#### RESIDENT GRIEVANCE SYSTEM

### ANNUAL REPORT FISCAL YEAR 2014

# MENTAL HYGIENE ADMINISTRATION FACILITIES

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#### PART I

#### RESIDENT GRIEVANCE SYSTEM

2014

#### RESIDENT GRIEVANCE SYSTEM FISCAL YEAR 2014 ANNUAL REPORT

#### BACKGROUND AND STRUCTURE OF THE PATIENT RIGHTS PROGRAM

The Resident Grievance System was established in 1985 as part of a negotiated settlement of the class action lawsuit, *Coe v Hughes, et al.* The negotiated settlement, titled the Coe Consent Decree, created a two tiered advocacy program to: enforce rights guaranteed by federal and state laws and regulations; assist patients with claims for benefits and entitlements; achieve deinstitutionalization; and assist patients in resolving civil legal problems. The program is governed by the Code of Maryland Regulations (COMAR) 10.21.14, entitled Resident Grievance System, adopted March 28, 1994 and amended January 26, 1998.

The Resident Grievance System is under the auspices of the Deputy Secretary for Behavioral Health within the Department of Health and Mental Hygiene. The program provides services for residents of the seven Mental Hygiene Administration (MHA) Psychiatric Inpatient Facilities. The Director of the program is responsible for hiring, evaluating, and assigning Rights Advisors (RAs) to each of the seven MHA facilities. In July 1, 2000, by order of the Secretary of the Department of Health and Mental Hygiene, the program was expanded to provide rights advocacy to the four Developmental Disabilities Administration's State Residential Centers.

#### **Resident Grievance System**

The first tier of Maryland's patient rights program is the Resident Grievance System (RGS). The RGS is a four-stage administrative grievance procedure designed to protect the rights of patients in the Mental Hygiene Administration facilities and to provide a timely, fair, efficient, and complete mechanism for receiving, investigating, and resolving resident's complaints. The central function of the RGS is the resolution of grievances through mediation, negotiation, or conciliation, while representing the best interest of the patients. It is designed to be non-adversarial and to ensure that both clinical and legal considerations are properly balanced.

<sup>&</sup>lt;sup>1</sup> Effective July 1, 2014, the Mental Hygiene Administration and Alcohol and Drug Abuse Administration merged to become the Behavioral Health Administration (BHA).

The RGS collaboratively works with the Office of Health Care Quality, the Maryland Disability Law Center (MDLC) and other stakeholders to ensure patient safety and protect their legal rights. RAs are responsible for investigating and mediating allegations of rights violations and providing education on patient's rights to residents and staff in MHA inpatient facilities. They also help protect the civil rights (voting, confidentiality, etc.) of patients and serve as advocates for patients at forced medication panels. RAs are co-located at the facilities and attend and participate in various committees and facility meetings to address patients' concerns and advocate for patients' rights. To ensure patient services are not interrupted, all RAs are trained to provide RGS services in the absence of an assigned RA.

In January 1996, the Resident Grievance System implemented toll-free telephone access to the Central Office in addition to the two regular lines. This service allows residents to have immediate contact with the Resident Grievance System and has enhanced the ability to respond rapidly to patient concerns. Referrals to the Resident Grievance System can be made directly to the assigned Rights Advisor or the Central Office by using the toll free number, 1-800-747-7454. During Fiscal Year 2014, the Resident Grievance System received a total of 3,503 calls via the toll free telephone number.

#### **Legal Assistance Providers**

Legal Assistance Providers (LAPs) are the second tier of the patient rights program. LAPs are a group of independent attorneys, contracted by RGS, to provide specific legal assistance and representation to residents. LAPs offer a number of services to residents, including: legal assistance at stages 3 and 4 of the grievance process; legal case reviewed to identify legal issues for residents that are not otherwise being addressed; referrals for residents requesting general legal services to other pro bono legal services; and representation at Clinical Review Panel (forced medication) appeals.

A priority of the LAP is the representation of residents in obtaining benefits/entitlements. Following admission to a MHA facility, the social work staff discusses benefits/entitlements with the individual and assists them in completing and submitting applications. Once benefits are denied and the resident has elected to appeal the decision, the resident provides written authorization for referral to the LAP for representation.

The process to resolve a benefit/entitlement claim can be quite lengthy. However, as long as the referral is made while the resident is in the MHA facility, the LAP can continue to provide representation even if the resident has been discharged prior to the resolution of the claim. Under the contract provisions, the LAP is prohibited from accepting any percentage of the monies awarded to the resident. These benefits and entitlements are provided for residents to obtain community services necessary for discharge.

In fiscal year 2014, the LAPS were successful in obtaining \$123,081.24 in lump sum benefits and \$7,238.00 in monthly benefits for clients. The total amount of benefits awarded in lump sum and monthly payments were \$130,319.24

#### **CLASSIFICATION OF RIGHTS**

Resident Grievance System Regulations (RGS), COMAR 10.21.14, define "Rights Issues" broadly as "an alleged violation of a resident's rights, guaranteed by Federal and State constitutions, statutes, regulations, common law, or policies of the Department, Mental Hygiene Administration, and the facility." When the RGS was created, there was a general understanding that all rights issues are not

stipulated in the law. Therefore, the RGS remains responsible for protecting all residents' rights, including those rights not stipulated in the law. The RGS Director has the responsibility for developing the classification system and providing guidelines for its use.

The classification system developed by the Director is divided into three major classifications and 16 rights categories. The data in the Annual Report for Fiscal Year 2014 is reported within the three major classifications - grievances, clinical review panels, and information/assistance. For purposes of data collection, form RGS-24 – "Category of Rights Issues" – is used to assign all cases to one of 16 major categories:

- abuse;
- admission/discharge/transfer;
- civil rights;
- communication and visits;
- confidentiality and disclosure;
- environmental;
- freedom of movement;
- money;
- neglect;
- personal property;
- · rights protection system;
- treatment rights;
- other;
- no right involved;
- · resident-resident assault; and death

#### Grievances

A "Grievance" is defined as a written or oral statement which alleges either that an individual's rights have been unfairly limited, violated, or are likely to be violated in the immediate future; or that the facility has acted in an illegal or improper manner with respect to an individual or a group of individuals. Grievances can be initiated by the individual, an employee of the facility, a family member of the individual, or an interested party,

Grievance management, a major responsibility of the RAs, includes receipt, investigation and resolution of complaints, and compliance with the systematic and orderly 4-stage grievance process. The RA has oversight of the grievance process, ensuring that the 4 stages are completed within 65 working days, as required by COMAR 10.21.14. RAs make every effort to negotiate, mediate and work toward the achievement of a mutually satisfactory resolution at Stage 1.

