*Q1.*

# Introduction:

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. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. 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.* Section I - General Info Part 1 - Hospital Identification

*Q3.* Please confirm the information we have on file about your hospital for FY 2018.

| | Is this information correct? | | |
|---|---|---|---|
| | Yes | No | If no, please provide the correct information here: |
| The proper name of your hospital is: MedStar Franklin Square Medical Center | ◉ | ○ | |
| Your hospital's ID is: 210015 | ◉ | ○ | |
| Your hospital is part of the hospital system called MedStar Health. | ◉ | ○ | |

*Q4.* 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.

*Q5.* (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

*Q6.* (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

## *Q7.* Section I - General Info Part 2 - Community Benefit Service Area

*Q8.* Please select the county or counties located in your hospital's CBSA.

| | | |
|---|---|---|
| ☐ Allegany County | ☐ Charles County | ☐ Prince George's County |
| ☐ Anne Arundel County | ☐ Dorchester County | ☐ Queen Anne's County |
| ☐ Baltimore City | ☐ Frederick County | ☐ Somerset County |
| ☑ Baltimore County | ☐ Garrett County | ☐ St. Mary's County |
| ☐ Calvert County | ☐ Harford County | ☐ Talbot County |
| ☐ Caroline County | ☐ Howard County | ☐ Washington County |
| ☐ Carroll County | ☐ Kent County | ☐ Wicomico County |

- [ ] Cecil County
- [ ] Montgomery County
- [ ] Worcester County

*Q9.* Please check all Allegany County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q10.* Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q11.* Please check all Baltimore City ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

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

- [ ] 21013
- [ ] 21020
- [ ] 21022
- [ ] 21023
- [ ] 21027
- [ ] 21030
- [ ] 21031
- [ ] 21043
- [ ] 21051
- [ ] 21052
- [ ] 21053
- [ ] 21057
- [ ] 21065
- [ ] 21071
- [ ] 21074
- [ ] 21082
- [ ] 21085
- [ ] 21087
- [ ] 21092
- [ ] 21093
- [ ] 21094
- [ ] 21102
- [ ] 21104
- [ ] 21105
- [ ] 21111
- [ ] 21117
- [ ] 21120
- [ ] 21128
- [ ] 21131
- [ ] 21133
- [ ] 21136
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- [ ] 21209
- [ ] 21210
- [ ] 21212
- [ ] 21215
- [ ] 21219
- [x] 21220
- [x] 21221
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- [ ] 21236
- [ ] 21237
- [ ] 21239
- [ ] 21241
- [ ] 21244
- [ ] 21250
- [ ] 21252
- [ ] 21282
- [ ] 21284
- [ ] 21285
- [ ] 21286

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

*Q23.* Please check all Kent County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q24.* Please check all Montgomery County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q25.* Please check all Prince George's County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q26.* Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

*Q28.* Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

*Q31.* Please check all Wicomico County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q32.* Please check all Worcester County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q33.* 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.
- [x]

Based on patterns of utilization. Please describe.

This geographic area was selected as MedStar Franklin Square Medical Center's CBSA based on hospital utilization data and secondary public health data, as well as the longstanding collaborative partnership with the Baltimore County Southeast Area Network (Southeast Network) for its community benefit efforts.

☐ Other. Please describe.

*Q34.* (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

## *Q35.* Section I - General Info Part 3 - Other Hospital Info

*Q36.* Provide a link to your hospital's mission statement.

https://www.medstarfranklinsquare.org/our-hospital/mission-vision-and-values/

*Q37.* Is your hospital an academic medical center?

- ◉ Yes
- ○ No

*Q38.* (Optional) Is there any other information about your hospital that you would like to provide?

*Q39.* (Optional) Please upload any supplemental information that you would like to provide.

## *Q40.* Section II - CHNA Part 1 - Timing & Format

*Q41.*
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

*Q42.* 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.*

*Q43.* When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/30/2018

*Q44.* Please provide a link to your hospital's most recently completed CHNA.

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1570213417368r0.43819071972527546&_ga=2.20408568.1728750187.1570213419-444540224.1570213419

*Q45.* Did you make your CHNA available in other formats, languages, or media?

- (●) Yes
- ( ) No

*Q46.* Please describe the other formats in which you made your CHNA available.

The CHNA is available online and in print.

