

COMMUNITY BENEFIT & Health Improvement Plan

Sharing the S.P.I.R.I.T.

FY 2017-2018




**CARROLL
HOSPITAL**
a LifeBridge Health center


The Partnership
for a Healthier Carroll County

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Section 1 — Introduction

Mission, Vision & Values

MISSION

Our communities expect and deserve superior medical treatment, compassionate care and expert guidance in maintaining their health and well-being. At Carroll Hospital, our mission is to offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

VISION

Carroll Hospital is a portal of health and wellness. We take responsibility for improving the health of our populations through care management and delivering high quality, low cost services in the most appropriate settings. We engage our community at all points of care and promise to provide a seamless health care experience.

Carroll Hospital and The Partnership for a Healthier Carroll County share the same values, which are clearly defined and integrated in our signage, employment applications, community materials and more. Our values characterize all our actions and experience inspired by personal relationships and genuine compassion.

Our S.P.I.R.I.T. Values include:

Service: *Exceed customer expectations*

Performance: *Demonstrate accountability and achieve excellence in all that we do*

Innovation: *Take the initiative to make it better*

Respect: *Honor the dignity and worth of all with compassion*

Integrity: *Uphold the highest standards of ethics and honesty*

Teamwork: *Work together, win together*

Community Benefit Service Area

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

Finksburg (21048)	Hampstead (21074)
Manchester (21102)	Keymar (21757)
Taneytown (21787)	Mount Airy (21771)
New Windsor (21776)	Union Bridge (21791)
Westminster (21157)	Westminster (21158)
Woodbine (21797)	Upperco (21155)
Sykesville (21784)	

Secondary

Reisterstown (21136)

The Health Services Cost Review Commission (HSCRC) defines a hospital's primary service area as follows for the mandated community benefit report: "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." (Source: HSCRC FY 2015 Community Benefit Narrative Reporting Instructions)

By that definition, Carroll Hospital's primary service areas include community members living in the following postal zip code areas:

Westminster (21157 and 21158); Eldersburg/Sykesville (21784); Hampstead (21074); and Taneytown (21787)

For the Community Benefit & Health Improvement Plan, we will align the community benefit primary service area definition with the hospital's Financial Assistance Policy definition.

Carroll Hospital Community Benefit Policy

In 2005, the Governing Board of Carroll Hospital established a board-level Community Benefit Policy to clarify and standardize the importance of this element of our mission as a community hospital and as a non-profit organization. Copy is attached in the Appendix.

Community Benefit Planning & Evaluation Committee Membership & Responsibilities

Membership on the Community Benefit Planning and Evaluation Committee is via appointment by the president of Carroll Hospital and includes a diverse group of clinical, financial, compliance, business development, educational and community outreach leaders from the hospital. It also includes representatives from The Partnership for a Healthier Carroll County (The Partnership), Access Carroll and the Carroll County Health Department

The committee's charge includes:

1. Developing the Carroll Hospital Community Benefit (CB) Plan for review and approval by the hospital's Executive Team, the Carroll Hospital Board of Directors and the Partnership's Board of Directors.
 - The plan must be based on information from our recent Community Health Needs Assessment (CHNA) and address verified community needs.
 - The plan must comply with all relevant aspects of the 2010 Affordable Care Act, the HSCRC Community Benefit Guidelines and the IRS 990 guidelines.
 - The Community Benefit & Health Improvement Plan will become an integrated component of the hospital's overall strategic plan and The Partnership's strategic plan.
 - Annual budget projection will include efforts to support Community Benefit plan objectives and strategies to address prioritized needs.
2. Reviewing and updating the Carroll Hospital Board-approved policy (attached) regarding community benefit fulfillment by our hospital.
3. Providing guidance and assistance regarding the communication of our Community Benefit Plan either via web, hard copy or other medium.
4. Rolling out and informing the Carroll Hospital Management Forum about the plan.
5. Annually monitoring our organizational compliance with the plan to include the impact we are having on the identified needs and to support required narrative reports to the HSCRC and IRS.
6. Reporting our annual evaluation of our Community Benefit plan performance and recommendations to the Executive Team and Board of Directors of both Carroll Hospital and The Partnership.

Maryland State Health Services Cost Review Commission

Each year, Carroll Hospital submits a comprehensive community benefit report to the HSCRC, which includes an accounting of community benefit activities conducted by the hospital and a narrative which supplements the financial report. The major categories covered in the report include: community health services, health professionals education, mission-driven health services, research, cash and in-kind contributions, community building activities, community benefit operations and charity care (financial assistance).

The detailed activities and financial data for the report are gathered throughout the year in Lyon Software's CBISA—an online community benefits data and reporting software.

In recognition of the importance of this work, a multi-step review and approval process is incorporated. The Community Benefit Planning and Evaluation Committee members review the preliminary expense report and narrative to consider expenditures in context with activities designed to impact the needs identified. The expense report is then reviewed internally by leaders, including the LifeBridge Health board's Community Mission Committee, and ultimately submitted to the HSCRC. A community version of the report is published in the hospital's community newsletter and also on the hospital's website.

Progress toward the desired health improvement targets and outcomes of all health improvement efforts will be organized via the evaluations responsibilities of the Community Benefit Planning and Evaluation Committee, who will prepare an annual summary report to the board of directors of Carroll Hospital and The Partnership.

Carroll Hospital Former Community Benefit Plans

A Community Benefit Committee and formal written plan have been in place at Carroll Hospital and The Partnership for several years. The Community Benefit & Health Improvement Plan FY2014 to FY2016, was the plan by the hospital and The Partnership to address the 2012 Community Health Needs Assessment.

See Appendix for a copy of the plan.

Section II — Community Health Needs Assessment



Take the Community Health Survey

And Help Us Fast-Forward to a Healthier Carroll County

How can we build a healthier Carroll County now? You are the answer. Take the online Community Health Survey and tell us what you need to live healthier today and every day.

1. Go to HealthyCarroll.org/Survey
2. Complete the quick online survey.
3. Be honest. Your answers will help decide what health priorities need to be addressed by health care leaders in Carroll County.

Don't wait.
Rush to HealthyCarroll.org/Survey to help us build a healthier community now.

Conducted by:

CARROLL HOSPITAL CENTER

The Partnership for a Healthier Carroll County

Go to HealthyCarroll.org/Survey to accelerate change in Carroll County now.

In the fall of 2011, the board of directors of The Partnership voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA). The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a hospital board-approved Community Benefit Plan.

The Partnership's board of directors also assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP), which was organized to produce a Local Health Improvement Plan (LHIP).

