



UNIVERSITY of MARYLAND  
SHORE REGIONAL HEALTH



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SUPPORTING  
OUR COMMUNITIES



**University of  
Maryland Shore  
Regional Health  
(UM SRH)**

As the regional health care network serving Caroline, Dorchester, Kent, Queen Anne’s and Talbot counties on Maryland’s Eastern Shore, University of Maryland Shore Regional Health (UM SRH) provides inpatient and outpatient health care services for residents in this predominantly rural, 2,000 square mile region.

With more than 2,500 employees, board members and volunteers, and a medical staff that includes 485 credentialed medical staff members, UM SRH works with various community partners to provide quality health care and to fulfill the organization’s mission of Creating Healthier Communities Together.

In FY18 addition to three hospitals — UM Shore Medical Center at Chestertown, UM Shore Medical Center at Dorchester, and UM Shore Medical Center at Easton — Shore Regional Health’s diverse health care network includes: UM Shore Emergency Center at Queenstown; UM Shore Medical Pavilions at Chestertown, Easton, Dorchester and Queenstown; the Regional Cancer Center; the Clark Comprehensive Breast Center; UM Shore Nursing and Rehabilitation Center at Chestertown; UM Shore Home Care; UM Chester River Home Care; a broad array of outpatient diagnostic, surgery and rehabilitation centers; and medical practices under the umbrella of University of Maryland Community Medical Group (UM CMG).

UM Shore Regional Health is committed to improving the health of residents in the five-county region. Every three years, a community health needs assessment (CHNA) is conducted to identify, evaluate and prioritize the most serious health needs in the region, including many chronic diseases. The CHNA is key to the work of the Community Health Planning Council and the UM SRH Board Strategic Planning Committee in developing effective strategies that improve the health and wellness of our communities.

Our community health improvement program includes charity care, subsidized health services, screenings, health outreach and community health services, and support for community-based health organizations who are our partners in meeting regional needs. We are also dedicated to providing wellness and educational programs, facilitating economic development programs, and fostering community partnerships with other local entities, including government agencies and civic and nonprofit organizations.

UM SRH offers many community benefit activities and services to support the identified population health needs and priorities of the communities we serve. As described in this Report, our community benefits program is designed to improve access to care and enhance care delivery to community members. We invite you to read about how we address the health needs of our community.

## a message to **OUR COMMUNITY:**

At University of Maryland Shore Regional Health, our mission, Creating Healthier Communities Together, reflects our commitment to building community partnerships that will help us foster better health outside the walls of our hospitals and outpatient facilities, while enhancing access to care and the overall quality of life in the five counties we serve.

This report describes some of the highlights of the community health improvement programs and activities conducted by UM Shore Regional Health. The value of our community benefit programs and services, including charity care, exceeds \$40 million, but the value is stronger than money. It is building healthier communities and our steadfast commitment to helping our patients and their families enjoy their best health and quality of life.

We are proud and gratified that so many of our UM Shore Regional Health team members are highly engaged in this endeavor. They understand that in our largely rural and geographically expansive region, the broad range of individual health determinants includes individual behaviors, transportation, access to coordinated care, navigating care, chronic disease management, preventive care and health education. Our team members have risen to the challenges of meeting our communities’ health needs by strengthening existing partnerships with community agencies and organizations, and launching new initiatives that address the challenges of our specific populations.

**We are proud and gratified that so many of our UM Shore Regional Health team members are highly engaged in this endeavor.**

In so many health arenas — addiction services, diabetes and endocrinology, cancer, home-based care, comprehensive rehabilitation services, stroke recovery, men’s health and women’s health, to name just a few — UM SRH doctors, nurses and other care providers are out in the community, providing screening, education and support services, and speaking to groups in churches and community centers. They also participate in health fairs and wellness events, serve on inter-agency committees and support fundraisers and awareness programs that benefit individual patients, their families and the wider community. The extraordinary dedication and energy of our team members is strengthening UM Shore Regional Health’s leadership as a positive force in the lives of the 175,000 men, women and children who live, learn and work in our five-county region.

On behalf of our devoted staff, physicians and allied health care providers, we thank you for your interest in the Fiscal Year 2018 UM Shore Regional Health Community Health Improvement Program.

