

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2014 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

Union Hospital of Cecil County

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Community Benefits

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

For the purposes of this report, the IRS defines a CHNA as a:

Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name

and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP's CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and
- (14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need; or
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
116 licensed beds	5,051 admissions	21921 21901 21916 21920 21915 21914 21911	N/A	8.8% <i>2013 American Community Survey, 1-year Estimates</i>	21% <i>DHMH MCO Enrollment Tables for FY14 (http://chpdm-ehealth.org/)</i>

2. For purposes of reporting on your community benefit activities, please provide the following information:
 - a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.

Cecil County is located in the upper northeast corner of Maryland, adjacent to the Delaware and Pennsylvania state lines. Cecil County is rural and surrounds the northern portion of the Chesapeake Bay.

Union Hospital is the only hospital in Cecil County. Therefore, the Community Benefit Service Area (CBSA) that Union Hospital serves is comprised of the towns of Cecilton, Charlestown, Chesapeake City, Childs, Colora, Conowingo, Earleville, Elk Mills, Elkton, North East, Perry Point, Perryville, Port Deposit, Rising Sun, and Warwick. Figure 1 shows the zip codes and corresponding towns by the primary and secondary service areas served by Union Hospital (defined as the hospital’s Community Benefit Service Area).

Figure 1. Union Hospital Service Areas

Primary Service Area	Secondary Service Area
21921 – Elkton	21902 – Perrypoint
21922 – Elkton	21903 – Perryville
21901 – North East	21904 – Port Deposit
21916 – Childs	21917 – Colora
21920 – Elk Mills	21918 – Conowingo
21915 – Chesapeake City	
21914 – Charlestown	
21911 – Rising Sun	
21912 – Warwick	
21913 – Cecilton	
21919 – Earleville	

- b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (<http://dhmh.maryland.gov/ship/>) and its Area Health Profiles 2013, (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority

Table II

<p>Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p><u>Population:</u> 101,886 persons</p> <p><u>Sex</u> Male: 50,618 (49.68%) Female: 51,268 (50.32%)</p> <p><u>Age</u> 0-4: 6,205 (6.09%) 5-9: 6,455 (6.34%) 10-14: 7,002 (6.87%) 15-17: 4,464 (4.38%) 18-20: 4,010 (3.94%) 21-24: 5,345 (5.25%) 25-34: 11,843 (11.62%) 35-44: 12,823 (12.59%) 45-54: 16,086 (15.79%) 55-64: 13,950 (13.69%) 65-74: 8,380 (8.22%) 75-84: 3,870 (3.80%) 85+: 1,453 (1.43%)</p> <p><u>Median Age:</u> 39.4 years</p> <p><u>Race</u> White: 89,246 (87.59%) Black/African American: 7,335 (7.20%) American Indian: 329 (0.32%) Asian: 1,294 (1.27%) Native Pacific Islander: 69 (0.07%) Other: 1,280 (1.26%) 2+ races: 2,333 (2.29%)</p> <p><u>Ethnicity:</u> Hispanic/Latino: 4,363 (4.28%) Non-Hispanic/Latino: 97,523 (95.72%)</p> <p><u>Language</u> Only English: 89,058 (93.08%) Spanish: 3,171 (3.31%)</p>
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	<p>Asian/Pacific Islander: 913 (0.95%) Indo-European: 2,446 (2.56%) Other: 93 (0.10%)</p> <p><i>Data is from 2014 Claritas, Inc.</i></p>
Median Household Income within the CBSA	<p>Median household income in Cecil County is \$66,711.</p> <p><i>Data is from 2014 Claritas, Inc.</i></p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	<p>Of the 26,958 families in Cecil County, 1,754 families have incomes below the poverty level (6.51%).</p> <p><i>Data is from 2014 Claritas, Inc.</i></p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</p>	<p><u>Cecil County CBSA</u> 8.8%</p> <p><u>Maryland</u> 10.2%</p> <p><i>2013 American Community Survey, 1-year Estimates</i></p>
Percentage of Medicaid recipients by County within the CBSA.	<p>21% of the population within the Cecil County CBSA is enrolled in Medicaid.</p> <p><i>DHMH MCO Enrollment Tables for FY14 (http://chpdm-ehhealth.org/)</i></p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</p>	<p>From 2010-2012, the life expectancy at birth for Cecil County residents was 77 years, which was less than the Maryland baseline of 79.7 years.</p> <p>From 2010-2012, life expectancy for Black/African Americans was 77.2 years and for Whites was 77 years (no disparity).</p> <p>In Maryland in 2012, there was a life expectancy disparity between Black/African Americans (77.3 years) and Whites (80.4 years).</p> <p><i>Cecil County and Maryland data was taken from the DHMH SHIP Profile for Cecil County which referenced Maryland DHMH Vital Statistics Administration data from 2010-2012.</i></p>

<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>In 2013, the infant mortality rate for Cecil County was 6.3 deaths per 1,000 live births.</p> <p>In Maryland the rate was 6.6 deaths per 1,000 live births.</p> <p>Among White infants it was 4.9 deaths per 1,000 live births. Statistics were not given for Black/African American infants since the reported number of cases was less than 5 deaths.</p> <p><i>Cecil County data is from Maryland Vital Statistics Infant Mortality in Maryland, 2013 report found at http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</i></p> <p>.</p> <p>In 2013, there were 888 deaths in Cecil County. Of this total the following races were represented:</p> <ul style="list-style-type: none"> • White: 837 deaths • Black/African American: 44 deaths • Asian or Pacific Islander: 6 deaths • Hispanic: 2 deaths <p><i>Cecil County death data was taken from Maryland Vital Statistics Deaths for Cecil County report found at http://dhmh.maryland.gov/vsa/SitePages/reports.aspx</i></p> <p>.</p> <p>Age-adjusted death rate is also a key measure of mortality. The following disease states were the top contributors to Cecil County's mortality in 2013:</p> <ul style="list-style-type: none"> • <u>Diseases of the Heart</u>: 218 deaths (racial/ethnic breakouts – Whites: 203 deaths; Black/African-Americans: 14 deaths; Asian/Pacific Islanders: 1 death; and Hispanics: 1 death. • <u>Malignant Neoplasms (Cancer)</u>: 217 deaths (racial/ethnic breakouts – Whites: 200 deaths; Black/African-Americans: 14 deaths; Asian/Pacific Islanders: 2 deaths; and Hispanics: 0 deaths. • <u>Chronic Lower Respiratory Disease</u>: 66 deaths (racial/ethnic breakouts – Whites: 66 deaths; Black/African-Americans: 0 deaths; Asian/Pacific Islanders: 0 deaths; and
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	<p>Hispanics: 0 deaths.</p> <ul style="list-style-type: none"> • <u>Cerebrovascular Diseases</u>: 49 deaths (racial/ethnic breakouts – Whites: 46 deaths; Black/African-Americans: 3 deaths; Asian/Pacific Islanders: 0 deaths; and Hispanics: 0 deaths. <p><i>Data for age-adjusted death rates was taken from DHMH’s Vital Statistics Information website at: http://dhmh.maryland.gov/vsa/SitePages/reports.aspx. The Cecil County deaths profile was listed under “Birth and Death Data by jurisdiction, 2013.” Data within that profile was taken from “Table 15. Leading causes of Death by Race, Hispanic Origin, and Sex, 2013.”</i></p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p><u>Access to Care</u> From 2011-2012, BRFSS reported that 11.24% of adults, aged 18+ years, did not have a regular source of primary care in Cecil County.</p> <p>In 2011, there were 33 primary care providers per 100,000 population in Cecil County.</p> <p>In 2013, there were 26 non-physician primary care providers (nurse practitioners and physician assistants) per 100,000 population.</p> <p><i>Rates of primary care providers and non-physician primary care providers were taken from County Health Rankings.</i></p> <p><u>Access to Healthy Foods</u> In 2012 in Cecil County, there were 16.81 grocery stores per 100,000 population.</p> <p><i>Data was taken from the US Census Bureau’s County Business Patterns 2012 data series. Data was accessed through the Community Commons maps at www.CHNA.org.</i></p> <p>In 2010 in Cecil County, 5.97% of low-income persons lived more than one mile from a grocery store.</p> <p>In 2010, there were food deserts in the following areas:</p>

