Community Benefit Report FY 2013
HSCRC Narrative Scoring Highlights
June 6, 2014

The following is a summary of the HSCRC scoring of the FY2013 Community Health Needs Assessments Surveys. The HSCRC engaged **BA Spallitta Consulting, LLC** to compile the scores. The Narratives were scored by Kristen Connor, Senior Consultant. The results are as follows:

The average score was 183 out of a possible 209 pts or 87.6%. The top score was 204 points or 97.6%, and the lowest score was 73 points or 34.9%.

Section I – General Hospital Demographics and Characteristics

The average score was 11.6 out of 12 possible points. Of those 12 possible total points, question 2a and 2b were worth 6pts each. Question 2a asked for a detailed description of the community or communities the organization serves (the Community Benefit Service Area –"CBSA"). Question 2b asked hospitals to describe the significant demographic characteristics and social determinants relevant to the needs of the community with source information included.

- Two hospitals lost points because they did not describe their CBSA.
- Two hospitals lost points because actual statistics were missing within the table.
- Seven hospitals lost points because their data was not supported with sources of information provided.

Section II - Community Health Needs Assessment

The average score for all hospitals was 76.2 points out of 90 or 84.5%. This section of the narrative was made up of two questions, which scored the hospitals' Community Health Needs Assessment ("CHNA") worth 70 points and the Implementation Strategy worth 20 points. The average score for the CHNA section was 58 out of 70 points or 82.9%. The average score for the Implementation Strategy section was 19 out of 20 points or 95%.

According to the reporting instructions the CHNA must include a description of the community served by the hospital and how it was determined, the process and methods used to conduct the assessment, the CHNA and input collaborators identified by name and title, gaps in information, broad community input, a list of prioritized needs, the process and criteria used to prioritize the identified needs, and a description of the existing resources to meet the needs.

- Four hospitals failed to describe how the community it serves was determined.

- Three hospitals failed to describe the process and methods they used to collect their data.
- Four hospitals did not describe any gaps in information.

- Nine hospitals did not provide specific information such as the name, title, or qualifications of the parties who collaborated in the CHNA conduction.
- Twenty-six hospitals stated that input was gained from community leaders/stakeholders, organizations, and/or individuals with special knowledge or expertise, but did not identify these individuals by name or title
- Only eight of the hospitals actually prioritized their list of community needs. All of the other hospitals provided a list of needs, which they found to be priorities within the community, but did not actually prioritize those priority needs.
- Sixteen hospitals failed to describe the process and criteria used in prioritizing the health needs.
- Ten hospitals failed to identify available facilities/resources within the community available to meet the community health needs identified through the CHNA.

In regards to the Implementation Strategy, most hospitals scored the maximum 20 points available. The exceptions are as follows:

- One hospital did not provide an Implementation Strategy for their identified needs and scored zero.
- One hospital scored zero on this question because the needs outlined in their Implementation Strategy were not the needs identified in their CHNA.
- One hospital scored zero because their implementation strategy was not specific and they failed to give an explanation of why identified needs were not met.

Section III - Community Benefit Administration

In this section, hospitals were asked to answer questions regarding the decision making process of determining which needs in the community would be addressed through the community benefits activities of the hospital. This section was worth a total of 32 points. Most hospitals received all 32 points.

- Two hospitals lost points in this section because there was no internal audit of the Community Benefit Report in terms of spreadsheet and/or narrative.
- One hospital lost points because clinical leadership was not involved in the hospital community benefit process/structure to implement and deliver community benefit activities.

Section IV - Hospital Community Benefit Program and Initiatives

Hospitals were asked to fill in Table III to provide a description of the primary needs identified in the CHNA. This section was scored on 3 different areas with a maximum score of 50 points. The average score was 42.5 out of 50 points or 85%.

The hospitals were given 0-20 points based on the description and detail given in regards to the identified community needs and initiatives undertaken. Seven hospitals described initiatives which did not reflect any/all of the needs identified in their CHNA and therefore lost points. Twenty-three hospitals lost points because the identified need did not include any measurable disparities and poor health status of racial and ethnic minority groups. The average score in this section was 17 out of 20 points or 85%.