Sincerely,



*Kenneth D. Kozel*

Kenneth D. Kozel, FACHE  
President and Chief Executive Officer  
UM Shore Regional Health



*Kathleen McGrath*

Kathleen McGrath  
Regional Director, Outreach  
and Community Health  
UM Shore Regional Health

# COMMUNITY HEALTH IMPROVEMENT REPORT

## Not All Wounds Are Visible Events Bring Together Clinical Experts & Community Members

Depression and anxiety are the most common mental health issues in the United States. More than 40 million adults are affected by anxiety disorders and each year, more than 16 million adults are affected by clinical depression. In Maryland, one in five children between the ages of 13 and 18 lives with a mental health condition.

“Anxiety can interfere with daily activities by producing feelings of nervousness, restlessness, fear and irritability,” said Dr. Jill A. Rach-Beisel, Vice Chair, Clinical Affairs in the Department of Psychiatry at the University of Maryland School of Medicine and University of Maryland Medical Center. “Depression is a mood disorder that causes a persistent feeling of sadness, isolation, irritability and loss of interest in activities. More than half of individuals struggling with anxiety or depression experience severe impairment impacting work/school performance and social and personal relationships. Despite the fact that anxiety and depression are treatable, millions of Americans go untreated each year.”

As a trusted community resource and partner, University of Maryland Medical System brought together professionals and experts around mental health issues to offer a conference, *Not All Wounds are Visible: A Community Conversation*. Sessions focusing on the role of substance abuse and women and children’s mental health enabled the community to gain valuable insight into a variety of topics, including available tools and resources. Additionally, presenters share personal stories of struggles and triumph to provide hope for others managing similar challenges. Offered in both the spring and the fall, the conferences are live-streamed from the University of Baltimore Campus Center with several University of Maryland Medical System affiliates hosting satellite viewings in their communities.

## Shore Behavioral Health’s Bridge Clinic Assists Patients After Discharge from Inpatient Care

Established in 2015, the Bridge Clinic of Shore Behavioral Health serves patients who are in need of psychiatric assistance and support following discharge from an inpatient behavioral health treatment program. The Bridge Clinic is open to patients recently discharged from Shore Behavioral Health’s inpatient program and its counterpart intensive outpatient program (IOP), and also patients referred from inpatient programs at other hospitals on Delmarva and the Western Shore.

“Too often, patients who have been hospitalized for behavioral health issues either have not been in the care of a community behavioral health provider or experience a delay in getting an appointment after discharge,” says Sean Alvarado, Med, NCC, LCPC-S, LCADAS, who serves as practice manager/therapist for the Bridge Clinic. “For up to 90 days, the Bridge Clinic ‘bridges the gap’ between a patient’s discharge and his or her first connection with a community mental health care provider.”



Participation in the Bridge Clinic requires a referral upon discharge from an inpatient behavioral health program or from a community physician or advanced care practitioner. Overseen by psychiatrist Saeed Salehnia, MD, Bridge Clinic’s services include: collaborating with community mental health providers and resources to keep patients safe; providing counseling and psychiatric treatment; and offering a weekly support group for patients and their loved ones.

While psychiatric treatment and phone follow-up is covered by insurance, the support group is provided as a free service. Says Alvarado, “We work on helping patients understand their diagnosis and follow their medical orders,



Sean Alvarado, practice manager/therapist for the Bridge Clinic, is shown with Crystal Armaio, front office coordinator.

but also on breaking down the stigma associated with mental health issues. In the group setting, they listen to and understand each other’s stresses, they learn how family structures can be part of the problem and they practice skills like assertiveness and problem-solving that will help them going forward.”



## Lung Cancer Early Screening Program Draws Strong Participation

Former smoker Harold Marshall got good news last winter – a low dose computed tomography (LDCT) scan revealed no sign of lung cancer.

Marshall had the LDCT scan done at UM Shore Medical Center at Easton after being referred to oncology nurse practitioner Michele Williams, DNP, CRNP, who coordinates UM Shore Regional Health's Lung Cancer Screening Program under the direction of pulmonologist Greg Oliver, MD. The LDCT scan can detect lung cancer much earlier than a traditional X-ray and well before any symptoms are present, which promotes early treatment and better survival rates. For eligible patients, the screening is covered by Medicare and most private insurance.

