COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
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Baltimore MD 21215

Union Hospital of Cecil County
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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 regulatory 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 meeting aggressive quality targets, the Model requires the State to 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 in this new environment, 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 operations, activities, and investments 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 (LHICs) 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) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);

(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)
(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 such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)
(16) CRISP Reporting Services

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.

HSCRC Community Benefit 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).
    a. Bed Designation – The number of licensed Beds;
    b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    c. Primary Service Area Zip Codes;
    d. List all other Maryland hospitals sharing your primary service area;
    e. The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
    f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
    g. The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
118 beds; 84 licensed	Total Inpatients: 5,674 Cecil County Inpatients: 4,954 (87.3%)	21921 21901 21916 21920 21915 21914 21911	None	All Uninsured visits: 110 (1.9%) Cecil County Uninsured visits: 71 (1.3%)	All Medicaid visits: 1,308 (23.1%) Cecil County Medicaid visits: 1,130 (19.9%)	All Medicare visits: 3,250 (57.3%) Cecil County Medicare visits: 2,920 (51.5%)

Note: % calculated from total inpatients figure

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (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 community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). 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) Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	21901, 21902, 21903, 21904, 21911, 21912, 21913, 21914, 21915, 21916, 21917, 21918, 21918, 21920, 21921, 21930 The majority of patients come from Elkton (21921) and North East (21901). People that reside in the zip codes below the C&D Canal (21912-Warwick, 21915-Chesapeake City, 21913-Cecilton, 21919-Earleville, and 21930-Georgetown) as well as south of Rising Sun and west of North East (21902-Perry Point, 21903-Perryville, 21904-Port Deposit, 21914-Charlestown, 21917-Colora, and 21918-Conowingo) often have the most difficulty accessing services because of distance to the nearest service provider and/or lack of reliable transportation. Geography plays a significant role in vulnerability for poverty in Cecil County. There is poverty in the more rural areas, like Conowingo, Earleville, and Cecilton, but also in Elkton which is more urban-rural.	*Claritas, Inc. 2016. A Nielsen product, part of the Healthy Communities Institute portal for Cecil County.* *https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
Median Household Income within the CBSA	$70,676	*US Census Bureau, 2015 American Community Survey 1-year Estimates, Selected Economic Characteristics*
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6.7%	*US Census Bureau, 2015 American Community Survey 1-year Estimates, Selected Economic Characteristics*
For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	4.5%	*US Census Bureau, 2015 American Community Survey 1-year Estimate, Selected Economic Characteristics*

Percentage of Medicaid recipients by County within the CBSA.	32.1%	*US Census Bureau, 2015 American Community Survey 1-year Estimates, Selected Economic Characteristics*
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	In 2014, life expectancy at birth in Cecil County was: • All races: 77.7 years (Maryland: 79.8 years) • Whites: 77.8 years (Maryland: 80.3 years) • Black/African Americans: 76.5 years (Maryland: 77.6 years)	*Maryland DHMH Vital Statistics Administration, Maryland Vital Statistics: Annual Reports, 2014. Pg. 80 and 79, Tables 7 and 6.* http://dhmh.maryland.gov/vsa/Pages/reports.aspx
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Mortality – Infants In Cecil County the infant mortality rate was 5.3 deaths per 1,000 live births: • White and black breakouts were less than 5 deaths per 1,000 live births and considered statistically unreliable Mortality – Deaths In Cecil County there were 855 deaths: • White: 801 deaths • Black/African American: 47 deaths • American Indian: 1 death • Asian or Pacific Islander: 5 deaths • Hispanic: 7 deaths Mortality – Cause of Death In Cecil County the top disease-burden causes of death were: • Diseases of the Heart: 213 deaths White: 198 deaths Black/African-American: 13 deaths Asian/Pacific Islander: 2 deaths Hispanic: 1 death • Malignant Neoplasms (Cancer): 193 deaths White: 183 deaths Black/African-American: 9 deaths Asian/Pacific Islander: 1 death Hispanic: 1 death • Chronic Lower Respiratory Disease: 55 deaths White: 51 deaths Black/African-American: 4 deaths Asian/Pacific Islander: 0 deaths Hispanic: 0 deaths	*Maryland DHMH Vital Statistics Administration, Maryland Vital Statistics: Annual Reports, 2014. Pg. 127, Table 33.* http://dhmh.maryland.gov/vsa/Pages/reports.aspx *Maryland DHMH Vital Statistics Administration, Maryland Vital Statistics: Annual Reports, 2014. Pg. 152, Table 39.* http://dhmh.maryland.gov/vsa/Pages/reports.aspx *Maryland DHMH Vital Statistics Administration Jurisdiction Data: Cecil County Deaths, 2014. Pg. 3, Table 15.* http://dhmh.maryland.gov/vsa/Pages/reports.aspx

	• Cerebrovascular Diseases: 54 deaths White: 51 deaths Black/African-American: 3 deaths Asian/Pacific Islander: 0 deaths Hispanic: 0 deaths	
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) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Access to Care 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. Data from the Area Health Resource File (American Hospital Association) for 2013 indicates that there were 44 total primary care providers (PCPs) in Cecil County, and the ratio of the Cecil County population to PCPs was 2,316:1. Access to Healthy Foods – Grocery Stores vs. Fast Food Restaurants Data from 2014 shows that there were 17.8 grocery stores per 100,000 population (convenience stores excluded) and 54.4 fast food restaurants per 100,000 population in Cecil County. Access to Healthy Foods – Food Deserts and Food Insecurity In 2010 in Cecil County, food deserts with low access to grocery stores occurred in the following census tracts: • Central and northern Elkton, Tracts 305.03 and 304 • Charlestown and the central part of North East, Tract 309.06 Data from the 2014 Feeding America Map the Meal Gap tool indicated the following for Cecil	*BRFSS, 2011-2012 (data is from the CHNA profile for Cecil County on the Community Commons portal). Indicator: Lack of a Consistent Source of Primary Care. www.CommunityCommons.org)* *County Health Rankings: Cecil County, Primary Care Physicians, 2013. http://www.countyhealthrankings.org/app/maryland/2016/measure/factors/4/data* *US Census Bureau, Business Register, County Business Patterns, 2014 (data is from the CHNA profile for Cecil County on the Community Commons portal). Indicators: Grocery Store Access and Fast food Restaurant Access. www.communitycommons.org)* *USDA, Food Access Research Atlas (FARA), 2010 (data is from the CHNA profile for Cecil County on the Community Commons portal). Indicator: Population with Low Food Access. www.communitycommons.org)* *Feeding America, Map the Meal Gap, 2014. http://map.feedingameric*

	County:
	• 10,220 people were food insecure (10% of the population)
	  ○ 34% of all food insecure people were above the SNAP threshold of 200% of poverty level
	  ○ 66% of all food insecure people were below the SNAP threshold
	• 5,230 children were food insecure (21.2% of the child population)
	  ○ 63% of food insecure children were eligible for federal nutrition programs
		a.org/county/2013/overall/maryland/county/cecil

	<u>Physical Activity</u> Maryland BRFSS data from 2013 shows that that 39.1% of adults engaged in moderate to vigorous physical activity per week.	*Maryland BRFSS, 2013 (data is from the Healthy Communities Institute portal for Cecil County). Indicators: Adults Engaged in Regular Physical Activity and Adults who are Obese. https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
	<u>Obesity</u> Maryland BRFSS data from 2014 shows that 35% of adults aged 18 years or older were obese in Cecil County (reported a BMI of 30 or greater).	
	Youth Risk Behavior Survey data from 2013 also shows that 13.2% of adolescents (aged 12-19 years) were obese.	*Youth Risk Behavior Survey, 2013 (data is from the Healthy Communities Institute portal for Cecil County). Indicator: Adolescents who are Obese. https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
	<u>Poor Nutrition</u> Maryland BRFSS data from 2010 shows that only 16.4% of adults aged 18 years and older consumed 5 or more servings of fruits and vegetables each day.	*Maryland BRFSS, 2010 (data is from the Healthy Communities Institute portal for Cecil County). Indicator: Adult Fruit and Vegetable Consumption. https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
	<u>Tobacco Use</u> Maryland BRFSS data from 2014 shows that 12.4% of adults aged 18 years or older smoked in Cecil County.	*Maryland BRFSS, 2014 (data is from the Healthy Communities Institute portal for Cecil County).*

		Indicator: Adults who Smoke. *https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
	In addition, YRBS data from 2013 showed that 24.6% of adolescents used tobacco products in Cecil County.	*YRBS, 2013 (data is from the Healthy Communities Institute portal for Cecil County). Indicator: Adolescents who Use Tobacco.* *https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/*
	<u>Education</u> Data from the Maryland Report Card shows that 87.75% of Cecil County's 2015 high school cohort graduated high school in four years. The 2015 cohort had a 9.44% drop-out rate.	*Maryland Report Card, 2016. Indicators: Graduation Rate: 4-Year Adjusted Cohort and Drop-Out Rate: 4-Year Adjusted Cohort (Class of 2015, Cecil County).* *http://reportcard.msde.maryland.gov/Graduation.aspx?K=07AAAA#DROPOUTgrade5all*
	Data from 2010-2014 shows that 12.6% of Cecil County adults aged 25 years and older had no high school diploma or equivalency. By zip code: • 28.77% resided in a neighborhood in central Elkton called Elk Mills • 17.42% resided in Conowingo • 16.36% resided in Port Deposit • 15.46% resided in Perryville	*US Census Bureau, 2014 American Community Survey, 5-year Estimate (data is from the CHNA profile for Cecil County on the Community Commons portal). Indicator: Population with No High School Diploma (Age 25+), Percent by Tract.* *www.communitycommons.org)*
	<u>Transportation</u> Data from 2010-2014 shows that 5% of Cecil County households did not have a vehicle.	*US Census Bureau, 2014 American Community Survey, 5-year Estimates (data is from the Healthy Communities Institute portal for Cecil County). Indicator: Households without a Vehicle.* *https://www.uhcc.com/ab*

	Violent Crime In 2013, Cecil County's violent crime rate was 427.2 crimes committed per 100,000 population. Environmental Hazards Annual ozone air quality for Cecil County was measured at a level of 5 during 2012-2014. State of the Air 2016 assigned Cecil County's ozone with a grade of F (on a grading scale of A-F) with red ozone days or "unhealthy" air quality days. Particle Air Pollution during a 24-hour period was assigned a grade of B with purple ozone days or "very unhealthy" air quality days. Particle Pollution annually has a grade of "Pass." On December 7, 2016, at 8:00 pm the air quality index for the Eastern Shore was 28 (green = good). Particle pollutants (PM2.5) were scored at 13 (green = good).	*out-us/community-benefit/cecil-county-health-data/* *Maryland Governor's Office of Crime Control and Prevention, Uniform Crime Report, 2013 (data is from the Healthy Communities Institute portal for Cecil County* *American Lung Association, 2012-2014 (data is from Healthy Communities Institute portal for Cecil County). Indicator: Annual Ozone Air Quality. https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/* *State of the Air, American Lung Association, 2016 http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/maryland/cecil.html* *AIRNow, Maryland Department of the Environment, 2016. https://airnow.gov/index.cfm?action=airnow.local_city&mapcenter=0&cityid=78*
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Population: 101,803 people Gender Male: 50,619 (49.7%) Female: 51,184 (50.3%) Age Under 5 years: 6,113 (6%) 5-9: 7,123 (7%) 10-14: 6,916 (6.8%) 15-19: 7,205 (7.1%) 20-24: 6,470 (6.4%) 25-34: 11,475 (11.3%)	*US Census Bureau, 2010-2014 American Community Survey 5-year Estimates, ACS Demographic and Housing Estimates and Language Spoken at Home*

	35-44: 13,638 (13.4%) 45-54: 16,333 (16%) 55-59: 7,561 (7.4%) 60-64: 5,994 (5.9%) 65-74: 7,804 (7.7%) 75-84: 3,682 (3.6%) 85 +: 1,489 (1.5%) <u>Median Age</u>: 39.7 years <u>Race</u> White: 90,952 (89.3%) Black/African American: 6,975 (6.9%) American Indian & Alaska Native: 253 (0.2%) Asian: 1,274 (1.3%) Native Hawaiian and other Pacific Islander: 20 (0%) Some other race: 685 (0.7%) 2+ races: 1,644 (1.6%) <u>Ethnicity:</u> Hispanic/Latino: 3,852 (3.8%) Non-Hispanic/Latino: 97,951 (96.2%) <u>Language Spoken at Home</u> Population 5 years and over: • Only English: 94% • Spanish or Spanish Creole: 2.9% • Other languages: 0.1% Citizens 18 years and over: • Only English: 96% • Spanish or Spanish Creole: 2.1% • Other languages: 1.8%	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Please note: This section includes information regarding the most recent CHNA/CHIP which was conducted between FY15 and FY16, submitted by June 30, 2016. The new CHNA cycle covers FY17-FY19.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

   _X_ Yes
   ____No

   Provide date here. 02/01/2015 – 06/30/2016 (mm/dd/yy)
   Planning the CHNA occurred from February 2015 – June 2015. Primary data collection occurred from July 2015 – September 2015 via focus groups and administration of an online community survey. Analysis of primary and secondary data collected occurred from November 2015 through mid-January 2016. Data was presented to the Community Health Advisory Committee (CHAC) member organizations on January 21, 2016 for priority selection and again on March 16, 2016 to start building the Community Health Improvement Plan (CHIP) to address the health priorities chosen in January. The CHNA report was prepared and finalized from January 2016 – June 2016.