## *Q47.* Section II - CHNA Part 2 - Participants

*Q48.* Please use the table below to tell us about the internal participants involved in your most recent CHNA.

| | CHNA Activities | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 expla below: |
| CB/ Community Health/Population Health Director (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| | 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 expla below: |
| CB/ Community Health/ Population Health Director (system level) | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| | 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 expla below: |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | ☐ | ☐ | ☑ | ☑ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | ☐ | ☐ | ☑ | ☑ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Board of Directors or Board Committee (facility level) | ☐ | ☐ | ☑ | ☑ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |

| | 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 expla below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Board of Directors or Board Committee (system level) | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 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 expla below: |
| Clinical Leadership (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Clinical Leadership (system level) | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 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 expla below: |
| Population Health Staff (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| | 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 expla below: |
| Population Health Staff (system level) | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Community Benefit staff (facility level) | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Community Benefit staff (system level) | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 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 expla below: |
| Physician(s) | ☐ | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Nurse(s) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |

| | 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 expla below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Social Workers | ☐ | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Community Benefit Task Force | ☐ | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Hospital Advisory Board | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | 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 expla below: |
| Other (specify)<br>VP Marketing | ☐ | ☐ | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | |
| | 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 expla below: |

## *Q49.* Section II - CHNA Part 2 - Participants (continued)

*Q50.* 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 - If you selected "Other (explain)," please type your explanation below: |
| Other Hospitals -- Please list the hospitals here:<br>All MedStar hospitals | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Local Health Department -- Please list the Local Health Departments here:<br>Baltimore County Department of Health | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| Local Health Improvement Coalition -- Please list the LHICs here:<br>Baltimore County Health Coalition | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | |
| | 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: |

| | 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: |
|---|---|---|---|---|---|---|---|---|---|---|
| Maryland Department of Health | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Maryland Department of Human Resources | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Natural Resources | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of the Environment | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Transportation | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Education | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | |
| Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Local Govt. Organizations -- Please list the organizations here: Baltimore County Department of Planning, Social Services, Library, Schools, Local Management Board | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Faith-Based Organizations | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| School - K-12 -- Please list the schools here: Deep Creek Middle School | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | |

| | 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: |
|---|---|---|---|---|---|---|---|---|---|---|
| School - Colleges and/or Universities -- Please list the schools here: Community College of Baltimore County, Towson University, University of Maryland | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| School of Public Health -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Medical School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Nursing School -- Please list the schools here: University of Maryland School of Nursing, Frostburg State University School of Nursing | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| School - Dental School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Pharmacy School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Behavioral Health Organizations -- Please list the organizations here: Mosaic, Alliance, Family Crisis Center, Family Tree | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Social Service Organizations -- Please list the organizations here: Southeast Network of providers including, Young Parent Support Center, Abilities Network, Neighbor to Neighbor, Community Assistance Network and Creative Kids. | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Post-Acute Care Facilities -- please list the facilities here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| | N/A - Person or Organization was not involved | Member of CHNA Committee | Participated in the development of the CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|
| Community/Neighborhood Organizations -- Please list the organizations here: Southeast Network, Community Assistance Network, Creative Kids | ☐ | ☑ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Consumer/Public Advocacy Organizations -- Please list the organizations here: Healthcare for the Homeless | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |
| Other -- If any other people or organizations were involved, please list them here: Healthcare for the Homeless, Baltimore Medical Systems, Churches for Streets of Hope, United Way of Central Maryland, Henderson-Webb Management. | ☐ | ☑ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | |

## *Q51.* Section II - CHNA Part 3 - Follow-up

*Q52.* Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

*Q53.* Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/30/2018

*Q54.* Please provide a link to your hospital's CHNA implementation strategy.

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

*Q55.* 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.*

*Q56.* 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.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Oral Health
- ☑ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care

- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal & Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults
- [x] Housing & Homelessness
- [x] Transportation
- [x] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [x] Other (specify) Access to mainstream resources

*Q57.* Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Chronic disease prevention and management (heart disease, diabetes and obesity) and maternal and child health are priorities identified in both the current and previous CHNA.

*Q58.* (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

During FY19, key revisions were made across MedStar Health to more effectively impact the communities served throughout Maryland and Washington, DC. Several internal meetings were convened with leadership from each MedStar Health Hospital to review current practices and strategies. As a result of these meetings, the approach to the current Community Health Needs Assessment (CHNA) for the remainder of the three-year cycle (FY19-FY21) was revised. Using the standard categories, Health and Wellness, Access to Care and Social Determinants of Health to determine what to prioritize for the CHNA IRS requirements, each hospital agreed to select two to three strategies as priorities that have size and scale impact and measurable outcomes. MedStar Franklin Square Medical Center's health priorities for the CBSA include health and wellness (chronic disease prevention and management, behavioral health and the Healthy Babies and Children Collaborative), and social determinants of health (social needs screenings, Baltimore JOBS).

