

1. **Licensed Bed designation:** 380
Inpatient admissions: 30,206

2. **Community description (IRS Schedule H, Part V, question 4)**

- a. **Geographic:** Located in the Rosedale section of Eastern Baltimore County, Maryland, Franklin Square Hospital Center's primary service area includes sixteen zip codes from eastern Baltimore City thru eastern Baltimore County and extending up to southern Harford County, adjacent to the Chesapeake Bay.

- b. **Significant Demographic characteristics relevant to the needs the hospital seeks to meet:**

This area has a large base population of approximately 524,000, and is projected to grow by 2.6% in the next five years, to about 538,000. The service area has become a much more diverse community over the past few decades. The area, particularly eastern Baltimore City and eastern Baltimore County, can be described as blue-collar, high-school educated, and economically depressed; with a diverse population consisting of Caucasians (71.8%), African-Americans (20.3%), Asian/Pacific Islanders (2.5%), Hispanics/Latinos (3.1%), and Others (2.3%). Thirty-seven percent of the population is either very young or senior with 24% children under eighteen years old and 13% over 65 years old.

Poverty is a significant problem in Eastern Baltimore County. Statistics show that 48% of the residents have a high school or lower level of education. Statistics also show that the median household income in the Essex / Middle River / Dundalk area of \$47,949 is much lower than the county average of \$65,531. The number of individuals who are uninsured or under insured in the hospital's catchment area is estimated to be 38% and growing. This is a direct result of the decline in manufacturing industries in the region, which are being reduced or declaring bankruptcy, e.g. General Motors Oldsmobile assembly plant and Bethlehem Steel Corporation, both of whom were previously major employers in the area. Currently, the largest employer in the area is the Hospital. The increasing number of families and individuals with either no health insurance or severely curbed health insurance represents a serious concern for the healthcare community and government agencies.

3. **Identification of health needs (IRS Schedule H, Part V, question 2)**

- a. **Process:**

In 2007, Franklin Square led, and financially supported, the Southeast Area Network of providers in conducting a community needs assessment of the health and well-being in the southeastern portion of Baltimore County. The purpose of this project was threefold: (1) assess current health and well-being in the southeast area; (2) identify discrepancies in service needs and outcomes among area residents; and (3) devise a strategic plan for correcting these discrepancies. In April 2008, Franklin Square published the resulting action plan for developing coordinated and collaborative efforts and investing in economic and social resources in ways that improve the health and well-being for all of southeast Baltimore County's residents now and in the future. Assessment of resources

which are currently available to meet the action plan were identified in FY2009 by a collaboration of professional networks, county agencies and community organizations. Planning action items and seeking funding are FY2011 goals for the Network.

Franklin Square participates on the MedStar Health Community Advisory Board to study demographics, assess community health disparities, inventory resources and establish community benefit goals for both the Hospital and MedStar Health.

b. Health department consultation:

The Baltimore County Health Department was integrally involved in the initial assessment (participation on Steering, Child and Adult Committees), and continues to be a major participant in the evolving action plan.

4. Major needs identified (see #3)

- a. Cardiac Disease
- b. Domestic Violence
- c. Cancer
- d. Access to care

5. Parties involved in determining which needs would be addressed:

- a. Hospital Board Community Awareness Committee
- b. Community Service Line Director
- c. Community Outreach Manager
- d. Community RN Education Specialists

6. Major Community Benefits initiatives which address needs identified in #4

- a. Cardiac Disease:

Community Blood Pressure Screening

Nearly one third of adults in the United States have high blood pressure. There are no symptoms, so many of these people are not aware they are hypertensive. Stroke, heart attack, heart failure or kidney failure may result from uncontrolled high blood pressure, the "silent killer." According to the current East Baltimore County Assessment, heart disease has been identified as a major cause of death for residents of Southeast Baltimore County. Cardiac and vascular problems accounted for over 15% of all principle diagnoses at Franklin Square Hospital in 2008.

For over 17 years, Franklin Square has partnered with various community sites to offer free blood pressure (BP) screenings. The goals of the screenings are to increase the participants' awareness of their individual BP level, the effects of uncontrolled hypertension, and available resources. White Marsh Mall, Eastpoint Mall, Target (Bel Air), and American Turner Hall in Rosedale provide space with tables and chairs for Registered Nurses to take participants' BP and advise them of appropriate follow-up activity. Participants are also screened at various health fairs and wellness activities. Each interaction is used as an opportunity to assess and address both individual and community challenges related to risk factors and their management. Related information and resources are shared with participants and families.

b. Domestic Violence:

Child Abuse Prevention Services

Franklin Square Hospital evaluates over 300 children who have been suspected of being abused each year. Children in Eastern Baltimore County are almost 50% more likely as children in the rest of the county to be abuse victims.

