Community Benefit Report FY09

Western Maryland Health System

(Memorial Hospital and Braddock Hospital)

Narrative Report

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

Braddock Hospital is licensed for 154 beds and had 9,407 inpatient admissions in fiscal year 2009. Memorial Hospital is licensed for 150 beds and had 8,740 inpatient admissions in fiscal year 2009. Combined WMHS was licensed for 292 beds and 12 bassinets in fiscal year 2009. Together there were 17,067 adult inpatient admissions and 1080 newborns in fiscal year 2009.

2. Describe the community your organization serves. Includes geographic, demographic characteristics relevant to the needs WMHS seeks to meet-population, average income, % households with incomes below fpl, % patients who are uninsured or receive Medical Assistance, life expectancy and mortality rates.

The Western Maryland Health System primarily serves Allegany County in Maryland, and also treats patients from Garrett County, Maryland, two neighboring counties in Pennsylvania, and five counties in West Virginia. The population of Allegany County is 72,238 (based on US Census data for 2008). Allegany County does not fare as well economically as the rest of Maryland. The median household income is $37,171 in Allegany County versus $67,989 for the state. This results in 14.2 percent of County residents living below the federal poverty level, as compared to the statewide rate of 8.3 percent. Approximately 15,800 individuals (or 22 percent of the population) in Allegany County are enrolled in Medical Assistance programs in Maryland.

Eighteen percent of the population is age 65 or older, and 9.7 percent of this population reported having an income below the federal poverty level for the past 12 months, according to the American Community Survey for 2006-2008.

The life expectancy for Allegany County residents is 77.0 years, which is just slightly less than 78.1 years overall for Marylanders. Two of the leading causes of death are heart disease and chronic lower respiratory disease, which occur at a rate significantly higher than much of Maryland.

3. Identification of Community Needs. Describe process WMHS used for identifying the health needs in the community most recently. Did you consult with the local health department?

Western Maryland Health System (Braddock & Memorial Hospitals) has a long history of addressing community needs and is often approached by members of the community for support. The mission of the WMHS is to improve the health status and quality of life of the individuals we serve, especially those in need. Commitment to the cause extends from the employees to the Board of Directors, and

is reflected in the strategic plan and goals. Through the strategic planning process, adequate resources are identified and community service initiatives are aligned with system-wide objectives. Community service priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable. Through responsible management of resources and collaboration with tax exempt and government organization partners, WMHS is committed to sustain programs that address the community service priorities.

The Allegany County Health Department's Priorities for Improving Community Health Status included in the Maryland Health Improvement Plan (2001) was the last needs assessment completed by the local health department and has been a reference used by the health system. Between February – June 2009, WMHS participated in a community needs assessment process and summit lead by the County United Way to identify key priorities in the surrounding counties. This process involved brainstorming with stakeholders, voting on priorities, roundtable discussions at a needs assessment summit, and the distribution of a report.

When exploring the needs and feasibility of various projects, WMHS also uses data compiled by the state or federal government such as, Maryland Vital Statistics, Healthy People 2010, Behavioral Risk Factor Surveillance System, US Census Bureau, and various reports from the Maryland Department of Health and Mental Hygiene, Maryland Health Care Commission, and Health Services & Cost Review Commission. Utilization and discharge data is also analyzed to determine or clarify needs.

Community needs related to wellness and access to care are regularly discussed via the Community Health Improvement Partners and Workgroup on Access to Care. Both groups meet bimonthly and include representatives from the local health department, social services, local non-profit organizations, health care organizations, and community leaders. In FY09 CHIP met on the following dates: 2008-August 12, September 25, November 6, and 2009-January 8, February 12, March 19, April 9 and May 21. The Workgroup on Access to Care met in 2008 on July 17, September 18, November 13 and in 2009 on January 15, March 12 and May 14.

4. Please list the major needs identified through the process explained in question 3.

Poverty, access to care and prevention.

WMHS is in a medically underserved and economically depressed region of western Maryland. Nearly thirty-seven percent (36.75%) of Allegany County residents live below 200% of federal poverty and almost twenty-two percent (21.7%) of its population are uninsured (Community Survey-Marketing Solutions, 2002 & American Community Survey, 2006). Eighteen percent of the population is over the age of 65 and the 45-64 year old cohort is the only one expected to grow. Mortality data shows the leading causes of death in the Allegany County area to be cardiovascular disease, respiratory disease, cancer, cerebral vascular disease, and these rates are higher than elsewhere in the state (Maryland Vital Statistics 2006).

These needs were reexamined through the needs assessment process lead by the County United Way. In their initial sessions, the identified priorities in health included cost of prescription drugs,

lack of insurance and access to care, and wellness and prevention. In the summit report, the priority needs for both Allegany and Mineral Counties included focus on wellness and prevention, and more program collaboration.

Whether it is a discussion with the Western Maryland Health System Foundation, the Workgroup on Access to Care, County United Way, or clients at the various health and human service agencies; access to health care, particularly mental health, oral health and specialty care are always noted as needs. Over the last year there has been an increasing discussion of prevention and wellness. WMHS's community benefits initiatives continue to reflect evidence-based needs for health improvement, community investment, and access for the low income uninsured.

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of WMHS?