*Q59.* (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

## *Q60.* Section III - CB Administration Part 1 - Participants

*Q61.* 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 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 initiativves | 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 (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| | 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 initiativves | 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) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | |
| | 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 initiativves | 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) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☑ | ☐ | |
| | 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 initiativves | 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) | ☐ | ☐ | ☑ | ☑ | ☐ | ☑ | ☑ | ☐ | ☐ | ☐ | |
| | 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 initiativves | Delivering CB initiatives | Evaluating the outcome of CB initiatives | 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 | 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 initiativves | 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) | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | |
| Board of Directors or Board Committee (system level) | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | |
| Clinical Leadership (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Clinical Leadership (system level) | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Population Health Staff (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☑ | ☑ | ☑ | ☐ | |
| Population Health Staff (system level) | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community Benefit staff (facility level) | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Community Benefit staff (system level) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | |
| Physician(s) | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Nurse(s) | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Social Workers | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |

| | 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 initiativves | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Community Benefit Task Force | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | |
| Hospital Advisory Board | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Other (specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

## *Q62.* Section III - CB Administration Part 1 - Participants (continued)

*Q63.* Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

| | Activities | | | | | | | | | Click to write Column 2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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: |
| Other Hospitals -- Please list the hospitals here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Local Health Department -- Please list the Local Health Departments here: Baltimore County Health Department | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health Coalition | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☑ | ☑ | ☐ | |
| Maryland Department of Health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| Maryland Department of Human Resources | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Natural Resources | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| | 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: |
|---|---|---|---|---|---|---|---|---|---|---|
| Maryland Department of the Environment | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Transportation | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Maryland Department of Education | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Area Agency on Aging -- Please list the agencies here: Baltimore County Departments of Aging, Mobilizing Active Citizens | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| Local Govt. Organizations -- Please list the organizations here: Baltimore County Departments of Social Services, Planning, Baltimore County Schools, Libraries | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Faith-Based Organizations | ☐ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| School - K-12 -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Colleges and/or Universities -- Please list the schools here: Community College of Baltimore County, Towson University, University of Maryland | ☐ | ☑ | ☐ | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| School of Public Health -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Medical School -- Please list the schools here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Nursing School -- Please list the schools here: University of Maryland School of Nursing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |

| | 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: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| School - Pharmacy School -- Please list the schools here: University of Maryland School of Pharmacy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| Behavioral Health Organizations -- Please list the organizations here: Family Tree, Family Crisis Center | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| Social Service Organizations -- Please list the organizations here: Abilities Network, Community Assistance Network, Maryland Food Bank | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Post-Acute Care Facilities -- please list the facilities here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community/Neighborhood Organizations -- Please list the organizations here: Neighbor to Neighbor | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | |
| Consumer/Public Advocacy Organizations -- Please list the organizations here: | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Other -- If any other people or organizations were involved, please list them here: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

## *Q64.* Section III - CB Administration Part 2 - Process & Governance

*Q65.* 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

*Q66.* Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

*Q67.* Please describe the community benefit narrative audit process.

The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually.

*Q68.* Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (●) Yes
- ( ) No

*Q69.* Please explain:

*This question was not displayed to the respondent.*

*Q70.* Does the hospital's board review and approve the annual community benefit narrative report?

- (●) Yes
- ( ) No

*Q71.* Please explain:

*This question was not displayed to the respondent.*

*Q72.* Does your hospital include community benefit planning and investments in its internal strategic plan?

- (●) Yes
- ( ) No

*Q73.* Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care. MedStar Franklin Square Medical Center's community benefit investments include programs such as chronic disease self -management, smoking cessation, transportation, community and state group collaborations, palliative care, drive-thru flu clinics, Family Health Center Patient Centered Medical Home, social determinates of health screening, case management (DME, nebulizers, oxygen), diabetes care and population health. The main thrust of these investments have been to greatly expand, develop, and strengthen MedStar Franklin Square's outreach and engagement in community activities by developing partnerships with community stakeholders and organizations, engaging patients in their care, moving care from high-cost venues such as acute care hospitals and full-service Emergency Departments to the patient's community-based environment. Initial efforts are focused on "high utilizers" of health care resources within our community, while working proactively to identify individuals who are at risk of becoming a high utilizer, and working to prevent that from occurring through our community outreach efforts. Recognizing the many social barriers to maintaining individual health make it imperative to develop collaborative working relationships with public, private, and faith based organizations to remove or mitigate the detrimental effects of those barriers. Collaboration with other healthcare systems to meet the complex needs of our patients include the Baltimore Community Health Partnership and the Baltimore Population Health Workforce Collaborative.