- Central and northern Elkton (99.1% - 100% of the population had limited access to food)
- Port Deposit (100% of the population had limited access to food)
- Charlestown and the central part of North East (62% of the population had limited access to food)

Data was taken from the Food Access Research Atlas which used 2010 census data. Data was accessed through the Community Commons maps at www.CHNA.org.

In 2012 in Cecil County, 10,680 persons were food insecure—10.6% of the population.

Food insecurity data was taken from the Feeding America website, under the Map the Meal Gap tool found here: <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>.

Housing Affordability

Data from the 2008-2012 American Community Survey, 5-Year Estimate shows the following:

- 64.7% of the population of Cecil County owned a home
- 52.4% of renters spent 30% or more of household income on rent. Most renters fall into the age bracket of 15-24 years old (65.8%)

Education

According to 2012-2013 data from the Maryland State Department of Education, 86.7% of students in Cecil County graduated high school in four years.

Data from the 2008-2012 American Community Survey, 5-Year Estimate, shows that 13.05% of Cecil County adults aged 25 years and older had no high diploma or equivalency.

- 32.42% of this population resided in central Elkton
- 26.3% of this population collectively resided in the eastern corner of Port Deposit, the southern-most tip of Rising Sun, and a small

section each of North East and Elkton

Transportation

Data from the 2008-2012 American Community Survey, 5-Year Estimate, showed the following:

- 5.4% of Cecil County households did not have a vehicle
- 1.1% of Cecil County workers aged 16 years and older commuted to work by public transportation

Violent Crime

In 2012, 534.7 crimes were committed per 100,000 population in Cecil County.

Data was taken from the Maryland Governor's Office of Crime Control and Prevention, 2012, <http://www.goccp.maryland.gov/msac/crime-statistics.php>

Child Abuse

In 2012, 13.8 cases of child abuse were investigated per 1,000 children in Cecil County.

Data was taken from the Maryland Governor's Office for Children, 2012, <http://goc.maryland.gov/>

Environmental Hazards

Annual ozone air quality for Cecil County was measured at a level of 5 during 2010-2012 (a grade of F according to the American Lung Association, on a grading scale of A-F). However, as of 11/21/14, AirNow rated Cecil County's daily ozone air quality as a 24 which represents good air quality days.

During the measurement period from 2010-2012 the American Lung Association assigned a grade of B to Cecil County's annual particulate matter because its average annual number of days that exceeded the US particulate pollution standards of 2.5M was 2 days.

According to AIRNow's data, Cecil County's level of particle matter measured is good (value: 19).

Data for annual particle pollution was taken from State of the Air, American Lung Association,

	<p>http://www.stateoftheair.org/2013/states/maryland/cecil-24015.html</p> <p>Annual particle pollution data from 2009-2011 was measured at a design value of 10.4 by the EPA and the American Lung Association, which indicates that Cecil County has a passing particle pollution grade.</p> <p><i>Data for daily particle pollution was taken from AIRNow,</i> http://airnow.gov/index.cfm?action=airnow.local_city&cityid=78</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>See information in the first cell labeled CBSA Target Population.</p> <p>Also, see breakouts in each cell where race, ethnicity, and language are applicable.</p>
<p>Other</p>	<p>N/A</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

Provide date here: Reports posted online on 5/30 /2013 (CHNA conducted March 2012 – January 2103 and Implementation Plan developed January 2013 – May 2013)

If you answered yes to this question, provide a link to the document:

<https://www.uhcc.com/About/Community-Benefit/Community-Benefit-Report>

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes Implementation Plan developed January 2013 – May 2013
Date approved by governing body: December 2013
 No

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

<https://www.uhcc.com/About/Community-Benefit/Community-Benefit-Report>

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

- a. Is Community Benefits planning part of your hospital’s strategic plan?

Yes
 No

- b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

- i. Senior Leadership

1. CEO
2. CFO

3. Other (please specify)
 - a. Chief Medical Officer (listed under Community Benefits Internal Workgroup)

ii. Clinical Leadership

1. Physician
2. Nurse
 - a. Nurse Case Managers (2) (listed under Implementation Planning Committee)
 - b. Nurse Practitioners (2) (listed under Implementation Planning Committee)
 - c. RNs (3) (listed under Community Benefits Internal Workgroup and Implementation Planning Committee)
3. Social Worker
4. Other (please specify)
 - a. Registered Dieticians (2) (listed under Implementation Planning Committee)

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
 - a. 1 FTE, Community Benefits Coordinator
2. Committee (please list members)
 - a. Community Benefits Internal Workgroup
 - i. Jean-Marie Donahoo (CB Coor)
 - ii. Kathryn McKinney, Marketing/PR
 - iii. Dr. Cydney Teal (CMO)
 - iv. Maria Pini (RN)
 - v. Robert Gailey, QI
 - vi. Bonnie Davis, HIS
 - vii. Michelle Twum-Danso, HR
 - viii. Mark Mears, Facilities
 - ix. Deron Brown, Finance
 - x. Randy Kelly, Web Design
 - xi. Joe Musto, Business Development
 - b. Implementation Planning Committee
 - i. Jean-Marie Donahoo (CB Coor)
 - ii. Kathryn McKinney, Marketing/PR
 - iii. Holly Emmons, Food Services
 - iv. Brenda O'Connor, Food Services
 - v. Caroline Booze (Registered Dietician)
 - vi. Jen Noll (Registered Dietician),
 - vii. Barb Truitt (RN), Stroke Program
 - viii. Eileen Pack (NP)
 - ix. Barbara Bessicks (Nurse Case Manager)

- x. Kris Heiner (Nurse Case Manager)
- xi. Mary Ellen Raposelli (RN), Health Department
- xii. Angela Johnson, Health Department
- xiii. Robin Waddell (RN), Health Department

The Implementation Planning Committee operated as both the planning committee and the Community Benefits Internal Workgroup in Fiscal Year 2014; however a new committee is being developed that will replace this group in Fiscal Year 2015.

3. ___Other (please describe)

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

Spreadsheet yes ___no
 Narrative yes ___no

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

Spreadsheet yes ___no
 Narrative yes ___no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment)or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.
 Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA.
Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.

- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. How were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?
- i. Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table IIIA – Alternative

Initiative I – Respiratory Health

<p>Identified Need</p>	<p><u>Respiratory Health</u> During the CHNA conducted at the end of FY12 and in FY13, Union Hospital and the Cecil County Health Department analyzed data (see Cecil County data below) and met with community partners to determine that community health problems and hospital re-admissions were greatest around respiratory health issues. In particular these issues, like COPD, were exacerbated by tobacco use. Creating a tobacco cessation program from scratch was explored; however, it was determined that due to the large amount of resources that the Health Department already had and in work done through the Cecil County Tobacco Task Force, Union Hospital should focus tobacco cessation efforts on increasing the number of contacts and connections made or facilitated among individuals to quit using tobacco products. The Health Department was selected as the major support for this area of need.</p> <p>Cecil County Data:</p> <ul style="list-style-type: none"> • In 2011, 23.9% of adults smoked (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> a) In 2012, 23% of adults smoked (source: <i>Maryland BRFSS</i>) • In 2010, 20.5% of teens, aged 13-17 years, smoked (source: <i>Maryland Youth Tobacco Survey</i>) • In 2010, 29.4% of adolescents used tobacco products (source: <i>SHIP measures for Cecil County</i>)
<p>Hospital Initiative</p>	<p><u>Initiative:</u> Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products</p>
<p>Primary Objectives</p>	<ol style="list-style-type: none"> 1) Complete the MDQuit cessation resource assessment by the end of May 2013. <ol style="list-style-type: none"> a) <u>Description:</u> Union Hospital partnered with the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit) to assess patient readiness to quit once discharged from the hospital. Surveys were administered by Union Hospital Respiratory Therapists, face-to-face, during the discharge process. Patients were asked a series of questions that gauged their readiness to quit and provided them with resources according to their stage of readiness. Surveys were then scanned to MDQuit for tabulation and analysis. b) <u>Metrics:</u> Union Hospital completes 50 surveys by the end of Fy13. 2) Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14). <ol style="list-style-type: none"> a) <u>Description:</u> Fifty surveys were submitted to MDQuit for tabulation and analysis. However, MDQuit claimed they were unable to make a full analysis due to receiving several incomplete surveys. Union Hospital made further inquiry to correct the situation, but MDQuit provided no response. The assessment results remain inconclusive. b) <u>Metrics:</u> Union Hospital will: <ul style="list-style-type: none"> • Post the final report online • Report the final result to the Cecil County Tobacco Task Force • Use the survey analysis to develop next steps for

	<p style="text-align: center;">resource development through the Union Hospital Tobacco Cessation Committee.</p> <p>3) Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p> <p>a) <u>Description</u>: Union Hospital will focus on 3 strategies: 1) Offer pamphlets to patients at discharge, highlighting cessation resources from the Cecil County Health Department and MDQuit; 2) Restore the current Union Hospital tobacco cessation website; and 3) Emphasize utilization of MDQuit’s Fax-to-Assist program to increase referrals to MDQuit cessation resources.</p> <p>b) <u>Metrics</u>:</p> <ul style="list-style-type: none"> • <i>Strategy 1</i>: Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year. • <i>Strategy 2</i>: Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital’s website and track # of users per Fiscal Year. • <i>Strategy 3</i>: Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department. <p>4) Promote cessation efforts in the community.</p> <p>a) <u>Description</u>: Union Hospital will collaborate with:</p> <ul style="list-style-type: none"> • The Cecil County Health Department to offer free, private, cessation counseling sessions at the Health Department for patients wanting to quit using tobacco products • The Union Hospital Stroke Program to promote cessation counseling and connection to community cessation resources during the stroke risk assessments provided at health fairs. <p>b) <u>Metrics</u>: Union Hospital will track the # of tobacco cessation referrals made.</p>
Single or Multi-Year Initiative Time Period	Multi-Year – Union Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.
Key Partners in Development and/or Implementation	Union Hospital Tobacco Cessation Committee Union Hospital Cancer Program Cecil County Health Department, Division of Health Promotions
How were the outcomes evaluated?	The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.

<p>Outcomes (Include process and impact measures)</p>	<p><u>Objective 1:</u> Complete the MDQuit cessation resource assessment by the end of May 2013.</p> <p><u>Metric:</u></p> <p>Union Hospital will complete 50 surveys by the end of FY13.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> 50 surveys were completed by June 30, 2013. <p><u>Objective 2:</u> Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).</p> <p><u>Metrics:</u></p> <ul style="list-style-type: none"> • Post the report online • Report the final result to the Cecil County Tobacco Task Force • Use survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee <ul style="list-style-type: none"> a) <u>Outcome:</u> Since assessment results were not provided to Union Hospital in FY14, data could not be gathered to support the metrics. <p><u>Objective 3:</u> Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.</p> <p><u>Metrics:</u></p> <p><i>Strategy 1:</i> Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> In FY14 Respiratory Therapists knew to track referrals; however, transition with the hospital EMR caused tracking to be delayed. Because of this time lag, a physical # of referrals could not be reported, despite actual referrals made – providing this counseling is a part of the standard of care. <p><i>Strategy 2:</i> Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital’s website and track # of users per Fiscal Year.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> For FY14, there were 107 page views of the tobacco cessation webpage on Union Hospital’s website. This represented a decrease in page views from FY13 (189 page views in FY13). • <u>Outcome:</u> In FY15 the Union Hospital Tobacco Cessation Committee will merge its efforts with the Cancer Program’s Survivorship subcommittee to better connect the cancer community with tobacco cessation resources. Therefore, restoring the tobacco cessation webpage has been pushed to the FY15 agenda for this committee merge. <p><i>Strategy 3:</i> Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department.</p>
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	<ul style="list-style-type: none"> • <u>Outcome</u>: In FY14 the Cecil County Health Department made 58 referrals to the Maryland QuitLine using the Fax-to-Assist program. Union Hospital only made 3 referrals; however, according to the “Monthly Fax Referral Reports” from Maryland QuitLine, Union Hospital did not show up on the roster of referral sources until January 2014. In addition, in speaking with the Division of Health Promotions, the Community Benefits coordinator found out that Union Hospital staff was calling the Health Department to make their referrals for cessation resources. The Health Department was then using the Fax-to-Assist program to connect tobacco users to the Maryland QuitLine. It is therefore possible that some of the referrals made by the Health Department were representative of patients from Union Hospital. • <u>Outcome</u>: The Community Benefits Coordinator will advocate for additional Union Hospital staff to be trained in using the Fax-to-Assist program to get more tobacco users enrolled in Maryland QuitLine services for FY15. <p><u>Objective 4</u>: Promote cessation efforts in the community.</p> <p><u>Metrics</u>:</p> <p>Track the # of cessation contacts made for the Health Department’s free, private, tobacco cessation counseling sessions and through the Stoke Program’s connection of community members to tobacco cessation resources.</p> <ul style="list-style-type: none"> • <u>Outcome</u>: There were no private sessions tracked during FY14 for patients discharged from Union Hospital. • <u>Outcomes</u>: The Stroke Program made 15 contacts for cessation resources at health fairs in FY14. 	
Continuation of Initiative	<p>We will continue to monitor connections made to community programming for access to tobacco cessation in FY15.</p> <p>Also, the Union Hospital Tobacco Cessation Committee will merge with the Cancer Program’s Survivorship subcommittee (a part of the Commission on Cancer) to increase access to tobacco cessation resources for the cancer community. The merge is scheduled to occur in FY15.</p>	
<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Total Cost of Initiative</p> <p>Objectives 1-3 required only analysis of data by the Community Benefits Coordinator. However, Objective 4’s outcome was supported by one health fair that the Stroke Program attended, providing stroke risk assessments and giving out tobacco cessation materials to participants.</p>	<p>B. Direct offsetting revenue from Restricted Grants</p> <p>N/A</p>

