

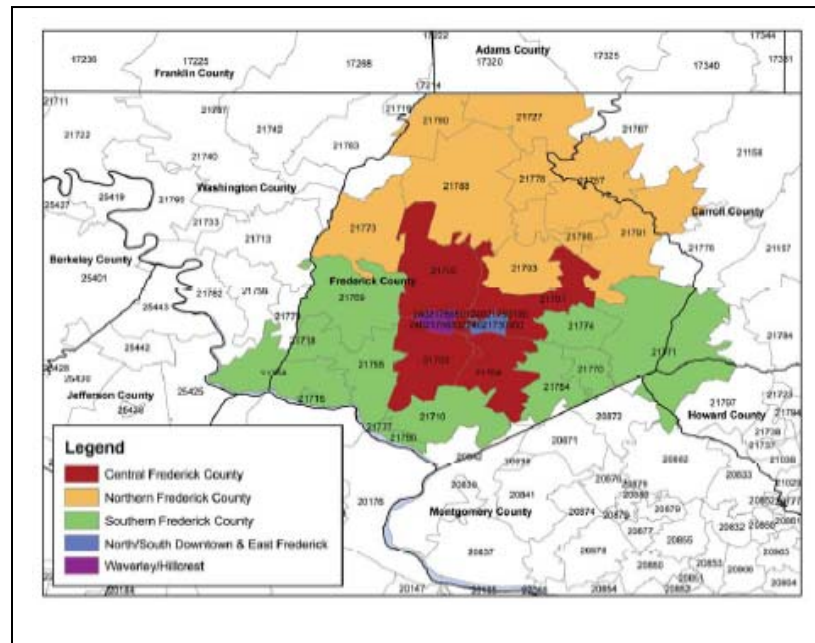


Community Benefits Report
Fiscal Year 2012

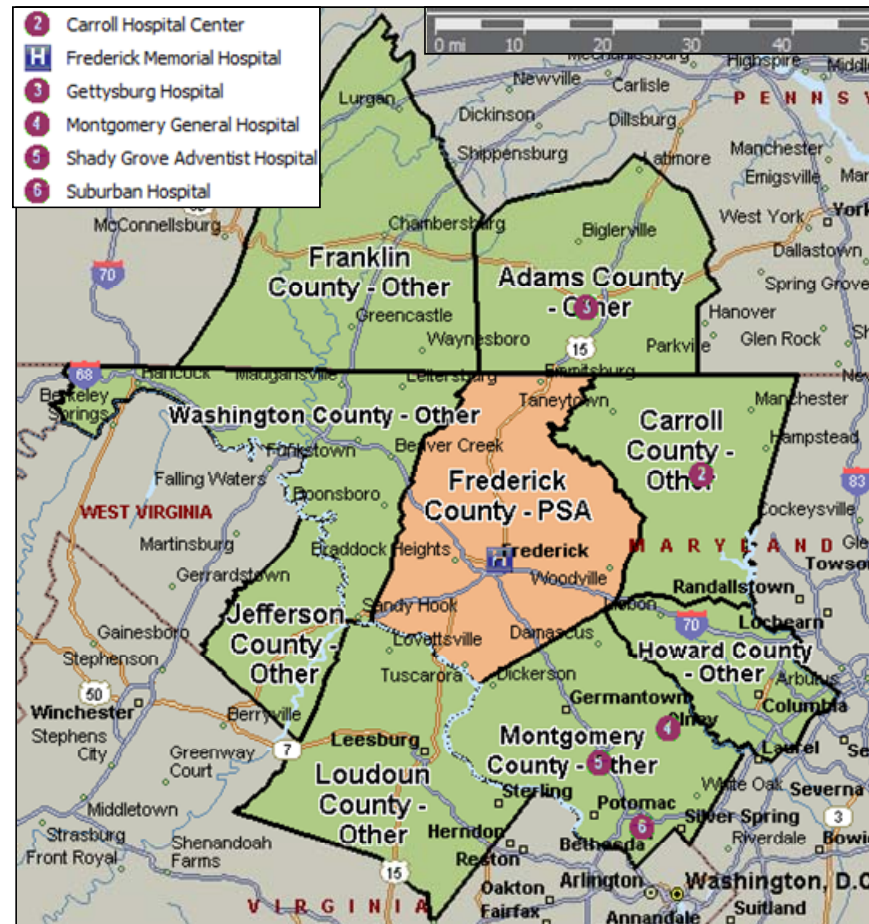
I. General Demographics

<u>Bed Designation</u>	<u>Inpatient admissions</u>	<u>Primary Service Area Zip Codes:</u>	<u>Percentage Of Uninsured:</u>	<u>Percentage of Medicaid recipients:</u>
Frederick Memorial Hospital, the hospital component of Frederick Regional Health System, is a 298 licensed bed inpatient care facility. Recent renovations on the second and fourth floors of the facility have added 20 private patient rooms.	In FY12, FMH admitted 24,156 patients. The FMH Emergency Department treated more than 85,000 patients	21701 21702 21703 21771 21788 21792	8.6% of all County residents Lack health insurance	10.3% of all County Residents are enrolled in Medicaid

Primary Service Area with Zip Codes



FMH defines its primary service area as Frederick County, Maryland, which accounted for approximately 73.2 % of FMH's discharges in fiscal year 2012. As indicated by the map below, the Hospital is the only hospital located in its primary service area and the only hospital within a 25-mile radius of the city of Frederick.



Description of CBSA

Mt. Airy – (21771 and 21792)

The Mount Airy area is predominantly white (92.1%) with smaller Hispanic or Latino (4.7%), African American (2.4%) and Asian (2.2%) populations. The median age is 36, with approximately 20% of the population in each of two ranges: 5-14 and 40-49 years of age. About 10% of all residents are age 62 or older. The population is 51.5% female and 48.5% male.

79% of Mount Airy residents live in family households (a householder and one or more other people related by birth, marriage, or adoption). 86.9% of the housing units are owner-occupied.

The poverty level in Mount Airy is 5.3%, well below the state-wide rate of 12.0%. Life expectancy is above the state average at 80.1%. Cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. About 5.0% of the residents in this area live with chronic heart disease, just 1.3% have had a stroke, 28.5% have been told they have high blood pressure. 6.1% have been diagnosed with skin cancer and another 6.8% have been diagnosed with another form of cancer.