This coordination of efforts proved to be an extremely successful process. The 2012 Community Health Needs Assessment was used to create seamless plans reaching further than the anticipated Community Benefit and Local Health Improvement Plans. The outcomes were seen in other organizations' strategic plans throughout the county. Community engagement in the Plan has been strong, and measurable progress has been captured via our Healthy Carroll Vital Signs data monitoring system.

In 2015, it was time to revisit what it meant to be a healthier Carroll County. We moved forward with the same process and we continued to streamline the efforts.

Previously, The Partnership had conducted multiple needs assessments and integrated annual measurement processes into all of its health improvement work known as "Healthy

Carroll Vital Signs (HCVS)." These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

There continues to be a strong integrated approach by the leaders at the Carroll County Health Department (CCHD), with Carroll Hospital's Sharing the S.P.I.R.I.T. Plan and The Partnership's strategic plan. The Partnership continues to serve as the community coalition required in the SHIP/LHIP work.

To assure compliance with all regulatory requirements, a multi-component process was determined necessary.

Components include:

Primary Data

- An online **Community Health Needs Survey** was conducted with Carroll County residents between January and March 2015. A customized survey tool consisting of approximately 80 questions to assess access to health care status and behaviors, and health-related community strengths and opportunities. A total of 1,160 resident surveys were completed throughout the county to promote geographical and ethnic diversity among respondents. A nationally recognized vendor was chosen to format this component and analyze the results. It has been identified as our Community Health Survey.

Section II — Community Health Needs Assessment

- **Key Informant Surveys.** Interviews gathered a combination of quantitative and qualitative feedback through open-ended questions. A total of 80 key informants completed the survey between February and March 2015.
- **Focus Groups.** Seven sessions with targeted populations provided in-focus discussions with different community groups, including African-American, Hispanic, Low-Income and Older Adults. The sessions were also moderated and transcribed for accurate recall and documentation.

Secondary data was collected and reviewed to reinforce and possibly identify any additional needs that may have been uncaptured in our primary data components. This extensive data includes:

- **County/Community Demographics:** This information was collected from the Carroll County Department of Economic Development. A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all of this information.
- **Our Community Dashboard:** 100+ indicators were selected from a Maryland-specific list of core measures.
- **Healthy Carroll Vital Signs:** data indicators updated twice annually to report on the trending patterns of the Plan's priority issues. See section III of this plan for indicators aligned with each need.
- **State of Maryland Health Improvement Process and Local Health Improvement Plan:** 38 High Impact Objectives with a per-county profile serving as the baseline document.
- **Carroll Hospital Data:** Using the Horizon Performance Manager, readmission rates were tracked using nine recurring categories.
- **Other Data**
 - College Student Focus Group took place with the students of McDaniel College.
 - Aging in Place Survey conducted by the Carroll County Commission on Aging.
 - 2014 Department of Citizens Services Strategic Plan including the results of the Human Services Needs Assessment Survey.
 - County Health Ranking, which is collected by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
 - Area Plan Survey conducted by the Carroll County Bureau of Aging and Disabilities.

Information Gaps

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. For example, lesbian, gay, bisexual and transgender residents, undocumented residents and members of immigrant groups might not be represented in sufficient numbers.

It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature and may not necessarily represent the entire population within Carroll County.

SUMMARY

Details and findings from each component were combined for a "Consolidated Report." A great deal of information is in there for future reference and available online at HealthyCarroll.org.

Then, working collaboratively, The Partnership's board, Carroll Hospital's board and executive team, local officials, the Needs Assessment Committee and the hospital's Community Benefit Planning Committee took the next critical step of prioritizing our focus for action in the next three years. A joint strategies meeting was then convened on September 10, 2015.

This year's process included nine Social Determinants of Health in the presentation and discussion.

Listed in alphabetical order:

1. Affordable Housing
2. Early Childhood Education
3. Economic Success
4. Educational Attainment
5. Employment Opportunities
6. Food Security
7. Job Skills
8. Quality Health Access
9. Social Support

During the survey process only five of the nine were seen as an issue of priority. Listed below in order of most identified:

1. Employment Opportunities
2. Affordable Housing
3. Job Skills
4. Educational Attainment
5. Quality Health Access

All needs that were represented in the Community Health Needs Assessment, the SHIP and Carroll Hospital's data were presented to the participants. This called attention to the participants that all identified needs were seen as important, even if it was only listed one time.

These issues will still receive attention even if they aren't included in the Community Benefit Plan. Any need represented twice or more was then put before the attendees for the purpose of ranking the top priority issues.

The 14 issues listed here in alphabetical order:

1. Access to Health Care
2. Alcohol Abuse
3. Alzheimer's/Dementia
4. Arthritis
5. Cancer
6. Dental Health/Oral Hygiene
7. Diabetes
8. Flu
9. Heart Health
10. Illegal Substance Abuse
11. Melanoma
12. Mental Health
13. Obesity
14. Tobacco

To narrow the topic areas for that prioritization process, we requested active input from attendees into determining the priority needs for the focus of the Community Benefit Plan from among the list of the 14 items above.

We used interactive technology to capture the confidential votes of all attendees. This technology was provided and facilitated by Nikki Reener, president of Holleran Research and Consulting. The criteria for prioritization was on a five-point scale. We had two criteria:

Seriousness

- How significant is the consequence if we do not address this issue?
- How pervasive is the scope of this issue? Does it affect the majority of our population or only a small fraction?
- Is it getting worse? Negative trend?

Ability to Impact

- Can we make a meaningful difference with this issue?
- What is our ability to truly make an impact?
- Are there known proven interventions with this issue?

Very natural breaks in the prioritization became apparent, with four issues ranking in the top percentage (diabetes, heart health, cancer and obesity), seven issues ranking an intermediate placement (mental health, flu, illegal substance abuse, tobacco, mental health/oral hygiene, melanoma, access to health care), and 3 issues ranking in the base group (alcohol abuse, Alzheimer's/dementia, arthritis).

Identified Needs Not Addressed

Several primary community health needs (see below) identified through the CHNA were not addressed by the Community Benefit & Health Improvement Plan after a prioritization process conducted by the boards of Carroll Hospital and The Partnership for a Healthier Carroll County and the Community Benefit Planning and Evaluation committee. Due to the extent of the identified needs, implementation will be spread over multiple years. Partnerships with various organizations in the community will be essential to implementing meaningful programs. The needs that were not identified as focus areas in the fiscal year 2017 to 2018 plan may be addressed through ongoing programs or by other community organizations that the hospital partners with, and in some cases supports financially.

Below are the identified needs that are not the direct focus of the Community Benefit & Health Improvement Plan, but are addressed throughout the community in collaboration with various agencies and organizations.

