

Garrett Regional Medical Center

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: Garrett Regional Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210017	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 27 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21520, 21531, 21538, 21541, 21550, 21561	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: none.	<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.

As we work to provide care for everyone in our service area, we consider income level and issues with insurance coverage as primary drivers of our program.

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 type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input checked="" 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 type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

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

This question area not displayed to 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.

21520

21521

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21541

51550

51561

21562

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.

This question was not displayed to the respondent.

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 Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

Based on patterns of utilization. Please describe.

Our CBSA reflects the service area we cover as a hospital. Due to the poverty endemic to our region, all zip codes we serve have sizable populations of low income families and individuals.

Other. Please describe.

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

<https://www.grmc-wvumedicine.org/>

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?

We are a small facility that has leveraged a clinical affiliation with WVU Medicine to become a regional medical center, offering numerous outpatient service most rural hospitals cannot provide. Our outpatient services now include cancer care, dermatology, nephrology, and heart and vascular.

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

11/06/2012

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

11/01/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

<https://mygarrettcountry.com/cha/>

Q41. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q42. Please describe the other formats in which you made your CHNA available.

The CHNA in 2012 was done primarily by the hospital. In 2016, other agencies joined us in creating a comprehensive document more reflective of the broader community. That year, the hospital worked in tandem with the Garrett County Health Department and other agencies through the Garrett County Health Planning Council. The data gathered was published in a booklet but is stored on a website created and maintained for community use in health care, www.mygarrettcountry.com.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										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	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)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:
CB/ Community Health/ Population Health Director (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"/>	
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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:

	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)	
Nurse(s)	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<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"/>	Health Planning Council, which includes numerous health care related agencies, organized effort.
Hospital Advisory Board	<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:
Other (specify)	<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:

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	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 Hospitals -- Please list the hospitals here: None	<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:
Local Health Department -- Please list the Local Health Departments here: Garrett County Health Department	<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"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: STEPS Committee	<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"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

	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: Oakland Nursing & Rehab 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"/>	
Community/Neighborhood Organizations -- Please list the organizations here: Garrett Trails	<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:	<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 any other people or organizations were involved, please list them 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"/>	

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.

02/27/2013

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

The hospital's Strategic Plan is being updated and is not completed at this time. A link to the older document is no longer available.

Q48. 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 type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input 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 type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input 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 type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Tobacco Use |
| <input 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 |

- Educational and Community-Based Programs
- Mental Health and Mental Disorders
- Wound Care
- Emergency Preparedness
- Nutrition and Weight Status
- Other (specify) Chronic diseases
- Environmental Health

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

The findings showed that the public was focused on Nutrition, Physical Activity (or the lack thereof), Chronic Disease, Mental Health, Tobacco use, and Drug and Alcohol use. In the 2012 assessment, the top concerns as voiced by the community were Cancer, Heart Disease, Stroke, and general aging problems (arthritis, loss of hearing/vision).

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

After the 2012 assessment, GRMC opened the WVU Medicine James & Shirley Bailey Cancer Institute, which provides cancer care and infusion services for people throughout GRMC's service area. Cancer is no longer listed as a major concern by community members. Prior to the opening of the Center, people in the GRMC service area had to travel at least an hour to receive cancer treatment. That is no longer the case. Following the 2016 assessment, which noted concerns with both mental health needs and drug abuse, GRMC sought and received a federal grant to help open a behavioral health and addictions treatment center. This behavioral health facility - opening in 2019 - will fill a large void in health services in Garrett County and the surrounding region.

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 - 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)	
CB/ Community Health/Population Health Director (facility level)	<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"/>	
	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 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	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	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.) (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"/>	
	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:
Board of Directors or Board Committee (facility 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"/>	
	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:
Board of Directors or Board Committee (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"/>	
	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:

Area Agency on Aging -- Please list the agencies here:
Community Action Committee

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

Local Govt. Organizations -- Please list the organizations here:
Sheriff's Department, Social Services

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

Faith-Based Organizations

<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	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 - K-12 -- Please list the schools here:
Garrett County Board of Education

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 - 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"/>
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 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"/>
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 - 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"/>
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 - 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"/>
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 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	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 - 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	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:

Behavioral Health Organizations -- Please list the organizations here:
Mental Health Advisory Committee

<input type="checkbox"/>	<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"/>
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:

Social Service Organizations -- Please list the organizations 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"/>	<input type="text"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
	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)		
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/> Oakland Nursing and Rehab	<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="text"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
	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)		
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/> Garrett Trails	<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="text"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
	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)		
Consumer/Public Advocacy Organizations -- Please list the organizations 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"/>	<input type="text"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
	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 any other people or organizations were involved, please list them 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"/>	<input type="text"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
	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)		

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.

All employees involved in Community Benefit activities throughout the year tally their hours as they go. Those hours are submitted to the accounting department, and the accounting department creates the spreadsheet. Senior members of the accounting team not involved in creation of the spreadsheet review it thoroughly against the raw data. For the narrative, a member of the marketing department compiles the narrative. The narrative and financial spreadsheet are then reviewed by the senior management team.

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

- Yes
 No

Q59. Please explain:

This question was 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 was 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.

The addition of new services or changes to existing services is based on community need. As the financial feasibility of a service is considered, an assessment is done of the need for the service in the area. The administration must be good stewards of hospital finances; however, they must also determine the value of the service to the community in the long term when making the decision to move forward.

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

We are currently revising the strategic plan; the new version will be uploaded to our website. The existing version is no longer available electronically.

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

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

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.

Cancer Care

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

- Yes
- No

Q71. 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 checked="" 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 type="checkbox"/> Respiratory Diseases |
| <input 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 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 |

- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders

- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.
- Various conditions needing infusion therapies.

Q72. When did this initiative begin?

11/01/2015

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.

All area residents diagnosed with cancer or in need of infusion services; total population of service area is approximately 46,000.

Q75. Describe the characteristics of the target population.

People of all ages who are diagnosed with cancer or are in need of infusion services.

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

315

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.

Some patients were taken to WVU Medicine to receive radiation treatments. GRMC provides transportation to and from these appointments at WVU. Also, GRMC worked with a local charity called Cindy's Fund to assist patients with ancillary costs of being diagnosed with cancer, such as paying for gas to get to and from treatment, helping with co-pays on prescriptions, etc.

No.

Q79. Please describe the primary objective of the initiative.

To provide cancer care and infusion services.

Q80. Please describe how the initiative is delivered.

Through the Cancer Center at GRMC, which is an outpatient program.

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

Count of participants/encounters

Staff tracks numbers of appointments, treatments, and patients.

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

A random survey is conducted of patients annually.

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

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

Patients can now be treated for cancer and/or receive infusion therapy in their home community.

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

Previously, there was no cancer care at all in the GRMC service area. Those diagnosed had to travel up to an hour to receive treatment. The need for cancer care was cited as a top priority in the 2012 CHNA.

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

\$897,201 (hospital funds) \$200,000 (Federal HRSA grant funds; final year of 3-year grant)

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Patient Wellness Program

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 type="checkbox"/> Respiratory Diseases |
| <input 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 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 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 checked="" type="checkbox"/> Chronic conditions/diseases |

Q90. When did this initiative begin?

07/01/2016

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.

Those with chronic conditions in the service area, which encompasses approximately 46,000 people.

Q93. Describe the characteristics of the target population.

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

620

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.

No.

Q97. Please describe the primary objective of the initiative.

Q98. Please describe how the initiative is delivered.

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.

GRMC has seen its readmissions dip to approximately 6%; it has the lowest readmission rate in the state of Maryland.

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

Helping people with chronic diseases was a concern in the 2016 CHNA. While the program was beginning in tandem with the publication of the 2016 CHNA, staff was aware of the pressing problem prior to the CHNA focus group discussions. Those discussions cemented the hospital's desire to address the issue. This program helps patients and their families lead healthier lives.

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

\$90,461 (hospital funds)

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

WVU Heart & Vascular Institute

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

- Yes
 No

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" 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 type="checkbox"/> Respiratory Diseases |
| <input 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 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 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"/> |

Q108. When did this initiative begin?

09/01/2016

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.