In 2000, after reviewing cases of children who were injured and treated in the Emergency Department (ED), it appeared that many were not receiving complete evaluations and cases of child abuse were possibly being missed. Additionally, in a two-year period from 1998-2000, five children who were born at Franklin Square returned severely injured from Abusive Head Trauma (AHT).

In response to the increased incidence of abuse, the Department of Pediatrics developed a comprehensive approach to diagnose and prevent child abuse. The Franklin Square Hospital Child Protection Team (CPT) began to function in November 2000. The leaders of the CPT are a Social Worker Coordinator, the Medical Director, and on-call social work and medical staff. The team provides 24/7 coverage to the Hospital and evaluates any child who is suspected of being physically or sexually abused.

In 2002, a three-pronged prevention program began. The primary focus for the prevention of AHT includes educating all newborn parents about the dangers of shaking infants and giving them strategies to cope with a crying infant. Each parent of a newborn receives a brochure and signs a statement acknowledging the dangers of shaking infants. They are encouraged to watch a video on coping with a crying infant. The other two programs include parent education classes and daycare provider education classes that focus on discipline techniques without the use of violence. These programs are done in collaboration with local non-profit organizations (The Family Tree and Child Care Links). In January 2009, a new initiative to address Infant Safe Sleeping was begun. This program was patterned after the Shaken Baby Syndrome program using education and social contracts at time of discharge.

In addition to Franklin Square's one-on-one education with new moms on the health effects of shaking infants and the collaborative violence prevention efforts, in FY2010 Community Health Education was able to reach 286 adults, youth and pregnant teens in the community in a variety of settings through presentations with a focus on Shaken Baby Syndrome and Domestic & Teen Dating Violence .

c. Cancer

Tobacco Use Prevention and Cessation

Adult and youth tobacco use rates are high in Maryland and in the Hospital's service area, contributing to significant morbidity and mortality. In 1997, Franklin Square began

offering community tobacco prevention programs. In 2000, Franklin Square began a multifaceted approach to tobacco prevention based on community data. The targeted populations include elementary, middle, and high school children as well as adults. Intervention programs tailored to the audience's educational level occur at health fairs and presentations. The programs utilized include: the Tobacco Truth Tour, Tobacco Choices (brief tobacco intervention for youth), the American Cancer Society's (ACS) Smokefree Teens (tobacco cessation for youth) which transitioned to the American Lung Association's (ALAM) Not On Tobacco program (tobacco cessation for teens), and Stop Smoking Today (adult smoking cessation).

Franklin Square went Tobacco-Free as of July 1, 2008. In preparation, informational and cessation classes were offered to all employees throughout the Spring of 2008.

d. Access to care:

Healthcare for the Homeless – Baltimore County

In January 2008, Franklin Square, in partnership with Baltimore County and Healthcare for the Homeless in Baltimore City, established a new access point for primary care for people experiencing homelessness in Baltimore County. This partnership establishes a medical home for vulnerable county residents and provides the preventive health care services people need before their health issues escalate into an emergency.

In recent years, Baltimore County has identified 7,000 homeless people who experience homelessness in a given year; 71% of them were women and children and 45% reported having no health insurance. Chronic issues that are difficult to treat when homeless include mental and addictive disorders, hypertension, diabetes and HIV/AIDS. In addition, people experiencing homelessness are at an increased risk for cardiovascular problems, leg ulcers, upper respiratory infections and exposure-related illnesses. The Healthcare for the Homeless Baltimore County operation (HCHBC) provides a wide array of medical services, including acute and chronic care, preventive care, well child care and immunizations, disease screenings, rapid on-site HIV testing, prescription medication assistance, minor medical procedures, and referrals for associated needs such as mental health care, substance abuse, and some specialty care. Limited dental referrals are also provided. HCHBC also has a case manager to address non-medical client needs. Franklin Square Hospital Center provides the primary healthcare staff, direct FSH support to operation, and in-kind support in technical assistance, IT, finance/budget/billing, development, PR and marketing. Franklin Square also provided write offs for preventive/chronic care--labs and specialty services and probono care from some specialty services.