	<p>The total costs associated with this activity were as follows:</p> <ul style="list-style-type: none"> • Calvert Manor Wellness Fair (4/17/14) • 4 paid hours = \$168 • 15 people given tobacco cessation materials 	
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Initiative II – Heart Disease

<p>Identified Need</p>	<p><u>Heart Disease</u></p> <p>The CHNA identified heart disease as the 2nd most important health issue to address in Cecil County. Residents in Cecil County showed increased health issues associated with heart disease risk factors: tobacco use, obesity, sedentary lifestyle, high cholesterol, high blood pressure, and diabetes (see Cecil County data below). Also, patients with conditions related to these risk factors contributed to the leading causes of Union Hospital’s admissions and readmissions.</p> <p>Cecil County Data (source: <i>Maryland BRFSS</i>, unless otherwise noted):</p> <ul style="list-style-type: none"> • In 2011, 23.9% of adults smoked. <ul style="list-style-type: none"> b) In 2012, 23% of adults smoked. • In 2010, 20.5% of teens, aged 13-17 years, smoked (source: <i>Maryland Youth Tobacco Survey</i>). • In 2010, 29.4% of adolescents used tobacco products (source: <i>SHIP measures for Cecil County</i>). • In 2011, 31.4% of adults were obese. <ul style="list-style-type: none"> a) In 2012, 31.2% of adults were obese. • Data from 2012 showed that 49.7% of adults participated in regular physical activity (150 minutes per week); a decline from 2011 where 55.2% of adults were engaging in regular physical activity (source: <i>Maryland BRFSS</i>). • In 2011, 45.5% of adults were diagnosed with high cholesterol. • In 2011, 35.2% of adults were diagnosed with high blood pressure. • In 2011, 11.7% of adults were diagnosed with diabetes, with a majority of these adults aged 65 years or older. <ul style="list-style-type: none"> a) In 2012, this statistic changed to show that 7.7% of adults were diagnosed (adults aged 65 years and older still have the highest prevalence). <p>In recognition of this issue, apart from the CHNA, the Maryland Department of Health and Mental Hygiene granted Cecil County the opportunity to impact heart disease through the reduction of hypertension in collaboration with community partners, through the Cecil County Million Hearts Initiative</p>
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	grant. In FY14 Union Hospital joined community partners to help impact heart disease in Cecil County.
Hospital Initiative	Increase awareness by addressing the community about the modifiable risk factors for heart disease and identifying the signs and symptoms of stroke to promote the prevention of heart disease in Cecil County.
Primary Objectives	<ol style="list-style-type: none"> 1) Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity. <ol style="list-style-type: none"> a) <u>Description</u>: The Implementation Plan’s description included Union Hospital working with its Cardio Pulmonary Rehab program and pulmonary function testers to provide education and screenings for the community. However, in FY14, Union Hospital worked with its Affinity Health Institute (Clinical Educators) and with the Cecil County Health Department’s Division of Health Promotions as part of the Cecil County Million Hearts Initiative grant to provide trainings for paramedics to perform blood pressure screenings in the community. b) <u>Metrics</u>: Union Hospital will track the # of participants and the # of abnormal blood pressures taken. 2) Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with its Nutrition and Diabetes Center and other health providers to establish community opportunities, like speaker series, lunch & learns, hands-on demonstrations that focus on heart health, and/or heart disease prevention. a) <u>Metrics</u>: Nutrition and Diabetes Center staff will track the # of participants for each activity. 3) Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with community partners on accomplishing this objective. <u>Metrics</u>: Stroke Program staff will track the: <ul style="list-style-type: none"> • # of participants and the # of tobacco cessation resource materials given to participants per stroke risk assessment event. • # of abnormal assessments per activity. 4) Increase the number of heart health education opportunities in the community by at least 1 heart health education activity. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital will work with its Nutrition and Diabetes Center, as well as the Cecil County Health Department, to bring awareness and education to Cecil County residents on the prevention of heart disease. b) <u>Metrics</u>: Union Hospital and Health Department staff will track the # of participants per activity.
Single or Multi-Year Initiative Time Period	Multi-Year – Union Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.

<p>Key Partners in Development and/or Implementation</p>	<p>Union Hospital Stroke Program Union Hospital Nutrition and Diabetes Center Cecil County Health Department, Division of Health Promotions Cecil County Emergency Services (Paramedics) Cecil County African American churches</p>
<p>How were the outcomes evaluated?</p>	<p>The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.</p>
<p>Outcomes (Include process and impact measures)</p>	<p><u>Objective 1:</u> Increase the number of blood pressure screenings provided in the community by at least 1 screening opportunity.</p> <p><u>Metrics:</u></p> <p>Union Hospital will track the # of participants and the # of abnormal blood pressures taken.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> 6 participants in FY14 (tracked by the Health Department as part of the Cecil County Million Hearts Initiative). • <u>Outcome:</u> 1 low blood pressure detected in FY14 (tracked and followed-up with by the Health Department as part of the Cecil County Million Hearts Initiative). • <u>Outcome:</u> In FY14, there was 1 community blood pressure screening provided by Union Hospital nursing staff that was not part of the Million Hearts initiative (35 people were screened). <p><u>Objective 2:</u> Increase the number of healthy lifestyle events in the community by at least 2 diabetes education/healthy eating opportunities with an emphasis on the prevention of heart disease.</p> <p><u>Metrics:</u></p> <p>Nutrition and Diabetes Center staff will track the # of participants for each activity.</p> <ul style="list-style-type: none"> • <u>Outcomes:</u> <ol style="list-style-type: none"> a) 2 Diabetes and healthy eating education activities held in FY14 served 23 persons total. b) 1 health fair where diabetes risk assessments were provided served 260 people total. <p><u>Objective 3:</u> Increase the number of stroke education opportunities in the community by at least 1 opportunity to receive free stroke risk assessments in the community.</p> <p><u>Metrics:</u> Stroke Program staff will track the:</p> <ul style="list-style-type: none"> • # of participants per stroke risk assessment event <ol style="list-style-type: none"> a) <u>Outcome:</u> In FY14, Union Hospital’s Stroke Program provided stroke risk assessments at 7 community health fairs for just over 1,000 people.