If unresolved at Stage 1, grievances proceed to Stage 2 for review and recommendations by the Unit Director. Grievances unresolved at Stage 2 proceed to Stage 3 for review, corrective action, if applicable, and/or recommendations by the Chief Executive Officer (CEO), with an optional review by the Resident's Rights Committee. Unresolved Stage 3 grievances are referred to Stage 4 and reviewed at Stage 4 by the Central Review Committee (CRC), chaired by the Director of the Resident Grievance System. Stage 4 grievance decisions are sent to the resident and, when valid, recommendations for corrective action are sent to the facility's CEO for implementation.

Following a thorough investigation by the RA, grievances are determined to be Valid, Invalid, or Inconclusive. A grievance is valid when evidence is sufficient to prove an allegation. When there is insufficient evidence to prove an allegation, a grievance is invalid. A grievance is inconclusive when sufficient evidence does not exist to prove or disprove an allegation.

In fiscal year 2014, Rights Advisors processed **786** grievances. Of those grievances, **548** (69.7%) were resolved at Stage 1, **72** (9.2%) resolved at Stage 2, **133** (16.9%) were resolved at Stage 3 and **33** (4.2%) were resolved at Stage 4.

#### **Clinical Review Panels**

In accordance with the Annotated Code of Maryland, Health General 10-708, a clinical review panel (CRP) is a panel comprised of clinically trained staff that meets to determine whether to approve the administration of medication over a patient's objections and refusal to take the prescribed medication. In the absence of CRP approval, patients cannot be medication against their will.

RAs assist and advocate for patients at all CRPs. They also file for administrative hearings for those patients who choose to appeal the CRP decision and assist patients in obtaining LAP representation at both the administrative and Circuit Court appeals processes.

In fiscal year 2014, a total of 199 CRP Panels were held.

#### Information/Assistance

Cases classified as Information/Assistance do <u>not</u> allege a rights violation, but are contacts in which the patient is seeking information, clarification, or assistance with a concern.

In fiscal year 2014, Rights Advisors provided Information/Assistance for 1,599 patients, 62% of total patient contacts.

#### **ACTIVITY PER FACILITY FY 14**

Facility	Grievances	Information/ Assistance	Clinical Review Panels	Total Cases
Eastern Shore	6	132	10	148
Thomas B. Finan	32	264	33	329
Perkins Hospital	100	103	66	269
RICA - Baltimore	104	70	0	174
RICA - Rockville	40	55	0	95
Springfield Hospital	250	627	67	944
Spring Grove Hospital	254	348	23	625
TOTAL	786	1599	199	2584

# STAGE 4 CENTRAL REVIEW COMMITTEE

A Stage 4 central review committee appeal is the last and final appeal level of the Resident Grievance System. A Rights Advisor is required to make every effort to negotiate, mediate, and resolve the grievance; however, the ultimate decision to resolve or appeal the grievance belongs to the patient. If the patient elects to appeal, the Rights Advisor is required to assist the patient in filing the appeal, even though the RA may not believe that the request has merit.

The **central review committee** is comprised of three members: Director of the Resident Grievance System, Director of the Mental Hygiene Administration, and Clinical Director of the Mental Hygiene Administration, or their designees. The Committee reviews all prior information concerning the grievance and may conduct a further investigation, if deemed warranted by the Committee. At the conclusion of the review, the Committee issues a written decision, based on their findings, and makes recommendations for corrective action, if warranted. The Director of the RGS is responsible for monitoring the implementation of all corrective action recommended by the committee.

There were a total of **33** grievances appealed to Stage 4 in Fiscal Year 2014, which represents 4.2% of the 786 grievances filed. Springfield Hospital Center represents 42% of the total grievances appealed to Stage 4.

Stage 4 appeals by facility:

Eastern Shore Hospital Center = 3 Clifton T. Perkins Hospital Center = 5 RICA-Rockville - 2 Spring Grove Hospital Center = 4 Springfield Hospital Center = 14 Thomas B. Finan Center = 5

#### MHA Trending Data 2005-2014

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Grievances	941	1028	999	978	1400	1048	1009	1093	949	786
Abuse	153	129	102	170	196	139	196	190	148	144
Neglect	3	3	3	4	5	4	2	2	0	2
Treatment	154	179	184	173	266	189	110	196	111	101
1 & A	1799	1714	1846	1466	1832	2144	2046	1967	1623	1599
Abuse	1	1	1	1	7	4	3	24	17	18
Neglect	0	0	0	0	2	0	1	1	0	0
Treatment	79	62	74	2	280	60	79	117	108	75
CRP	179	176	206	139	158	186	182	202	192	199
Stage 4	44	36	22	12	14	33	15	31	69	33
Deaths	20	28	12	18	12	0	- 0	1	3	3

All numbers represent totals

#### Legend

I & A = Information and Assistance Requests

CRPs = Clinical Review Panels

MHA data reflects no clear trend in grievances, information and assistance request, stage 4 grievances and clinical panel reviews, with the majority of cases reported as information and assistance requests. FY 14 does show a significant decrease in total grievances, with an almost 50% decline in Stage 4 grievances from FY13. The data also reflects an overall decline in the number of deaths reported from 2005 to 2011, with a slight increase in numbers beginning in 2012 and holding steady for FY 2013 and 2014.

#### PART II

### MENTAL HYGIENE ADMINISTRATION

#### **FACILITY DATA**

**FISCAL YEAR 2014** 

### AGGREGATE DATA FOR MENTAL HYGIENE ADMINISTRATION FACILITIES

Rhonda Callum Director

John Hancock Data Program Manager

#### **DEMOGRAPHIC INFORMATION FY 2014**

### AGGREGATE GRIEVANCES (MHA)

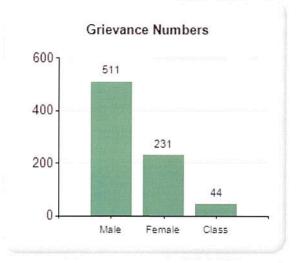
SEX	#	%	AGE	#	%	RACE	#	%
Female	231	30	<18	107	14	African American	416	53
Male	511	65	18-44	381	49	Asian	13	2
			45-64	204	26	Caucasian	289	37
			65+	50	6	Hispanic	21	3
						Native American	3	0
Class	44	5	Class	44	5	Class	44	5
Total	786	100	Total	786	100	Total	786	100

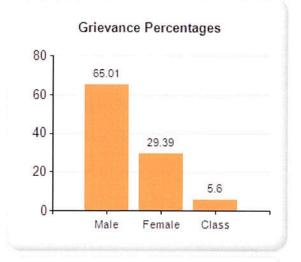
# AGGREGATE INFORMATION/ASSISTANCE (MHA)

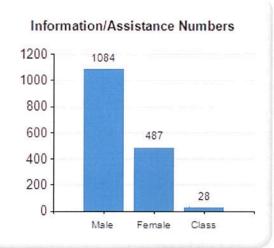
SEX	#	%	AGE '	#	%	RACE	#	%
Female	487	30	<18	121	8	African American	874	55
Male	1,084	68	18-44	755	47	Asian	25	2
			45-64	613	38	Caucasian	631	39
			65+	82	5	Hispanic	38	2
						Native American	3	0
Class	28	2	Class	28	2	Class	28	2
Total	1599	100	Total	1599	100	Total	1599	100

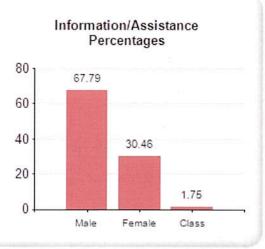
Note: Class represents demographic information representative of a class action initiated by a group of residents and cannot be assigned to any of the specific demographic areas (sex, age and race) listed on the chart.

