

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2015 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

Union Hospital of Cecil County
106 Bow Street
Elkton, MD 21921

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BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to hitting aggressive quality targets, this model must save at least \$330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit reporting with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility, (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions ("LHIC's)[see:

http://dhmh.maryland.gov/healthenterprisezones/Documents/Local_Population_Health_Improvement_Contacts_4-26-12.pdf] schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP's CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;

- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Youth Risk Behavior Survey (<http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx>);
- (12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (14) Survey of community residents; and
- (15) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
116 beds; 84 licensed beds	Total Inpatients - 6,060 Inpatients: Cecil County - 4,518 Inpatients: Medicaid - 1,932 Inpatients: Cecil County Medicaid - 1,473 Inpatients: Cecil County Uninsured – 59	21921 21901 21916 21920 21915 21914 21911	None	Cecil County Uninsured visits: 1,648 (3.61%) All uninsured visits: 2,448 (5.36%)	Cecil County Medicaid visits: 15,148 (33.2%) All Medicaid visits: 18,777 (41.1%)

2. For purposes of reporting on your community benefit activities, please provide the following information:

- a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.

Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Union Hospital is the only hospital in Cecil County and its Community Benefit Service Area (CBSA) is comprised of the towns and zip codes in Figure 1. The hospital serves all of Cecil County; therefore, the CBSA was determined by primary and secondary service areas of the hospital.

Figure 1. Union Hospital Service Areas

Primary Service Area	Secondary Service Area
21921 – Elkton 21922 – Elkton	21902 – Perrypoint 21903 – Perryville

21901 – North East	21904 – Port Deposit
21916 – Childs	21917 – Colora
21920 – Elk Mills	21918 – Conowingo
21915 – Chesapeake City	
21914 – Charlestown	
21911 – Rising Sun	
21912 – Warwick	
21913 – Cecilton	
21919 – Earleville	

A majority of Union Hospital’s Community Benefit resources are focused within Elkton (21921) and North East (21901) – hospital utilization shows that 60% of the hospital’s patients come from Elkton and North East. Overutilization (5+ emergency room visits) and readmissions (3 readmissions in the last year) data also corroborates that overall hospital utilization comes from Elkton and North East.

b. In Table II, describe the population within the CBSA, including significant demographic characteristics and social determinants that are relevant to the needs of the community and ***include the source of the information in each response***. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (<http://dhmh.maryland.gov/ship/>) and its Area Health Profiles 2013, (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (<http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf>), The Maryland State Department of Education (The Maryland Report Card) (<http://www.mdreportcard.org>) Direct link to data– (<http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA>)

Table II

<p>CBSA Demographics (population, gender, age, race, ethnicity, and language spoken at home).</p>	<p><u>Population:</u> 102,383 persons</p> <p><u>Gender</u> Male: 51,410 (50.2%) Female: 50,973 (49.8%)</p> <p><u>Age</u> Under 5 years: 6,520 (6.4%) 5-9: 7,768 (7.6%) 10-14: 5,803 (5.7%) 15-19: 6,223 (6.1%) 20-24: 6,407 (6.3%) 25-34: 12,317 (12%) 35-44: 12,674 (12.4%) 45-54: 15,765 (15.4%) 55-59: 8,963 (8.8%) 60-64: 5,756 (5.6%) 65-74: 8,838 (8.6%) 75-84: 3,660 (3.6%) 85 +: 1,689 (1.6%)</p> <p><u>Median Age:</u> 39.5 years</p> <p><u>Race</u> White: 91,411 (89.3%) Black/African American: 6,950 (6.8%) American Indian & Alaska Native: 409 (0.4%) Asian: 1,630 (1.6%) Native Hawaiian and other Pacific Islander: 154 (0.2%) Some other race: 240 (0.2%) 2+ races: 1,589 (1.6%)</p> <p><u>Ethnicity:</u> Hispanic/Latino: 4,233 (4.1%) Non-Hispanic/Latino: 98,150 (95.9%)</p> <p><u>Language Spoken at Home</u> Only English: 92,272 (96.3%) Language other than English: 3,591 (3.7%)</p> <p><i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i></p>
<p>Median Household Income within the CBSA</p>	<p>\$72,809</p> <p><i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i></p>

Percentage of households (families) with incomes below the federal poverty guidelines within the CBSA	7.7% <i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i>
Percentage of civilian labor force that is unemployed within the CBSA	5.5% <i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i>
Please estimate the percentage of uninsured people by County within the CBSA	6.1% <i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i>
Percentage of Medicaid recipients by County within the CBSA.	32.6% <i>US Census Bureau, 2014 American Community Survey 1-year Estimates</i>
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	<p>In 2013, the Cecil County life expectancy at birth was:</p> <ul style="list-style-type: none"> • All races: 77.3 years (Maryland: 79.7 years) • Whites: 77.2 years (Maryland: 80.3 years) • Black/African Americans: 77.2 years (Maryland: 77.4 years) <p><i>Cecil County and Maryland data was taken from the Maryland Vital Statistics Annual Report 2013</i> http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</p>
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	<p><u>Mortality – Infants (2014)</u> In Cecil County the infant mortality rate was 5.3 deaths per 1,000 live births:</p> <ul style="list-style-type: none"> • White and black breakouts were less than 5 deaths per 1,000 live births and considered statistically unreliable <p>In Maryland the rate was 6.5 deaths per 1,000 live births:</p> <ul style="list-style-type: none"> • White infants: 4.2 deaths per 1,000 live births • Black/African American infants: 10.6 deaths per 1,000 live births <p><i>Cecil County data is from Maryland Vital Statistics Infant Mortality in Maryland 2014 report found at</i> http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</p> <p><u>Mortality – Deaths (2014)</u> In Cecil County there were 855 deaths:</p> <ul style="list-style-type: none"> • White: 801 deaths • Black/African American: 47 deaths • Asian or Pacific Islander: 5 deaths • Hispanic: 7 deaths

	<p><i>Maryland Vital Statistics, Deaths by Jurisdiction – Cecil County report: Table 13. Deaths by Race, Hispanic Origin, Sex, and Month of Death, 2014.</i> http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</p> <p><u>Mortality – Cause of Death (2014)</u> In Cecil County the top disease-burden causes of death were:</p> <ul style="list-style-type: none"> • <u>Diseases of the Heart</u>: 213 deaths White: 198 deaths Black/African-American: 13 deaths Asian/Pacific Islander: 2 deaths Hispanic: 1 death • <u>Malignant Neoplasms (Cancer)</u>: 193 deaths White: 183 deaths Black/African-American: 9 deaths Asian/Pacific Islander: 1 death Hispanic: 1 death • <u>Chronic Lower Respiratory Disease</u>: 55 deaths White: 51 deaths Black/African-American: 4 deaths Asian/Pacific Islander: 0 deaths Hispanic: 0 deaths • <u>Cerebrovascular Diseases</u>: 54 deaths White: 51 deaths Black/African-American: 3 deaths Asian/Pacific Islander: 0 deaths Hispanic: 0 deaths <p><i>Maryland Vital Statistics, Deaths by Jurisdiction – Cecil County report: Table 15. Leading Causes of Death by Race, Hispanic Origin, Sex, 2014.</i> http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions, such as the local health officer, local county officials, or other resources)</p>	<p><u>Access to Care</u> BRFSS data from 2011-2012 indicates that 11.24% of adults aged 18+ years did not have a regular source of primary care in Cecil County.</p> <p><i>CDC, BRFSS, 2011-2012 (via the CHNA profile for Cecil County: Lack of a Consistent Source of Primary Care, found at www.CommunityCommons.org)</i></p> <p>Data from the Area Health Resource File (American Hospital Association) for 2012 indicates that there were 36 total primary care providers (PCPs) in Cecil County, and the ratio of the Cecil County population to PCPs was 2,825:1.</p> <p><i>County Health Rankings: Cecil County, Primary Care Physicians Data</i> http://www.countyhealthrankings.org/app/maryland/2015/ranking/cecil/county/outcomes/overall/snapshot</p>

Access to Healthy Foods – Grocery Stores vs. Fast Food Restaurants

Data from 2008-2012 indicates that there were 17.8 grocery stores per 100,000 population (convenience stores excluded) in Cecil County compared to 57.36 fast food restaurants per 100,000 population.

US Census Bureau, County Business Patterns (via the CHNA profile for Cecil County: Grocery Store Access and Fast food Restaurant Access, found at www.communitycommons.org)

Access to Healthy Foods – Food Deserts and Food Insecurity

In 2010 in Cecil County, there were food deserts with the highest percentages of low access to grocery stores in the following areas (data by census tracts):

- Central and northern Elkton (99.1% - 100% of the population had limited access to food)
- Port Deposit (100% of the population had limited access to food)
- Charlestown and the central part of North East (62% of the population had limited access to food)

USDA, Food Access Research Atlas (FARA) 2010 (via the CHNA profile for Cecil County: Population with Low Food Access, found at www.communitycommons.org)

Data from the 2013 Feeding America Map the Meal Gap tool indicates that 11,310 persons were food insecure in Cecil County —11.1% of the population. Additionally, of those that were food insecure, 39% were above the SNAP threshold of 200% of poverty level and 61% were below this threshold.

Feeding America, Map the Meal Gap, 2013 <http://map.feedingamerica.org/county/2013/overall/maryland/county/cecil> (via the CHNA profile for Cecil County: Food Insecurity Rate, found at www.communitycommons.org)

Physical Inactivity and Poor Nutrition

Data from 2006-2012 indicates that 30.8% of adults aged 18 years or older were obese in Cecil County (reported a BMI of 30 or greater). Obesity is impacted by physical inactivity and poor nutrition.

Maryland BRFSS, 2006-2012

Data from 2012 indicates that 25.1% of adults aged 20 years and older reported not being physically active in the past month.

Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012

Data from 2005-2009 indicates that 70.8% of adults aged 18 years and older consumed less than 5 servings of fruits and vegetables each day.

US Department of Health and Human Services, Health Indicators Warehouse, 2009

http://www.healthindicators.gov/Indicators/Few-fruitsvegetables-adults-percent_121/Profile/ClassicData

Tobacco Use

Tobacco use can also contribute to poor health outcomes, like high blood pressure and the decreased ability to engage in physical activity. It can also exacerbate symptoms for conditions like COPD, CHF, asthma, and other cardiovascular and respiratory conditions.

Data from 2006-2012 indicates that 23.5% of adults aged 18 years or older smoked in Cecil County.

Maryland BRFSS, 2006-2012

Education

Data from Cecil County's 2014 high school cohort indicates that 88.62% of these students graduated high school in four years. The 2014 cohort had a 9.09% drop-out rate.

2015 Maryland Report Card: Graduation and Drop-Out rates (class of 2014, Cecil County)

Data from 2009-2013 indicates that 12.51% of Cecil County adults aged 25 years and older had no high school diploma or equivalency:

- 29.26% of this population resided in central Elkton
- 26.95% of this population collectively resided in the eastern corner of Port Deposit, the southern-most tip of Rising Sun, and a small section of both North East and Elkton

US Census Bureau, 2013 American Community Survey, 5-year Estimate (via the CHNA profile for Cecil County: Population with No High School Diploma (Age 25+), found at www.communitycommons.org)

Transportation

Data from 2009-2013 indicates that:

- 5.2% of Cecil County households did not have a vehicle

- Within this percentage the following areas of the county had the highest percentage of the population without a vehicle:
 Perryville: 9.43%
 Southern Elkton: 10.6%
 Northwestern North East: 16.57%
 Central Elkton: 19.98%

US Census Bureau, 2013 American Community Survey, 5-year Estimate (via the CHNA profile for Cecil County: Households with No Motor Vehicle, found at www.communitycommons.org)

Violent Crime

In 2013, Cecil County’s violent crime rate was 427.2 crimes committed per 100,000 population.

Maryland Governor’s Office of Crime Control and Prevention, Uniform Crime Report, 2013
<http://www.goccp.maryland.gov/msac/crime-statistics.php>

Environmental Hazards

Annual ozone air quality for Cecil County was measured at a level of 5 during 2010-2012 (a grade of F according to the American Lung Association, on a grading scale of A-F).

During the measurement period from 2010-2012 the American Lung Association assigned a grade of B to Cecil County’s annual particulate matter because its average annual number of days that exceeded the US particulate pollution standards of 2.5M was 2 days.

State of the Air, American Lung Association, 2010-2012
<http://www.stateoftheair.org/2013/states/maryland/cecil-24015.html>

Annual particle pollution data from 2009-2011 was measured at a design value of 10.4 by the EPA and the American Lung Association, which indicates that Cecil County has a passing particle pollution grade.

AIRNow, 2009-2011
http://airnow.gov/index.cfm?action=airnow.local_city&cityid=78

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

Provide date here. Report was posted online on 5/30/2013 (CHNA was conducted March 2012 – January 2013 for the FY13 – FY16 CHNA reporting cycle).

If you answered yes to this question, provide a link to the document here:

<https://www.uhcc.com/about-us/community-benefit/reports/>

(Please note: this may be the same document used in the prior year report).

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes **Provide date here.** 5/30/2013 The Union Hospital Parent Board reviewed and approved the CHNA and Implementation plan in December 2013.

Note: The Implementation Plan was posted with the CHNA Report online on 5/30/2013 (CHNA was conducted March 2012 – January 2013 for the FY13 – FY16 CHNA reporting cycle).