7. Efforts taken to evaluate or assess the effectiveness of major CB initiatives

Name of initiative: Community Blood Pressure Screening

Year of evaluation: 2008

Outcome measures: In FY2010, over 1,900 people were screened at more than 80 events. At each event, an average of half of the participants are identified as hypertensive;

a few are advised to take urgent action. For those who do take action, stroke, heart attack and renal failure may be prevented. In addition to avoiding the toll of human suffering, thousands of dollars in emergency and rehabilitative care may be saved. In addition, blood pressure, hypertension and stroke education was offered to nearly 30,000 people.

Result of evaluation – Plan to continue screenings with referrals and educational services.

Name of initiative: Child Abuse Prevention Services

Year of evaluation: 2008

Outcome measures: The child abuse programs have served thousands of children and parents since its inception in 2000. The CPT has evaluated 2,800 children; 35% of the cases were physical abuse evaluations, 32% of the cases sexual abuse, and 30% neglect. Over the past 3 years, we have seen an increase in acute sexual abuse forensic exams from 8 in 2006-2007 to 31 this past year. Of the cases reported to the Department of Social Services (DSS), 84% of them are accepted for investigation. As a comparison, DSS screens out 40% of countywide referrals. As a measure of the improved evaluative process in the ED, appropriate evaluations of infants with fractures are being done more than twice as often as it was prior to the formation of the CPT.

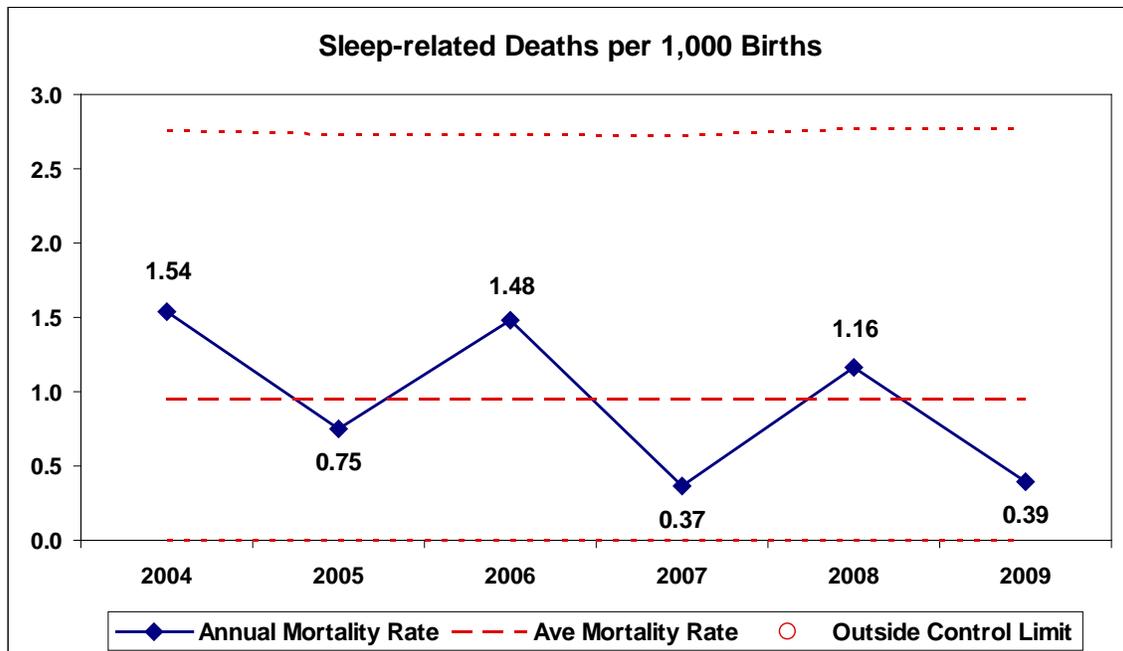
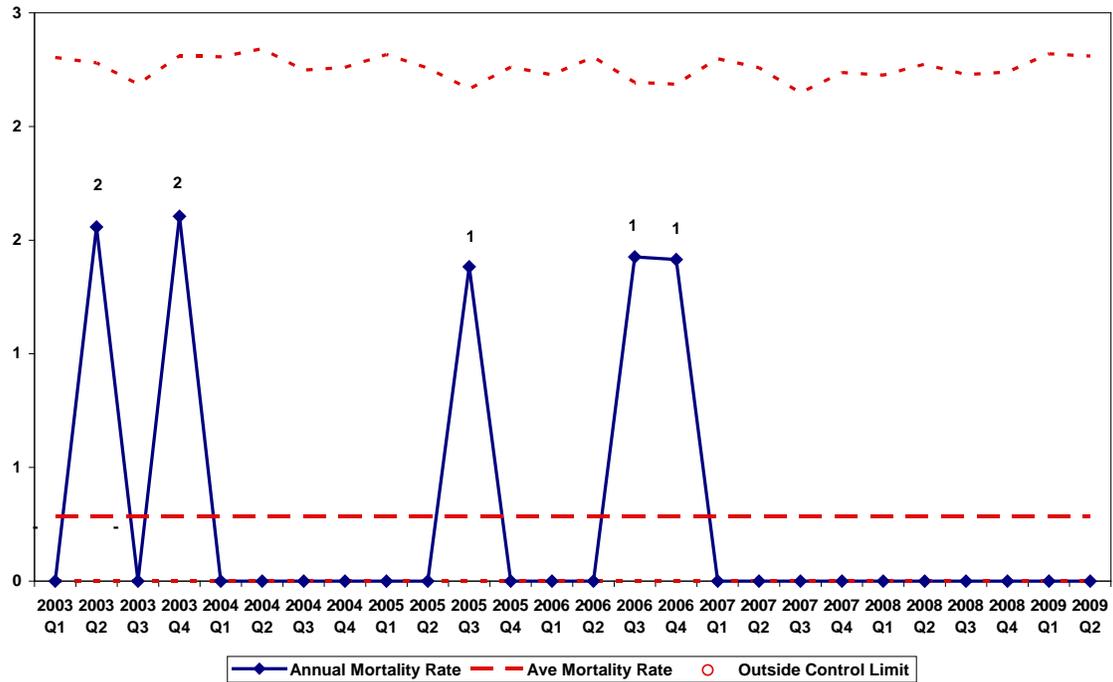
In the three years prior to the formation of the CPT, 27 infants under 12 months old came to the ED with a fracture, seven (26%) of the infants had a skeletal survey performed. In the four subsequent years with the CPT providing services and education to the ED 17 out of 40 (43%) of the infants with fractures had a skeletal survey performed. More importantly, in infants under 6 months, the rate of skeletal surveys increased from 35% pre-CPT to 75% since formation. For the parent classes, 475 parents in post-class surveys have answered favorably to the question “I have learned a new skill I will try at home.”