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

All people in the GRMC service area who have or could have heart disease or stroke; service area population of 46,000.

Q111. Describe the characteristics of the target population.

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

2,386

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.

GRMC's clinical affiliation with WVU Medicine led to WVU Medicine opening the WVU Heart & Vascular Institute in partnership with GRMC. Both the hospital and local medical providers refer patients to the Heart & Vascular Institute for care, and the physicians at the Heart & Vascular Institute admit patients for care to GRMC and see their patients in-hospital. This clinic brought a new clinical service to the GRMC patient population that, in the past, they had to travel at least an hour to receive. The volume of patients seen reflects the significant need this service addresses.

No.

Q115. Please describe the primary objective of the initiative.

To provide heart and vascular care to the GRMC service area population; this specialty care was NOT available in the community prior to the opening of the institute in Oakland.

Q116. Please describe how the initiative is delivered.

Patients are referred by their primary care physicians to the Heart & Vascular Institute for specialty care. The medical staff at the institute have admitting privileges at GRMC, and both admit and see patients in the hospital as needed. They also coordinate patient care with the primary care providers, as needed.

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.

People in the GRMC service area can now receive heart & vascular care in their own community without needing to travel an hour for care.

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

Heart disease was a major community concern in the 2012 CHNA. As with other disease-specific conditions treatable only through specialty care, patients had to travel for the care needed. The ability of GRMC to work directly with WVU Medicine through their clinical affiliation to bring that service to the community without financially burdening GRMC with the costs that typically accompany creation of a new clinical service line was the key to attaining this service. As a stand-alone small rural hospital not affiliated with WVU Medicine, GRMC could not have realized heart and vascular care in its service area.

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

The cost to GRMC for this service line is \$0.00. WVU Medicine brought the Heart & Vascular Institute to the GRMC service area at its own expense. All Heart & Vascular practitioners have admitting privileges and are credentialed at GRMC.

Q121. (Optional) Supplemental information for this initiative.

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 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 checked="" 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 type="checkbox"/> Respiratory Diseases |
| <input 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 type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input checked="" 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 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"/> |

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	New parents receive educational information about caring for an infant and the importance of infant well checks.
Reduce rate of sudden unexpected infant deaths (SUIDs)	New parents are provided educational information regarding SUIDS.
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	All pregnant patients are screened for OB care in both ED and inpatient settings. Those in need are referred to provider.
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the % of students who graduate high school	
Increase the % of adults who are physically active	Well Patient Program encourages patients who are physically able to be come more active. This is done in tandem with the patient's Primary Care Provider.
Increase the % of adults who are at a healthy weight	Well Patient Program encourages patients to eat a healthier diet and to exercise if possible.
Reduce the % of children who are considered obese (high school only)	Parents of at risk children are presented educational information about the dangers of obesity and options to address the condition.
Reduce the % of adults who are current smokers	Patients in outpatient services and inpatient services are provided educational information as well as stop smoking program information.
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	At risk patients are presented educational materials through both ED and inpatient settings.
Reduce Chlamydia infection rate	At risk patients are presented educational materials in both ED and inpatient settings.
Increase life expectancy	Well Patient Program works to increase health measures in chronic disease population. Also encourage all patients to engage in healthy behaviors.
Reduce child maltreatment (per 1,000 population)	At risk children are screened for abuse as they present in the ED.
Reduce suicide rate (per 100,000)	Patients in the ED with suicide ideation are identified and addressed.
Reduce domestic violence (per 100,000)	Patients overall are asked about domestic violence risk.
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	GRMC's subacute unit works directly with vulnerable patients to prepare them to return home equipped to stay safe.
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	

Increase the % of adults with a usual primary care provider	Patients presenting in the ED are asked if they have a primary care provider.
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	Patients lacking insurance are screened for both Medicare and Medicaid, or told about Affordable Care Act options.
Reduce heart disease mortality (per 100,000)	Cardio Pulmonary unit and Heart & Vascular Institute help people live healthier lives.
Reduce cancer mortality (per 100,000)	Cancer Care Center provides infusion therapies; patients in need of radiation taken to facility and back (an hour's distance) by GRMC.
Reduce diabetes-related emergency department visit rate (per 100,000)	Well Patient Program works with diabetic patients to reduce inpatient admissions and ED visits.
Reduce hypertension-related emergency department visit rate (per 100,000)	Well Patient Program works with identified patients to reduce blood pressure through healthier living.
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	
Reduce addictions-related emergency department visit rate (per 100,000)	
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	GRMC provides information on area dental care, especially for low income residents, to ED patients in need.
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	GRMC provides flu shots on-site at area businesses.
Reduce asthma-related emergency department visit rate (per 10,000)	

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.

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	<input type="text"/>
Non-Resident House Staff and Hospitalists	<input type="text"/>
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

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

[Caring Program Policy.pdf](#)
5.5MB
application/pdf

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

[Patient Guide.pdf](#)
5.9MB
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).

100% assistance is available to applicants whose income is at or below 200% of the current Federal Poverty Guidelines when the applicant has less than \$10,000 in net assets.

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.

Partial assistance is available with incomes up to 300% of the Federal Poverty Guidelines when the applicants has less than \$10,000 in net assets. The table is as follows: 1. 95% assistance for incomes from 201-210% of Federal Poverty Guidelines 2. 85% assistance for incomes from 211-220% of Federal Poverty Guidelines 3. 75% assistance for incomes from 221-230% of Federal Poverty Guidelines 4. 65% assistance for incomes from 231-240% of Federal Poverty Guidelines 5. 55% assistance for incomes from 241-250% of Federal Poverty Guidelines 6. 45% assistance for incomes from 251-260% of Federal Poverty Guidelines 7. 35% assistance for incomes from 261-270% of Federal Poverty Guidelines 8. 25% assistance for incomes from 271-280% of Federal Poverty Guidelines 9. 15% assistance for incomes from 281-290% of Federal Poverty Guidelines 10. 5% assistance for incomes from 291-300% of Federal Poverty Guidelines.

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.

Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for 15% in financial assistance or reduction in charges. In order to meet the medical hardship criteria, the patient/family must have medical debt at Garrett Regional Medical Center (excluding co-pays, co-insurance, and deductibles) that exceeds 25% of the individual's/family's annual income. Medical debt is any out-of-pocket expense (excluding co-pays, co-insurance, and deductibles) for medically necessary care that the individual/family has incurred at Garrett Regional Medical Center in a 12 month period. Medically necessary care, for the purposes of this policy, does not include elective or cosmetic procedures.

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

The program has not changed since implementation of the ACA.

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

No

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


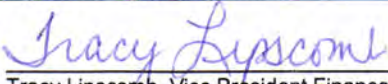
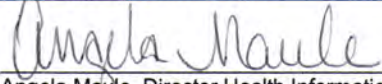
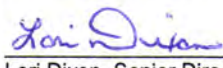
Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with 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: [\(39.433898925781, -79.316703796387\)](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

GARRETT REGIONAL MEDICAL CENTER A Proud Affiliate of 	Department: Patient Financial Services		Policy Title: Caring Program (Financial Assistance)	
	Original Date: 09/01/01		Policy Number: 8520.000	Page Number: 1 of 8
	Effective Date: 09/01/01	Reviewed/Revised Dates: 01/11, 02/12, 2/13	Submitted by: Angela Maule RHIA, CCS	
Approval Signature & Title:  Tracy Lipscomb, Vice President Finance Date: 12/23/15	Approval Signature & Title:  Angela Maule, Director Health Information Management/Billing and Collecting Date: 12/23/15	Approval Signature & Title:  Lori Dixon, Senior Director Finance and Accounting Date: 12/30/15		

Policy Statement:

The "Caring Program" enables Garrett Regional Medical Center (GRMC) to offer financial assistance for healthcare services rendered to underprivileged, underemployed, and/or underinsured patients who have difficulty providing themselves with life's necessities, i.e., food, clothing, shelter, and healthcare. In an effort to assist those in need and to further the hospital's charitable mission, GRMC has established a financial assistance program to allow the write-off of unpaid account balances upon determination of the "Caring Program" eligibility. GRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Individuals with a demonstrated inability to pay rather than unwillingness to pay are eligible to apply for the financial assistance program at GRMC. Patients are expected to cooperate with GRMC's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

Objective:

The qualifying criteria are minimal and broad so GRMC can exercise maximum flexibility to offer financial assistance to program applicants. Eligibility to the "Caring Program" represents "free" or reduced healthcare and as such, is included as part of the hospital's outreach mission.