Sources: <http://www.city-data.com/poverty/poverty-Mount-Airy-Maryland.html#b>

http://www.frederickcountymd.gov/documents/7/233/234/DemoProfile_MtAiry.PDF

<http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf>

Thurmont – (21788)

Thurmont's population is fairly evenly distributed in terms of age, with the largest cohort (18%) in the 40-49 age bracket. Residents are 95.8% white (2.4% Hispanic or Latino) and 1% African American. Nearly 16% of Thurmont's population is age 62 or older. Similarly to Mount Airy, the population is 48.4% male and 51.6% female.

72% of Thurmont residents live in family households, with 74.7% of housing units occupied by the property owner.

7.2% of residents in the area earn income below the poverty level. Again, cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. About 4.6% of residents in this area suffer from chronic heart disease, 4.1% have had a stroke,

24.7% have been told they have high blood pressure. 6.8% have been diagnosed with skin cancer and another 8.1% have been diagnosed with another form of cancer.

Sources: <http://www.city-data.com/poverty/poverty-Thurmont-Maryland.html#b>

http://www.frederickcountymd.gov/documents/7/233/234/DemoProfile_Thurmont.PDF

<http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf>

Frederick City and Suburbs – (21701, 21702, 21703)

Frederick City and its immediate suburbs are more racially diverse than either Thurmont or Mt. Airy, with white (63.9%), African American (18.6%), Hispanic or Latino (14.4%) and Asian (5.8%) groups accounting for the largest percentages. Residents are evenly distributed in terms of age, with the largest group (17%) appearing in the 25-34 age bracket. The population is 48.2% male and 51.8% female.

Just 60.5% of this area's residents live in family households, with a relatively even split between owner-occupied (57.6%) and renter-occupied (42.4%) housing.