Access to Health Care

In addition to Access Carroll, a primary care medical home for low income residents of Carroll County, Carroll Hospital's affiliated physician practice group, Carroll Health Group, has more than 55 primary care and specialist providers that accept medical assistance. There are more than 18 primary care providers in 10 locations throughout the community as of FY 2016. The Partnership will continue to address Access to Health Care in continuity with the Local Health Improvement Team and Plan.

Alzheimer's/Dementia

Carroll Hospital recognizes the need for additional support for those patients who may have dementia or Alzheimer's. In 2015, Carroll Hospital opened new senior care suites, four-rooms located in a quieter area of the emergency department (ED). The suites features a dedicated nursing station and a host of amenities geared toward enhancing the comfort of non-criti-

Section II — Community Health Needs Assessment

cally ill, older patients. In addition, the hospital has hired a social worker who specializes in geriatric care. The hospital also partners with many facilities and organizations in the community to offer education and resources to staff, including McDaniel College's Center for the Study of Aging.

Arthritis

Carroll Hospital conducts education programs and refers to specialists for conditions that may be due to arthritis. Also, area physical rehabilitation centers have warm water aquatic therapy pools for exercise therapies.

Dental Health/Oral Hygiene

Access Carroll expanded its primary care medical services to add dental care in fiscal year 2014. In addition, oral health screenings are offered as part of the hospital's annual health fair each year and throughout the county at community events.

Flu

Carroll Hospital offers flu resource information to everyone who uses services at the hospital, as well as in outpatient settings to encourage individuals to get their vaccine. The resources list locations throughout the county where flu vaccines are offered. This information is also listed on the hospital's website and promoted via social media.

Tobacco

The hospital hosts regular classes and programs in conjunction with the health department for quitting tobacco use. Carroll Hospital took a bold step and was the first hospital in Maryland to no longer hire employees that use tobacco/nicotine effective January 2015.

The hospital offers support and resources to prospective applicants and encourages them to re-apply when they are nicotine free.



Key Community Benefit Issues

FY 2017 – 2018

During fiscal years 2017 – 2018, the hospital and partners will focus internal and external strategies with anticipated primary outcomes in the following four top key issues. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment process described above.

In priority order they are:

1. Diabetes
2. Heart Health
3. Cancer
4. Obesity

These same four areas will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership.

Supplemental Key Issue— Behavioral Health

As our prioritization process was meant to “rule in” the needs of our community, it was never intended to minimize outcomes and potentially overlook a known area of need or an area that could pose future community health dangers.

With a documented and ongoing need, a supplemental issue is also being included in this plan, which is Behavioral Health*.

Mental health and Illegal Substance Abuse were both ranked within the Intermediate set while Alcohol Abuse was ranked in the base set.

*Mental health disorders and substance abuse behaviors (Illegal Substance Abuse & Alcohol Abuse) are often co-occurring conditions. Our health improvement activities associated with these conditions will be organized as behavioral health.

Section III — Key Community Benefit Issues Implementation Strategies

Meeting the Need

The two-year plan will allow us to focus on the prevalent and high impact issues identified via our 2015 Community Health Needs Assessment. We are interested in results and this plan includes our proposed ideas on how to accomplish positive progress in the prioritized need areas.

To identify the priorities several values were defined and applied via varied group efforts with key community involvement.

Because improving community health requires varied intervention strategies, some identified needs will be met by collaborative strategies addressing not only the community external to Carroll Hospital, but also by focusing on hospital staff, volunteers and both patients and families (a.k.a. internal constituents). By addressing internal constituents alongside those external to the hospital, there is a consistency of message and an increased ability to positively impact the community.

As this is not Carroll Hospital's first Community Health Needs Assessment or our first Community Benefit planning process, it was affirming to note the alignment of multiple strategic initiatives already underway by various departments in Carroll Hospital and also by our affiliates, The Partnership and Access Carroll.

Working closely with partners has been a hallmark of this community hospital that will continue. Connecting people, inspiring action and strengthening community are the distinguishing characteristics of The Partnership, which builds the engagement and active involvement of individuals and organizations toward measurable health improvement results. The Partnership's vision is to be a leader in implementing healthy community strategies. Be assured that those collaborative efforts will continue.

All initiatives identified will be advanced under the accountability of Carroll Hospital except those specifically identified as accountable to The Partnership, Access Carroll or the Carroll County Health Department. All actions identified are expected to require the full two years of implementation to accomplish the desired health improvement impact and the targeted results.

There are obvious cross-relationships among several of the priority needs identified. Diabetes, heart health, cancer, obesity all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Despite a still relatively homogenous population, we recognize the importance of ethnic and cultural awareness as well as linguistic sensitivity in all outreach activities.

The following outline arranges the needs, in the priority order determined with our community, and describes the need/key finding, objectives, strategies and anticipated outcomes associated with each priority.

We have also included indicators relative to each need area for use in measuring impact and results. The indicators will be tracked by The Partnership and Carroll Hospital. Others are individually sourced. All will be reported publicly on The Partnership's website HealthyCarroll.org.

Note: The Partnership will address health and wellness with complementary programming for the older adult population. Initiatives will be in place to address the needs of this population. Access to health care will be addressed in continuity with the Local Health Improvement Team and Plan.

Diabetes

9.8% of Carroll County adults have been diagnosed with diabetes (2014, MD BRFSS) and 28% of Carroll County Medicare beneficiaries were treated for diabetes in 2014, according to the Centers for Medicare & Medicaid Services



Objective:

Through increased participation in diabetes education and screening opportunities, community residents with diabetes or pre-diabetes will achieve increased disease awareness, compliance and self-management education to prevent associated complications. Thus, there will be an improved health status for residents of Carroll County.

Strategies:

1. Continue current programming:

- Diabetes Self-Management Education
- Diabetes Support Group
- Diabetes Education in outreach markets
- Diabetes Workshop annually
- Total Health Expo annually
- Senior Expo annually

2. Potential future programming:

- Expand pre-diabetes outreach program to additional targeted communities and outreach markets
- Offer a regularly scheduled monthly diabetes basics community class
- Explore diabetes education, outreach and support in new Mt. Airy Health & Wellness Pavilion
- Develop automatic referral process from Carroll Health Group practices to Diabetes Program for anyone with diabetes
- Explore possibility of offering supplemental diabetes education and support in physician offices

- Explore opportunities for diabetes education outreach with Faith Community Health Network
- Explore the addition of a diabetes peer mentor network
- Assess current diabetes program and explore updates.
- The Partnership will lead and sustain a Leadership Team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing diabetes and pre-diabetes. Existing programming, such as Walk Carroll and Stay Strong, can be expanded or modified to best address issues of exercise and nutrition in this population.

Anticipated Outcome:

Compliance with best practice standards for self-management of diabetes will be increased through education. Progression rate from pre-diabetes to diabetes will slow.