   If you answered yes to this question, provide a link to the document here. (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 3?

   _X_Yes 1/01/2016 – 6/30/2016 (mm/dd/yy)
   Once the CHNA's primary and secondary data had been analyzed, CHAC member organizations were engaged to help select health priorities identified through the CHNA. CHAC also helped create strategies for the CHIP. CHIP prioritization and strategic planning was conducted and the report prepared and finalized from January 2016 – June 2016.

   Enter date approved by governing body here:
   The Union Hospital Board approved to conduct the CHNA/CHIP process in February 2015 – this was when the CHNA planning team started planning for the CHNA/CHIP. In addition to the hospital board's approval, the CHNA planning team (Union Hospital and the Cecil County Health Department) received approval from CHAC member organizations in July 2016.

   ___No

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

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. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

___Yes
X_ No
While Community Benefit can be applied to and/or work in conjunction with the Service Access and Care Management components of the strategic plan, it is not formally referenced or integrated into the plan. It should be noted that the hospital's strategic plan language changed between Fiscal Year 2015 and Fiscal Year 2016.

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.

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

1. ___CEO
2. ___CFO
3. X_ Other (CNO, CMO, VP of Education)

Describe the role of Senior Leadership.

The **CNO** keeps a pulse on Community Benefit and how Nursing can be more fully integrated into the Community Benefit program. The **CMO** and the Community Benefits Coordinator meet every two weeks to discuss certain aspects of applying Community Benefit to the population health goals of the hospital through care management and service access. The Community Benefits Coordinator worked with the **VP of Education** and her Clinical Education staff to develop population health strategies for community health outreach, primarily in community health education and health literacy building.

ii. Clinical Leadership

1. _X__Physician.
2. _X__Nurse.
3. ___Social Worker
4. _X__Other.

Describe the role of Clinical Leadership

Physician. Community Benefit works with physicians and extenders to provide community health education opportunities, primarily through speaking engagements, health fairs, and free screenings. In addition to assisting with the coordination of these efforts, Community Benefit also utilizes the expertise from the Provider Services and Medical Staff Office, the Cancer Program Director, and the Registered Dietitians with the hospital's outpatient Medical Nutritional Services and Diabetes Center to provide access to community health education opportunities and free screenings.

Nurse. Community Benefit works with every Nurse Manager and Director to continue to identify and develop Community Benefit activities for staff to participate in and take ownership of. Community Benefit also meets with new supervisory hires to establish connections to community health resources and develop the conversation around what counts for Community Benefit, the "how-to" of developing activities, and identifying what strengths nursing staff can bring to the table for addressing the CHIP objectives.

Other. The Community Benefits Coordinator works with the Case Management staff via weekly Long-Stay Patient meetings. Staff attending these meetings includes: the Manager of Case Management, Nurse Case Managers, Emergency Department Case Managers, the Readmissions Nurse Case Manager, a Licensed Clinical Social Worker, the Ambulatory Case Manager, and the Ambulatory Nurse Practitioner. Long-Stay meetings discuss the statuses of long-stay patient cases, as well as establish a community support plan prior to discharge. The community support plan includes: strategies to overcome social barriers, how to access social services and resources, how to obtain and keep caregiver support, and how to sustain self-management of disease, especially when linked to community support programs.

iii. Population Health Leadership and Staff

1. ____ Population health VP or equivalent (please list)
2. __X__ Other population health staff (please list staff).

Describe the role of population health leaders and staff in the community benefit process.

Union Hospital does not have specific Population Health staff, but the following staff work on Population Health strategies managed by different committees, projects, and partner affiliations: the CEO, CMO, CIO, CNO, VP of Education, VP of Physician Enterprise, Regional Director of Behavioral Health, Case Management, all employed practices, the Comprehensive Care Center, and many more staff that are called on to promote and implement initiatives for Population Health.

Community Benefit works with leadership and staff on a number of initiatives to determine: 1) ways to enhance service provision and care management (i.e., working on sustainable transitions of care from inpatient to community); 2) effective access to care strategies (i.e., establishing a plan for a crisis stabilization service built on community partnerships); 3) building health literacy in underserved communities; and 4) promoting telehealth capabilities in the management and monitoring of chronic conditions in a community/home setting.

The Community Benefits Coordinator also serves on committees for readmissions, patient education, the high risk clinic, WATCH program administration (HSCRC Transformational Grant program), health literacy, and building population health strategies for Nursing.

iv. Community Benefit Operations

1. _X__Individual (please specify FTE) 1 FTE – Community Benefits Coordinator
2. ___Committee (please list members)
3. ___Department (please list staff)
4. ___Task Force (please list members)
5. _X__Other (please describe) 0.05 FTE – Marketing Director

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The **Community Benefits Coordinator** performs the following functions:

- Tracks, reports, and evaluates Community Benefit activities in accordance with national standards and public reporting requirements
- Manages CBISA
- Analyzes and interprets a variety of health, economic, and social data
- Directs and supports work teams in planning Community Benefit activities
- 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
- Prepares the HSCRC Report and the IRS Schedule H
- Writes grants to support population health initiatives
- Serves on several community health task forces and coalitions; current co-chair for CHAC, the Cecil County Local Health Improvement Coalition

The **Director of Marketing** serves in a supervisory role (0.05 FTE) to the Community Benefits Coordinator. She is available to answer questions and brainstorm ideas. Housed in the Marketing department, the Community Benefits Coordinator has a robust connection to internal and external hospital communications. The Community Benefits Coordinator works closely with the Director of Marketing to communicate pertinent Community Benefit information to hospital staff, collaborative service line partners, affiliated organizations, and community partners engaged in improving population health.

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

Spreadsheet	_____yes	__X___no
Narrative	_____yes	__X___no

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

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

Spreadsheet	__X___yes	_____no
Narrative	__X___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:

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

b. Use the table below 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)

Please note: This part includes information regarding the most recent CHNA/CHIP which was conducted between FY15 and FY16, submitted by June 30, 2016. This CHNA cycle covers FY17-FY19.

Organization	**Name of Key Collaborator**	**Title**	**Collaboration Description**
Cecil County Health Department	Dan Coulter	Health Policy Analyst & Accreditation Specialist	Together, Dan and Jean-Marie Kelly (Community Benefits Coordinator) worked to: collect, analyze, and interpret the CHNA's primary and secondary health

			data; conduct the focus groups; facilitate both CHAC meetings and applicable breakout sessions which yielded the selection of health priorities and the strategies to address them; gather public feedback ; and write and finalize the CHNA and CHIP reports. They both will continue to monitor progress on the CHIP. In addition, Dan serves as the partner Co-chair of CHAC alongside Jean-Marie.
Cecil County Health Department	Stephanie Garrity	Health Officer	Stephanie provided oversight to the CHNA/CHIP processes and provided support for the CHNA planning team. Stephanie secured resources to conduct the focus groups for the CHNA. She made sure the Health Department leadership was cooperative with process deliverables. She also made sure that CHNA information was received by CHAC member organizations.
Cecil County Health Department	Robin Waddell	Deputy Health Officer	Robin provided insight for the CHNA/CHIP processes and supported the CHNA planning team. Robin also assisted with the facilitation of both CHAC meetings.
Cecil County Health Department	Gregg Bortz	Public Information Officer	Gregg provided the link to communications for the community via press releases and posting information on the Health Department's website to support the

			CHNA/CHIP processes.
Cecil County Community Health Advisory Committee (CHAC)	See the table below for a list of active member organizations	Active member organizations	The active member organizations participated in two CHAC meetings and several breakout sessions to select priority health issues and create strategies to address them. CHAC serves as the county's Local Health Improvement Coalition (LHIC).

CHAC Active Member Organizations

Affiliated Santé Group (Mobile Crisis)	Elkton Housing Authority
American Cancer Society	Maryland State Delegates
Cecil County Dept of Emergency Services	Maryland State Senators
Cecil County Dept of Juvenile Services	Meadow Wood Behavioral Health System
Cecil County Dept of Social Services	Private Citizens
Cecil County Director of Administration	Private Education Organizations
Cecil County Executive Office	Private Health Care Professionals
Cecil County Health Dept	Seventh Day Adventist Church
Cecil County Liquor Board	Union Hospital of Cecil County
Cecil County Public Schools	Upper Bay Counseling & Support Services
Cecil County Sheriff's Office	West Cecil Health Center
County Council Members	Youth Empowerment Source
DHMH - Office of Population Health Improvement	Immaculate Conception
Cecil College	Meeting Ground
Cecil County Dept of Community Services	On Our Own of Cecil County
Cecil County Dept of Corrections	Paris Foundation
Cecil County Housing	Serenity Health

Deep Roots	Stone Run Family Medicine
Elkton Community Kitchen	WIN Family Services
Elkton Police Department	YMCA
Elkton Presbyterian Church	

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?

__X___yes _____no

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?

__X___yes _____no

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.

   Please note: The attached Table III Word documents reflect progress made on CHNA health priorities chosen for the FY14-FY16 CHNA cycle. Table III documents for the FY17 HSCRC Report will show progress made on the health priorities chosen for the FY17-FY19 CHNA cycle.

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 links: http://www.thecommunityguide.org/ or

http://www.cdc.gov/chinav/)
(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? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

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?

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.

Health Needs Identified but Not Prioritized	Rationale
Access to care (incl. addressing special populations, like children and the disabled, the lack of Primary Care Providers, the lack of quality care in the emergency department, and the lack of providers outside of Elkton, Maryland)	Access to care may be addressed in all health priority areas. Historically, access to care for children has been the specific responsibility of specialized children's hospitals, like Nemours, or through youth specific programs facilitated through the Cecil County Health Department or through Medicaid-based programs. This is also the case for disabled persons. Their access issues are addressed through the Department of Community Services. The lack of primary care providers can stem from a recruitment and retention problem, one that Cecil County currently suffers from. Service providers, like Cecil County Health Department and Union Hospital, look to state agencies, like the State Office of Rural Health for support in financing and finding primary care providers to bring into the county. However, this is an ongoing and very difficult issue to solve. There are many factors at play in the recruitment and retention of primary care providers for Cecil County. This also applies to the lack of providers outside of Elkton. The lack of quality care in the emergency department (ED) was brought up during the homeless focus group and was based on sentiments that staff are not accepting of homeless persons or the fact that compliance is difficult to maintain due to their social circumstances. This issue is currently being addressed as the hospital works to enhance standard of care with cultural competencies.
Dental health	Dental health is a major problem in Cecil County with dwindling resources to support existing programs that serve vulnerable populations. A large factor in providing dental care, especially in the low-income and Medicaid populations, is financial backing. Processes are currently in place to strengthen dental care supports in this community. As this is a larger systematic issue, it was not included in the list of health priorities for the county. However, the risk factors that lead to

	poor dental health may be included in strategies to support the chronic conditions.
Problem gambling	Problem gambling is not as widely a recognized health issue in Cecil County as it is in areas with many casinos or avenues to encourage excessive gambling. Still, resources do exist to intervene at the personal level with problem gambling, including counseling services.
Cancer	Lung cancer is actually being addressed as part of the Respiratory/Lung disease health priority. The Union Hospital Cancer Program will also be creating a radiation suite where Maryland Medicaid patients (a large portion of the Union Hospital cancer patient population) can receive covered radiation services. This was a barrier that was identified during the last cancer needs assessment and is currently being addressed in the Cancer Program's strategic plan. There are also other cancer supports available in this community, which include: breast, colon, and cervical cancer supports through the Cecil County Health Department; county-wide fundraisers promoted by the Union Hospital Cancer Program and Breast Center that help support patients without access to basic needs during treatments; and many free and reduced-cost cancer screenings offered by Union Hospital in partnership with area physicians and oncologists, like skin cancer, prostate cancer, head and neck cancer, and low-dose lung CT screenings.
High blood pressure	High blood pressure may be addressed as part of the Chronic Disease health priority for heart disease/stroke.
Obesity	Obesity may be addressed as part of the Chronic Disease health priority for heart disease/stroke, diabetes, and/or respiratory/lung disease.
Tobacco use	Tobacco use may be addressed as part of the Chronic Disease health priority for heart disease/stroke and/or respiratory/lung disease.
Infectious diseases (incl. Hepatitis)	Infectious diseases (communicable diseases) were not chosen by CHAC because there are already programs in place through the Cecil County Health Department to address them. Also the disease burden is not large in Cecil County.
Vaccination	There are already programs in place, facilitated by the schools, the Cecil County Health Department, Union Hospital, and physician practices, that offer either free vaccinations or support to obtain them, as well as emphasize the importance of getting vaccinated.
Outdoor health impediments (incl. Lyme disease, deer tick bites, allergies, skin rashes, and	These were health issues that were brought up during the focus group with the migrant workers.

