



The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

# **Atlantic General Hospital Corporation**

FY 2018 Community Benefit Narrative Report

**PART ONE: ORIGINAL NARRATIVE SUBMISSION**

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) 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 developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. 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. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. 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.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Atlantic General Hospital.	<input type="radio"/>	<input checked="" type="radio"/>	Atlantic General Hospital Corporation
Your hospital's ID is: 210061.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input type="radio"/>	<input checked="" type="radio"/>	Atlantic General Hospital/Health System
Your hospital was licensed for 45 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21811, 21842.	<input type="radio"/>	<input checked="" type="radio"/>	Appendix E: Definition of Hospital's Service Area The HSCRC will use zip codes and/or counties for market analysis. 1. The Primary Service Area (PSA) of the Hospital consists of the following zip codes (or counties): 21811, 21842, 19975
Your hospital shares some or all of its primary service area with the following hospitals: Peninsula Regional Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

AGH FY16-18 CHNA, CHSI, County Health Rankings, MD SHIP, Healthy People 2020, Worcester County Health Department Data, Community Survey, Healthy Communities Institute, US Census Bureau, MHA Data

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allegany County     | <input type="checkbox"/> Charles County    | <input type="checkbox"/> Prince George's County      |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County         |
| <input type="checkbox"/> Baltimore City      | <input type="checkbox"/> Frederick County  | <input checked="" type="checkbox"/> Somerset County  |
| <input type="checkbox"/> Baltimore County    | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County           |
| <input type="checkbox"/> Calvert County      | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County               |
| <input type="checkbox"/> Caroline County     | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County           |
| <input type="checkbox"/> Carroll County      | <input type="checkbox"/> Kent County       | <input checked="" type="checkbox"/> Wicomico County  |
| <input type="checkbox"/> Cecil County        | <input type="checkbox"/> Montgomery County | <input checked="" type="checkbox"/> Worcester County |

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question does not display in the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Somerset County ZIP codes located in your hospital's CBSA.

21817

21821

21822

21824

21838

21851

21853

21871

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

- |   |   |                                |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> 21801 | <input type="checkbox"/> 21830            | <input type="checkbox"/> 21856 |
| <input checked="" type="checkbox"/> 21804 | <input type="checkbox"/> 21837            | <input type="checkbox"/> 21861 |
| <input type="checkbox"/> 21814            | <input type="checkbox"/> 21840            | <input type="checkbox"/> 21865 |
| <input checked="" type="checkbox"/> 21822 | <input checked="" type="checkbox"/> 21849 | <input type="checkbox"/> 21874 |
| <input checked="" type="checkbox"/> 21826 | <input checked="" type="checkbox"/> 21850 | <input type="checkbox"/> 21875 |

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 21804 | <input checked="" type="checkbox"/> 21829 | <input checked="" type="checkbox"/> 21862 |
| <input checked="" type="checkbox"/> 21811 | <input checked="" type="checkbox"/> 21841 | <input checked="" type="checkbox"/> 21863 |
| <input checked="" type="checkbox"/> 21813 | <input checked="" type="checkbox"/> 21842 | <input checked="" type="checkbox"/> 21864 |
| <input checked="" type="checkbox"/> 21822 | <input checked="" type="checkbox"/> 21851 | <input checked="" type="checkbox"/> 21872 |

Q31. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Appendix E: Definition of Hospital's Service Area  
The HSCRC will use zip codes and/or counties for market analysis.  
The Primary Service Area (PSA) of the Hospital consists of the following zip codes (or counties):  
21811, 21842, 19975

Based on patterns of utilization. Please describe.

ED and IP utilization, targeted activities based upon diagnosis patient volumes

Other. Please describe.

Tri County partnerships expand CBSA.  
Close proximity, rural community, and lack of transportation to Delaware expands CBSA to Sussex County and Accomack County, Virginia

Q32. Provide a link to your hospital's mission statement.

<https://www.atlanticgeneral.org/About-Us/Vision-and-Mission.aspx>

Q33. Is your hospital an academic medical center?

- Yes
- No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?



	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	





	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Worcester, Wicomico, Somerset	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs here: WCHD LHIC, Tri County Diabetes Alliance, Healthy Weight Coalition and Tri County SHIP, Resource Coordination Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of the Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: MAC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: OIT, SAFE, Worcester CRT, Lower Shore CISM, Worcester Drug and Alcohol Board, OC Drug and Alcohol Council, Drug Overdose Fatality Review Team, Child Fatality Review Team, Worcester EMS, WCHD Planning Board, EMS Advisory Board, Domestic Violence Fatality Review Team, OC Local EMS Planning Board, Suicide Awareness Board, Tobacco Cancer Coalition, State Adv Council on Quality Care at End of Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faith-Based Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - K-12 -- Please list the schools here: Parkside Tech High School PAC, Worcester County School Health Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School of Public Health -- Please list the schools here: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Medical School -- Please list the schools here: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Nursing School -- Please list the schools here: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental School -- Please list the schools here: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

School - Pharmacy School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Hudson Health Services, Worcester Warriors Against Opioid Use, NAMI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: SART, Cricket Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: DMV Youth Council, Play It Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: ACS, March of Dimes, United Way, Worcester GOLD, Komen, Lower Shore Red Cross, Blood Bank, Save a Leg Save a Life, Habitat for Humanity, Big Bros Big Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: MD Society for Healthcare Strategy, MHA, Maryland eCare, DRHMAG, Healthcare Provider Council Delaware, Ocean Pines Chamber, Ocean City Chamber, Bethany/Fenwick Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes  
 No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

10/04/2016

Q47. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.atlanticgeneral.org/documents/Implementation-Plan-CHNA-2016-18.pdf>

Q46. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance          | <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Older Adults                             |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs           | <input type="checkbox"/> Food Safety  | <input checked="" type="checkbox"/> Oral Health                   |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits        | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity             |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                        | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Preparedness                             |
| <input type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Respiratory Diseases          |
| <input checked="" type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being            | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety                                | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Sleep Health                             |
| <input checked="" type="checkbox"/> Cancer   | <input checked="" type="checkbox"/> Heart Disease and Stroke                    | <input type="checkbox"/> Social Determinants of Health            |
| <input type="checkbox"/> Chronic Kidney Disease  | <input checked="" type="checkbox"/> HIV   | <input checked="" type="checkbox"/> Substance Abuse               |
| <input type="checkbox"/> Community Unity   | <input checked="" type="checkbox"/> Immunization and Infectious Diseases        | <input type="checkbox"/> Telehealth                               |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease                        | <input checked="" type="checkbox"/> Injury Prevention                           | <input checked="" type="checkbox"/> Tobacco Use                   |
| <input checked="" type="checkbox"/> Diabetes   | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health         | <input type="checkbox"/> Violence Prevention                      |
| <input type="checkbox"/> Disability and Health   | <input type="checkbox"/> Maternal & Infant Health                               | <input type="checkbox"/> Vision                                   |
| <input type="checkbox"/> Educational and Community-Based Programs                        | <input checked="" type="checkbox"/> Mental Health and Mental Disorders          | <input type="checkbox"/> Wound Care                               |
| <input type="checkbox"/> Emergency Preparedness  | <input checked="" type="checkbox"/> Nutrition and Weight Status                 | <input type="checkbox"/> Other (specify) <input type="text"/>     |
| <input type="checkbox"/> Environmental Health  |   |   |

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Top Health Concerns CHNA FY16-18 The top health concerns among survey respondents were prioritized as listed: #1 – Cancer same as FY13 #2 - Overweight/Obesity up one from FY13 #3 - Diabetes/Sugar up one from FY13 #4 - Heart Disease down two over FY13 #5 – Smoking, drug or alcohol use #6 - High Blood Pressure/Stroke same as FY13 #7 – Mental Health #8 - Access to Healthcare / No Health Insurance #9 - Asthma / Lung Disease #10 - Dental Health #11 - Injuries #12 - HIV & Sexually transmitted disease (&lt;2% ea.)

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other (explain)	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Develops strategic plan, sets organizational goals which guides community benefit activities

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Active role in strategic planning and implementation of community benefit activities
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Executive Care Coordination Team
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:



	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Maryland Department of the Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use MDE Data to target outreach
Maryland Department of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Data to target outreach
Maryland Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FARM data to target outreach
Area Agency on Aging -- Please list the agencies here: MAC, Worcester Commission on Aging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Govt. Organizations -- Please list the organizations here: Worcester County Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	location to provide outreach to county employees
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - K-12 -- Please list the schools here: Worcester County Public Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Mentoring; PAC; Integrated Health Literacy Program
School - Colleges and/or Universities -- Please list the schools here: Salisbury Univ; UMES; WWCC; Del Tech, DE Univ; Frostburg, Chesapeake College; South Hills; Oakwood Univ; Lynchburg; Wilmington Univ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health preceptorships/
School of Public Health -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Medical School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Nursing School -- Please list the schools here: Salisbury Univ; WWCC; Del Tech; Frostburg; Chesapeake College; DE Univ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nursing preceptorships/interns

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here: UMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: Local Drug & Alcohol Coalitions; Hudson Health Services; Atlantic Club; local BHA; Worcester County Health Department; Sheppard Pratt; Worcester Warriors Against Opioid Addiction; Sussex Vet Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Service Organizations -- Please list the organizations here: Worcester GOLD, Cricket Center, MD Food Bank, local pantries/shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community/Neighborhood Organizations -- Please list the organizations here: Worcester Warriors; Atlantic Club; Worcester GOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Koern; ACS; March of Dimes; Bood Bank; Red Cross; local Chambers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No



Q57. Please describe the community benefit narrative review process.

Director Community Health – Community Benefit oversight; Community Education, Outreach Providers and Health Literacy Liaison department management ; CB Committee Chair Population Health Clinical Assistant – performs CBISA data base reporting Outreach Providers – teach workshops, provide first aid and perform many health screenings in the community Community Benefit Committee – The reporters for each department- responsible for the data input for their department regarding Community Benefits. They meet quarterly and set annual goals for Community Benefits which stem from the organizational goals and the strategic plan. They meet quarterly to monitor the hospital's community benefits and to modify and plan accordingly to ensure goals are met. The audit is done quarterly by the Community Benefit Committee, Leadership Team, Senior Leadership and the Hospital Board of Trustees. The Community Benefit Committee and the Director Community Health sign off on the reporting.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes  
 No

Q59. Please explain:

This question area not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes  
 No

Q61. Please explain:

This question area not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes  
 No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Community Benefits is a large part of the planning of the hospital's strategic plan. As we become more focused on population health management, we realize that the hospital's job starts way before someone darkens the doors of our facilities. The key is to coordinate care for our patients by doing all the "Right" things. That is why our strategic plans involve the "Right Principles: Right Care, Right People, Right Place, Right Partners and Right Hospital. Population Health: Community Education and Health Literacy are one of the key initiatives in the strategic plan and make up a large portion of our Community Benefit contribution. The role of the Senior Leadership team is to guide the operations of the organization: to develop the strategic plan, to set the annual organizational goals, which ultimately guides the community benefit initiatives. Clinical leadership is involved in the Strategic Planning each year. It is through their input that goals and directions are set for the organization. It is through the support of these teams (and course set by the goals) that Community Benefits are accomplished. Each department plays an active role in the process and implementation of the Community benefit goals each year. The Executive Care Coordination Team plays an active role in the care coordination process and implementation of the organizational goals, strategic plan, and community benefit goals. The team meets twice monthly.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

<https://www.atlanticgeneral.org/About-Us/Strategic-Initiatives.aspx>

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

AGH demonstrates that we are engaging partners to move toward specific and rigorous processes aimed at generating improved population health and collectively solving complex health and social problems that result in health inequities. 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. AGH collaborates with the following community partners: Other hospital organizations, Local Health Departments, Schools, Behavioral health organizations, Local health improvement coalitions (LHICs), Faith based community organizations, and Social service organizations.

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

[External CB Collaboration.pdf](#)  
4MB  
application/pdf

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Increase community access to comprehensive, quality health care services.