*Q74.* (Optional) If available, please provide a link to your hospital's strategic plan.

*Q75.* (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

*Q76.* (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

*Q77.* 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.

## *Q78.* Section IV - CB Initiatives Part 1 - Initiative 1

*Q79.* Name of initiative.

Stop Smoking Today

*Q80.* Does this initiative address a community health need that was identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

*Q81.* In your most recently completed CHNA, the following community health needs were identified:
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Access to mainstream resources**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [ ] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal and Infant Health
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

*Q82.* When did this initiative begin?

12/01/1997

*Q83.* Does this initiative have an anticipated end date?

- ( ) No, the initiative has no 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 the adult and adolescent smoking rates reach 0%.

- ( ) 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.

*Q84.* Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Adult smokers who are prepared to quit tobacco use.

*Q85.* Enter the estimated number of people this initiative targets.

9576

*Q86.* How many people did this initiative reach during the fiscal year?

51

*Q87.* What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] 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
- [x] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

*Q88.* Did you work with other individuals, groups, or organizations to deliver this initiative?

- (●) Yes. Please describe who was involved in this initiative.

  Baltimore County Department of Health Tobacco Coalition, Baltimore County Department of Health, Southeast Network

- ( ) No.

*Q89.* Please describe the primary objective of the initiative.

Stop Smoking Today is a six-week smoking cessation program designed to provide highly motivated adults with practical counseling, support, and the encouragement needed to become tobacco free.

*Q90.* Please describe how the initiative is delivered.

Weekly meetings are held on the hospital campus and at community sites.The Stop Smoking Today program includes behavioral change guidelines and support. Nicotine replacement therapy is supplied free to participants in partnership with the Baltimore County Tobacco Coalition. Participants receive up to 650 minutes of intensive counseling. According to the Clinical Practice Guidelines for Treating Tobacco Use and Dependence, interventions that include 300 minutes of contact time/counseling had an estimated abstinence rate of 25.5%.

*Q91.* Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: Demonstrates registration and retention
- [ ] 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
- [x] Other: Quit rate indicates successful goal attainment.

*Q92.* Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

In FY19, the Stop Smoking Today program was offered eight times. Of the 55 registrants, 28 attended, 19 completed the program with a quit rate of 42% (n=8).

*Q93.* Please describe how the outcome(s) of the initiative addresses community health needs.

The Stop Smoking Today program contributes to the decrease in the percentage of adults who smoke in Baltimore County.

*Q94.* What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds: $20,483

*Q95.* (Optional) Supplemental information for this initiative.

## *Q96.* Section IV - CB Initiatives Part 2 - Initiative 2

*Q97.* Name of initiative.

Healthy Babies Collaborative (HBC)

*Q98.* Does this initiative address a need identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

*Q99.* In your most recently completed CHNA, the following community health needs were identified:
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Access to mainstream resources**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [x] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Housing & Homelessness
- [ ] Transportation
- [ ] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [ ] Other (specify) _____

*Q100.* When did this initiative begin?

07/01/2013

*Q101.* Does this initiative have an anticipated end date?

- ( ) No, the initiative does not 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.

Low birth weight rate less than 8% (Maryland goal)

- ( )

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.

*Q102.* Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Women of childbearing age in identified census tract blocks

*Q103.* Enter the estimated number of people this initiative targets.

6000

*Q104.* How many people did this initiative reach during the fiscal year?

120

*Q105.* What category(ies) of intervention best fits this initiative? Select all that apply.

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

*Q106.* Did you work with other individuals, groups, or organizations to deliver this initiative?

- [ ]

Yes. Please describe who was involved in this initiative.