muscle/body aches)	Because of their outdoor, manual labor they are more prone to these outdoor health impediments. Through a quick assessment of free resources available through the Cecil County Health Department, the CHNA planning team was able to provide education materials on how to prevent these health impediments moving forward.
Environmental health	Environmental health was not a feasible priority to take on due to lack of available resources.
Injuries – Falls	Falls prevention is currently being worked on between several service providers: the Cecil County Health Department, Union Hospital, and the Department of Community Services.
Injuries – Fire-arm, Motor vehicle/pedestrian	Prevention of fire-arm injuries falls to law enforcement, and the prevention of motor vehicle/pedestrian injuries falls to the Department of Transportation.
Maternal/infant health	Maternal and infant health could be addressed through the Chronic Disease and/or the Behavioral Health priorities if applicable to the CHIP strategic planning process.
Sexually Transmitted Infections (STIs)	Local non-profit organization programs, like the Boys and Girls Club's SMART Moves program, work with youth to remain abstinent so as to avoid contraction of STIs. In addition, the Cecil County Health Department is currently focusing on the rise of Chlamydia and Gonorrhea in Cecil County. Union Hospital and the health department are also working local physicians on having youth under 26 years old vaccinated with Guardisil to prevent the spread of HPV and to prevent the onset of cervical and head and neck cancers.
Teenage pregnancy	Teenage pregnancy is addressed by the Cecil County Health Department, the health curriculum in public and private schools, and the Cecil County Pregnancy Center. Churches and other non-profit programs also play a large role in reducing teenage pregnancy in the county.
Child abuse and neglect	There is currently a Cecil County task force for Child Maltreatment Prevention. This task force focuses on strengthening family supports, promoting positive parenting, and spreading awareness of child abuse prevention in the county by working with various family service partners and health and social service supports.
Domestic violence	Domestic violence is a large issue in Cecil County. Current resources addressing this issue include the domestic violence shelter, a part of the Department of Social Services, and local law enforcement.

Homicide	Homicide is addressed by local and state law enforcement in Cecil County. Agencies and health care services do partner with law enforcement to support these efforts as premature death impacts all health outcomes.
Rape/sexual assault	Rape/sexual assault are addressed by the Department of Social Services, the Department of Emergency Services, Union Hospital, and local law enforcement.
Suicide prevention	Suicide is most frequently addressed through inpatient and outpatient programs in the community, mediation services like Eastern Shore Mobile Crisis, Upper Bay Counseling Services, and hot- and warm-lines providing real-time interventions to those at-risk for suicide. While it may stand alone statistically, suicide prevention could be incorporated into access to behavioral health services or addressing the mental health landscape of Cecil County (part of the Behavioral Health priority).
Barriers to Care Identified but Not Prioritized	**Rationale**
Income	Income issues may be addressed as part of the Determinants of Health priority for poverty and homelessness.
Employment	Employment issues may be addressed as part of the Determinants of Health priority for poverty and homelessness.
Health insurance availability and cost	There are currently programs in place through the Maryland Health Connection and Seedco which help Marylanders obtain health insurance through Medicaid and with subsidies for qualified health plans based on need.
Transportation	Transportation will continue to be an issue in Cecil County. CHAC is aware of this issue and will work to incorporate this to help overcome barriers within the health priorities selected.
Health care costs (incl. high cost of medications and co-pays)	There are several programs in the county that can assist with the high costs of health care, including medication costs and co-pays. Some examples include: the Union Hospital Community Assisted Medication Program (CAMP), the Union Hospital Cancer Program community outreach support, many outreach programs at the Cecil County Health Department, local pharmacy assistance programs, and the Department of Community Services assistance programs through MAPP, options counseling, and Community First Choice.

Home Health eligibility	Home Health eligibility can be processed by programs that assist persons with the application process (ex. the county Department of Community Services).
Politics	Cecil County politicians are active in facilitating connections in the health care field. While politics may not be a focused barrier to address through the CHNA, politicians are included as thought leaders and advocates for the health priorities that have been selected.
Lack of knowledge (incl. low health literacy, lack of access to health information)	Health literacy may be addressed in all three priority areas.
Public assistance qualifications	Public assistance qualifications, like Home Health eligibility and health insurance costs, can be addressed through support agencies like the Cecil County Health Department, the Department of Community Services, the Department of Social Services, and the certified health insurance navigators through Seedco and the Maryland Health Connection.
Need for more medical and social supports	There will always be a need for more medical and social supports, but as discussed in previous rationales, there is quite a strong infrastructure for providing these supports. Clients have to seek out these supports or ask agencies how to access help.
Affordable housing	Affordable housing is a large barrier in Cecil County, especially among the poor and low-income. Some aspects of affordable housing may be addressed through the Determinants of Health priority for poverty/homelessness.
Language barriers	Language barriers can be addressed through the use of interpreters. Most programs in the county have access to medical and social interpreters or contracted interpreter services. If access is a problem then there is opportunity to partner with organizations that have these resources. For patients or clients having trouble with language barriers there is opportunity for organizations to provide materials in other languages and/or hire or borrow professionals that can speak other languages.
Time limitations	Time limitations were specifically referenced during the migrant worker focus group. Due to long working hours on the farms and the limited amount of health care services in the areas below the canal in Cecil County (Chesapeake City, Earleville, Cecilton, and Warwick), the migrant workers voiced that there were not enough doctors' offices open into the evening hours. This makes it more difficult for them to access needed services, especially for pediatric care. While this was not

	specifically selected as a determinant of health, it is something that Union Hospital and other health and social services continuously work to improve upon. However, this is not the responsibility of any one service provider. In some cases, and in some underserved areas of the county, there must be a collaborative effort to provide health care services to those whose access is limited on a perpetual basis.

3. 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)

   The Community Benefit program is heavily involved in the work being done in population health with the Maryland SHIP process, primarily in that the Community Benefits Coordinator is the co-chair of Cecil County's LHIC or CHAC and not only oversees progress made on the core SHIP measures established by DHMH for Cecil County, but also fosters collaboration between all community leaders and partnering organizations that make up the CHAC membership, in order to build and implement strategies that can improve population health for Cecil County. The Community Benefits Coordinator is a public health professional by trade and understands the importance of alignment of population health priorities, initiatives, and collaborative efforts between Union Hospital, the Cecil County Health Department, and other service agencies caring for patients and community members alike. This alignment is further reflected in how the CHNA process is conducted and how the CHIP is implemented. The Community Benefits Coordinator and the Health Department leadership supports process alignment with Union Hospital so that the CHNA and CHIP are conducted and implemented in the same timeline and share in the same resources. This alignment helps the LHIC create and sustain unity in the county toward improving population health through many collaborative efforts. In addition, the alignment helps the Community Benefits Coordinator rally hospital leadership to support population health efforts in the community and connect applicable community partners to hospital population health efforts inside and outside its four walls.

   MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
   http://dhmh.maryland.gov/ship/SitePages/Home.aspx
   COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

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.

   The analysis is provided in Table IV under "Physician Recruitment to Meet Community Need" and "Subsidized Health Services."

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	N/A
Non-Resident House Staff and Hospitalists	N/A
Coverage of Emergency Department Call	N/A
Physician Provision of Financial Assistance	N/A
Physician Recruitment to Meet Community Need	Outpatient specialties that provide the greatest recruitment challenges for Union Hospital are Dermatology (0 owned providers, 2 private practice providers), Neurology (1 owned provider, 1 private practice provider), and Psychiatry (1.5 owned providers, 1 private practice organization). In Fiscal Year 2016, 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. 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. Union Hospital has not been successful in recruiting additional neurologists with the departure of Dr. Singhania in Fiscal Year 2014 and Dr. Moghal in Fiscal Year 2015. Dr. Mahmood is currently the only Union Hospital outpatient neurologist. Dr. Melnick is the only private practice outpatient neurologist in Cecil County. Each covers for the other when one is

	out of town. While Union Hospital continues to build-up its behavioral health service lines, outpatient psychiatry by far presents the largest recruiting challenge for Union Hospital. In Fiscal Year 2016, Dr. Galvis began working solely with outpatients and has even taken on patients from Dr. Yu's practice (Dr. Yu left during Fiscal Year 2016). Union Hospital also recruited Dr. Ahmed who sees outpatients in a part-time capacity.
Subsidized Health Services (hospital outpatient practices operating at a loss)	Union Hospital continues to subsidize permanent outpatient services despite financial losses that are incurred annually. These services include: Gastroenterology, Primary Care, Vascular, Urology, Rheumatology, Neurology, and Outpatient Psychiatry. Losses and financial assistance write-offs for these services are recorded under category C3-Hospital Outpatient Services. With increasing rates for prostate and colon cancers it is necessary to have enough providers to meet the needs of this community. In addition, Cecil County lacks a sufficient number of primary care providers which serve as the first point of contact for new patients seeking to manage their care appropriately, as well as serving as the go-to contacts to manage care alerts, advocate for connection to community health resources, and serve as the patient's advocate and support structure to prevent potentially avoidable utilization (PAU) of hospital services and readmissions. Cecil County is seeing an increase in PAU and readmissions especially for chronic conditions. Therefore, it is vitally important to have primary care providers available and at the ready to provide care for the Cecil County population, especially as it is becoming more aged, poor, and is developing many more chronic conditions.

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
- besides English, in what language(s) is the Patient Information sheet available;
- 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.hscrc.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).

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/patient-financial-services/financial-assistance/. In addition, the hospital places an advertisement once 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 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 and email.

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 (FAP) to reflect the ACA's Health Care Coverage Expansion Option effective January 1, 2014. The resulting new FAP is much more comprehensive in that it includes more descriptions, patient expectations, and content that is easy to follow and digest. The previous FAP was narrative based, but also very short in length and in description of component parts.

The new FAP has additional sections that give the policy more depth, but also provide clear-cut instructions and examples for the reader. Additional sections include:

- Definitions
- Scope
- Presumptive Eligibility
- Eligibility Period
- Reconsideration of Denial of Free or Reduced-Cost Care
- Medical Debt Determination (Limit on Charges)
- Action in the Event of Non-Payment
- Ensuring Compliance
- Plain Language Summary
- References

There are also sections in the new FAP which are more comprehensive in detail when compared to the previous FAP. These sections include:

- **General Procedure.** This section clearly defines patient expectations and offers a step-by-step process for patient application, document review, and request for more information. This section includes information on how the patient can be connected to other state programs, the Maryland Health Connection, and Medicaid. This section includes an additional adjustment not included in the previous FAP based on a patient's financial hardship if household income is up to 500% of the Federal Poverty Guidelines. Finally, this section includes approval levels granted once the application is completed.
- **Measures to Publicize this Policy.** This section includes the same language that is on Union Hospital's Financial Assistance website and gives many more ways to effectively access information related to the new FAP.

