

**Good Samaritan Hospital
Community Benefit Narrative
FY 09**

Good Samaritan Hospital, located in the northeast section of Baltimore City, has a rich history of providing health care and services to its community. Founded in 1968 through a gift from local merchant and philanthropist Thomas J. O'Neill, the hospital has **317 licensed beds** and provides comprehensive services which include intensive and cardiac care units and an expanding number of innovative medical and surgical capabilities. Inpatient **admissions total 18,038** in fiscal year 2009 (July 2008 to June 2009), including 657 admission to subacute TransitionalCare.

Good Samaritan has been long known as a specialty center for rehabilitation and orthopedics, and takes a comprehensive approach to caring for patients, which includes: educational seminars, support groups, pre-op classes, pre-habilitation therapy and post surgical programs. Good Samaritan has expanded its range of health care services to better serve those in our community by expanding its full service emergency department as well as gynecologic and pediatric services so that the entire family has access to care. To help meet the needs of the uninsured and underinsured the Center for Primary Care is committed to providing affordable and accessible primary care for the community as well as comprehensive medical care for HIV patients. In February 2008, The National Burn Reconstruction Center opened at Good Samaritan to offer comprehensive services prior to surgery through rehabilitation.

COMMUNITIES SERVED

Good Samaritan Hospital's primary service area includes the Northeast section of Baltimore City and is comprised of the following neighborhoods; Chinquapin Park/Belvedere, Greater Govans, Hamilton, Harford/Echodale, Lauraville, Loch Raven, and Northwood. The hospital also serves parts of Towson and Parkville located in Baltimore County. The base population of these areas is approximately 420,303 and has a diverse population consisting of Caucasians (41.7%), African Americans (51.4%), Hispanic/Latinos (2.0%), Asian/Pacific Islanders (3.0%), and Others (1.9%). The population served by the hospital is primarily adults. Approximately 77% of the community's residents are over 18 years old with 14% of the population over 65 years of age. The average annual income of this community is approximately \$45,000 – \$50,000 with 75% of the adult population having less than a four year college degree. According to new Census Bureau estimates, 22.2 % of residents in Baltimore City live in poverty. Average life expectancy for these areas is 74.4 years while the greater Baltimore City area is 70.9 years. The percentage of Medicaid and uninsured that Good Samaritan served are as follows: Medicaid 13.3% - uninsured 4.4%.

IDENTIFYING COMMUNITY NEEDS

The needs of the community are assessed on information provided by the Baltimore City and County Health Departments, and also information gathered from community partners such as local schools, the Northeast Development Alliance (NEDA), a community development corporation with the goal of fostering a healthy and vibrant environment for residents in the northern neighborhoods of Baltimore City and the Northeast Community

Organization (NECO), a partner in (NEDA). Meetings are held bi-monthly with NEDA and bi-annually with NECO.

Good Samaritan has had ongoing contact throughout the year with the Baltimore City Health Department in regard to needs in the community. The hospital also uses statistical data from the “Neighborhood Health Profiles” put out by the city health department in 2008.

Heart disease, cancer, stroke, and diabetes are among the leading causes of death in the local community. Based on information from the above resources, many of the hospital’s Community Benefit initiatives have been developed to target the aging population, the uninsured and elementary school children, with the focus on disease prevention programs (stroke, heart disease, diabetes, obesity), chronic disease management and programs to improve quality of life.

The Community Benefit initiatives are decided upon through our strategic and annual planning processes. The strategic planning process occurs on a three-year cycle and is led by a Board committee comprised of Board members, physicians and executive staff. The priorities are reviewed annually and incorporated into the annual operating plan. The annual planning process involves the Board, physician and administrative leadership.

COMMUNITY BENEFIT PROGRAM INITIATIVES

Charity Care

Charity care is an integral component of the benefit that Good Samaritan provides to the community. We treat all patients, regardless of their ability to pay, and provide care without charge, or at a discounted rate, to patients who meet certain criteria. The hospital’s financial aid policy is consistent with our mission and vision and takes into account each patient’s ability to contribute to the cost of his or her care. During fiscal year 2009, Good Samaritan provided more than \$4.2 million in charity care.

Chronic Disease Self-Management Program

This six-week (15 hour) program, taught by Good Samaritan community outreach nurses, is offered quarterly to people who suffer from chronic diseases. The program was developed at the Stanford Patient Education Research Center and is conducted in partnership with the Baltimore County Department of Aging. The goal of this program is to empower individuals to manage chronic illnesses such as heart disease, diabetes, hypertension and arthritis. Evaluations are given at the end of the six-weeks to each participant. Approximately 75% of participants have noted in the evaluation that they are “very likely or likely” to use the strategies to manage their chronic illness that were presented in the program. Follow up calls are made six months after completion of the program and approximately 80 % of participants state that they are using the information they acquired from the program to manage their chronic disease. They rate the program as being very successful.

