

Harbor Hospital FY 2009 Community Benefit Evaluation

- 1. Licensed beds:** 222
Inpatient admissions: 15,443

For more than a century, Harbor Hospital has grown alongside the communities we serve in Baltimore City, and Anne Arundel, Baltimore and Howard counties. The hospital was first established in 1903 as a small community clinic supporting the waterfront community in Baltimore. More than 100 years later, our 222-bed facility continues to offer the personal touch of a community hospital while incorporating the excellence of a high technology medical center. We were the recipient of the Delmarva Foundation's highest honor, the Excellence Award for Quality for Hospitals, in 2001, 2006, 2007 and 2008.

Harbor Hospital moved to our present location in 1968. Our institution has grown since then, and now is a proud member of MedStar Health which includes: Franklin Square Hospital Center, Good Samaritan Hospital, Union Memorial Hospital, Montgomery General Hospital, St. Mary's Hospital, Washington Hospital Center, Georgetown University Hospital and National Rehabilitation Hospital.

Each year, Harbor Hospital participates in myriad community partnerships and programs that both reflect the clinical strengths of the organization and are consistent with the health priorities identified by our local health departments. This strategic, yet caring, alignment of health care expertise with community need is one of the hallmarks of Harbor's commitment to our communities.

During our century of service, Harbor has developed – and continues to refine – a comprehensive array of programs, seminars and outreach. From our cadre of free health seminars to our attendance at health fairs and other community events, Harbor remains focused on the inherent value of providing a continuum of care.

With more than 400 physicians representing 30 medical and surgical specialties, and nearly 1,500 employees, the hospital offers a full range of health care services for patients from infancy through the senior years. Harbor Hospital's specialty areas include orthopaedics, women's services, cancer care, diabetes care, fetal assessment, cardio-pulmonary rehabilitation and treatment of chronic lung conditions. The hospital's continuum of care also includes wellness programs, outpatient services and inpatient treatment.

2. Communities We Serve:

Harbor Hospital serves a wide variety of communities, each with its own special characteristics, demographics and health care needs. The scope of differences in these communities is tremendous, and provides a portrait of great health care disparity. In fact, the differences in these communities' overall characteristics could present an opportunity for a case study in contrasts—particularly with respect to how they receive their health care information. For example, Howard County, from which we draw a portion of our patients and community participants, is one of the wealthiest counties in the entire United States. Yet, it is within 10 miles of some of the poorest neighborhoods in Baltimore City, in which many families are barely subsisting, with low wages and little or no health care coverage. Patients from both areas utilize the services and community outreach of Harbor Hospital, sometimes for very different reasons. Because their health care interests and needs are so widely varied—and because these groups do not tend to “cross pollinate” or even interact, in many cases—we work very hard to address this incredibly wide gap.

Thus, to be most effective in our community outreach, we cannot engage in cookie cutter community relations. Instead, we attempt to reach these very diverse audiences by strategically segmenting our outreach activities. As such, a review of this report will show everything from the most basic charity care and free health screenings to free seminars on sophisticated orthopaedic surgery and alternative therapies.

Below is additional information on the primary communities we serve.

- **Cherry Hill**

Cherry Hill is an historically African-American neighborhood, with roots going back to the 17th century. After World War II, more than 600 housing units were built there by the United States War Housing Administration, specifically for African-American war workers. Shortly after the war, these units were made into low-income housing. Additional low-income housing units have been added throughout the years, making Cherry Hill one of the largest housing projects east of Chicago.

Statistics gathered in the most recent census, taken in 2000, indicated that Cherry Hill's population fell by nearly 30 percent between 1990 and 2000. Also in 2000, more than 96 percent of Cherry Hill residents were African-Americans, as compared with 64.3 percent of Baltimore as a whole. Approximately 70 percent of households were families, with 58 percent of families with children headed by a single parent—again, higher than the citywide percentage of 23.3 percent. Female-headed families with children represent 54 percent of total neighborhood families.

Thirty-five percent of Cherry Hill residents ages 25 to 64 do not have a high school education, while 24 percent have had some college education. The median household income for Cherry Hill in 2000 was \$17,464, among the lowest of Baltimore neighborhoods. In fact, nearly 92 percent of families in the neighborhood, excluding married couple families, earn below the Maryland Self Sufficiency wage standard.