APPENDIX III

UNION HOSPITAL	The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

POLICY TITLE: Financial Assistance Policy and Procedure	
POLICY #: F-415	
Review Responsibility: Director, Patient Financial Services	
Approved By: Board of Directors	Signature/Date: May 27, 2016 Approval Reflected in Board Minutes
Effective: 03/2004	
Reviewed: 06/2004, 03/2006, 12/2008, 02/2009, 03/2009, 04/2010, 03/2013, 09/2014, 06/2015	
Revised: 03/2004 (replaces Charity Care Policy and Procedure), 06/2004, 09/2004, 03/2006, 12/2008, 02/2009, 04/2010, 08/2012, 09/2014, 06/2015	
Scope: Patient Financial Services	

I. Purpose

A. Union Hospital of Cecil County is a not-for-profit entity established to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities. Accordingly, the hospital is committed to providing emergency and medically necessary services to patients, without discrimination, regardless of the patient's financial assistance eligibility.

B. This policy is to ensure that a consistent and equitable process is followed in granting financial assistance to appropriate patients while respecting the individual's dignity.

C. This policy is designed in accordance with the federal Patient Protection and Affordable Care Act (PPACA), Section 501(r)(4) of the Internal Revenue Service Code and Code of Maryland Regulations (COMAR) 10.37.10.26.A

II. Policy

A. Union Hospital of Cecil County is committed to providing programs that facilitate access to care for vulnerable populations including the provision of financial assistance (charity care) to the uninsured, underinsured, those ineligible for governmental insurance programs, or where the ability to pay is a barrier to accessing emergency or medically necessary care.

III. Definitions: The following terms are meant to be interpreted as follows within this policy:

1. **Emergency Care** – Emergency care is immediate care which is necessary to prevent serious jeopardy to a patient's health, serious impairment to bodily functions, and/or serious dysfunction of any bodily organ or part of the body as could reasonably be expected by the prudent layperson. See also 42 US Code § 1395dd.

2. **Financial Counselor** – A financial counselor is an employee of Union Hospital who provides assistance to patients seeking information regarding patient billing, financing, health coverage options including financial assistance.
3. **Financial Hardship** – A financial hardship as defined in COMAR 10.31.26.A is medical debt, incurred by a family over a 12-month period that exceeds 25 percent of the family income.
4. **Free Care** – Free care or a 100% medical debt adjustment is available to patients with household income between 0% and 200% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
5. **Gross Charge** – Gross charge is the full amount of the bills for a medical service.
6. **Homelessness** – Homelessness is an "individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing" (42 U.S.C. § 254b).
7. **Household Income** – As provided in the cost assistance guidelines under PPACA, the amount equal to the Modified Adjusted Gross Income (MAGI) of the head of household and spouse plus the Adjusted Gross Income (AGI), of anyone claimed as a dependent based on most recent tax return with additional updates as appropriate.
8. **Household Size** – Household size is defined per Internal Revenue Service guidelines and generally includes the tax filer, spouse and tax dependents.
9. **Medical Debt -** A medical debt is the amount a patient is responsible for paying after all discounts, deductions, and reimbursements are applied to the gross charges for services provided.
10. **Medically Necessary Services** – A medically necessary service is care rendered to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset of a worsening of conditions that could endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate handicap, or result in overall illness or infirmity and based on generally accepted standards of medicine in the community.
11. **Presumptive Eligibility for Financial Assistance** – Presumptive eligibility for financial assistance is provided for a patient who is the beneficiary/recipient of means-tested social programs as defined in COMAR 10.37.10.26 and as listed in this policy.
12. **Reduced-Cost Care -** Reduced-cost care is a pro-rated medical debt adjustment available to patients with household income between 200% and 400% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
13. **Underinsured Patient** – An underinsured patient is one who has limited healthcare coverage or third-party assistance that leaves the patient with an out-of-pocket liability, and therefore may still require assistance to resolve their medical debt.
14. **Uninsured Patient** – An uninsured patient is one with no insurance or third-party assistance to help resolve their medical debt.

IV. Scope

A. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital or its affiliates by the following owned entities:
- Union Hospital of Cecil County;
- Union Multi-Specialty Practices;
- Union Urgent Care;
- Union Diagnostic Centers;
- Open MRI of Elkton; and
- Union Radiation Oncology Center.

B. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital by the following contracted physician entities:
- Maryland Emergency Physicians (MEP);
- Physician Inpatient Care Specialist (MDICS);
- Nemours Pediatric Hospitalists.

C. This policy does not apply to any other provider of care rendering services at Union Hospital or its affiliates, to include but not limited to, independent physicians who provide primary or consultation services that operate as their own business entity.
- These services are generally billed separately from hospital services and are excluded.

V. General Procedure

A. Patient shall make application for financial assistance using the Maryland State Uniform Financial Assistance Application form through a financial counselor.
1. If appropriate, the financial counselor may take the application orally.
2. A financial counselor may request verification of income to include:
   - Pay stubs, unemployment benefits, Social Security checks, cash assistance checks, alimony or child support checks;
   - Federal and State Income Tax Returns;
   - Two recent bank statements or financial records;
   - Proof of U.S. citizenship or permanent residency;
   - Proof of address;
   - Proof of screening for either Maryland Medicaid or a Qualified Health Plan with a patient navigator (if uninsured);
   - Proof that employer does not offer a health plan.
3. The patient is expected to cooperate with the timely completion and submission of all requested information.
   - If the patient does not provide complete verification of income within 30 days of the application, the request for financial assistance may be denied.

B. Patients receive financial counseling, referrals and assistance to identify potential public or private healthcare programs to assist with long term needs.
1. If uninsured, the patient will be provided assistance to determine Maryland Medicaid or Qualified Health Plan eligibility through the appropriate Maryland Health Connection connector entity or other qualified health insurance marketplace.

C. Union Hospital will use a household income-based eligibility determination and the current Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

1. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
2. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (25%-75% adjustment to their medical debt.
    - Household income up to 200% of FPL 100% Adjustment
    - Household income between 201% & 250% of FPL 75% Adjustment
    - Household income between 251% & 300% of FPL 50% Adjustment
    - Household income between 301% & 400% of FPL 25% Adjustment
3. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
4. A payment plan is available for all individuals eligible for financial assistance under this policy and for those with household income up to 500% of FPL, if requested.

D. Once the financial assistance application is complete, decisions regarding eligibility will be made within 15 business days with the following approvals:

1. < $ 5000.00 – approved by financial counselor;
2. $ 5000.00 to $ 9999.99 – approved by Director, Patient Financial Services;
3. > $10,000 – approved by Chief Financial Officer.

VI. Presumptive Eligibility

A. Presumptive Eligibility for Financial Assistance:
Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):

1. Households with children in the free or reduced lunch program;
2. Supplemental Nutritional Assistance Program (SNAP);
3. Low-income-household energy assistance program;
4. Women, Infants and Children (WIC);
5. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26.

B. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:

1. A patient that is deceased with no estate on file;
2. A patient that is deemed homeless;
3. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or Cecil County Health Department;

- Financial assistance will be awarded as outlined in the approval letter provided from that agency.

4. Non-billable services resulting from guardianship determinations for observation hours or inpatient days;
5. A patient that has been approved for Specified Low-Income Medicare Beneficiary (SLMB) programs after verification is made through the State system.

VII. Eligibility Period

A. Once eligibility for financial assistance has been established, the patient shall remain eligible for free or reduced-cost, emergency and medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred. 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.

B. At the conclusion of the eligibility period, the patient must re-apply for financial assistance.

C. If a patient enrolled in a health plan drops coverage without a qualified life change event taking place, the patient will not be able to apply for financial assistance.

1. 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 per Section V of this policy.

D. If within a two-year period after the date of service, the patient is found to have been eligible for free care on that date of service (using the eligibility standards applicable to that date of service) the patient shall be refunded amounts received from the patient/guarantor exceeding $5.00.

1. If documentation demonstrates lack of cooperation by the patient providing information to determine eligibility for financial assistance, the two-year period may be reduced to 30 days from the date of initial request for information.

E. If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost, medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred.

VIII. Reconsideration of Denial of Free or Reduced-Cost Care

A. A patient who is denied financial assistance under this policy has the right to request reconsideration of that denial.

B. Upon request from the patient, the Chief Financial Officer, or designee, will review all components of the application and make the final determination of eligibility.

IX. Medical Debt Determination (Limit on Charges)

A. Financial assistance eligible individuals receiving emergency or medically necessary care will be charged less than gross charges for services. Gross charges will be reduced by one of the following percentages:

1. The 501(r)(4) Amount Generally Billed ("AGB") method for all services provided by affiliates other than the hospital.
    - In August of each year, the Amount Generally Billed percentage will be calculated utilizing the look-back method with Medicare fee-for-service claims from the previous fiscal year.
2. The COMAR 10.37.10.26.A method for all services provided by the hospital.
    - The hospital mark-up percentage as provided annually in the HSCRC rate order.

B. Each August, the applicable percentage described in IX.A of this policy will be updated on the Maryland Uniform Financial Assistance Application cover sheet and applied as a deduction to gross charges.

1. A financial assistance adjustment will be applied prior to the final determination of the patient's medical debt.

X. Balances Eligible for and Excluded from Financial Assistance

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

1. Balances covered by health insurance.
2. Balances covered by a government or private program other than health insurance.
3. Balances for patients that would qualify for Medical Assistance, individual or family health coverage through the Maryland Health Connection or equivalent insurance marketplace, 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 are deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis.
    - If the 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 circumstances justifying lack of employer or Maryland Health Connection coverage.
4. Balances for patients who are not U.S. residents may be allowed after an administrative review and on a case-by-case basis as approved by the Chief Financial Officer or designee.
5. Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected.
6. Balances for patients who falsify information on, or related to, the application.
7. Union Hospital of Cecil County reserves the right to evaluate applications with special or extenuating circumstances on a case-by-case basis as approved by the Chief Financial Officer or designee.

XI. Action in the Event of Non-Payment

A. Union Hospital may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without exception or payment arrangements are placed in outside collection after a minimum of 90 days from the initial billing statement and delivery of all scheduled patient account statements to the patient/guarantor.

B. Union Hospital does not conduct, or permit collection agencies to conduct on their behalf, extraordinary collections efforts against individuals.

XII. Measures to publicize this policy

A. Information regarding the UHCC Financial Assistance Program and the availability of financial counseling is communicated broadly.

B. Financial assistance communications include, but are not limited to, the following:
   1. Statement of availability on financial consent form;
   2. Upon discharge from inpatient, observation or surgical services;
   3. On billing statements/invoices.
   4. On electronic or paper signs located at registration locations.

C. A patient can access this policy and a plain language summary through the following methods:
   1. Electronic copies are can be accessed on the Union Hospital of Cecil County Website at:
      - www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance
   2. Paper copies are available:
      - By mail: Union Hospital of Cecil County
Patient Financial Services Department
106 Bow St.
Elkton, MD 21921
      - By Phone: 443-406-1337 or 410-392-7033
      - By E-mail: unionhospitalbilling@uhcc.com
      - Upon Request at the following locations:
        a. Outpatient Registration Department
        b. Emergency Department Registration
        c. Patient Financial Services Department
        d. Customer Service Department
   3. Union Hospital informs local public and community organizations that address the health needs of the community's vulnerable and low-income populations of this policy.

XIII. Ensuring Compliance

A. Each August, the Director of Patient Financial Services or designee, will perform an audit to include:
   1. A recalculation of the percentage discount from gross charges as described in IX.A of this policy;
   2. A random sampling of 25 billing statements from the prior fiscal year to ensure all required information is present;

3. A visit to each registration point within the hospital to ensure each location has updated financial assistance policies, applications and supporting materials;
4. An audit of the website to ensure that application and policy are easily accessible;
5. A review of current census data for the primary service area to ensure materials are available in additional languages spoken by greater than 5% of the population served.

XIV. Plain Language Summary

Consistent with its mission to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities, Union Hospital of Cecil County and its affiliates are committed to providing free or discounted care to individuals who are in need of emergency or medically necessary treatment and have household income below 400% of the Federal Poverty Level (FPL) Guidelines. Individuals who are eligible for financial assistance will not be charged more than the average amounts generally billed to insured patients, for emergency or medically necessary care.