"Mr. Marshall's outcome was not atypical," says Williams, who arranged 211 screenings during fiscal year 2018. "About one quarter of patients' scans have revealed nodules, but about 90 percent of those are noncancerous." These patients may be referred for additional testing over time and the LDCT serves as a baseline for comparison.

Getting the UM Shore Regional Health's lung cancer screening program off to such a strong start required extensive outreach to the regional physician and advance practice provider community as well as to other referral sources and the public at large. Williams visited several primary care practices in Caroline, Dorchester, Kent, Queen Anne's and Talbot counties, and conducted presentations at meetings such as UM SRH Management Forum, the UM SRH Nursing Research



Harold Marshall, center, is shown with Michele Williams, DNP, and Greg Oliver, MD

Council, and a health care conference at Chesapeake College. She also engaged local health department representatives and conducted two "Ask the Expert" presentations that were open to the community.

"Medical professionals and other referral sources throughout the five county region recognize that our Lung Cancer Screening Program can save lives," says Williams. "It's very gratifying to help former and current smokers take this important step to protect their health."

## Going Further With Food

March is National Nutrition Month, and UM Shore Regional Health's Nutrition Services staff used the 2018 observance as an opportunity to reach out in our local communities to provide free education on strategies for healthy eating. From Chestertown to Cambridge and points in between, hospital dietitians teamed with diabetes nurse educators to offer free seminars and guided grocery tours designed to help community members of all ages learn better strategies to plan and prepare healthy meals and snacks, and to develop habits that promote better nutritional health.



Nutritionist Mary King, second from right, is shown with participants in the Food Shopping for Health tour at Redner's Market in Chestertown.

With the Academy of Nutrition and Dietetics' National Nutrition Month theme, "Go Further With Food," seminar topics included The "Mind Diet" and Healthy Weight Loss, Learn About Diabetes and Nutrition, and Harvesting Healthy Choices. Food Shopping for Health, grocery store tours, led by diabetes nurse educators and hospital nutritionists, gave residents of Cambridge, Chestertown and Easton the opportunity to learn how to read and interpret food labels from the perspective of personal health concerns, and how to avoid highly processed foods that have lower nutritional value in favor of fresh, low-salt, low-sugar and low-fat options.

In many cases, Go Further With Food participants sought guidance on dietary guidelines to help manage health conditions like overweight, heart disease or diabetes. "It was exciting and gratifying to help people in our communities learn more about how to avoid health problems and maximize their quality of life through proper diet and nutrition," says Katie Ewers, RD, LDN, nutrition associate manager for UM Shore Regional Health. "For many of our participants, gaining new strategies for food shopping and preparing meals and snacks was an important step toward better health, and they were grateful not only for the professional guidance our programs offered, but for the opportunity to share with and learn from each other."



## COMMUNITY HEALTH NEEDS ASSESSMENT

University of Maryland Shore Regional Health's (UM SRH) Community Health Needs Assessment (CHNA) is conducted every three years in partnership with multiple local agencies and organizations, including the local health departments that serve Caroline, Dorchester, Kent, Queen Anne's and Talbot counties. The last CHNA was completed in 2016.

The CHNA is conducted to describe the population's health status, identify areas for health improvement, determine factors that contribute to health issues, and identify resources that can be mobilized to address population health improvement.

The CHNA assessment helps UM SRH to better understand the health status and needs of the community and to develop programs that will benefit the community by:

- Defining gaps in community health and developing strategies to assist in closing those identified gaps
- Informing the community about health services and other resources available regionally within the five-county area
- Developing partnerships and collaborations that impact the CHNA's select initiatives

UM SRH has a dedicated Community Health Planning Council, comprised of physicians, nurses and other specialists, as well as administrators. For the 2016 CHNA, UM SRH adopted The Association for Community Health Improvement's (ACHI) six-step methodology, which includes focus group sessions, listening sessions and online surveys. Additional sources of data were utilized from various federal, state, and local agencies, as well as private consulting and research groups, including:

- U.S. Census Bureau
- Maryland Vital Statistics Administration
- Mid-Shore Regional Health Improvement Coalition
- Maryland Department of Health and Mental Hygiene
- Office of Minority Health and Health Equity
- Robert Wood Johnson County Health Rankings & roadmap
- Hollander, Cohen & McBride Marketing Research (phone survey)

Through the CHNA process, the communities' health care needs are prioritized and an implementation strategy is developed to address those identified as most pressing. Conducting CHNAs and making them available to the public meets requirements under the Patient Protection and Affordable Care Act (ACA), and must be in compliance with HSCRC (Health Services Cost Review Commission) and IRS regulations. UM SRH CHNA assessments are made available to the public and can be found on our website at [UMShoreregionalHealth.org](http://UMShoreregionalHealth.org).