Q70. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q71. Select the CHNA need(s) that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke            |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs  | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times               | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Mental Health and Mental Disorders             |
| <input type="checkbox"/> Cancer   | <input checked="" type="checkbox"/> Nutrition and Weight Status         |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input checked="" type="checkbox"/> Older Adults                        |
| <input checked="" type="checkbox"/> Community Unity                             | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease               | <input checked="" type="checkbox"/> Physical Activity                   |
| <input checked="" type="checkbox"/> Diabetes                                    | <input type="checkbox"/> Preparedness                                   |
| <input type="checkbox"/> Disability and Health                                  | <input checked="" type="checkbox"/> Respiratory Diseases                |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs    | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Emergency Preparedness                                 | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Environmental Health                                   | <input checked="" type="checkbox"/> Social Determinants of Health       |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Substance Abuse                                |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Tobacco Use                         |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being          | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Other. Please specify. <input type="text"/>    |

Q72. When did this initiative begin?

07/01/2015

Q73. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

51,769

Q75. Describe the characteristics of the target population.

9.5% uninsured Worcester County (Data: US Census 2011-2015) Population Worcester County: Total Population 51,769 White 42,024 Black/Af Amer 7,159 Am Ind/AK Native 143 Asian 729 Native HI/PI 13 Some Other Race 699 2+ Races 1,002 (Data: Healthy Communities Institute, 2016) Population Sussex County: Total Population 216,486 White 169,252 Black/Af Amer 26,855 Am Ind/AK Native 1,817 Asian 2,582 Native HI/PI 179 Some Other Race 10,183 2+ Races 5,618 (Data: Healthy Communities Institute, 2016) 3500:1 Worcester County 2060:1 Somerset County 1870:1 Wicomico County 1165:1 Sussex County

Q76. How many people did this initiative reach during the fiscal year?

23,876

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Hospital Resources:

- Population Health Department
- AGH/HS
- Human Resources
- Registration/Billing Services
- Emergency Department
- Executive Care Coordination Team

Community Resources:

- Faith-based Partnership
- Lower Shore Dental Task Force
- Homelessness Committee
- Worcester County Healthy Planning Advisory Council
- Worcester County Health Department
- Local Food Pantries/Shelters/Maryland Food Bank
- Wagner Wellness Van
- Perdue and Mountaire Poultry Plants
- Shore Transit
- Tri County Health Planning Council

No.

Q79. Please describe the primary objective of the initiative.

Reduce unnecessary healthcare costs and reduction in hospital admissions and readmissions during FY18 Reduce health disparities during FY18 Increase community capacity and collaboration for shared responsibility to address unmet health needs during FY18

Q80. Please describe how the initiative is delivered.

Through AGH's initiative to improve access to care reduction in unnecessary healthcare costs would be an impact of objectives improving access to care, educating the community on ED appropriate use, chronic illness self-management, and collaboration efforts with community organizations with a shared vision; Utilize Faith-based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic disease management; Partner with poultry plants to promote wellness by community education events and access to screening; Provide community health events to target minority populations by increasing relationships with faith-based partnerships, local businesses and cultural/ethnic community event; Educate community on financial assistance options to improve affordability of care and reduce delay in care; Partnering with community organizations and participation on committees that address access to care and health disparities; Provider recruitment to medically underserved area.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
-

Other number events, provider recruitment, pre-post surveys, committee participation

Q82. Please describe the outcome(s) of the initiative.

May 2018 (HSCRC) Inpatient readmission risk adjusted rate (MD only) – attainment Jan-Feb 2018 with out-of-state adjustment 9.6% (Target 10.70%); Population Health offered the following wellness workshops in FY18: HTN 2, CDSMP 0, CPSMP 1, Stepping On Falls 2, Stepping on Malnutrition (NEW) 2, DSMP 2 = 9 total workshops. Will continue to monitor as part of an expanded MAC partnership in FY19; Will continue to build relationship efforts FY19 and provide events at poultry plants: 1 event provided at Perdue Salisbury location for staff health screenings; Community health education events during FY18 targeting minority population: 114 events; Free Community Screenings during FY18: BMI, 142 persons screened, 76% overweight/obese Bone Density, 536 persons screened, 30% referred for follow-up BP Screenings, 1,625 persons screened, 21% referred for follow-up Respiratory Screenings, 45 persons screened, 13% referred for follow-up Carotid Artery Screenings, 382 screened, 40% referred for follow-up Glucose Labs Screenings, 269 screened, 25% referred for follow-up Lipid Lab Screenings, 269 screened, 68% referred for follow-up; Community health education events that educated community on financial assistance options to improve affordability of care and reduce delay in care during FY18: 2 events; Continued relationship with local shelters and food pantries through Faith-Based Partnership to explore and assess need for opportunities to promote wellness via community education events and access to screenings. Will continue to promote relationship efforts FY19. Implementation of HSCRC Regional Grant partnership with PRMC Wellness Van outreach project FY2017 – FY2018. Implementation MAERDAF MD Food Bank partnership FY18; FY18 two gastroenterologist and one PA gastroenterology recruited.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Access to care was the number one health priority area for AGH CHNA FY16-18. The initiative addresses ED utilization and hospital recidivism; community education/prevention/self-management, physician recruitment addressing medically underserved rural area needs, free community screenings addressing earlier detection, care coordination and referral to treatment. Financial and under- insured issues addressed at community events with linkage to primary care. Disparities addressed through health equity and removal of barriers to care. -The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Long term measurements include: Community Survey to be completed as part of CHNA FY19-21 CHSI Maryland SHIP Healthy People 2020

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$299,510 total cost to the hospital for this initiative FY18 -includes: \$12,480 HSCRC funds for Wellness Van partnership with PRMC and McCready \$26,590.00 MAERDAF funds for outreach to food banks/pantries and shelters MD Food Bank

Q85. (Optional) Supplemental information for this initiative.

[FY18\\_CB\\_TableIIINarrative 1 Access to Care.docx](#)  
87.2KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q86. Initiative 2

Q87. Name of initiative.

Promote community respiratory health through better prevention, detection, treatment, and education efforts

Q88. Does this initiative address a need identified in your CHNA?

- Yes  
 No

Q89. Select the CHNA need(s) that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance          | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs           | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits        | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times             | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Adolescent Health                                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Blood Disorders and Blood Safety                     | <input type="checkbox"/> Mental Health and Mental Disorders             |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input type="checkbox"/> Chronic Kidney Disease                               | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Community Unity                                      | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease             | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness                                   |
| <input type="checkbox"/> Disability and Health                                | <input checked="" type="checkbox"/> Respiratory Diseases                |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs  | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Emergency Preparedness                               | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Environmental Health                                 | <input checked="" type="checkbox"/> Social Determinants of Health       |
| <input type="checkbox"/> Family Planning                                      | <input type="checkbox"/> Substance Abuse                                |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Genomics   | <input type="checkbox"/> Tobacco Use                                    |

- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q90. When did this initiative begin?

07/01/2015

Q91. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q92. Enter the number of people in the population that this initiative targets.

Adults smoking Worcester County 21.9% and Sussex County 21.7% (CHSI, 2015)

Q93. Describe the characteristics of the target population.

Respiratory Disease & Smoking During the FY16 CHNA process, PRC and Community Surveys identified respiratory disease and smoking cancer as significant community area of great concern. Atlantic General Hospital analyzed data (see Worcester County and Sussex County data below), identified community need via PRC and Community Surveys and met with community partners to determine that community health problems and hospital re-admissions were significant related to respiratory disease and smoking. Based on community need, AGH dedicated resources to those areas, thereby making the greatest possible impact on community health status. According to Healthy People 2020, approximately 23 million Americans have asthma and approximately 13.6 million adults have COPD. Healthy People 2020 estimates there are an equal number of undiagnosed Americans. (Healthy People 2020) Adults smoking Worcester County 21.9% and Sussex County 21.7% (CHSI, 2015) Older adult asthma Worcester County 3.8% and Sussex County 3.6% (CHSI, 2015) Asthma in younger adults admission rate not available via MD SHIP 2,013 adults have COPD in Worcester County (MD SHIP, 2013)

Q94. How many people did this initiative reach during the fiscal year?

994

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.



Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Hospital Resources:  
 •Pulmonary Clinic  
 •Imaging  
 •Emergency Department  
 •Population Health Department  
 •Human Resources  
 •Pulmonology

Community Resources:  
 •Worcester County Health Department  
 •Worcester County Public Schools

No.

Q97. Please describe the primary objective of the initiative.

Decrease tobacco use in Worcester County Increase participation in community lung/respiratory screenings – especially at-risk and vulnerable populations Increase awareness and health literacy around importance of prevention and early detection Increase respiratory specialty provider access to area

Q98. Please describe how the initiative is delivered.

Provide speakers to community groups on smoking cessation; Collaborate with Worcester County Health Department Prevention Department to promote smoking cessation and tobacco use reduction in community; Track smoking cessation education opportunities during FY18; Track collaboration opportunities with Worcester County Health Department FY18; Improve proportion of minorities receiving respiratory screenings; Participate in community events to spotlight pulmonary clinic services; Provide community education events to the community to increase awareness around the importance of prevention and early detection; Improve Health Literacy in middle schools related to tobacco use; Recruit Pulmonologist to community. b) Metric: Track recruitment efforts of Pulmonologist to the community FY17 6) Decrease hospital admissions and readmissions a) Description: Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD) and asthma

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q100. Please describe the outcome(s) of the initiative.

Smoking cessation education opportunities available to report FY18 stem from health fair educational opportunities which include 5 events. Persons served are referred to the local health department's program, AGH continues to collaborate with WCHD by providing referrals to patients needing assistance with smoking cessation; 45 persons were served through pulmonary function screenings FY18. 13% referred for follow-up; Strategies 1 and 2 combined – total person served 919 persons served from the following events: Captains Cove Health Fair August 2017 Ocean Pines Health Fair October 2017 M&T Bank Health Fair October 2017 Sussex County Employees Health Fair 2017 UMES Health Fair March 2018 Wor Wic College Health Fair May 2018 Ocean City Health Fair May 2018 MD Barr Association Health Fair June 2018; Approximately 75 students participated in lessons on substance abuse, tobacco and e-cigarettes during FY18; AGH continues recruitment efforts to increase healthcare providers in the community service area. No Pulmonologist was hired in FY18. Recruitment efforts will continue FY19; According to AGH ED data FY18: 547 persons presented in the ED with Asthma compared to 685 FY17 and 934 FY16; 380 persons presented in the ED with COPD compared to 413 FY17 and 960 FY16.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Long term measurements: -Healthy People 2020 -Decrease ED visits due to acute episodes related to respiratory condition -CHSI

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$4,261.00 cost to the hospital for this initiative FY 18. No grant funds noted.

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Decrease the incidence of advanced breast, lung, colon, and skin cancer in community.

Q106. Does this initiative address a need identified in your CHNA?

Yes

No

Q107. Select the CHNA need(s) that apply.

Access to Health Services: Health Insurance

Access to Health Services: Practicing PCPs

Access to Health Services: Regular PCP Visits

Access to Health Services: ED Wait Times

Adolescent Health

Arthritis, Osteoporosis, and Chronic Back Conditions

Blood Disorders and Blood Safety

Cancer

Chronic Kidney Disease

Community Unity

Dementias, Including Alzheimer's Disease

Diabetes

Disability and Health

Educational and Community-Based Programs

Emergency Preparedness

Environmental Health

Family Planning

Food Safety

Genomics

Global Health

Health Communication and Health Information Technology

Health-Related Quality of Life and Well-Being

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury Prevention

Lesbian, Gay, Bisexual, and Transgender Health

Maternal and Infant Health

Mental Health and Mental Disorders

Nutrition and Weight Status

Older Adults

Oral Health

Physical Activity

Preparedness

Respiratory Diseases

Sexually Transmitted Diseases

Sleep Health

Social Determinants of Health

Substance Abuse

Telehealth

Tobacco Use

Violence Prevention

Vision

Wound Care

Other. Please specify.