Financial counselors are available Monday through Friday, from 8:00am until 4:30pm to discuss the application process either in person at Union Hospital or via phone at 443-406-1337 or 410-392-7033.

Union Hospital will not pursue extraordinary collection actions against any individual.

For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance in English or Spanish, patients can:

- Visit the website at: www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance
- Send a request by mail to: Union Hospital of Cecil County
Patient Financial Services Department
106 Bow St.
Elkton, MD 21921
- Request by calling 443-406-1337 or 410-392-7033
- Send a request by E-mail to unionhospitalbilling@uhcc.com
- Request in person at the following locations:
  - Outpatient Registration Department o Emergency Department Registration
  - Patient Financial Services Department
  - Customer Service Department

XV. References

A. Code of Maryland Regulations (COMAR) 10.37.10.26
B. Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

C. Department of Treasury, Internal Revenue Service Code 501(r)(4)
D. US Department of Health and Human Services: Federal Register and the Annual Federal Poverty Guidelines
E. US Code Title 42 Chapter 6A Subchapter II Part D Subpart I § 254b – Health Centers
F. US Code Title 42 Chapter 7 Subchapter XVIII Part E § 1395dd – Examination and treatment for emergency medical conditions and women in labor

XVI. Related Documents/Policies:

Maryland State Uniform Financial Assistance Application

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).

The following information is included in the *Financial Assistance Brochure* which can be found on the Union Hospital Financial Assistance website (https://www.uhcc.com/patient-financial-services/financial-assistance/). The brochure is also available in Spanish.

Community Assistance Program

The Community Assistance Program, as sponsored by Union Hospital of Cecil County, offers hospital services, as well as physician services at multi-specialty practices, at a reduced cost based on a patient's inability to pay. The Community Assistance Program is a patient centered program to help eliminate your fear and anxiety regarding your medical bills. The application process is simple and straightforward.

The Community Assistance Program is a consistent and equitable process designed to grant financial assistance to appropriate patients while respecting the individual's dignity. If approved, your balance will be adjusted between 25% - 100% based on Federal Poverty Guidelines. Eligibility shall include medical care for three months prior to, and continue for up a maximum of six months forward. To see if you qualify, just follow the steps below:

Guidelines for Eligibility

- If you are a US Citizen.
- If uninsured, under the Affordable Care Act, you must enroll in either Medicaid or enroll through your State's Health Connection to obtain insurance prior to applying for financial assistance through Union Hospital.
- If employed and uninsured you must enroll in an employment based health plan if available. If insurance is not available, you will need to enroll through your State's Health Connection.
- Meet income guidelines. Based upon Federal Poverty Guidelines.

Guidelines for Applying

The first step is to complete a Community Assistance Application and provide the following supportive documentation:

- 2 most recent copies of all pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- 2 most recent copies of bank statements and/or financial records.
- Copy of Federal AND State Income Tax return, as well as W2.
- If uninsured, proof of enrollment for health insurance through your State's Health Connection, through your State for Medicaid, or if you or your spouse is employed, proof that the employer does not offer health insurance.
- Copy of letters of any awarded benefits you are currently receiving including: Food Stamps, TCA, or Energy Assistance.
- A letter of support (preferably notarized) if no evidence of income.

When all information is gathered, a Financial Counselor will do a preliminary review and verify your eligibility, at which time additional documentation may be requested by correspondence. Failure to provide the requested documentation within a specified time frame may result in your application being denied. If you need help applying for any State of Maryland programs, a representative is on site at Union Hospital to assist you. If you have any questions, please feel free to contact one of our Financial Counselors at 410-392-7033.

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

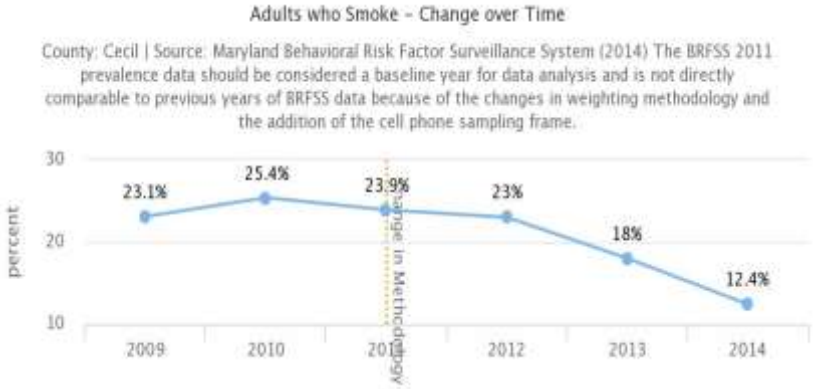
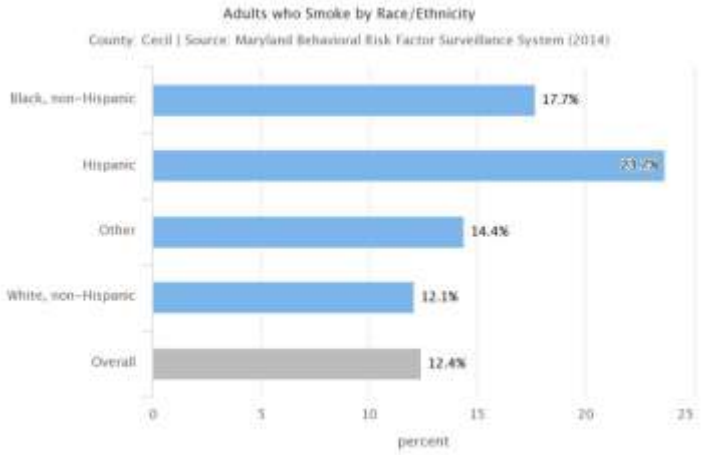
- Actively listening and taking the initiative to learn and grow
- Sharing knowledge, skills and experiences across all departments and within the community
- Encouraging and supporting peer learning

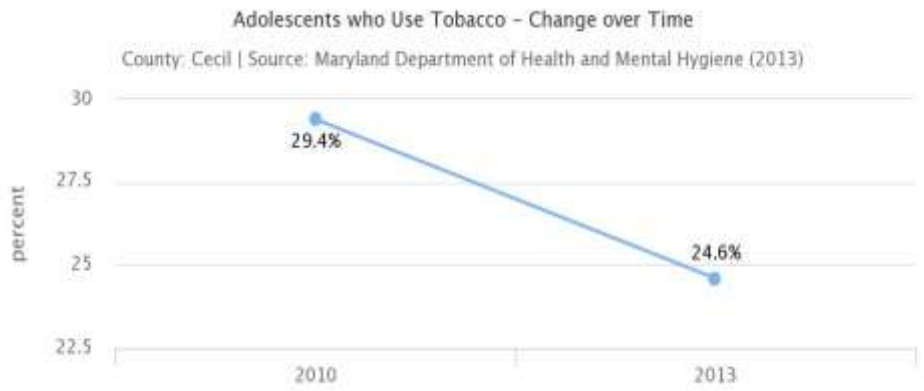
Attachment A

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

- Increase life expectancy
- Reduce infant mortality
- 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
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
- 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 hospital ED visits from asthma
- Reduce hospital ED visits related to mental health conditions
- Reduce hospital ED visits related to addictions
- Reduce Fall-related death rate

Table III – Priority 1

A. Identified Need Was this identified through the CHNA process?	<u>Respiratory Health</u> The CHNA, which covered FY14-FY16, identified that chronic conditions, like COPD, were exacerbated by tobacco use. Creating a tobacco cessation program from scratch was explored, but it was determined that due to the large amount of resources that the Cecil County Health Department already had available, as well as working in conjunction with the advocacy efforts from the Cecil County Tobacco Task Force, Union Hospital should focus its tobacco cessation efforts on increasing the number of contacts and connections made or facilitated among individuals to quit using tobacco products. The health department was selected as the major line of support for this health priority. <u>Cecil County Data</u>: • Data from the 2014 Maryland Behavioral Risk factor Surveillance System (BRFSS) shows that there has been a significant decrease in **adult smoking** from 2011 (23.9% smokers) to 2014 (12.4% smokers).  • Data from the 2014 Maryland BRFSS showed that of the adults who smoked, the largest cohort was **Hispanic smokers** (23%).  • There was a slight decrease in the percentage of **adolescents who used tobacco products** from 2010 (29.4%) to 2013 (24.6%). However, the 2014 data is still high when compared to the Maryland 2017 SHIP goal of 15.2% (source: 2013 Youth Risk Behavior Survey). No race or ethnicity data was available for this indicator.

	 Yes, this health priority was identified through the CHNA cycle covering FY14-FY16.
B. Hospital Initiative	Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products.

C. Total Number of People within the Target Population	<u>2014 Cecil County Adults</u>
	• Total Population: **101,803**
	  ○ Adults (18+ years): **75.8%** *(77,167 adults)*
	• Adults who Smoke: **12.4%**
	  ○ Number of Adults: **9,569**
	
	Source: 2010-2014 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2014 Maryland Behavioral Risk Factor Surveillance System
	
	<u>2013 Cecil County Children</u>
	• Child Population: **24,896**
	  ○ Adolescents (12-17 years): **35.2%** *(8,763 adolescents)*
	• Adolescents who Use Tobacco: **24.6%**
	  ○ Number of Adolescents: **2,156**
	
	Source: 2009-2013 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2013 Youth Risk Behavior Survey

D. Total Number of People Reached by the Initiative within the Target Population	<u>In FY16:</u> • <u>40</u> people using tobacco products received tobacco cessation support • <u>177</u> people accessed tobacco cessation materials via Union Hospital's website
E. Primary Objectives of the Initiative	<u>Objective 1</u> Complete the MDQuit cessation resource assessment by the end of May 2013. <u>Objective 2</u> Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14). <u>Objective 3</u> Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.

	Objective 4 Promote cessation efforts in the community.
F. Single or Multi-Year Initiative Time Period	Multi-Year
G. Key Collaborators in Delivery of the Initiative	Union Hospital Tobacco Cessation Committee Union Hospital Cancer Program Cecil County Health Department, Division of Health Promotions
H. Impact/ Outcomes of Hospital Initiative?	Objective 1 – Metric: *Union Hospital will complete 50 surveys by the end of FY13.* • Outcome: 50 surveys were completed by June 30, 2013. Objective 2 – Metrics: *Post the report online.* *Report the final result to the Cecil County Tobacco Task Force.* *Use survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee.* • Outcome: Assessment results were not provided to Union Hospital in FY14; therefore, data could not be analyzed and reported to support the metrics. Objective 3 – Metrics: *Strategy 1: Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.* • Outcome: In FY16 a physical # of referrals was not reported primarily because the hospital's EMR cannot run a report on how many referrals are made. This is currently being worked on by the hospital's Health Information Systems department. An interface to track Tobacco Cessation referrals will have to be created, which will take quite a bit of time. However, it has been communicated that when someone asks for cessation resources, they are referred the Cecil County Health Department's tobacco cessation program. *Strategy 2: Union Hospital's Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital's website and track # of users per Fiscal Year.* • Outcome: For FY16, there were 163 page views of the tobacco cessation webpage on Union Hospital's website. This represented an increase in page views from FY15 (95 page views). The Union Hospital Cancer Program has been doing a lot of promotion about quitting smoking in the community and with cancer patients around supporting the new Union Hospital Healthy Lung Program. The Cancer Program even created an additional webpage under the Healthy Lung Program website that directs viewers to the original smoking cessation webpage. This additional webpage received 14 views in FY16. *Strategy 3: 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.* • Outcome: The data reported here reflects year-to-date or Calendar Year (CY) figures (January 2016 – October 2016) because breakouts were not available within a FY parameter. As of October 2016 (CY2016) Union Hospital made 1 fax referral to MDQuit, and the Cecil County Health Department made 13 fax referrals to MDQuit using Fax-to-Assist. 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. Objective 4 – Metric: *Track the # of cessation contacts made for 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.* • Outcome: Of the 17 referrals from Union Hospital to the Cecil County Health Department's private quit coaching sessions in FY16, only 2 clients received services (2 clients were not interested or refused services, 3 scheduled appointments – of which only 2 completed, and 9 clients are still

<table>
<tr><td></td><td colspan="2">trying to be contacted by Health Department staff).
• Outcome: In FY16, the Stroke Program/Stroke Champions educated 23 people on tobacco cessation resources available in the community at 4 out of 9 health fairs attended in the community.</td></tr>
<tr><td>I. Evaluation of Outcomes:</td><td colspan="2">Data from Maryland BRFSS, the Youth Risk Behavior Survey, and the Maryland SHIP was consulted via the Healthy Communities Institute portal for Cecil County available on Union Hospital's Community Benefit website (https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/) and the Maryland SHIP website (http://dhmh.maryland.gov/ship/pages/home.aspx).</td></tr>
<tr><td>J. Continuation of Initiative</td><td colspan="2">Union Hospital will continue to make and promote connections to tobacco cessation resources in FY17, especially since quitting smoking is a major component of reducing risk for a number of chronic conditions and cancers.