Indicators:

- % of adults with diabetes (MD BRFSS)
- Age-adjusted death rate due to diabetes/rate per 100,000 (MD Vital Statistics/OCD)
- Emergency Department visit rate due to diabetes—SHIP (Maryland Health Services Cost Review Commission)

Heart Health

Heart disease is the leading cause of death in our community. Carroll County is reporting 42.2 deaths per 100,000 population due to cerebrovascular disease and stroke in the 2012-2014 reporting cycle (MD BRFSS). This number has seen significant improvement and been on a downward trend since our previous Community Benefit Plan. The Healthy People 2020 national health target is to reduce the stroke deaths to 34.8 deaths per 100,000.

Additionally, 40.9% of Carroll County adults have high cholesterol and 9.9% of Medicare beneficiaries in Carroll County have atrial fibrillation (2013, MD BRFSS; 2014, CMS).

Objective:

Increase focus on improving and maintaining cardiovascular health with an emphasis on addressing stroke and heart disease risk factors, recognition, early intervention and prevention.

Strategies:

1. Continue current programming:

- a) Offer monthly blood pressure screenings at 11 locations throughout Carroll County, reaching all outreach markets and follow patients as needed
- b) Promotion of Heart Month in February with education and awareness programs
- c) Offer low-cost Health Risk Assessments quarterly
- d) Carroll Hospital Associate Wellness Program identifies and counsels individuals identified as at a high risk for heart disease or stroke via annual health risk assessments
- e) Increase risk awareness via promotion of Stroke Month in May, to include educational programs and marketing
- f) Offer Stroke Survivors Support Group
- g) Outpatient health navigators are following every patient who is discharged from the hospital with a diagnosis of congestive heart failure
- h) The Partnership will lead and sustain a Leadership Team composed of community and subject matter experts, with a focus of health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing cardiovascular health. Existing programming, such as Stroke Awareness, can be expanded or modified while new initiatives can be implemented in response to community need.

2. Potential future programming:

- a) Explore opportunities for heart and stroke education outreach with Faith Community Health Network
- b) Explore adding a Congestive Heart Failure (CHF) peer support network
- c) Expand hospital-based Living with Heart Failure class and explore offering it to the community in targeted outreach locations.
- d) Explore the feasibility of developing a CHF clinic through disease management program.

Anticipated Outcome:

The community will maintain a continued downward trend in the death rate per 100,000 populations in Carroll County due to cardiovascular disease and stroke.

Indicators:

- % of adults with high blood pressure (MD BRFSS)
- % of adults with high cholesterol (MD BRFSS)
- Age-adjusted death rate due to CVA (stroke)—rate per 100,000 (MD Vital Statistics)
- Age-adjusted death rate due to heart disease—rate per 100,000 (MD Vital Statistics)
- Emergency Department visit rate due to hypertension—SHIP (Maryland Health Services Cost Review Commission)
- % of adults who engage in regular physical activity (150 min. moderate or 75 min. vigorous) (MD BRFSS)



Cancer

Cancer continues to be a leading cause of death in our community. The incidence of breast cancer and melanoma are greater in Carroll County than the Maryland State averages; early detection screening compliance rates for breast and colon are below the American Cancer Society recommended targets. A total of 71.3% of adults aged 50 and older have ever had a sigmoidoscopy or colonoscopy exam, and 78.1% of women aged 50 and older have had a mammogram in the past two years (2014, MD BRFSS).



Objective:

Decrease the burden of cancer in Carroll County by providing cancer education and screening opportunities with a focus on risk factors, prevention and early detection, as well as, access to appropriate treatment and support.

Strategies:

1. Continue current programming addressing skin, colon and breast cancers.

- a) Promote Cancer Awareness months: write articles on cancer awareness and screenings in various media. Awareness marketed on hospital's social media channels, marquees, digital signage.
- b) Provide cancer education at American Cancer Society's Relay For Life events, health fairs and local businesses.
- c) Provide Sun Safety programs to elementary schools, Head Start, community pools, summer camps, 4H-Fair, Boys & Girls Club, Vacation Bible Schools, area colleges and health fairs.
- d) Offer Cancer Support Group and Breast Cancer Support Group monthly. Offer Prostate Cancer Support Group every other month. Provide gather and Connect—new cancer support group.
- e) Offer an educational program with incentives on tanning dangers/skin cancer to area high schools during prom season.
- f) Offer skin cancer screenings to hospital associates and broader community at regular intervals onsite and outreach throughout the year.
- g) Pink Fling – a breast cancer awareness, education and fundraising event. Provides a fun afternoon with educational and inspirational speakers, breast cancer survivors and a silent auction.
- h) Hold Multidisciplinary Breast Conference every week.
- i) Studio YOU, a special area in the Wellness Boutique on hospital campus, offering wigs, hats, breast prostheses, mastectomy bras custom order for a fee.
- j) Track referrals to a breast health navigator from Advanced Radiology of all patients who have an abnormal mammogram and are recommended for biopsy.
- k) The Partnership will support skin cancer awareness and prevention programming with an emphasis on children and youth. Current programs include tree plantings to increase awareness of needed shade areas (Safer in the Shade) and use of protective measures for sun exposure (Fun in the Sun). Collaborative efforts with local child serving agencies and community pools.
- l) Center for Breast Health, a collaborative, team-based approach to breast care.
- m) Patient Assistance Fund.
- n) Offer free, one-on-one informational consultation and clinical breast exam screenings with Center for Breast Health physicians to targeted areas of the community.

- o) Breast Cancer Survivorship program (Embrace).
- p) Offer monthly nutritional programs – for prevention of cancer and for those in treatment for cancer.
- q) Offer a monthly “After Cancer” Survivorship e-newsletter.
- r) Offer colorectal cancer prevention and education presentations to all area senior centers.
- s) Offer online resources for cancer education.
- t) Collaborative efforts with Carroll County Health Department Breast Cervical Cancer Program and Cigarette Restitution Fund, which promotes cancer awareness, education and screenings.
- u) Continue tobacco cessation programs and resources.

2. Potential future programming:

- a) Evaluate the mechanisms for establishing standard protocols for cancer screenings for all Carroll Health Group patients.

- b) Cancer Support Services Survey 2016.
- c) Explore the possibility of offering Embrace to Win Weight Management Survivorship program to cancer survivors (all cancer types) to improve health and decrease obesity which could lead impact recurrence rates.
- d) Explore HPV education to the community and Carroll Health Group providers and patients.
- e) Explore possibility of partnering with Advanced Radiology's lung cancer screening to provide local resources to patients.

Anticipated Outcome:

Increase awareness and education of screening guidelines and recommendations as well as prevention for skin, breast, cervical and colon cancers.