No

If you answered yes to this question, provide the link to the document here:

<https://www.uhcc.com/about-us/community-benefit/reports/>

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)**

- a. Is Community Benefits planning part of your hospital’s strategic plan?

Yes
 No

If yes, please provide a description of how the CB planning fits into the hospital’s strategic plan, and provide the section of the strategic plan that applies to CB.

Planning of Community Benefit programs and initiatives is directly tied to the hospital’s strategic plan, which includes strategies for clinical integration, operational effectiveness, and population health. Community Benefit has specific ties to the population health strategy metrics, where impact for several components is measured according to the Community Health Needs Assessment (assessment of local health data to determine impact

on community health). Since the Community Health Needs Assessment is facilitated by the Community Benefits department, the strategic planning committee is directly connected to the prioritized health needs of the community, and both can work in an integrated environment to address causes for readmissions, identify where to target initiatives for hot-spotted high-utilizer populations, and support chronic disease management in the community, among many other Community Benefit supported activities. In addition, one of the population health strategies – Develop community wellness and health literacy programs – includes the following text:

“Union Hospital also utilizes support for Strategy 3 from...the Community Benefits program, which facilitates external community health programs in partnership with a variety of community partners, through program development and shared programming support. Shared programming support refers to Union Hospital making referrals to community health programs or working together with community organizations to facilitate access to care, care coordination efforts, health education, and other assistance, especially among the most vulnerable and underserved in the community.”

- b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary))

i. Senior Leadership (with descriptions)

1. CEO

Dr. Ken Lewis worked as mentor and partner in developing Community Benefit initiatives with the Community Benefits Coordinator. An example of a collaboration was developing and implementing the Coordinated Approach to Child Health (CATCH), a national, evidence-based program, which Union Hospital implemented as a 5-month pilot in the after-school setting in Q2 and Q3 of Fiscal Year 2015. This pilot studied efficacy of increasing access to physical activity and integrated nutrition education for youth in elementary and middle schools. The pilot will continue throughout the full school year of 2015-2016 (Fiscal Year 2016) and will look at sustainability beyond the pilot phase with current community partners (Cecil County Public Schools, Cecil County Health Department, and YMCA of Cecil County, Inc.). As an avid child health advocate, Dr. Lewis was the main driver of this initiative in Cecil County.

2. CMO

Dr. Cydney Teal meets with the Community Benefits Coordinator every two weeks to receive updates on Community Benefit initiatives and projects and to offer advice and discuss hospital strategic support for program/project development and implementation. Dr. Teal is also a part of several collaborative projects with the Community Benefits Coordinator. Some examples include the Cecil County Health Literacy campaign, the HSCRC Regional Transformation Grant partnership, and the facilitation of the hospital's population health strategies.

3. CIO

Anne Lara works with the Community Benefits Coordinator on a number of community health data analysis projects to: 1) support the telehealth

environment for inpatients and care management of patients as they transition from hospital to home/community; and 2) connect hospital big data to community health improvement initiatives, both for grant development and creating buy-in for development of community partnerships for community health improvement initiatives, like hotspotting high-utilizers to target interventions to reduce readmissions. Data analysis and interpretation is an integral part of community health improvement, especially as it applies to the hospital's strategic priority of population health. Continued collaboration with Health Information Systems (Anne Lara's department) is integral to the Community Benefits program.

4. X Vice President of Education

Mary Lynn Devlin works with the Community Benefits Coordinator both as a mentor and in collaboration on Community Benefit projects.

Collaborations include working on:

- Health professions education conferences and workshops, like Geriatric Assessment Interdisciplinary Training (GAIT);
- Youth community education opportunities, like Camp Scrubs;
- Grants, like utilizing the Clinical Educators to train medical assistants and develop policy for proper blood pressure examination through the Cecil County Million Hearts grant;
- Establishing community partnerships through the Cecil County Health Literacy Campaign; and
- Creating a more comprehensive health professions education environment at Union Hospital.

ii. Clinical Leadership (with descriptions)

1. X Medical Director of Union Multi-Specialty Practices

Dr. Lanre Akinkunmi works with the Community Benefits Coordinator on physician clinical goals which integrate community health components, like managing hypertension and diabetes (Million Hearts grant) and connecting providers to the community (service on the CHAC task forces, community health presentations, etc.).

2. X Director of Physician Services

Amy Chi works with the Community Benefits Coordinator to facilitate a more accessible provider-patient environment. Examples of collaborations include School-Based Health Centers, Million Hearts grant, and physician presentations in the community.

3. X Director of Case Management

Nancy Larson meets with the Community Benefits Coordinator weekly via:

- Complex Case Management meetings where care coordination is discussed on both an inpatient level and through community transitions;

- Readmissions Committee where data is analyzed and community supports are consulted and/or implemented to keep patients from potentially avoidable utilization and readmitting; and
- Several projects to support patients in the community setting.

4. X Director of Cancer Program

Beth Money works with the Community Benefits Coordinator through the Cancer Committee where the Coordinator develops and compiles the Cancer Needs Assessment in accordance with the Commission on Cancer's health needs assessment standards. Beth also works on a number of cancer projects with the Coordinator to enhance community access to cancer education, cancer care, and other community supports.

5. X Executive Director of Regional Behavioral Health

Rod Kornrumpf works with the Community Benefits Coordinator on development of the Behavioral Health Crisis Assessment and Stabilization Center (BCASC), an independent crisis service in the community facilitated through a partnership between Union Hospital, the Cecil County Health Department's Alcohol and Drug Recovery Center and the mental health Core Service Agency, Upper Bay Counseling Services, Key Point Health, and Affiliated Sante Group's Eastern Shore Mobile Crisis team. The Community Benefits Coordinator created the team and manages the program plan. Rod is currently working with national partners to fully implement the program. Rod will continue to work with the Community Benefits Coordinator to further the objectives of behavioral health access in Cecil County.

iii. Community Benefit Operations (with descriptions)

1. X Individual (Community Benefits Coordinator, FTE: 1)

The Community Benefits Coordinator, Jean-Marie Donahoo, is responsible for the following job responsibilities:

- Tracks, reports, and evaluates Community Benefit activities in accordance with national standards and public reporting requirements (management of CBISA, HSCRC Report, IRS Schedule H)
- Supports work teams in planning Community Benefit activities and implements community engagement strategies and events
- Leads hospital in assessing the community's health needs; developing and managing community outreach initiatives; and measuring and reporting program accomplishments and results
- Develops and oversees implementation of initiatives and policies to further Union Hospital's Community Benefit priorities and strategic objectives
- Participates in efforts to identify, prioritize, measure, and track mission integration goals and strategies
- Promotes and facilitates community outreach partnership development and collaborative planning
- Performs other duties as assigned by all levels of hospital management

2. Co-Chair of the Local Health Improvement Coalition (part of the Community Benefits Coordinator 1 FTE)
 Jean-Marie Donahoo is also the co-chair of the Cecil County Local Health Improvement Coalition, also known as the Community Health Advisory Committee (CHAC). As co-chair of CHAC, Jean-Marie Donahoo supports community action for the five county health priorities identified from the CHNA (prescription drug abuse, mental health access, substance abuse prevention, childhood obesity, and child maltreatment prevention), as well as supports the partnerships needed to enact change on many Community Benefit fronts, including the three health priorities adopted by Union Hospital from the CHNA: respiratory health (smoking cessation), heart disease, and obesity.

- c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?)

Spreadsheet yes no
 Narrative yes no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

The Community Benefits Coordinator works with the Finance Department to compile and review the documents before they are submitted. This process coincides with the submission of the IRS Schedule H which is signed off on by the Finance department. However, no formal internal audit is conducted/signed-off on by the hospital.

- d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no
 Narrative yes no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

- Other hospital organizations
- Local Health Department
- Local health improvement coalitions (LHICs)
- Schools
- Behavioral health organizations
- Faith based community organizations
- Social service organizations

b. Use the table below (Figure 2) to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Figure 2. Core Partners in CHNA Conduction

Organization	Name of Key Collaborator	Title
Cecil County Health Department	Stephanie Garrity Robin Waddell Rangika Fernando Jenny Shields	Health Officer Deputy Health Officer Epidemiologist Public Information Officer
LHIC – Community Health Advisory Committee (CHAC)	Stephanie Garrity Rangika Fernando 6 Task forces CHAC Membership	Co-Chair Epidemiologist Chairs 45 member organizations

Description of Collaborations

The CHNA steering committee consisted of the staff from the Cecil County Health Department, listed in the table above, and Union Hospital staff (Jean-Marie Donahoo – Community Benefits Coordinator and Kathryn McKinney – Director of Marketing). DHMH’s SHIP requirements to establish Local Health Improvement Coalitions and create Local Health Improvement Plans coincided with Union Hospital’s first CHNA, so the two organizations merged their processes, which had the same goals – prioritize health needs and create an implementation plan – and conducted the CHNA together. CHAC’s role in the CHNA was to be the “advisory board” – the main body for choosing the health priorities and crafting strategies for the implementation plan. From the CHNA process, CHAC chose five health priorities (prescription drug abuse, mental health access, substance abuse prevention, childhood obesity, and child maltreatment prevention) and crafted an implementation plan (Local Health Improvement Plan). Union Hospital chose to select three other priorities, still

participating as a member of CHAC to address the five they chose, but also keeping in line with the clinical objectives of the hospital (respiratory health – smoking cessation, heart disease, and obesity). Union Hospital also found that while CHAC chose different priorities, there was much overlap between strategies employed by CHAC and those created by the hospital, especially as the three-year measurement/monitoring cycle progressed and partnerships were formed to address many facets of both priority group selections.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

The Community Benefits Coordinator currently co-chairs Cecil County’s Local Health Improvement Coalition with the Health Planner (Dan Coulter) of the Cecil County Health Department. As co-chair, the Community Benefits Coordinator focuses on support of collective community action, as well as partnerships needed to enact change on many Community Benefit fronts.

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

Representatives from Union Hospital’s Stroke Program, Cancer Program, Wellness Program, Nutrition and Diabetes Center, Union Multi-Specialty Practices, Behavioral Health, and Case Management are members of Cecil County’s LHIC.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

For example: for each principal initiative, provide the following:

- a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with

other public and private organizations.

2. Please indicate whether the need was identified through the most recent CHNA process.

- b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: <http://www.thecommunityguide.org/>)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)
- c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?
- d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?
- e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.
- f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.
- h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.
 - What were the measurable results of the initiative?
 - For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.
- i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.
- j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?
- k. Expense:
 - A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III: Initiatives I - III are attached.

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The CHNA revealed several health needs that were not selected for prioritization by Union Hospital. Table IV shows which needs were identified and why they were not chosen for prioritization.

Table IV. Health Needs Not Included with Reasons Why

Health Needs Not Prioritized	Reasons Health Needs were not Prioritized
Local Health Improvement Coalition health needs: <ul style="list-style-type: none"> • Prescription drug abuse • Substance abuse • Mental health access to treatment • Child neglect 	These health needs were not prioritized because the Local Health Improvement Coalition was able to produce a community health action plan to address them. Member organizations in the coalition are currently working together to incorporate strategies to address these health needs, as well as achieve measurable outcomes. Union Hospital is represented on the coalition and is currently working in partnership with several community partners on all of these health needs.
Suicide prevention	Union Hospital responds to suicidal tendencies exhibited by patients on an inpatient level. However, more work is being done to address these patients in their home by working in partnership with Mobile Health Crisis, a team of mental health professionals dedicated to addressing crisis onsite in the patient's home.
Homelessness	The Elkton Alliance (Chamber of Commerce) has developed a coalition to better identify and address the health and social needs of the homeless population in Cecil County. Union Hospital staff actively participates on this coalition.
Access to care	Addressing access to care issues, including transportation needs, is a mission driven concern for Union Hospital, and is addressed on a daily basis. Other health based organizations in Cecil County also work to provide adequate access to

	care (i.e., the Cecil County Health Department, School-based Health Centers in Bainbridge and Gilpin Elementary Schools, and West Cecil Health Center, a Federally Qualified Health Center).
Access to healthy foods	Access to healthy foods could be included in strategies to reduce obesity, which is a priority health need for both Union Hospital and the Local Health Improvement Coalition’s community health action plan. Promotion of healthy food access can also be promoted in the workplace, at school, and at home.
Access to medical transportation	The Cecil County Health Department offers medical transportation for individuals with insurance that covers it. Also, some private organizations offer medical transport according to both insurance coverage and local need. Union Hospital does not have transport vehicles nor the capital to start and maintain such an endeavor. Resource allocation is better served by collaborating with other entities that have vehicles or bringing issues of access to the local government to advocate for better public transportation.
Geriatric care improvements	Geriatric care improvements reflect concerns related to falls, isolation, depression, improper diet and poor chronic disease management. Incidentally, the Cecil County Health Department and several local community organizations have programs tailored to addressing, depression, isolation, chronic disease management and falls prevention. Union Hospital also works on chronic disease management among the elderly and falls prevention.
Diabetes	Prevention of and awareness around diabetes is already incorporated in many of the nutrition education programs and activities that Union Hospital provides in the community. Diabetes care, management, and awareness are also integral parts of activities being considered for the 2 nd and 3 rd health priorities of heart disease and obesity in the Community Benefit Implementation Plan.
Cancer	Union Hospital already provides free cancer screenings for the community and is continuously working on new ways to screen and identify symptoms for various cancers. Union Hospital staff also collaborates with community partners and

	agencies to bring access to cancer care to the community.
Health communication improvements	Efforts to improve health communication are a constant task for Union Hospital and all community organizations. It does not go unnoticed.
Addressing disparities in health care	Health disparities have been identified where applicable in the Local Health Improvement Coalition’s community health action plan. Union Hospital actively seeks to reduce health disparities both in its daily functioning and in partnership with Cecil County’s Local Health Improvement Coalition.