In terms of health care, the Cherry Hill community houses Harbor Hospital as well as a local branch of the Family Health Centers of Baltimore, which is a federally qualified organization providing health care services on a sliding fee scale. In addition, Baltimore City Health Department programs operate city-wide, and various mobile services—such as a needle exchange program, violence prevention, Maternal and Infant Nursing, lead poisoning and abatement programs and others—serve the Cherry Hill area. Yet, despite the variety of services available, statistics on mortality show very high rates from homicide and HIV/AIDS. Flu and asthma are prevalent, as is substance abuse, among this community as well.

According to the Cherry Hill Health Profile, published by the Baltimore City Health Department in partnership with the Johns Hopkins School of Public Health in October 2008, the life expectancy at birth of a Cherry Hill resident is 65.0, as compared to 70.9 in Baltimore City as a whole and 78.1 in the United States. Heart disease accounts for 23 percent of all deaths, and cancer accounts for 20 percent. Stroke, HIV/AIDS and homicide are less common but—when combined—cause 18 percent of deaths in this area.

High rates of type 2 diabetes and heart disease, including stroke, also occur in this community. For a variety of reasons, including the high poverty rate and low rate of health care insurance coverage, many Cherry Hill residents demonstrate poor preventative health care practices, and often use the Harbor Hospital emergency department as a primary care facility.

Despite the convenient neighborhood location of a federally qualified health center—Family Health Centers of Baltimore—which operates on sliding-fee scale, many residents do not utilize a primary care physician. Instead, they might wait until a chronic condition, such as diabetes or asthma, presents severe enough symptoms to warrant a trip to the emergency department. At this time, in some cases, several co-morbidities are found to be present. But without primary care follow-up, they usually cannot be addressed fully in the time allotted for the emergent issue. In other cases, patients may have symptoms of a much less serious illness—a simple cold, for example—but, since they do not have a primary health care provider, they also visit the emergency department for these ailments. As a result, many of their most basic health needs often are not met.

- **South Baltimore and Federal Hill**

These areas of Baltimore City contain numerous historical monuments, landmarks and parks (Federal Hill itself and Ft. McHenry to name just two) and a variety of populations with different health care needs. Once again, heart disease and cancer are the two most common causes of death, at 29 and 22 percent, respectively. However, this area enjoys a longer life expectancy than Cherry Hill, at 73.4 years for South Baltimore and 78.6 for Federal Hill.

South Baltimore's median household income is \$39,354, higher than the overall Baltimore City household income of \$30,078. Nonetheless, more than 30 percent of families in South Baltimore earn less than \$25,000 per year. The median household income in the Federal Hill and Inner Harbor areas—which are grouped together as one

neighborhood by the Baltimore City Department of Health and the Office of Planning—is \$51,615.

The growing presence of young urban professionals and active baby boomers with empty nests presents a strong contrast to much of the population in these neighborhoods. These populations represent individuals with access to private plan insurance, and they tend to be more proactive with regard to health—e.g., exercising more, regularly seeing a primary care physician and generally being more sophisticated health consumers.

- **Brooklyn/Curtis Bay/Hawkins Point**

This neighborhood is more racially diverse than either South Baltimore or Cherry Hill, with a 24 percent African-American population and a 69 percent Caucasian population; in Cherry Hill the percentages are 97 and one percent, while in South Baltimore they are virtually reversed at two and 95 percent. This area contains a large number of chemical plants and other industrial sites, including several Superfund-qualified locations.

The poverty level in this community is slightly higher than that of Baltimore City, with 48 percent of families earning less than \$25,000 annually, as compared to 43 percent of all Baltimore families. The life expectancy here is 69.3 years. Heart disease and cancer, once again, rate highest in terms of causes of death and years of potential life lost, causing 28 and 22 percent of deaths respectively.

- **Anne Arundel County**

One of Harbor Hospital's largest communities is Anne Arundel County, particularly the northern and western portions, encompassing Brooklyn Park, Linthicum, Glen Burnie, Pasadena and Severn. According to the 2000 U.S. Census, of the population ages 16 years and older in the county, more than 71 percent are employed. The median income for the county in 2004 was \$66,087, with 13.9 percent of households earning less than \$25,000 per year. However, the percentage of people living below the poverty line in the County was 6.5, versus 9.2 for the State of Maryland. According to estimates by the county's Department of Health, there are more than 3,000 homeless persons currently living in Anne Arundel County.

The leading causes of death for all races in Anne Arundel County include cancer and heart disease in the top two spots, followed by stroke, chronic lower respiratory disease and diabetes. African Americans and Asians in the county show a higher rate of death from diabetes and unintentional injuries than Caucasians. For Hispanics, heart disease is actually the No. 1 cause of death, followed by cancer, unintentional injuries and stroke. Anne Arundel County is twelfth in the state for cancer deaths overall. From 1998 to 2002, the incidence of lung cancer deaths, age adjusted per 100,000 persons, was 74.4 in Anne Arundel County, vs. 68 in the state.