12.1% of residents in this area live below the poverty level, which is just above the state average of 12.0%. As in the other two areas described, cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. 6.5% of the residents in this area live with chronic heart disease, 3.1% have suffered a stroke, 30.2% have been told they have high blood pressure. 4.0% report being diagnosed with skin cancer and another 4.5% have been diagnosed with another form of cancer.

Sources: <http://www.city-data.com/poverty/poverty-Frederick-Maryland.html#b>

http://www.frederickcountymd.gov/documents/7/233/234/DemoProfile_FrederickCity.PDF

<http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf>

II. Community Health Needs Assessment

a. Identification of Resources Used and Outside Organizations Consulted

Frederick Memorial Hospital has actively partnered with government agencies as well as numerous grassroots organizations to provide health care to the citizens of Frederick County in a variety of convenient settings. Thanks to the joint efforts of Dr. Barbara Brookmyer, Health Officer for the Frederick County Health Department, and Thomas A. Kleinhanzl, President and CEO of Frederick Regional Health System, the Frederick County Health Care Coalition (FCHCC) was formed in 2007. Frederick Memorial Hospital, through its leadership positions on the FCHCC Executive Committee, has remained engaged with the following community organizations to assist wherever possible with the provision of care to the citizens we serve: The United Way of Frederick County, Community Foundation of Frederick County, the Department of Health and Mental Hygiene, Community Action Council, the Religious Coalition of Frederick County, the Diversity Leadership Institute, Inc., the Family Services Foundation, the American Cancer Society, Community Living Inc. of Frederick County, Care Net of Frederick, the Community Action Council and the Mission of Mercy.

On a more global and strategic level, Frederick Memorial Hospital has worked closely with other government agencies and care providers to address community needs, including: the Frederick City Government, the Frederick County Health Department, The Maryland Hospital Association, Johns Hopkins Health Care, The University of Maryland and the Health Services Cost Review Commission.

The hospital's continuing work with the above groups has created open communication that allows for the exchange of ideas and a process for identifying community needs on an ongoing basis. This open dialogue combined with data analysis from primary and secondary sources, reports from national, state, county and city level resources, including feedback from customer and patient satisfaction surveys has helped to ensure that the community needs address by the Health System are indeed those initiatives of primary concern to the citizens of Frederick County.

b. Most recent needs assessment and needs identification process

The FY12 Community Benefits Report captures those hospital initiatives that responded to community needs as identified by:

- The Frederick County Community Health Assessment conducted by PRC in 2007
- The Frederick County Human Needs Assessment conducted by The Community Foundation of Frederick County in 2011,
- The Local Health Improvement Plan Priority Setting Summit also conducted in 2011.
- Frederick Memorial Hospital's diagnoses data for FY 2012

The last formal community health assessment was conducted in 2007, and the findings of that assessment have served as the hospital's guide in focusing the activities we have detailed in previous CBR documents. Knowing that it would be necessary for the hospital to create a new health assessment document for 2013, we have been actively engaged in analyzing the health needs component of the Community Foundation's Human Needs Assessment, and intimately involved in creating Frederick County's Local Health Improvement Plan (LHIP).

Those needs identified in the 2007 Community Health Assessment remain priority issues as identified by the community partners described in the preceding paragraph, the Human Needs Assessment and the LHIP. So, while we were working with the 2007 Assessment document as our principle guide, we were pleased to find that we were working in concert with the findings of the more current documents and processes.

III. Community Benefit Administration

No specific community benefits strategic plan has been created separate from the organization’s global strategy document. Frederick Regional Health System’s strategic plan is based upon the organization’s mission statement:

The mission of Frederick Memorial Hospital is to contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, safe and convenient manner through a coordinated program of prevention, diagnosis and treatment, rehabilitation, and support.

The community benefits that are provided to our service area support the mission statement by acting as the outreach component of the hospital that ensures that the underserved, underprivileged and disenfranchised in Frederick County are provided “a coordinated program of prevention, diagnosis and treatment” to which they would otherwise have no access at all.

The Vice President for Business Development, the Director of Marketing and Communications and the Community Outreach coordinator work together to develop the hospital’s community benefit activities. Requests for participation in events sponsored by partner organizations are considered on a case-by-case basis. Those activities that dovetail with the health initiatives identified as priority objectives by the State Health Improvement Plan – and now the LHIP – are the first to be supported by FMH resources and personnel.