Indicators:

- Age-adjusted mortality rate from cancer per 100,000—SHIP (MD Vital Statistics)
- Melanoma incidence—rate per 100,000 (MD Cancer Registry)
- % of adults who smoke tobacco (MD BRFSS)
- Adolescents who use tobacco products – SHIP (Maryland Youth Risk Behavior Survey)

Cancer Care



Support that goes beyond medicine.

Breast Cancer Support Group
Tuesdays, July 12, August 9 & September 13
7 – 8:30 p.m.
Tevis Center for Wellness
Registration not required.

Cancer Navigation Services
A free comprehensive resource for men and women pending a diagnosis or in any stage of all types of cancers.
Call 410-871-7000 for more information.

Center for Breast Health
A free comprehensive resource for those pending a diagnosis, at any stage of breast cancer or for general breast health needs.
Call 410-871-7080 for more information.

Complementary Health Treatments
Massage & acupuncture treatments provided by licensed practitioners who have special training in caring for cancer patients.

Gather & Connect
A group for people living with cancer and their families to share their experiences.
Mondays, June 27, July 25, August 22 & September 26
4:30 – 6 p.m.
Tevis Center for Wellness
Registration not required.

Genetic Counseling
In partnership with University of Maryland Marlene and Stewart Greenebaum Cancer Center. Services are available to cancer patients and those at risk for the disease.
For more information, call 410-871-6161.

Look Good...Feel Better
Program to help women cope with the appearance-related side effects of chemotherapy.
Tuesdays, July 12, August 9 & September 13
9 – 11 a.m.; Tevis Center for Wellness

Lymph Massage
This massage is beneficial for people with cancer (with physician approval), fibromyalgia, chronic fatigue syndrome and those recovering from a sports injury or surgery.
1 hour. \$70, 30 minutes: \$45

Lymphedema Therapy
In partnership with Pivot Physical Therapy. For more information or to schedule an appointment, call 410-848-4248.

Nutrition for Disease Prevention
Call 410-871-7000 for program dates and times.

Nutrition During Cancer Treatment
Call 410-871-7000 for program dates and times.

Oncology Facial
60 minutes: \$90
Physician referral required.

Prostate Cancer Support Group
Wednesday, July 13 & September 14
6 – 8 p.m.
Shauck Auditorium
Registration not required.

The Wellness Boutique
A boutique featuring health and wellness merchandise and other holistic items designed to bring comfort or promote a healthy lifestyle. Includes Studio YOU, a specialty area that features items to support people with cancer, such as breast prostheses, mastectomy bras, wigs, hats, turbans and various comfort items.
Tevis Center for Wellness
Limited quantities of wigs and head coverings are available free of charge. Appointments required for Studio YOU. Call 410-871-7000 for more information.

Yoga for Relaxation and Recovery
Call 410-871-7000 for more information.

Pre-registration is required for all programs unless otherwise noted.
To register or for more information, call Care Connect at 410-871-7000 or visit CarrollHospitalCenter.org

200 Memorial Avenue
Westminster, MD 21157

A Smoke-Free & Tobacco-Free Campus.
A clear message about our commitment to health.

CARROLL HOSPITAL
a LifeBridge Health center
Tevis Center for Wellness

Batter Up

SUNDAY, JUNE 5, 2016

Carroll Hospital's 5th Annual
NATIONAL CANCER SURVIVORS DAY

Harry Grove Stadium
21 Stadium Dr., Frederick, MD



FREE for cancer survivors and up to 4 guests.

Additional tickets available for purchase through Carroll Hospital:
\$25 adults
\$22 youth (ages 9-12)*
Includes buffet lunch.

Tickets may also be purchased the day of the game, through the Frederick Keys: \$12 adults, \$9 youth and seniors (60+)*
Does not include buffet lunch.
*Children 2 and younger are free but must get a ticket from the box office to enter the stadium.

Grab your peanuts and Cracker Jacks® and join us at the Frederick Keys baseball game to celebrate cancer survivors in our community.

Gates open at 1 p.m., game starts at 2 p.m.
Includes general admission ticket and buffet lunch.
Registration required.

NATIONAL CANCER SURVIVORS DAY



CARROLL HOSPITAL

a LifeBridge Health center

Call 410-871-7000 to register.

Facebook.com/CarrollHospital Twitter.com/CarrollHospital

OBESITY

69.3% of adults in the county are overweight or obese and the trend is increasing (2014, MD BRFSS).



Objective:

Reduce the prevalence of overweight and obese adults in Carroll County; decrease the associated chronic and/or acute disease risks. Improve nutritional behaviors of families; inspire and empower individuals to healthier eating behaviors.

Strategies:

1. Continue current programming:

- a) Lose to Win—offer this wellness challenge program in partnership with area fitness centers. This comprehensive approach promotes weight loss through nutrition, exercise and healthy lifestyles.
- b) Explore continued funding opportunities to offer the Lose to Win program either free or at a reduced cost for those who are unable to pay.
- c) Healthy cooking demonstrations with mobile kitchen.
- d) Nutritional screenings—offer screening sessions with a registered dietitian to assist people in improving nutritional health and well-being.
- e) Offer weight loss support group monthly.
- f) The Partnership will lead and sustain a Leadership Team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education tackling obesity. In addition to future programming, existing efforts, such as Walk Carroll and Stay Strong, can be expanded or modified to best address issues of exercise and nutrition in this population.

2. Potential future programming:

- a) Additional nutritional programming for community as needed.
- b) The Partnership will lead a multimedia programming with nutritional information and recipes
- c) Provide bariatric education and seminars
- d) Explore identification of patients needing weight management in ACO practices and referral to resources through disease management pilot in ACO practices.

Anticipated Outcomes:

Turn the curve (trend line) of overweight and/or obese adults in Carroll County.

Indicators:

- % of adults who are overweight or obese (MD BRFSS)
- Children and adolescents who are obese—SHIP (Maryland Youth Risk Behavior Survey)

SUPPLEMENTAL ISSUE — BEHAVIORAL HEALTH

Mental Health, Substance Abuse and Alcohol Abuse

The pattern of co-occurrence among behavioral health issues and substance abuse is well documented. Thus, our plan to an improved health status in these areas requires acceptance of that relationship and a dual diagnosis approach.

Carroll County has a reported 3,140.8 per 100,000 population age-adjusted emergency room visit rate due to mental health. This number has been on a downward trend since 2011 when it was 3,812.2 (2014, DHMH).

Objective:

People across the lifespan are free of addiction and abuse of illegal substances and their effects. Carroll residents have access to integrated, principle-driven mental health systems of care providing recovery/resiliency-oriented services.