Q108. When did this initiative begin?

07/01/2015

Q109. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain. No anticipated end

Q110. Enter the number of people in the population that this initiative targets.

Worcester County 506.1/100,000 persons with Cancer;Sussex County 505.8/100,000 persons with Cancer (CHSI, 2015)

Q111. Describe the characteristics of the target population.

During the FY16 CHNA process, PRC and Community Surveys identified cancer as significant community area of great concern. Atlantic General Hospital analyzed data (see Worcester County and Sussex County data below), identified community need via PRC and Community Surveys and met with community partners to determine that community health problems and hospital re-admissions were significant related to cancer diagnoses. Based on community need, AGH dedicated resources to those areas, thereby making the greatest possible impact on community health status. According to Healthy People 2020, continued advances in cancer detection, research and cancer treatment have decreased cancer incidences and death rates in the United States. Despite continued advances, cancer remains a leading cause of death second to heart disease in the United States. (Healthy People 2020) According to CHNA FY16-FY18 Worcester County data: Lung Cancer – Majority Black • Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity 73.8 Black male deaths /100,000 population compared to 57.6 White deaths /100,000 population Colorectal Cancer – Majority Black Male • Colorectal Cancer Incidence Rate by Gender 46.5 male cases/100,000 population compared to 27.4 female cases/100,000 population • Colorectal Cancer Incidence Rate by Race/Ethnicity 40.5 Black cases/ 100,000 population compared to 33.2 White cases/100,000 population Lung and Bronchus Cancer –Majority Black Males • Lung and Bronchus Cancer Incidence by Gender 59.5 female cases /100,000 population compared to 90.5 male cases/100,000 population • Lung and Bronchus Cancer Incidence Rate by Race/Ethnicity 88.7 Black cases/ 100,000 population compared to 68.5 White cases/100,000 population Prostate Cancer – Majority Black Male • Prostate Cancer Incidence by Race/Ethnicity 302.3 Black male cases /100,000 males compared to 139.6 White male cases /100,000 males According to CHNA FY16 Sussex County data: Prostate Cancer – Majority Black Male • Prostate Cancer Incidence by Race/Ethnicity: 214.4 Black male cases /100,000 males compared to 135.8 White male cases /100,000 males • Age Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity 48.0 Black male cases /100,000 males compared to 19.0 White male cases /100,000 males Breast Cancer – Majority Black Female • Age Adjusted Death Rate due to Breast Cancer by Race/Ethnicity 28.0 Black female deaths/100,000 females compared to 19.6 White female deaths/100,000 females Lung and Bronchus Cancer – Majority Males • Lung and Bronchus Cancer Incidence by Gender 68.0 female cases /100,000 population compared to 84.9 male cases/100,000 population

Q112. How many people did this initiative reach during the fiscal year?

1,134

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Hospital Resources:  
+Population Health Department  
+Human Resources  
+Foundation  
+Women's Diagnostic Center  
+Endoscopy  
+Imaging  
+Pulmonary Clinic  
+Dermatology  
+Medical Oncology  
+Regional Cancer Care Center  
+Radiation Oncology  
+AGH Cancer Committee

Community Resources:  
Worcester County Health Department  
Komen Consortium  
Relay for Life  
Women Supporting Women  
Red Devils

No.

Q115. Please describe the primary objective of the initiative.



Increase awareness around importance of prevention and early detection and reduce health disparities Increase provider services in community to provide for cancer related treatment Improve access and referrals to community resources resulting in better outcomes Increase support to patients and caregivers Increase participation in community cancer screenings – especially at-risk and vulnerable populations

Q116. Please describe how the initiative is delivered.

Improve proportion of minorities receiving women's preventative health services; Improve proportion of minorities participating in community health screenings; Recruit proper professionals in community to provide for cancer related treatment; Partner with local health agencies to facilitate grant application to fund cancer programs; Patients and caregivers need support throughout the cancer treatment process. Patients experience the physical and emotional stressors undergoing treatment while caregivers fulfill a prominent and unique role supporting cancer patients and multitude of services such as home support, medical tasks support, communication with healthcare providers and patient advocate. AGH community education opportunities provide support and promote an informed patient and caregiver; Provide community health screenings; Improve proportion of minorities receiving colonoscopy screenings Improve proportion of minorities receiving LDCT screenings; Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn through melanoma education and skin cancer screenings.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q118. Please describe the outcome(s) of the initiative.

CY2016 AGH data top cancers seen: Melanoma 30.73% Breast Cancer 14.06% Prostate Cancer 8.07% Lung Cancer 8.07% Bladder Cancer 7.03% Colon Cancer 5.47% (AGH Internal Data from Cancer Care Center) See CHNA data - Population Description above FY18 Opening of Regional Cancer Care Center Formal partnerships during FY18 include: Komen 21st Century Oncology Local Health Departments Women Supporting Women Support Group American Cancer Society Red Devils Relay for Life Grant submission -Lily Pharmaceutical for AGH patients massage therapy The following community education activities were tracked in FY18: Increase awareness around importance of prevention and early detection and reduce health disparities – 7 Improve proportion of minorities receiving women's preventative health services – 4 events Screenings provided at health fairs and clinical screening events FY18: Respiratory Screenings, 45 persons screened, 13% referred for follow-up Skin Cancer Screenings (75 persons) and Clinical Breast Exams provided at Ocean City Health Fair May 2018. AGH provided 4 screening events which were aimed to improve proportion of minorities participating in community health screenings. No data available at this time to report on the proportion of minorities receiving colonoscopy screenings. Will continue to track FY19

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Long term measurements: Community Needs Survey Healthy People 2020 AGH databases on ethnicity CHSI

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$2,493.00 cost to the hospital for this initiative FY18 (Community education, clinical screening events, Speaker's Bureau, and Support Groups)

Q121. (Optional) Supplemental information for this initiative.

[FY18\\_CB\\_TableIIINarrative 3 Cancer.docx](#)  
92.5KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- |   |  |
|---|--|
| <input type="checkbox"/> Access to Health Services: Health Insurance            | <input type="checkbox"/> Heart Disease and Stroke  |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input checked="" type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input checked="" type="checkbox"/> Immunization and Infectious Diseases                           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times               | <input checked="" type="checkbox"/> Injury Prevention  |
| <input type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health                            |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions   | <input type="checkbox"/> Maternal and Infant Health  |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Mental Health and Mental Disorders  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Nutrition and Weight Status   |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input type="checkbox"/> Older Adults  |
| <input type="checkbox"/> Community Unity  | <input checked="" type="checkbox"/> Oral Health  |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease               | <input type="checkbox"/> Physical Activity   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness  |
| <input type="checkbox"/> Disability and Health                                  | <input type="checkbox"/> Respiratory Diseases  |
| <input type="checkbox"/> Educational and Community-Based Programs               | <input checked="" type="checkbox"/> Sexually Transmitted Diseases                                  |
| <input type="checkbox"/> Emergency Preparedness                                 | <input type="checkbox"/> Sleep Health  |
| <input type="checkbox"/> Environmental Health                                   | <input type="checkbox"/> Social Determinants of Health   |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Substance Abuse   |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth  |
| <input type="checkbox"/> Genomics   | <input type="checkbox"/> Tobacco Use   |
| <input type="checkbox"/> Global Health  | <input checked="" type="checkbox"/> Violence Prevention  |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision  |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being          | <input type="checkbox"/> Wound Care  |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input checked="" type="checkbox"/> Other. Please specify.<br><input type="text" value="Alcohol"/> |

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text" value="Integrated Health Literacy Program/healthy children &amp; school engagement"/>
Increase the % of adults who are physically active	<input type="text" value="CHNA priority area Nutrition, Physical Activity &amp; Weight"/>
Increase the % of adults who are at a healthy weight	<input type="text" value="CHNA priority area Nutrition, Physical Activity &amp; Weight"/>
Reduce the % of children who are considered obese (high school only)	<input type="text" value="Integrated Health Literacy Program/ CHNA priority area Nutrition, Physical Activity &amp; Weight"/>
Reduce the % of adults who are current smokers	<input type="text" value="CHNA priority area Respiratory Disease &amp; Smoking"/>
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text" value="Integrated Health Literacy Program/ Respiratory Disease &amp; Smoking"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text" value="Chronic Disease prevention self management/ CHNA priority area Access to Care"/>
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text" value="CHNA priority area Mental Health Access"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text" value="Living well workshops MAC partnership - Stepping On Falls Prevention"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text" value="Integrated Health Literacy Program lessons"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text" value="Integrated Health Literacy Program/ CHNA priority area Access to Care"/>
Increase the % of adults with a usual primary care provider	<input type="text" value="CHNA priority area Access to Care"/>
Increase the % of children receiving dental care	<input type="text" value="Integrated Health Literacy Program dental lessons and member Lower Shore Dental Task Force"/>
Reduce % uninsured ED visits	<input type="text" value="CHNA priority area Access to Care"/>
Reduce heart disease mortality (per 100,000)	<input type="text" value="CHNA priority area Heart Disease &amp; Stroke"/>
Reduce cancer mortality (per 100,000)	<input type="text" value="CHNA priority area Cancer"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	<input type="text" value="CHNA priority area Diabetes"/>
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text" value="CHNA priority area Heart Disease &amp; Stroke"/>

Reduce drug induced mortality (per 100,000)	CHNA priority area Opioid and Substance Use
Reduce mental health-related emergency department visit rate (per 100,000)	CHNA priority area Mental Health Access
Reduce addictions-related emergency department visit rate (per 100,000)	CHNA priority area Opioid and Substance Use
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	High older population area in Worcester efforts to manage chronic disease, NICHE certified organization, safe senior initiatives
Reduce dental-related emergency department visit rate (per 100,000)	member Lower Shore Dental Task Force
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	Free community flu clinics
Reduce asthma-related emergency department visit rate (per 10,000)	CHNA priority area Respiratory Disease & Tobacco

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.
 

Allergy/Immunology;  
 Endocrinologist;  
 Infectious Disease;  
 Nephrology; GYN;  
 Pain; Pulmonology;  
 Rheumatology;  
 Urology

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	Category C - Medically underserved rural area
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	Category C Medically underserved rural area
Other (provide detail of any subsidy not listed above)	Category C Medically underserved rural area - See description below
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Our Physician Subsidies listed in Category "C" are losses of 8,060,938 associated with Hospital-based physicians with whom the hospital has an exclusive contract. Included in that figure is 52,800 spent on physician recruitment. Our area is deemed an underserved area for primary care providers and specialty providers. It is listed as one of the top three reasons for not seeking medical care in our area because of the rural area we serve and because of the demographics of our population we are considered an underserved area and there are physician gaps in all specialty areas. We are always in the recruitment mode for specialties; some which are more of a priority than others because of demonstrated need. The number one determined specialty gap in services in our county is mental health providers. There is one full time psychiatrist for the nearly 50,000 residents. Because many of those, in need of mental health services, end up in the emergency department at the hospital it is a drain on the system. We continue to develop out Mental Health team and continue to utilize telemedicine collaboration with Shepard Pratt Hospital and other providers in the Baltimore area.