The MedStar Franklin Square Medical Center Steering Committee is the backbone organization responsible for project coordination, reporting and in-kind support services. This initiative was delivered in partnership with the following organizations: Abilities Network (BF Moms registration, documentation), B'More for Healthy Babies (educational /best practice resources), Baltimore County Department of Health (internal quality improvement project, networking, dental services), Baltimore County Department of Health Local Health Coalition (WIC support, in-kind support), Baltimore County Department of Planning (funding, networking), Baltimore County Department of Social Services (in-kind support), Baltimore County Local Management Board (networking, in-kind support), Healthy LIttle Cooks (teaching kitchen, nutrition education) Giant Food (nutrition and shopping education), Hawthorne Elementary School Judy Center (prenatal massage program management), MCOs MedStar Family Choice (internal evaluation, networking), MedStar Franklin Square inkind (project coordinator, grant management, lactation specialist), Merritt Athletic Club (exercise circuit), PRA MFSMC (internal evaluation, OB networking), Southeast Network (publicity, referrals), United Health Care (nutrition workshop, exericise classes), University of Maryland (Kitchen Smart), University of Maryland School of Nursing (fitness supplies, data analysis).

○ No.

*Q107.* Please describe the primary objective of the initiative.

HBC unites local organizations who have a common interest in promoting positive birth outcomes for mothers and their families. Data collected and recorded by the Baltimore County Local Management Board indicates that infant mortality rates and the number of babies born with low birth weight are particularly high in a concentrated area of the County.

*Q108.* Please describe how the initiative is delivered.

This initiative is delivered through the following activities: (1) A weekly “Essex Breastfeeding Moms Luncheon,” bringing new nursing mothers and their babies together for support and encouragement along with ongoing education from a certified lactation consultant; (2) Breastfeeding education provided in home visits with new moms who are considered high risk, by representatives of the Abilities Network’s “Healthy Families Program”; (3) Provision of breastfeeding training to service providers to encourage breastfeeding and promote its benefits to new moms; (4) Development of a breastfeeding resources list providing moms with quick and convenient access to information and tools for successful nursing; (5) MOMs (Moms on the Move) Exercise and Nutrition Support Group; (6) Prenatal Massage Program @ Hawthorn Judy Center.

*Q109.* Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters: Number of stakeholders who attend meetings, breastfeeding support group attendance, MOMs group participants, prenatal massage program participants, breastfeeding rates
- ☐ 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

*Q110.* Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Outcomes of this initiative include reaching a total of 120 participants in the HBC service area, connecting moms to needed resources (WIC, Healthy Families Baltimore County, Lutheran Mission Society, Early Head Start/Head Start, Kids in Safety Seats, Community Assistance Center, Young Parent Support Center, Northern Pharmacy, Mental Health Association of Maryland), connecting resource providers to one another (Healthy Families Baltimore County to Baltimore County Public Schools, MFSMC Family Health Center, WIC and MFSMC's Women's Pavilion), mapping resources in HBC service area for partner and county use, identifying gaps and seeking resources to address health equity and serve Baltimore County residents such as the Baltimore County Access to Dental Care Safety Net Program for women 18-44, supporting United Way Family Stability Initiative Essex program, targeting resource development in the HBC service area (i.e. expansion of Healthy Families Baltimore County home visiting program), provider training (Baltimore County Child Protective Services training of social workers with MHAMD and Healthy Families training with Baltimore County Department of Health), and smoking intervention.

*Q111.* Please describe how the outcome(s) of the initiative addresses community health needs.

HBC provides increased access to care and social determinants of health resources which remains a need as the low-birth weight rate remains high in the CBSA.

*Q112.* What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital funds: $40,134

*Q113.* (Optional) Supplemental information for this initiative.

## *Q114.* Section IV - CB Initiatives Part 3 - Initiative 3

*Q115.* Name of initiative.

ConnectFest!

*Q116.* Does this initiative address a need identified in your most recently completed CHNA?

- (●) Yes
- ( ) No

*Q117.* In your most recently completed CHNA, the following community health needs were identified:
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Access to mainstream resources**

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Access to Health Services: Outpatient Services
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [ ] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal and Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [x] Physical Activity
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention

- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [ ] Vision
- [ ] Wound Care
- [x] Housing & Homelessness
- [x] Transportation
- [ ] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [x] Other (specify) Access to mainstream resources

*Q118.* When did this initiative begin?

07/01/2018

*Q119.* Does this initiative have an anticipated end date?

- ( ) No, the initiative does not have an anticipated end date.
- (•) The initiative will end on a specific end date. Please specify the date. 09/14/2018
- ( ) 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.