In addition, in FY17, the Cecil County Health Department will be meeting with Union Hospital's Cancer Program, the Respiratory Therapists, and the Health Information Systems department to coordinate use of the hospital's EMR to track and report referrals to the health department's tobacco cessation programs. An interface will need to be created to electronically send referrals from the hospital to the health department, which will take some time, but will happen. The hospital's outpatient practices currently have an interface built which allows this electronic referral process to occur. They have a different EMR, but this is being used as the best practice for referrals and reporting, especially since the health department will also be updating providers on progress of clients served by their programs.</td></tr>
<tr><td>K. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</td><td>A. Total Cost of Initiative

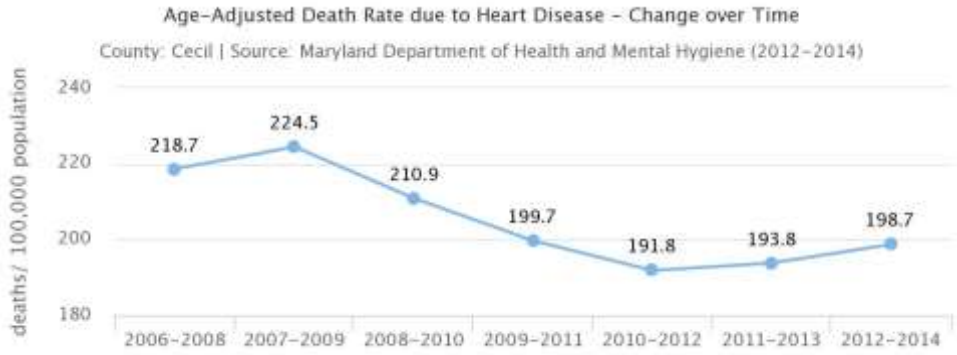
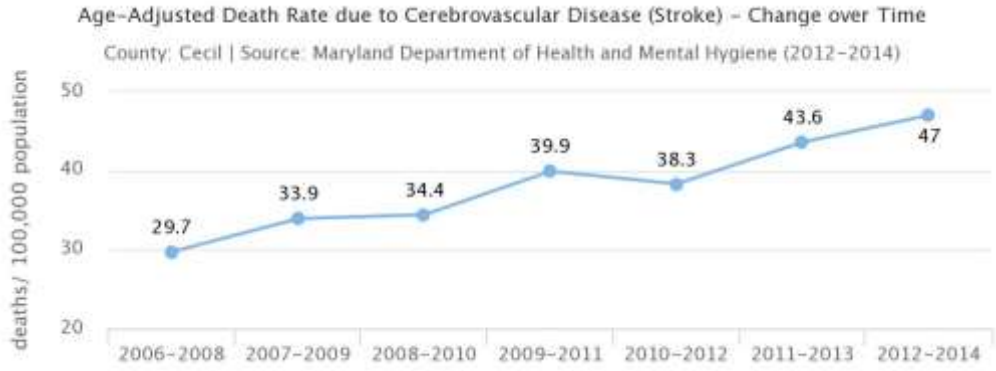
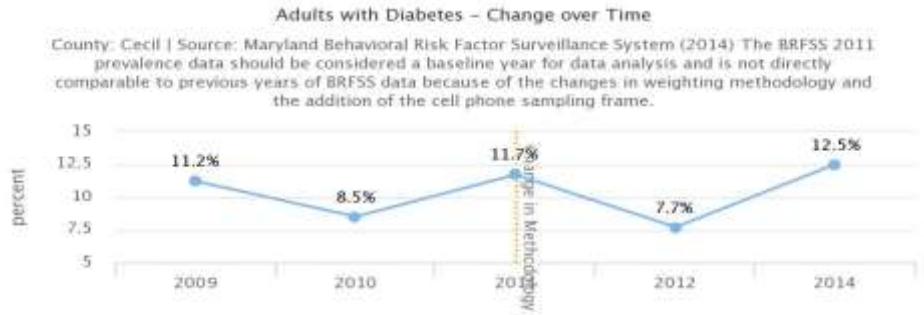
FY16 Costs
Items listed here reflect the number of people educated on tobacco cessation resources available in the community during the community health fairs the Stroke Program/Champions attended in FY16 (out of the 9 health fairs attended, only 4 health fairs made contacts with people to provide education on tobacco cessation resources available in the community).

Costs and hours for all 9 health fairs are listed in Table III-Priority 2-Heart Disease.

people educated on tobacco cessation resources available in the community:
• 55+ Senior Expo (8/6/15)
○ 6 people
• ATK Health Fair (10/6/15)
○ 10 people
• Cecil County Government Wellness Fair (10/8/15)
○ 6 people
• Cecil Woods Health Fair (10/29/15)
○ 1 person</td><td>B. Direct Offsetting Revenue from Restricted Grants

N/A</td></tr>
</table>

Table III – Priority 2

A. Identified Need Was this identified through the CHNA process?	Heart Disease The CHNA, which covered FY14-FY16, 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. In addition, patients with these risk factors account for some of the leading causes of Union Hospital's readmissions and potentially avoidable utilization. Cecil County Data: • Data from the Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration shows that from 2012-2014 there were 198.7 deaths due to **heart disease** per 100,000 population. Historical data is as follows (shows a steady decrease in deaths):  • Data from the Maryland DHMH Vital Statistics Administration shows that from 2012-2014 there were 47 deaths due to **stroke** per 100,000 population. Historical data is as follows (shows a steady increase in deaths):  • Data from the 2014 Maryland BRFSS showed that 12.5% of adults were diagnosed with **diabetes**. This reflects an increase from 2012.  • Data from the 2013 Maryland BRFSS showed that 34.6% of adults were diagnosed with **high blood pressure.** The Healthy people 2020 goals is 26.9%.

	• Of the Cecil County adults with high blood pressure, 68.2% were **over the age of 65 years old** (source: 2013 Maryland BRFSS). • Over 70% of all Cecil County adults with high blood pressure were of a race or ethnicity **other than Caucasian, African American or Hispanic (not specified)** (source: 2013 Maryland BRFSS). • Data from the 2010 Maryland BRFSS showed that only 16.4% of **adults ate fruits and vegetables five or more times per day** in Cecil County. This reflects a decrease from 2009 (12.8% difference). Yes, this health priority was identified through the CHNA cycle covering FY14-FY16.
B. Hospital Initiative	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.

C. Total Number of People within the Target Population	<u>2014 Cecil County Adults</u>
	• Total Population: **101,803**
	  o Adults (18+ years): **75.8%** *(77,167 adults)*
	• Death Rate due to Heart Disease: **198.7 deaths/100,000 population**
	  o Number of Heart Disease Deaths: **~ 199 deaths**
	• Death Rate due to Stroke: **47 deaths/100,000 population**
	  o Number of Stroke Deaths: **~ 47 deaths**
	• Adults with Diabetes: **12.5%**
	  o Number of Adults: **9,646**
	
	Source: 2010-2014 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2012-2014 Maryland Vital Statistics Administration
	Source: 2014 Maryland Behavioral Risk Factor Surveillance System
	
	<u>2013 Cecil County Adults</u>
	• Total Population: **101,435**
	  o Adults (18+ years): **75.4%** *(76,482 adults)*
	• Adults with High Blood Pressure: **34.6%**
	  o Number of Adults: **26,463**
	
	Source: 2009-2013 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2013 Maryland Behavioral Risk Factor Surveillance System
	
	<u>2010 Cecil County Adults</u>
	• Total Population: **100,139**
	  o Adults (18+ years): **74.2%** *(74,303 adults)*
	• Adults Consuming 5 or More Servings of Fruits and Vegetables per Day: **16.4%**
	  o Number of Adults: **12,186**
	
	Source: 2006-2010 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2010 Maryland Behavioral Risk Factor Surveillance System

D. Total Number of People Reached by the Initiative within the Target	<u>In FY16</u>: • <u>970</u> adults received education on diabetes and nutrition in the community • <u>75</u> adults received education on heart health in the community • <u>1,075</u> adults received stroke risk assessments in the community

Population	
E. Primary Objectives of the Initiative	Objective 1 Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity. Objective 2 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. Objective 3 Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community. Objective 4 Increase the number of heart health education opportunities in the community by at least 1 heart health education activity.
F. Single or Multi-Year Initiative Time Period	Multi-Year
G. Key Collaborators in Delivery of the Initiative	Union Hospital Stroke Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions
H. Impact/ Outcomes of Hospital Initiative?	Objective 1 – Metric: *Union Hospital will track the # of participants and the # of abnormal blood pressures taken.* • Outcome: No blood pressure screenings were performed in FY16. Objective 2 – Metric: *Nutrition and Diabetes Center staff will track the # of participants per activity.* • Outcome: In FY16, 9 Diabetes/healthy eating presentations were held in the community, serving 220 people total. • Outcome: There were 9 Diabetes Support Group sessions that focused on healthy eating and diabetes and 1 Cancer Support Group session that focused on healthy eating. The support group sessions were facilitated by hospital outpatient Registered Dietitians and served 80 people total. • Outcome: The hospital's outpatient Registered Dietitians, an Endocrinologist, and the Bariatric program provided food demos, healthy eating education, and BMI screenings at 6 community health fairs, serving 670 people. Objective 3 Metrics: *Stroke Program staff will track # of participants per stroke risk assessment event.* • Outcome: In FY16, the Stroke Program provided stroke risk assessments at 9 community health fairs, serving 1,075 people total. *Stroke Program staff will track # of abnormal assessments per activity.* • Outcome: In FY16, 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. Objective 4 Metric: *Union Hospital and Cecil County Health Department staff will track the # of participants per activity.* • Outcome: In FY16, there were 2 heart health presentations provided in the community, serving 75

<table>
<tr><td></td><td colspan="2">people total.</td></tr>
<tr><td>I. Evaluation of Outcomes:</td><td colspan="2">Data from Maryland BRFSS, Maryland DHMH Vital Statistics Administration, and the Maryland SHIP was consulted via the Healthy Communities Institute portal for Cecil County available on Union Hospital's Community Benefit website (https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/) and the Maryland SHIP website (http://dhmh.maryland.gov/ship/pages/home.aspx).</td></tr>
<tr><td>J. Continuation of Initiative</td><td colspan="2">Union Hospital will continue to provide opportunities to educate and create awareness around the risk factors associated with heart disease in FY17. In addition, work is being done together with the Community Benefit program on how to prevent readmissions which includes readmission for heart disease conditions and the related risk factors.</td></tr>
<tr><td>K. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</td><td>A. Total Cost of Initiative

<u>FY16 Costs</u>
• 9 Diabetes/nutrition education events:

Homeless Nutrition Basics (8/24/15)
○ 1 paid hour: $31
○ 4 people served
Lunch n' Learn: Healthy Eating at Terumo (11/12/15)
○ 3 paid hours: $104
○ 20 people served
Healthy Eating Lunch n' Learn at Gilpin Manor Elementary School (11/17/15)
○ 1.25 paid hours: $38
○ 7 people served
Diabetes Lunch n' Learn at Victory and Praise Church (1/21/16)
○ 1 paid hour: $120
○ 2 people served
Diabetes Lunch n' Learn at Elkton Senior Center (2/18/16)
○ 1.5 paid hours: $179
○ 12 people served