Blood Pressure Screening Program

Good Samaritan's Community Outreach and Parish Nurse Program partner with many churches and community organizations such as senior centers and senior housing to offer free blood pressure screening on a monthly basis. Hypertension is a disease that usually has no symptoms and greatly increases the risk of heart attack and stroke. The goal is to raise awareness, educate, and identify people who have high blood pressure.

In FY 09, 1,500 people were screened for hypertension and approximately half had blood pressure readings over the normal range. Participants were advised to take urgent action if needed or were given educational literature on hypertension and stroke. For participants that did not have a primary care physician due to lack of insurance or other reasons, names and phone numbers of physicians were offered as well as Good Samaritan Hospital's Primary Care Center where the uninsured can gain access to health care.

Barber Shop Screenings

This past year the hospital extended the program to include 5 local barber shops with the goal of identifying hypertension in African American men. Screenings were conducted monthly in cooperation with the shop owners. Over a 10 month period 150 African American men were screened with approximately 20% having blood pressure readings above normal. Men with high readings were advised to contact their physician or were given an appropriate referral and were also given educational information.

Baltimore City Parochial School Vision and Hearing Screening Program

In response to a request from the Baltimore city parochial schools, Good Samaritan Hospital works with Loyola College and another local hospital to conduct vision and hearing screenings for grade school children. Good Samaritan and Loyola College's Speech and Hearing Department screen children in grades Pre-K through 8 at five local parochial schools on a yearly basis. Unidentified, untreated problems with vision and hearing in children can lead to loss of vision and hearing, learning difficulties and delayed sensory, motor, cognitive, and social-emotional development.

In FY 09 approximately 590 children were screened for vision and hearing problems with 97 identified as needing follow-up for vision and 35 needing follow up for hearing.

Letters were sent to parents as well as the school principals informing them of the results. Approximately 10% of the parents replied back to the community outreach department saying that they were planning to have further evaluation done by either their pediatrician or a specialist. Each school was notified of the parental responses and encouraged to do further follow-up on children whose parents did not respond.

Be Fit Baltimore Initiative

The Baltimore City Health Department's 2008 Health Status Report highlighted some severe disparities that exist between many Baltimore neighborhoods. In some instances there is a twenty-year life expectancy gap between neighborhoods that are less than four miles apart. In order to raise awareness regarding healthy lifestyle choices such as regular exercise and healthy diet as a means of reducing the risk of cardiovascular disease, the mayor's office and the health department created The "Be Fit Baltimore" initiative. In January, February and March three to four events were held each month at various city recreation centers. The general public was invited to come for fitness activities, healthy

nutritional education and a variety of health screenings. In partnership with the Baltimore City Health Department, Good Samaritan and Johns Hopkins Hospitals' Community Outreach Departments provided screenings, health information and education at these events. A total of 115 people were screened over the 3 months; 74 women and 41 men from at 23 different zip code areas. Thirty four people were identified with above normal blood pressure readings and 70 people were identified to have a high waist circumference. All those identified were given verbal education and literature by registered nurses.

The Good Health Center

The Good Health Center provides an array of free and low-cost diagnostic screenings, educational seminars and preventive medicine services for the community. Located on the hospital's campus, the Good Health Center is a comprehensive health enhancement facility that offers a proactive approach to improving well-being. A primary goal of the Center is to empower people to take control and address their health issues. Services provided by the Good Health Center include, exercise, nutrition, a diabetes support group, and other wellness programs.

GAPS IN AVAILABILITY OF SPECIALIST FOR THE UNINSURED

Physician leadership and case management staff has identified these areas of concern:

- Timely placement of patients in need of inpatient & outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse treatment
- Medication Assistance

SUBSIDIZED CARE

The Catholic Health Association guidelines for Community Benefit Reporting allow inclusion of losses for services defined as subsidized care, broadly defined as services that are "needed in the community and other providers are unwilling to provide the services, or the services would otherwise not be available to meet patient demand." In most cases, these subsidies directly relate services for uninsured or underinsured patients.

The HSCRC has addressed the treatment of these services, requiring that hospitals clearly explain all subsidies included within Category C of their Community Benefit Report.