## CHNA IMPLEMENTATION PLAN

UM Shore Regional Health's (UM SRH) most recent Community Health Needs Assessment (CHNA), conducted in 2016, identified the following top health concerns:

- Chronic disease management (obesity, hypertension, diabetes, tobacco use)
- Behavioral Health
- Access to Care
- Cancer
- Outreach and Education (preventive care, screenings, health literacy)

These are the same top health concerns and health barriers as the overall Maryland Department of Health and Mental Hygiene State Health Improvement Process (DHMH SHIP) county data.

UM SRH determined that the greatest transformation in population health in the five-county region would be achieved by focusing on these issues. An implementation plan was developed for each priority, with key activities to improve care coordination and health education in community settings. The Community Health Planning Council also incorporated identified priorities with those of DHMH SHIP. Three of the top priorities addressed in the implementation plan are:

**Chronic Disease:** To address chronic disease-related emergency department visits, the Transitional Nurse Navigator (TNN) Program, inaugurated last fall, provides continued care coordination for high-risk patients from the beginning of their hospital stay through up to 30-days after discharge. The scope of the discharge planning process has been expanded to include the broader, holistic needs of patients. Caseworkers and TNNs help patients anticipate what their care needs will be in their home environment, connect with the patient's primary care provider to ensure proper follow-up and provide links to needed community resources offering services such as transportation, home care, meals, home technologies and social support. In FY18, TNN staff provided services to 876 patients.

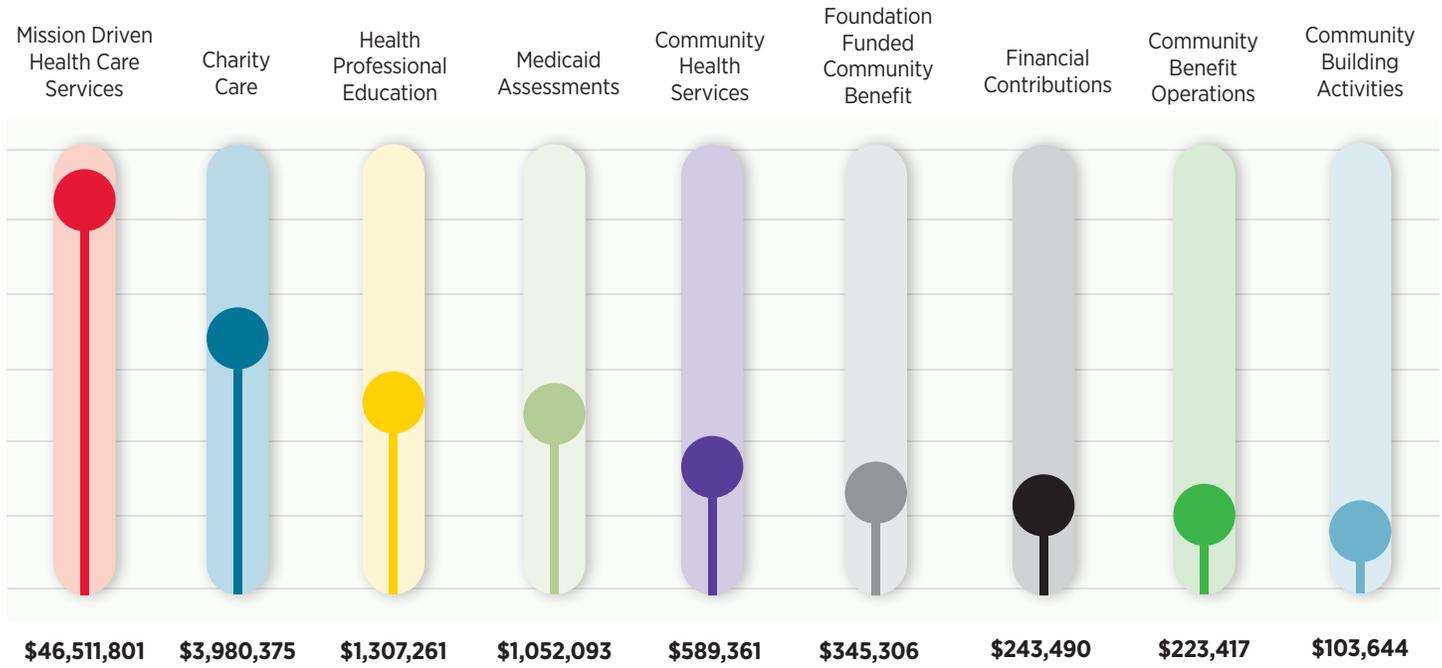
**Behavioral Health:** Each year, between 600-700 patients discharged from Shore Behavioral Health inpatient psychiatric care require specialized follow-up including case management, therapy, support and education.