We evaluate the AHT prevention program by monitoring the community for children who have become victims in collaboration with the local children’s hospitals and DSS and the overall community rate appears to have fallen to 1 case/year (was 3-5/year prior). A more rigorous case-control study funded by the Centers for Disease Control evaluating the program is ongoing. Additionally, we have monitored the return rate of signed commitment statements. The rate has increased annually from 70% to 95%, showing a statistically significant difference. Our results were presented at the North American Conference on Shaken Baby Syndrome in 2008. Return rates remain consistently in the ninetieth percentile. Sleep Safety affidavit return rates reached 80% within four months of program start, compared to the four years required for the Shaken Baby Program.

Result of evaluation – Plans to continue CPT efforts and increase commitment statement signatures. The Infant Sleep Safety initiative was modeled after the Shaken Baby Syndrome program due to its success rate. Although statistics are not yet available, it has been anecdotally noted that deaths related to Shaken Baby Syndrome and co-sleeping presenting in the Emergency Room have decreased significantly in FY2010.

The following 2 charts demonstrate our decreases in rate of AHT and Infant Sleep deaths over the past few years.

Abusive Head Trauma Deaths per 1,000 Births



Name of initiative: Tobacco Use Prevention and Cessation
Year of evaluation: 2009-2010

Outcome measures: : Tobacco education programs, sponsored by Franklin Square, directly influenced over 6,100 participants in area businesses, shelters, support centers, churches, senior centers, schools and community organizations. Primary prevention efforts (health fairs, presentations to prevent tobacco usage) include Tobacco Truth Tours that brings small groups of youth into the hospital to view the direct effects of tobacco use (lab, x-ray, and patients). One hundred percent of these “Tourists” said they learned new information about tobacco effects. Secondary prevention included interventions at health fairs, events attended by smokers and cessation programs and support groups tailored to be population-sensitive.

Franklin Square utilizes visuals and handouts from the American Cancer Society (ACS) and American Lung Association of Maryland (ALAM) along with our Wellness Wheel that addresses tobacco questions to increase knowledge deficits in youth and adults. Presentations are targeted to the specific age, culture and needs of the participants with audiovisuals from ACS, ALAM and some independent companies.

