



Supporting Our Communities

COMMUNITY HEALTH

— Improvement —

Report

2016



UNIVERSITY of MARYLAND
CHARLES REGIONAL
MEDICAL CENTER





Financial Assistance Policy

If you cannot pay for all or part of your care from our hospital, you may be able to get **free** or **lower cost** services.

PLEASE NOTE

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call 301-609-4400 if you have questions.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy, or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a Financial Assistance Application Form.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

OTHER HELPFUL INFORMATION:

1. You can get a free copy of our Financial Assistance Policy and Application Form:
 - *Online* at www.charlesregional.org/patients-visitors/financial-assistance.cfm
 - *In person* at the Call Center at 5 Garrett Avenue, La Plata, MD 20646
 - *By mail:* call 301-609-4400 to request a copy
2. You can call the **Financial Assistance Office** if you have questions or need help applying. You can also call if you need help in another language. Call: 301-609-4400

A Message to Our Community

Reaching out into the community to make Charles County a healthier place to live is a vital part of our mission at University of Maryland Charles Regional Medical Center (UM CRMC).

Before someone ends up in the hospital sick or hurt, a complex network of variables contributes to that person's health and safety (or the lack thereof). As a health care provider — not simply a “sick care” provider — the community medical center has the power to reach beyond its four walls into that network of variables that can build health and well-being for the people of the community.

The buzzword for this strategy is population health management, and we've been a believer for years. According to the Maryland Hospital Association, Maryland's hospitals are embracing population health as an innovative, far-reaching model of health care delivery that holds the promise to keep people healthier, improve the direct care experience for those who are sick and reduce the overall cost of providing care.

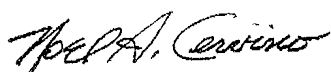
Take, for instance, a middle-aged woman with diabetes who comes into the emergency department with a poorly healing wound. Freeze the frame and rewind to the moments of opportunity to intervene and set her on a healthier course. That emergency room visit could have been prevented with better access to primary or specialist care to treat the wound before it became an emergency.

Back up further and look at the power of education and prevention. A diabetes education class to help the woman better manage her blood sugar might have prevented the slow-healing wound in the first place. If she had gestational diabetes, which increased her risk of later developing type 2 diabetes, support and intervention during and after her pregnancy might have kept her from becoming diabetic.

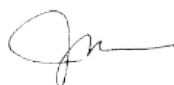
Outreach efforts that empower people to stay active and achieve and maintain a healthy weight could help her and many others to reduce the risk of developing diabetes and other chronic diseases. More broadly, a health system can contribute to efforts to improve community access to healthy food and safe places to walk.

This kind of change isn't easy and it isn't fast. Improving community health is more complex and powerful than prescribing a pill to cure an illness. Through periodic community health needs assessments and participation in Partnerships for a Healthier Charles County, UM CRMC invests in the ongoing work of building a healthier community. We want to make Charles County a place where it's easier, not harder, to get and stay healthy.

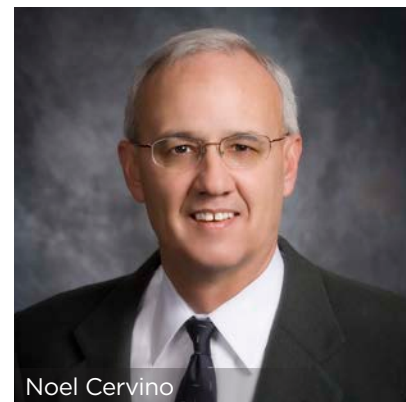
Sincerely,



Noel Cervino
President and CEO
University of Maryland Charles Regional Medical Center



Joyce Riggs
Director, Community Development and Planning
University of Maryland Charles Regional Medical Center



Noel Cervino



Joyce Riggs



Partnerships for a Healthier Charles County

Just as the health of an individual is affected by the community, University of Maryland Charles Regional Medical Center (UM CRMC) believes a strong medical center serves the community most effectively by working in partnership with like-minded community organizations.