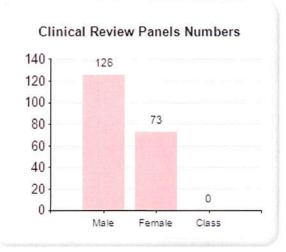
### Aggregate Cases for Gender for MHA for FY14

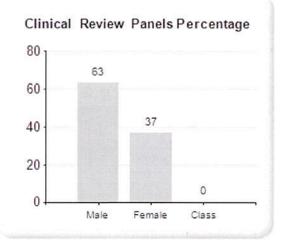




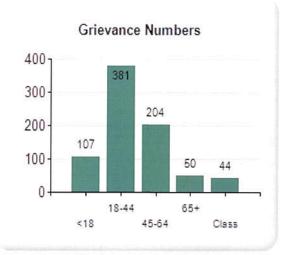


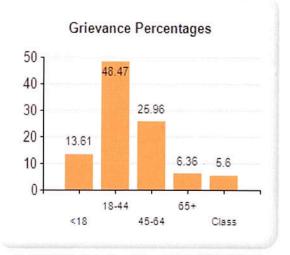


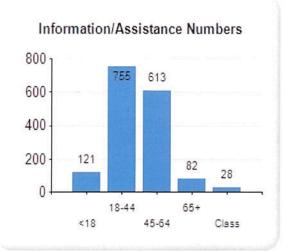


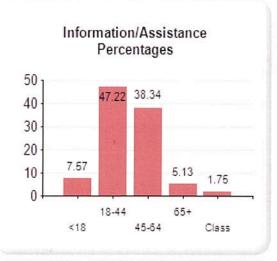


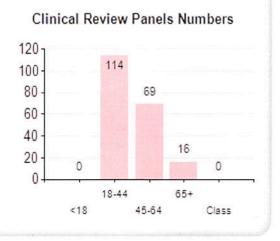
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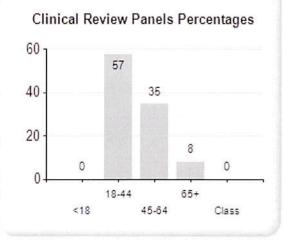






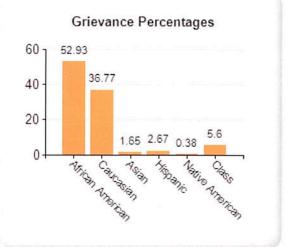


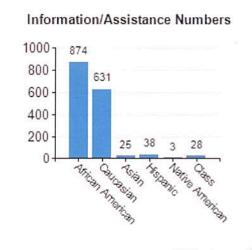


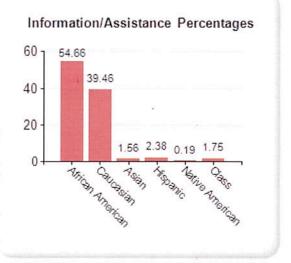


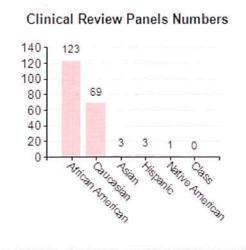
# Aggregate Cases for Race for MHA for FY14

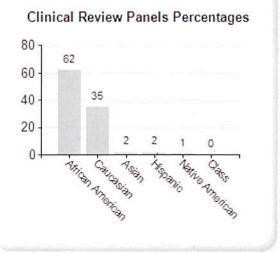












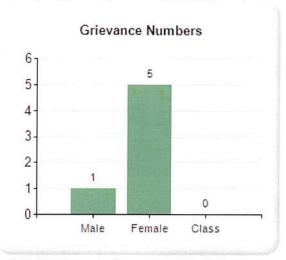
**Grievances - Eastern Shore Hospital Center** 

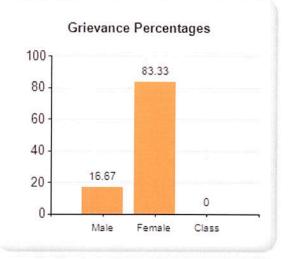
SEX	#	%	AGE	#	%	RACE	#	%
Female	5	83	<18	0	0	African American	2	33
Male	1	17	18-44	4	67	Asian	0	0
			45-64	2	33	Caucasian	4	67
			65+	0	0	Hispanic	0	0
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Total	6	100	Total	6	100	Total	6	100

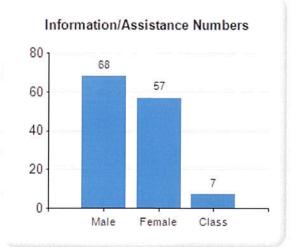
# Information/Assistance - Eastern Shore Hospital Center

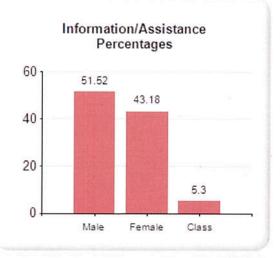
SEX	#	%	AGE	#	%	RACE	#	%
Female	57	43	<18	0	0	African American	63	48
Male	68	52	18-44	69	52	Asian	0	0
			45-64	52	40	Caucasian	61	46
			65+	4	3	Hispanic	1	1
						Native		
						American	0	0
Class	7	5	Class	7	5	Class	7	5
Total	132	100	Total	132	100	Total	132	100

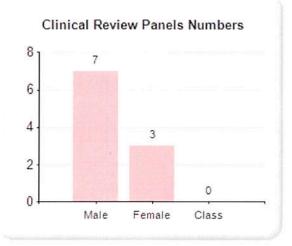
# Cases for Gender for Eastern Shore Hospital for FY14