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

AGH.MSDP.101718\_466863.pptx  
123.4KB

application/vnd.openxmlformats-officedocument.presentationml.presentation

Q132. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Policy.pdf](#)

102KB  
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Patient Information FY18.pdf](#)

588.1KB  
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

FA approval is based on the following income level: • 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

FA approval is based on the following income level: • 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care • Between 201% and 225% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75% • Between 226% and 250% of the Federal Poverty Guidelines - Reduces cost Medically Necessary care at 50% • Between 251% and 300% of the Federal Poverty Guidelines – Reduces cost care Medically Necessary care at 25%

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Medical Hardship is based on the following income level: • 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care • Between 201% and 300% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75% • Between 301% and 400% of the Federal Poverty Guidelines - Reduces cost Medically Necessary care at 50% • Between 401% and 500% of the Federal Poverty Guidelines – Reduces cost care Medically Necessary care at 25% If the patient qualifies for both reduced cost-care and Medical Hardship, the reduction that is most favorable to the patient will be applied.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Our financial assistance policy did not change as a result of the ACA expansion. However, some of our processes changed. For example, when Hospital Support Services screened a patient for medical assistance, if they were over income for MA, but appeared eligible and were interested in a Health Plan through the ACA, she would send a referral to the Worcester County Health Department. The Health Department would then get in touch with the patient and help the patient get insurance. Also, all Atlantic General Hospital associates shared the basic information with all patients that appeared interested or eligible, by providing them with information, dates, times, and locations for signing up. We really did a big push to let the public know about it. As of today, our financial assistance policy does not require patients to get insurance through the ACA before they can be approved for financial assistance. However, it has been discussed thoroughly during each financial assistance policy review, but has not become a requirement.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

The FAP information is an information sheet which can be found in all public waiting areas of the hospital and health system sites. We also run articles in our newsletters that are distributed in the homes of all residents in the county and service areas. Our Case Management and Patient Financial Services Departments also assist in identifying those in need and guide them through the process as described above. Our Patient Financial team attends many community events to raise awareness of the services; some of these include health fairs and homeless days, soup kitchens and food distribution sites. The information is also found on our website. The financial team screens patients for financial assistance who do not have other means to pay their bills. They are also trained and work closely with the local Maryland Healthcare Exchange workers. All AGH associates are trained in their responsibility regarding FAP as part of our annual mandatory learning. The Patient Financial Assistants review, with the patients, the entire policy to revise the interpretation for patients who are approved for assistance and can discuss Medicaid and state programs that will assist the patient. The information and services are available to everyone, not culturally exclusive and is written at a 5th grade level for comprehension. Spanish is the most prevalent language other than English and all of the information/application is available in Spanish.

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: [\[38.382400512695, -75.633598327637\]](#)

Source: GeolP Estimation

**PART TWO: ATTACHMENTS**

**Zips accounting for 65% of IP disch**

- remaining zip and volumes on PSA breakdown tab

Zip- City	P Visit	% of total
21811-BERLIN	1,126	35.3%
21842-OCEAN CITY	407	12.8%
19975-SELBYVILLE	274	8.6%
19945-FRANKFORD	164	5.1%
21863-SNOW HILL	103	3.2%
All Other	1,112	34.9%
<b>Total IP Discharges</b>	<b>3,186</b>	<b>*****</b>



- not all AGH PSA zips are shown above only zips accounting for 65% of IP discharges

- blue marker represents AGH at 3733 Healthway Dr Berlin, MD 21811

**Visits by Insurance Company**

Primary Insurance Cat	Visits	% of Total
Blue Cross of Maryland	6,409	6.88%
Blue Cross of Nat'l Capit	5,082	5.46%
Blue Cross Out of State	4,777	5.13%
Commercial Insurance PP	10,004	10.74%
Donor	171	0.18%
Managed Care Payor	547	0.59%
Medicaid Managed Care	13,981	15.02%
Medicaid Only Fee for Svc	936	1.01%
Medicare Managed Care	3,347	3.59%
Medicare Only Fee for Svc	43,100	46.29%
Other Govt Programs	874	0.94%
Self-Pay	3,145	3.38%
Worker's Compensation	734	0.79%
<b>Total</b>	<b>*****</b>	<b>*****</b>

Primary Insurance Sur	Visits	% of Total
Blue Cross	16,268	17.47%
Commercial	10,004	10.74%
Donor	171	0.18%
MCO	547	0.59%
Medicaid MCO and Medica	14,917	16.02%
Medicare MCO and Medica	46,447	49.89%
Other Govt Programs	874	0.94%
Self Pay	3,145	3.38%
Workers Compt	734	0.79%
<b>Total</b>	<b>93,107</b>	<b>*****</b>

- Blue Cross, Medicaid and Medicaid MCO, Medicare and Medicare MCOs were grouped together

Legislative, Scholarship and Special Events Committees			promotion and support of economic development and the continued growth of tourism in Ocean City. The Chamber serves as the hub for the development, education and communication within the business community of Ocean City to preserve the viability, quality of life and aesthetic values of our town.
Habitat for Humanity		Volunteer	Local volunteer group which builds houses for those in need
Healthcare Provider Council in DE	Anna Short	Clinic Coordinator Sussex County Health Department	Regional group of healthcare providers who work in collaboration with one another to provide needed services throughout the area
Healthy Weight Coalition	Several		A sub-committee of the Maryland SHIP (state health improvement plan) which is working on the promoting programs which challenge healthy



			weight for everyone in our area.
Komen MD Coalition for Eastern Shore	Lori Yates	Regional Representative	Group of community members and health agencies which looks at breast cancer services and gaps in the area and works to fill gaps and promote programming
Lower Shore Red Cross			Provides disaster relief. The board plans events in collaboration with other agencies to meet the needs in our area.
March of Dimes	Jessica Hales	Area Executive Director	Supports local initiatives by education and financial contributions to prenatal and premature births
Maryland eCare	Michael Franklin	Chair	The Limited Liability Corporation (LLC) comprised of 7 hospitals/health systems in Maryland for the purposes of contracting for and managing telemedicine ICU physician services

			for Maryland hospitals. I serve on the Board of Directors, and AGH is a member of the LLC.
Maryland Hospital Association Community Connections Advisory Board	Toni Keiser	Board Member	The mission of this committee is to Help small, rural and independent hospitals and health systems to better communicate and serve their communities by providing them leadership, advocacy, education, and innovative programs and services.
Maryland Society for Healthcare Strategy and Market Development	Shannon Martin	President	The mission of the Maryland Chapter of the Society for Healthcare Strategy and Market Development is to provide healthcare planning, marketing, and communications professionals with the most highly valued resources for professional development.
Ocean City Drug and Alcohol Abuse and	Toni Keiser	Committee Member	In 1989, then Governor William

Prevention Committee			<p>Donald Schaefer asked the Mayor of Ocean City, Roland Powell, to set up a committee to fight the abuse of alcohol and other drugs in our community. Thus, was born the Ocean City Drug Alcohol Abuse Prevention Committee Inc. that works in a partnership with state and local government agencies, as well as many businesses and concerned citizens. Currently the committee is comprised of members from the Town of Ocean City including elected officials and town employees from the Town of Ocean City Police Department and Ocean City Recreation &amp; Parks Department, Worcester County Health Department and Department of Juvenile Services personnel, local school administrators, and</p>
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			teachers, volunteers from community service organizations, and many caring and concerned citizens
Ocean Pines Chamber of Commerce Board of Directors	Ginger Fleming Amy Unger	Director President	Provides oversight and guidance to the Executive Director in carrying out Chamber business.
Opioid Task Force	Beau <u>Olgesby</u>	State's Attorney	– looking at use, trends and prevention in the community
Parkside Technical High School Board	Tracy Hunter	Teacher	<u>Oversees from the community healthcare perspective the CNA and GNA program at the technical high school.</u>
Play it Safe Committee	Toni Keiser	Committee Member	THE MISSION OF PLAY IT SAFE is to encourage high school graduates to make informed, healthy choices while having responsible fun without the use of alcohol and other drugs
Relay For Life	Debbie White	Area Coordinator	American Cancer Society group with raises money, awareness and

			educates the public on cancers
Retired Nurses of Ocean Pines	Joyce Brittan	Volunteer Coordinator	Help with volunteer projects and give feedback for programming in the healthcare field.
Resource Coordination Committee	Phyllis Burton, RN	Administrative Care Coordination, Care Coordination and Ombudsman Program.	
SAFE SART	Althea Foreman	Clinical Manager, ED, AGH	SAFE -Sexual Assault Forensic Examiners – Meetings of the certified RNs and standardizing care for domestic violence, elder abuse, play it safe, lethality assessment, etc. SART, Same as SAFE except it involves all the agencies from Worcester County including Social Services, Patient Advocates, Law Enforcement, States' Attorney, etc
Save a Leg, Save a Life	Geri Rosol, Director Atlantic General Wound Center	Local Representative	A grass roots organization founded in Jacksonville, Florida. There are <u>approximately 45</u> SALSAL chapters

			in the U.S., Latin America, and overseas. The immediate goal is a 25% reduction in lower extremity amputations in communities where SALSAL Chapters are established. Currently the Eastern Shore Chapter spans from Dover, DE – Easton, MD – Salisbury, MD – Berlin, MD
State Advisory Council on Quality Care at the End of Life	Gail Mansell, Chaplain, AGH	Local Representative	Discuss quality initiatives for quality palliative medicine and end of life services that may result in legislative actions for the state of Maryland.
Suicide Awareness Board	Brittany Hines	Worcester County Health Department	Community members working together to raise awareness and prevention of suicides
Tobacco and Cancer Coalition – Worcester County	Mimi Dean	Director Worcester County Health Department Prevention Office	Sharing group of partners from different agencies and community members looking at measures, <u>outcomes</u> and prevention of

			cancers in the area.
Tri County Diabetes Alliance	Dawn Wells	Co-chair	Collaborative group from Worcester, Wicomico and Somerset County who plan collaborative programming to educate, treat and prevent diabetes.
Tri County Health Planning Council	Kim Justice Donna Nordstrom	Member – representative from AGH	To improve the health of residents of Somerset, Wicomico and Worcester counties; increase accessibility, continuity, availability of quality of health services; optimize cost-effectiveness of providing health services and prevent unnecessary duplication of health resources.
The Tri-County Board	Colleen Wareing	Member – representative from AGH	Provides input into the development of statewide health planning documents and uses the State Health Improvement Plan (SHIP) and individual county community health assessments and health

			improvement plans to identify the Tri-County Health Improvement Plan (T-CHIP).
Tri county SHIP	Kim Justice	Member – representative from AGH	Serve to lend support, guidance, planning, collaboration on the State Health Improvement programs
United Way	Kathleen Momme <sup>7</sup>	Local Director	An organization that provides funding for non-profit groups in the local community. Through this board many community needs are identified and partnerships are formed to meet the needs.
Visions (Health Happening) Board, Hospital and Community members	Donna Nordstrom	Chair	who plan and implement health education in the community.
Worcester County Board of Education	Robert Rosenthal	Board President	Oversees the public education in Worcester County.
Worcester County Drug and Alcohol Board Community	Colleen Wareing	Member – representative from AGH	partners working together to oversee the safe use of alcohol and tobacco in the community by



			<p>planning awareness/ educational events and compliance checks for the merchants</p>
<p>Worcester County School Health Council.</p>	<p>Dr. Aaron Dale</p>	<p>Supervisor of Student Services</p>	<p>The purpose of this Council will be to act as an advisory body to the Worcester County Board of Education in the development and maintenance of effective and comprehensive health programs which afford maximum health benefits to students enrolled in Worcester County Public Schools. Recognizing that citizen participation is inherent in the development and maintenance of an effective comprehensive health program, the Council will broadly represent the views of Worcester County citizens</p>

Worcester County Health Department Regional Planning Board	Debbie Goeller	Worcester County Health Department, Health Officer	Community entities work with the Worcester County Health Department to plan and implement needed initiatives in the area. Some are prevention, education, health promotion and healthy living activities
Worcester County Health and Medical Emergency Preparedness Committee			to prepare for emergency situation responses and to protect the health of the community.
Worcester County Crisis Response Team	Monica Martin	Supervisor Mobile Crisis Response Team	The Crisis response team is a crisis intervention team composed of psychiatric social workers and other team members that respond to mental health crisis/issues of patients within the Worcester County area. Their goal is diversion of patients from the Emergency Department and act as a link to community mental health resources
Worcester GOLD: Giving Other Lives Dignity	Claire Otterbein	Director	A non -profit organization that provides

			assistance to community members of all ages such as school supplies, utilities assistance, summer camp sponsor for children, Christmas support to families, replacement of a roof, rainbow room; children's clothing & food supplies. All families or person (s) are screened by Social Services Department of Worcester County
Child Fatality Review Team	Dr. Andrea Mathias	Medical Director, Worcester Co HD	A team that reviews cases in Worcester County.
Drug Overdose Fatality Review Team	Dr Andrea Mathias Doug Dodd	Medical Director, Worcester Co HD	A team that reviews cases in Worcester County.
National Alliance for Mental Illness (NAMI) Lower Shore	Carole Spurrier	Local Representative	A grassroots organization dedicated to advocacy, education and support for persons with mental illness, their families, and the wider community.

