

Narrative Reporting

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

195 licensed beds and 11,900 for inpatient admissions for FY2009.

#2 Describe the community your organization serves. The narrative should address the following topics:

Population in Prince George's County: 825,000

INCOME: The median income of households in Prince George's County was \$71,242. Eighty-eight percent of the households received earnings and 20 percent received retirement income other than Social Security. Eighteen percent of the households received Social Security. The average income from Social Security was \$13,158. These income sources are not mutually exclusive; that is, some households received income from more than one source.

POVERTY AND PARTICIPATION IN GOVERNMENT PROGRAMS: In 2006-2008, 8 percent of people were in poverty. Nine percent of related children under 18 were below the poverty level, compared with 7 percent of people 65 years old and over. Five percent of all families and 11 percent of families with a female householder and no husband present had incomes below the poverty level.

Census.gov

Life expectancy

Mortality rates

Percentage of hospital's patients who are uninsured or Medicaid recipients

Gross Patient Revenue:	FY 2009	FY 2008
Medicaid	5%	4%
Self-Pay Patients	5%	6%

Source: Audited Financial Statements

#3 Identification of Community Needs:

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

- a. DCH uses a variety of different sources in which to identify and respond to the health needs of our community. Census data, county and state demographic data, hospital demand and capacity analysis, competitive intelligence along with physician trending and service line analytic software all facilitate planning and development as well as divestiture of underutilized programs.
- b. No, did not use local health department
- c.

#4 List the major needs identified through the process explained in question

The most pressing need identified through our analysis was the need for expansion of our hospital's capacity and throughput, particularly in the ER. The ER represents the entry point for over 90% of our patients and is a critical link to our community. Due to capacity constraints and the inevitable inefficiencies that follow we embarked on an aggressive construction and technology acquisition program to improve "door-to-doctor" time in the ER.

We expanded the space by 17 bays (a 50% increase) and added an imaging unit within the ER to speed scan time. In addition we constructed a 90-bed patient tower with all private rooms and are in the process of converting all semi-private rooms with the intent on being an all private room facility by the summer of 2010. The private rooms will have profound implications on care preventing infection while providing a more relaxing environment to heal, but will also afford us the ability to more quickly admit patients and thus improve throughput and care processes.

Other areas of focus that were identified are the expansion of our Joslin Diabetes outreach due to our high risk population. Wound care services as they relate to a high incidence of diabetes in the community and breast imaging and women's services, as there remains a massive unmet need in relation to these programs. Finally, primary care recruitment and retention remains essential to ensuring the community has access to high quality preventative care.

#5

Who was involved in the decision making process of determining which needs in the community would be addressed through community benefit activities of your hospital?

Due to the scale of the effort the entire hospital participated in the determination of what projects would be undertaken and when. Of particular note would be physicians both employed and independent, service directors, the executive team and the board of directors. Substantial input was also sought for design and care implications from front line care givers including nurses and physicians who would work in the redesigned environments.

#6

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

The programs in our Community Health Services are focused on the areas identified: diabetes, women's health as well as cardiac health.

#7

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

A large portion of our efforts have been in workforce enhancements, through Maryland Hospital Association, the local higher education schools and our own hiring ability, we have seen an increase in qualified healthcare workers.

#8

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

Doctors Community Hospital (DCH) is facing increasing challenges relating to specialist on-call coverage for the Emergency Department, with the potential to compromise patient access to needed care. As procedures increasingly shift out of the hospital facility the need for admitting privileges becomes less important for specialists. It is within these agreements that on-call requirements normally reside and many specialists are questioning the necessity of participation. Additionally concerns regarding quality of life, increased liability exposure and a growing indigent population all serve to

further discourage call participation by specialists. Through a variety of measures DCH has been able to secure on-call coverage for the hospital to date, but until the more systemic issues of malpractice costs and uninsured patients are addressed it is unlikely that this problem will improve. DCH remains committed to providing access to the highest level of care and will continue to seek all alternatives to reduced specialist coverage.

9 Did not use Physician Subsidies

Notification Procedures regarding Charity care:

There are signs posted in the Emergency Department, and all Admissions areas of the hospital. Each patient is given a brochure with the following information at time of admission and a copy is sent with any bills:

There is a Spanish version of the brochure available as well.

Financial Assistance

Financial Assistance is available for patients who receive urgent or emergency services and do not have health insurance including Medicaid. Free care is provided for patients whose gross family income is at or below 150 percent of the Federal Poverty Guidelines. A 25-percent discount will be applied to qualified patients whose gross family income is 151 percent to 200 percent of the Federal Poverty Guidelines.

Financial Assistance applications may be obtained at the Emergency Registration or Outpatient Registration Departments or by calling the Business Office at *301-552-8186*.

Upon request, an application will be mailed to the patient. To qualify, the applicant must also provide proof of family income and expenses.

Maryland Medical Assistance

Doctors Community Hospital provides case workers to assist patients with Maryland Medical Assistance applications who have received Inpatient or Emergency Outpatient care. Patients who have received Inpatient care and do not have insurance may contact one of the phone numbers listed below:

Annually we have an announcement posted in the local newspapers as well.

Appendix 2

DOCTORS COMMUNITY HOSPITAL
HOSPITAL POLICY/PROCEDURE

SUBJECT: CREDIT AND CHARITY

POLICY NUMBER: 1.5

DATE: November 2008

Administration
Prepared by/Department

SUPERSEDES POLICY
DATED: September 2000

Philip B. Down, President
Approved by/Title

Sajeev Anand, M.D., Chief-of-Staff
Medical Executive Committee

POLICY

1.5.1 The Hospital has a specified plan for patients unable to pay for their medical care when services are rendered.

PROCEDURE

1.5.2 The Hospital will bill valid insurances on behalf of patients whenever possible.

1.5.3 Patients, families, or staff identifying a need for financial assistance to cover medical expenses will contact the Admitting Office Financial Counselor.

1.5.4 The Financial Counselor will assist the patient or their representative in using appropriate resources to cover the expenses.

1.5.5 Charity care will be evaluated on a case by case basis as deemed appropriate by Vice President of Finance.

1.5.6 Refer to Standard Accounting Procedure (located in the Accounting and Business Offices) if additional information is required.

Appendix 3

Description of the Hospital Mission Vision & Values

The main purpose of our hospital is to provide quality healthcare to our surrounding community, we have dedicated ourselves to doing just that. We have pledged to always do that to the best of our ability by providing a quality healthcare team, with quality tools, equipment and education.

Our Values are vested in the word SERVICE.

- S - Safety
- E - Excellence
- R - Respect
- V - Vision
- I - Innovation
- C - Compassion
- E - Everyone

Appendix 4

HOSPITAL MISSION, VISION AND VALUES

The Mission of Doctors Community Hospital is

"Dedicated to Caring for Your Health."

Our Vision is to

"Continuously strive for excellence in service and clinical quality to distinguish us with our patients and other customers."

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