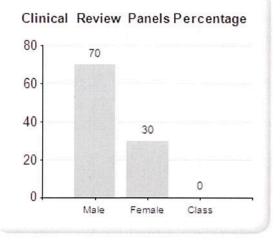




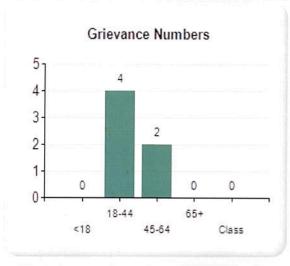


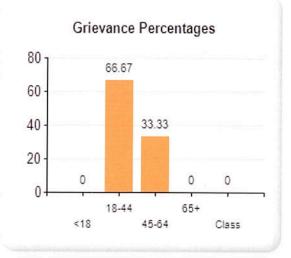


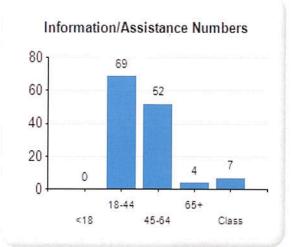


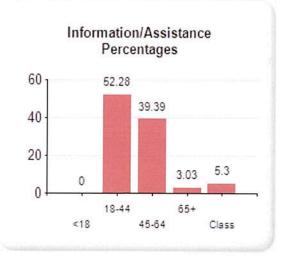


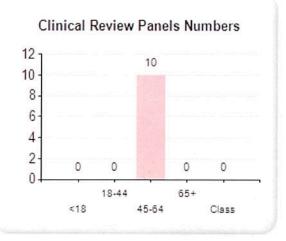
# Cases for Age for Eastern Shore Hospital for FY14

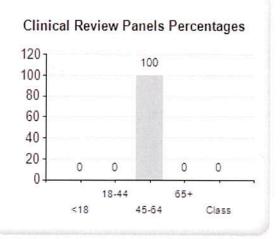




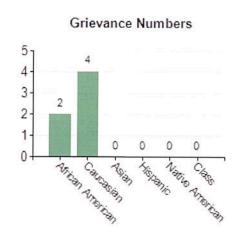


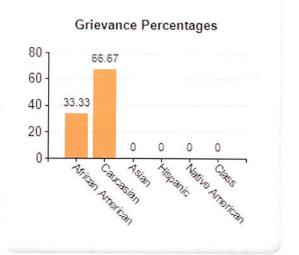


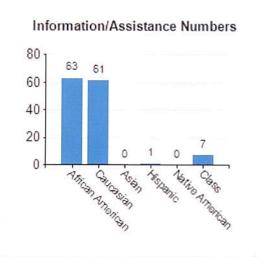


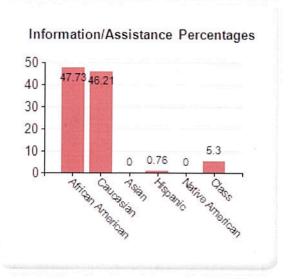


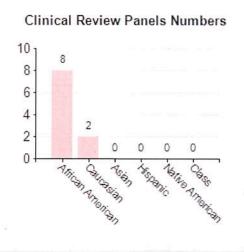
# Cases for Race for Eastern Shore Hospital for FY14

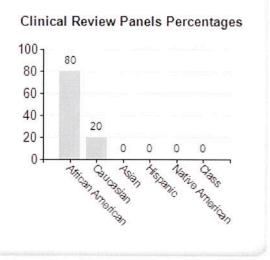












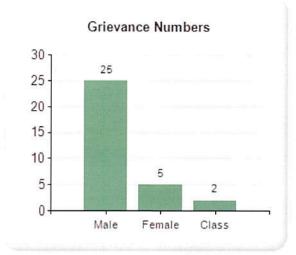
Grievances - Thomas B. Finan Center

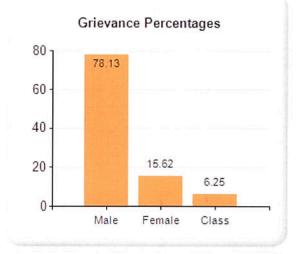
SEX	#	%	AGE	#	%	RACE	#	%
Female	5	16	<18	0	0	African American	5	16
Male	25	78	18-44	13	41	Asian	0	0
			45-64	15	47	Caucasian	25	78
			65+	2	6	Hispanic	0	0
			31			Native American	0	0
Class	2	6	Class	2	6	Class	2	6
Total	32	100	Total	32	100	Total	32	100

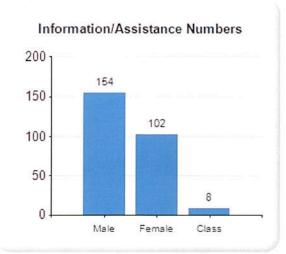
# Information/Assistance - Thomas B. Finan Center

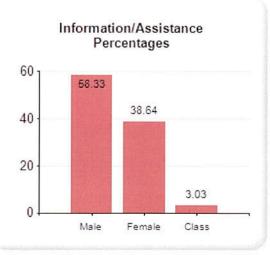
SEX	#	%	AGE	#	%	RACE	#	%
Female	102	39	<18	0	0	African American	104	39
Male	154	58	18-44	124	47	Asian	2	1
			45-64	122	46	Caucasian	148	56
			65+	10	4	Hispanic	2	1
						Native American	0	0
Class	8	3	Class	8	3	Class	8	3
Total	264	100	Total	264	100	Total	264	100

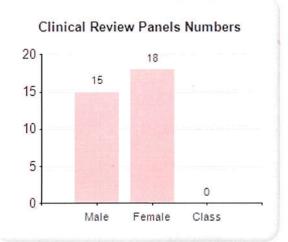
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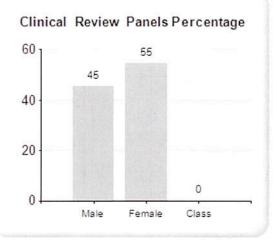




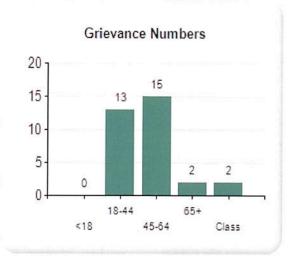


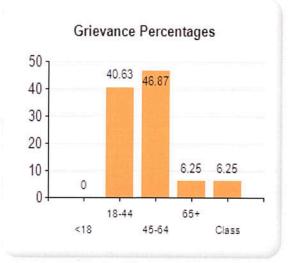


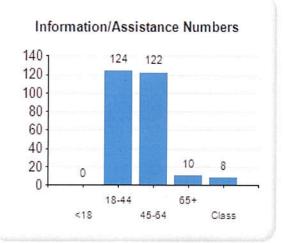


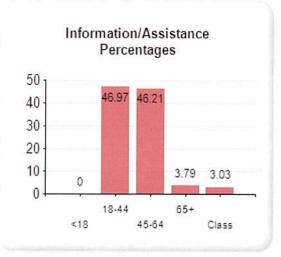


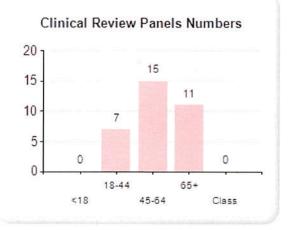
# Cases for Age for Thomas B. Finan Center for FY14