	<ul style="list-style-type: none"> b) <u>Outcome:</u> In FY14, the Stroke Program provided 5 stroke education activities in the community, serving 244 persons. • # of abnormal assessments per activity <ul style="list-style-type: none"> a) <u>Outcome:</u> In FY14 abnormal assessments were not physically tracked. After each assessment was performed, the assessment paper was given to the participant to take home. An actual tally was not provided to the Community Benefits Coordinator. b) <u>Outcome:</u> Stroke risk assessments are based on the participant reporting their knowledge of the risk factors for stroke. It is an educational tool used by Stroke Program staff to promote awareness. If patients are assessed as high risk then the Stroke Program staff recommends the participant talks to their primary care provider to take better control of their health care. To keep better track of the impact that conducting the assessments is having, in FY15 the Community Benefits Coordinator will incorporate a line item into the assessment tracking form that tracks the number of participants that are identified as high risk. <p><u>Objective 4:</u> Increase the number of heart health education opportunities in the community by at least 1 heart health education activity.</p> <p><u>Metrics:</u></p> <p>Union Hospital and Health Department staff will track the # of participants per activity.</p> <ul style="list-style-type: none"> • <u>Outcome:</u> <ul style="list-style-type: none"> a) 2 heart health education activities were held in FY14, serving 50 people total. b) 1 diabetes support group session was dedicated to heart healthy eating in February 2014, serving 10 people. • <u>Outcome:</u> In FY14, the Health Department received positive feedback from the church social chairs and pastors about impact and the intended continuation of the activities of Walk to be Well walking clubs and Moveable Kitchens that demonstrated how to eat the foods you love but with healthier preparations (ex: roasted or grilled chicken as opposed to fried chicken). • <u>Outcome:</u> African American churches in Cecil County participated and the entire community outreach component served over 1,000 people in FY14.
Continuation of Initiative	<p>Union Hospital will continue to provide opportunities to educate, create awareness, and create access to stroke risk assessments as part of the Community Benefits program and in keeping with the Implementation Plan from the CHNA throughout FY15.</p> <p>For the Million Hearts partnership, Union Hospital will continue to support the Cecil County Health Department' Division of Health Promotions in phase 2 of the grant which will work with area health care providers on</p>

	hypertension management during FY15.	
<p>c) Total Cost of Initiative for Current Fiscal Year</p> <p>d) What amount is Restricted Grants/Direct offsetting revenue</p>	<p>C. Total Cost of Initiative</p> <p><u>FY14 Costs</u></p> <p>1 community blood pressure screening (6 unpaid staff hours): \$0</p> <p>2 Diabetes education events (10 paid hours total): \$633</p> <p>1 Health Fair where diabetes risk assessments were provided (11 paid hours total): \$355</p> <p>Stroke Risk Assessments provided at 7 community health fairs (35.5 paid hours total): \$1,649</p> <p>5 Stroke Education activities (19.5 paid hours total): \$1,011</p> <p>3 Heart Health Education activities (9.67 paid hours total): \$321</p> <p>Total Cost: \$3,969</p>	<p>D. Direct offsetting revenue from Restricted Grants</p> <p>N/A</p>

Initiative III – Obesity

Identified Need	<p><u>Obesity</u></p> <p>In Cecil County obesity impacts both youth and adults, and similar to heart disease and tobacco use, making healthy lifestyle choices, such as choosing a healthier diet or getting more exercise, helps reduce the risk for obesity. Union Hospital partnered with several community partners to assess and implement activities that aimed at reducing the prevalence of obesity in Cecil County.</p> <p>Cecil County Data:</p> <ul style="list-style-type: none"> In 2011, 31.4% of adults were obese (source: <i>Maryland BRFSS</i>) <ul style="list-style-type: none"> a) In 2012, 31.2% of adults were obese.
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	<ul style="list-style-type: none"> • In 2010, 12.7% of adolescents, aged 12-19 years, were obese (source: <i>SHIP measures for Cecil County</i>). <ul style="list-style-type: none"> a) In 2008, 13.4% of adolescents were obese. • From 2009-2011, 16.7% of pre-school children, aged 2-4, were obese (source: <i>US Department of Agriculture – Food Environment Atlas</i>). <ul style="list-style-type: none"> a) Showing a steady decrease from previous measurement periods (2008-2010: 16.4%; 2007-2009: 17.3%; and 2006-2008: 18%). • Data from 2012 showed that 49.7% of adults participated in regular physical activity (150 minutes per week); a decline from 2011 where 55.2% of adults were engaging in regular physical activity (source: <i>Maryland BRFSS</i>). • In 2010, only 16.4% of adults consumed fruits and vegetables five or more times per day; a significant decrease from 2009 where 29.2% of adults were eating fruits and vegetables five or more times per day (source: <i>Maryland BRFSS</i>).
Hospital Initiative	Engage the community on the importance of making healthy lifestyle choices in order to reduce obesity in Cecil County.
Primary Objectives	<ol style="list-style-type: none"> 1) Increase the availability of obesity prevention programs/activities in the community. <ol style="list-style-type: none"> a) <u>Description</u>: Union Hospital staff will work with Title 1 schools or after-school programs and with worksites or community groups to provide at least 1 obesity prevention activity or partnership in the community. b) <u>Metrics</u>: Union Hospital will track the # of participants per activity. 2) Implement the Weight of the Nation program for community members and leaders. <ol style="list-style-type: none"> a) <u>Description</u>: HBO created a documentary film series that focused on the obesity epidemic in America today. Union Hospital facilitated a 2-part community conversation where leaders from the community screened selected parts of the documentary and had open discussion on impacting obesity in the Cecil County community. b) <u>Metrics</u>: Union Hospital will facilitate a 1-month pilot of Weight of the Nation to include measurements related to: <ul style="list-style-type: none"> • Screening the documentary • Taking biometric measurements of pilot participants • Providing a cooking demonstration • Implementing a walking club with pilot participants.
Single or Multi-Year Initiative Time Period	Multi-Year – Union Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS.

Key Partners in Development and/or Implementation	Union Hospital Diabetes and Nutrition Center Cecil County Health Department, Division of Health Promotions Cecil County Public Schools Cecil County Department of Social Services Cecil County Local Management Board Cecil County Healthy Lifestyles Task Force
How were the outcomes evaluated?	The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above.
Outcomes (Include process and impact measures)	<p><u>Objective 1:</u> Increase the availability of obesity prevention programs/activities in the community.</p> <p><u>Metrics:</u> Track # of participants in activities to increase physical activity and eat healthier.</p> <ul style="list-style-type: none"> • <i>Title I Schools (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcome:</u> 3 School-Based Health Center Healthy Kids Club activities held in May 2014 at Bainbridge Elementary School served 16 adults and kids. b) <u>Outcome:</u> 1 Spring Fling activity was held in conjunction with the School-Based Health Center program at Gilpin Manor Elementary School, serving 150 adults and kids. • <i>Worksite wellness (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcomes:</u> No worksite wellness activities were provided in FY14. • <i>Other Activities (FY14)</i> <ul style="list-style-type: none"> a) <u>Outcome:</u> 4 Health Fairs providing education on healthy eating, exercise, and the risks of drinking sugary beverages served 681 persons total. b) <u>Outcome:</u> 1 Diabetes support group session in April 2014 focused on Weight of the Nation and 8 people attended. <p><u>Objective 2:</u> Implement the Weight of the Nation program for community members and leaders.</p> <p><u>Metrics:</u> In FY14, after reviewing feasibility of the Weight of the Nation pilot facilitation, it was determined that the Nutrition and Diabetes Center would only facilitate the screening of the documentary and an open discussion over 2 sessions. Survey feedback provided participant satisfaction and next steps for community building to impact obesity in Cecil County.</p> <ul style="list-style-type: none"> • # of participants per session <ul style="list-style-type: none"> a) <u>Outcome:</u> Session 1: 35 participants; Session 2: 35 participants.
Continuation of Initiative	Union Hospital will continue to engage the community through community partnerships in making healthier lifestyle choices as part of the Community Benefits program and in keeping with the Implementation Plan from the CHNA throughout FY15.