3. Identification of Community Needs

Health statistics for our communities—like the ones cited above—inform and shape all of the decisions made by our marketing and community relations team when planning our programs each year.

The hospital engages in regular strategic planning and, annually, our executive and hospital leadership teams work together to identify our priorities for each fiscal year and from longer-term perspectives. Through this process, clinical and operational goals are addressed at various levels. As part of this effort, we factor in community needs, both current and projected, into every aspect of planning.

Our community relations team has a semi-annual planning process, during which we consider community health needs, interests and trends. Since the AVP for community relations reports to the hospital president and is a member of the executive team, the highest levels of leadership are engaged in the discussion. In addition, we involve peers in physician relations and nursing to help ensure that we are identifying key areas for outreach to meet our community's needs.

We also work closely with our planning team; our clinical specialists who focus on the community; our parish nurse; and with area health departments, as evidenced by many of the secondary data sources cited in the *References* section. In particular, we seek input and feedback from Baltimore City, Anne Arundel County and Baltimore County departments of health. This enables us to continue to assess community health needs, and identify potential roles for Harbor to play in meeting those needs. During FY 2009, our manager of community relations continued to attend department of health-sponsored meetings and trainings which help us to better understand the health needs of the communities we serve.

Community Needs Assessment—Sources of Information

While Harbor Hospital has not conducted a formal community needs assessment in recent years, we have collaborated with our neighborhood partners to ensure that our outreach is appropriate for the communities we serve. A full list of document references is provided at the end of this report, and the following is a list of the partner agencies with whom we worked to generate these conclusions:

- Anne Arundel County Health Department
- Baltimore City Health Department
- Cherry Hill Trust

In addition, the following agencies'/organizations' Web sites are referenced in gathering information:

- Centers for Disease Control and Prevention
- Maryland Department of Planning
- Maryland Department of Health and Mental Hygiene
- Maryland Vital Statistics Administration
- National Association of County and City Health Officials

4-7. Community Needs Identification, Planning, Implementation and Evaluation

Planning is a dynamic and ongoing process, the foundation of which includes Harbor's mission: we are committed to quality, caring and service for our patients and our communities.

Through this planning process, we have been able to identify the greatest community needs, including cancer, stroke, diabetes, heart disease and hypertension, and other chronic diseases. We then work closely with our local health departments and community partners to offer beneficial outreach such as free colon, breast and cervical cancer screenings; yearly prostate cancer screenings; low-cost lung scans; support groups and educational programs about diabetes and other conditions; free smoking cessation classes; and a strong Parish Nurse program that provides key outreach to our patient population.

The smoking cessation classes, for example, are a direct result of the higher-than-average rate of lung cancer in this region. Harbor Hospital has worked with Anne Arundel County Department of Health for years to offer both the classes and free nicotine replacement therapy. During FY 2009, we also had an ICU nurse who, after participating in the American Lung Association's Freedom from Smoking training, offered ongoing one-on-one counseling and group classes for those who are struggling with the habit. During FY 2009, two smoking cessation classes were offered, with 16 participants who began the class. While not everyone completed the class series, or was completely successful in staying quit, Harbor's partners at the Health Department were encouraging of our efforts.

Our parish nurse also regularly acts as a health care navigator for residents of the local communities we serve. She holds office hours at local organizations, offers blood pressure screenings and other health care information, and guides her "clients" toward any health care referrals they may need. This free service touches many lives each year. Our reach also extends further into the community through a program in partnership with the Anne Arundel County Department of Health, the Health Smart Church Program (HSCP). Through the HSCP, nurses and other trained volunteers provide blood pressure screenings to parishioners, and recommend follow up care as appropriate. This program results in many participants learning about their elevated blood pressure levels earlier than they otherwise might have, and scheduling an appointment with their own physicians—ultimately leading to a healthier church community.

During FY 2009, 618 church members participated in blood pressure screenings through the HSCP. Of those, 65 persons were found to have an elevated blood pressure of 160/100 or greater. All 65 congregants were sent letters to remind them to consult with their primary care physician within one week. The volunteer parish nurses at each faith institution followed up in person with the participants, and Harbor's parish nurse also checked in via a phone call.

As the average age of Americans increases, Harbor also is ahead of the curve in identifying and developing programs to continue to help seniors navigate the

ever-changing world of modern health care. Our Harbor Seniors is a free program for people ages 55 and older that provides free health screenings, educational seminars and opportunities to socialize. Members also get a discount at our Harbor Fitness gym, and many also participate in our free mall-walking program offered at a local mall.