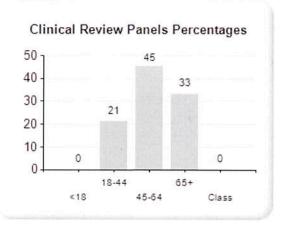




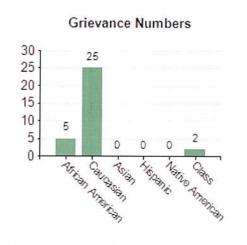


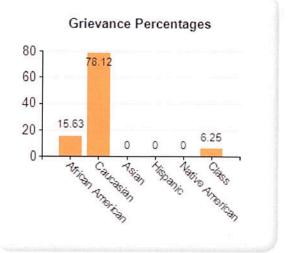


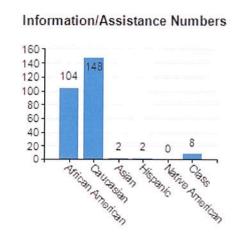


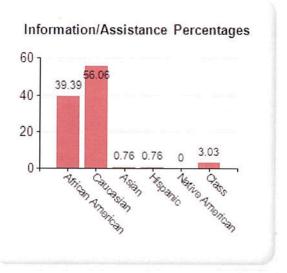


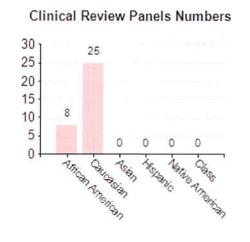
### Cases for Race for Finan for FY14

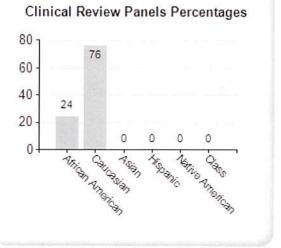












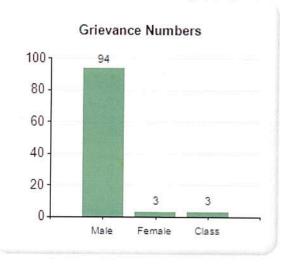
**Grievances - Clifton T. Perkins Hospital** 

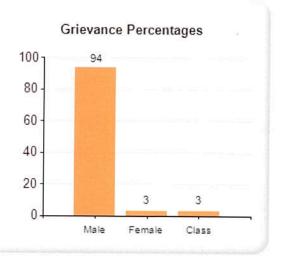
SEX	#	%	AGE	#	%	RACE	#	%
Female	3	3	<18	0	0	African American	70	70
Male	94	94	18-44	76	76	Asian	0	0
			45-64	19	19	Caucasian	27	27
			65+	2	2	Hispanic	0	0
						Native American	0	0
Class	3	3	Class	3	3	Class	3	3
Total	100	100	Total	100	100	Total	100	100

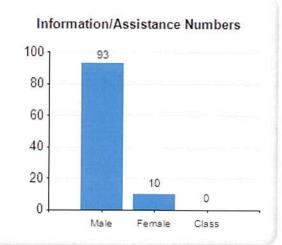
# Information/Assistance - Clifton T. Perkins Hospital

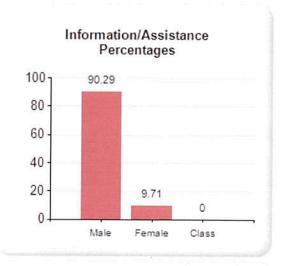
SEX	#	%	AGE	#	%	RACE	#	%
Female	10	10	<18	0	0	African American	70	68
Male	93	90	18-44	75	73	Asian	0	0
			45-64	25	24	Caucasian	32	31
			65+	3	3	Hispanic	1	1
						Native American	0	0
Class	0	0	Class	0	0	Class	0	0
Total	103	100	Total	103	100	Total	103	100

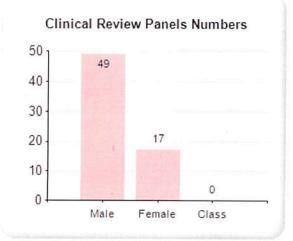
# Cases for Gender for Clifton T. Perkins Hospital for FY14

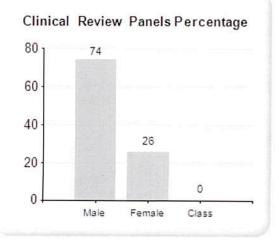




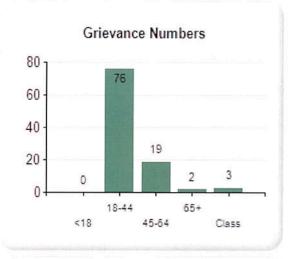


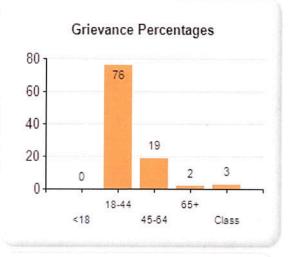


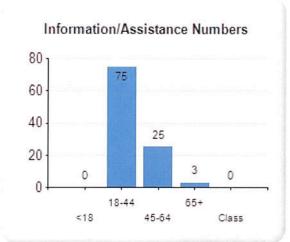


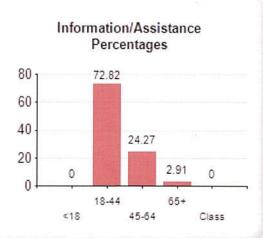


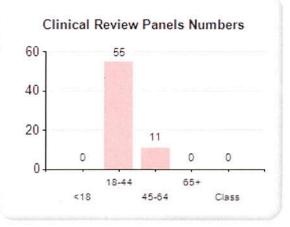
# Cases for Age for Clifton T. Perkins Hospital for FY14

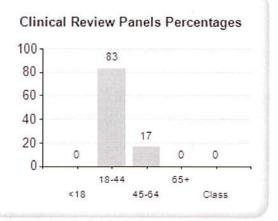




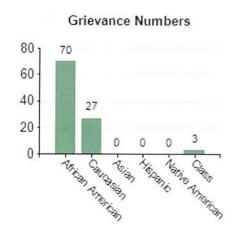


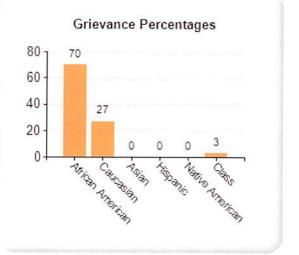


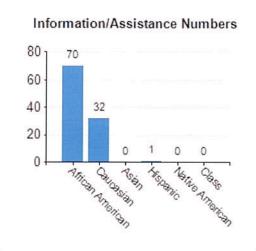


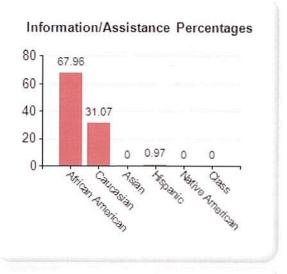


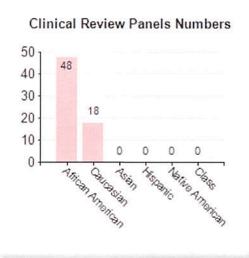
# Cases for Race for Clifton T. Perkins Hospital for FY14