- How do the hospital’s CB operations/activities work toward the State’s initiatives for improvement in population health? (see links below for more information on the State’s various initiatives)

STATE INNOVATION MODEL (SIM)

<http://hsia.dhmf.maryland.gov/SitePages/sim.aspx>

The Community Benefits Coordinator, as the LHIC representative, served on the community stakeholder’s group during the time period when DHMH was applying for the CMS planning and implementation grant, participating in the group meetings and the summit meeting. The Coordinator’s roles in Community Benefit and as co-chair of the LHIC are inextricably linked as both roles advocate for community health improvement for all populations. SIM presented a solid platform for targeting interventions toward the most at-risk of the population. SIM also provided tangible linkages between a hospital’s clinical network and population health, functioning as an imperative for the enhanced care coordination needed for patients to thrive in the community and not readmit or contribute to overutilization of the hospital’s emergency services.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

<http://dhmf.maryland.gov/ship/SitePages/Home.aspx>

As co-chair of Cecil County’s LHIC or CHAC, the Community Benefits Coordinator actively participates in the function of all six task forces of CHAC, working with the Cecil County Health Department’s Health Planner (other co-chair) to report coalition progress to DHMH. This includes the update of the Local Health Improvement Plan and planning for the next Community Health Needs Assessment in conjunction with the LHIC and using the SHIP data provided for Cecil County. The Community Benefits Coordinator also attends the state LHIC meetings with the health department’s Health Planner.

MARYLAND ALL-PAYER MODEL

<http://innovation.cms.gov/initiatives/Maryland-All-Payer-Model/>

Union Hospital is a TPR hospital and been effectively functioning on the TPR budget for more than five years. Union Hospital is also working hard to achieve reduced readmissions, prevent hospital acquired infections, and actively support population health goals in the community – all part of the Maryland All-Payer Model. The Community Benefits Program is working hand-in-hand with reducing readmissions, seeking supports for patients in the community setting and in

the transitions setting. The Community Benefits program also actively supports the hospital's population health goals.

COMMUNITY HEALTH RESOURCES COMMISSION

<http://dhmh.maryland.gov/mchrc/sitepages/home.aspx>

The Community Benefits program collaborated with the Cecil County Health Department in Fiscal Year 2014 to apply for the CHRC grant to support a community case management pilot that reduced readmissions among CHF, COPD, and Diabetes patients by 70%. The Community Benefits Coordinator shadowed community case managers on patient in-home visits and structured the evaluation method for the pilot. The Community Benefits Coordinator also was the liaison between the hospital and the health department, troubleshooting barriers in process and providing support for the community case managers employed by the health department.

VI. PHYSICIANS

1. As required under HG§19-303, 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.

Cecil County has a great unmet need for certain medical specialties; however Union Hospital continues to actively recruit providers who specialize in the needed service lines discussed in Figure 3.

Figure 3. Specialties that provide the greatest challenges to Union Hospital

Specialty	Number of Union Hospital Providers Currently Employed in this Specialty
Dermatology	0
ENT	1
Endocrinology	1
Thoracic Surgery	1
Neurology	1
Outpatient Psychiatry	2

In Fiscal Year 2015, there were no dermatologists present in Cecil County; however there are two private practice plastic surgeons, Dr. Thornton and Dr. Scheiner. The Union Hospital Cancer Program has continued to offer free skin cancer screenings to meet the growing need for skin cancer prevention in Cecil County. Every year at least two screenings are held and each double-booked to meet the demand. Due to the lack of dermatologists, Beth Money, Director of the Union Hospital Cancer Program, asks Dr. Thornton to provide skin cancer screenings in his dermatological capacity.

Toward the end of Fiscal Year 2013, Dr. Hundal, ENT, left Union Hospital to pursue an academic career, which left Cecil County without an ENT for all of Fiscal Year 2014. Efforts to recruit an

ENT proved fruitful as Dr. Grey joined the Union Hospital team July 1, 2014 (beginning of Fiscal Year 2015). There is only one other ENT in Elkton, but Dr. Martini is not employed or affiliated with Union Hospital.

In Fiscal Year 2015 there was only one thoracic surgeon in Cecil County – Dr. Davies. Union Hospital continues to work with the Cecil County Health Department to reduce heart attacks and strokes through the Cecil County Million Hearts grant. In Fiscal Year 2016, Union Hospital will affiliate with the University of Maryland Medical System’s Thoracic Surgery Group to provide more access to thoracic procedures and professionals across the Harford County and Cecil County region.

Diabetes and obesity increases in Cecil County continue to present challenges for the Endocrinology provider population. In Fiscal Year 2014, Union Hospital only employed one Endocrinologist, Dr. Malhotra, with Dr. Smith as the only private practitioner. With the departure of Dr. Malhotra, Dr. Pandey was hired in Fiscal Year 2015 as her replacement. Union Hospital still only has one employed Endocrinologist.

Neurologists treat a multitude of conditions related to the nervous system. In Cecil County, Union Hospital serves large patient populations seeking care for chronic pain, dementia, Alzheimer’s, and stroke. Therefore, having access to Neurologists is a much needed resource. In the beginning of Fiscal Year 2014, Dr. Singhanian left the Union Hospital Neurology practice, leaving Dr. Mahmood as the sole provider. In Fiscal Year 2015, Dr. Moghal joined the Union Hospital Neurology practice, but left the organization toward the end of Fiscal Year 2015. Dr. Melnick (private practitioner) is the only other Neurologist serving the Cecil County community.

By far, behavioral health presents the largest recruiting challenge for Union Hospital (and the rest of the community). The two providers that Union Hospital employs are Dr. Galvis (inpatient/outpatient) and Dr. Yu (outpatient). To deal with the ever-increasing behavioral health needs of the patient population, in Fiscal Year 2015 Union Hospital incorporated an LCPC into Union Primary Care of Elkton (UPC). The LCPC is employed by Upper Bay Counseling Services and was placed in UPC of Elkton to help identify mental health problems and support the medical and behavioral health patient-centered medical home models.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

With too few health care providers represented in these areas, Union Hospital provides the following subsidized physician services that facilitate access to needed medical services despite operating at a financial loss.

- Listed under category C3, the following Hospital Outpatient Services were subsidized in Fiscal Year 2015 by Union Hospital (one employed practice per location):
 - Primary care (Elkton, North East, and Perryville)
 - Outpatient psychiatric care (Elkton)
 - Gastroenterology (Elkton)
 - Urology (Elkton)
 - Neurology (Elkton)

- Rheumatology (Elkton)
- Vascular care (Elkton)
- Listed under category C5, the following Women’s and Children’s Service was subsidized in Fiscal Year 2015 by Union Hospital (in partnership with Nemours Children’s Hospital):
 - 1 Pediatric Hospitalist

VII. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital’s FAP. (label appendix I)

For *example*, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA’s population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Provide a brief description of how your hospital’s FAP has changed since the ACA’s Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
 - c. Include a copy of your hospital’s FAP (label appendix III).
 - d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hsrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).
2. Attach the hospital’s mission, vision, and value statement(s) (label appendix V).

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SLECTED
POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING
POPULATION HEALTH

- Increase life expectancy
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
- Reduce the % of adults who are current smokers
- Reduce the % of youth using any kind of tobacco product
- Increase the % vaccinated annually for seasonal influenza
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
- Reduce hypertension related emergency department visits
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- Reduce hospital ED visits from asthma
- Reduce hospital ED visits related to behavioral health
- Reduce Fall-related death rate

APPENDIX

Appendix I: Description of Financial Assistance Policy

Appendix II: Description of Changes to Financial Assistance Policy

Appendix III: Financial Assistance Policy

Appendix IV: Patient Information Sheet

Appendix V: Union Hospital's Mission and Values

APPENDIX I

Description of Financial Assistance Policy

Union Hospital of Cecil County utilizes a Financial Assistance Policy to ensure that the Hospital's staff follows a consistent and equitable process in granting financial assistance to appropriate patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines.

The policy describes the application process for the Financial Assistance Program, the information required to verify income and assets, the timeline for application review and tiered adjustments based on Federal Poverty Guidelines.

The application for Financial Assistance is available to all underinsured and uninsured patients of Union Hospital. Applications and signage are located throughout the Hospital, emergency room, and outpatient areas. The Financial Assistance application and brochure (in English and Spanish) are available on the Hospital's website: <https://www.uhcc.com/about-us/patients-guests/admission-to-the-hospital/financial-assistance/>. In addition, the Hospital places an advertisement twice a year in the local newspapers outlining its financial assistance policy.

All Financial Assistance applications received are processed for eligibility. Patients who are not eligible for financial assistance are referred to the Cecil County Health Department to determine if other assistance is available. Any individual who presents to the Business Office of Union Hospital in person to discuss his/her bill is provided with a Financial Assistance application. All inpatient self-pay patients are visited by financial assistance navigators and are screened for the Financial Assistance Program, as well as for Medicaid and other state and county programs. Following discharge from the Hospital, each patient receives a summary of charges which includes notice of the Financial Assistance Program and a designated contact telephone number.

APPENDIX II

Description of Changes to Financial Assistance Policy

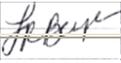
In Fiscal Year 2015, Union Hospital's Finance department divisions of Managed Care, Revenue Cycle, and Billing began working on changes to the Financial Assistance Policy to reflect the ACA's Health Care Coverage Expansion Option effective January 1, 2014.

The new FAP will reflect information on how to access the certified Maryland Health Connection Navigators and their role in open enrollment, especially for Medicaid, as well as some enhancements for creating a broader scope for financial assistance coverage.

The Financial Assistance Policy in Appendix III is the policy prior to any changes made. The updated Financial Assistance Policy will be available in Fiscal Year 2016.

APPENDIX III

Financial Assistance Policy

UNION HOSPITAL Elkton, Maryland		Policy Number:	F-415
		Effective Date:	4/2010
Hospital Policies and Procedures			
Financial Assistance Policy and Procedure			
Developed / Edited By:	Edward Henry, Dir., Revenue Cycle	Date:	9/20/14
Reviewed By:	Laurie Beyer, S.V.P. & CFO 	Date:	9/20/14
Approved By:	Laurie Beyer, S.V.P. & CFO 	Date:	3/2013
		Established Date:	03/2004
Departments Affected:	Patient Financial Services		
Reviewed Dates:	03/2004, 6/2004, 9/2004, 3/2006, 12/2008; 2/2009; 3/2009, 4/2010		
Revised Dates:	03/2004 (replaces Charity Care Policy and Procedure), 6/2004; 9/2004; 3/2006; 12/2008; 2/2009; 3/2009, 4/2010, 8/2012		
JCAHO Standard(s):	N/A		
HIPAA Standard(s):			

POLICY:

It is the policy of Union Hospital of Cecil County to assist underinsured or uninsured (after screening) patients by offering services to patients at a reduced cost based on demonstrated inability to pay. Determination shall be based on the patient's income, assets, expenses, and the current Federal Poverty Guidelines. Patient must be screened by a patient navigator, if uninsured, prior to acceptance of application for financial assistance. The patient navigator will be able to determine Maryland Medicaid eligibility or help with enrollment in a Qualified Health Plan. Applications received during a non-enrollment period, either through the Maryland Health Connection or through employment based health care, that were not otherwise screened on a previous account, and that is deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis outside of open enrollment. If patient chooses not to elect health benefits offered by employer, or as an eligible dependent, or through the Maryland Health Connection the patient will be deemed ineligible for financial assistance, but may be evaluated on a case by case basis for hardship or exemption from coverage. **Patient must be a resident of Cecil County to be eligible for financial assistance.**

PURPOSE:

To ensure that hospital staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients while respecting the individual's dignity and that the hospital's policy is in agreement with the established Maryland State Financial Assistance guidelines regarding charity care.

PROCEDURE:

General Procedure

Patient shall make application for UHCC's Financial Assistance Program using the Maryland State approved hospital form. The form must be accompanied by verification of income and assets (if requested). If a patient has been approved for Service Limited Medicare Beneficiary (SLMB) an approval will be made without a completed application after verification is made through the State system. A person who has been approved for food stamps, and

is able to provide an eligibility letter from the State, benefits will be approved automatically with a completed financial assistance application.

A patient that is deceased with no estate on file will be granted charity care on any outstanding balances without having completed a financial assistance application. A patient who has filed for Chapter 7 Bankruptcy, and has received a discharge of debt will be granted financial assistance without the completion of a financial assistance application during the period of bankruptcy, and upon receipt of bankruptcy paperwork. A patient that is deemed homeless and has no verifiable address will be granted financial assistance without the completion of an application.

A patient that presents a sliding fee from West Cecil Health Center will be approved for that percentage automatically without completing an application for financial assistance through Union Hospital. Applications returned without requested information may be denied pending receipt of documentation.

