomes, lack of adequate healthcare services and professionals, and low health literacy as the major challenges. They praised the efforts of the County Health Department and the McCready Health organization against this background high risk factors and low outcomes. When asked for recommendations for improvement, the participants listed the following solutions (in descending order):

1. Seeking Additional Resources;
2. Pooling Resources within Somerset County and Regionally;
3. Focusing more on Education, Outreach, and Prevention;
4. Strengthening partnerships with Faith and Community Based Organizations;
5. Breaking down silos and allocating funding to patients not the providers;
6. Enhancing Case Management.

**McCready Health
Administrative Policies and Procedures**

SUBJECT: Financial Assistance

**FILE: Index Tab
Rights & Responsibilities
of the Individual**

APPROVED BY: 
Kathleen Harrison, CEO

Page: 1 of 4

**Effective Date: 9/2005
Revised: 5/2006, 3/2007, 3/2008,
7/2009, 10/2010, 8/2012, 01/2013,
04/2014, 05/2015, 08/2016, 02/2017
03/2018**

I. Policy

McCready Health is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, McCready Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with McCready Health's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow McCready Health to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

II. Definitions

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- a. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- b. Non-cash benefits (such as food stamps and housing subsidies) do not count;
- c. Determined on a before-tax basis;
- d. Excludes capital gains or losses; and

- e. If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

III. Procedures

A. Services Eligible Under this Policy.

For purposes of this policy, "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at McCready Health's discretion.

B. Eligibility for Charity.

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. McCready Health shall determine whether or not patients are eligible to receive charity for deductibles, co-insurance, or co-payment responsibilities.

Patients eligible for programs, such as PAC, already determined by the HSCRC to be presumptively eligible for Financial Assistance will be considered eligible for the McCready Financial Assistance program at 100% without additional screening.

C. Determination of Financial Need.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c. Include reasonable efforts by McCready Health to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - d. Take into account the patient's available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle.

The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. McCready Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and McCready Health shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

D. Presumptive Financial Assistance Eligibility.

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, McCready Health could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

E. Patient Charity Guidelines.

Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose family income is at or below 150% of the FPL are eligible to receive free care;
2. Patients whose family income is above 150% but not more than 250% of the FPL are eligible to receive services at a sliding fee schedule according to the following guidelines:

Reduced Cost Chart

Family Size	2018 FPL	100%	75%	50%	25%	Full Pay
1	12,140	18,210	22,216	26,222	30,350	30,351
2	16,240	24,360	29,719	35,078	40,600	40,601
3	20,420	30,630	37,369	44,107	51,050	51,051
4	24,600	36,900	45,018	53,136	61,500	61,501
5	28,780	43,170	52,667	62,165	71,950	71,951
6	32,960	49,440	60,317	71,194	82,400	82,401
7	37,140	55,710	67,966	80,222	92,850	92,851
8	41,320	61,980	75,616	89,251	103,300	103,301

For families over 8 add \$5,400 for each additional person

3. Patients whose family income exceeds 250% of the FPL but less than 500% may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, resulting in a Financial Hardship at the discretion of McCready Health. A Financial Hardship for the purposes of this policy means medical debt incurred by a family over a 12 month period that exceeds 25% of family income. "Medical debt" means out of pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

Financial Hardship Chart

Family Size	2018 FPL	100%	75%	50%	25%	Full Pay
1	12,140	30,350	40,426	50,502	60,700	60,701
2	16,460	41,150	54,812	68,474	82,300	82,301
3	20,780	51,950	69,197	86,445	103,900	103,901
4	25,100	62,750	83,583	104,416	125,500	125,501
5	29,420	73,550	97,969	122,387	147,100	147,101
6	33,740	84,350	112,354	140,358	168,700	168,701
7	38,060	95,150	126,740	158,330	190,300	190,301
8	42,380	105,950	141,125	176,301	211,900	211,901

F. Communication of the Charity Program to Patients and the Public.

Notification about charity available from McCready Health, which shall include a contact number, shall be disseminated by McCready Health by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, urgent care centers, admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places as McCready Health may elect. Information shall also be included on facility websites and in the Conditions of Admission form. Such information shall be provided in the primary languages spoken by the population serviced by McCready Health. Referral of patients for charity may be made by any member of the McCready Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies.