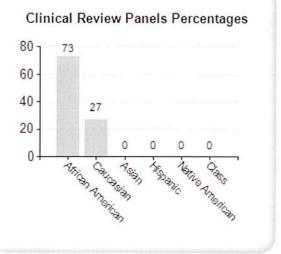












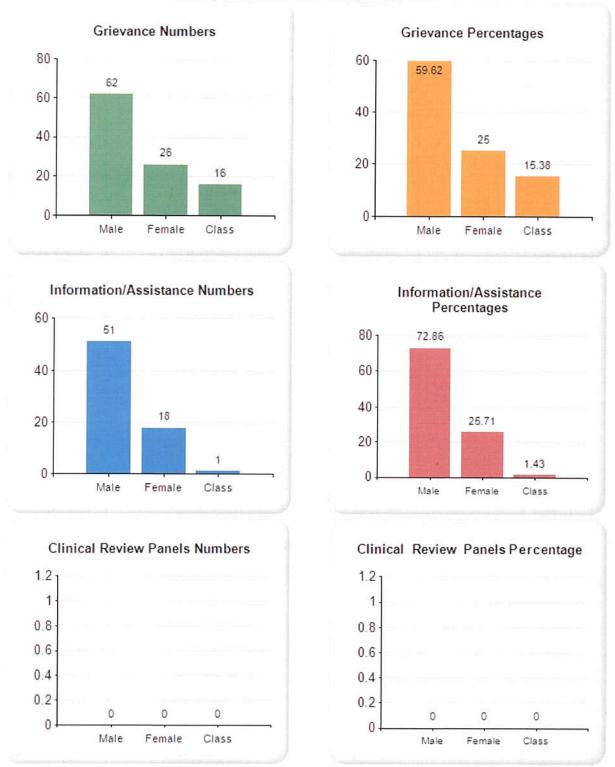
# Grievances - RICA (Baltimore)

SEX	#	%	AGE	#	%	RACE	#	%
Female	26	25	<18	64	62	African American	34	33
Male	62	60	18-44	24	23	Asian	2	2
			45-64	0	0	Caucasian	41	39
			65+	0	0	Hispanic	11	11
						Native American	0	0
Class	16	15	Class	16	15	Class	16	15
Total	104	100	Total	104	100	Total	104	100

# Information/Assistance - RICA (Baltimore)

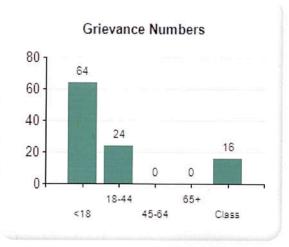
SEX	#	%	AGE	#	%	RACE	#	%
Female	18	26	<18	59	84	African American	26	37
Male	51	73	18-44	10	15	Asian	2	3
			45-64	0	0	Caucasian	35	50
			65+	0	0	Hispanic	6	9
						Native American	0	0
Class	1	1	Class	1	1	Class	1	1
Total	70	100	Total	70	100	Total	70	100

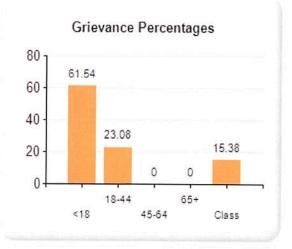
# Cases by Gender for RICA Baltimore for FY14

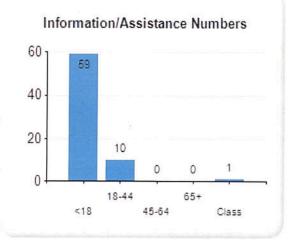


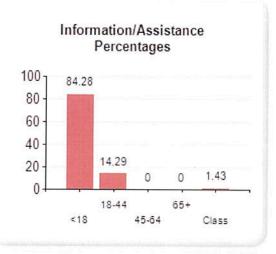
Note: There are no clinical review panels held within adolescent facilities

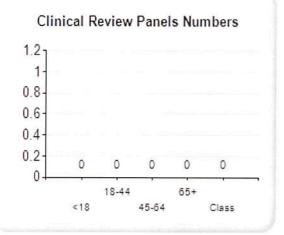
# Cases by Age for RICA Baltimore for FY14

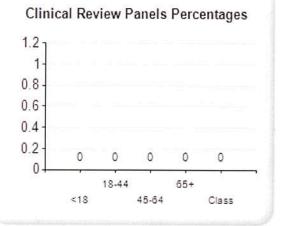






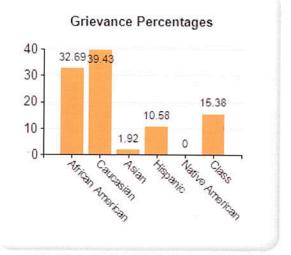


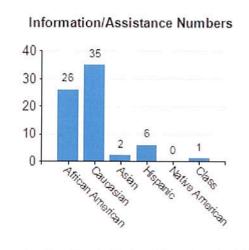


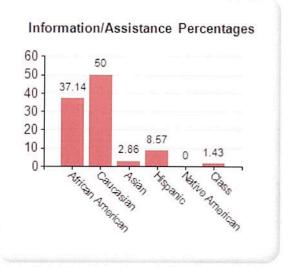


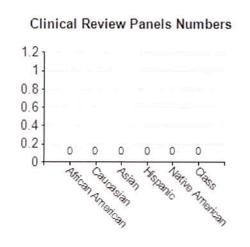
### Cases by Race for RICA Baltimore for FY14

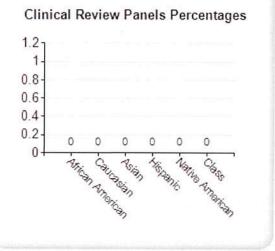












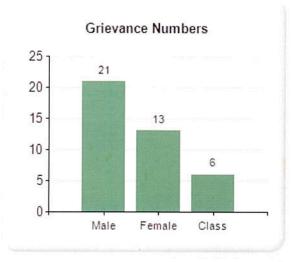
# Grievances - RICA (Rockville)

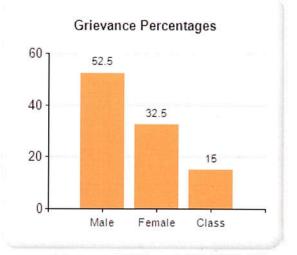
SEX	#	%	AGE	#	%	RACE	#	%
Female	13	32	<18	31	77	African American	22	55
Male	21	53	18-44	3	8	Asian	0	0
			45-64	0	0	Caucasian	11	28
			65+	0	0	Hispanic	1	2
						Native American	0	0
Class	6	15	Class	6	15	Class	6	15
Total	40	100	Total	40	100	Total	40	100