Appropriate verification may include:

- a. Pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- b. Federal and State Income Tax Returns.
- c. Two recent bank statements or financial records.
- d. Proof of U.S. citizenship or permanent residency (if requested).
- e. Proof of address.
- f. Proof of screening for either Maryland Medicaid or a Qualified Health Plan with a patient navigator (if uninsured).
- g. Proof that employer does not offer a health plan.

Items needed for approval are also listed on the Financial Assistance Application cover letter. If the patient does not provide complete verification of income and assets within 30 days of the application, the request for aid through the Community Assistance Program may be rejected. Additionally, the patient will be required, if uninsured, to meet with a patient navigator to be screened for health insurance and/or Medical Assistance.

Within two (2) business days following a patient's request for charity care services, the hospital will make a conditional determination of probable eligibility.

Once appropriate verification of income has been provided, the patient's income shall be compared to the current published Federal Poverty Guidelines based on specific family size. If the patient's income is at/or below the appropriate amount on the table, financial assistance will be granted and tiered up to a 100% adjustment for the services rendered. Final determination of eligibility will be made based upon a completed and accurate application. Should insufficient information be provided, the Financial Counselor will contact the patient to obtain additional documentation. All applications will be acknowledged; patients will be contacted by telephone or letter to request additional documentation if needed, and once processed a follow-up letter will be sent indicating the level at which the application was approved or the reason for denial.

Tiered adjustments based on the Federal Poverty Guidelines are as follows:

- Up to 200% of the Poverty Level = 100% Adjustment
- 201% to 250% above Poverty Level = 75% Adjustment
- 251% to 300% above Poverty Level = 25% Adjustment
- 301% to 350% above Poverty Level = 25% Adjustment

The Federal Poverty Guidelines will be updated annually based on charges by the Department of Health and Human Services. **Once eligibility for financial aid has been established the period of eligibility shall include medical care for three months prior to and continue for up to a minimum of thirty days and a maximum of six months forward.** The dates of eligibility may change if certain circumstances justify a shorter eligibility period. If a patient returns to UHCC for treatment during their eligibility period he/she may be asked to provide additional information to ensure that all eligibility criteria have been met. If a patient enrolls in a health plan, and drops coverage without a qualified life change event taking place, the patient will not be able to apply for financial assistance; however, if a qualified life event takes place, the patient will be able to apply for financial assistance if they are denied Medicaid and have been rescreened by a navigator. Union Hospital reserves the right to process each application on a case by case basis.

Balances Eligible for Financial Assistance

All self-pay balances, including self-pay balances after insurance payments, including co-pays, co-insurance and deductibles may be eligible for consideration for Financial Assistance with the following exceptions:

- Balances covered by health insurance.
- Balances covered by a government or private program other than health insurance.
- Balances for patients that would qualify for Medical Assistance, individual or family health coverage through the Maryland Health connection, or through an employment based health plan, but do not apply. Applications received during a non-enrollment period, either through the Maryland Health Connection or through employment based health care, that were not otherwise screened on a previous account, and that is deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis.
- Balances for patients who are not U.S. residents may be allowed after an administrative review and on a case-by-case basis.
- Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected.
- Balances for patients who falsify information on, or related to, the application.
- Union Hospital of Cecil County reserves the right to evaluate applications with special or extenuating circumstances on a case by case basis.

Public Notice

Information regarding the UHCC Financial Assistance Program will be made available to patients in the following ways:

- Brochures will be available at all registration points, financial counseling areas and outpatient areas.
- Information will be posted on the hospital's web site.
- Signs will be posted in visible areas at each registration site, including the ED.
- A notice of availability of the program will be sent to each patient that receives a self-pay statement from UHCC.

APPENDIX IV

Patient Information Sheet

The Patient Information Sheet requirements are included in the Union Hospital Patient Handbook which is provided to all patients at admission and discharge. The handbook is attached separately as Appendix IV-A – Patient Handbook. The handbook covers patient rights and responsibilities (PDF pgs. 13-14), privacy and information (PDF pg. 16), preparing for discharge (PDF pg. 17), and resources (PDF pgs. 18-19).

All patients who receive bills also receive billing options and financial assistance information on their billing statement. A sample statement is attached separately as Appendix IV-B – Patient Statement Sample.

APPENDIX V

Union Hospital's Mission and Values

Union Hospital's mission and values statements identify the importance of providing safe, high-quality, personalized services to patients. Services are conducted by professionally trained staff who demonstrate collaboration and prudent management of the Hospital's resources.

Mission Statement

To provide safe, high-quality health and wellness services to the residents of Cecil County and neighboring communities.

Values Statement

Union Hospital strives to create and sustain a quality, caring and respectful environment for all patients. Through employee and patient relations, as well as the Hospital's provision of care, the following values are embodied:

Caring and Compassion

- Treating everyone with dignity and respect in a non-judgmental way
- Anticipating the needs of others and responding with a personal touch
- Giving undivided attention and practicing presence in all interactions
- Listening with empathy and understanding

Integrity

- Telling the truth
- Taking responsibility for all actions and words
- Having the courage to do what is right
- Following through on commitments

Leadership

- Being role models for all organizational values
- Creating solutions
- Being proactive and taking initiative
- Being open-minded and embracing change

Shared Learning

- Actively listening and taking the initiative to learn and grow
- Sharing knowledge, skills and experiences across all departments and within the community
- Encouraging and supporting peer learning

Table III Initiative I

<p>a. 1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>Respiratory health</u></p> <p>The CHNA identified that Cecil County community health problems and Union Hospital re-admissions were greatest around respiratory health issues. In particular, issues like COPD were exacerbated by tobacco use. Creating a tobacco cessation program was explored; however, it was determined that because of the resources that the Cecil County Health Department had and with supports provided through the Cecil County Tobacco Task Force, Union Hospital should focus tobacco cessation efforts on increasing the number of contacts and connections made with these established community programs.</p> <p><u>Cecil County Data:</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 23.9% of adults smoked (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 23% of adults smoked (source: <i>Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 18% of adults currently smoke cigarettes (source: <i>Maryland BRFSS</i>) • Data from 2010 showed that 29.4% of adolescents used tobacco products (source: <i>DHMH SHIP, Cecil County</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2013 showed that 24.6% of adolescents used tobacco products (source: <i>DHMH SHIP, Cecil County</i>) <p>Yes this was identified through the CHNA process.</p>
<p>b. Hospital Initiative</p>	<p>Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products.</p>
<p>c. Total Number of People Within the Target Population</p>	<p><u>18%</u> adult smokers in Cecil County (2013) = <u>13,950</u> adult smokers (based on 2013 population for ages 18+)</p> <p><u>24.6%</u> adolescent tobacco users in Cecil County (2013)= <u>2,876</u> adolescent tobacco users (based on 2013 population for ages 10-17)</p>
<p>d. Total Number of People Reached by the Initiative Within the Target Population</p>	<p><u>195+</u> people using tobacco products were reached by the tobacco cessation support provided in FY15</p> <p><i>This number reflects website reach and referrals made during health fairs. The number of fax referrals from the Cecil County Health Department does not accurately reflect Union Hospital's participation, so it is not included in the number of people reached.</i></p>
<p>e. Primary Objective of the Initiative</p>	<p><u>Objective 1</u></p> <p>Complete the MDQuit cessation resource assessment by the end of May 2013.</p> <p><u>Objective 2</u></p> <p>Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).</p> <p><u>Objective 3</u></p> <p>Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p>

Table III Initiative I

	<p><u>Objective 4</u> Promote cessation efforts in the community.</p>
f. Single or Multi-Year Initiative –Time Period	Multi-Year
g. Key Collaborators in Delivery of the Initiative	<p>Union Hospital Community Benefits Program Union Hospital Respiratory Therapists Cecil County Health Department, Division of Health Promotions</p>
h. Impact/Outcome of Hospital Initiative	<p><u>Objectives 1 and 2</u> were completed in FY14.</p> <p><u>Objective 3 – Metrics:</u> <i>Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15 no referrals were tracked despite referrals having been made (it is part of standard protocol to make a referral to cessation resources when patients confirm their desire to quit smoking). <p><i>Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on the hospital’s website and track # of users per fiscal year.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) During FY15, there were <u>95</u> page views of the tobacco cessation webpage (a decrease from page views in FY14 – 107 page views). b) In FY15 the Tobacco Cessation Committee did not meet, and it was decided that the Cancer program would take the lead with this committee moving in to FY16 and beyond. The Cancer Program will assume all responsibilities of health promotion associated with the website and other media. <p><i>Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15 the health department made <u>17</u> fax referrals to MDQuit using Fax-to-Assist (only MDQuit report data from 6 months was available). There was no reported data for fax referrals from Union Hospital. Historically, the health department has reported that hospital staff will call the health department to make referrals to MDQuit, rather than using Fax-to-Assist directly. It is possible that some of the fax referrals made by the health department reflected patients referred by the hospital to the health department, but definitive data is not available. <p><u>Objective 4 – Metrics:</u> <i>Track the # of cessation contacts made to the Cecil County Health Department’s free, private, tobacco cessation counseling sessions and through the Stoke Program’s connection of community members to tobacco cessation resources.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) No private sessions were tracked during FY15 for patients discharged from Union Hospital.

Table III Initiative I

	<p>b) The Stroke Program made <u>100+</u> contacts for cessation resources during <u>5</u> health fairs in FY15.</p>	
<p>i. Evaluation of Outcomes:</p>	<p>Data from Maryland BRFSS and SHIP indicates that the percentage of youth and adults using tobacco products in Cecil County is decreasing each year.</p>	
<p>j. Continuation of Initiative</p>	<p>Union Hospital will continue to monitor connections made to community programming for access to tobacco cessation in FY16, as these connections are important to the Cecil County Tobacco Task Force (part of the LHIC). The task force continues to make huge strides in creating awareness to reduce tobacco use in Cecil County, including structuring protocols to reduce the sale of tobacco products to minors. The hospital will support the task force as a member of the task force.</p>	
<p>k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p>A. Total Cost of Initiative</p> <p><u>FY15 Costs</u></p> <ul style="list-style-type: none"> • 55+ Senior Expo (8/7/14) <ul style="list-style-type: none"> ○ 4 hours: \$200 ○ 25 ppl served • Take Pride in Pink Health Fair (10/11/14) <ul style="list-style-type: none"> ○ 4 hours: \$200 ○ 5 ppl served • Rising Sun Health Fair (10/17/14) <ul style="list-style-type: none"> ○ 8 hours: \$449 ○ 5 ppl served • Cecil Woods Health Fair (10/28/14) <ul style="list-style-type: none"> ○ 5 hours: \$250 ○ 45 ppl served • CCPS Wellness Day (5/8/15) <ul style="list-style-type: none"> ○ 11.5 hours: \$421 ○ 20+ ppl served <p>Total: \$1,520</p>	<p>B. Direct Offsetting Revenue from Restricted Grants</p> <p>N/A</p>

Table III Initiative II

<p>a. 1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>Heart Disease</u> The CHNA identified heart disease as the second most important health issue in Cecil County. Cecil County residents are at high risk for heart disease and stroke due to higher prevalence of diabetes, hypertension, and poor nutrition.</p> <p><u>Cecil County Data:</u> <i>Heart Disease</i></p> <ul style="list-style-type: none"> Data from 2011-2013 showed that there were 193.8 deaths per 100,000 population due to heart disease (<i>source: Maryland Vital Statistics Administration</i>) <p><i>Stroke</i></p> <ul style="list-style-type: none"> Data from 2011-2013 showed that there were 43.6 deaths per 100,000 population due to stroke (<i>source: Maryland Vital Statistics Administration</i>) <p><i>Risk Factors</i></p> <ul style="list-style-type: none"> Data from 2012 showed that 7.7% of adults were diagnosed with diabetes, with a majority of these adults aged 65 years or older(<i>source: Maryland BRFSS</i>) Data from 2011 showed that 35.2% of adults were diagnosed with high blood pressure (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> <u>Reduction:</u> Data from 2013 showed that 34.6% of adults had high blood pressure (<i>source: Maryland BRFSS</i>) Data from 2010 showed that only 16.4% of adults ate fruits and vegetables five or more times per day (<i>source: Maryland BRFSS</i>) <p>Yes this was identified through the CHNA process.</p>
<p>b. Hospital Initiative</p>	<p>Increase awareness by addressing the community about the modifiable risk factors for heart disease and identifying the signs and symptoms of stroke to promote the prevention of heart disease in Cecil County.</p>
<p>c. Total Number of People Within the Target Population</p>	<p><u>7.7%</u> of adults in Cecil County had Diabetes (2012) = <u>5,841</u> adults had Diabetes (based on 2012 population for ages 18+)</p> <p><u>34.6%</u> of adults in Cecil County had high blood pressure (2013) = <u>26,815</u> adults had high blood pressure (based on 2013 population for ages 18+)</p> <p><u>16.4%</u> of adults in Cecil County ate 5+ servings of fruits and veggies (2010) = <u>12,183</u> adults had less than stellar nutrition (based on 2010 population for ages 18+)</p>
<p>d. Total Number of People Reached by the Initiative Within the Target Population</p>	<p><u>955+</u> adults received diabetes and nutrition education, as well as stroke risk assessments in the community in FY15</p>
<p>e. Primary Objective of the Initiative</p>	<p><u>Objective 1</u> Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity.</p>

Table III Initiative II

	<p><u>Objective 2</u> Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease.</p> <p><u>Objective 3</u> Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community.</p> <p><u>Objective 4</u> Increase the number of heart health education opportunities in the community by at least 1 heart health education activity.</p>
<p>f. Single or Multi-Year Initiative –Time Period</p>	<p>Multi-Year</p>
<p>g. Key Collaborators in Delivery of the Initiative</p>	<p>Union Hospital Stroke Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions</p>
<p>h. Impact/Outcome of Hospital Initiative</p>	<p><u>Objective 1 – Metrics:</u> <i>Union Hospital will track the # of participants and the # of abnormal blood pressures taken.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> No blood pressure screenings were provided in FY15. <p><u>Objective 2 – Metrics:</u> <i>Nutrition and Diabetes Center staff will track the # of participants per activity.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) In FY15, <u>3</u> Diabetes and healthy eating presentations were held in the community, serving <u>115</u> people total. b) In FY15, nutrition demos, nutrition/Diabetes education, and/or BMI screenings were provided at <u>5</u> health fairs, serving <u>740+</u> people total. <p><u>Objective 3 –Metrics:</u> <i>Stroke Program staff will track # of participants per stroke risk assessment event.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) In FY15, the Stroke Program provided stroke risk assessments at <u>5</u> community health fairs, serving <u>100+</u> people total. <p><i>Stroke Program staff will track # of abnormal assessments per activity.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY15, abnormal assessments were not tracked. The risk assessment is an educational tool used by Stroke Program staff to promote awareness. After each assessment is performed, the assessment paper is given to the participant to take home. Stroke risk assessments are based on the participant reporting their knowledge of the risk factors for stroke. If patients are assessed as high risk then the Stroke Program recommends the participant talk to their primary care provider.