McCready Health management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from McCready Health, and a patient's good faith effort to comply with his or her payment agreements with McCready Health. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, McCready Health may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

H. Regulatory Requirements.

In implementing this Policy, McCready Health management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.



Your Patient Guide



About Your Hospital

Edward W. McCready Memorial Hospital began as a gift to the people of Crisfield for their kindness to someone just passing through. In September of 1919, a former Crisfield resident, his young daughter and her nurse governess were involved in a devastating automobile accident in Westover. The father and governess died at the crash site. The child died on the way to Crisfield's General and Marine Hospital.

When the grieving wife and mother, Mrs. Caroline McCready, arrived in Crisfield, the Hospital's superintendent, Florence Smith, took her under her wing. Ms. Smith provided Mrs. McCready with a room for the time she would stay in Crisfield along with seeing to funeral arrangements. Her response when asked by Mrs. McCready for the bill, "Why, Mrs. McCready, you have no bill from us. We are all very sorry we could not have done more for you."

"You and the people of Crisfield will be paid." Caroline McCready replied.

Her payment, it turned out, was a gift to all of Crisfield - land to build a new hospital at Cork Point on the Little Annemessex River, which was named the Edward W. McCready Memorial Hospital for her late husband. The hospital opened in May of 1923.



McCready Health
201 Hall Highway
Crisfield, MD 21817
410-968-1200
mccreadyhealth.org

(A division of The McCready Foundation, Inc.)

McCready Health Patient Right and Responsibilities

McCready Hospital is a private, non-profit healthcare organization owned and operated by the McCready Foundation Inc. The hospital is accredited by the Joint Commission for Accreditation of Healthcare Organizations and licensed by the Maryland Department of Health and Mental Hygiene.

PATIENT RIGHTS

You have the right:

1. To express a grievance. Call the Chief Nursing Officer at Ext. 3358/3454 or the Corporate Compliance hotline at 410.968.1027.
Should you have a complaint about quality of care, you may contact the Joint Commission on Accreditation of Healthcare Organizations at 800.944.6610 or email: **complaint@jcaho.org**. You can call the Maryland Office of Healthcare Quality at 877.402.8218 or 410.402.8000 to make a complaint about healthcare facilities or Community based treatment programs.
2. To be informed of your diagnosis and to participate in the development and implementation of your plan of care. This includes the right to consult with a specialist at your own request/expense and to change physicians/hospitals.
3. To make informed decisions regarding your care, including refusal of treatment to the extent permitted by law.
4. To effective pain management.
5. To change your mind about any procedure for which you have given your consent.
6. To formulate advance directives and to have care providers comply with them to the extent permitted by law.
7. To be informed of the reason you are given various tests and treatments and who the persons are who give them to you.

PATIENTS RESPONSIBILITIES

You, in turn, have the responsibility:

1. To follow the Hospital's rules affecting patient care and conduct.
2. To cooperate with Hospital personnel and follow the care prescribed or recommended for you by your physician.
3. To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
4. To notify your physician or nurse if you do not understand your diagnosis, treatment or prognosis.

5. To ask your doctor or nurse what to expect regarding pain and pain relief measures, to ask for pain relief when your pain first begins, to help your doctor and nurse evaluate your pain and to tell them if your pain is not relieved.
6. To let the nurse and your family know if you feel you are receiving too many outside visitors.
7. To respect the privacy of your roommate if you are not in a private room.
8. To accept financial obligations associated with your care.
9. To advise your nurse or physician of any dissatisfaction you may have in regard to your care at the hospital.
10. To be considerate of the rights of other patients and hospital personnel, to assist in the control of noise and to follow the Hospital's visitor, no smoking and other policies.
11. To keep appointments, or, when unable to do so for any reason, notify the responsible practitioner of the Hospital.