Partnerships for a Healthier Charles County (PHCC) was founded in part by UM CRMC in 1994 as a community health network of county agencies and community-based service organizations. Today, PHCC includes more than 30 non-profit organizations and relevant county agencies. PHCC's vision is to improve the health and quality of life for all Charles County citizens, with the goal of increasing life expectancy and health outcomes across all racial and ethnic groups.

PHCC operates under the assumption that its member organizations have overlapping areas of care and concern that are best served by its combined efforts. Compared to other Maryland hospitals, UM CRMC has one of the largest and most active community coalitions, serving as a model for other hospitals statewide who are seeking to build a cooperative local coalition to implement more effective population health management.

The PHCC steering committee is made up of representatives from UM CRMC and three other local entities: the Charles County Department of Health, Charles County Public Schools and the College of Southern Maryland. Approximately 75 people meet face to face each quarter for roundtable discussions, question and answer time and ongoing planning and problem-solving.

UM CRMC completed a comprehensive Community Health Needs Assessment in FY 2015 in partnership with the Charles County Department of Health. The Charles County Health Improvement Plan was developed under the leadership of UM CRMC through the PHCC team members. To put the Health Improvement Plan into action, PHCC created three implementation teams — the Access to Health Care Team, the Behavioral Health Team, and the Chronic Disease Prevention Team. Each of the three PHCC teams was tasked with the development of a three-year action plan that articulated clear strategies, activities and tracking measures for project implementation.

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1. Access to Health Care Team

This implementation team targets barriers to health care access, with the goals of increasing primary care and specialty physicians in Charles County and improving social determinants of health such as transportation and health literacy. Partner organizations included the Department of Social Services, the Charles County Department of Health, the Maryland Department of Health and Human Services, the Tri-County Council, the Maryland Insurance Administration, Health Partners, Inc. and Greater Baden Medical Services, a Federally Qualified Health Center.

2. Behavioral Health Team

Focusing on mental health and substance use services, the objectives of this team include increasing access to and treatment for behavioral health issues, reducing suicide rates, reducing underage drinking and increasing treatment for drug dependency and addressing use and overdose. Partners included a broad cross section of mental health and substance use community organizations and local and state agencies.

3. Chronic Disease Prevention Team

Goals for this team include reducing the death rate and prevalence of diabetes, reducing the cancer incidence and mortality rates, reducing heart disease deaths and increasing the percentage of adults with a healthy BMI in Charles County. Community education and collaboration with area physicians and community and governmental agencies are key strategies in pursuing these goals.

This report focuses on the findings of the 2015 Charles County Health Needs Assessment, the resulting Health Improvement Action Plans that were developed and the objectives that will be pursued from FY 2016-2018.





Chronic Disease Self-Management Classes

To improve the lives of those living with one or more chronic illnesses, UM CRMC began offering free Chronic Disease Self-Management Classes to the community in January 2016. The free six-week workshop entitled “Living Well with Chronic Disease” meets once a week for two-and-a-half hours and is facilitated by trained instructors.

Subjects covered include: techniques to manage frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility and endurance; appropriate use of medications; communicating effectively with family, friends and health professionals; nutrition, decision making and how to evaluate new treatments.

By giving people the tools to better manage their conditions, they can explore healthy ways to live, despite their health issues. Participants see they are not alone in their struggle and they learn from each other. It’s a humbling experience to see them graduate after six weeks.

The class is designed to enhance medical treatment and disease-specific education such as Better Breathers, cardiac rehabilitation, or diabetes instruction. In addition, many people have more than one chronic condition. The program is helpful especially for these people, as it gives them the skills to coordinate all the things needed to manage their health, and keep active.

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Center for Diabetes Education

In July 2016, UM CRMC launched The Center for Diabetes Education, a nationally accredited program that meets all standards and guidelines set by the American Society for Diabetes Educators for quality and education.