Guidelines:

- A. GRMC will grant financial assistance for eligible applicants for medically necessary services that are urgent, emergent, or acute in nature. Services included in the program are emergency room visits, inpatient admissions, and outpatient laboratory, radiology and cardiopulmonary services. Elective surgical procedures may also be eligible for financial assistance for eligible applicants through the "Caring Program" and will require individual consideration by management.

- B. Screening for Medicaid eligibility is required.
- a. If Medicaid eligibility is likely, the patient must apply for Medicaid within the required timeframe of the service date or the date the patient assumes financial responsibility for the services rendered (specific to state Medicaid requirements).
 - b. If Medicaid eligibility is not likely, i.e., no extraordinarily high medical bills, no children in the household, any disability, etc., a formal denial from Medicaid is not required, however all Patient Financial Services Representatives have the authority to request the Medicaid application whenever there is a chance of Medicaid eligibility.
 - i. All inpatient and observation visits require Medicaid status.
 - c. Any patient who is not eligible for fully covered Medicaid services may apply for financial assistance through "The Caring Program."
 - d. Any patient who is eligible for Medicaid but has a "spend-down" requirement to meet before Medical Assistance begins to cover charges may apply for "The Caring Program."
 - e. Incomplete applications and/or failure to apply and follow through with the Medicaid application will result in a denial from the "Caring Program."
- C. The "Caring Program" application must be completed and returned via the U.S. Postal Service, delivered in person, or completed over the telephone within 60 days of date the patient becomes financially responsible for services rendered. The patient, a family member, a close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.
- a. All applications require the signature of the individual who is financially responsible for the unpaid bills as well as proof of financial information used to determine program eligibility.
 - b. If the application is completed over the telephone for the patient by the PFS representative then the application will then be mailed to the patient for a signature. The application will then be either mailed or faxed back to the PFS Department.
 - c. If the applicant cannot read/write, PFS will read the policy to the applicant and assist with the form completion, requiring only a witnessed signature of an "X."
 - d. Any required signatures or additional information requested by a Patient Financial Services Representative must be returned to the Patient Financial Services (PFS) Department within 30 days of the request. If the information is not returned within

that time, the patient is ineligible for assistance through the "Caring Program" for those service dates that related to the application.

- D. In order for an individual to qualify, he/she must have exhausted all other sources of payment, including assets easily liquidated, i.e., bank accounts, money market accounts, Certificate(s) of Deposit, savings bonds, etc. Calculation of the applicant's income excludes net assets of \$10,000 or less.
- E. The following definitions of family size and income will assist in the "Caring Program" eligibility determination:
1. Family: Using the Census Bureau definition, a family is a group of two or more persons related by birth, marriage, or adoption, living in the same residence, sharing income and expenses. When a household includes more than one family, GRMC will use each separate family's income for eligibility determination. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.
 2. Individual: An individual is a person who is emancipated, married, or 18 years of age or older (excluding inmates of an institution) who is not living with relatives. An individual may be the only person living in a housing unit, or may be living in a housing unit with unrelated persons. An individual is also, for the purposes of this policy, someone 18 years of age or older who lives with relatives but has his/her own source of income.
 3. Income: Before taxes from all sources, as follows:
 - a. Wages and salaries
 - b. Interest or dividends
 - c. Cash value of stocks, bonds, mutual funds, etc.
 - d. Net self-employment income based on a tax return as calculated by GRMC. Non-cash deductions (depreciation), income tax preparation fees, expenses for use of part of a home, entertainment, and any other non-essential expense will be subtracted from the reported business expense deductions in determining financial need and program eligibility.
 - e. Regular payments from Social Security, railroad retirement, unemployment compensation, veterans' payments, etc
 - f. Strike benefits from union funds
 - g. Workers' compensation payments for lost wages
 - h. Public assistance including Aid to Families with Dependent Children

- i. Supplemental Security Income
- j. Non-Federally funded General Assistance or General Relief money payments
- k. Alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household
- l. Private pensions or government employee pensions (including military retirement pay)
- m. Regular insurance or annuity payments
- n. Net rental income, net royalties, and periodic receipts from estates or trusts
- o. Net gambling or lottery winnings
- p. Assets withdrawn from a financial institution one year or less before program application
- q. Proceeds from the sale of property, a house, or a car
- r. Tax refunds
- s. Gifts of cash, loans, lump-sum inheritances
- t. One-time insurance payments or compensation for injury

F. Eligibility for 100% financial assistance at GRMC is available to applicants whose income is at or below 200% of the current Federal Poverty Guidelines when the applicant has less than \$10,000.00 in net assets. Any Individual treated at GRMC, regardless of permanent State residence, may apply for financial assistance through "The Caring Program." Partial assistance is available with incomes up to 300% (after the \$10,000 net asset exclusion) of the Federal Poverty Guidelines, as follows:

1. Eligibility for 95% financial assistance is available for incomes at 201%-210% of the Federal Poverty Guidelines.
2. Eligibility for 85% financial assistance is available for incomes at 211%-220% of the Federal Poverty Guidelines.
3. Eligibility for 75% financial assistance is available for incomes at 221%-230% of the Federal Poverty Guidelines
4. Eligibility for 65% financial assistance is available for incomes at 231%-240% of the Federal Poverty Guidelines.
5. Eligibility for 55% financial assistance is available for incomes at 241%-250% of the Federal Poverty Guidelines.
6. Eligibility for 45% financial assistance is available for incomes at 251%-260% of the Federal Poverty Guidelines.

7. Eligibility for 35% financial assistance is available for incomes at 261%-270% of the Federal Poverty Guidelines.
8. Eligibility for 25% financial assistance is available for incomes at 271%-280% of the Federal Poverty Guidelines.
9. Eligibility for 15% financial assistance is available for incomes at 281%-290% of the Federal Poverty Guidelines.
10. Eligibility for 5% financial assistance is available for incomes at 291%-300% of the Federal Poverty Guidelines.

G. If ineligibility results from the financial guidelines stated above or the applicant is eligible for partial assistance only and the applicant indicates an inability to pay the outstanding balance, the applicant will be asked to complete a financial statement to determine if his/her available monthly income is consumed by the daily necessities of life. Individual consideration of eligibility for applicants in this situation will apply to assure members of our community who cannot pay for their hospital care are included in our financial assistance program.

1. Mutually agreed upon interest-free monthly payments (based on available income after expenses) will be discussed and offered to those who are otherwise ineligible for the "Caring Program" and have expressed a need for an extended repayment period.

H. Individuals with a need for financial assistance who are unable to apply or do not have an individual to apply on their behalf are not overlooked for financial assistance through the "Caring Program." This includes anyone determined to be homeless, patients who have filed for bankruptcy, and/or patients who are deceased with no estate or with an estate too small to cover the patient's hospital bills. Any patient falling into these categories will be eligible for 100% coverage of his/her hospital bills through The Caring Program. (Homeless patients are only eligible for the date of service in question). The following indicates the available methods for GRMC to obtain information needed for eligibility determination in these situations and for whom a completed, signed application is not required:

1. Telephone contact, including TTY communication and verbal information about the individual's financial situation
2. Discussion of the situation with the individual's state Medicaid office to obtain a preliminary determination of Medicaid eligibility
3. Research the applicant's other GRMC accounts
4. Information from the next of kin or other person able to speak about the individual's financial condition-Within HIPAA guidelines
5. Have personal knowledge of the individual's living situation