The Bridge Clinic serves patients discharged from the behavioral health inpatient unit who are unable to access psychiatric care from the community due to shortage of psychiatric providers.

The Bridge Clinic continues to be successful in reducing readmission rates to the inpatient psychiatric unit at UM Shore Medical Center at Dorchester. In addition to weekly support group meetings, patients in urgent need of assistance were able to get appointments with Bridge Clinic providers within 24 to 48 hours. Active case management also included weekly follow up by telephone. During FY18, the Clinic provided 1,045 therapy sessions.

**Cancer Screening:** The Clark Comprehensive Breast Center's Wellness for Women (WFW) Program addresses breast cancer by providing uninsured and underinsured women with age- and risk-specific mammography screenings and clinical breast exams at no charge. WFW provided 111 screenings during FY 2018, while case workers managed a total of 330 patients.

# COMMUNITY BENEFITS FINANCIAL CONTRIBUTIONS for Fiscal Year 2018



**\$54,357,314** TOTAL COMMUNITY BENEFIT



Caroline County Department of Emergency Services has received total of \$600,000 from UM SRH to support health care access in Caroline County. Shown celebrating the fifth and final installment of the grant are Bryan Ebling, director, Caroline County Department of Emergency Services; Ryan Todd, Ken Kozel, president and CEO, UM SRH, Patti Willis, senior vice president, Strategy and Communications, and UM SRH; and Caroline County Commissioners Dan Franklin, Wilbur Levensgood and Larry Porter.



Free prostate cancer screenings are offered every year by UM Community Medical Group - Urology providers with the assistance of staff and volunteers.



## 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 800-876-3364 ext. 8619 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 assist 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.



Led by Nicole Leonard (far left, back row), neuroscience specialist, the Mid Shore Stroke Support Group is one of several support groups offered by UM SRH in Cambridge, Chestertown, Denton, Easton, and Queenstown.



UM SRH partners with Recovery for Shore, an ad hoc community group of organizations and individuals dedicated to advancing awareness and support for recovery from substance abuse, addiction and mental health issues. The group is led by Sharon Dundon (front row, center), program specialist, Shore Behavioral Health Services Substance Disorders Program.

### 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. Return the Application Form to 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 [umshoreregional.org/patients/financial-assistance](http://umshoreregional.org/patients/financial-assistance)
  - In person at these locations:
    - Registration Office - Outpatient Center  
UM Shore Medical Center at Easton  
219 S. Washington Street, Easton, MD 21601
    - UM Shore Medical Center at Dorchester  
Financial Assistance Department  
300 Byrn Street, Cambridge, MD 21613
  - By mail: call 800-876-3364 ext. 8619 to request a copy
2. You can call the Financial Assistance Department if you have questions or need help applying. You can also call if you need help in another language. Call: 800-876-3364 ext. 8619.



UNIVERSITY of MARYLAND  
SHORE REGIONAL HEALTH

**University of Maryland  
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Cambridge, MD 21613  
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**University of Maryland  
Shore Medical Center at Easton**  
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Easton, MD 21601  
410-822-1000

**University of Maryland  
Shore Emergency Center at Queenstown**  
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Queenstown, MD 21658  
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[umshoreregional.org](http://umshoreregional.org)