Table III Initiative II

	<p><u>Objective 4</u> <i>Union Hospital and Cecil County Health Department staff will track the # of participants per activity.</i></p> <ul style="list-style-type: none"> • <u>Outcome:</u> There were no heart health education activities provided in FY15. 	
<p>i. Evaluation of Outcomes:</p>	<p>Maryland BRFSS data indicates that the percentage of adults with hypertension in Cecil County is decreasing each year.</p>	
<p>j. Continuation of Initiative</p>	<p>Union Hospital will continue to provide opportunities to educate and create awareness around the risk factors associated with heart disease, including continued access to stroke risk assessments at community events. In fact, during FY15 the Union Hospital Multi-Specialty Practices made it their goal to reduce hypertension among outpatients. The practices worked hand-in-hand with the Cecil County Health Department to compile educational materials for patients, as well as trained all Medical Assistant staff in the appropriate way to take a manual blood pressure, according to a community health policy that was established in FY14 through the Million Hearts grant for Cecil County.</p>	
<p>k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p>A. Total Cost of Initiative</p> <p><u>FY15 Costs</u></p> <ul style="list-style-type: none"> • 3 Diabetes/nutrition education events <ul style="list-style-type: none"> ○ 4 hours: \$110 ○ 115 ppl served • Nutrition demos, nutrition/Diabetes education, and/or BMI screenings were provided at 5 health fairs <ul style="list-style-type: none"> ○ 61.5 hours: \$2,379 ○ 740+ ppl served • Stroke Risk Assessments provided at 5 community health fairs (Only the Stroke Coordinator’s paid time is listed here for stroke risk assessments performed during the CCPS Wellness Day. Costs for the other 4 health fairs are listed in Table III – Respiratory Health) <ul style="list-style-type: none"> ○ 3 hours: \$149 ○ 100+ ppl served <p>Total: \$2,638</p>	<p>B. Direct Offsetting Revenue from Restricted Grants</p> <p>N/A</p>

Table III Initiative III

<p>a. 1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p><u>Obesity</u></p> <p>In Cecil County obesity impacts both youth and adults. Similar to heart disease and tobacco use, making healthy lifestyle choices, such as choosing a healthier diet or getting more exercise, helps reduce the risk for obesity. Union Hospital partnered with several community organizations to assess and implement activities that aimed to reduce the prevalence of obesity in Cecil County.</p> <p><u>Cecil County Data:</u></p> <p><u>Obesity</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 31.4% of adults were obese (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 31.2% of adults were obese (<i>source: Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 28.8% of adults were obese (<i>source: Maryland BRFSS</i>) • Data from 2008 showed that 13.4% of adolescents , aged 12-19 years, were obese (<i>source: DHMH SHIP, Cecil County</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2010 showed that 12.7% of adolescents were obese (<i>source: DHMH SHIP, Cecil County</i>) <p><u>Risk Factors</u></p> <ul style="list-style-type: none"> • Data from 2011 showed that 55.2% of adults engaged in regular physical activity (150 minutes per week) (<i>source: Maryland BRFSS</i>) <ul style="list-style-type: none"> ○ <u>Reduction:</u> Data from 2012 showed that 49.7% of adults participated in regular physical activity (<i>source: Maryland BRFSS</i>) ○ <u>Reduction:</u> Data from 2013 showed that 39.1% of adults engaged in regular physical activity (<i>source: Maryland BRFSS</i>) • Data from 2010 showed that only 16.4% of adults ate fruits and vegetables five or more times per day (<i>source: Maryland BRFSS</i>) <p>Yes this was identified through the CHNA process.</p>
<p>b. Hospital Initiative</p>	<p>Engage the community on the importance of making healthy lifestyle choices in order to reduce obesity in Cecil County.</p>
<p>c. Total Number of People Within the Target Population</p>	<p><u>28.8%</u> of adults were obese in Cecil County (2013) = <u>22,038</u> adults were obese (based on 2013 population for ages 18+)</p> <p><u>12.7%</u> of adolescents were obese in Cecil County (2010) = <u>1,945</u> adolescents were obese (based on 2010 population for ages 10-19)</p>
<p>d. Total Number of People Reached by the Initiative Within the Target Population</p>	<p><u>805+</u> adults were reached by healthier lifestyle interventions in FY15</p> <p><u>1,685</u> youth were reached by healthier lifestyle interventions in FY15</p>
<p>e. Primary Objective of the Initiative</p>	<p><u>Objective 1</u></p> <p>Increase the availability of obesity prevention programs/activities in the community.</p>

Table III Initiative III

	<p><u>Objective 2</u> Implement the Weight of the Nation program for community members and leaders.</p>
f. Single or Multi-Year Initiative –Time Period	Multi-Year
g. Key Collaborators in Delivery of the Initiative	<p>Union Hospital Community Benefits Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions Cecil County Public Schools YMCA of Cecil County, Inc. Nemours Health and Prevention Services</p>
h. Impact/Outcome of Hospital Initiative?	<p><u>Objective 1 – Metrics:</u> <i>Track # of participants in activities to increase physical activity and eating healthier.</i></p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ul style="list-style-type: none"> a) In FY15, the Nutrition and Diabetes Center staff, as well as Food Services staff, participated in <u>5</u> Health Fairs that provided education on healthy eating and exercise, serving <u>740+</u> adults total. b) In FY15, there were <u>2</u> healthy eating presentations in the community that served <u>65</u> adults total. a) In FY15, there were 30 CATCH Kids Club days facilitated in two locations (<u>60</u> days total) over a span of 16 weeks from February to June by community partners. The YMCA served 30 registered elementary school youth during each CATCH day, and Elkton Middle School served 7 middle school youth each CATCH day, for a total of <u>1,110</u> encounters. c) In FY15, Union Hospital partnered with Cecil County Sports Medicine to facilitate an annual free Sports Physicals event for high school students, serving <u>575</u> high school youth. <p><u>Objective 2</u> was completed in FY14.</p>
i. Evaluation of Outcomes:	Maryland BRFSS and SHIP data indicates that adult and childhood obesity is decreasing in Cecil County.
j. Continuation of Initiative	<p>At the end of FY14, the School-Based Health Centers program closed, so in FY15 to continue to work toward reducing childhood obesity in Cecil County, Union Hospital partnered with Nemours Health and Prevention Services, Cecil County Public Schools, Cecil County Health Department, and the YMCA of Cecil County, Inc. to implement an after-school pilot program called CATCH Kids Club (CKC) in a Title 1 public elementary school and a public middle school in Elkton. CKC engages youth in structured physical activities with integrated nutrition education.</p> <p>Union Hospital and its community partners will continue the pilot the CKC throughout the 2015-2016 school year in the same school locations.</p>

Table III Initiative III

<p>k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>	<p>A. Total Cost of Initiative</p> <p><u>FY15 Costs</u></p> <ul style="list-style-type: none"> • 5 Health Fairs where healthy eating, exercise were discussed <ul style="list-style-type: none"> ○ 61.5 hours: dollars are recorded in Table III-Heart Disease ○ 740+ ppl served • 2 Nutrition Education activities <ul style="list-style-type: none"> ○ 2.5 hours: dollars are recorded in Table III-Heart Disease ○ 65 ppl served • Union Hospital paid the stipend for the middle school CATCH Kids Club teacher facilitator <ul style="list-style-type: none"> ○ 50 hours paid: \$1500 • Union Hospital purchased the CATCH Kids Club equipment for both locations <ul style="list-style-type: none"> ○ \$4,273 • Planning and implementation costs for CATCH Kids Club, July 2014 – June 2015 <ul style="list-style-type: none"> ○ \$8,455 • Sports Physicals <ul style="list-style-type: none"> ○ 94.44 hours: \$6,540 ○ 575 ppl served <p>Total: \$20,768</p>	<p>B. Direct Offsetting Revenue from Restricted Grants</p> <p>N/A</p>
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UNION HOSPITAL

Putting You First!

Hospital
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UNION HOSPITAL IS ONE OF THE NATION'S TOP HOSPITALS FOR WOMEN'S HEALTH

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START PLANNING

Your discharge now!
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CLASSES & WELLNESS

The latest community health education & wellness programs
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REMEMBER TO

SPEAK UP!

Ask questions and voice concerns
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[What are Advance Directives? Pg. 24]

PATIENT HANDBOOK AND VISITOR'S GUIDE



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In This Guide

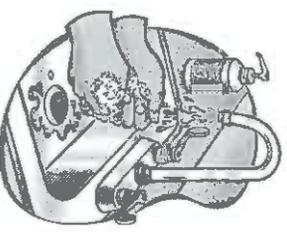
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Speak Up

Take charge of your care.



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Stay Safe

You can contribute to healthcare safety.



OUR ADDRESS

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Welcome to Union Hospital

Thank you for choosing Union Hospital for your healthcare needs. We are committed to providing you with high-quality care in a safe and comfortable environment.



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- Excellent service
- Courtesy and respect
- Effective pain management

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This patient guide will assist you and your family during your stay. In it, you will find answers to most of your questions. If you need additional information or encounter a problem during your stay, please feel free to ask any staff member for help.

We are proud of our more than 100 years of service and grateful for the trust and confidence that you have placed in our hospital.

Wishing you good health,

Kenneth S. Lewis, M.D., J.D.

Kenneth S. Lewis, M.D., J.D.
President and Chief Executive Officer

Mission Statement

Our mission is to enhance the health and well-being of residents in Cecil County and neighboring communities.

Our Values

- Caring & Compassion
- Leadership
- Integrity
- Shared Learning

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Truth is what stands the test of experience.

Your Satisfaction

We encourage your feedback to improve care.

Your healthcare is our priority. To determine where improvements are needed, this hospital takes part in the HCAHPS survey. The HCAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S.

After you are released from the hospital, you may be selected to participate in the HCAHPS survey. The survey asks multiple choice questions about your hospital stay. Please take the time to fill out the HCAHPS survey; your feedback is valuable!

What is HCAHPS?

The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey is backed by the U.S. Department of Health and Human Services. The survey is used to improve the quality of healthcare. HCAHPS makes survey results public so hospitals are aware of where changes are needed. The results also enable healthcare consumers to review and compare hospitals before choosing a healthcare provider.

You are part of the team

COMMUNICATE It's your health, don't be afraid to ask your doctors and nurses questions.

PARTICIPATE You are the center of your healthcare team so ask questions, understand your treatment plan and medications, and communicate with your doctors and nurses.

APPRECIATE There are hundreds of people in the hospital who need help; please be patient as doctors and nurses attend to everyone.

Hospital Compare

is a government website that allows users to compare the quality of care provided by hospitals. The information provided on this website is based on HCAHPS survey results.

www.medicare.gov/hospitalcompare

The Leapfrog Group

rates hospitals that take part in the Leapfrog Hospital Quality and Safety Survey. The survey measures how well hospitals meet the Leapfrog Group's quality and safety standards. Survey results are reported on Leapfrog's website for users to compare hospitals.

www.leapfroggroup.org/qp

The Joint Commission

has created quality and safety standards for healthcare organizations. The Joint Commission reviews, accredits and certifies healthcare organizations that meet their high standards. Quality reports for all accredited organizations are available on their website.

www.qualitycheck.org



Patient Grievance

At Union Hospital, we strive to deliver the best possible care to our patients. If, however, you have any concerns about the service you or a family member received during your visit/stay, we encourage you to speak up. As a patient you have the right to file a complaint and expect timely follow-up. When you have a concern, it is encouraged that you speak directly with the nurse, doctor, and/or manager at the time of the concern so we can assist in providing you with an immediate resolution. Otherwise a complaint can be filed by calling the Customer Service Department at 410-398-4000 or submitting a written complaint to the hospital. Every effort will be made to resolve your concerns within seven days, if not sooner.