THE ADMISSION PROCESS

REGISTRATION

You will be guided through the registering process by the hospital's admitting staff. Your personal information, such as address, age and next of kin, will be recorded in the hospital's computer system. You will be asked about your health insurance, so please bring your Medicare, Medical Assistance, or private insurance identification cards.

During your registration process you will be asked if you have an "advance directive". This is a legal document that communicates your decisions about health care. If you have an advance directive, please bring it with you. If you do not have one but wish to create one, our staff will help.

You will also be asked if you are registered as an organ donor or if you have made arrangements to donate your body after death to a medical school or other research facility.

WRISTBAND

Once registered, you will receive a wristband that you must wear until you leave the hospital. Show the caregiver your patient ID bracelet prior to any care given.

PERSONAL ITEMS

There are certain personal items that you will want from home for your stay at McCready. Only bring items needed during your stay.

VALUABLES

Please leave your expensive jewelry or other valuables at home, or send them home with a relative. Do not keep credit cards or large amounts of cash in your room. If you wear eyeglasses, contact lenses, dentures, or a hearing aid, keep them in protective cases when not in use as the hospital cannot be responsible for loss or breakage. **Your personal property is your responsibility.**

MEDICATIONS FROM HOME

We cannot let you take drugs that you bring from home to the hospital unless your physician writes orders in your chart telling us to allow them. If drugs brought with you are not to be used while you are here, you should send them home or we will package, seal, and store them for you until you are released from the hospital.

YOUR HOSPITAL ROOM

YOUR BED

Bed controls are located in the bed rails and can be easily operated by you or the healthcare staff. Using the controls you can summon the nurse, raise and lower the bed, and even adjust different portions of the mattress for softness or firmness. The mattress will help prevent the sore spots that can develop if you lie too long in one position. Your bed rails are adjustable.

MAIL AND FLOWERS

Patient mail is delivered Monday through Friday. Flowers may be delivered daily during regular business hours.

TELEVISION AND TELEPHONE SERVICES

Television is available in your room at no charge. Telephone service is also available. The daily charge allows unlimited local calling, and you can use your phone credit card or call collect to make long distance calls.

HOUSEKEEPING SERVICES

Environmental Service Aides keep your room clean and sanitary daily, but if you notice something that needs special attention, please mention it to your nurse.

FIRE AND DISASTER DRILLS

At McCready we are always mindful of various safety issues. This includes what takes place during a fire or other disaster. For this reason, we conduct frequent fire drills so that our staff is constantly practicing the procedures they need to know. Please don't be disturbed if you see or hear evidence of such a drill.

NURSING PROFESSIONALS

Our Nursing Department consists of Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants. Nursing care is provided 24 hours a day, every day. You will meet your nurses as you are admitted to your room and they will carry out the orders your doctor leaves for medications and treatments. Your nurses will call your doctor for special orders as needed. They also can explain any test, procedures, or therapies you may need so that you and your family understand your care plan.

In cases when a patient needs very intense nursing care, patients or families may contract separately with private duty nurses to care for a hospitalized patient. Such arrangements must first be cleared with the supervisor.

PHYSICIANS

Both general and specialized physicians are available at McCready for patients who have no established personal physician. Consulting physicians are also available on call.

EMERGENCY SERVICES

All Emergency Department physicians are Board Certified in Emergency Medicine. Registered Nurses and technicians also have had advance training.

RESPIRATORY THERAPY

Our Certified Respiratory Therapists work under the direction of a physician to provide both diagnostic and therapeutic procedures. Diagnostic procedures include arterial blood gas sampling, analysis, bedside and outpatient pulmonary testing. Therapeutic procedures include oxygen therapy, mechanical ventilation, airway care, bronchial hygiene therapy and respiratory rehabilitation.