The program is for adults with type 1, type 2 or gestational diabetes, which can occur during pregnancy. Participants start with a one-hour in-person assessment in a private setting.

Each class is small and includes five to 15 people on average. There are four group sessions with meetings held once every other week. Participants can bring a friend, partner or caregiver.

Participants learn helpful strategies and tips to manage their diabetes. Discussions center on how they can overcome the challenges of living with diabetes and help reduce their frustrations.

The first class started in the fall. Research shows that by attending diabetes education classes, people have lowered their A1C by half a point. In the pilot program at UM CRMC, program participants found they lowered their Hemoglobin A1C (three-month blood sugar number) by nearly a full point, which was much more than the national average of .08.

The diabetes classes are offered in the morning, afternoon and evenings. Check the website, www.charlesregional.org, and click on the Our Services tab at the top of the page.



Stroke Awareness

UM CRMC is designated as a Primary Stroke Center by Maryland Institute for Emergency Medical Services Systems (MIEMSS). The concept behind a Primary Stroke Center includes a heightened state of readiness for stroke patients, making sure hospital-wide mechanisms are in place to rapidly identify and intervene in acute stroke and a multi-disciplinary team who can deliver rapid and sophisticated care.

The key features of a Primary Stroke Center are that medical staff stabilize and treat acute stroke patients, provide initial acute care and either admit patients or transfer them to a comprehensive stroke center as needed.

Stroke is one of the nation's leading causes of disability and is the nation's fifth cause of death behind heart disease and all cancers combined. Identifying when you or someone you know is having a stroke and immediately getting emergency care by calling 911 are critical to save a life and prevent disability. With rapid care, some of the disabling effects of a stroke that happened within hours can be reversed through appropriate treatment.

Reaching the Community

UM CRMC provides stroke education throughout the year at health fairs and community events. In May 2016, UM CRMC held "Striking Out Stroke," an awareness event at Regency Furniture Stadium, home to the Southern Maryland Blue Crabs. The event focused on stroke education and the importance of recognizing the signs and symptoms of stroke. Members of our stroke team were also honored for receiving the American Heart Association/American Stroke Association's Get With the Guidelines® Stroke Gold Plus Quality Achievement Award for the third year in a row, and also received the Target: Stroke Honor Roll Elite designation. The award recognizes the hospital's commitment to ongoing quality improvement in providing the most appropriate stroke treatment based on the latest scientific evidence.

Stroke
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Improving Patient Access to Care: Mobile Integrated Health Care Team

A unique collaboration of the Charles County Department of Emergency Medical Services (EMS), Charles County Department of Health (CCDOH) and UM CRMC will bring outreach services to people who most need access to the right health care provider at the right time. The collaboration is funded through a grant from the Maryland Community Health Resources Commission and UM CRMC to support the effort over the next three years.

The Mobile Integrated Health Care Team consists of a local EMS paramedic, nurse practitioner and community health worker.

The three-person team will follow up on physician recommendations made during hospital stays, visit recently discharged patients at home to check for any issues that could lead to further health problems and find ways to solve any other health care issues presented in a patient's home.

The Mobile Integrated Health (MIH) Care Program will help provide capacity for relieving potentially avoidable use of the local emergency department and emergency medical services. MIH will also link individuals to community services and resources at home to help manage chronic conditions, such as diabetes.

This program aims to assist community members to utilize prevention and disease management resources to stay healthier and stay out of the hospital.

The Mobile Integrated Health Care Team consists of:

**A LOCAL EMS
PARAMEDIC**

NURSE PRACTITIONER

**COMMUNITY
HEALTH WORKER**



Expanding Behavioral Health

Drug Takeback Program

Maryland's first comprehensive Drug Take-Back Program was approved in August 2016 in Charles County. The program, funded by a \$20,000 state grant, involves a partnership with Charles County Government, local pharmacies, the State of Maryland and UM CRMC. The community program is designed to prevent the stockpiling of medications, including ointments, patches, needles and capsules in the home; to keep children and water systems safe; and to avoid drugs getting into the hands of addicts.