- I. Documentation requirements include the application for financial assistance, proof of income and/or any unusual expenses, financial statement, release of information, etc.
- J. GRMC has posted signs publicizing the Program at all registration areas and in the reception area of the Patient Financial Services (PFS) Department. Information about the program is printed in the "Patient Handbook" and on the hospital's web site. Monthly self-pay statements include a pre-printed notification of the financial assistance program and instructions for applying to the "Caring Program." Included with every self-pay statement is the "Maryland Hospital Patient Information Sheet" that mentions the hospital's financial assistance program. Automated monthly statement messages also encourage applications for financial assistance. Whenever a patient/guarantor inquires about the availability of a financial assistance program at GRMC, staff members should refer the inquiry to the PFS Department; offer to supply the telephone number of the PFS department, and/or direct patients to the PFS department. All PFS personnel review the financial assistance policy annually, at a minimum, discuss policy changes at departmental meetings, and have access to the current financial assistance policy during all work hours.
- K. GRMC will post, at least on an annual basis, an ad in the local newspaper informing residents of the availability of its financial assistance program, or upon approval of updates to the program guidelines. Printed copies of the application forms are available at the time of registration or at any registration location. Copies of the financial assistance policy and applications are also available in the Patient Financial Services Department upon request and may be picked up in person or mailed to the patient's or guarantor's home.
- L. Self-pay accounts will be screened for financial assistance regardless of the dollar amount of the account; however, self-pay balances resulting from insurance company payment to the individual or from the individual's failure to respond to an insurance or GRMC query will not be considered eligible for the program.
- M. Financial assistance is not available for any account already referred to a collection agency or attorney for formal collection action. Excluded from this statement are accounts where an individual/family has declared bankruptcy or has deceased with no estate or has an estate too small to pay our claims. Any outsourced third party collection agencies receive a copy of the financial assistance policy on an annual basis, or when changed, whichever occurs first.
- N. Financial assistance through the "Caring Program" will continue for a period of one year after the eligibility approval date based on date of service, unless income significantly changes, when based on fixed incomes such as social security or retirement, or the tax return of a self-employed individual. Eligibility based on the guarantor's past three months of income or annual tax return of someone who is not self-employed will qualify for a six-month eligibility to the Caring Program unless the income of the applicant changes significantly.

1. After the designated period of eligibility, a new application for financial assistance must be completed/signed by the guarantor. Fixed income verification is required annually and applies for one calendar year (January through December) for eligibility determination if the applicant completes the renewal application at the appropriate time.
 2. Upon application approval, GRMC will write-off eligible account balances. GRMC may reverse the determination of eligibility if any of the information supplied on the application was incorrect.
 3. If an individual's financial status deteriorates and he/she cannot pay the agreed upon monthly payment amount, GRMC will again review (upon request) the individual's eligibility to the program.
 4. Once GRMC has determined that an account is eligible for financial assistance or is not collectible, that financial classification is final.
 5. GRMC will post payments received from any source (after the eligible account balance is written-off) to the appropriate hospital account and will adjust the amount of the financial assistance write-off accordingly.
- O. Individuals who have incurred hospital expenses for care and/or treatment ordered through the Garrett County Health Department (GCHD) as part of the Garrett County Cancer Control Program shall be eligible for financial assistance for balances remaining after payment from GCHD. GCHD is responsible for notifying GRMC of all claims that fall into this category.
- P. Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for a 15% financial assistance or reduction in charges. In order to meet the medical hardship criteria, the patient/family must have medical debt at Garrett Regional Medical Center (excluding co-pays, co-insurance, and deductibles) that exceeds 25% of the individual's/family's annual income. Medical debt is any out-of-pocket expense (excluding co-pays, co-insurance, and deductibles) for medically necessary care that the individual/family has incurred at Garrett Regional Medical Center in a 12 month period. Medically necessary care, for the purposes of this policy, does not include elective or cosmetic procedures. If an individual/ family meets these criteria and is found eligible for The Caring Program, that eligibility will last for 12 months from the date on which the reduced-cost medically necessary care was initially received, unless there is a significant change in the individual or family's income. Once found eligible, The Caring Program covers medical bills for all members of the household. Eligible medical debt does not include any accounts which the patient chooses to opt out of insurance coverage or insurance billing.
- Q. Upon receipt or notification of an individual's or a guarantor's notice of bankruptcy filing, all accounts with an outstanding self-pay balance for that individual or guarantor will become eligible for 100% financial assistance through the Caring Program.
- R. Self-pay accounts for individuals who are deceased and have no assets or estate shall be eligible for 100% financial assistance through the Caring Program.

- S. A probable eligibility determination will be given to the applicant within 2 business days of PFS representative receiving the patient's request.
- T. A final approval or denial letter will be mailed out to the applicant within 2 weeks of receipt of the completed application.
- U. In implementing this Policy, GRMC management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to the Policy.
- V. It is recognized that Old Order Amish and Old Order Mennonite patients do not rely in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay will be granted a 25% discount when paid in full within 30 days of service.
 - 1. A letter from the Old Order Amish Church and Old Order Mennonite Church will be presented to Garrett Regional Medical Center to be kept on file.
 - 2. Any patient applying for this discount will be required to fill out an application form.
 - 3. Patients requesting this assistance must present to the Patient Financial Services Department and speak to a PFS Representative.
 - 4. Any outstanding balances prior to the implementation of this discount may be considered if account notes show that payment was attempted within 30 days.

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251 North Fourth Street
Oakland, Maryland 21550
Phone 301-533-4000
TTY 301-533-4146
www.gcmh.com

*At Garrett Regional Medical Center, we strive to
treat every patient like a member of our own family.*

Equal Opportunity Provider and Employer

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Giving Opportunities

Your care at Garrett Regional Medical Center has been made better because of gifts from individuals and organizations. These gifts have been used to purchase equipment vital to patient care. Your gift of any size will be greatly appreciated.

Here are some examples of the ways you can help make a difference in patient care at Garrett Regional Medical Center, including:

The Leighton Cradle Roll—Babies born at GRMC can be enrolled in the Leighton Cradle Roll with a \$25.00 donation. Their names and birth dates are added to the Leighton Cradle Roll Registry in the Family Centered Maternity Suite.

Memorial Gifts—A gift made in memory or in honor of an individual.

Partners In Health—A gift of \$100 or more.

The Pillars—Individual members of the Pillars make a ten-year commitment of \$10,000 in support of local healthcare.

Planned Gifts—Is easily initiated with specific gifts through wills, trusts, life insurance policies, retirement accounts, and annuities.

Scholarship Program—A donation that will help train the professionals needed to maintain the quality of healthcare we need. Your support can help to ensure that certified and qualified medical professionals will always be available and ready to care for you and your family.

For more information, please contact:
The Foundation Office at 301-533-4304
or email sbortz@gcmh.com

Cardiac and Pulmonary Rehabilitation Center

The Cardiac & Rehabilitation Center at Garrett Regional Medical Center offers services for those who have chronic obstructive pulmonary disease and cardiac heart failure or have had a recent cardiac event such as a heart attack, bypass surgery, heart stents, heart valve replacements or transplant. The Pulmonary Rehabilitation services are for those who have COPD, cystic fibrosis, pulmonary hypertension, lung transplant and other chronic lung conditions. Call 301-533-4670 for more information.

Cancer Care and Infusion Services

The WVU Cancer Institute at Garrett Regional Medical Center provides comprehensive oncology and infusion services. The Center also provides education, treatment, and support for patients and families going through a treatment program. The Cancer Institute is staffed with a Board Certified Hematologist/Oncologist. A Nurse Navigator is also available to help patients and families deal with the diagnosis and treatment process. Call 301-533-4222 for more information.

Diabetic Education Program

The Outpatient Diabetic Education Program at Garrett Regional Medical Center provides comprehensive diabetic education to those diagnosed with diabetes. The program is instructed by a certified diabetes instructor who works with your physician to develop a plan to keep your blood sugar under control. You will learn about management of your disease, healthy eating, activity, reducing risks, and monitoring. We can also assist with insulin adjustments, insulin pumps, or continuous glucose monitors. Call 301-533-4271 for more information.

Inpatient Services

Medical and surgical care is provided on an inpatient and outpatient basis for patients who need to stay in the hospital overnight. Patients are admitted to the third floor nursing unit for routine medical problems and post-surgical care. This unit cares for patients of all ages and provides care twenty-four hours a day.

The **Intensive Care Unit** is located on the second floor. Patients who are admitted to this unit need critical nursing care and monitoring. Patients who have had a heart attack, recent stroke, or advanced surgical procedures are admitted to this unit for continuous monitoring and special procedures.