Strategies:

1. Continue current programming:

- a) Partnership with Maryland Department of Health and Mental Hygiene (DHMH), Youth Services Bureau, the Carroll County Health Department (CCHD) and others to improve communication and improved resources for mental health.
- b) Mental Health Provider education and outreach—radio talks on WTTR regarding depression and other top mental health issues.
- c) Promote availability of The Partnership’s Substance Abuse and Mental Health Resource Directory for the community.
- d) Annual Risky Business educational conference produced in coordination with other partners including CCHD, The Partnership and others. The goal is to increase awareness of specific local issues related to substance abuse and/or mental health; to build collaborative opportunities for action, and to bring best practices or new ideas to the forefront. Target audience is school teachers, guidance counselors and mental health professionals, family members of persons receiving services related to substance abuse or mental health.
- e) Expand variety and availability of best-practice tobacco-quit assistance programs; expand participation in those programs.
- f) Access Carroll in partnership with the Carroll County Health Department will continue to be a site for Tobacco Cessation classes, services and supplies.
- g) Continue to offer complementary health treatments such as acupuncture to use as an adjunct in managing behavioral health issues.
- h) Continue oversight and monitoring by hospital social work staff and Access Carroll staff, in support of CCHD peer support specialist program in Access Carroll and hospital Emergency Department (ED).
- i) 24/7 coverage for case management in the ED.
- j) Continue relationship with and access to Shoemaker Center and other local providers.
- k) Participation in community fairs related to substance abuse issues and resources.
- l) Active participation with the Criminal Justice Diversion program.
- m) Continue with guidelines/hospital policy regarding Controlled Dangerous Substances availability from Carroll Hospital’s Emergency Department
- n) Continue active participation with the Opioid Overdose Prevention Coalition and Local Overdose Fatality Review Team.

Section III — Key Community Benefit Issues Implementation Strategies



2. Potential future programming:

- a) Access Carroll and the Carroll County Health Department will jointly expand direct behavioral health services within the Access Carroll Phase II expansion project to be completed in 2016.
- b) Access Carroll and the Carroll County Health Department will expand behavioral health services for low-income and at-risk Medicare recipients, directly addressing the provider shortage in the community.
- c) Navigators of Carroll Hospital and Access Carroll will participate in behavioral strategy goals of the Carroll County Health Department for access to care, public awareness, prevention, wellness, and recovery, and crisis response services, with an emphasis on identified at-risk populations.
- d) Explore adding behavioral health specific navigators.
- e) Explore adding tele-psychiatry for Behavioral Health Services within the LifeBridge Health system.
- f) Evaluate implementing depression screening into Carroll Health Group primary care offices with the use of the PHQ9 and implanting social work into those offices.
- g) Recruit behavioral health providers to staff outpatient services for patients.

Anticipated Outcomes:

Reduction of avoidable readmissions for patients having high utilization (greater than three annually) of behavioral health unit services related to substance abuse and/or co-occurring mental health diagnoses.

Reduction of avoidable emergency department visits for patient having high utilization (greater than three annually) related to behavioral health diagnoses.

Indicators:

- # of patients re-admitted to CH inpatient unit 3+ times/year for Behavioral Health diagnosis (CH)
- Suicide mortality—rate per 100,000 (MD Vital Statistics)—SHIP (MD Vital Statistics)
- Emergency department visits related to mental health conditions—SHIP (Maryland Health Services Cost Review Commission)
- Drug-induced mortality rate (deaths caused by prescription or illicit drugs—rate per 100,000 SHIP (Maryland Vital Statistics)
- Emergency department visits for addictions-related conditions—SHIP (Maryland Health Services Cost Review Commission)

Section IV — Financial Assistance

Carroll Hospital is committed to ensuring that financial resources are not a barrier to anyone seeking health care in our community. Every effort is made to find a payment method that is fair and equitable to the patient. Flexible and individualized approaches are used to obtain services that are provided without discrimination on the grounds of race, color, sex, national origin or creed.

Through education and financial counseling, the under-insured and uninsured, and those who have declared a medical hardship, are directed to the most appropriate place to receive a reduced cost for medically necessary care.

This is accomplished by providing the following services:

- Screening for all federal/state programs as well as local funding and charitable programs. Payment options are communicated by signage, the patient information sheet, uniformed summary bill and the hospital website.
- Assistance with the application process for Medicaid, Medicare and Social Security Disability Insurance; every patient is assigned an advocate to ensure all necessary requirements are met in a timely manner, removing any barriers to the process such as documentation procurement. All associated fees are paid by the hospital.
- Our financial counselors are Maryland State Certified and recognized as advocates to many programs such as Qualified Medicare Beneficiary (QMB), and the SOAR (SSI/SSDI Outreach, Access and Recovery for people who are homeless) Program, which has an immediate impact and relief for homelessness. As advocates, we are able to complete the application process without the patient having to travel for interviews.
- Provide necessary interpreter services to eliminate any language barrier at no cost to our patients.
- Provide outpatient services through our affiliation with Access Carroll such as unlimited labs, a limited number of high-cost diagnostic studies and many other outpatient services (See Appendix for the matrix in Financial Assistance Policy for additional information).
- Education is provided on Pharmacy Assistance Programs for either drastically reduced or free drug enrollment and provide assistance with completing the application.
- Assist patients with the COBRA insurance process and when appropriate, provide initial payment for COBRA coverage.
- Financial assistance is provided for either a total reduction of the bill or a sliding scale percentage based on yearly poverty guidelines. Carroll Hospital exceeds the Maryland State requirement of providing a reduction up to 150% of the Federal Poverty Guidelines by offering a reduction up to 375%. Once Financial Assistance is granted, the patient is covered for reduced-cost care for a 12-month period. The Financial Assistance policy (see Appendix) is reviewed and updated annually.
- Financial assistance is offered to a patient within the service area who qualifies for any means tested Federal or State program, waving the application process.
- In conjunction with our local health department, community needs are identified and, through a collaborative effort, programs are developed to address the need. As an example, the Best Beginnings program addresses the large population of uninsured and ineligible for insurance community members in need of prenatal care. A sliding scale fee is offered based on income and used for all services necessary, including physician visits, to ensure a healthy pregnancy and ultimately a healthy baby.
- Our financial counselors are trained and updated on the many agencies within our community that potentially provide access to care for services such as drug addictions programs, shelters, etc. As part of a multi-agency collaboration, a yearly educational session is mandatory to ensure an understanding of the many options available to patients.
- The financial counselors work with many different entities on the patient's behalf in an effort to not only take care of the immediate need for services, but also to establish a plan for a continuation of care and remove the barriers that obstruct access.

Section V — Evaluation

Carroll Hospital's mission is to be the heart of health care in the community by committing to offer the highest quality health care experience for people in all stages of life. The hospital's board of directors recognizes the hospital's charitable mission to the community and governs the organization in a manner that assures that the hospital fulfills that commitment.