Lower Shore Critical Incident Crisis Management	Gail Mansell	Committee Member	CISM is a method of helping first responders and others who have been involved with events that leave them emotionally and/or physically affected by those incidents. CISM is a process that enables peers to help their peers understand problems that might occur after an event. This process also helps people prepare to continue to perform their services or in some cases return to a normal lifestyle.
Hudson Health Services	Leslie Brown, BS	President & Chief Executive Officer	offers inpatient treatment for Substance Use Disorders in Salisbury, Maryland, as well as Halfway and Recovery Housing in Maryland
Worcester County Warriors Against Opioid Use	Heidi McNeely	Director of committee	To provide support and education about opioid use to the community

Table III – FY 2018 Community Benefits Narrative Report – Access to Care

<p>A. 1. Identified Need:</p> <p>A. 2. How was the need identified:</p>	<p><u>Access to Care</u></p> <p>During the FY16 CHNA process, PRC and Community Surveys identified access to care as the greatest community concern. Atlantic General Hospital analyzed data (see Worcester County and Sussex County data below), identified community need via PRC and Community Surveys and met with community partners to determine that community health problems and hospital re-admissions were significant related to access to care. Based on community need, AGH dedicated resources to those areas, thereby making the greatest possible impact on community health status.</p> <p>Atlantic General Hospital is the only hospital in Worcester County, a DHMH federally-designated medically-underserved area, a state-designated rural community, and a HRSA-designated Health Professional Shortage Area for primary care, mental health, and dental health. In AGH’s service area, the top reasons for patients not seeking health care in our communities are cost, transportation, and lack of providers. According to the Community Health Needs Assessment (CHNA) FY2016, the community rated the follow as the top barriers to access health care:</p> <ul style="list-style-type: none"> <li>• Too expensive/can’t afford it 65.3%</li> <li>• No health insurance 53.5%</li> <li>• Couldn’t get an appointment with my doctor 19.6%</li> <li>• No transportation 18.1%</li> <li>• Local doctors are not on my insurance plan 13.7%</li> <li>• Service is not available in our community 9.2%</li> <li>• Doctor is too far away from my home 4.8%</li> </ul> <table border="1" data-bbox="565 1016 1341 1474"> <thead> <tr> <th></th> <th>Worcester County</th> <th>Sussex County</th> <th>U.S. Median</th> <th>Healthy People 2020 Target</th> </tr> </thead> <tbody> <tr> <td>Cost Barrier to Care</td> <td>16.1%</td> <td>12.2%</td> <td>15.6%</td> <td>9%</td> </tr> <tr> <td>Older Adult Preventable Hospitalizations (Medicare Enrollees)</td> <td>51.9/1,000</td> <td>53/1,000</td> <td>71.3/1,000</td> <td>-</td> </tr> <tr> <td>Primary Care Provider Access</td> <td>58.2/100,000</td> <td>57.4/100,000</td> <td>48/100,000</td> <td>-</td> </tr> <tr> <td>Uninsured</td> <td>14.2%</td> <td>14.0%</td> <td>17.7%</td> <td>-</td> </tr> <tr> <td>Dentist Access</td> <td>50.5/100,000</td> <td>22.0/100,000</td> <td>-</td> <td>-</td> </tr> <tr> <td>Poverty</td> <td>11.1%</td> <td>15.7%</td> <td>16.3%</td> <td>-</td> </tr> <tr> <td>Overall Health Status</td> <td>13.3%</td> <td>14.6%</td> <td>16.5%</td> <td>-</td> </tr> </tbody> </table> <p>(CHSI, 2015)</p>		Worcester County	Sussex County	U.S. Median	Healthy People 2020 Target	Cost Barrier to Care	16.1%	12.2%	15.6%	9%	Older Adult Preventable Hospitalizations (Medicare Enrollees)	51.9/1,000	53/1,000	71.3/1,000	-	Primary Care Provider Access	58.2/100,000	57.4/100,000	48/100,000	-	Uninsured	14.2%	14.0%	17.7%	-	Dentist Access	50.5/100,000	22.0/100,000	-	-	Poverty	11.1%	15.7%	16.3%	-	Overall Health Status	13.3%	14.6%	16.5%	-
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<p>B: Name of hospital initiative</p>	<p><u>Initiative:</u>                  Increase community access to comprehensive, quality health care services. (Healthy People 2020 Goal: Improve access to comprehensive, quality health care services)                  Clinical Screenings                  Community Meetings/Coalitions                  Flu Clinics                  Health Fairs                  HTN Clinics                  Living Well Workshops                  Provider Recruitment</p>																																								

Table III – FY 2018 Community Benefits Narrative Report – Access to Care

	<p>Speaker’s Bureau Wellness Van Support Groups Rural Health Service Grants</p>
<p>C: Total number of people within target population</p>	<p>9.5% uninsured Worcester County (Data: US Census 2011-2015)</p> <p>Population Worcester County: Total Population 51,769 White 42,024 Black/Af Amer 7,159 Am Ind/AK Native 143 Asian 729 Native HI/PI 13 Some Other Race 699     2+ Races 1,002 (Data: Healthy Communities Institute, 2016)</p> <p>Population Sussex County: Total Population 216,486 White 169,252 Black/Af Amer 26,855 Am Ind/AK Native 1,817 Asian 2,582 Native HI/PI 179 Some Other Race 10,183     2+ Races 5,618 (Data: Healthy Communities Institute, 2016)</p> <p>3500:1 Worcester County 2060:1 Somerset County 1870:1 Wicomico County 1165:1 Sussex County</p>
<p>D: Total number of people reached by the initiative</p>	<p>23,876 encounters</p>
<p>E: Primary objective of initiative:</p>	<p>1) <u>Reduce unnecessary healthcare costs and reduction in hospital admissions and readmissions during FY18</u>  a) Description: Through AGH’s initiative to improve access to care reduction in unnecessary healthcare costs would be an impact of objectives improving access to care, educating the community on ED appropriate use, chronic illness self-management, and collaboration efforts with community organizations with a shared vision.  b) Metrics: Hospital readmission rate</p> <p>2) <u>Increase in awareness and self-management of chronic disease during FY18</u>  a) Description: Utilize Faith-based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic disease management  b) Metrics: Community Survey Track Wellness Workshops</p> <p>3) <u>Reduce health disparities during FY18</u>  a) Description: Strategy #1-Partner with poultry plants to promote wellness by community education events and access to screenings.</p>

Table III – FY 2018 Community Benefits Narrative Report – Access to Care

	<p>Strategy #2-Provide community health events to target minority populations by increasing relationships with faith-based partnerships, local businesses and cultural/ethnic community events.</p> <p>Strategy #3-Educate community on financial assistance options to improve affordability of care and reduce delay in care.</p> <p>b) Metrics: Community Survey CHSI AGH databases on ethnicity Maryland SHIP Healthy People 2020</p> <p>4) <u>Increase community capacity and collaboration for shared responsibility to address unmet health needs during FY18</u></p> <p>a) Description: Partnering with community organizations and participation on committees that address access to care and health disparities: -Partner with homeless shelters and food pantries to promote wellness -Refer community to local agencies such as Shore Transit and Worcester County Health Department for transportation assistance -Participate on Tri County Health Planning Council -Participate on Lower Shore Dental Task Force -Participate on Worcester County Healthy Planning Advisory Council -Participate on Homelessness Committee</p> <p>b) Metrics: Track committee participation and partnerships</p> <p>5) <u>Increase number of practicing primary care providers and specialists to community during FY18</u></p> <p>a) Description: Provider recruitment b) Metrics: Track provider recruitment Community Survey</p>
<p>F: Single or multi-year plan:</p>	<p>Multi-Year – Atlantic General Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle FY16 – FY18. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.</p>
<p>G: Key collaborators in delivery:</p>	<p>Hospital Resources:</p> <ul style="list-style-type: none"> <li>• Population Health Department</li> <li>• AGH/HS</li> <li>• Human Resources</li> <li>• Registration/Billing Services</li> <li>• Emergency Department</li> <li>• Executive Care Coordination Team</li> </ul> <p>Community Resources:</p> <ul style="list-style-type: none"> <li>• Faith-based Partnership</li> <li>• Lower Shore Dental Task Force</li> <li>• Homelessness Committee</li> <li>• Worcester County Healthy Planning Advisory Council</li> <li>• Worcester County Health Department</li> <li>• Local Food Pantries/Shelters/Maryland Food Bank</li> <li>• Wagner Wellness Van</li> <li>• Perdue and Mountaire Poultry Plants</li> <li>• Shore Transit</li> <li>• Tri County Health Planning Council</li> </ul>
<p>H: Impact of hospital initiative:</p>	<p>Objective 1: <u>Reduce unnecessary healthcare costs and reduction in hospital admissions and readmissions during FY18</u></p> <p>Metrics: Hospital readmission rate</p>

Table III – FY 2018 Community Benefits Narrative Report – Access to Care

	<ul style="list-style-type: none"> <li>• Outcome: May 2018 (HSCRC) Inpatient readmission risk adjusted rate (MD only) – attainment Jan-Feb 2018 with out-of-state adjustment 9.6% (Target 10.70%)</li> </ul> <p><u>Objective 2: Increase in awareness and self-management of chronic disease during FY18</u></p> <p>Metrics: -Community Survey to be completed as part of CHNA FY19-21 -Track Wellness Workshops</p> <ul style="list-style-type: none"> <li>• Outcome: Population Health offered the following wellness workshops in FY18: HTN 2, CDSMP 0, CPSMP 1, Stepping On Falls 2, Stepping on Malnutrition (NEW) 2, DSMP 2 = 9 total workshops. Will continue to monitor as part of an expanded MAC partnership in FY19.</li> </ul> <p><u>Objective 3: Reduce health disparities during FY18</u></p> <p>Metrics: Community Survey to be completed as part of CHNA FY19-21 CHSI AGH databases on ethnicity Maryland SHIP Healthy People 2020</p> <ul style="list-style-type: none"> <li>• Outcome: Strategy #1-Continue relationship with Perdue Salisbury and Mountaire poultry plants, to explore and assess need for opportunities to promote wellness via community education events and access to screenings. Will continue to build relationship efforts FY19 and provide events: 1 event provided at Perdue Salisbury location for staff health screenings</li> </ul> <p>-Community health education events during FY18 targeting minority population: 114 events</p> <p>Strategy #2 -Screenings during FY18: BMI, 142 persons screened, 76% overweight/obese Bone Density, 536 persons screened, 30% referred for follow-up BP Screenings, 1,625 persons screened, 21% referred for follow-up Respiratory Screenings, 45 persons screened, 13% referred for follow-up Carotid Artery Screenings, 382 screened, 40% referred for follow-up Glucose Labs Screenings, 269 screened, 25% referred for follow-up Lipid Lab Screenings, 269 screened, 68% referred for follow-up</p> <p>Strategy #3 -Community health education events that educated community on financial assistance options to improve affordability of care and reduce delay in care during FY18: 2 events</p> <p><u>Objective 4: Increase community capacity and collaboration for shared responsibility to address unmet health needs during FY18</u></p> <p>Metrics: Track committee participation and partnerships</p> <ul style="list-style-type: none"> <li>* Outcome: --Continued relationship with local shelters and food pantries through Faith-Based Partnership to explore and assess need for opportunities to promote wellness via community education events and access to screenings. Will continue to promote relationship efforts FY19. Implementation of HSCRC Regional Grant partnership with PRMC Wellness Van outreach project FY2017 – FY2018. Implementation MAERDAF MD Food Bank partnership FY18.</li> </ul>
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Table III – FY 2018 Community Benefits Narrative Report – Access to Care