	<p>At the end of FY14, the School-Based Health program came to an end. Knowing that childhood obesity is still an issue in Cecil County, Union Hospital, in partnership with Nemours Children’s Hospital, the Cecil County Public School System, the Cecil County Health Department, and the Elkton YMCA will implement an after-school program called CATCH in a Title 1 elementary school in Elkton, MD in FY15 to engage youth in an evidence-based physical activities. Union Hospital and its community partners are committed to this program and hope to see impact on childhood obesity as well as replication of the effort in other area schools.</p>	
<p>a) Total Cost of Initiative for Current Fiscal Year</p> <p>b) What amount is Restricted Grants/Direct offsetting revenue</p>	<p>E. Total Cost of Initiative</p> <p>5 Nutrition Education activities – including 4 School-Based Health activities and 1 Diabetes Support Group session (10 paid hours total): \$331</p> <p>4 Health Fairs where healthy eating, exercise, and the risks of drinking sugar sweetened beverages were provided (44.5 paid hours total): \$1,414</p> <p>Weight of the Nation Event:</p> <ul style="list-style-type: none"> • 17 Planning meetings + 2 Debriefing meetings (52 paid hours total): \$2,432 • Session 1 Facilitation (19.95 paid hours total): \$1,450 • Session 2 Facilitation (16.95 paid hours total): \$1,044 • 2 Dinners Catered: \$665 <p>Total Costs: \$7,336</p>	<p>F. Direct offsetting revenue from Restricted Grants</p> <p>N/A</p>

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The CHNA revealed several health needs that were not selected for prioritization by Union Hospital. Table IV shows which needs were identified and why they were not chosen for prioritization.

Table IV. Health Needs Not Included with Reasons Why

Health Needs Not Prioritized	Reasons Health Needs were not Prioritized
<p>Local Health Improvement Coalition health needs:</p> <ul style="list-style-type: none"> • Prescription drug abuse • Substance abuse • Mental health access to treatment • Child neglect 	<p>These health needs were not prioritized because the Local Health Improvement Coalition was able to produce a community health action plan to address them. Member organizations in the coalition are currently working together to incorporate strategies to address these health needs, as well as achieve measurable outcomes. Union Hospital is represented on the coalition and is currently working in partnership with several community partners on all of these health needs.</p>
<p>Suicide prevention</p>	<p>Union Hospital responds to suicidal tendencies exhibited by patients on an inpatient level. However, more work is being done to address these patients in their home by working in partnership with Mobile Health Crisis, a team of mental health professionals dedicated to addressing crisis onsite in the patient’s home.</p>
<p>Homelessness</p>	<p>The Elkton Alliance (Chamber of Commerce) has developed a coalition to better identify and address the health and social needs of the homeless population in Cecil County. Union Hospital staff actively participates on this coalition.</p>
<p>Access to care</p>	<p>Addressing access to care issues, including transportation needs, is a mission driven concern for Union Hospital, and is addressed on a daily basis. Other health based</p>

	<p>organizations in Cecil County also work to provide adequate access to care (i.e., the Cecil County Health Department, School-based Health Centers in Bainbridge and Gilpin Elementary Schools, and West Cecil Health Center, a Federally Qualified Health Center).</p>
<p>Access to healthy foods</p>	<p>Access to healthy foods could be included in strategies to reduce obesity, which is a priority health need for both Union Hospital and the Local Health Improvement Coalition’s community health action plan. Promotion of healthy food access can also be promoted in the workplace, at school, and at home.</p>
<p>Access to medical transportation</p>	<p>The Cecil County Health Department offers medical transportation for individuals with insurance that covers it. Also, some private organizations offer medical transport according to both insurance coverage and local need. Union Hospital does not have transport vehicles nor the capital to start and maintain such an endeavor. Resource allocation is better served by collaborating with other entities that have vehicles or bringing issues of access to the local government to advocate for better public transportation.</p>
<p>Geriatric care improvements</p>	<p>Geriatric care improvements reflect concerns related to falls, isolation, depression, improper diet and poor chronic disease management. Incidentally, the Cecil County Health Department and several local community organizations have programs tailored to addressing, depression, isolation, chronic disease management and falls prevention. Union Hospital also works on chronic disease management among the elderly and falls prevention.</p>
<p>Diabetes</p>	<p>Prevention of and awareness around diabetes is already incorporated in many of the nutrition education programs and activities that Union Hospital provides in the community. Diabetes care, management, and awareness are also integral parts of activities being considered for</p>

	the 2 nd and 3 rd health priorities of heart disease and obesity in the Community Benefit Implementation Plan.
Cancer	Union Hospital already provides free cancer screenings for the community and is continuously working on new ways to screen and identify symptoms for various cancers. Union Hospital staff also collaborates with community partners and agencies to bring access to cancer care to the community.
Health communication improvements	Efforts to improve health communication are a constant task for Union Hospital and all community organizations. It does not go unnoticed.
Addressing disparities in health care	Health disparities have been identified where applicable in the Local Health Improvement Coalition’s community health action plan. Union Hospital actively seeks to reduce health disparities both in its daily functioning and in partnership with Cecil County’s Local Health Improvement Coalition.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Cecil County has a great unmet need for certain medical specialties. This is largely due to the county’s rural geography and the inability to incentivize providers to come to the area when other larger hospitals with more resources are in the mix. Union Hospital provides free and reduced cost access to medical and surgical sub-specialties for which there are too few practitioners. Union Hospital continues to actively recruit providers who specialize in the needed service lines discussed in Figure 2.

Figure 2. Specialties that provide the greatest challenges to Union Hospital

Specialty	Number of Union Hospital Providers Currently Employed in this Specialty
Dermatology	0
ENT	0
Endocrinology	1
Thoracic Surgery	1
Neurology	1
Outpatient Psychiatry	2

In Fiscal Year 2014, there were no dermatologists present in Cecil County; however there were two private practice plastic surgeons, Dr. Thornton and Dr. Scheiner. The Union Hospital Cancer Program has increased its offerings of free skin cancer screenings to meet the growing demand in Cecil County. Every year at least two screenings are held and each double-booked to meet the demand. Due to the lack of dermatologists, Beth Money, Director of the Union Hospital Cancer Program, asks Dr. Thornton to provide skin cancer screenings in his dermatological capacity.

Toward the end of Fiscal Year 2013, Dr. Hundal, ENT, left Union Hospital to pursue an academic career, which left Cecil County without an ENT for all of Fiscal Year 2014. Efforts to recruit an ENT proved fruitful as Dr. Grey joined the Union Hospital team July 1, 2014 (beginning of Fiscal Year 2015). There is only one other ENT in Elkton, MD, but Dr. Martini is not employed or affiliated with Union Hospital.

There is only one Thoracic Surgeon available in Cecil County – Dr. Davies. As patients continue to present with risk factors that contribute to heart disease, demand for cardio-thoracic procedures may also increase. Union Hospital is currently working to reduce heart attacks and strokes through the Cecil County Million Hearts grant in partnership with the Cecil County Health Department.

Diabetes and obesity increases in both the youth and adult population in Cecil County continue to present challenges for the Endocrinology provider population. In Fiscal Year 2014, Union Hospital only employed one Endocrinologist, Dr. Malhotra, and Dr. Smith was the only other community provider available to meet the needs of this growing population of diabetic and overweight/obese population in Cecil County.