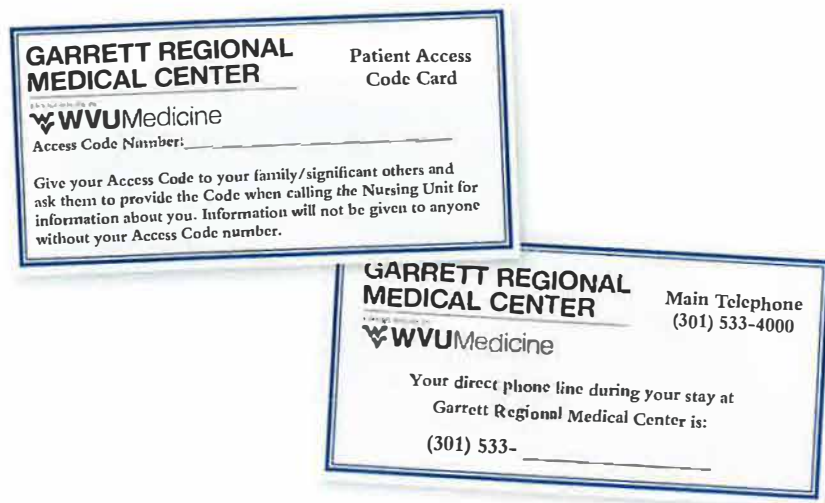
Family Centered Maternity Suite (FCMS) is located on the second floor. The suite houses five Labor, Delivery, Recovery, and Postpartum (LDRP) rooms and an exam room; four private rooms, and a fully equipped nursery for newborns.

The **Progressive Care Unit (PCU)** is located on the third floor. The six-bed PCU provides services to acutely ill adult and geriatric patients and a small number of pediatric patients. The majority of patients admitted to this unit have telemetry monitoring.



Your Admission

- You will need to register at the admissions desk and give the representative your billing and insurance information.
- You will be asked to complete an admission form.
- You will be given a bracelet with your name, date of birth, and room number. This will help to identify you to our staff.
- You will have tests done that have been ordered by your doctor.
- The staff will need to know what medicines you have been taking at home.
- You will be asked to sign consent forms.
- You will be given information on Advance Directives.
- You will be given a Patient Access Card upon admission. Give your access code to your family and friends you would like to share your admission with and ask them to provide the Code when calling the Nursing Unit for information about your status. Information will **not** be given to anyone without your Access Code.



Sub-Acute Care

service, are the most appropriate for the unit. Some patients who fit this description are:

- Stroke patients
- Surgical patients
- Cardio-respiratory patients
- Wound care patients
- Patients needing services such as physical therapy and occupational therapy
- Diabetic and colostomy teaching

Patients benefit from Sub-Acute care as it provides patients with the care and education needed to function in a home setting upon discharge. Plus, it's convenient—the patient receives the care they need without experiencing the disruption entailed in moving to another facility; a tremendous benefit to the patient and family.

Wound Care Services

The Wound Care Center at Garrett Regional Medical Center specializes in seeing patients with wounds that fail to heal normally. The Wound Care Center sees patients with non-healing surgical wounds, pressure ulcers, venous ulcers, diabetic ulcers, traumatic injuries, and other skin conditions. The center is staffed with a physician specially trained in wound care as well as nurses with wound care certification and advanced training. We use the latest medical treatments for wound care. You will receive a complete evaluation for your wound as well as all the wound healing factors. You will receive a complete treatment plan including assistance with getting supplies and any home care you may need. Your primary care physician will also be included in your treatment. Call 301-533-4270 to schedule an appointment or for more information.

Standardized Wristbands

Pink—Restricted Limb: Sometimes a patient's arm shouldn't be used for taking blood pressure, drawing blood, or inserting an IV. This band tells us to be sure we use the correct arm.

Keep us informed: If there is information we do not know, such as a food allergy or a tendency to lose balance and almost fall, share that with your doctor or nurse because we want to provide the best and safest healthcare to all of our patients.

Also, if you have an Advance Directive, tell us. An Advance Directive tells your doctor what kind of care you would like if you would become unable to make medical decisions. We want to respect and honor a patient's wishes and that is done best when we have all of the information.

Sub-Acute Care

If your physician decides that you need certain rehabilitative services, you may be transferred to Garrett Regional Medical Center's Sub-Acute Rehabilitation Unit.

This unit provides patients with the care and education needed to function in a home-like setting upon discharge.

Sub-Acute care is designed for patients who are too sick to return home or need additional short-term treatment or therapy, but are not sick enough to remain in the acute hospital setting. The unit's goal is to enable the patient to reach their highest level of function in order to enhance their independence when they return to their previous living situation.

The Sub-Acute Unit offers a high intensity of nursing care and promotes a much shorter length-of-stay. The unit's focus is on healthy outcomes and getting the patient to demonstrate an ability to function appropriately once they leave the hospital.

Stable, post-acute care patients who need additional short-term care or instruction prior to discharge to their home or community-based

Getting Settled In

- The nurse will ask you questions and do a physical exam upon arrival.
- The nursing staff will explain how to use the electric bed, the nurse call button, the emergency call button, and the television.
- During your hospital stay, you will be asked to wear a hospital gown. You may bring your own nightgown, pajamas, bathrobe, and slippers.
- If you have any questions about your care or treatment, ask your doctor or nurse.
- To reduce the risk of patient harm resulting from falls, the hospital has implemented a Falls Protocol in accordance with the National Patient Safety Goals. Members of the staff will assess and periodically reassess each patient's risk for falling; including potential risks associated with the effects of medication. Please use your call button for assistance.
- We attempt to alleviate noise as much as possible, but sometimes there is unavoidable noise. For your convenience we can provide you with earplugs and or head phones. If you find that some type of noise is keeping you from resting, please notify your nurse.

Your Stay

- Your room and bathroom will be cleaned and sanitized every day.
- The Dietary Department offers selective menus to give each patient the opportunity to choose their meals. Please feel free to speak with a member of our staff if you need assistance.
- You may have special foods brought to you at the hospital if your doctor approves.
- You may be visited by the Chaplain of the Day.

Your Stay

PEDIATRICS

Children's Books are available upon request.

TELEPHONES

Telephones are available at no charge. To make a local call dial "9" followed by the area code and 7-digit number. To make a long distance call, dial "9" and then "1," then the area code and number. The use of cell phones is permitted throughout the hospital, unless otherwise indicated. However, cell phones should be turned off or put on silent when the physician, nursing, or hospital staff arrive to render care.

Support is offered for patients or family members who are hearing impaired or non-English speaking, including TTY devices and foreign language interpretation.

WIRELESS INTERNET ACCESS

Garrett Regional Medical Center offers free wireless internet access to our patients. Our secure internet connection works with any Wi-Fi enabled device such as a laptop or cell phone. Ask a member of your care team for the wifi access code.

PASTORAL & SPIRITUAL CARE

An important part of patient care at Garrett Regional Medical Center is meeting the spiritual needs of our patients. The Chaplaincy program hosts a "Chaplain of the Day" service, which provides patients with access to a chaplain seven days a week. Our chaplains are an integral part of the GRMC Health care team - always readily available to provide a compassionate presence, a listening ear, and a prayer for patients, their families, and our staff. Your nurse can make arrangements if you desire a visit from the Chaplain of the Day. An Interfaith Chapel is available on the third floor for prayer or reflection.

ENVIRONMENTAL SERVICES (HOUSEKEEPING)

Members from our Environmental Services Department will service your room daily. If you are in need of additional services please feel free to contact Environmental Services at 4526.

Standardized Wristbands

Ensuring clear communication is a key factor in providing a health care environment free of errors. Standardizing communication practices, similar to what is done in the aviation industry, is a very effective technique for improving the transfer of information about patient care. Maryland hospitals and providers are committed to offering safe care every time. We accomplish this in several ways, one of which includes using the same colors for "alert" wristbands.

Alert wristbands are used in hospitals to quickly communicate a certain health status or an "alert" that a patient may have. This is done so all staff members can provide the best care possible, even if they do not know the patient.