We appreciate the opportunity to resolve concerns and learn about ways we can improve our services.

Union Hospital
Customer Service
106 Bow Street
Elkton, MD 21921
410-398-4000

You also have the right to file a complaint with the state agency, as well as accreditation agencies.

The Joint Commission
One Renaissance
Boulevard
Oakbrook Terrace, IL
60181
630-792-5800



During Your Stay

Guest Guidelines (cont)

- The patient may be on a special diet; therefore, the hospital requests you check with the nursing staff before bringing food to the patient.
- Guests entering the building after 8:00 p.m. must enter through the Emergency Department, sign in and obtain a visitor badge.

Please review the *Guest Guidelines brochure for special considerations for each individual unit.*

Where's the Cafeteria?

LOCATION

GROUND FLOOR

Visitors are welcome to dine in the cafeteria. The cafeteria offers daily specials, pizza, entrees, vegetables, soup, and salad bar

HOURS:

Monday through Friday
7:00 a.m. – 2:30 p.m.

Vending Machines

Vending machines offering beverages and snacks are located in the vending room outside the cafeteria on the ground floor. This location also has vending machines.

8 : www.uhccc.com 410-398-4000

Telephone

For local calls, dial 80 and wait for the second dial tone before dialing the number. For long-distance, dial "0" and give the number to the operator to connect for you. Calls may not be billed to your room.

For families of our Delaware patients, a courtesy line, 302-731-0743, is available to talk with patients. If you have a problem with any of the above, please dial "0" and a Customer Service Representative will help you.

TV

Television is a free service provided to patients at Union Hospital. Please be considerate of others by keeping the TV volume down and turning off your TV at bedtime.

Cards and Flowers

Cards and flowers will be delivered to you by a hospital volunteer. Please note that flowers are prohibited in the intensive care unit. Any mail received after your discharge will be forwarded to your home address. For the safety of patients and caregivers, latex balloons are not allowed in the Hospital.

Notary

Notary services are available in the hospital. If you require a Notary, please ask your nurse, or call our Customer Service Department by dialing "0."

Tobacco Free Policy

As a healthcare institution, Union Hospital has a primary responsibility to restore and promote health among the citizens of our community. Specifically, it is the objective of Union Hospital to ensure the good health of our patients, visitors, and employees.

The entire Union Hospital Campus—indoors and outdoors—is tobacco-free. Patients, visitors, employees, and the public are asked to comply with this policy, which includes all hospital property

Union Hospital - Elkton, MD, 068, F

and all forms of tobacco: cigarettes, cigars, chewing tobacco, and other smokeless tobacco products. Thank you for helping us make Union Hospital and our community a healthier place to work, visit, and live.

What will we do to help smokers while hospitalized?

- Nurses will ask about smoking history on admission and ask if the patient would like to receive nicotine replacement therapy and/or smoking cessation counseling while hospitalized.
- Nicotine replacement therapy will be ordered by the physician.
- Basic smoking cessation counseling by the respiratory therapists.
- Information provided on community resources for outpatient programs.
- Follow-up smoking cessation efforts by physicians.

Quit Smoking...Are You Ready?

Have you smoked or used a tobacco product in the last 12 months?

If the answer is yes, did you know that smoking harms nearly every organ of the body and diminishes a person's overall health? Smoking is a leading cause of cancer, heart disease, stroke, and lung disease (chronic bronchitis and emphysema) and also puts you at higher risk of developing pneumonia and other airway infections.

The good news is that regardless of your age, you can substantially reduce your risk of these diseases by quitting.

If you are interested in learning more about quitting smoking, please let us know. Our Respiratory Therapists are here to talk to you about what you can do to stop smoking. Please let your doctor or nurse know that you are interested and a Respiratory Therapist will be happy to meet with you.



Leave Your Valuables At Home

If you have valuables, such as jewelry and cash, please give them to a relative or friend to take care of during your stay. If you cannot send your valuables home, they may be deposited in the hospital safe to be reclaimed upon discharge.

Contact lenses, eyeglasses, hearing aids, and dentures should be stored in your bedside stand when not in use. Denture cups are provided by the hospital. Eyeglasses and contact lenses should be placed in protective containers. Please do not put these items on your bed or food tray—they may be damaged or lost.

Union Hospital cannot be responsible for replacement of personal belongings.



During Your Stay

ATM

For your convenience, an automatic teller machine (ATM) is located outside the Union Express Coffee Shop, with 24-hour access.

The Union Café

The Union Café, located on the first floor, is open daily from 6:30 a.m. to 7:00 p.m. The Union Café offers cold and hot sandwich specials along with homemade soups, salads, snacks, and fresh baked goods daily.

Gift Shop

The hospital's gift shop is located near the front entrance in the main lobby. Flowers, stationery, gifts—our gift shop has it all. Our gift shop also carries greeting cards, candy, jewelry, and many other items. The proceeds from our sales benefit Union Hospital.

Hours of Operation:

9:00 a.m. to 7:00 p.m., Monday through Friday
10:00 a.m. to 5:00 p.m., Saturday and Sunday

Pastoral Care & Chapel

While you are in the hospital, it may be helpful to have someone to talk with about your emotional and spiritual concerns. The goal of our Pastoral Care department is to provide for the spiritual needs of patients and their families. Pastoral care volunteers visit patient rooms daily. These visitors do not represent any particular religious denomination. A chapel is located on the first floor.

Patient Rounding

To ensure excellent care, our nursing staff practices hourly rounding so we can anticipate and meet your needs, and provide for your safety. We will be checking on you every hour between 4:00 a.m. to 10:00 p.m. and every two hours 10:00 p.m. to 4:00 a.m. We will be checking on your pain, personal needs, possessions and position.



Do You Have Pain?

Pain Management

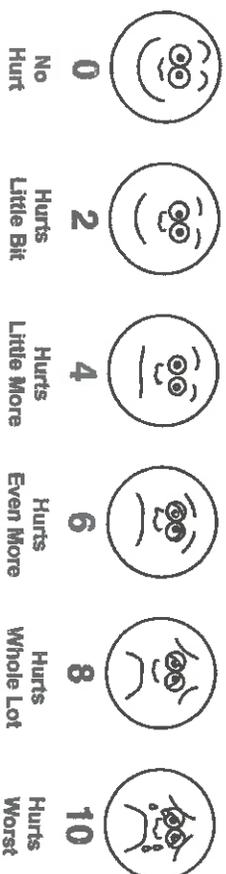
You are the expert about how you are feeling. Be sure to tell your doctor or nurse when you have any kind of pain. To help describe your pain, be sure to report:

- When the pain began
- Where you feel pain
- How the pain feels—sharp, dull, throbbing, burning, tingling
- If the pain is constant, or if it comes and goes
- What, if anything, makes the pain feel better
- What, if anything, makes the pain feel worse
- How much, if any, pain your medicine is taking away
- If your medicine helps with the pain, how many hours of relief do you get?

You will be asked to rate your pain on a 0 to 10 pain scale. This scale will help us to manage your pain.

If you still need assistance call extension 7246 (PAIN) from any in-house telephone. We are committed to assuring your comfort and well-being. Don't be afraid to ask for medication to relieve your pain—taking pain medication does not make you an "addict." Effective pain management is essential in the healing process.

Wong-Baker FACES® Pain Rating Scale



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Tune to Channel 16
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Beautiful nature images and instrumental music composed and produced to provide you with a healing environment.



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Union Hospital



Rapid Response Team

Union Hospital is participating in the national trend to eliminate problems that affect optimal patient care. As a result, we've created a Rapid Response Team line for patients, families, or visitors to call for assistance.

When to Call

You can call the Rapid Response Team:

- If a sudden change in the patient occurs.
- If there are unclear communication or questions about the care of your family member.

Warning signs that a patient is getting worse:

- Changes in the heart or respiratory (breathing) rate
- A drop in blood pressure
- Changes in urinary output (much more or much less urine)
- Change in level of consciousness
- Any time you are worried about the patient

Where to Call

Call 2000 from any hospital telephone. This is a special line just for the Rapid Response Team. The hospital operator will ask for caller identification, room number, patient name, and patient concern. The operator will immediately activate The Response Team. A team of medical professionals will arrive in your room to assess the situation.

In offering our families the Family Activated Rapid Response Team option, we want you to know that you are our partners in care. If you have any questions, please discuss them with one of our healthcare providers.

What is the Rapid Response Team?

The Rapid Response Team is a group of specially trained individuals who bring critical care expertise to the patient. The purpose of the team is to quickly check the condition of the patient and provide help before there is a medical emergency, such as a heart attack.

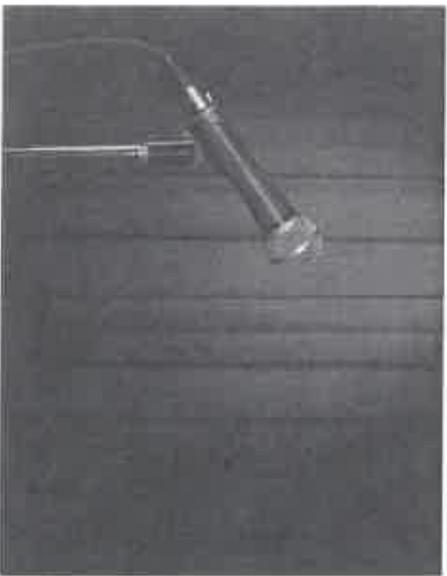
To access the Family Activated Rapid Response Team, DIAL 2000

Boldness be my friend.

Speak Up!

Take charge of your care.

During your stay, the doctors, nurses and staff of your hospital will treat you and your family as partners in your own care. One important way that you can be involved is to speak up. Ask questions, voice your concerns, and don't be afraid to raise any issues relating not only to your care and treatment, but also to overall hospital services.



In the pages that follow, you'll find a step-by-step guide to making the most of your hospital stay—how to stay safe, get the information you need, ask the right questions, and interact effectively with your doctors, nurses and hospital staff.

STAT NOTE

- Write down any questions you have
- Choose a family member to communicate with the doctors and staff
- Keep a list of doctors you see and the medications they prescribe

Rx
Dial SAFE (7233) from
any hospital phone

STEP UP & SPEAK UP

SPEAK UP

Ask questions and voice concerns. It's your body, and you have a right to know.

PAY ATTENTION

Make sure you're getting the right treatments and medicines.

EDUCATE YOURSELF

Learn about the medical tests you get and your treatment plan.

FIND AN ADVOCATE

Pick a trusted family member or friend to be your advocate.

WHAT MEDS & WHY

Know what medicines you take and why you take them.

CHECK BEFORE YOU GO

Use a hospital, clinic, surgery center or other type of healthcare organization that meets The Joint Commission's quality standards.

PARTICIPATE IN YOUR CARE

You are the center of the healthcare team.

Courtesy of The Joint Commission.

It is impossible to travel faster than the speed of light, and certainly not desirable, as one's hat keeps blowing off.

Sudoku

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

		2	4	6				5
4	6		3	7	5	2	8	1
3	7		8	2	1	6	4	
6	5	7	2	3		9	1	
	2	1		8	7			6
8	4		9		6		5	
2		6	7		8		9	
		8			2	5	6	3
5	1	4	6		3			

How did you do?

Check your answers [here](#).



ANSWER KEY

7	2	8	3	6	9	4	7	1	5
3	9	5	2	7	1	8	6	4	
4	6	1	8	5	7	9	3	2	
2	5	7	9	1	6	3	7	8	
9	3	4	7	8	5	1	2	6	
8	1	6	7	3	2	7	5	9	
6	7	9	1	2	8	5	7	3	
1	8	2	5	7	3	6	9	7	
5	7	3	6	9	7	4	2	8	1

Source: www.sudoku-puzzles.net

Fear is the father of courage
and the mother of safety.



Stay Safe

You can contribute to healthcare safety.

While you are in the hospital, many people will enter your room, from doctors and nurses to aides and orderlies. The following information will help make your hospital stay safe and comfortable.

Don't Be Afraid to Ask...

A number of people may enter your hospital room.

Be sure to:

- Ask for the ID of everyone who comes into your room.
- Speak up if hospital staff don't ask to check your ID.
- Ask if the person has washed his or her hands before he or she touches you.
- If you are told you need certain tests or procedures, ask why you need them, when they will happen, and how long it will be before you get the results.

Rx

I leave your valuables at home.

See page 9.

YOU'RE IN CHARGE

Errors can occur during your hospital stay. They can involve medications, procedures or paperwork—for example, being given salt with a meal when you're on a salt-free diet, or receiving someone else's medical forms.

You can help prevent errors by taking charge of your care. Be sure to:

- stay informed about your medical condition
- know the details of your treatment plan
- understand the tests and procedures you will undergo

Your doctor can answer

these questions. Take notes when you speak with your doctor, or have a trusted friend or family member take notes for you, so you can refer to them later. Also ask for any written information your doctor may be able to provide about your condition and/or treatments. Remember—you're in charge.

Fighting Infections

While you're in the hospital to get well, you should know that there is the possibility of developing an infection. The single most important thing you can do to help prevent infections is to wash your hands and make sure that everyone who touches you—including your doctors and nurses—washes his or her hands, too.