Neurologists treat a multitude of conditions related to the nervous system. In Cecil County, Union Hospital serves large patient populations seeking care for chronic pain, dementia, Alzheimer’s, and stroke. Therefore, having access to Neurologists is a much needed resource. In the beginning of Fiscal Year 2014, Dr. Singhania left the Union

Hospital neurology practice, leaving Dr. Mahmood as the sole provider. In Fiscal Year 2015, Dr. Moghal will join the Union Hospital neurology team. Dr. Melnick (private practitioner) is the only other Neurologist serving the Cecil County community.

By far, behavioral health presents the largest recruiting challenge for Union Hospital (and the rest of the community). The two providers that Union Hospital employs operate as an inpatient provider – Dr. Galvis – and as an outpatient provider – Dr. Yu. However, due to the demand of these patients, new appointments are difficult to come by. To deal with the ever-increasing behavioral health needs of the patient population, Union Hospital will incorporate an LCPC into the Union Primary Care office in Elkton, to begin seeing patients as of July 1, 2014. This will be a partnership between Union Hospital and Upper Bay Counseling Services to help identify mental health problems as part of/and supporting the patient-centered medical home model. Fiscal Year 2015 may also bring at least one psychiatrist onto the Union Hospital team as well as in the greater Cecil County community.

2. 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

With too few health care providers represented in these areas, Union Hospital provides the following subsidized physician services that facilitate access to needed medical services despite operating at a financial loss.

- Listed under category C3, the following Hospital Outpatient Services are subsidized by Union Hospital (one employed practice per location):
 - Primary care (Elkton, North East, and Perryville)
 - Outpatient psychiatric care (Elkton)
 - Gastroenterology (Elkton)
 - Urology (Elkton)
 - Neurology (Elkton)
 - Rheumatology (Elkton)
 - Vascular care (Elkton)
- Listed under category C5, the following Women’s and Children’s Service is subsidized by Union Hospital (partnership with Nemours Children’s Hospital):
 - 2 pediatric hospitalists are provided

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):

- a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For example, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Include a copy of your hospital's FAP (label appendix II).

c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e).

Link to instructions:

http://www.hsrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label

appendix III).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

APPENDIX

Appendix I: Description of Financial Assistance Policy

Appendix II: Financial Assistance Policy

Appendix III: Patient Information Sheets

Appendix IV: Union Hospital's Mission and Values

APPENDIX I

Description of Financial Assistance Policy

Union Hospital of Cecil County utilizes a Financial Assistance policy to ensure that the Hospital's staff follows a consistent and equitable process in granting financial assistance to appropriate patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines.

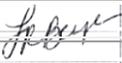
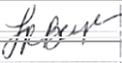
The policy describes the application process for the Financial Assistance Program, the information required to verify income and assets, the timeline for application review and tiered adjustments based on Federal Poverty Guidelines.

The application for Financial Assistance is available to all underinsured and uninsured patients of Union Hospital. Applications and signage are located throughout the Hospital, emergency room, and outpatient areas. The Financial Assistance application and brochure (in English and Spanish) are available on the Hospital's website: <http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance>. In addition, the Hospital places an advertisement twice a year in the local newspapers outlining its financial assistance policy.

All Financial Assistance applications received are processed for eligibility. Patients who are not eligible for financial assistance are referred to the Cecil County Health Department to determine if other assistance is available. Any individual who presents to the Business Office of Union Hospital in person to discuss his/her bill is provided with a Financial Assistance Application. All inpatient self-pay patients are visited by financial assistance navigators and are screened for the Financial Assistance program, as well as for Medicaid and other state and county programs. Following discharge from the Hospital, each patient receives a summary of charges which includes notice of the Financial Assistance program and a designated contact telephone number.

APPENDIX II

Financial Assistance Policy

UNION HOSPITAL Elkton, Maryland		Policy Number:	F-415
		Effective Date:	4/2010
Hospital Policies and Procedures			
Financial Assistance Policy and Procedure			
Developed / Edited By:	Edward Henry, Dir., Revenue Cycle	Date:	9/20/14
Reviewed By:	Laurie Beyer, S.V.P. & CFO 	Date:	9/20/14
Approved By:	Laurie Beyer, S.V.P. & CFO 	Date:	3/2013
		Established Date:	03/2004
Departments Affected:	Patient Financial Services		
Reviewed Dates:	03/2004, 6/2004, 9/2004, 3/2006, 12/2008; 2/2009; 3/2009, 4/2010		
Revised Dates:	03/2004 (replaces Charity Care Policy and Procedure), 6/2004; 9/2004; 3/2006; 12/2008; 2/2009; 3/2009, 4/2010, 8/2012		
JCAHO Standard(s):	N/A		
HIPAA Standard(s):			

POLICY:

It is the policy of Union Hospital of Cecil County to assist underinsured or uninsured (after screening) patients by offering services to patients at a reduced cost based on demonstrated inability to pay. Determination shall be based on the patient's income, assets, expenses, and the current Federal Poverty Guidelines. Patient must be screened by a patient navigator, if uninsured, prior to acceptance of application for financial assistance. The patient navigator will be able to determine Maryland Medicaid eligibility or help with enrollment in a Qualified Health Plan. Applications received during a non-enrollment period, either through the Maryland Health Connection or through employment based health care, that were not otherwise screened on a previous account, and that is deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis outside of open enrollment. If patient chooses not to elect health benefits offered by employer, or as an eligible dependent, or through the Maryland Health Connection the patient will be deemed ineligible for financial assistance, but may be evaluated on a case by case basis for hardship or exemption from coverage. **Patient must be a resident of Cecil County to be eligible for financial assistance.**

PURPOSE:

To ensure that hospital staff follows a consistent and equitable process in granting charity care/financial assistance to appropriate patients while respecting the individual's dignity and that the hospital's policy is in agreement with the established Maryland State Financial Assistance guidelines regarding charity care.

PROCEDURE:

General Procedure

Patient shall make application for UHCC's Financial Assistance Program using the Maryland State approved hospital form. The form must be accompanied by verification of income and assets (if requested). If a patient has been approved for Service Limited Medicare Beneficiary (SLMB) an approval will be made without a completed application after verification is made through the State system. A person who has been approved for food stamps, and is able to provide an eligibility letter from the State, benefits will be approved automatically with a completed financial assistance application.

A patient that is deceased with no estate on file will be granted charity care on any outstanding balances without having completed a financial assistance application. A patient who has filed for Chapter 7 Bankruptcy, and has received a discharge of debt will be granted financial assistance without the completion of a financial assistance application during the period of bankruptcy, and upon receipt of bankruptcy paperwork. A patient that is deemed homeless and has no verifiable address will be granted financial assistance without the completion of an application.

A patient that presents a sliding fee from West Cecil Health Center will be approved for that percentage automatically without completing an application for financial assistance through Union Hospital. Applications returned without requested information may be denied pending receipt of documentation.

Appropriate verification may include:

- a. Pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- b. Federal and State Income Tax Returns.
- c. Two recent bank statements or financial records.
- d. Proof of U.S. citizenship or permanent residency (if requested).
- e. Proof of address.
- f. Proof of screening for either Maryland Medicaid or a Qualified Health Plan with a patient navigator (if uninsured).
- g. Proof that employer does not offer a health plan.

Items needed for approval are also listed on the Financial Assistance Application cover letter. If the patient does not provide complete verification of income and assets within 30 days of the application, the request for aid through the Community Assistance Program may be rejected. Additionally, the patient will be required, if uninsured, to meet with a patient navigator to be screened for health insurance and/or Medical Assistance.