	<p>-Director Community Health active participation on the following committees FY18 to promote care coordination and community collaboration: Tri County Health Planning Council, Lower Shore Dental Task Force, Worcester County Healthy Planning Advisory Council LHIC, and Homelessness Committee.</p> <p>Objective 5: <u>Increase number of practicing primary care providers and specialists to community during FY18</u>  Metrics: Track provider recruitment  Community Survey</p> <ul style="list-style-type: none"> <li>• Outcome: <ul style="list-style-type: none"> <li>- Community Survey to be completed as part of CHNA FY19-21</li> <li>- During FY16, AGH/AGHS hired one GYN and one Dermatologist. During FY17, AGH/AGHS hired two general surgeons, one GYN, one neurologist, and one family med physician. During FY18, AGH/AGHS hired two gastroenterologists and one PA gastroenterology</li> </ul> </li> </ul>	
I: Evaluation of outcome	<p>-The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.  Long term measurements include:  Community Survey to be completed as part of CHNA FY19-21  CHSI  Maryland SHIP  Healthy People 2020</p>	
J: Continuation of initiative:	<p>We will continue to monitor connections made to community programming for access to care programs in FY19.</p>	
<p>K: Expense:  A. Total Cost of Initiative for Current Fiscal Year  B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>a. Total Cost of Initiative for Current Fiscal Year  \$299,510.00</p>	<p>b. Restricted Grants/Direct offsetting revenue  MAERDAF - \$26,590.00  HSCRC Regional Grant wellness van \$12,480.00</p>

**Table III – FY 2019 Community Benefits Narrative Report – Initiative 2 Promote community respiratory health through better prevention, detection, treatment, and education efforts**

<p>A. 1. Identified Need: A. 2. How was the need identified:</p>	<p><u>Respiratory Disease &amp; Smoking</u> During the FY16 CHNA process, PRC and Community Surveys identified respiratory disease and smoking cancer as significant community area of great concern. Atlantic General Hospital analyzed data (see Worcester County and Sussex County data below), identified community need via PRC and Community Surveys and met with community partners to determine that community health problems and hospital re-admissions were significant related to respiratory disease and smoking. Based on community need, AGH dedicated resources to those areas, thereby making the greatest possible impact on community health status.</p> <p>According to Healthy People 2020, approximately 23 million Americans have asthma and approximately 13.6 million adults have COPD. Healthy People 2020 estimates there are an equal number of undiagnosed Americans. (Healthy People 2020)</p> <table border="1" data-bbox="529 636 1393 850"> <thead> <tr> <th></th> <th>Worcester County</th> <th>Sussex County</th> <th>U.S. Median</th> <th>Healthy People 2020</th> </tr> </thead> <tbody> <tr> <td>Adults Smoking</td> <td>21.9%</td> <td>21.7%</td> <td>21.7%</td> <td>12%</td> </tr> <tr> <td>Older Adult Asthma</td> <td>3.8%</td> <td>3.6%</td> <td>3.6%</td> <td>-</td> </tr> <tr> <td>Chronic Lower Respiratory Deaths</td> <td>34.1/100,000</td> <td>41.6/100,000</td> <td>49.6/100,000</td> <td>-</td> </tr> </tbody> </table> <p>(CHSI, 2015)</p>		Worcester County	Sussex County	U.S. Median	Healthy People 2020	Adults Smoking	21.9%	21.7%	21.7%	12%	Older Adult Asthma	3.8%	3.6%	3.6%	-	Chronic Lower Respiratory Deaths	34.1/100,000	41.6/100,000	49.6/100,000	-
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<p>B: Name of hospital initiative</p>	<p><u>Initiative:</u> Promote community respiratory health through better prevention, detection, treatment, and education efforts. (Healthy People 2020 Goal: Promote respiratory health through better prevention, detection, treatment, and education efforts.) Community Screenings Care Coordination/Community Partnerships CDSMP (evidence based) Speaker’s Bureau Integrated Health Literacy Program (IHLP)</p>																				
<p>C: Total number of people within target population</p>	<p>Adults smoking Worcester County 21.9% and Sussex County 21.7% (CHSI, 2015) Older adult asthma Worcester County 3.8% and Sussex County 3.6% (CHSI, 2015) Asthma in younger adults admission rate not available via MD SHIP 2,013 adults have COPD in Worcester County (MD SHIP, 2013)</p>																				
<p>D: Total number of people reached by the initiative</p>																					
<p>E: Primary objective of initiative:</p>	<p>1) Decrease tobacco use in Worcester County a) Description: Strategy #1 -Provide speakers to community groups on smoking cessation Strategy #2 - Collaborate with Worcester County Health Department Prevention Department to promote smoking cessation and tobacco use reduction in community b) Metric: Strategy #1 -Track smoking cessation education opportunities during FY18 Strategy #2 - Track collaboration opportunities with Worcester County Health Department FY18</p> <p>2) Increase participation in community lung/respiratory screenings – especially at-risk and vulnerable populations a) Description: Improve proportion of minorities receiving respiratory screenings b) Metric: Track persons served by lung/respiratory screening events FY18</p>																				

**Table III – FY 2019 Community Benefits Narrative Report – Initiative 2 Promote community respiratory health through better prevention, detection, treatment, and education efforts**

	<p>3) Increase awareness around importance of prevention and early detection  a) Description: Participate in community events to spotlight pulmonary clinic services  Provide community education events to the community to increase awareness around the importance of prevention and early detection.  b) Metric: Track community events which spotlight pulmonary clinic services FY 18  Track community education opportunities FY18</p> <p>4) Increase health literacy for health conditions/healthy living  a) Description: Improve Health Literacy in middle schools related to tobacco use  b) Metric: Track students participating in tobacco use lessons provided by the Integrated Health Literacy Program FY18</p> <p>5) Increase provider services in community to provide for respiratory related treatment  a) Description: Recruit Pulmonologist to community  b) Metric: Track recruitment efforts of Pulmonologist to the community FY18</p> <p>6) Decrease hospital admissions and readmissions  a) Description: Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD) and asthma  b) Metric: Track ED visits related to COPD and asthma FY 18</p>
<p>F: Single or multi-year plan:</p>	<p>Multi-Year – Atlantic General Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle FY16 – FY18. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.</p>
<p>G: Key collaborators in delivery:</p>	<p>Hospital Resources:  •Pulmonary Clinic  •Imaging  •Emergency Department  •Population Health Department  •Human Resources  •Pulmonology</p> <p>Community Resources:  •Worcester County Health Department  •Worcester County Public Schools</p>
<p>H: Impact of hospital initiative:</p>	<p>Objective #1: Decrease tobacco use in Worcester County</p> <p>Metric:  Strategy #1 -Track smoking cessation education opportunities during FY18  Strategy #2 - Track collaboration opportunities with Worcester County Health Department FY18</p> <p>• Outcome:  Strategy #1 – Smoking cessation education opportunities available to report FY18 stem from health fair educational opportunities which include 5 events. Persons served are referred to the local health department’s program.</p> <p>Strategy #2 – AGH continues to collaborate with WCHD by providing referrals to patients needing assistance with smoking cessation.</p> <p>Objective #2: Increase participation in community lung/respiratory screenings – especially at-risk and vulnerable populations</p>

**Table III – FY 2019 Community Benefits Narrative Report – Initiative 2 Promote community respiratory health through better prevention, detection, treatment, and education efforts**

	<p>Metric: Track persons served by lung/respiratory screening events FY18</p> <ul style="list-style-type: none"> <li>• Outcome: 45 persons were served through pulmonary function screenings FY18. 13% referred for follow-up.</li> </ul> <p>Objective #3: Increase awareness around importance of prevention and early detection</p> <p>Metric: Strategy #1 -Track community events which spotlight pulmonary clinic services FY 18 Strategy #2 - Track community education opportunities FY18</p> <ul style="list-style-type: none"> <li>• Outcome: Strategies 1 and 2 combined – total person served 919 persons served from the following events: Captains Cove Health Fair August 2017 Ocean Pines Health Fair October 2017 M&amp;T Bank Health Fair October 2017 Sussex County Employees Health Fair 2017 UMES Health Fair March 2018 Wor Wic College Health Fair May 2018 Ocean City Health Fair May 2018 MD Barr Association Health Fair June 2018</li> </ul> <p>Objective #4: Increase health literacy for health conditions/healthy living</p> <p>Metric: Track students participating in tobacco use lessons provided by the Integrated Health Literacy Program FY18</p> <ul style="list-style-type: none"> <li>• Outcome: Approximately 75 students participated in lessons on substance abuse, tobacco and e-cigarettes during FY18.</li> </ul> <p>Objective #5: Increase provider services in community to provide for respiratory related treatment</p> <p>Metric: Track recruitment efforts of Pulmonologist to the community FY18.</p> <ul style="list-style-type: none"> <li>• Outcome: AGH continues recruitment efforts to increase healthcare providers in the community service area. No Pulmonologist was hired in FY18. Recruitment efforts will continue FY19.</li> </ul> <p>Objective #6: Decrease hospital admissions and readmissions</p> <p>Metric: Track ED visits related to COPD and asthma FY 18</p> <ul style="list-style-type: none"> <li>• Outcome: According to AGH ED data FY18: 547 persons presented in the ED with Asthma compared to 685 FY17 and 934 FY16 380 persons presented in the ED with COPD compared to 413 FY17 and 960 FY16</li> </ul>
I: Evaluation of outcome	<p>The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.</p> <p>Long term measurements: -Healthy People 2020</p>

**Table III – FY 2019 Community Benefits Narrative Report – Initiative 2 Promote community respiratory health through better prevention, detection, treatment, and education efforts**

	-Decrease ED visits due to acute episodes related to respiratory condition -CHSI	
J: Continuation of initiative:	We will continue to monitor connections made to community programming for respiratory disease and smoking prevention/cessation during FY19.	
K: Expense:	a. Total Cost of Initiative for Current Fiscal Year	b. Restricted Grants/Direct offsetting revenue
A. Total Cost of Initiative for Current Fiscal Year	\$4,261.00	none
B. What amount is Restricted Grants/Direct offsetting revenue		

**Table III – FY 2018 Community Benefits Narrative Report - Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community**