The different colors have certain meanings. It is important that the patients and their family know these colors and their meanings.

This initiative is not only throughout the state, but has also been adopted in over half of the states across the country, including all of the Mid-Atlantic states—Virginia, Delaware, Pennsylvania, New Jersey, and West Virginia.

WHAT DO THE DIFFERENT COLORS MEAN?

Red—Allergy Alert: If a patient has an allergy to anything, such as food, medicine, dust, grass, pet hair, or anything at all, please tell us. It may not seem important to you, but it could be very important to patient care.

Yellow—Fall Risk: We want to prevent falls at all times. Nurses review patient information all the time to determine if a patient may need extra attention in order to prevent a fall. Sometimes, patients become weakened during their illness or because they just had surgery. When a patient has this color-coded wristband, the nurse is saying this person needs to be assisted when walking, or they may fall.

Purple—DNR or Do Not Resuscitate: It is important we honor a patient's wishes for end-of-life care.

Green—Latex Allergy: Some patients are specifically allergic to latex, and there are alternative products caregivers can use. We want to assure a safe environment for our patients, and it can be as simple as using latex free products.

Safety & Security

- Garrett Regional Medical Center is a designated tobacco-free institution as required by Maryland Law. Tobacco is not permitted anywhere in the hospital facility. **You are not permitted to smoke or use tobacco products during your stay in the hospital. Tobacco-free includes lighted or unlighted cigarette, cigar, pipe, and any other smoking product or spit tobacco, also known as chew tobacco or snuff. Electronic cigarettes of any kind are prohibited.**
- Garrett Regional Medical Center is not responsible for your personal valuables brought to the hospital. We would suggest you leave your valuables at home, or, we may ask you to store your valuables in the hospital's safe while you are a patient in the hospital.
- Eyeglasses, dentures, and hearing aids **are your responsibility.** Denture cups are available if needed.
- Do not bring personal electrical items to the hospital such as hair dryers, electric razors, or radios.
- Please do not become overly concerned when you hear the sound of a fire drill alarm. Please remain where you are unless instructed otherwise by hospital personnel. Fire drills are routinely conducted.
- If you choose to bring your cell phone, chargers, tablet, computer, etc., the hospital cannot be responsible for these items.



Your Stay

TELEVISION

Your room is furnished with cable television. Please keep the volume low so other patients are not disturbed. Televisions are to be turned down by 10:00 p.m.

Channel	Network
2	Channel Guide
3	Local Access Channel
4	WTAE, ABC, Pittsburgh, PA
5	KDKA, CBS, Pittsburgh, PA
6	C-SPAN2
7	WPNT, MyTV, Pittsburgh, PA
8	WHAG, NBC, Hagerstown, MD
9	TBN
10	WPGH, FOX, Pittsburgh, PA
11	WPXI, NBC, Pittsburgh, PA
12	C-SPAN
13	WQED, PBS, Pittsburgh, PA
14	WPCB, IND, Wall, PA
15	Home Shopping Network
16	WGPT, PBS, Oakland, MD
17	The CW, WPCW, Pittsburgh, PA
18	The Weather Channel
19	WDTV
23	ESPN
24	ESPN 2
25	ESPN Classic
26	ROOT SPORTS
27	FOX Sports Live
28	OWN
29	Lifetime
30	Fox
31	CNN
32	HLN
33	CNBC
34	MSNBC
35	TNT

(Continued on next page)

Your Stay

Channel	Network
36	TBS
37	WGN America
38	USA
39	FX
40	Spike
41	A&E
42	GSN
43	Hallmark Channel
44	ABC Family
45	Disney Channel
46	Disney Junior
47	Nickelodeon
48	TV Land
49	Travel Channel
50	WE TV
51	AMC
52	truTV
53	Comedy Central
54	TLC
55	HGTV
56	Discovery
57	Bravo
58	Animal Planet
59	History
60	Food Network
61	National Geographic Channel
62	Syfy
63	BET
64	CMT
65	MTV
66	VH1
67	Cartoon Network
68	GAC
69	E!
70	Golf Channel

Patient Responsibilities

5. Select a member of your family to be available to talk to the staff about your treatment in case you are not able to communicate with your doctors and nurses.
6. You and your family are responsible for promptly meeting any financial obligation agreed upon with the hospital.
7. No still photography or video taping of hospital personnel or equipment is permitted without permission.

The hospital Ethics Committee acts as a forum for discussion of any questions or problems that may arise related to patient rights. This committee has an advisory capacity in situations requiring ethical policy interpretation.

Ethical issues may include patient rights, life support, allocation of resources, treatment decisions, confidentiality, informed consent, and organ donation.

Staff, patients, and family members have access to the Ethics Committee. Consultation requests should be directed to the chair of the Ethics Committee at 301-533-4312.



Patient Responsibilities

In order to treat your illness, hospital employees, administration, and the medical staff ask you and your family to follow the Patient Responsibilities listed below:

1. Give us medical information about past illnesses, hospitalizations, medications, and other matters that affect your health history.
2. Cooperate with all of the hospital staff by following their instructions. You and your family are responsible for following the care or treatment plan developed. If you have any concerns about your ability to follow the proposed care plan, let your doctor or nurse know. We will make every effort to adapt the plan to your specific needs and limitations. When adaptations to the treatment plan are not recommended, you and your family are responsible for accepting the consequences of not following the developed treatment plan.
3. Be considerate of other patients and hospital personnel. Help control the level of noise. Limit the number of visitors to your room. Please be respectful of the property of other persons and the hospital.
4. You and your family are responsible for following the hospital's rules and regulations concerning patient care and conduct.



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Pain Action Guide

- Tell your doctor or nurse if you are having pain or your treatment is not working.
- Tell your doctor or nurse where you hurt and how much it hurts.
- Describe what makes your pain better or worse and what has worked for you in the past. Use words like sharp, stabbing, dull, aching, burning, tingling, throbbing, or pressure to describe your pain.
- Act quickly when pain starts. You can stop it from getting worse by taking your medications when you first get pain. Non-drug therapies such as relaxation, heat or cold, exercise, or other treatments may help.
- Tell your doctor or nurse if you have any questions or concerns, or if your treatment is not working.
- Please remember, in some instances pain cannot be totally relieved.

• Choose the face that best describes how you feel



Be Involved In Your Care

Government agencies, purchasers of group health care, and health care providers, such as Garrett Regional Medical Center, are working together to make the U.S. health care system safer for patients and the public. The single most important way you can help to assure high

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Be Involved In Your Care

quality and safe care is to be an active member of your health care team. That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results. Some specific tips, based on the latest scientific evidence about what works best, are as follows:

1. Make sure that all of your doctors (including nurse practitioners or physician's assistants) know about everything you are taking. This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs. Keeping a list will help you and your doctor stay abreast of your needs.
2. Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.
3. When your doctor writes you a prescription, make sure you can read it.
4. Ask for information about your medicines in terms you can understand both when your medicines are prescribed and when you receive them.
5. When you pick up your medicine from the pharmacy, ask: Is this the medicine that my doctor prescribed?
6. If you have any questions about the directions on your medicine labels, ask.
7. Ask your pharmacist for the best way to measure your liquid medicine.
8. Ask for written information about the side effects your medicine could cause.
9. Ask all health care workers who have direct contact with you whether they have washed their hands.
10. When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will use at home.
11. If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done.

Patient Rights

- You have the right to report a suspected medication error to your physician or the hospital staff that cares for you. If you do not feel comfortable reporting to the physician or hospital staff member, you may report directly to the hospital risk manager or patient safety officer. In addition, you may report a suspected medication error directly to the Maryland Board of Pharmacy by accessing the following website: <http://dhmh.maryland.gov/pharmacy/docs/BOP-Forms/compaling%20Form.pdf> or by calling (410) 528-8662. Hard copies of the forms may be obtained from the pharmacist on duty.

Complaint/Grievance

If you want to talk about a problem or have a complaint, please contact the Department Manager. If satisfaction is not reached at the Department Manager level, complaints/grievances may be forwarded to the Risk Manager at 301-533-4390.