Within two (2) business days following a patient's request for charity care services, the hospital will make a conditional determination of probable eligibility.

Once appropriate verification of income has been provided, the patient's income shall be compared to the current published Federal Poverty Guidelines based on specific family size. If the patient's income is at/or below the appropriate amount on the table, financial assistance will be granted and tiered up to a 100% adjustment for the services rendered. Final determination of eligibility will be made based upon a completed and accurate application. Should insufficient information be provided, the Financial Counselor will contact the patient to obtain additional documentation. All applications will be acknowledged; patients will be contacted by telephone or letter to request additional documentation if needed, and once processed a follow-up letter will be sent indicating the level at which the application was approved or the reason for denial.

Tiered adjustments based on the Federal Poverty Guidelines are as follows:

- Up to 200% of the Poverty Level = 100% Adjustment
- 201% to 250% above Poverty Level = 75% Adjustment
- 251% to 300% above Poverty Level = 25% Adjustment
- 301% to 350% above Poverty Level = 25% Adjustment

The Federal Poverty Guidelines will be updated annually based on charges by the Department of Health and Human Services. **Once eligibility for financial aid has been established the period of eligibility shall include medical care for three months prior to and continue for up to a minimum of thirty days and a maximum of six months forward.** The dates of eligibility may change if certain circumstances justify a shorter eligibility period. If a patient returns to UHCC for treatment during their eligibility period he/she may be asked to provide additional information to ensure that all eligibility criteria have been met. If a patient enrolls in a health plan, and drops coverage without a qualified life change event taking place, the patient will not be able to apply for financial assistance; however, if a qualified life event takes place, the patient will be able to apply for financial assistance if they are denied Medicaid and have been rescreened by a navigator. Union Hospital reserves the right to process each application on a case by case basis.

Balances Eligible for Financial Assistance

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

- Balances covered by health insurance.
- Balances covered by a government or private program other than health insurance.
- Balances for patients that would qualify for Medical Assistance, individual or family health coverage through the Maryland Health connection, or through an employment based health plan, but do not apply. Applications received during a non-enrollment period, either through the

Maryland Health Connection or through employment based health care, that were not otherwise screened on a previous account, and that is deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis.

- Balances for patients who are not U.S. residents may be allowed after an administrative review and on a case-by-case basis.
- Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected.
- Balances for patients who falsify information on, or related to, the application.
- Union Hospital of Cecil County reserves the right to evaluate applications with special or extenuating circumstances on a case by case basis.

Public Notice

Information regarding the UHCC Financial Assistance Program will be made available to patients in the following ways:

- Brochures will be available at all registration points, financial counseling areas and outpatient areas.
- Information will be posted on the hospital's web site.
- Signs will be posted in visible areas at each registration site, including the ED.
- A notice of availability of the program will be sent to each patient that receives a self-pay statement from UHCC.

APPENDIX III

Appendix III A: Patient Information Sheet – English

Appendix III B: Patient Information Sheet – Spanish

Appendix III A
Patient Information Sheet – English

Union Hospital Financial Assistance Application
For Information Call 410-392-7033

Information About You

Name _____
 First Middle Last

Social Security Number _____ - ____ - ____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

City State Zip code

Household members:

_____ Name	_____ Age	_____ Relationship

Have you applied for Medical Assistance? Yes No
 If yes, what was the date you applied? _____
 If yes, what was the determination? _____
 Do you receive any type of state or county assistance? Yes No

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property _____		Approximate value _____
		Total _____

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En caso positivo, ¿En qué fecha la solicitó? _____

En caso positivo, ¿Cuál fue el resultado? _____

¿Recibe usted algún tipo de asistencia estatal o del condado? Sí No

I. Ingreso familiar

Incluya una relación de ingresos mensuales por fuente. Puede solicitársele que presente prueba de ingresos, activos y gastos. Si no cuenta con ingresos, presente una carta de mantenimiento de la persona que le provee de casa y alimentos.

	Monto mensual
Empleo	_____
Beneficios de Jubilación / pensión	_____
Beneficios del Seguro Social	_____
Beneficios de Asistencia Pública	_____
Beneficios por discapacidad	_____
Beneficios por desempleo	_____
Beneficios por ser veterano	_____
Pensión alimenticia	_____
Ingreso por alquiler de una propiedad	_____
Beneficios por huelga	_____
Asignación militar	_____
Empleo propio o en cultivo de tierras	_____
Otras fuentes de ingresos	_____
Total	_____

II. Activos líquidos

	Saldo actual
Cuenta de cheques	_____
Cuenta de ahorros	_____
Acciones, bonos, Certificados de Depósito, Fondos Mutuos	_____
Otras cuentas	_____
Total	_____

III. Otros activos

Si posee alguno de los ítems señalados a continuación, por favor indique el tipo y valor aproximado.

Casa	Saldo de préstamo _____	Valor aproximado _____
Automóvil	Marca _____ Año _____	Valor aproximado _____
Vehículo adicional	Marca _____ Año _____	Valor aproximado _____
Vehículo adicional	Marca _____ Año _____	Valor aproximado _____
Otras propiedades		Valor aproximado _____
Total		_____

IV. Gastos mensuales

	Monto
Alquiler o hipoteca	_____
Servicios	_____
Pago(s) por vehículos	_____
Tarjeta(s) de crédito	_____
Seguro del auto	_____
Seguro médico	_____
Otros gastos médicos	_____
Otros gastos	_____

Total _____

¿Tiene usted otras cuentas médicas pendientes de pago?

Sí No

¿Por qué servicio? _____

Si ha dispuesto usted un plan de pagos, ¿cuánto paga mensualmente? _____

Si usted solicita al hospital que le amplíe la asistencia financiera, el hospital podrá pedirle información adicional para realizar una determinación suplementaria. Con la firma de este formulario, usted certifica que la información proporcionada es veraz y se obliga a informar al hospital de cualquier cambio que se produzca en la información proporcionada dentro de los diez días de producido dicho cambio.

Firma del Solicitante

Fecha

Relación con el Paciente

Envíe el formulario completo por correo o entréguelo en:

UNION HOSPITAL OF CECIL COUNTY Patient Financial
Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

Para obtener información o asistencia comuníquese con nuestro: Consejero
financiero 443-406-1337

O

Servicios Financieros para el Paciente 410-392-7033

Podrá encontrar información y formularios adicionales en nuestro sitio Web:

www.uhcc.com

APPENDIX IV

Union Hospital's Mission and Values

Union Hospital's mission and values statements identify the importance of providing safe, high-quality, personalized services to patients. Services are conducted by professionally trained staff who demonstrates collaboration and prudent management of the Hospital's resources.

Mission Statement

To provide safe, high-quality health and wellness services to the residents of Cecil County and neighboring communities.

Values Statement

Union Hospital strives to create and sustain a quality, caring and respectful environment for all patients. Through employee and patient relations, as well as the Hospital's provision of care, the following values are embodied:

Caring and compassion

- Treating everyone with dignity and respect in a non-judgmental way
- Anticipating the needs of others and responding with a personal touch
- Giving undivided attention and practicing presence in all interactions
- Listening with empathy and understanding

Integrity

- Telling the truth
- Taking responsibility for all actions and words
- Having the courage to do what is right
- Following through on commitments

Leadership

- Being role models for all organizational values
- Creating solutions
- Being proactive and taking initiative
- Being open-minded and embracing change

Shared Learning

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