Mental Health First Aide Training

UM CRMC will offer a new "Mental Health First Aide" training program in FY 17 to community leaders, including church pastors. It won't take the place of diagnosis, but the training will help people identify basic signs and symptoms of mental illness, what they should do if they see it and how to access appropriate resources

Maryland's
FIRST
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Community Health Needs Assessment Process

The University of Maryland Charles County Regional Medical Center (UM CRMC) conducted a major study of the health needs in the county and surrounding areas in 2015. Called the Community Health Needs Assessment (CHNA), it provides a snapshot of the county's health by identifying the gaps in care for the community, as well as providing a benchmark of progress toward the goals set in the Health Improvement Plan for the UM CRMC service area.

Community input is a significant and important part of the CHNA process. The assessment used four different sources of data. Input was collected from 806 Charles County residents, who completed a 27-question online survey, 1,002 respondents who completed a short four-question paper survey, 235 people who participated in 15 focus groups with community leaders, citizens and stakeholders and a quantitative data analysis of secondary published data was completed.

Data from this CHNA process is then used to develop the next Charles County Health Improvement Plan and subsequent Team Action Plans. They provide the county with measurable outcomes and benchmarks for program implementation.

The findings are used to address gaps in care and add resources that will lead to better community health. The top three priorities in 2015 were:

- 1. Chronic Disease Prevention & Management**
- 2. Access to Care**
- 3. Behavioral Health**

Looking back and looking ahead, UM CRMC continues to gather useful quantitative and qualitative health information from the community that empowers the medical center and its community partners in promoting a healthier Charles County. Meeting community health needs can be something of a moving target, but staying informed and responsive to changing trends keeps the hospital in tune with the needs of its service area.

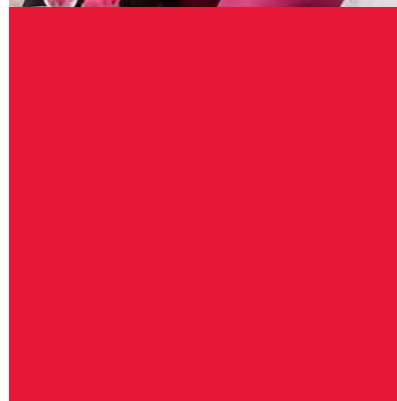
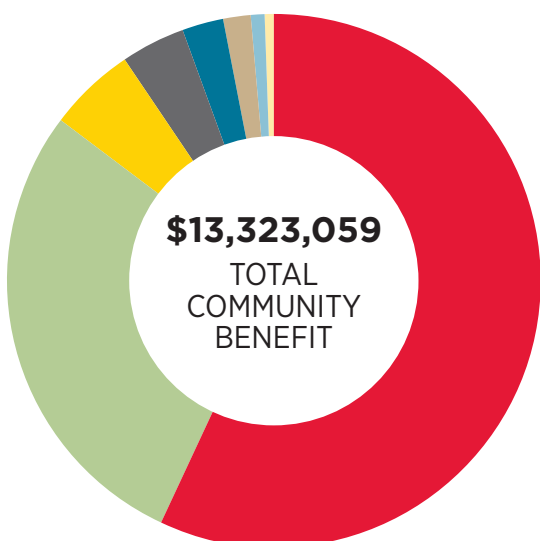
To read the entire CHNA report, visit www.charlesregional.org and click on the Health Resources tab at the top of the page. The CHNA is listed on the drop down menu.





Community Benefits Financial Contributions for Fiscal Year 2016

■ Mission Driven Health Care Services	\$ 7,594,140
■ Charity Care	\$ 3,798,238
■ Community Health Services	\$ 688,414
■ Medicaid Assessments	\$ 520,620
■ Health Professional Education	\$ 336,839
■ Community Building Activities	\$ 216,968
■ Financial Contributions	\$ 100,089
■ Community Benefit Operations	\$ 67,751





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