Category 1 Subsidies:

Hospital-based physicians with whom the hospital has an exclusive contract and/or subsidy IN ORDER TO RETAIN SERVICES THAT REPRESENT A COMMUNITY BENEFIT

- a) Primary Care Subsidies, including Diabetes – These are clinic-based physician practices that provide primary health care services. Most of the patients are from the local community and are low-income families. This service generates a negative margin; however, the practice addresses a community need and supports the hospital's mission of commitment to patients, communities, physicians and

employees. Providing this service allows the local community access to health care services, and therefore more preventive measures and an improvement of the patients' health status are achieved.

- b) OB and Pediatric Subsidies, including Breast Surgery – These represent physician practices providing health care services for obstetrics, gynecology, and pediatrics where a negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided and OB/GYN and pediatric coverage is provided 24 hours/day. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services for lower income and minority families.
- c) Psychiatric/Behavioral Health Subsidies - The overall cost of 24/7 Psychiatry physician coverage is disproportionate to the total collections from the patients seen by these physicians during off hours. Many of these patients are uninsured. Our hospital absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24/7 basis. If these services were not provided, the patient would be transported to another facility to receive these services. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 2 Subsidies:

Non-Resident house staff and hospitalists

- a) Hospitalist Subsidies - Payments are made to an inpatient specialist group to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.
- b) ENT Subsidies - Payments are made for a non- resident ENT fellowship to provide 24/7 services in the hospital; resulting in a negative profit margin. The service focuses on preventive health measures and health status improvement for the community.

Category 3 Subsidies:

Coverage of Emergency Department call

- a) ER Subsidies - These include the cost of providing on-call specialists for the Emergency Department for certain surgical specialties. These specialists otherwise would not provide the services because of the low volumes and a large number of indigent patients served. If these services were not provided, the patient would be transported to another facility to receive the specialty services. The community needs are being met and commitment to patients is exhibited by providing these services.

Category 4 Subsidies:

Physician provision of financial assistance to encourage alignment with hospital financial assistance policies

No subsidies reported.

Category 5 Subsidies:

Recruitment of physicians to meet community need as shown by a hospital's medical staff development plan

No subsidies reported.

Other Subsidies:

Non-Physician Subsidies

- a) Child Development Center Subsidies - Good Samaritan's Child Development Center opened in 1990 to serve a large number of employee parents by caring for their children ages two to four. The Center also serves parents in the community by providing an environment that is supportive, consistent, and attentive to their needs. Services are provided at a negative margin.
- b) Renal dialysis Program - Good Samaritan Hospital operates the largest not-for-profit dialysis center in the Baltimore area. The Program offers a complete range of renal dialysis services. A social worker is assigned to each patient to address issues such as education, transportation and support. The Program includes a monthly class where, patients and their families can learn more about hemodialysis, peritoneal dialysis and transplantation. These Program services are provided at a negative margin.
- c) Low Income Housing - Sponsored and managed by Good Samaritan Hospital, the facilities of Belvedere Green and Woodbourne Woods provide rent-subsidized apartments and many other features for its residents. Services provided include transportation to doctors' offices, social work consultation, and assistance with healthcare needs, including educational programs, health screenings, and medication schedules. These senior living services operate at a negative margin.

Appendix 1

Appendix 1

How the hospital informs patients and persons who would otherwise be bill for services about eligibility for assistance.

- ✓ All admitting registrars have been specifically trained to offer the appropriate referrals for persons needing financial help
- ✓ Registrars have also been trained to listen for clues that may indicate a person needs financial assistance
- ✓ Referral to the hospital's financial counselor and a patient advocate are available for those needing help
- ✓ Patients are also informed of and given a packet from MedStar Health financial services which includes a Maryland State Uniform Financial Assistance Application
- ✓ At each registration desk, in the emergency room area, and at various other locations there are large signs posted in English and Spanish informing patients of government financial assistance programs.

Appendix 2

Charity Care Policy

- ✓ See Corporate Appendix 2.

MedStar Health

Financial Assistance for Uninsured Patients Policy Statement

As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services.¹ MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines.

¹ This policy does not apply to insured patients who may be "underinsured" (e.g., patients with high-deductibles and/or coinsurance). This policy also does not apply to patients seeking non-medically-necessary services (including cosmetic surgery).

- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients.

MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

- Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
- Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
- Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.
- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

Charity Care and Sliding-Scale Financial Assistance

Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff at the facility will determine eligibility for charity care and sliding scale financial assistance based on review of income for the patient and her family, other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.
2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first \$100,000 in equity in the patient's principle residence.² The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than \$100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is \$100,000 or more, the patient will not be eligible for such assistance.