As part of our evaluation efforts, we assess all our programs. Some of our outreach is funded by local, regional or national grants, with requirements to track usage rates and outcomes. For example, we can provide exact counts on the number of Baltimore City women who have had free mammograms and Pap smears through our grant with the city, as well as results (number of cancers and pre-cancers identified). We also track the number of participants in all our seminars and free screenings that are funded not by grants but from Harbor's own operating budget.

Community Collaboration

To further our understanding of community needs, a wide representation of hospital clinical staff and administrators serve on committees or participate in community health planning work groups. These activities and partnerships provide us the opportunity to work closely with representatives from the community to better understand the health needs of our constituents and to offer programs and services to meet these needs.

For example, Harbor Hospital has been actively involved with several community organizations, such as the Cherry Hill Trust, a grassroots coalition working for the betterment of the Cherry Hill community. We also are active participants in a number of other community meetings and partnerships, including the Baltimore Southern District Police and Community Relations Council, Baltimore City Planning Commission, the Glen Burnie High School Business Advisory Board, Safe Kids Baltimore, the Baltimore Traffic Safety Coalition, Northern Anne Arundel County Chamber of Commerce and the South Baltimore Community Advisory Panel. Harbor Hospital associates regularly participate in community health fairs and other events, and our community relations director has provided injury prevention information at numerous local Head Start centers, health fairs and other community activities. For the first time in many years, Harbor Hospital hosted a child safety seat checkup event in September, giving nearly 30 local families the opportunity to travel more safely with their most precious passengers.

Other activities included providing health navigation services and blood pressure screenings at the Anne Arundel County Homeless Resource Fair; presentations at local senior centers on such topics as stroke and advance directives; partnering with the Anne Arundel County Health Department for their "Girls' Night Out" breast cancer awareness event for Korean women; partnering with a local environmental organization to help clean up litter on the neighboring Gwynns Falls trail; participating in a Teen Pregnancy Prevention Workgroup; and offering job shadow/mentoring opportunities for local at-risk youth. We maintain ongoing partnerships with other health organizations such as the Juvenile Diabetes Research Foundation, American Cancer Society, March of Dimes, Arthritis Foundation, Living Legacy Foundation and the American Heart Association to provide education and outreach to their constituents. We strive to be engaged members of

our communities, where every level of interaction provides stronger ties with, and the creation of more meaningful services for, our neighbors.

An example of how the community at large benefits from our services is the 679 uninsured and underinsured women, primarily from Baltimore City, who received free mammograms, breast exams, and Pap tests last year through our Breast and Cervical Cancer program. Without programs like this, these women would not have access to this potentially life-saving screening. Other free and low-cost screenings provided include those for prostate cancer, low-cost lung CT scans, cholesterol and skin cancer.

Community Benefits Program Implementation

As articulated above, Harbor Hospital participates in myriad community partnerships and programs that both reflect the clinical strengths of the organization and are consistent with the health priorities identified by our local health departments.

As part of our comprehensive array of programs, seminars and service, Harbor Hospital's *LifeResource* Center served as the bricks and mortar centerpiece of our community outreach program during FY 2009. Located on the Harbor campus, it is a spacious facility where community members can learn more about health topics and practice healthy lifestyles. Each month, Harbor offers an assortment of free and low-cost education programs and lectures for every member of the family. Presenters include our physicians and other health care experts, who discuss a variety of diagnoses, diabetes and wound care, personal safety and stress relief – just to name a few. This year we have partnered with several other organizations to provide community training on child safety seat installation, driver safety education for seniors and a free glaucoma screening.

We also continue to offer free health seminars in our Baum Auditorium, as well as at convenient locations in Baltimore, Howard and Anne Arundel counties. In addition, we allow our partners in the community to utilize our facilities for meetings. This practice saves them a great deal of money on room rentals, and offers a convenient local meeting space—with free parking—for their constituents.

This past year, we have continued and enhanced our work with the Cherry Hill Learning Zone (CHLZ). This initiative is an advocacy group comprised of representatives of the city school system, Towson University, community groups and other key stakeholders in the business and faith communities. Harbor Hospital is proud to be one of the health partners for this dynamic and energetic organization. Once again this year, we worked with our CHLZ partners to offer free flu vaccinations to teachers in Cherry Hill public schools, provide a Reading Day for several elementary school classes and assist with its annual back to school programs. To enhance our outreach with the CHLZ schools this year, we sponsored a backpack drive among Harbor Hospital associates. Associates donated new backpacks, and hospital funds were used to purchase school supplies with which to fill them. Sixty full backpacks were donated to two local schools to help children in need.