You, your family and friends should wash hands:

1. after touching objects or surfaces
2. before eating
3. after using the restroom

It is also important that your healthcare providers wash their hands with either soap and water or an alcohol-based hand cleaner every time, both before and after they touch you. Healthcare providers know to practice hand hygiene, but sometimes they forget. You and your family should not be afraid or embarrassed to speak up and ask them to wash their hands.

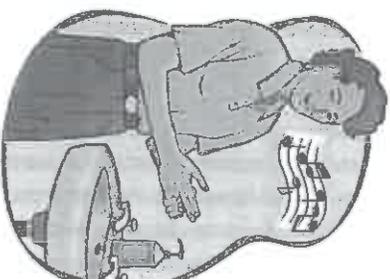
Preventing Medication Errors

By taking part in your own care, you can help the members of your healthcare team avoid medication errors. Here's how:

Be sure that all of your doctors know what medications you have been taking, including prescription drugs, over-the-counter medications, herbal and vitamin supplements, natural remedies and recreational drugs.

Be sure that all of your doctors know of any allergies you may have—to medications, anesthesia, foods, latex products, etc.

When you are brought medications or IV fluids, ask the person to check to be sure you are the patient who is supposed to receive the medications. Show that person your ID bracelet to double-check. Remember—you play an important role in helping to reduce medication errors.



Happy Birthday to You!

Wash your hands with soap and warm water for 15 to 20 seconds. That's about the same amount of time that it takes to sing the "Happy Birthday" song twice.



No Soap? No Problem

Alcohol-based hand cleaners are as effective as soap and water in killing germs. To use, apply the cleaner to the palm of your hand and rub your hands together. Keep rubbing over all the surfaces of your fingers and hands until they are dry.

Patients of all ages are at risk of falls because of medications that may make them dizzy, weak, or unsteady.

Know Your Meds

While you are hospitalized, your doctor may prescribe medications for you. Be sure that you understand exactly what they are and why they are being prescribed. Use this checklist to help you get the information you need from your doctor:

- What is the name of the medicine?
- What is its generic name?
- Why am I taking this medicine?
- What dose will I be taking?
- How often, and for how long?
- What are the possible side effects?
- Can I take this medicine while taking any other medications or dietary supplements?
- Are there any foods, drinks or activities that I should avoid while taking this medicine?

USE THE MEDICATION TRACKER ON PAGE 36 TO HELP YOU MONITOR YOUR MEDICATIONS.

Preventing Falls

Patients often fall because they are on medications that make them dizzy, they are weak and unsteady due to illness or medical procedures, or they've been sitting or lying down for too long. For your safety, please:

- Always call for assistance before getting out of bed.
- Wear properly-fitting shoes with nonskid soles.
- Keep the call button within easy reach.
- Have necessary items within reach, such as your glasses, tissues, the telephone, and anything else you need.
- When you get assistance, rise slowly from your bed or chair to prevent dizziness.
- Walk close to the wall and hold onto the handrail while in the bathroom.

DVT:

LOWER YOUR RISK

Deep-vein thrombosis (DVT) occurs when blood clots form in the legs and block circulation. The clots can lodge in the brain, heart or lungs, causing damage or even death. When you're hospitalized and in bed with limited physical activity, your risk of DVT increases.

Ask your doctor about using compression boots or stockings and/or blood thinners to prevent DVT during your stay.

Tell your doctor or nurse if you have any of the following warning signs:

A leg cramp or charley horse that gets worse

Swelling and discoloration in your leg, upper arm or neck

Unexplained shortness of breath

Chest discomfort that gets worse when you breathe deeply or cough

Light-headedness or blacking out

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**My friend's uncle's second cousin's son has autism.
My friend's uncle's second cousin's son has autism.
My friend's uncle's second cousin's son has autism.
My friend's uncle's second cousin's son has autism.**

Autism is getting closer to home.

Today, more than 10 million in diagnosed.

Early diagnosis can make a lifetime of difference.

Learn the signs at autismspeaks.org



AUTISM SPEAKS
It's time to listen.



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Elkton, MD 21921

200 Booth Street
Elkton, MD 21921

626 Revolution Street
Havre de Grace, MD 21078

www.UpperBay.org



Stay Safe

Patient Safety

Patients are not permitted to leave their unit other than for medical testing. This is to ensure safe and timely care for our patients.

Why is this important?

- To protect our patients from physical harm
- To ensure our patients' health and well-being
- To prevent the spread of contagious infections
- To decrease uncompensated extended length of stay

Preventing Falls in the Hospital Setting

- Call for assistance to get out of bed if the side rails are up or you have the slightest doubt that you can make it without help.
- Make sure that your usual ambulation assistive device (cane, walker, etc.) is within reach.
- Have slippers with non-slip soles, and use them when out of bed.
- Let the staff know if you have had any recent falls and the circumstances surrounding the situation.
- Change positions slowly. Many medications make you more at risk for falling if you change positions too quickly.
- Let the nurse know if you feel lightheaded or dizzy.
- Keep the bed in the lowest position.
- Keep as active as possible, walking in the room or hallway with the assistance of our staff.
- Ask someone to hand you items which are out of reach: Do not stretch to reach them.
- Have a family member or friend stay with you when you are confused or agitated.

When In Doubt, Call For Help!

Yellow is the fall-risk alert

Identification color

Yellow socks identify patients at Union Hospital with a high fall-risk. Nurses continuously assess patients to determine if they need extra attention to prevent a fall. Sometimes a person may become weakened due to illness or because of a recent surgery. When a patient has on yellow socks and this color-coded alert wristband, it is indicated that this patient needs to be assisted when walking to avoid a possible fall.



Statement of

Inpatient/Outpatient Rights

It is the policy of Union Hospital to support and inform you of your rights and responsibilities. These rights are extended to you regardless of your age, sex, race, creed, national origin, ethnic group, religion, economics, cultural background, or ability to pay. This commitment is evidenced through the care we provide to you in accordance with your following rights:

- ✓ The right to medical care and services without discrimination based upon race, color, religion, sex, sexual preference, national origin, source of payment, or disability.
- ✓ The right to participate in your plan of care, including the right to:
 - receive as much information as needed to make informed decisions
 - be informed of health status
 - be involved in planning and treatment
 - request or refuse any treatment, medication, or procedure
 - leave against hospital or physician medical advice
- ✓ The right to be free from restraints and seclusion of any kind that is used as a means of coercion, discipline, convenience, or retaliation by staff.
- ✓ The right to formulate advance directives and to have the hospital staff comply with these directives.
- ✓ The right to personal privacy and to receive care in a safe setting.
- ✓ The right to be free from all forms of abuse or harassment.

- ✓ The right to confidentiality of your care and clinical records and the right to access information contained in your records within a reasonable time frame. * All records are confidential except as otherwise provided by law or third-party contractual arrangements.
- ✓ The right to have a family member or representative and your own physician notified promptly of admission.
- ✓ The right to privacy and to know the reason for the presence of any individual during the discussion of your case or during any examination or treatment.
- ✓ The right to be informed of the risks, benefits, alternatives, and procedures to be followed if experimental treatment or research is being proposed; you have the right to refuse to participate in such treatment without limiting your access to care and services.
- ✓ The right to access protective services, such as guardianship, patient advocacy services, and child and adult protective services.
- ✓ The right, where possible, to an interpreter, if you cannot speak, write, or understand spoken or written English.
- ✓ The right to care that is considerate and respectful of your personal values and beliefs and the right to express those values and beliefs which do not harm others or interfere with medical therapy.
- ✓ The right to have your pain managed effectively through ongoing

assessment and timely responsive interventions. You can expect to receive information about pain relief measures, as appropriate, and to be involved in decisions related to the management of your pain.

- ✓ The right to know the name and professional status of the physician who has primary responsibility for your care, as well as other physicians and non-physicians involved in providing care.
- ✓ The right to quality care and clinical decisions regarding care based on healthcare needs, not financial incentives. This right extends to:
 - knowledge of any professional and/or business relationships that may exist between individuals, other organizations, or healthcare services, or educational institutions involved in his or her care.
 - referrals based on patient choice, after receiving information, including disclosure of any relationships that may exist.
 - admission and continued hospitalization that is based on clinical need, medical necessity, and a collaborative plan with physician and not based on insurance company recommendations or decisions that may inappropriately restrict or limit care.
- ✓ The right to assistance in obtaining consultation with another physician at your request and expense.
- ✓ When a transfer to another hospital is necessary, you have the right to receive information and an

explanation regarding the reason, risks, and alternatives.

- ✓ Your presence in the hospital and condition may be released to those requesting the information, unless you have stipulated otherwise, or unless you are admitted for treatment of Psychiatric Illnesses. In cases that are reportable to public authorities, your identity and your condition may be released without your consent.
- ✓ The right to expect unrestricted communication (visitors, mail, telephone, etc.). Any restrictions and/or limitations defined in policy will be fully explained to you. If restrictions or limitations are necessary as part of your care needs, you will be involved in the decision-making process and evaluation of the therapeutic effectiveness of the restrictions.
- ✓ The right to expect a response to any reasonable requests within the hospital's capabilities, this may include requests for room changes.
- ✓ The right to request and receive a detailed explanation of the hospital bill and to receive information and counseling on the availability of known financial resources for healthcare.
- ✓ The right to know which hospital rules and policies apply to your conduct while in the hospital.
- ✓ Dying is a natural part of life. Patients have the right to be made as comfortable as possible and treated with dignity. All of your symptoms and discomforts should be treated aggressively and effectively, including

the management of pain. All of your needs should be addressed—psychological, social, emotional, spiritual, and cultural.

- ✓ The right to make decisions and/or request information and advice about decisions related to ethical issues from the Patient Care Advisory Committee. They can help patients with decisions about life-support and supportive care for terminally ill conditions.
- ✓ The right to file a complaint and to expect prompt referral to appropriate hospital administrative personnel for resolution. You also have the right to file a complaint with state and federal advocacy and licensing groups, as well as accreditation agencies.
- ✓ The right to receive a copy of Union Hospital's Notice of Privacy Practices under the Health Insurance Portability & Accountability Act of 1996.

responsibilities are presented to patients in the spirit of mutual trust and respect. These responsibilities include, but are not limited to:

- ✓ The patient is responsible for providing, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- ✓ The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition.
- ✓ The patient and family help the hospital improve its understanding of the patient's environment by providing feedback about service needs and expectations.
- ✓ Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.
- ✓ The patient and family are responsible for following the care, service, or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment.
- ✓ Every effort is made to adapt the plan to the patient's specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences

of the treatment alternatives and not following the proposed course.

- ✓ The patient and family are responsible for the outcomes if they do not follow the care, service, or treatment plan.
- ✓ The patient and family are responsible for following the hospital's rules and regulations concerning patient care and conduct.
- ✓ Patients and families are responsible for being considerate of the hospital's personnel and property.
- ✓ The patient and family are responsible for promptly meeting any financial obligation agreed to with the hospital.
- ✓ The patient is expected to comply with the hospital procedures when requesting copies of or access to medical information and when requesting to amend or supplement medical information.

and psychosocial needs of the child and fosters open communication and relationships.

- ✓ Provision for self-esteem needs which will be met by attempts to give the child:
 - a. the reassuring presence of a caring person, especially a parent.
 - b. freedom to express feelings or fears with appropriate reactions.
 - c. as much control as possible, over both self and situation.
 - d. opportunities to work through experiences before and after they occur, verbally, in play or in other appropriate ways.
- ✓ Recognition and reward for coping well during difficult situations.
- ✓ Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional, and physical developmental needs, such as play and educational and social activities essential to all children and adolescents.

Pediatric Rights and Responsibilities

In addition to the rights of adult patients, children and their parents/guardians shall have the following rights:

- ✓ Respect for each child and adolescent as a unique individual and respect for the care-taking role and individual response of the parent.
- ✓ Provision for normal physical and physiological needs of a growing child to include: nutrition, rest, sleep, warmth, activity, and freedom to move and explore.
- ✓ Consistent, supportive, and nurturing care which meets the emotional

Family Responsibility

Parents/family will have the responsibility for continuing their parenting role to the extent of their ability and being available to participate in decision-making and providing staff with knowledge of parents/family whereabouts.

Statement of Patient Responsibilities

The care patients receive depends partially on the patient. Therefore, in addition to these rights, patients have certain responsibilities. These re-



What are Your Advance Directives?

What Are

Advance Directives?

A living will, healthcare proxy, and durable power of attorney are the legal documents that allow you to give direction to medical personnel, family, and friends concerning your future care when you cannot speak for yourself. You do not need a lawyer in order to complete Advance Directives.

Your Advance Directive is destroyed once you are discharged from the hospital. You must create a new Advance Directive each time you are readmitted. In this way, you ensure that the hospital has your most current information.

For more information about Advance

Directives or to obtain forms, please speak with your nurse.

Patient Services Advance Directives

You have the right to make decisions about your own medical treatment. These decisions become more difficult if, due to illness or a change in mental condition, you are unable to tell your doctor and loved ones what kind of healthcare treatments you want. That is why it is important for you to make your wishes known in advance. Here is a brief description of each kind of Directive:

Living Will

A set of instructions documenting your wishes about life-sustaining medical care. It is used if you become terminally ill, incapacitated, or unable to communicate or make decisions. A living will protects your rights to accept or refuse medical care and removes the burden for making decisions from your family, friends, and medical professionals.