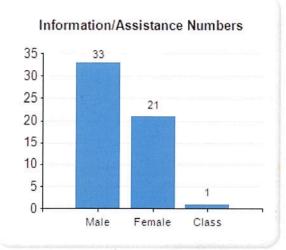
# Information/Assistance - RICA (Rockville)

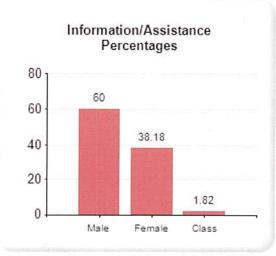
SEX	#	%	AGE	#	%	RACE	#	%
Female	21	38	<18	52	94	African American	39	71
Male	33	60	18-44	2	4	Asian	1	2
			45-64	0	0	Caucasian	8	14
			65+	0	0	Hispanic	5	9
						Native American	1	2
Class	1	2	Class	1	2	Class	1	2
Total	55	100	Total	55	100	Total	55	100

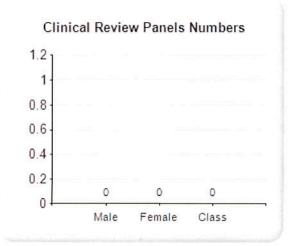
### Cases by Gender for RICA Rockville for FY14

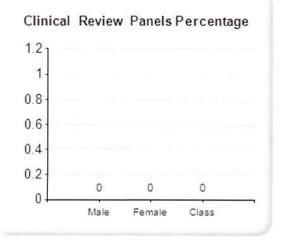




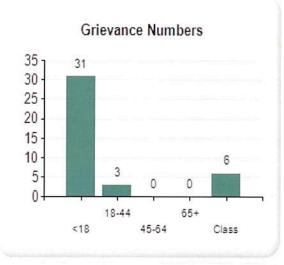


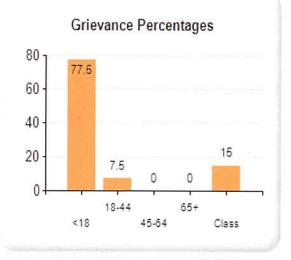


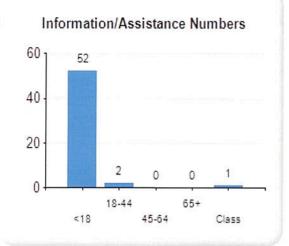


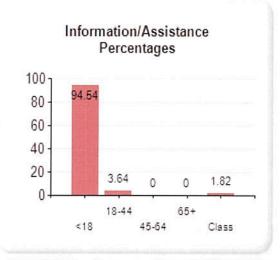


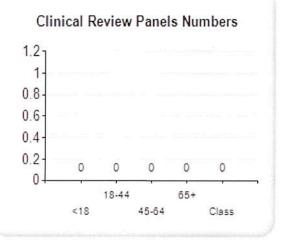
### Cases by Age for RICA Rockville for FY14

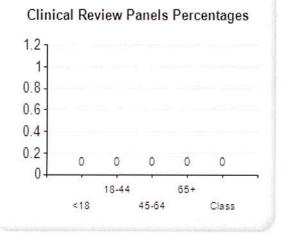






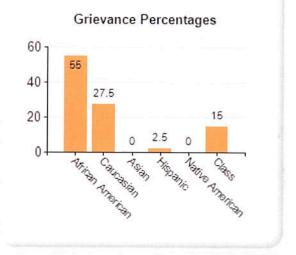


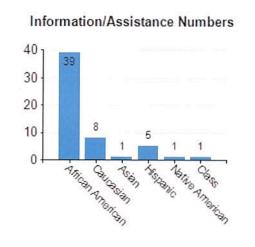


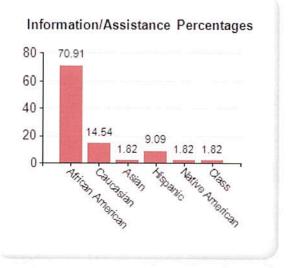


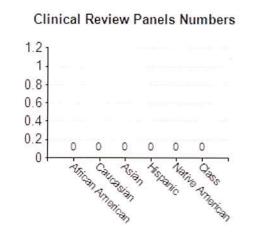
### Cases by Race for RICA Rockville for FY14

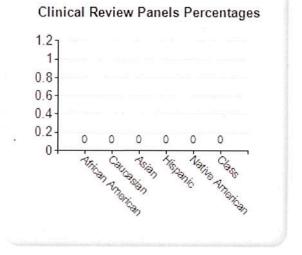












**Grievances - Springfield Hospital** 

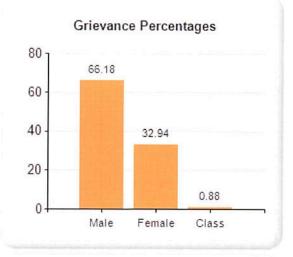
SEX	# *	%	AGE	#	%	RACE	#	%
Female	99	39	<18	1	1	African American	130	52
Male	150	60	18-44	149	59	Asian	11	4
			45-64	85	34	Caucasian	98	39
			65+	14	5	Hispanic	7	3
						Native American	3	1
Class	1	1	Class	1	1	Class	1	1
Total	250	100	Total	250	100	Total	250	100

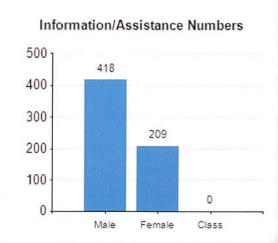
# Information/Assistance - Springfield Hospital

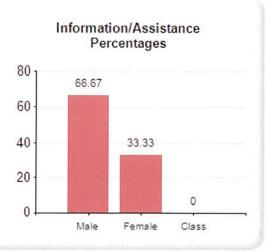
SEX	#	%	AGE	#	%	RACE	#	%
Female	209	33	<18	7	1	African American	326	52
Male	418	67	18-44	321	51	Asian	17	3
			45-64	255	41	Caucasian	261	42
			65+	44	7	Hispanic	21	3
						Native American	2	0
Class	0	0	Class	0	0	Class	0	0
Total	627	100	Total	627	100	Total	627	100

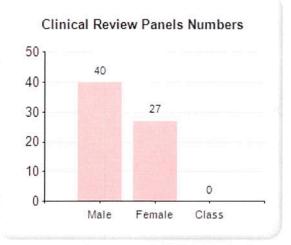
### Cases for Gender for Springfield Hospital for FY 14