*Q120.* Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

21221 residents with income below poverty level (12.8% of 42,154 population), people experiencing homelessness and those at risk, hospital and community partner agency clients who return for services repeatedly due to social service needs for health.

*Q121.* Enter the estimated number of people this initiative targets.

5396

*Q122.* How many people did this initiative reach during the fiscal year?

200

*Q123.* What category(ies) of intervention best fits this initiative? Select all that apply.

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

*Q124.* Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  Southeast Network service providers; Baltimore County Departments of Health, Social Services and Planning; Baltimore County Local Management Board; 30 volunteers and 45 social service agencies.

- ( ) No.

*Q125.* Please describe the primary objective of the initiative.

To provide access to mainstream resources many of which are social determinants of health such as transportation, housing, education, workforce development, financial education and required documentation such as photo IDs and birth certificates. ConnectFest! provided direct services, application assistance and referrals for many of these basic needs.

*Q126.* Please describe how the initiative is delivered.

ConnectFest!, a fun block party, with food and entertainment, offered a variety of basic mainstream resources to help maintain and improve community health. It was held on September,14, 2018, at Stembridge Community Center. Service providers offered education, assistance, referrals onsite and at no charge to participants. Participants left with bags of food from MD Food Bank.

*Q127.* Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: Attendance and number of encounters with service providers
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants: Participant satisfaction with needs being met
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [x] Other: Services provided

*Q128.* Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

• Approximately 30 volunteers and 45 vendors provided mainstream resources to over 119 households most of whom reside in our Community Benefit Service Area (CBISA, 21221) and nearby. • 78 participants submitted “passports”. 48 marked as attending 4 or more services • 66 exit surveys were submitted by participants • 97% of the seventy exit surveys indicated that respondents were satisfied with the assistance received. • Baltimore County DSS Family Violence Services assisted 29 participants. • MD Legal Aid processed 14 expungements and provided legal education. • 37 Children’s Community Health surveys were completed. • 207 lunches were served. • Over 2500 pounds of food were distributed. • 14 pediatric dental appointments were made for children. • Blood pressure screenings, body fat analysis, depression screenings were provided to participants. • The Bookmobile/Library interacted with participants and processed new library cards • A local barber and three Great Clips stylists cut hair continuously.

*Q129.* Please describe how the outcome(s) of the initiative addresses community health needs.

ConnectFest! increased access to mainstream resources to meet social needs and to help maintain and improve the health of many indiviual community members.Indicators for the stated needs in the CBSA demonstrate a continued need for increased access., e.g., elevated low-birth weight rate, affordable housing.

*Q130.* What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds: $12,193

*Q131.* (Optional) Supplemental information for this initiative.

## *Q132.* Section IV - CB Initiatives Part 4 - Other Initiative Info

*Q133.* Additional information about initiatives.

*Q134.* (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.

*Q135.* Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- (●) Yes
- ( ) No

*Q136.*
In your most recently completed CHNA, the following community health needs were identified:
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**
**Other: Access to mainstream resources**

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

*This question was not displayed to the respondent.*

*Q137.* Why were these needs unaddressed?

*This question was not displayed to the respondent.*

*Q138.* Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

| | Select Yes or No | |
|---|---|---|
| | Yes | No |
| Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate | (●) | ( ) |
| Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy | (●) | ( ) |
| Healthy Communities - includes measures such as domestic violence and suicide rate | (●) | ( ) |
| Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider | (●) | ( ) |
| Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma | (●) | ( ) |

*Q139.* (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

## *Q140.* Section V - Physician Gaps & Subsidies

*Q141.* 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
- [x] Mental health
- [x] Substance abuse/detoxification
- [ ] Internal medicine
- [x] Dermatology
- [ ] Dental
- [ ] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [ ] Other. Please specify.