Healthy Eating for Preschool Kids at YMCA (3/16/16)
○ 2 paid hours: $70
○ 50 people served
Healthy Eating at Cecilton Elementary School (5/19/16)
○ 6 paid hours: $209
○ 25 people served
Wellness and Nutrition at White Hall Villas (5/26/16)
○ 16.5 paid hours: $650
○ 30 people served
Healthy Living Day at Cherry Hill Middle School (5/31/16)
○ 4 paid hours: $139
○ 70 people served

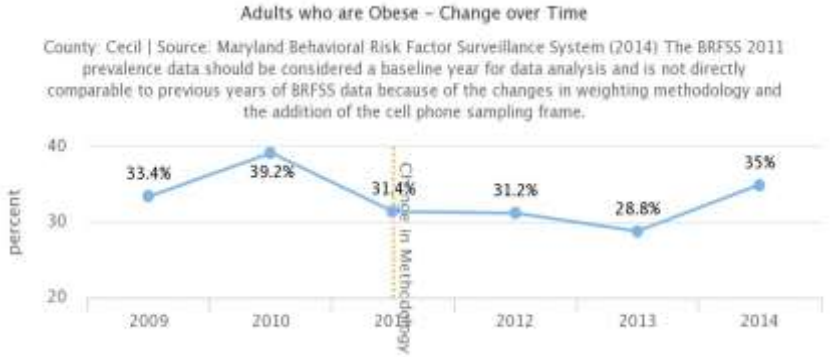
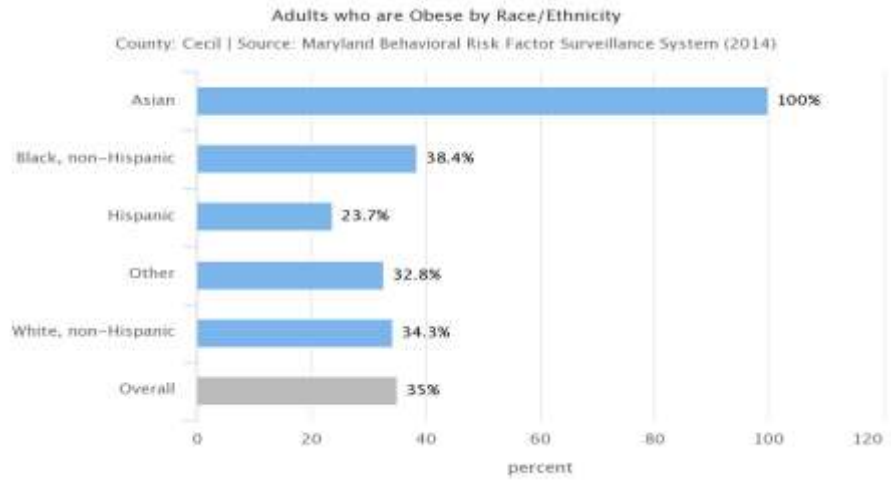
• 9 FY16 Diabetes support Group sessions all focused on healthy eating and diabetes management:</td><td>B. Direct offsetting revenue from Restricted Grants

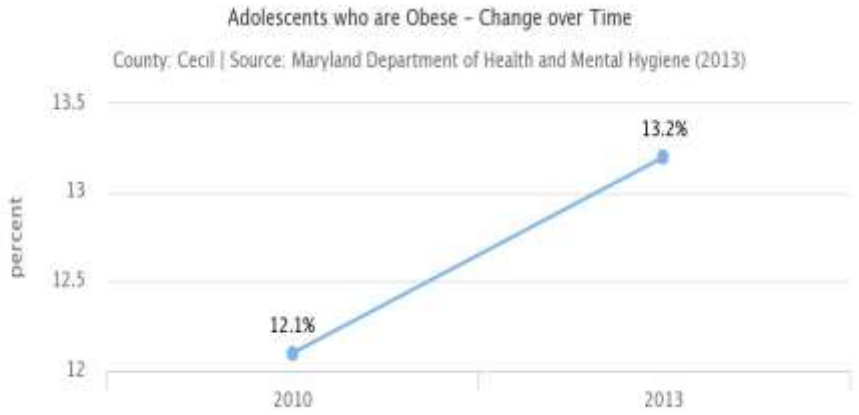
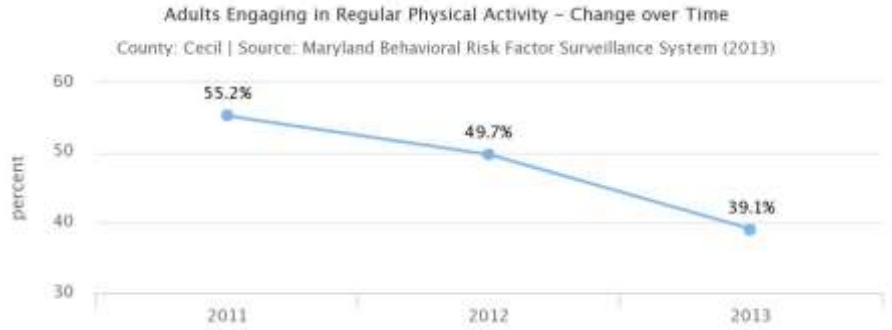
N/A</td></tr>
</table>

	○ 18 paid hours: **$1,077** ○ 68 people served • 1 Cancer Support Group session focused on healthy eating (3/16/16): ○ 6 paid hours: **$185** ○ 12 people served • 6 Community health fairs where nutrition demos, nutrition/Diabetes education, and/or BMI screenings were provided: 55+ Expo (8/6/15) ○ 16 paid hours: **$556** ○ 280 people served ATK Wellness Fair (10/6/15) ○ 6 paid hours: **$718** ○ 105 people served Cecil County Government Wellness Fair (10/8/15) ○ 6 paid hours: **$209** ○ 125 people served Cecil Woods Health Fair (10/29/15) ○ 7 paid hours: **$838** ○ 50 people served Upper Bay Counseling Services Health Fair (1/20/16) ○ 5 paid hours: **$186** ○ 30 people served Union Hospital Family Health Fest (6/11/16) ○ 0 paid hours: **$0** ○ 6 unpaid hours ○ 80 people served • 2 heart health presentations were provided to community groups in Cecil County: Ladies Auxiliary Stroke Lecture at Singerly Fire Hall (8/11/15) ○ 4 paid hours: **$200** ○ 0 unpaid hours ○ 15 people served Lower Cecil County Seniors Stroke Lecture (10/29/15) ○ 5 paid hours: **$250** ○ 0 unpaid hours ○ 60 people served • 9 Community health fairs where Stroke Risk Assessments and stroke education were provided: 55+ Expo (8/6/15) ○ 8 paid hours: **$399** ○ 6 unpaid hours ○ 280 people served ATK Health Fair (10/6/15) ○ 8 paid hours: **$399** ○ 24 unpaid hours	

	○ 105 people served Cecil County Government Wellness Fair (10/8/15) ○ 14 paid hours: **$718** ○ 12 unpaid hours ○ 125 people served Take Pride in Pink Health Fair (10/10/15) ○ 5 paid hours: **$250** ○ 0 unpaid hours ○ 80 people served Caregivers Conference (10/13/15) ○ 7.5 paid hours: **$374** ○ 13 unpaid hours ○ 110 people served Rising Sun Health Fair (10/16/15) ○ 8 paid hours: **$399** ○ 24 unpaid hours ○ 150 people served Cecil Woods Health Fair (10/29/15) ○ 7 paid hours: **$350** ○ 8 unpaid hours ○ 50 people served Gilpin Manor Elementary School Spring Fling & Health Fair (4/15/16) ○ 0 paid hours: **$0** ○ 4 unpaid hours ○ 62 people served Union Hospital Family Health Fest (6/11/16) ○ 0 paid hours: **$0** ○ 6 unpaid hours ○ 113 people served **Total: $8,648**	

Table III – Priority 3

A. Identified Need Was this identified through the CHNA process?	<u>Obesity</u> The CHNA, which covered FY14-FY16, showed that obesity impacted both youth and adults in Cecil County. Similar to heart disease and tobacco use, making healthier lifestyle choices, such as choosing to eat a healthy diet or getting more exercise, could help 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 over the course of the 3-year implementation plan. The following data shows the prevalence of youth and adult obesity in Cecil County. <u>Cecil County Data</u>: • Data from the 2014 Maryland BRFSS showed that 35% of **adults were obese** – up 6.2% from 2013. This is especially significant when compared to the Healthy People 2020 goal of 30.5%.  • Breakout 2014 Maryland BRFSS data showed that a majority of adults who were obese were between the ages of **45 and 64 years old** (46.5%). R**ace and ethnicity breakouts** included:  • Data from the 2013 Youth Risk Behavior Survey (YRBS) showed that there was a slight increase in the percentage of **adolescents who were obese** (12-19 years old) – 12.1% in 2010 and 13.2% in 2013. While 13.2% adolescent obesity is lower than the Healthy People 2020 goal of 16.1%, it is higher than the Maryland 2017 SHIP goal of 10.7%. Breakout data is not available for this indicator.

	 • Data from the 2013 Maryland BRFSS showed that only 39.1% of **adults were engaged in regular physical activity** in Cecil County. This reflects a decrease in engagement from 2011 to 2013. The Healthy People 2020 goal is 47.9%.  • Data from the 2010 Maryland BRFSS shows that only 16.4% of **adults ate fruits and vegetables five or more times per day** in Cecil County. This reflects a decrease from 2009 (12.8% difference). Yes, this health priority was identified through the CHNA cycle covering FY14-FY16.
B. Hospital Initiative	Engage the community on the importance of making healthy lifestyle choices in order to reduce obesity in Cecil County.

C. Total Number of People within the Target Population	<u>2014 Cecil County Adults:</u>
	• Total Population: **101,803**
	  ○ Adults (18+ years): **75.8%** *(77,167 adults)*
	• Adults who Are Obese: **35%**
	  ○ Number of Adults: **27,008**
	
	Source: 2010-2014 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2014 Maryland Behavioral Risk Factor Surveillance System
	
	<u>2013 Cecil County Adults</u>
	• Total Population: **101,435**
	  ○ Adults (18+ years): **75.4%** *(76,482 adults)*
	• Adults Engaged in Regular Physical Activity: **39.1%**
	  ○ Number of Adults: **29,904**

	2013 Cecil County Children
	• Child Population: **24,896**
	  o Adolescents (12-17 years): **35.2%** *(8,763 adolescents)*
	• Adolescents (12-19 years) who are Obese: **13.2%**
	  o Number of Adolescents: ~ **1,157**
	
	Source: 2009-2013 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2013 Maryland Behavioral Risk Factor Surveillance System
	Source: 2013 Youth Risk Behavior Survey
	
	2010 Cecil County Adults
	• Total Population: **100,139**
	  o Adults (18+ years): **74.2%** *(74,303 adults)*
	• Adults Consuming 5 or More Servings of Fruits and Vegetables per Day: **16.4%**
	  o Number of Adults: **12,186**
	
	Source: 2006-2010 American Community Survey, 5-Year Estimates, US Census Bureau, Age and Sex
	Source: 2010 Maryland Behavioral Risk Factor Surveillance System

D. Total Number of People Reached by the Initiative within the Target Population	In FY16: • 890 adults received education on healthy eating and exercise in the community • 40 youth increased their physical activity and nutrition knowledge through the CATCH Kids Club Pilot • 575 youth received free wellness exams and health education through the county-wide, annual sports physicals event
E. Primary Objectives of the Initiative	Objective 1 Increase the availability of obesity prevention programs/activities in the community. Objective 2 Implement the *Weight of the Nation* program for community members and leaders.
F. Single or Multi-Year Initiative Time Period	Multi-Year
G. Key Collaborators in Delivery of the Initiative	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
H. Impact/ Outcomes of Hospital Initiative?	Objective 1 – Metric: *Track # of participants in activities to increase physical activity and eating healthier.* • Outcome: In FY16, the hospital's outpatient Registered Dietitians, Endocrinologist, and Bariatric program, participated in 6 community health fairs that provided education on healthy eating and exercise, serving 670 people total. • Outcome: In FY16, there were 9 healthy eating presentations in the community that served 220 people total. • Outcome: In FY16, there were 110 CATCH Kids Club days facilitated in two locations from September to May by community partners. The YMCA served 30 registered elementary school youth during each CATCH day, and Elkton Middle School served 10 middle school youth each