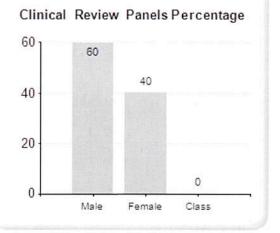




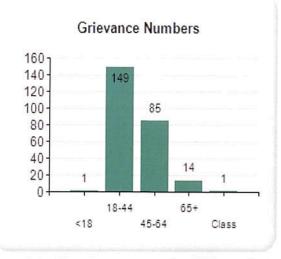


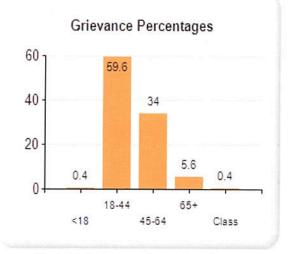


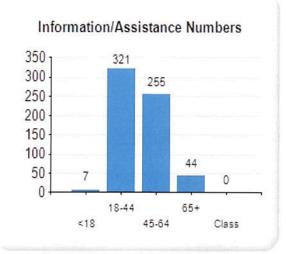


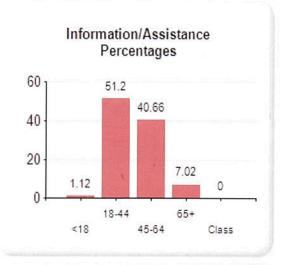


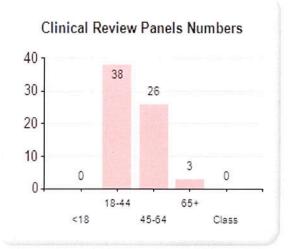
# Cases for Age for Springfield Hospital for FY14

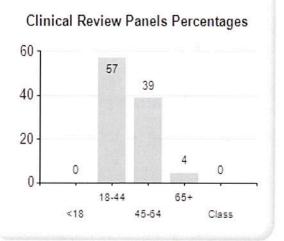






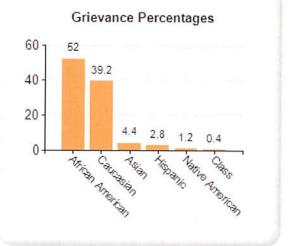


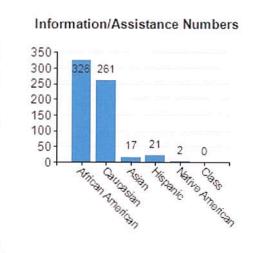


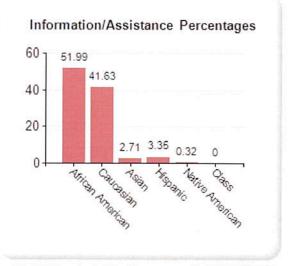


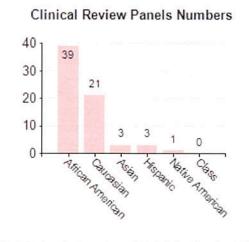
### Cases for Race for Springfield Hospital for FY14

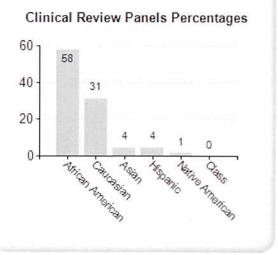












**Grievances - Spring Grove Hospital** 

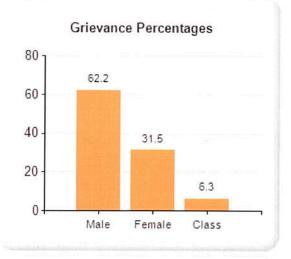
SEX	#	%	AGE	#	%	RACE	#	%
Female	80	32	<18	11	4	African American	153	60
Male	158	62	18-44	112	44	Asian	0	0
			45-64	83	33	Caucasian	83	33
			65+	32	13	Hispanic	2	1
						Native American	0	0
Class	16	6	Class	16	6	Class	16	6
Total	254	100	Total	254	100	Total	254	100

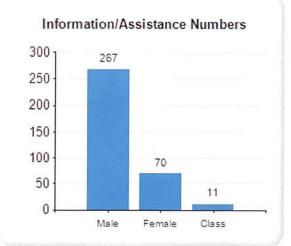
# Information/Assistance - Spring Grove Hospital

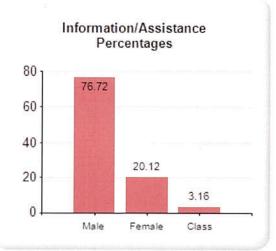
SEX	#	%	AGE	#	%	RACE	#	%
Female	70	20	<18	4	1	African American	246	70
Male	267	77	18-44	153	44	Asian	3	1
			45-64	159	46	Caucasian	86	25
			65+	21	6	Hispanic	2	1
						Native American	0	0
Class	11	3	Class	11	3	Class	11	3
Total	348	100	Total	348	100	Total	348	100

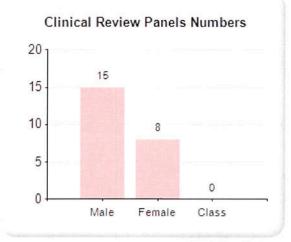
### Cases for Gender for Spring Grove Hospital for FY14

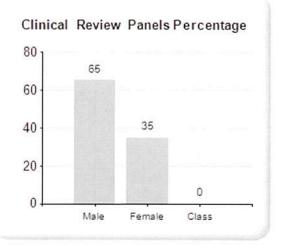




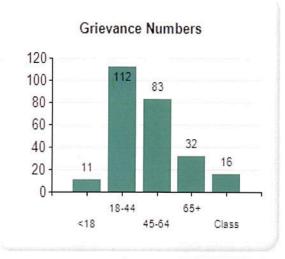


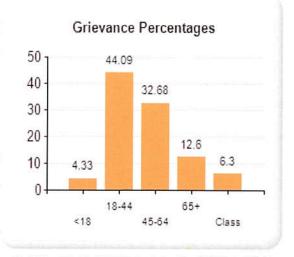


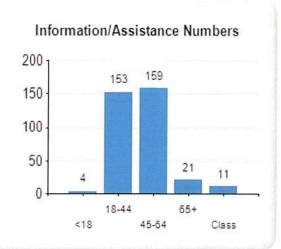


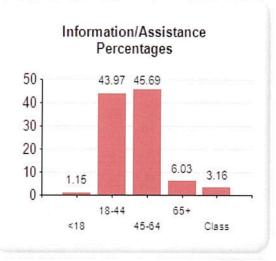


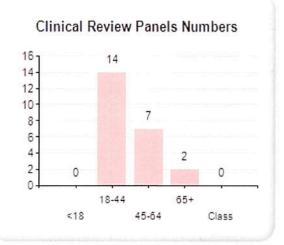
### Cases for Age for Spring Grove Hospital for FY14

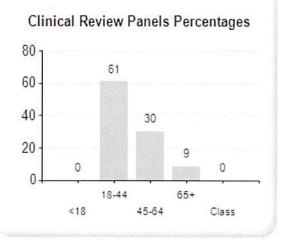












### Cases for Race for Spring Grove Hospital FY14