The adult cessation program, Stop Smoking Today, is a five session series that combines deep relaxation with guided imagery and traditional behavioral modification. These classes reached adult participants of diverse backgrounds and medical history at Franklin Square and the Nehemiah House (men’s shelter) with a 60% quit rate. Because of the high quality and comprehensive program approach, the American Lung Association of Maryland, the American Cancer Society and the Baltimore County Department of Health recognize Franklin Square as an expert and leader for tobacco issues in the area.

Partnerships with the Southeast Community Network, the Baltimore County Tobacco Coalition, the American Lung Association of Maryland, the American Cancer Society and the American Heart Association have established a “Best Practice” of working with the community.

Result of evaluation – Plans to continue tobacco education, prevention and cessation programs.

Name of initiative: Healthcare for the Homeless – Baltimore County

Year of evaluation: initial - 2006, last annual point in time survey – 2010

Outcome measures: Over 1,000 people have benefited from over 5,000 primary care visits at Healthcare for the Homeless – Baltimore County (HCHBC) since its opening in January 2008. Fifty percent of those served are temporarily housed in the East Side Family Shelter located in the same building as the clinic. Approximately 12% of HCHBC clients are children. Although 20% of HCHBC clients have adequate case management services from other sources and 10% have no need for these services, the remaining 70% of HCHBC clients are in need of frequently complex case management assistance.

Result of evaluation – Due to need for resources (space, specialty care, medications) beyond those supplied by the HRSA grant, additional funding is being sought. Through our partnership with Baltimore County, a case manager is available to assist with the multifaceted needs for these services, and additional case management resources are also being sought.

8. Description in the gaps of availability of specialist providers including outpatient specialty care to serve the uninsured cared for by the hospital.

In response to the recognized need for services to the county's homeless population, Franklin Square collaborated with Healthcare for the Homeless and the Baltimore Country Health Department under a HRSA grant to offer a new point of access for primary care. Needs for specialty care are addressed on an individual basis. Many of these needs, as well as similar needs of the larger under/uninsured population are addressed by our charity care policy.

Both Pediatric and OB/GYN outpatient practices are operated at a loss due to the community need for these services.

We posed this issue to our physician leadership and case management staff. They consistently identified several areas of concern:

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

9. Physician subsidy detail

Included in the Hospital's 2010 Community Benefit Report are subsidies for losses from physician services stemming from serving patients that are uninsured or underinsured, including the Medicaid population that are truly community benefits.

The amount in Primary Care Physician, Hospitalist, and OB/GYN subsidies provides community services and ensures adequate primary care coverage for our community. The amount in Emergency/Trauma ensures that the Hospital maintains adequate surgical call coverage for the emergency department. These subsidies make up for the shortfall in payments in relation to the cost of providing 24/7 coverage.

10. Appendices

a. Appendix 1: how the hospital informs patients about their eligibility Charity Care policy (IRS Schedule H, Part V, question 3)

i. Posting in facilities

Franklin Square's Charity Care Policy, including a description of the applicable communities it serves, is posted in each major patient registration area and in any other areas required by applicable regulations. Franklin Square communicates the information to patients as required by this policy and applicable regulations and makes copies of the policy available to all patients.

ii. Provision of copy during intake process

iii. Provision of copy during discharge process

iv. Inclusion with bills

v. Discussion with patients and assistance with application

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.
- 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.

b. Appendix 2: Charity Care Policy

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. 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.
- 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. 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.

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 Services¹</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%

¹ 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.

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.

11. Mission, vision, value

a. Appendix 3: Description of Hospital mission, vision and value statements

Franklin Square Hospital Center’s mission is to provide safe, high quality care, excellent service and education to improve the health of our community. This commitment is acknowledged by the American Nurses Credentialing Center with Magnet designation.

b. Appendix 4: Hospital mission, vision and value 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. Franklin Square Hospital Center’s mission is to provide safe, high quality care, excellent customer service and education to improve the health of our community. This commitment is acknowledged by the American Nurses Credentialing Center with Magnet designation.

Mission

We provide safe, high quality care, excellent customer service and education to improve the health of our community.

Vision

The Trusted Leader in Caring for People and Advancing Health.

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.



Franklin Square
Hospital Center

Centered on You
MedStar Health

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*The Trusted Leader
in Caring for People
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Mission

*We provide safe, high quality
care, excellent service and
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Values

Service

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

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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.

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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.

Franklin Square Hospital Center is a proud member of MedStar Health, a not-for-profit community-based healthcare organization serving the Baltimore-Washington region through patient care, research, and education.