Management has sought input from key community stakeholders and the community by conducting a comprehensive health survey. Taking into account the findings of that survey, management has defined key health priorities, objectives and measures of success to advance the health of the community. The board of directors has ratified those priorities.

The president and executive council will assure that the identified priorities are incorporated into the yearly tactical/operational plan and long-range strategic plan of the organization. The board of directors will assume oversight to assure that the hospital carries out the overall strategies identified in the Community Benefit Plan.

An annual evaluation of the Community Benefit Plan will be conducted. This evaluation will assess:

- Resources: The sufficiency and allocation of resources available to operate the planned programs
- Activities: Progress toward completion of the proposed strategies
- Outcomes: To the extent an outcome has been established, benchmark progress towards achievement of the desired outcome

Utilizing a standard format for evaluation, the Community Benefit Planning and Evaluation Committee ("Committee") will conduct the detailed evaluation by reviewing both qualitative and quantitative information provided by the hospital, The Partnership and other applicable external resources/agencies. Based on the review of progress toward the achievement of Community Benefit Plan objectives and outcomes, the Committee will make recommendations to continue, discontinue, modify or expand the program.

Annually, the Committee will review the report of community benefit expenditures and accompanying narratives related to the Community Benefit Plan. This report will be submitted to the HSCRC subsequent to that review. The results will also be the basis for information reported on the hospital's annual Form 990 tax filing.

The LifeBridge Health board's Community Mission Committee will evaluate the adequacy of the processes in place to validate the accuracy of the community benefit-related expenses and reporting of those results to external parties.

The board has the responsibility for monitoring the hospital's achievement of the individual objectives adopted in the Community Benefit Plan. As such, the board will receive the results of the annual evaluation performed by the Community Benefit Plan Development Team. This report will summarize the hospital's progress towards achievements of proposed strategies and desired outcomes, as well as any recommendations related to future programs.

Review Process Timeline

October/November	Community Benefit Planning and Evaluation Committee conducts evaluation of plan— Outcomes, Expenditures, and Narrative Support.
November	Community Mission Committee of the Board reviews report of expenses and narrative submitted to the HSCRC.
December	The LifeBridge Health and Carroll Hospital boards approve final report. Plan expenditures and narrative reported to the HSCRC in conjunction with annual reporting requirements.
March-May	990 form filing is approved by the Risk, Audit and Compliance Committee. Annual budget process/ goal development.
June	Annual evaluation of Community Benefit and Health Improvement Plan for fiscal year submitted to the Carroll Hospital board.

Section VI — Committed Resources



Budget Process/Accounting

Each department is responsible for identifying and budgeting for its specific community benefit expenses. Where appropriate, Finance will set up individual line items for community benefit expenses. Any community benefit expenses should be submitted as part of the annual budgeting process.

Leaders also are expected to regularly record and submit in-kind resources for themselves and their departments to be included in the hospital's annual Community Benefit Report.

Strategic Planning

All community benefit priorities are tied directly to the hospital's strategic initiatives, specifically those focused on quality, service and growth. The community benefit plan is an integral component in the hospital's long-term planning process and also provides emphasis for the hospital's present priorities including:

1. Expanding our primary care and specialty presence in key geographic markets to better serve our patient population.
2. Managing utilization of the Emergency Department by helping patients manage chronic illness more proactively and by providing patients with more appropriate, less costly urgent care options.
3. Managing mental health patients more effectively by expanding Behavioral Health Services to provide more services on an outpatient basis.
4. Improving hospital performance in quality and patient safety.
5. Providing a comprehensive range of cardiovascular, cancer and diabetes services on an outpatient basis in key locations to better serve our patient population through continued development of the cancer and wellness centers.

Carroll Health Group

Carroll Health Group, a practice of primary and specialty physicians, is the foundation of the hospital's mission to "offer an uncompromising commitment to the highest quality health care experience for people in all stages of life."

Carroll Health Group physicians are located throughout the county for easy access for patients and many are also positioned near other important health care resources including lab, radiology, rehab services, pharmacy and medical equipment providers for enhanced patient convenience.

By building a group of some of the best board-certified, fellowship-trained physicians in their respective fields, the hospital is ensuring its patients have access to primary care (family practice, internal medicine, pediatrics and gerontology) and a broad range of specialties including breast health, cardiology, endocrinology, general surgery, neurology, OB/GYN, orthopaedics and plastic surgery where and when they are needed. Working from a common Electronic Health Record (EHR) system, those providers are able to collaborate as a team to create a more effective, more efficient and more holistic treatment plan for every patient.

In addition, many of our primary care offices serve as Patient-Centered Medical Homes (PCMH) which means that those practices serve as a "home base" for all of their patients' health care needs. It's a team-based model of care led by our primary care physicians who provide continuous and coordinated care. Patients are more involved in their own care, ensuring their health care plan is uniquely tailored to his or her needs.

Section VI — Committed Resources

Hospital-Based Physicians

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY2015, more than \$7.7 million was spent to ensure care for all patients and recruiting and retaining physicians.

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing Baby Boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY2015 included, primary care, obstetrics/gynecology, psychiatry and neurology.

Coverage in the Emergency Department

While Carroll Hospital cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the Emergency Department (ED), where many underserved or uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge, not only to the hospital but also to physicians providing care in the hospital and in the ED. Due in part to a lack of or minimal reimbursement, it has become increasingly difficult to find specialists to provide around-the-clock, on-call services for the ED. The more serious issue is that this trend affects not only our uninsured/underinsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the low-income population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties, including orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.



To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled \$854,602 in FY2015.

Access to Care—The At-Risk Population: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area.

Many Carroll Hospital-affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY2015, Access Carroll had 5,313 medical encounters, 2,431 dental encounters and 1,482 care coordination encounters for a total of 9,226 encounters.

Carroll Hospital contributed \$259,245 to Access Carroll in FY2015 to cover salary and benefit expenses for the executive director, one full-time nurse case manager and two part-time positions (aide and development specialist). The hospital also provides laboratory and diagnostic imaging services to Access Carroll, captured under Charity Care, which totaled \$132,657 in FY2015.

This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so that health conditions do not worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The organization has been so successful that it moved the practice to a new, much larger space in November 2012. The new location features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space underway for future growth of services, including behavioral health and recovery services.

Accountable Care Organization (ACO) Physician-Hospital Organization (PHO)

The Carroll ACO and Carroll PHO are collaborations among physicians and Carroll Hospital that focus on care coordination and health information sharing and solutions. Led by physicians, the organization is designed to solve large and complex challenges that frustrate physicians and their offices. ACOs have been found uniquely effective in delivering better care at lower costs in a manner that also improves the economic health of participating physician practices.