In addition to describing the identified needs, hospitals were asked to provide the principle objective of each need, how the results would be measured, time allocated, key partners, measured outcomes, whether each initiative would be continued based on outcomes, and the FY cost. This section was also worth 20 points. The most common area where hospitals lost points in this section was related to the outcome. Fourteen hospitals gave outcomes that did not reflect how the initiative addressed the community health need, such as a reduction or improvement in rate. These hospitals did not demonstrate in data collected how these outcomes were tied to the objective. Other reasons hospitals lost points in this section were because data/information was missing from the table and for a lack of description of how the outcome was evaluated. The average score for this question was also 17 out of 20 points or 85%.

The third part of this section asked hospitals to provide a list of needs that were identified through the CHNA but were not addressed, and to give justification if the needs were not addressed. This question was worth 10 points. Seven hospitals lost points because not all of the identified needs were implemented and no justification was given for the unmet needs. The average score for this question was 8 out of 10 points or 80%.

Section V - Physicians

The average score for this section was 3 out of 5 points or 60%. This section was made up of two questions. **The first asking for a written description of the gaps in availability of specialist providers to serve the uninsured cared for by the hospital**. Seven hospitals lost points on this question because they failed to provide description of gaps in a way that answered the question. The answers provided to this question instead described; the specialists actually available, what is done when a gap occurs i.e. patient transfer, gaps within the general community but not within the hospital itself, gaps that have been recently filled, but not what gaps still exist, or states that initiatives are in place to fill ‘gaps’ but does not define what the ‘gaps’ are.

Section VI - Appendices

In the Appendices section, most hospitals scored the maximum 20 points. The average score was 18 out of 20 points or 90%. There were four appendices required in this section; a description of how the hospital informs patients about eligibility for assistance under the hospitals Financial Assistance Policy, a copy of the hospitals Financial Assistance Policy, a copy of the Patient Information Sheet, and the hospitals mission/vision/values statement.

- Two hospitals did not describe how patients are informed about eligibility for assistance.
- All but one hospital included a copy of their Financial Assistance Policy.
- Eleven hospitals received zero points in regards to their Patient Information Sheet.
- One hospital did not provide the Patient Information Sheet at all.

Eleven Hospitals' scored zero points because their Patient Information Sheets did not conform to Health-General §19-214.1(e). According to the HSCRC website, a compliant Patient Information Sheet will include; a description of the Financial Assistance Policy, a description of the patient's rights and obligations with regards to billing and collection under the law, contact information for someone at the hospital to assist the patient with billing and how to apply for assistance, contact information for Maryland Medical Assistance Program, and a statement that physician charges are not included in the hospital bill and are billed separately. Ten Patient Information Sheets did not include information on Maryland's Medical Assistance Program. Five Patient Information Sheets did not include the statement that Physician charges are not included in the hospital bill and are billed separately. Three Patient Information Sheets were missing a description of the patient's rights and obligations with regards to billing and collection under the law.

Overall Summary

The standard reporting format did provide a great deal of information and allowed for comparisons across hospitals. However, the way that some of the questions were interpreted by individual hospitals was not consistent. This holds true especially for the questions regarding the CHNA, Implementation Strategy, and Initiatives. With regards to the CHNA scoring, the fact that very few hospitals actually prioritized their needs suggests that most hospitals interpreted the question as requiring a description of priority needs as opposed to a "prioritized description of all the community health needs identified through the CHNA" as outlined in the Community Benefit Narrative Reporting Instructions. Because many hospitals lost points for failing to include names and titles of collaborators of the CHNA and input in to the assessment, it would be helpful to require and additional appendix which outlines the collaborators by organization, name, and title. It would also be helpful to the scoring process to list the prioritized needs and unmet needs on the Community Benefit Narrative Report itself in addition to providing the

information within the CHNA and Implementation Strategy accessed through the web-link given in the report.

With regards to the Implementation Strategy question, it would be helpful to have a fill in the blank question on the narrative Section II, to give the date the Implementation Strategy was approved by the governing body of the hospital organization.

In the Community Benefits Initiatives table, many hospitals based their outcome on the number of encounters, but the number of encounters alone does not tie the outcome to the objective in a way that demonstrates an impact on the identified need.