<p>A. 1. Identified Need: A. 2. How was the need identified:</p>	<p><u>Cancer</u> During the FY16 CHNA process, PRC and Community Surveys identified cancer as significant community area of great concern. Atlantic General Hospital analyzed data (see Worcester County and Sussex County data below), identified community need via PRC and Community Surveys and met with community partners to determine that community health problems and hospital re-admissions were significant related to cancer diagnoses. Based on community need, AGH dedicated resources to those areas, thereby making the greatest possible impact on community health status.</p> <p>According to Healthy People 2020, continued advances in cancer detection, research and cancer treatment have decreased cancer incidences and death rates in the United States. Despite continued advances, cancer remains a leading cause of death second to heart disease in the United States. (Healthy People 2020)</p> <table border="1" data-bbox="500 625 1321 930"> <thead> <tr> <th>(rate per 100,000 persons)</th> <th>Worcester County</th> <th>Sussex County</th> <th>U.S. Median</th> <th>Healthy People 2020</th> </tr> </thead> <tbody> <tr> <td>Cancer Deaths</td> <td>188.0</td> <td>184.1</td> <td>185</td> <td>161.4</td> </tr> <tr> <td>Cancer</td> <td>506.1</td> <td>505.8</td> <td>457.6</td> <td>-</td> </tr> <tr> <td>Colon Rectum Cancer</td> <td>43.2</td> <td>46.3</td> <td>-</td> <td>-</td> </tr> <tr> <td>Female Breast Cancer</td> <td>138.5</td> <td>125.7</td> <td>-</td> <td>-</td> </tr> <tr> <td>Lung Bronchus Cancer</td> <td>71</td> <td>77.7</td> <td>-</td> <td>-</td> </tr> <tr> <td>Male Prostate Cancer</td> <td>190.1</td> <td>156.6</td> <td>-</td> <td>-</td> </tr> </tbody> </table> <p>(CHSI, 2015)</p> <table border="1" data-bbox="500 961 1338 1110"> <thead> <tr> <th></th> <th>Worcester County</th> <th>Sussex County</th> <th>U.S. Median</th> <th>Healthy People 2020</th> </tr> </thead> <tbody> <tr> <td>Melanoma Deaths (age adjusted per 100,000)</td> <td>4.6</td> <td>2.6</td> <td>2.7</td> <td>2.4</td> </tr> </tbody> </table> <p>(State Cancer Profiles, 2009-2013)</p>	(rate per 100,000 persons)	Worcester County	Sussex County	U.S. Median	Healthy People 2020	Cancer Deaths	188.0	184.1	185	161.4	Cancer	506.1	505.8	457.6	-	Colon Rectum Cancer	43.2	46.3	-	-	Female Breast Cancer	138.5	125.7	-	-	Lung Bronchus Cancer	71	77.7	-	-	Male Prostate Cancer	190.1	156.6	-	-		Worcester County	Sussex County	U.S. Median	Healthy People 2020	Melanoma Deaths (age adjusted per 100,000)	4.6	2.6	2.7	2.4
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<p>B: Name of hospital initiative</p>	<p>Initiative: Decrease the incidence of advanced breast, lung, colon, and skin cancer in community. (Healthy People 2020 Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.) Community Education Clinical Screenings Grant Writing Speakers Bureau Support Groups</p>																																													
<p>C: Total number of people within target population</p>	<p>Worcester County 506.1/100,000 persons with Cancer Sussex County 505.8/100,000 persons with Cancer (Data: CHSI, 2015)</p>																																													
<p>D: Total number of people reached by the initiative</p>	<p>1144 persons were served at community education, speaker’s bureau, support group, and community clinical screening events. Due to size of initiative, these events are the only accurate tracking record for number of encounters.</p>																																													
<p>E: Primary objective of initiative:</p>	<p>1) Increase awareness around importance of prevention and early detection and reduce health disparities a) Description: -Improve proportion of minorities receiving women’s preventative health services -Improve proportion of minorities participating in community health screenings b) Metrics: Healthy People 2020 AGH databases on ethnicity CHSI</p>																																													

**Table III – FY 2018 Community Benefits Narrative Report - Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community**

	<p>2) Increase provider services in community to provide for cancer related treatment  a) Description: Recruit proper professionals in community to provide for cancer related treatment  b) Metrics: Track provider recruitment FY18</p> <p>3) Improve access and referrals to community resources resulting in better outcomes  a) Description: Partner with local health agencies to facilitate grant application to fund cancer programs  b) Metrics: Track grant opportunities and formal partnerships FY18</p> <p>4) Increase support to patients and caregivers  a) Description: Patients and caregivers need support throughout the cancer treatment process. Patients experience the physical and emotional stressors undergoing treatment while caregivers fulfill a prominent and unique role supporting cancer patients and multitude of services such as home support, medical tasks support, communication with healthcare providers and patient advocate. AGH community education opportunities provide support and promote an informed patient and caregiver.  b) Metrics:  Track cancer prevention and educational opportunities FY18</p> <p>5) Increase participation in community cancer screenings – especially at-risk and vulnerable populations  a) Description:  -Provide community health screenings:  -Improve proportion of minorities receiving colonoscopy screenings  -Improve proportion of minorities receiving LDCT screenings  -Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn through melanoma education and skin cancer screenings  b) Metrics: Track community screening events and persons screened FY18</p>
<p>F: Single or multi-year plan:</p>	<p>Multi-Year – Atlantic General Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle FY16 – FY18. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.</p>
<p>G: Key collaborators in delivery:</p>	<p>Hospital Resources:  •Population Health Department  •Human Resources  •Foundation  •Women’s Diagnostic Center  •Endoscopy  •Imaging  •Pulmonary Clinic  •Dermatology  •Medical Oncology  •Regional Cancer Care Center  •Radiation Oncology  •AGH Cancer Committee</p> <p>Community Resources:  Worcester County Health Department  Komen Consortium  Relay for Life</p>

**Table III – FY 2018 Community Benefits Narrative Report - Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community**

	<p>Women Supporting Women Red Devils</p>
<p>H: Impact of hospital initiative:</p>	<p>Objective 1: Increase awareness around importance of prevention and early detection and reduce health disparities</p> <p>Metrics: Track Community Health Needs Assessment data FY16-18 AGH internal data</p> <ul style="list-style-type: none"> <li>• Outcome: CY2016 AGH data top cancers seen: Melanoma 30.73% Breast Cancer 14.06% Prostate Cancer 8.07% Lung Cancer 8.07% Bladder Cancer 7.03% Colon Cancer 5.47% (AGH Internal Data from Cancer Care Center)</li> </ul> <p>According to CHNA FY16-FY18 Worcester County data:</p> <ul style="list-style-type: none"> <li>• Lung Cancer – Majority Black Age-Adjusted Death Rate due to Lung Cancer by Race/Ethnicity 73.8 Black male deaths /100,000 population compared to 57.6 White deaths /100,000 population</li> <li>• Colorectal Cancer – Majority Black Male Colorectal Cancer Incidence Rate by Gender 46.5 male cases/100,000 population compared to 27.4 female cases/100,000 population</li> <li>• Colorectal Cancer Incidence Rate by Race/Ethnicity 40.5 Black cases/ 100,000 population compared to 33.2 White cases/100,000 population</li> <li>• Lung and Bronchus Cancer –Majority Black Males Lung and Bronchus Cancer Incidence by Gender 59.5 female cases /100,000 population compared to 90.5 male cases/100,000 population</li> <li>• Lung and Bronchus Cancer Incidence Rate by Race/Ethnicity 88.7 Black cases/ 100,000 population compared to 68.5 White cases/100,000 population</li> <li>• Prostate Cancer – Majority Black Male Prostate Cancer Incidence by Race/Ethnicity 302.3 Black male cases /100,000 males compared to 139.6 White male cases /100,000 males</li> </ul> <p>According to CHNA FY16 Sussex County data:</p> <ul style="list-style-type: none"> <li>• Prostate Cancer – Majority Black Male Prostate Cancer Incidence by Race/Ethnicity: 214.4 Black male cases /100,000 males compared to 135.8 White male cases /100,000 males</li> <li>• Age Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity 48.0 Black male cases /100,000 males compared to 19.0 White male cases /100,000 males</li> <li>• Breast Cancer – Majority Black Female Age Adjusted Death Rate due to Breast Cancer by Race/Ethnicity 28.0 Black female deaths/100,000 females compared to 19.6 White female deaths/100,000 females</li> <li>• Lung and Bronchus Cancer – Majority Males Lung and Bronchus Cancer Incidence by Gender</li> </ul>



**Table III – FY 2018 Community Benefits Narrative Report - Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community**

	<p>68.0 female cases /100,000 population compared to 84.9 male cases/100,000 population</p> <p>Objective 2: Increase provider services in community to provide for cancer related treatment</p> <p>Metrics: Track provider recruitmentFY18</p> <ul style="list-style-type: none"> <li>• Outcome: FY18 Opening of Regional Cancer Care Center.</li> </ul> <p>Objective 3: Improve access and referrals to community resources resulting in better outcomes</p> <p>Metrics: Track grant opportunities and formal partnerships FY18</p> <ul style="list-style-type: none"> <li>• Outcome: Grant submissions/awards FY18</li> <li>• 2/17/17 - SUBMITTED-AWARDED - Worcester County Commissioners - \$100,000 Campaign for the Future - Regional Cancer Care Center (received in FY18 from the county's FY18 budget appropriation)</li> <li>• 2/01/17 - SUBMITTED-AWARDED - Community Foundation of the Eastern Shore's Community Needs Grant Program - \$5,000 for Integrative Therapies at the Regional Cancer Care Center</li> <li>• 11/15/16 - SUBMITTED-AWARDED - Community Foundation of the Eastern Shore Mini-Grant - \$1,000 for Patient Assistance Fund for RCCC patients</li> </ul> <p>Formal partnerships during FY18 include: Komen 21st Century Oncology Local Health Departments Women Supporting Women Support Group American Cancer Society Red Devils Relay for Life</p> <p>Objective 4: Increase support to patients and caregivers</p> <p>Metrics: Track cancer prevention and educational opportunities FY18</p> <ul style="list-style-type: none"> <li>• Outcome: The following community education activities were tracked in FY18: Increase awareness around importance of prevention and early detection and reduce health disparities – 7 Improve proportion of minorities receiving women's preventative health services – 4 events</li> </ul> <p>Objective 5: Increase participation in community cancer screenings – especially at-risk and vulnerable populations</p> <p>Metrics: Track community screening events and persons screened FY18</p> <ul style="list-style-type: none"> <li>• Outcome: Screenings provided at health fairs and clinical screening events FY18: Respiratory Screenings, 45 persons screened, 13% referred for follow-up Clinical Breast Exam, 10 persons screened, 0% referred for follow-up</li> </ul>
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**Table III – FY 2018 Community Benefits Narrative Report - Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community**

	Skin Cancer Screenings (75 persons) provided at Ocean City Health Fair May 2018. AGH provided 4 screening events which were aimed to improve proportion of minorities participating in community health screenings. No data available at this time to report on the proportion of minorities receiving colonoscopy screenings. Will continue to track FY19.	
I: Evaluation of outcome	The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above. Long term measurements: Community Needs Survey Healthy People 2020 AGH databases on ethnicity CHSI	
J: Continuation of initiative:	We will continue to monitor connections made to community programming for access to cancer prevention and screenings FY18.	
K: Expense: A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	a. Total Cost of Initiative for Current Fiscal Year  \$2,493.00 Community education, free screening events, Speaker’s Bureau, and Support Groups	b. Restricted Grants/Direct offsetting revenue  Zero revenue for community education, speakers, groups and community clinical screening events

# IV. Preliminary Recommendations

## Current Community Physician Needs

### Current Need | 34 Physicians

Current need is the identified market deficit at present and does not account for future changes in practice patterns.

- » Allergy/immunology: 1
- » Dermatology: 1
- » Endocrinology: 1
- » Gastroenterology: 1
- » General surgery: 2
- » Infectious disease: 1
- » Nephrology: 1
- » Neurology: 1
- » Neurosurgery: 1
- » Obstetrics/gynecology: 3
- » Otolaryngology: 1
- » Pain management: 1
- » Pediatric psychiatry: 1
- » Physical medicine and rehabilitation: 1
- » Primary care: 12
- » Psychiatry: 2
- » Pulmonology/critical care: 1
- » Rheumatology: 1
- » Urology: 1



Current need reflects shortages in the community at the present time.

**ATLANTIC GENERAL HOSPITAL/HEALTH SYSTEM**  
**POLICY AND PROCEDURE**

**TITLE: Financial Assistant Policy**

**DEPARTMENT: Patient Financial Services**

Effective Date: 7/1/16

Number: \_\_\_\_\_

Revised: \_\_\_\_\_

Pages: Five (5)

Reviewed: \_\_\_\_\_

Signature:

\_\_\_\_\_  
Vice President, Finance

\_\_\_\_\_  
Director, Patient Financial Services

**POLICY:**

It is the policy of Atlantic General Hospital/Health System (AGH/HS) to provide medically necessary services without charge or at a reduced cost to all eligible patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill. Financial Assistance (FA) is granted after all other avenues have been exhausted, including, but not limited to Medical Assistance, private funding, grant programs, credit cards, and/or payment arrangements. FA applies only to bills related to services provided by the AGH/HS. Fees for healthcare and professional services that are not provided by AGH/HS are not included in this policy. Emergent and urgent services may be considered for FA; elective care services are excluded. A roster of providers that deliver emergent, urgent, and other medically necessary care is updated quarterly and available on the hospital website at [www.atlanticgeneral.org](http://www.atlanticgeneral.org), indicating which providers are covered and which are not under the FA policy. This information is also available by calling a Financial Counselor at (410) 629-6025. The patient must have a valid social security number, valid green card or valid visa. A patient's payment for reduced-cost care for AGH shall not exceed the amount generally billed (AGB) as determined by the Health Services Cost Review Commission (HSCRC).