² Net worth calculations will incorporate the inclusions and exclusions used for Medicaid. [Anticipated recoveries from third parties related to a patient's medical condition \(i.e. recovery from a motor vehicle accident that caused the injuries\) may be taken into account in applying this policy.](#)

3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

<i>Adjusted Percentage of Poverty Level</i>	<i>Financial Assistance Level</i>	
	<i>HSCRC-Regulated Services³</i>	<i>Washington Facilities and non-HSCRC Regulated Services</i>
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

As noted above, patients to whom discounts, payment plans, or charity care are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

³ The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.

Appendix 3

Appendix 3

Description of Mission, Vision, Values

Striving to Make Good Samaritan Hospital an Excellent Place to Stay, Visit and Work

For years, Good Samaritan has sought balance in its approach to greatness. We work toward overall excellence with thoughtful consideration to our five puzzle pieces: service, quality, people, growth and financial. When these pieces come together, we see the greater picture. For example, we can't achieve greatness without great people. And without constant improvement to service, we can't achieve the results that put us on the road to greatness as one of the nation's leading healthcare providers.

As part of our initiative to create ideal healthcare experiences, many Good Samaritans have joined one of eight teams that work on improvement opportunities throughout the hospital. These teams include:

- Inpatient Satisfaction
- Outpatient Satisfaction
- Rewards & Recognition
- Measurement
- Physician Satisfaction
- Behaviors
- Service Recovery
- Leadership Development

These teams work on issues around the hospital that fall into the categories illustrated on our five puzzle pieces: service, quality, people, growth and finance. By concentrating on these five key pieces of the puzzle, we believe the ideal healthcare experience will fall into place. You have probably noticed the results of the teams' efforts such as:

- Manager rounding
- Service recovery script cards
- Elevator etiquette signs
- Excellent stickers
- Communication boards
- Leadership retreats
- Monthly behavior signs
- Leadership Commitment

What does it mean to create an ideal healthcare experience?

It means that we have employees who look forward to coming to work, patients who will only go to Good Samaritan Hospital for treatment, physicians who are waiting to practice medicine here, leaders who empower their staff to succeed, and visitors who tell everyone about the excellent service at Good Samaritan.

Our goal is to create a culture that is ultimately focused on patient satisfaction.

We will get there by listening to suggestions, viewing complaints as gifts, measuring our successes more effectively and respecting and appreciating our fellow Good Samaritans.

Appendix 3

Good Samaritan Hospital is an organization committed to values, which are reflected in our behavior expectations: recognition, ownership, communication, courtesy, enthusiasm, and teamwork. Each employee strives to embrace these behaviors daily. In fact, to become a Good Samaritan, you must show your commitment to these behaviors by signing the Staff Promise. All Good Sam employees promise to uphold these expectations so they may know, own, energize, build and sustain our spirit of worthwhile work.

Recognition

- I show appreciation by saying “Thank you.”
- I offer verbal and written recognition for a job well done.
- I promote Good Samaritan in and outside the workplace.

Ownership

- I follow through on commitments.
- I take care of Good Samaritan property. I keep all areas clean and free of clutter.
- I am not afraid to say “I’m sorry.” I practice service recovery.

Communication

- I demonstrate respect for patient confidentiality, privacy and modesty.
- I answer the phone within three rings, smile, and identify myself and my department.
- I take time to explain and keep others informed, using key words at key times.

Courtesy

- I greet people warmly and say “Hi.”
- I knock, introduce myself, and ask permission to enter.
- I escort customers to their destination.

Enthusiasm

- I keep improving, personally and professionally.
- I speak positively and offer positive thoughts to those speaking negatively.
- I anticipate and exceed customers’ needs.

Teamwork

- I’m a team player.
- I take initiative in helping others.
- I respect personal and cultural diversity.

Appendix 4

Appendix 4

Mission, Vision and Values Statements

MedStar Health and each entity (hospital and diversified business) share a common vision and set of values. MedStar Health's common vision is to be the trusted leader, caring for people and advancing health. MedStar Health's common set of values are services, patient first, integrity, respect, innovation and teamwork. Each entity has a unique mission, or purpose for which it exists. MedStar Health's mission is to serve our patients, those who care for them and our communities. Good Samaritan Hospital's mission is we are Good Samaritans, guided by Catholic tradition and trusted to deliver ideal healthcare experiences.

Below is an illustration of MedStar Health's mission, vision and values for reference.



MedStar Health

Vision

*The Trusted Leader
in Caring for People
and Advancing Health.*

Mission

*To Serve Our Patients, Those
Who Care For Them, and
Our Communities.*

Values

S*ervice*
We strive to anticipate and meet the needs of our patients, physicians and co-workers.

P*atient first*
We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

I*ntegrity*
We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

R*espect*
We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

I*nnovation*
We embrace change and work to improve all we do in a fiscally responsible manner.

T*eamwork*
System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.