PHARMACY SERVICES

All medications you receive while you are hospitalized are prepared under the supervision of a Registered Pharmacist. Medications are dispensed only upon the written orders of your physician who will prescribe any drugs you will need when you are discharged. The Hospital may give you a dose or two of those medications to get you started until you can fill your prescriptions at a local pharmacy.

MENTAL HEALTH SERVICES

Should you require mental health services or counseling, you will be referred to a psychiatrist or another mental health professional.

CHAPLAINS

Clergy members and chaplains can visit you to offer comfort and help with your spiritual needs during your illness. Our volunteer chaplains are pastors from the Southern Somerset County Ministerial Association. Your nurse can call a chaplain for you at any time.

VISITOR INFORMATION

VISITING HOURS

Visitors are welcomed at McCready Hospital from 8a.m. until 8p.m. Children may visit your room for 15 minutes, but cannot be left unattended anywhere in the hospital or on the grounds. Sometimes, for example, when a child is hospitalized or when a patient is extremely ill, special arrangements can be made for family members to stay with the patient at any time. Ask the Nursing Supervisor.

TOBACCO USE AND SMOKING

The use of any tobacco product or e-cigarettes is prohibited both inside and outside on the McCready campus.

PARKING

parking is free on the hospital grounds. The lot in front of the main hospital entrance is the most convenient.

WAITING ROOMS

Visitor's waiting rooms include the main lobby and the sitting room adjacent to the Emergency Department.

SNACKS AND MEALS FOR VISITORS

Snack machines are available on the main floor of the Hospital for the convenience of visitors. Visitors are also welcome to the cafeteria located in the Tawes Nursing & Rehabilitation Center.

The cafeteria offers reasonably priced meals, sandwiches, grilled items, beverages and desserts. Breakfast is served between 8:30 and 10a.m., lunch between 11:30a.m.and 4:30p.m.and dinner from 5:30 to 6:30p.m.

Guest trays are available for a small charge and will be brought to your room. Your nurse can order guest trays for your visitors between 7 -9a.m., 11:30a.m.-1:15p.m. 4:30-5:30p.m. Please note, your visitors should not bring you food or share with you food they bring to the hospital without first checking with the nurse. Certain foods may be restricted because of your special dietary needs or before certain tests or procedures.

LEAVING THE HOSPITAL

When your physician decides you no longer need acute hospital care, he or she will write orders for your discharge. The following information will help answer any questions you have once you arrive home.

PATIENT EDUCATION AND INSTRUCTIONS FOR CARE

Your doctor and your nurse will review any instructions about how to take care of yourself, medications, outpatient therapy, testing, or counseling you will need after you leave the hospital. If you have questions after you reach home, please call your physician.

PATIENT SURVEY

A patient satisfaction survey and mailing envelopes are included in your Admission folder. Please take the time to answer the questions. Your favorable comments or your suggestions for improvement will help us to assure the comfort and safety of patients who come to McCready in the future. We also welcome your spoken comments. Call the Hospital at (410) 968-1200 and ask for Administration.

LOST AND FOUND

The Hospital is not responsible for lost items, but if after arriving home you discover that you have left something behind, call (410) 968-1200 to report it. We hold found items for at least 60 days.

YOUR BILL

If you need assistance in understanding your hospital bill when it is mailed to your home, please call us at 410.968.1200 and ask for our Business Office Manager.

YOUR RECORDS

All of the care and services you receive at McCready are recorded in your personal health record. This record, organized and maintained over the years, ensures continuity of care across all levels and areas of health care delivery.

McCready safeguards your health record in accordance with state and federal laws. It is a legal document, and information in it is released only if you or your legal representative provides express written consent. If you request your medical record for personal or business reasons, there will be a charge (in accordance with Maryland law). The charges are waived when information is needed by another healthcare provider. If you have questions about your medical record, call the Health Information Management Department.

Thank you for choosing McCready Health