*Q142.* 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 | Hospitalists, Physician Assistants, Womens FOGG, Palliative care - Necessary for the provision of inpatient care since they perform a clinical function not met by community physicians. However, the amount the hospitalists/PAs/OBs/Palliative specialists are reimbursed by insurers for their services falls short of the cost of providing these services. For this reason, the hospital must subsidize these services, and apart from these subsidies, physicians and PAs would not work in this environment. |
| Non-Resident House Staff and Hospitalists | |
| Coverage of Emergency Department Call | |
| Physician Provision of Financial Assistance | |
| Physician Recruitment to Meet Community Need | |
| Other (provide detail of any subsidy not listed above) | Family health center - This is an outpatient primary care training practice whose cost exceeds the reimbursement for services provided. The centers are essential for the training of new physicians and so the hospital absorbs the subsidy to this end. |
| Other (provide detail of any subsidy not listed above) | Endocrinology, Bel Air perinatology, Womens care Bel Air, OBGYN Bel Air Surgeries, Womens care Dundalk, Womens Care Honeygo, Urogynecology, Franklin Square GYNREI - These services represent outpatient office based practices in specialties where the level of reimbursement has significantly limited or eliminated the availability of community providers in these specialties. As a result, in order for these services to be present in the MFSMC community, MFSMC must hire providers and manage the delivery of these services itself. The cost of providing these services exceeds the reimbursement generated by providers of these services, resulting in subsidies. |
| Other (provide detail of any subsidy not listed above) | |

*Q143.* (Optional) Is there any other information about physician gaps that you would like to provide?

*Q144.* (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

## *Q145.* Section VI - Financial Assistance Policy (FAP)

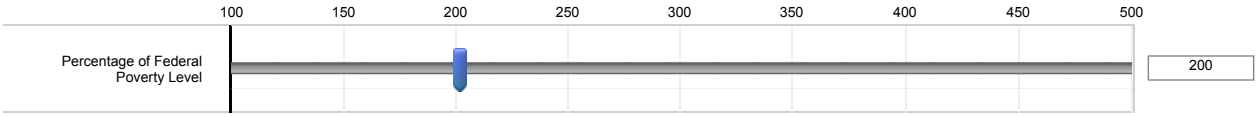
*Q146.* Upload a copy of your hospital's financial assistance policy.

MedStar_Corporate_Financial_Assistance_Policy_07_2016.pdf
339.3KB
application/pdf

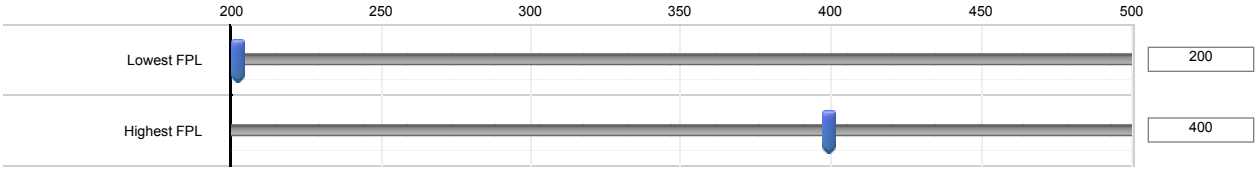
*Q147.* Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

MedStar_Patient_Information_Sheet.pdf
236.2KB
application/pdf

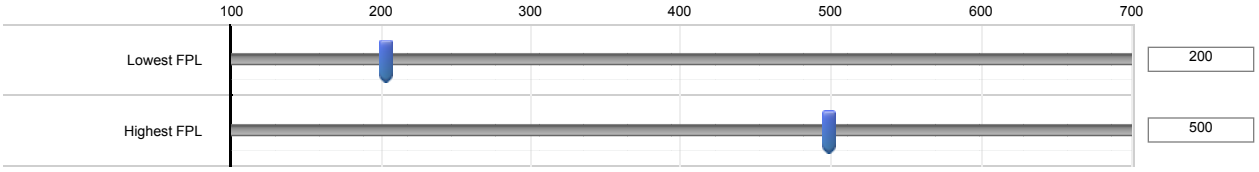
*Q148.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



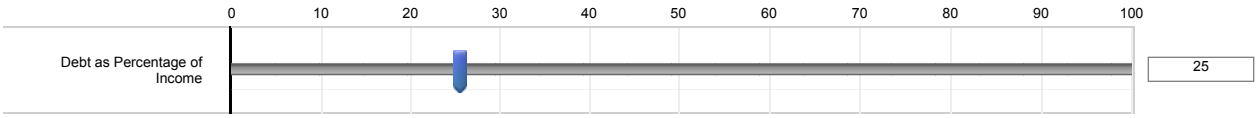

*Q149.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.




*Q150.* Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.




*Q151.* Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.




*Q152.* Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe: [ ]

*Q153.* (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[ ]

*Q154.* (Optional) Please attach any files containing further information about your hospital's FAP.