After the initial complaint is received an investigation will be completed. The amount of time needed to complete the investigation depends on the complexity of the issue being discussed. Your concern may be settled on the first contact with the hospital, or it may take up to several months for the process to be completed. However, the person receiving the complaint at GRMC will be able to provide an estimate of when a return call to help resolve the problem may be expected.

If complaints/grievances are not satisfactorily resolved at the hospital level, you may contact the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality at 410-402-8015 or toll free at 1-877-402-8218 or you may contact the Joint Commission by visiting their website: www.jointcommission.org, emailing them at: complaint@jointcommission.org, calling them at: 1-800-994-6610, or by writing to them at:

Office of Quality Monitoring/The Joint Commission
One Renaissance Boulevard
Oak Brook Terrace, IL 60181

Patient Rights

- You have the right to review your medical records without charge.
 - You have the right to obtain a copy of medical records for a reasonable fee set by the Hospital; or if you cannot afford to pay a reasonable fee for a copy of medical records, receive a copy of medical records without charge or a negotiated fee; (contact the Health Information Management Department at (301) 533-4123 for directions on getting your health records.) You have the right to receive a clear and understandable itemized bill and explanation of all charges, regardless of source of payment.
 - You have the right to specify those family members and other adults who are to be given priority in visiting you—consistent with your ability to receive visitors.
 - You have the right to receive reasonable continuity of care with respect to staff assignment.
 - You have the right to obtain access, if needed, to a language assistance program to ensure full understanding of and accessibility to the Hospital's services and reasonable accommodations.
 - You have the right to expect and receive appropriate assessment, management, and treatment of pain as an integral component of your care.
-
- TTY communications are available at the hospital switchboard for the hearing impaired.
 - You have the right to protective services, if needed.
 - You have the right to request to see a copy of the hospital's Code of Organization Ethics Policy.
 - You have the right to know when something goes wrong with your care.
 - You have the right to get an up-to-date list of all of your current medications.
 - You have the right to be listened to.
 - You have the right to know the following about each medication given to you in the hospital: name of medication and what it is supposed to do (why you are receiving it).

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Be Involved In Your Care

12. Give complete and accurate health information to your healthcare provider.
13. Ask a family member/friend/support person to be with you and to be your advocate (someone who can help get things done and speak up for you if you cannot).
14. If you have a test, ask about the results.
15. Learn about your condition and treatments by asking your doctor and nurse.
16. Tell the surgeon, anesthesiologist, and nurses if you have any allergies or ever had a bad reaction to anesthesia.
17. Ask the doctor and surgeon:
 - Who will take charge of my care while I'm in the hospital?
 - Exactly what will you be doing?
 - How long will the procedure/surgery take?
 - What will happen after the surgery?
 - How can I expect to feel during recovery?
18. As an added measure for your safety, before administering any medications or blood products, taking blood samples or other specimens, or providing any other treatments or procedures, staff members will be verifying your identity using at least two identifiers. These identifiers will be the patient's full name (first, middle, and last) and birth date, in accordance with the National Patient Safety Goals.
19. If you or your family have immediate health concerns, call your nurse immediately. Your nurse may call the Rapid Response Team (RRT). The Rapid Response Team is a team of healthcare members that respond when a patient's condition may become unstable.



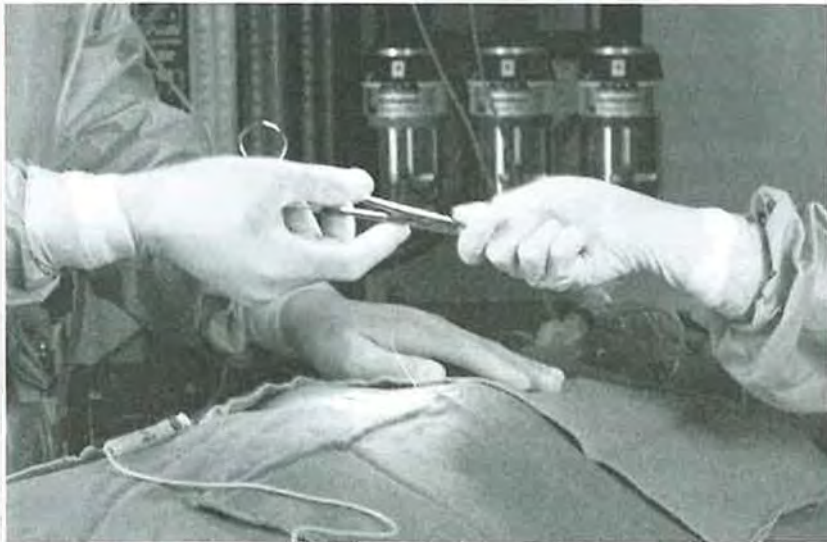
If You Need Surgery

BEFORE SURGERY

- Do not eat or drink anything after midnight the day before surgery.
- You may receive a visit from the nurse anesthetist or the anesthesiologist.
- You will be asked to sign a form giving consent to operate.
- You may be asked to sign a consent form to receive blood products.
- You may be given medication prior to surgery.
- Please shower with a chlorahexadine bath (available at any local pharmacy) the night before your surgery, if not contradicted by allergy.

DURING SURGERY

- Your family is asked to wait in your room or the surgical waiting room until you return from surgery.



Patient Rights

- You have the right to make decisions regarding the health care recommended by the physician or medical staff.
- You have the right to refuse treatment, examination, or observation by hospital staff without fear of reprisal; and be informed of potential health consequences by refusing treatment, examination, or observations.
- You have the right to participate in all decisions about your discharge from the hospital; and receive from the hospital a written discharge plan and written description of how to appeal the discharge and remain under Hospital care.
- You have the right to refuse to take part in research; in deciding whether or not to participate in a research study, receive a full explanation of the potential risks and benefits of the research; and withdraw from a research study at any time without impacting your access to standard care.
- You have the right to complain or file a grievance about the care and services you are receiving, without fear or reprisal, and receive a written response from the hospital.
- You have the right, if you are alone in the hospital, and disoriented or otherwise incapacitated, to have a patient advocate assigned from the hospital staff while a family member or designee is being contacted to ensure your safety and continued care by the medical staff at the hospital.
- You have the right to prepare advance directives and appoint someone to make decisions if you become unable to do so. You have the right to maintain privacy and dignity while in the hospital with respect to your medical and personal care, including care discussion, consultation, examination, treatment, and personal hygiene.
- You have the right to have hospital staff maintain confidentiality of all personal and medical information and records regarding your care; and approve or refuse the release of records to anyone outside the hospital.

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Patient Rights

To start this process, please ask your patient care provider to contact Patient Care Management Supervisor at 301-533-4312.

At Garrett Regional Medical Center we are proud to be a Joint Commission accredited organization. We pride ourselves in providing high quality care to our patients. If you feel you have an issue with patient care or safety, please contact our Risk Management Department at 301-533-4390. If the problem is not resolved, you may contact Joint Commission at www.jointcommission.org or call 1-800-994-6610.

YOUR RIGHTS AS A PATIENT:

- You have the right to receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, gender, identity, age, or source of payment.
- You have the right to receive considerate, respectful, and compassionate care in a clean and safe environment free of unnecessary restraints and free from all forms of abuse, neglect, or mistreatment.
- You have the right to receive emergency care for all medical conditions that will deteriorate from failure to provide prompt treatments.
- You have the right to be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- You have the right to know the names, positions, and functions of all other hospital staff involved in your care.
- You have the right to receive complete and current information about your diagnosis, treatment, risks, and prognosis.
- You have the right to receive a prompt and reasonable response to questions or requests.
- You have the right to receive all information needed to give informed consent to any proposed procedure or treatment, including the possible risks and benefits of the proposed procedure or treatment; and alternatives to the proposed procedure or treatment.

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If You Need Surgery

- An electronic board in the surgical waiting room allows you to view the surgical progress of your loved one. You will be given a surgical patient number to follow on the electronic board. The surgical staff will supply you with information on reading the electronic board. (This number is different from the Patient Access Card number given upon admission. The surgical number is specific to the surgical procedure in process.)