Healthcare Proxy

A person (agent) you appoint to make your medical decisions if you are unable to do so. Choose someone you know well and trust to represent your preferences. Be sure to discuss this with the person before naming him or her as your agent. Remember that an agent may have to use his or her judgment in the event of a medical decision for which your wishes aren't known.

Durable Power of Attorney

For healthcare: A legal document that names your healthcare proxy. Once written, it should be signed, dated, witnessed, notarized, copied, and put into your medical record.

For finances: You may also want to appoint someone to manage your financial affairs when you cannot.

A durable power of attorney for finances is a separate legal document from the durable power of attorney for healthcare. You may choose the same person for both, or choose different people to represent you.

What is MOLST?

MOLST stands for "Medical Orders for Life Sustaining Treatment" and will soon become a household word. As of July 1, 2013, anyone who comes into Union hospital will need to have a MOLST discussion or decline discussion. MOLST is an alternative form and process for patients to provide their end-of-life care preferences to healthcare providers across the spectrum of the healthcare delivery system. MOLST may be honored by EMS agencies, hospitals, nursing homes, hospices and other healthcare facilities, and their healthcare provider staff.

The MOLST form represents actual written medical orders by a physician or nurse practitioner specifically concerning life-sustaining treatments. As per Maryland's Office of Health Care Quality, MOLST is "a portable and enduring medical order form that contains orders about cardiopulmonary arrest and other life-sustaining treatments. This order form will increase the likelihood that a patient's wishes to receive or decline care are honored throughout the healthcare system." MOLST is not an Advance Medical Directive and is not a form prepared by an individual in the normal course of events, such as during the signing of a Trust, Will, Powers of Attorney, and so forth. Rather, the MOLST form is strictly a physician's directive/doctor's order.

If you are interested in more information about MOLST or if you would like to know how you can complete a MOLST form, please contact 443-245-4246.





Your Privacy & Information

If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you weren't able to exercise your rights, you can file a complaint with your provider or health insurer. You can also file a complaint with the U.S. government. Go online to www.hhs.gov/ocr/hipaa/ for more information.

Privacy & Your Health Information

You have privacy rights under a federal law that protects your health information. These rights are important for you to know. Federal law sets rules and limits on who can look at and receive your health information.

Who must follow this law?

- Most doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers
- Health insurance companies, HMOs, and most employer group health plans
- Certain government programs that pay for healthcare, such as Medicare and Medicaid

What information is protected?

- Information your doctors, nurses, and other healthcare providers put in your medical records
- Conversations your doctor has with nurses and others regarding your care or treatment
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow this law

You have rights over your health information.

Providers and health insurers who are required to follow this law must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes
- File a complaint

To make sure that your health information is protected in a way that doesn't interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your healthcare and help run their businesses
- With your family, relatives, friends, or others you identify who are involved with your healthcare or your healthcare bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Without your written permission, your provider cannot:

- Give your health information to your employer
- Use or share your health information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions

Adapted from U.S. Department of Health & Human Services Office for Civil Rights



A separate law provides additional privacy protections to patients of alcohol and drug treatment programs. For more information, go online to www.samhsa.gov.



Preparing for Discharge

When You Are Discharged

Your physician decides when you are ready to leave the hospital. For your continued recovery, be sure to discuss your discharge instructions and medications with your doctor and nurse. If you are confused or unsure about what you need to do, what medications you must take, or if you have to restrict your diet or activities, don't be afraid to ask and take notes. If you or your family have questions regarding the ability to manage at home after discharge, medical equipment you may need after discharge, and/or placement options, please contact your Case Facilitator or our Medical Management office by dialing extension 7040.

Going Home

When your doctor feels that you are ready to leave the hospital, he or she will authorize a hospital discharge. Please speak with your nurse about our discharge procedures. Here are few tips to make the discharge process run smoothly:

- Be sure you and/or your caregiver have spoken with a discharge planner and that you understand what services you may need after leaving the hospital.
- Verify your discharge date and time with your nurse or doctor.
- Have someone available to pick you up. When you are ready to leave the hospital, you will be escorted to the lobby entrance.
- Check your room, bathroom, and bedside table carefully for any personal items.
- Make sure you or your caregiver has all necessary paperwork for billing, referrals, prescriptions, etc.
- It is important to keep your follow-up appointments with your physician.

Insurance Approval & Billing

Our Medical Management Department will follow your admission and obtain authorization, as needed, with your insurance company. If you have any questions regarding your admission and continued stay approval, contact your Case Facilitator. The Case Facilitator will be following your case throughout your stay and can answer any questions/concerns you may have. During your stay, a Patient Access Liaison is available to answer your questions about insurance coverage, Medicare or payment arrangements. Call extension 3774 or Customer Financial Services Department at 7033. Prior to your discharge, you are responsible for charges not covered by your hospitalization plan such as insurance deductibles, copayment amounts, etc. We will bill your insurance for hospital charges and for some physician charges. You may also receive bills from private physicians such as radiologists or

pathologists. If you have questions about your bill, please call Customer Financial Services at 410-392-7033.

Financial Assistance with Your Hospital Bill

Union Hospital offers a Community Assistance Program that can lend financial assistance to you with your hospital bill. This program is available for both uninsured and underinsured patients and is designed to help eliminate fear and anxiety regarding your medical bills. The Community Assistance Program offers services at a reduced cost based on a patient's inability to pay. Determination of probable eligibility is based on the Federal Poverty Guidelines and will be made within two (2) business days of your request and application. Applications are available throughout the hospital and can also be obtained from the Nursing Station, the Patient Access Liaisons, or our Financial Counselors. For more information regarding the UH.C.C. Community Assistance Program, please contact our Financial Counselor at 443-406-1377 or our Customer Financial Services Office at 410-392-7033.

Uninsured?

If you are in need of assistance with your hospital billing, you can call extension 3774 or call our Customer Financial Services Department at 410-392-7033.





The Adult Day Services Program

The Adult Day Services program at Union Hospital uses a multidisciplinary approach to providing a wide range of services for our clients and their caregivers. With our team approach, the staff coordinates with the primary care physician and other agencies to make sure excellence is maintained. A carefully orchestrated program of care prevents repetitive testing, reduces the risk of drug interactions, and improves communication among all providers and caregivers. The Adult Day Services program offers:

- Health monitoring and coordination
- Personal care
- Counseling for clients and caregivers
- Therapeutic activities
- Referral services
- Peer socialization
- Nutritious meals and snacks
- Client and caregiver education
- Transportation to and from the Center and local medical appointments

If you know someone in need of our services, please call 410-392-0539 or visit our Center located across the street from the Hospital at 152 Railroad Avenue, Elkton.

Breast & Cervical Screenings

Free for women who are 40 – 64 years old and who:

1. Are a Maryland resident
2. Have no insurance or insurance does not cover screenings
3. Meet income guidelines

For more information please call the Cecil County Health Department at 410-996-5155.

Community Health

Education Programs

Childbirth & Family Education

For more information and registration for our childbirth and family education programs, call 443-406-1355 or visit www.uhcc.com

Breastfeeding Class

\$20 per couple

Learn about the benefits of breastfeeding, as well as proper technique, resources, and more.

Childbirth Education

\$50 per couple

This class—designed as both a five-week series and an express program—provides practical information that will prepare you for childbirth. A tour of the Maternal & Infant Center is included.

Grandparenting Today

\$10 per couple

This class offers an infant CPR demonstration and updated care recommendations, such as new ways to reduce Sudden Infant Death Syndrome risk.

Infant Massage & Soothing Techniques

\$20 per couple

Massage can help you bond with your baby, learn to read baby's "cues," and ease symptoms of baby's colic, teething, and gas.

Meetings, Clubs & Support Groups

American Diabetes Association

Adult Support Group

Free

Support and educational group for people with diabetes and their families.

Breast Feeding Support Group

Free

Mothers who choose to breastfeed already know that breast milk is the best for babies; however, successful breastfeeding is a combination of good technique, patience, and support. Union Hospital's Breastfeeding Support Group is an easy way for mothers to exchange information and experiences, thereby increasing the incidence and duration of breastfeeding. Call 410-620-3773 for more information.

Moms Matter

Free

This is a new support group for moms coping with pregnancy or postpartum depression (PPD), anxiety or mood disorder. Through supporting each other and by sharing resources, new moms can be happy and healthy again. To join or for more information, please call 410-620-3773.

Caregivers Support Group

Free

Support group for caregivers, family members, and friends of an elderly, ill, or dependent person. The group offers emotional support, tips about managing your loved one, and information about community resources. This is sponsored by Union Hospital's Adult Day Services program and is located at the Center, 152 Railroad Avenue, Elkton. Anyone caring for a loved one either at home or in a nursing facility is invited. If you wish, bring your loved one. Staff is available to provide care while you join us for the meeting. Contact 410-392-0539 for more information.

I Can Cope

Free

Co-Sponsored by The American Cancer Society & Union Hospital, the I Can Cope program gives participants an opportunity to share their concerns with others having similar experiences and to design ways to cope with the challenges that arise from a cancer diagnosis. Guest speakers include professionals in the field of cancer management. In addition, videos, print materials, and class discussion provide up-to-date information for patients, family, and friends. Classes are held the third Wednesday of every month at Union Hospital from 6:00 p.m. to 8:00 p.m. Light Dinner will be provided. For more information, contact 443-406-1374.

Look Good . . . Feel Better

Free

This program offers women and men with cancer a chance to learn how to enhance their appearance while undergoing treatment. A licensed cosmetologist assists those with cancer in looking their best. Registration necessary, call 443-245-4246.

Union Survival Circle

Free

Support groups are an excellent complement to medical care. Those faced with breast cancer can join us and receive support, understanding, guidance, and education to help you stay strong and positive. For additional information, call 410-620-3710.

There are many ways to help your community...

Helping Us Help Others

Union Hospital is committed to providing quality healthcare regardless of the patient's ability to pay. You can help us help others by making a contribution to Union Hospital Foundation, Inc. Your gift will also help us enhance our services, programs, and facilities to better care for our community.

Tax-deductible gifts can be made in the form of cash, check, credit card, or stocks. You may also remember Union Hospital in your will and through life insurance, among other gift options.

For more information, contact us at:
 Union Hospital Foundation, Inc.
 147 W. High St., Elkton, MD 21921
 410-620-3717 phone
 410-392-2249 fax
 www.uhcc.com

Guardian Angel Program

The Guardian Angel Program gives grateful patients and their family members the opportunity to honor a Union Hospital employee or volunteer who provided exemplary care and service during their visit or stay with us. This program is sponsored by the Hospital's Foundation.



Individual employees or volunteers, or a team of either, may be nominated. Each nominee receives a custom-made lapel pin. Guardian Angels may be nominated more than once and will receive a special certificate each time. The pin will be given out with the first nomination. For the 5th and 10th nominations, a "rocker" that attaches to the back of the pin and that indicates that particular milestone achievement will be presented.

For more information about how you can recognize your Guardian Angel, please contact our Foundation office at 410-620-3717.

Volunteer

At Union Hospital, our volunteers are an important part of all that we do. All ages—from teens to retirees—participate. We're always interested in having new volunteers join our group. For more information, call the Volunteer Services Department at 410-392-7019.



**SPEAK UP
& BE SAFE**

**From Any Hospital Phone
Dial SAFE (7233)**

We urge you to be involved in your care!

We have included a confidential phone number which you may use to share experiences you feel could be improved or made safer for yourself or others.



Customer Service Unit
PO Box 2462
Aston, PA 19014-0462
(888) 571-2113



July 14, 2014

SAMPLE DEBTOR
1234 MAIN STREET
ANYTOWN MI 48307

Re: INS003 INS004
Patient #: INS005
Service Date: INS006
Balance: \$INS007

Dear SAMPLE DEBTOR:

Thank you for choosing Union Hospital of Cecil County for your healthcare needs.

The remaining balance appears to be your personal liability after all insurance has been exhausted. **Please make checks payable to Union Hospital of Cecil County.** If you carry any other insurance that may cover this obligation, fill out the information on the reverse side and return the entire form in the enclosed envelope.

If you wish to pay by Visa or MasterCard, complete the credit card information on the reverse side of this letter, tear off and return in the enclosed envelope. Or, for your convenience, we now offer online bill paying options. Go to www.uhcc.com and click on the "PAY YOUR BILL ONLINE" button. Bills can be paid online using Visa, MasterCard, Discover, or American Express.

Union Hospital of Cecil County offers a financial assistance program to those who experience difficulty with their hospital bills. Please call our office at (888) 571-2113 and speak with a customer service representative to discuss this option.

If you have any questions regarding this account, please contact the Customer Service Unit at (888) 571-2113.

*** Please detach below and return in the enclosed envelope with your payment ***

13-ONPLLC10-191-1/06/10

XTY67BCAB4



PO Box 2462
Aston PA 19014-0462
RETURN SERVICE REQUESTED

Re: INS003 INS004
Patient #: INS005
Balance: \$INS007

July 14, 2014



0026020024001159427848307-1R1--XTY67BCAB4 13

INS002 - 191 - 13
SAMPLE DEBTOR
1234 MAIN STREET
ANYTOWN MI 48307



Make checks payable and send to:


Union Hospital of Cecil County
PO Box 4273
Lancaster PA 17604-4273

12345678-000000-03-0-0-AA