	CATCH day session. • Outcome: In FY16, Union Hospital partnered with Cecil County Sports Medicine to facilitate an annual free Sports Physicals event for students, serving 575 youth. Objective 2 – Metrics (completed in FY14 – March): *Track # of participants.* • Outcome: Both *Weight of the Nation* sessions had 35 participants each (70 total) *Track# of locations used* • Outcome: 1 location used – Union Hospital *Track # of Union Hospital volunteer staff involved* • Outcome: Both *Weight of the Nation* sessions had 4 volunteer staff facilitators each (8 total) *Measure/track biometric data (TBD)* • Outcome: Biometric data was not taken during either session.	
I. Evaluation of Outcomes:	Data from Maryland BRFSS, the Youth Risk Behavior Survey, and the Maryland SHIP was consulted via the Healthy Communities Institute portal for Cecil County available on Union Hospital's Community Benefit website (https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/) and the Maryland SHIP website (http://dhmh.maryland.gov/ship/pages/home.aspx).	
J. Continuation of Initiative	Union Hospital continues to incorporate healthy eating and exercise activities for the prevention of obesity and is co-morbidities. This is a part of the Community Benefit outreach environment instilled with Union Hospital staff and programming, especially since healthy eating and increase physical activity pertain to reducing the negative impact of most health issues, like Diabetes, Heart Disease, Hypertension, COPD, CHF, and many other chronic conditions and other health conditions. In addition, at the end of FY16, the school-year pilot of the CATCH Kids Club proved successful and next steps had to be determined as to how to continue the program in the school system. Union Hospital was not fiscally able to continue providing stipends for teacher facilitators, but the Cecil County Health Department offered to build in support dollars through their Community Transformation grant which already worked with three Title 1 schools. Thus, Union Hospital handed-off the CATCH Kids Club to the Cecil County Health Department's division of Health Promotions who implemented the program during the school day as part of the physical education curriculum at a Title 1 public elementary school in Elkton. Equipment used in the pilot was donated to the pilot school locations. The Cecil County Health Department purchased lessons and equipment appropriate for the in-school curriculum setting.	

K. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative
	
	FY16 Costs
	• Costs for community health fairs, where healthy eating and exercise were discussed, are listed in **Table III-Priority 2-Heart Disease**
	• Costs for nutrition education (healthy eating) presentations are listed in **Table III-Priority 2-Heart Disease**
	
	• Union Hospital paid the stipend for the middle school CATCH Kids Club teacher facilitator
	  ○ 110 paid hours: **$3,300**
	• Planning and implementation costs for CATCH Kids Club
	  ○ 2 paid hours (committee meetings): **$120**
	  ○ 30 Community Benefit
		B. Direct offsetting revenue from Restricted Grants
		
		N/A

	Coordinator hours **(costs are a part of FTE)**
	
	• Sports Physicals (6/2/16)
	  ○ 67.13 paid hours: **$5,006**
	  ○ 139.17 unpaid hours
	  ○ 575 people served
	
	Total: $8,426	

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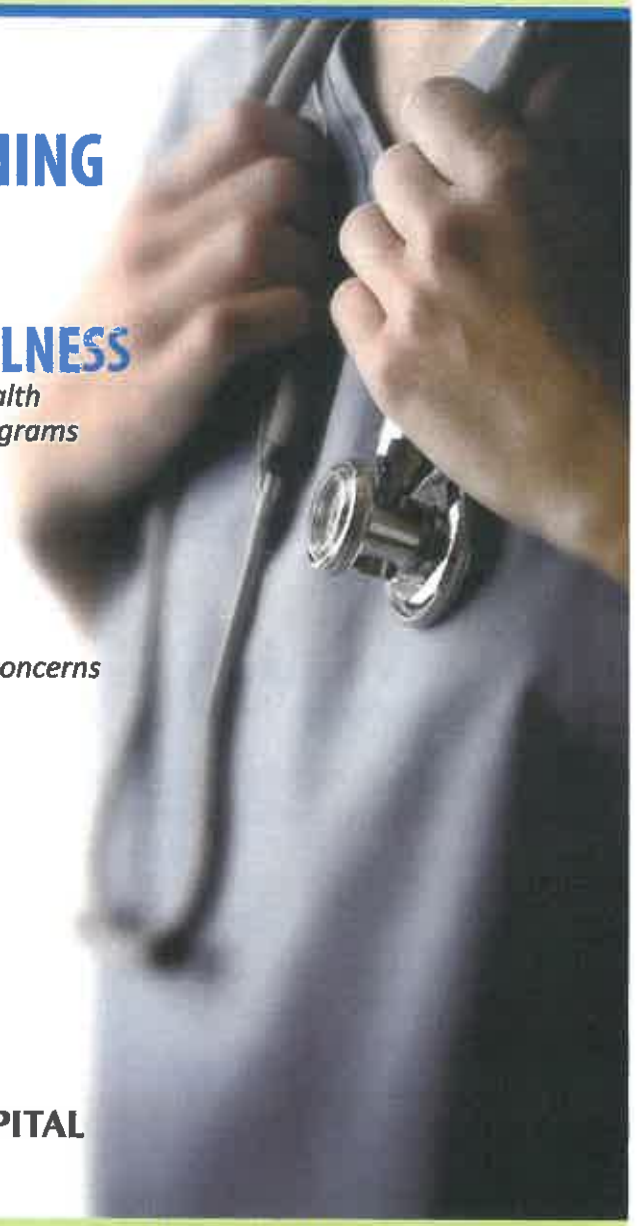

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Ask questions and voice concerns
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UNION HOSPITAL

[What are Advance Directives? Pg. 24]

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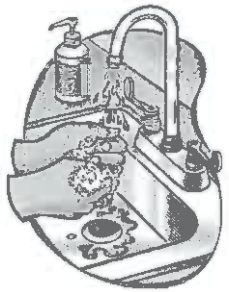
In This Guide



OUR ADDRESS
106 Bow Street
Elkton, Maryland 21921

UNION HOSPITAL

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Advance Directives

28
Preparing for Discharge
Things to know before you walk out the door.

30
Resources

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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.

All of our patients should expect:

- Excellent service
- Courtesy and respect
- Effective pain management
- Responsiveness to your questions and concerns

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.
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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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/cp

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

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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
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60181
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Telephone Directory

MAIN NUMBER
410-398-4000

Toll Free from Rising Sun, MD
410-658-4757

Toll Free from Delaware
302-731-0743

TDD
410-398-5941

Adult Day Services	410-392-0539
Community Education	410-392-7000
Customer Service	0
Diabetes Program	410-620-3718
Financial Services Counselor	443-406-1377
Gift Shop	410-398-4000, ext. 1931
Local Calls	Dial 80 + the number
Long Distance	Dial 0 and give operator the number
Maternal & Infant Center	410-392-7077
Medical Records	410-392-7090
Outpatient Registration	410-392-7050
Patient Financial Services	410-392-7033
Patient Information	410-392-7030
Physician Referral	410-392-7012
Public Relations	410-392-7002
Sleep Center	410-620-3705

Please visit us at www.uhcc.com

Calling a Department WITHIN the Hospital?
Dial the last four digits of the number.

CaringBridge
During your stay and beyond, you might find it convenient to communicate to your family and friends on CaringBridge. CaringBridge provides free, private websites that connect family and friends during a serious health event, care and recovery. Creating and updating a CaringBridge website is easy – you can add health updates and photos to share your story. You can also receive messages of support in the guestbook. For more information, visit www.CaringBridge.org or www.uhcc.com.

During Your Stay

At Union Hospital, we strive to make your stay as comfortable and pleasant as possible. The following information will help you become familiar with our hospital. Please take a few minutes to review these guidelines with your loved ones.

Admission to the Hospital
Patients are assigned rooms, floors, and sections on a nondiscriminatory basis according to their medical needs and conditions. If you are dissatisfied with your accommodations, you may request a change through your nurse. Although most of our rooms are semi-private, a private room may be available. You may be responsible for paying the difference between the hospital charges and your insurance company's payment if you choose a private room that is not medically required.

The nursing staff will orient you to your room at the time of admission. Knowing your environment will help reduce the risk of injury.

- Know the location of call lights, bed control switches, bathroom, and closets.
- Learn how the bedside table works. DO NOT USE THE BEDSIDE TABLE FOR SUPPORT. It has wheels and moves easily.
- Keep the telephone within reach. If you are not able to reach the telephone, call your nurse for assistance.

Hospitalists
During your stay at Union Hospital, you may be under the care of a hospitalist. Today, many physicians use hospitalists to care for their patients when they are admitted to the hospital. The hospitalist communicates with your primary physician but handles your care during time spent in the hospital. Hospitalists are often much more familiar with the hospital and its systems and functions. Because the hospital is the primary site of their practice, they are usually able to spend more time with patients.

Guest Guidelines
Guest visiting hours are based on the condition and comfort of the patient.

- Staff will strive to meet the hospitality needs of overnight guests.
- Family and friend involvement may enhance the recovery process. Each person defines who constitutes their family.
- Healthy children are welcome and must be supervised at all times. Responsible adults may be asked to remove children who are not able to contribute to a quiet hospital environment.
- For infection control purposes we request that those that are ill not to visit at this time.
- In semi-private rooms, the charge nurse will facilitate that guests be respectful of roommate needs for privacy and quiet, as well as the staff's ability to deliver care.
- Guests may be asked to leave the room briefly, if deemed necessary, by the healthcare provider due to the need for privacy.
- Patients have the right to refuse guests.

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.

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 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

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

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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

WILLIAM SHAKESPEARE 1564-1616

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

℞

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.

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UnionHospital_Division_MID_CARE_H

WOODY ALLEN 1935-PRESENT

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

Source: www.sudoku-puzzles.net

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HENRY H. TWEEDY 1868-1953

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.

℞

I cave 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.

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UnionHospital_Elkton_MD_Cent...1

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 in the hospital room**
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.

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

Autism is getting closer to home.

Today, 1 in 110 children is diagnosed.

Early diagnosis can make a lifetime of difference.

Learn the signs at autismspeaks.org

Ad Council

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Elkton, MD 21921	Elkton, MD 21921	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.

Rights & Responsibilities

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 personal 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.

These rights will be extended to the patient's legally designated representative, should the patient be unable to understand or exercise these rights. These rights are extended to parents and/or guardians of all newborns, children, and teenagers.

Statement of Patient Responsibilities

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

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 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.
  e. 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.

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.

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 are 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 U.H.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.

Resources

Look Good . . . Feel Better

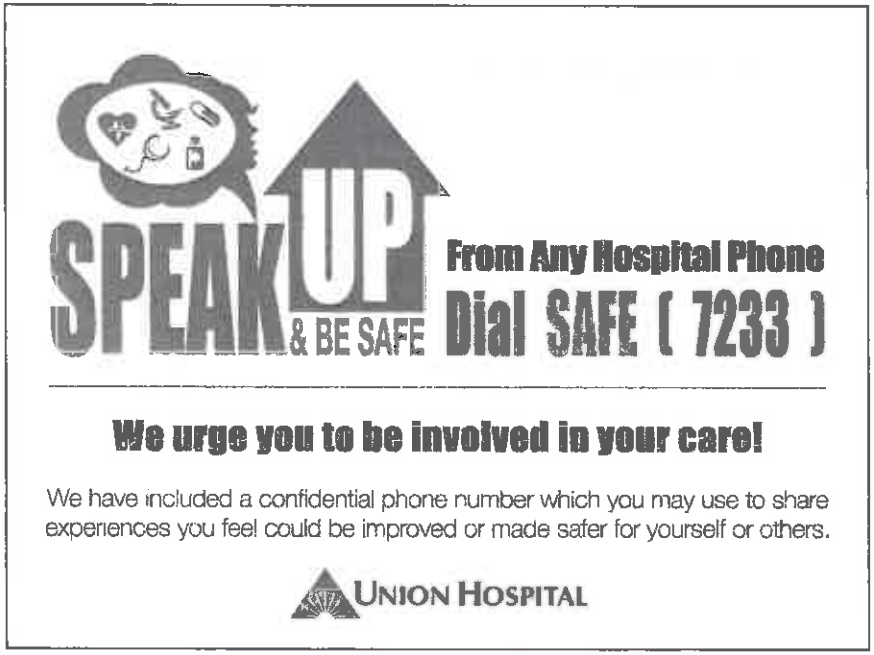
Free

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.



Giving Back

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.