## **Definitions:**

**Emergent Care:** An emergency accident, meaning a sudden external event resulting in bodily injury, or an emergency illness, meaning the sudden onset of acute symptoms of such severity that the absence of immediate attention may result in serious medical consequences.

**Elective Care:** Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate nursing or physician representative will be contacted for consultation in determining the patient status.

**Medical Necessity:** Inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis and/or treatment of an injury, illness, disease or its symptoms, which otherwise left untreated, would pose a threat to the ongoing health status. Services must:

- Be clinically appropriate and within generally accepted medical practice standards
- Represent the most appropriate and cost effective supply, device or service that can be safely provided and readily available with a primary purpose other than patient or provider convenience.

**Immediate Family:** A family unit is defined as all exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household must be submitted.

**Post-Discharge Billing Statement:** The first billing statement after the discharge date of an Inpatient or the service date of an outpatient.

**Medical Hardship:** Medical debt incurred by a family over the course of the previous twelve months that exceeds 25% of the family's income. Medical debt is defined as out of pocket expenses for medical costs billed by the health system. The hospital will provide reduced-cost, medically necessary care to patients with family income below 500% of the Federal Poverty Level.

**Extraordinary Collection Actions (ECA):** Any legal action and/or reporting the debt to a consumer reporting agency.

**Plain Language Summary:** A summary of the Financial Assistance Policy which includes information on how to apply and how to obtain additional information.

**Income:** The amount of income as defined on the tax returns.

**Procedures:**

The Maryland State Uniform FA application, (Attachment 1) the AGH/HS FA policy, Collection policy and the Plain Language Summary are available in English and Spanish. No other language constitutes a group that is 5% or more of the hospital service area based on Worcester County population demographics as listed by the U.S. Census Bureau. The policies can be obtained free of charge in English and in Spanish by one of the following ways:

1. Available upon request by calling (410) 629-6025.
2. Picked up in the registration areas
3. Downloaded from the hospital website; [www.atlanticgeneral.org/FAP](http://www.atlanticgeneral.org/FAP)
4. The Plain Language Summary is inserted in the Admission packet
5. FA language is included on all statements that include the telephone number to call and request a copy and the website address where copies may be obtained.
6. FA notification signs are posted in the main registration areas
7. An annual notification is posted in the local newspaper, and presented at area events
8. Patients who have difficulty in completing the application can orally provide the information

No ECA will be taken within 120 days of the first post-discharge billing statement. A message will be on the statement thirty days prior to initiating ECA notifying the patient. During the 120 day period, the patient will be reminded of the FA program during normal collection calls. If the application is ineligible, normal collection actions will resume, which includes notifying the agency if applicable to proceed with ECA efforts. If the application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed. A list of approved ECA actions may be found in the Collection Policy. The patient may appeal a denied application by submitting a letter to the Director of Patient Financial Services indicating the reason for the request.

If the FA application is submitted incomplete, any ECA efforts that have been taken will be suspended for 30 calendar days and assistance will be provided to the patient in order to get the application completed. A written notice that describes the additional information and/or documentation required will be mailed which includes a phone contact to call for assistance.

If the FA is approved, service 3 months before the date of the original approval date and twelve months after the approval day will be included in the adjustment. For patients that have been approved for 100%, any amount exceeding \$5.00 that has already been collected from the patient or guarantor for approved dates of service at 100% shall be refunded to the patient if the determination is made within 2 years of the date of the FA approval.

Eligibility determination will be provided in writing within 2 business days of receipt of a completed application by the FA Committee.

**Automatic Eligibility:**

If the patient is enrolled in a means-tested program, the application is approved for 100% FA on a presumptive basis, not requiring supporting financial data. Examples of a means-tested program are reduced/free school lunches, food stamps, energy and housing assistance, out of state Medicaid, Qualified Medicaid Beneficiary Program and the Specified Low Income Beneficiary Program. The patient is responsible for providing proof of eligibility.

FA will be granted for a deceased patient with no estate.

Patients approved under any Federal or State Grant are eligible for FA for the balance over the grant payment.

FA may be approved based on their propensity to pay credit scoring.

**Eligibility Consideration:**

Generally only income and family size will be considered in approving applications for FA. Liquid assets such as rental properties, stocks, bonds, CD's, and money market funds will be considered if one of the following scenarios occurs:

1. The amount requested is greater than \$20,000
2. The tax return shows a significant amount of interest income
3. The patient has a savings or checking account greater than \$10,000
4. If the patient/guarantor is self-employed, a profit and loss statement may be required

The following assets are excluded:

1. The first \$10,000 of monetary assets
2. Up to \$150,000 in a primary residence
3. Certain retirement benefits such as a 401K where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans where the patient potentially could pay taxes and/or penalties by cashing in the benefit.

FA approval is based on the following income level:

- 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care

- Between 201% and 225% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75%
- Between 226% and 250% of the Federal Poverty Guidelines - Reduces cost Medically Necessary care at 50%
- Between 251% and 300% of the Federal Poverty Guidelines – Reduces cost care Medically Necessary care at 25%

Medical Hardship is based on the following income level:

- 0% to 200% of the Federal Poverty Guideline – 100% reduction for Medically Necessary care
- Between 201% and 300% of the Federal Poverty Guidelines – Reduced cost Medically Necessary care at 75%
- Between 301% and 400% of the Federal Poverty Guidelines - Reduces cost Medically Necessary care at 50%
- Between 401% and 500% of the Federal Poverty Guidelines – Reduces cost care Medically Necessary care at 25%

If the patient qualifies for both reduced cost-care and Medical Hardship, the reduction that is most favorable to the patient will be applied. The Federal Poverty Guideline, family size, and income level can be referenced on Attachment 2.

This policy may not be changed without the approval of the Board of Directors. Furthermore, this policy must be reviewed by the Board and re-approved at least every two years.





## Financial Assistance Summary

### Plain Language Summary

#### **Patient's Obligations and Rights regarding Hospital bills**

For patients with the ability to pay, it is their obligation to pay their bill in a timely manner. If they fail to meet this obligation, they may be referred to a collection agency. If a patient believes they have been wrongly referred to a collection agency, they have the right to contact the hospital for more information at [410-641-9101](tel:410-641-9101). If a patient is uninsured or underinsured, financial assistance (FA) may be available. There are certain criteria that must be met in order to qualify for FA. If a patient applies for FA, it is their responsibility to provide all required information and supporting documents to the hospital so that their eligibility can be determined. Partial or full financial assistance will be granted based on the patient's ability to pay the billed charges. The information below summarizes Atlantic General Hospital's Financial Assistance Policy. For more information regarding FA, please call [410-629-6025](tel:410-629-6025) or visit the AGH website: <http://www.atlanticgeneral.org/fap>

#### **Overview**

It is the policy of Atlantic General Hospital/Health System to provide medically necessary services without charge or at a reduced cost to all eligible persons, who are unable to pay, according to the Hospital's guidelines. Atlantic General Hospital defines all emergency room care as medically necessary even though decisions by insurance companies may be in conflict with this decision.

A FA eligible individual may not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care. Eligibility for financial assistance is based on several factors, including income (see Federal Poverty Level guidelines below), household size, assets and any special consideration that the patient would like to have considered.

Patients may be eligible for Medical Assistance or other public assistance. Patients can apply at their local Department of Social Services or online. Information and applications can be obtained from the following state websites: <https://mmcp.dhmm.maryland.gov> (MD), <http://dhss.delaware.gov> (DE), <http://www.dmas.virginia.gov> (VA). Maryland residents might be able to apply for assistance with MD Children's Health Program if the assistance is for a child or a pregnant woman. Patients may also apply for Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare (SLMB) programs if they need assistance with Medicare premiums.

***Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.***

#### **Am I eligible?**

AGH bases Financial Assistance on the patient's income level falling within these ranges:

- 0% to 200% of the Federal Poverty Guideline - 100% reduction for Medically Necessary care
- Between 201% and 225% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 75%
- Between 226% and 250% of the Federal Poverty Guidelines - Reduced cost Medically Necessary care at 50%
- Between 251% and 300% of the Federal Poverty Guidelines - Reduced cost care Medically Necessary care at 25%

An application is deemed eligible for 100% Financial Assistance if a patient is enrolled in a means tested program such as:

- Reduced/free school lunches
- SNAP (food stamps)
- MEAP (energy assistance)
- WIC

There are other circumstances where Financial Assistance may automatically apply. Please contact [410-629-6025](tel:410-629-6025) for more information.

#### **How can I apply?**

The uniform financial assistance application can be found online at: <http://www.atlanticgeneral.org/fap>. This application can also be obtained at any Atlantic General Hospital Registration area (9733 Healthway Drive, Berlin, MD 21811) or the Patient Accounting Office (10026 Old Ocean City Blvd, Unit 6, Berlin, Maryland 21811). This form, the FA application and FA policy are available upon request and free of charge. These forms are also available in Spanish and Large Print.

## **PART THREE: AMENDMENTS**

## Question

In the part of your response where you tell us how various staff and departments in your hospital were involved in the CHNA process, you indicated that your hospital does not have a CB/Community Health/Population Health Director (facility level) nor Population Health Staff (facility level) by selecting “N/A – Position or Department does not exist.” Later, in the part where you tell us how they were involved in CB activities, you indicated that they do exist by selecting activities that they performed. Please clarify the status of these staff and departments.

## Answer

The CHNA process referenced was for CHNA FY16-18. The Community Education Manager/Community Benefit Committee Chair collaborated with VP Planning & Operations to complete CHNA process (survey, priority development, approval). During mid-FY16, the Population Health Manager was hired and assumed leadership of Community Education and Community Benefits Committee. Population Health Manager developed Implementation Plan. During the FY16-18 CHNA cycle, the Population Health Manager transitioned to the role of Director Community Health. At the time of CHNA survey/development/approval, there was no designated Population Health title or Director, since the job description was being developed.

## Question

In your initiatives, several of the needs you selected were not listed in your CHNA section. Did you intend to mark these as identified in your CHNA? Community Unity, Educational and Community-Based Programs, Older Adults, Social Determinants of Health.

## Answer

Our initiatives and outreach activities addressing needs identified in CHNA do include Community Unity, Educational and Community-Based Programs, Older Adults and Social Determinants.

## Question

In your second and third initiatives, you did not provide a discrete number of people in the target population. Please provide a whole number if possible for each initiative.

## Answer

Initiative 2 Promote community respiratory health through better prevention, detection, treatment, and education efforts – 1966 persons reached through initiative

Target population for the initiative is based on Adults smoking Worcester County 21.9% and Sussex County 21.7%, Older adult asthma Worcester County 3.8% and Sussex County 3.6%, Asthma in younger adults admission rate not available via MD SHIP 2,013 adults have COPD in

Worcester County. Since primary focus is prevention and detection using adults who smoke as target population number 60, 214.

Initiative 3 Decrease the incidence of advanced breast, lung, colon and skin cancer in the community -- 1144 persons were served at community education, speaker's bureau, support groups, and community clinical screening events. Due to size of initiative, these events are the only accurate tracking record for number of encounters.

Target population for the initiative is based on cancer rate data Worcester County 506.1/100,000 persons with cancer and Sussex County 505.8/100,000 persons with cancer, 1150 persons target population.

### Question

In Section 4, where you indicated which CHNA needs were not addressed by any initiative by your hospital, some of the needs you selected were not checked in the CHNA section. Did you intend to mark Violence Prevention and Other: Alcohol in the CHNA section?

### Answer

Violence Prevention and Other: Alcohol addressed by local health department.

In FY18 we did begin a partnership with the health department embedded in our Emergency Department to support behavioral health connection to resources, including alcohol.

### Question

In Section 4, where you indicated how your CB activities align with SHIP goals, you listed several priorities identified in your CHNA process. Please clarify whether your hospital took any action toward those priorities during the fiscal year.

### Answer

Yes, CHNA priority areas that linked to SHIP were addressed in FY18.