Harbor Hospital's community outreach includes many layers of service to our diverse communities, focusing not only on their immediate health care needs, but also on risk prevention and becoming a proactive health care consumer. From the GED program that regularly meets, free of charge, in our *LifeResource* Center and our comprehensive annual flu vaccination clinics that result in nearly 2,000 free and low-cost vaccinations, to our attendance at health fairs and other local events, Harbor remains focused on being a true health care partner to our community members.

8. Gaps in Availability of Specialist Providers to Serve the Uninsured

This information has remained consistent with the MedStar Health fiscal year 2007 and 2008 reports. Physician leadership and case management staff continued to identify several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
- Limited availability of outpatient psychiatry services
- Limited availability of hospice care
- Limited availability of inpatient and outpatient substance abuse treatment
- Medication assistance, transportation assistance, durable medical equipment, skilled nursing services in the home and/or at rehab facilities
- Limited health care services for the homeless
- Limited health care services for undocumented residents

Explanation of Subsidies

Category 1 - Hospital-Based Physician Subsidies:

Harbor Family Care:

Harbor Family Care is a clinic-based physician practice that provides 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.

Women's and Children's Services:

Physician practices provide health care services for obstetrics and gynecology. 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. OB/GYN coverage is provided 24 hours. 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.

Pediatric Services:

Physician practices provide 24-hour health care services for pediatrics. A negative margin is generated. A large number of the patients receiving these services are from minority and low-income families. Preventive measures and improvement of the patient's health status are achieved. The services address a community need for children's services for lower income and minority families.

Psychiatric Services:

Harbor 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- Non-Resident House Staff and Hospitalist Physician Subsidies:

Hospitalists:

Harbor Hospital provides physicians (hospitalists) for patients who do not have a primary care physician handling their stay. Our community includes many low-income and minority families who have this requirement. The community needs for these services are being met.

Category 3- Coverage of ED Call Physician Subsidies:

Emergency Room On-Call Services:

Harbor Hospital absorbs 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.

APPENDIX 1: CHARITY CARE

Harbor Hospital's Charity Care Policy is consistent with that of all the MedStar Health hospitals, and is posted in our admissions and emergency department areas. During the admissions process, if a patient is listed as "self-pay," patient advocates advise them of the availability of various payment options. Patients are screened for Medical Assistance and charity care eligibility, and the patient advocates work with them to complete the appropriate financial assistance application(s). In addition, because Harbor Hospital has physician partners and practices located throughout the Baltimore area, physicians' offices often refer patients to the patient advocates for their assistance with this process.

See **Corporate Appendix 2** for the MedStar Health/Harbor Hospital Charity Care Policy.

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: MISSION, VISION, VALUES DESCRIPTION

As part of the refreshed MedStar Health vision and values rollout, each entity within MedStar was asked to create a mission that would help define its unique role within the system. Harbor Hospital held staff focus groups to help shape our new mission, vision and values, to ensure that associates at every level were given a voice in this important step from *good* to *great*.

Harbor Hospital's Mission

Harbor Hospital is committed to quality, caring and service for our patients and our communities.

Quality, Caring and Service

- These are the sentinel guideposts for Harbor, forming the foundation for the hospital's journey from good to great.

Our Patients and Communities

- Our patients are our primary reason for existence. Our patients are our primary reason for existence. They are at the heart of our mission. Our communities are comprised of our employees, our physicians, other caregivers, and the residents of the areas we serve.

APPENDIX 4: MISSION, VISION, VALUES STATEMENT

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 service, 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. Harbor Hospital's mission is: Harbor Hospital is committed to quality, caring and service for our patients and our communities.

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

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

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

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

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

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

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

Prepared by Diane Caslow, VP Planning
November 16, 2009

Document References:

Cherry Hill Master Plan DRAFT, October 2007—Baltimore City Department of Planning et al

Health Profiles 2008: Brooklyn/Curtis Bay/Hawkins Point; Cherry Hill; Federal Hill/Inner Harbor; South Baltimore—Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program, October 2008

Health Disparities in Anne Arundel County: Bridging the Gap (presentation, October 2007)—Anne Arundel County Department of Health, Johnia J. Curtis, MPH, Epidemiologist

U.S. Census 2000—U.S. Bureau of the Census

MedStar Health Financial Assistance Policy, Revised Nov. 2008