## *Q155.* Summary & Report Submission

*Q156.*

### Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

**Location Data**

**Location:** (38.920806884766, -77.036003112793)

**Source:** GeoIP Estimation

| | |
|---|---|
| **From:** | Parker, Triven L |
| **To:** | Hilltop HCB Help Account |
| **Subject:** | Fwd: RE: Clarification Required - MedStar Franklin Square FY 19 CB Narrative |
| **Date:** | Tuesday, March 3, 2020 10:31:09 AM |
| **Attachments:** | MedStar_Franklin_Square_FY2019_CBNarrative_Final.pdf |

Report This Email

Please see the below clarification in red from Medstar Franklin Square.

Let me know if you have other questions. Thank you.

---
Sent from Workspace ONE Boxer

---------- Forwarded message ----------

**From:** Isennock, Tricia <Tricia.Isennock@Medstar.net>
**Date:** March 3, 2020 at 10:13:06 AM EST
**Subject:** RE: Clarification Required - MedStar Franklin Square FY 19 CB Narrative
**To:** Parker, Triven L <Triven.L.Parker@medstar.net>
**Cc:** Novello, Mimi <Mimi.Novello@medstar.net>

- In the section on Initiative 2, where you describe the Healthy Babies Collaborative beginning on page 19 of the attached, in response to Question 99, you indicated that one of the CHNA needs addressed by this initiative is "Children's Health." Your response to Question 56 on page 10 does not include "Children's Health" as one of the needs identified in the CHNA. Please indicate whether "Children's Health" should have been selected in Question 56, or should not have been selected in Question 99.

**Children's Health was not identified in our most recent CHNA, thus not selected in Question 56. Subsequently, the hospital closed its inpatient pediatric unit which initiated a children's community health assessment with our community partners to assess and address the impact in our community. Children's Community Health is a subcommittee of our CHNA Advisory Task Force and is addressed in our Healthy Babies Collaborative initiative, thus the selection in Question 99**

- In the section on Initiative 3, where you describe the ConnectFest! initiative beginning on page 23 of the attached, you indicate that this initiative ends on a specific date. Since this or a very similar initiative was reported on the two previous narratives, we suggest that your hospital should reframe this as an ongoing initiative. In your answer to question 119, we would like to know whether the hospital plans to end its annual ConnectFest! events, and if so, when.

**You are correct. This initiative should be reframed as an ongoing one. After the initial success, it was re-assessed and determined to be an annual event.**

Thank you.

*Tricia Isennock*

**Patricia Isennock, MS, BSN, RN, NEA-BC, MCHES**
Administrative Director
**Population and Community Health**
MedStar Franklin Square Medical Center - A Magnet Hospital!
9000 Franklin Square Drive

Baltimore, MD 21237
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443-777-8109 **FAX**
tricia.isennock@medstar.net

---

**From:** Parker, Triven L <Triven.L.Parker@medstar.net>
**Sent:** Monday, March 02, 2020 10:55 AM
**To:** Isennock, Tricia <Tricia.Isennock@Medstar.net>
**Cc:** Monpremier, Meghan A <Meghan.A.Monpremier@medstar.net>
**Subject:** Fwd: Clarification Required - MedStar Franklin Square FY 19 CB Narrative

Hi Trish! Could you please address the question from Hilltop?
Please see the forwarded email below. Thank you!

---
Sent from Workspace ONE Boxer

---------- Forwarded message ----------

**From:** Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
**Date:** March 2, 2020 at 10:28:38 AM EST
**Subject:** Clarification Required - MedStar Franklin Square FY 19 CB Narrative
**To:** Parker, Triven L <Triven.L.Parker@medstar.net>
**Cc:** Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

** ATTENTION: This email originated from outside the MedStar network.
** DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Thank you for submitting MedStar Franklin Square Hospital's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In the section on Initiative 2, where you describe the Healthy Babies Collaborative beginning on page 19 of the attached, in response to Question 99, you indicated that one of the CHNA needs addressed by this initiative is "Children's Health." Your response to Question 56 on page 10 does not include "Children's Health" as one of the needs identified in the CHNA. Please indicate whether "Children's Health" should have been selected in Question 56, or should not have been selected in Question 99.

- In the section on Initiative 3, where you describe the ConnectFest! initiative beginning on page 23 of the attached, you indicate that this initiative ends on a specific date. Since this or a very similar initiative was reported on the two previous narratives, we suggest that your hospital should reframe this as an ongoing initiative. In your answer to question 119, we would like to know whether the hospital plans to end its annual ConnectFest! events, and if so, when.

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.

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