Strategic planning at the Western Maryland Health System includes representation from the governing boards, Administration, Community Advisory Board, Physicians, and indirectly from staff and external customers. Community benefits planning involve staff from the following departments: Finance, Community Relations, Community Health and Wellness, Parish Nursing, Perinatal & Pediatrics, Financial Assistance Program, Forensic Nurse Examiner Program, Dietary, Cancer Services, and other services as appropriate. Staff and customers from these areas share suggestions and concerns throughout the year that are incorporated into the planning process whether it be the addition of a service, submission of a grant application, advocacy or donation.

6. Do any major community benefit program initiatives address the needs listed in #4, and if so, how?

WMHS targets the needs of the low-income uninsured and underserved populations, prevalence of chronic disease and associated risk factors, and community asset development, reflective of the needs listed above. Priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable.

As a not-for-profit health system, WMHS provides care to all, regardless of their ability to pay. In fiscal year 2009, we provided over $7 million in charity care. There are a number of patient care services that are not self-supporting that we continue to provide since we are the community's only provider. We provide patient and family-centered services through responsible management of our human and fiscal resources.

Making sure that patients have the follow-up resources that they need is also a priority and we work cooperatively with many other community organizations. WMHS maintains the software used by many community service agencies, including WMHS, to screen low income, uninsured and underinsured residents for assistance. Residents can visit any one of the various agencies to determine their eligibility for support services from all of the agencies. WMHS provides both financial support and in-kind support to numerous community organizations that share our mission.

Through Community Health & Wellness preventive health screenings, health fairs and education programs are offered throughout the community. With the Community Health Improvement Partners and Workgroup on Access to Care, WMHS is able to increase its outreach and enhance the impact. In FY09 these groups collaborated on grant projects to increase access to mental health services, to promote physical activity among youth, and to address the increase in obesity.

WMHS serves as a clinical site for students enrolled in health-related studies at a nearby community college as well as from other colleges and universities. High school students interested in health careers and Kindergarten students from surrounding counties visit the hospital to learn about the services provided. Through these efforts WMHS hopes to secure a quality workforce long into the future and enhance the economic status of the residents.

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

The community benefit initiatives at WMHS are divided into three major categories: Health Improvement, Access for Uninsured, Low Income & Underserved, and Community Investment-Safety. Each year the output from activities in each of these major categories is assessed along with the resource allocation to determine its status. The table below highlights the findings in FY09.

Major Categories	Nature of Evaluation	Result of Evaluation
Health Improvement	• Participation in community health education and screenings (Number of encounters) • Weight loss & activity levels of challenge participants • Review of evidence based best practices • Revenue & Expenses	With an increased number of encounters and the support of best practices, it was determined to continue most of the activities within this category. Due to the successful outcome of the challenges, there will be an increase in services addressing healthy living and reducing obesity. Support of breastfeeding was increased due to evidence based literature and its link to obesity. Skin cancer screening was discontinued based on review of evidence based literature and the associated resource allocation. Based on resource allocation, Lifeline was moved to another community entity.
Access for Uninsured, Low Income, & Underserved	• Participation in programs for the uninsured (Number of encounters) • Intakes, Referrals and Enrollments in the Community Access Program Management Information System • Number of uninsured clients linked to public programs and/or private insurance • Percentage of Emergency Room Use by uninsured clients 1 year pre and post enrollment in the program	Data related to the uninsured is compiled monthly and reviewed regularly with the Workgroup on Access to Care. When the number of intakes, referrals, and enrollments were skewed the partners discussed the possible causes, adjusted processes, and occasionally requested edits in the CAP MIS specifications. Except for the breast & cervical cancer program for the uninsured, participation has increased. This increase and the positive results of linking clients with coverage and reducing ER use have resulted in continued support for these services. With grant funding, access to mental health services for the uninsured was increased and exceeded expectations. After a year of case

	• Number of uninsured clients provided access to mental health services • Revenue & Expenses	reviews with the psychiatrist, the primary care providers have increased confidence to handle some of their patient's mental health needs. Also patients are averting an inpatient admission by being referred to the Compass House (crisis beds). With numbers down in BCCP due to expansion of a similar service offered by the health department, its status will be evaluated more closely in the coming year. In FY09 a cost benefit analysis of the Adult Medical Day Care program was done and the program closed in May.
Community Investment-Safety	• Financial and value of in-kind contributions to the community	The WMHS Administration and Board of Directors discuss the impact these contributions have on the community along with financial projections when determining what to approve in the next year's budget. No significant cuts were made in this category.

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

Western Maryland is still affected by the physician shortages that were documented by the 2007 study by the Maryland Hospital Association and Med Chi. Areas of identified shortages include general surgery, neurosurgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, plastic surgery, and urology. Based on input from uninsured patients and community agencies, there is a gap in the availability of orthopedics, psychiatry, endocrinology, cardiology, and primary care in FY09. The successful recruitment of a psychiatrist and the return of a urologist who left the area will help ease shortages in those two specialties in FY10. The health system also covers the cost of locum tenens to provide orthopedic and other specialty coverage as needed and continues its recruitment efforts for medical staff to meet community need.

Appendices:

1. Describe Charity Care Policy-how inform patients about eligibility (Appendix 1)
2. Copy of Charity Care Policy (Appendix 2)
3. Describe hospital's mission, vision and value statements (Appendix 3)
4. Copy of statement (Appendix 4)