AFTER SURGERY

- You will go directly to the recovery room after surgery to be monitored.
- You will return to your room or the special care unit after discharge from the recovery room.
- You will be checked often by the nurse once you have returned to your room.

Transfers to Other Facilities

During your stay at the hospital, your family may have to make a decision about the use of an ambulance. Transport may become necessary to take you to another facility that is better able to treat your condition. Patients with severe medical conditions may need the services of a highly skilled person and specialty transport equipment that the chosen ambulance service can provide.

You may be charged out-of-pocket expenses for ambulance services. The staff of Garrett Regional Medical Center cannot determine what the insurance will pay. The doctor's order for an ambulance transport does not guarantee that the insurance will pay for the service. Some insurances require preauthorization for all

Transfers to Other Facilities

ambulance transports before the transport takes place. Some insurances do not cover ambulance transportation at all, and some may have limited coverage. You or your family should always check with your insurance company to make sure of the coverage. You are always responsible for any copayments and/or deductibles that may apply.

Insurance companies do not usually pay for services that are for your convenience or the convenience of your family members. If an ambulance transport is to be covered by insurance, documentation is needed to prove that the transport is medically necessary.

If your doctor decides it is necessary to transfer you to another facility, the hospital will provide the services of a highly skilled person and transport equipment to the *nearest facility that provides the level of care that you need.*

If your physician decides that you need certain rehabilitative services, you may be transferred to Garrett Regional Medical Center's Sub-Acute Rehabilitation Unit.



Patient Advocate/ Patient Care Management/ Advance Directives

PATIENT ADVOCATE

We care about the quality of care you receive at Garrett Regional Medical Center. Our Patient Advocate can help you with any questions, problems, complaints, or concerns. The Patient Advocate will work with the patient, physician, and hospital staff to resolve the issue. If you have any questions, problems, complaints or concerns about the services you receive, please call the Patient Advocate at 301-533-4390 between 8:00 a.m. and 4:00 p.m., Monday through Friday. You may receive a phone call to inquire about your stay. You may also be sent a Patient Satisfaction Survey to complete. We sincerely encourage you to complete it and let us know your opinion of the quality of care provided during your stay. Your comments and suggestions are appreciated as we continue to work to improve our services.

PATIENT CARE MANAGEMENT

Patient Care Managers are available to help patients and families prepare for discharge and make possible the most effective use of healthcare services.

Patient Care Management can help:

- Organize in-home care or placement in an extended-care facility.
- Provide information and referral for community resources Explore resources for financial assistance
- Provide short-term counseling
- Arrange for follow up care, if needed, after discharge

The Patient Care Management Department can assist you in completing advance directives: documents which state your choices about end-of-life treatment, or appoint someone to make these decisions or choices for you. If you would like to speak to a member of the Patient Care Management staff, please contact the Supervisor of Patient Care Management at 301-533-4312, or contact your nurse or doctor.

Visitor Information

CAFETERIA

The cafeteria, snack bar, and gift shop services are available for your family and friends. The hours of operation in the cafeteria are:

Breakfast: 6:30 a.m.–7 a.m., 7:30 a.m.–9:30 a.m.
(Monday-Friday)

Lunch: 11:30 a.m.–2:00 p.m.

Dinner: 4:30 p.m.–6:00 p.m.

SNACK BAR

Cup O' Joe Snack Bar—Cup O' Joe offers traditional vending snacks, as well as specialty and gourmet coffee, and is accessible 24 hours a day.

GIFT SHOP

For your convenience, the Loar Auxiliary Gift Shop offers delivery to patient rooms during hours of operation at no charge. Discover, MasterCard, and VISA are accepted. To place an order or for more information call 301-533-4045.

You can also shop online and have items delivered to a patient by visiting www.gcmh.com/online-gift-shop.

Monday-Friday: 9 a.m. to 8 p.m.

Saturday and Sunday: 12 noon to 4 p.m.

ATM

An automated teller machine (ATM) is located in the Cup O' Joe Snack Bar on the first floor.

Discharge

- A Patient Care Manager may talk to you about what your needs will be when you go home. The Patient Care Manager will help make the agreed upon arrangements.
- You will receive verbal and written instructions from the doctor or nurse on how to care for yourself after going home.
- The nursing staff will help you gather your belongings to take home.
- If you have any valuables in the hospital safe they will be returned to you when you go home.
- You will be taken to the lobby in a wheelchair and helped to your car by a member of the nursing staff.
- You will need to have someone drive you home.
- Throughout your hospital stay, the nursing staff will be teaching you about your care (medications, treatment, etc.), using a teach-back method to ensure you understand how to take care of yourself after discharge.
- You may receive a call from a Community Health Worker a day or two after discharge.



Financial Arrangements

The Patient Financial Services Department will help you make necessary financial arrangements for the payment of your hospital bill, or will check for eligibility under our Caring Program. The Patient Financial Services Department is also responsible for patient insurance claims and billing collections.

<i>Last Name</i>	<i>Contact Number</i>
A-E.....	301-533-4213
F-K.....	301-533-4211
L-R.....	301-533-4212
S-Z.....	301-533-4354
General Questions.....	301-533-4209

Physicians, including surgeons and anesthesiologists, and other licensed professionals, submit their own bills for professional services they render. Therefore, you may receive separate bills for these services.

After You Return Home

A Community Health Worker will contact you one to three days after discharge to ask how you are doing.

If you experience any condition that concerns you or causes you alarm, contact your doctor immediately.

Our Emergency Department is open 24 hours a day. If you are unable to contact your doctor, have someone bring you to the Emergency Department.

Visitation Policy

Visitors of Garrett Regional Medical Center shall enjoy equal visitation privileges consistent with the patient's preferences and are subject to the hospital's justification of clinical restrictions.* Children under the age of 12 are not encouraged to visit. We would like to keep you updated about the condition of your loved one. Please identify a family member or friend as a support person. The staff will provide information daily or by phone to the selected support person with the access code given at time of admission.

* A Justified Clinical Restriction may include, but is not limited to one or more of the following:

1. A court order limiting or restraining contact
2. Behavior presenting a direct risk or threat to the patient and/or Hospital staff
3. Infection control issues which may increase patient or visitor's risk of infection
4. Pandemic or infectious disease outbreak
5. Substance abuse treatment requiring restricted visitation
6. Patient's or patient's roommate's need for privacy or rest
7. When the patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure. Attempts will be made to accommodate the needs of any patient who requests that at least one visitor be allowed to remain in the room to provide support and/or comfort at such times.

Please ring the doorbell at the entrance of FCMS and ICU. A staff member will escort you to your relative or friend. Waiting rooms are located on all floors of the hospital.

PART THREE: AMENDMENTS

Question

In the initiatives section, you listed a number of CHNA-identified community health needs addressed by your initiatives that were not selected in the CHNA section. Did you intend to select these needs as having been identified in your CHNA? Cancer, Heart Disease and Stroke, Other (various conditions needing infusion therapies)

Answer

Cancer was in our CHNA from 2012, and Chronic Diseases in the 2016 CHNA. Chronic diseases include heart disease, and can include the results of a stroke as well as numerous conditions needing infusion services. That was our reasoning.

Question

In the initiatives section, are you able to provide an estimate of the size of the target population within your service area?

Answer

As stated in our report, the estimated population of our service area is 46,000.

Question

In Initiative 1 and Initiative 3, when describing the outcome of the initiative, do you have information on outcomes relative to the evaluation indicators provided?

Answer

Outcomes: at the cancer center (Initiative 1), 315 people received cancer treatment and/or infusion therapies in their own community. Since the cancer center opened in 2015, close to 700 people have received treatment. In the Initiative involving heart & vascular care (Initiative 3), 2,386 patients received care that they could NOT have received prior to the opening of this outpatient service. As transportation is a huge issue in this area, people often could not travel out of town for either cancer care or any kind of chronic disease management (heart disease, etc.). They simply chose not to be treated. The fact that they now have access to care cannot be overstated.

Question

In Initiative 3, did you intend to include “Effects on healthcare utilization or cost” as evidence of success?

Answer

Yes, we should have included “Effects on Healthcare Utilization and costs” in Initiative 3. Patients keeping appointments along with patients being admitted as inpatients and/or using the ED tracked.