Two of the most significant benefits anticipated are better patient care and better outcomes. By proving physicians with evidence-based care plans developed by the physicians of the ACO/PHO and by connecting patients to clinical, educational and support resources, both patients and physicians will have the tools they need to improve the care process.

In addition, helping physicians understand and implement the connectivity they need to exchange health care information at a state and national level is crucial. Through its members, the ACO/PHO will have the expertise physicians can draw upon to implement systems that will qualify for Meaningful Use and allow for participation in CRISP, Maryland's Health Information Exchange.

We know that the key to success in the future will be collaboration, efficiency, cost reduction and quality. And, while we can never be certain what challenges health care will face in the future, what we do know is that it's changing rapidly. We also know that the Maryland Health Care Commission and Centers for Medicare and Medical Services will continue to pressure providers across the state and throughout the country to find ways to provide more coordinated care and reduce costs. Carroll Hospital is making significant progress through its ACO/PHO and will continue to develop the organizations to integrate and improve patient care.

Section VII — Communication

Internal Communication

The Community Benefit & Health Improvement Plan will be shared with the boards of Carroll Hospital and The Partnership. The Community Benefit Report is shared with hospital leadership and the board of directors each year before it is submitted to the HSCRC.

An overview of the final report and progress on community benefit outcomes will be presented to Management Forum regularly and communicated to hospital staff through internal newsletters.

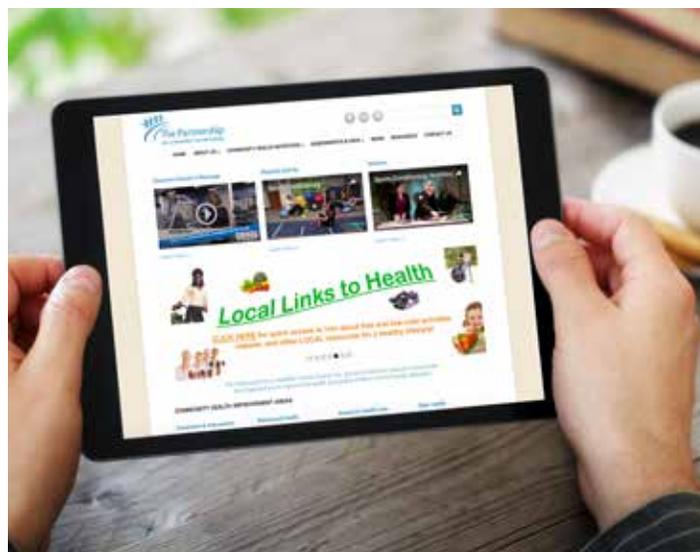
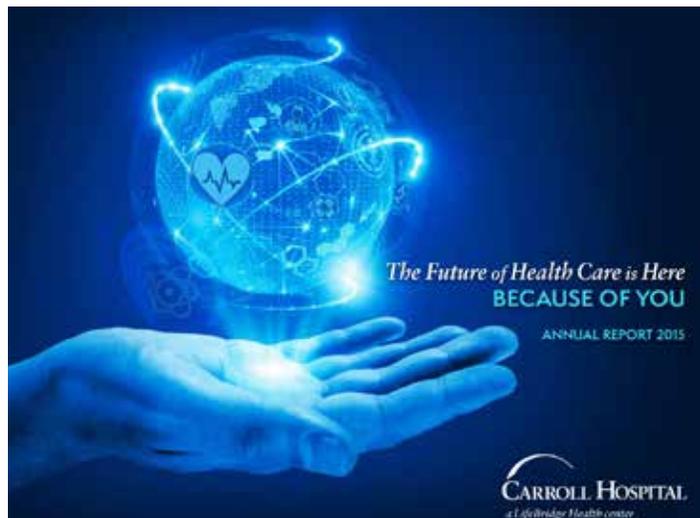
External Communication

The Community Benefit & Health Improvement Plan implementation strategy will be communicated at The Partnership's annual *We're On Our Way* community event, and will be posted on the hospital's and The Partnership's websites by June 30, 2016.

Carroll Hospital publishes the Community Benefit Report in its Annual Report to donors, distributed January/February each year, as well as the winter/spring issue of *A Healthy Dose*, the hospital's community magazine mailed to more than 60,000 households.

The report also is made available on the hospital's website (CarrollHospitalCenter.org) by February. The Community Benefit tab on the hospital's home page (CarrollHospitalCenter.org/Community-Benefit) links to a comprehensive overview of our various community benefit initiatives and programs. A link to this community benefit strategic plan also will be included on that page.

The HSCRC Community Benefit Report is submitted to the HSCRC in December and published as part of the state's community benefit report. It also is available on the HSCRC's website (www.hscrc.state.md.us).



Section VIII — Conclusion



This plan is a result of the collaborative work by the Community Benefit Planning and Evaluation Team. Each member's contributions are greatly appreciated.

Needs not addressed in our plan and what else we will do

- Four of 14 identified needs were selected as the priorities of this community benefit plan based on:
 1. Seriousness
 2. Ability to impact
- Additional needs (mental health, alcohol abuse and illegal substance abuse) were included as supplemental areas of focus in the plan under the category of Behavioral Health
- Information about the other needs, including full copies of all CHNA component results, is included in the Appendix of this plan, posted on the website and communicated to our diverse community partners for their utilization.
- While impact efforts will target the priorities for results, all of The Partnership's teams and Carroll Hospital will remain aware of the other needs, monitor any changing trends annually and remain open to plan modifications if assessments warrant that action.
- Any opportunity for collateral impact on a need other than the prioritized needs will be explored, measured and celebrated.

Ongoing Commitment to Community Benefit

- Inclusion in Carroll Hospital's and The Partnership's annual goal review and/or strategic planning processes.
- Introduction of community benefit plan to Carroll Hospital Management Forum and integration with annual performance review systems for accountability.
- Hardwired system and timeframe for impact expectations, results measurement and accountability.
- Hardwired system for results reporting and accountability to Community Mission Committee of the LifeBridge Health Board, LifeBridge Health and Carroll Hospital Boards as well as the Partnership Board.
- Delivery System transformations within Carroll Hospital and its subsidiaries, to address population health including a focus on prevention; continuous improvements in care quality and safety and efforts to advance care quality across the health care continuum have potential ability to impact results outside of the top four priority areas.
- Carroll Hospital and The Partnership's active membership in the Institute for Healthcare Improvement's Triple Aim framework to optimize health care system operating performance is expected to help produce impact in our community benefit performance as well.

Section IX — Appendices

FY2014 – FY2016 Community Benefit Plan

Carroll Hospital Financial Assistance Policy

Carroll Hospital Community Benefit Policy

2015 Community Health Needs Assessment