Those priority health initiatives that are not sponsored by partner organizations or agencies are organized and coordinated by the FMH team described below. Examples of those initiatives include: Asthma Awareness and COPD education events, Vascular Screenings and Stroke Prevention activities, Child Safety and Injury Prevention, etc.

The FMH Board of Directors is kept apprised of the organization’s community benefit outreach programs throughout the year. In FY 2013 a formalized Community Benefits Strategic Plan will be developed and submitted for review by an oversight committee. The FY13 Community Benefits Strategic Plan will address those health disparities and gaps that will be identified in the 2013 Community Health Needs Assessment document that is being developed and written by Frederick Memorial Hospital.

Community Benefit Operations

The Community Outreach Coordinator leads a team of managers and front line staff who are responsible for organizing and coordinating the community activities. Their input is sought in the development of the plan so that resources and capabilities can be appropriately matched to the plan's proposed initiatives.

While there is no formal Community Benefits Department, nor an FTE dedicated solely to the purpose of managing the hospital's Community Benefits program, the Community Outreach Coordinator does an excellent job of coordinating outreach activities and organizing those who help her with the events:

Cherie Hyssong, Manager of Pulmonary Services and Community Outreach Coordinator

Beth Reuschling, Manager, FMH Center for Advanced Sleep Studies

Shanna Figgins, Pulmonary Therapist and Tobacco Cessation Instructor

Rachel Bentley, FMH Wellness Center

Laura Jackson, RN, Manager Emergency Services

IV. Community Benefit Programs & Initiatives

Identified Need	Chronic Disease Discovery and Management
Hospital Initiative	Provide FREE access to health screenings for the underserved
Primary Objective	To provide health screening opportunities for the uninsured and underinsured citizens of Frederick County in order to ascertain the presence of chronic disease. A secondary objective is to decrease the inappropriate use of the FMH ED for the acute phase management of chronic disease.
Time Period	These screening events are on-going
Key Partners	Frederick County Health Department, Elks Lodge #684, American Legion Post #11, Life & Discovery, American Lung Association, American Diabetes Association, American Heart Association, American Cancer Association, Mission of Mercy, Convoy of Hope, Nassau Broadcasting Radio Station WWEG – 106.9FM
Evaluation Dates	Results reported are for the time period of July 1, 2011 to June 30, 2012.
Outcome	<p>Services provided by FMH for which outcomes are presented in this report include:</p> <ul style="list-style-type: none"> Lab and x-ray Prostate Cancer Screens/Prostate Cancer Symposium COPD Screening events <p>Other chronic disease screenings and educational events conducted by FMH for which outcomes are not reported include: Diabetes Screens; Vascular Screens; Blood Pressure Screens, Stroke Awareness Workshops, Frederick Family Olympics, Women & Heart Disease Symposium, The Frederick News Post Health Fair, the Elder Expo.</p> <p><u>Free Lab & X-ray:</u> Frederick Memorial Hospital has donated thousands of individual laboratory and radiology services to the Mission of Mercy, the Frederick County Community Action Agency, and the Frederick County Health Care Coalition’s Access to Care program. The dollar totals per organization are: Mission of Mercy = \$186,603; Community Action Agency = \$240,483; FCHCC Access Program = \$47,009.</p>

Prostate Cancer Screens:

The Prostate Cancer Screening event took place on September 22, 2012 at the FMH Wellness Center located in the Francis Scott Key Mall in Frederick. Digital Rectal Exams (DRE), were performed on **21** men by FMH Urologists and 20 men had the PSA chemistry blood test. The cost for providing the prostate cancer screen was \$3,000.

Prostate Cancer Symposium:

The 5th Annual Prostate Cancer Symposium was held on September 20, 2012 at the FMH Regional Cancer Therapy Center. Sixty-four (**64**) participants (40 men) listened to presentations from oncologists about the new PSA guidelines, and new treatments in radiation therapy. The cost of providing the symposium was \$3,000. Based upon the 1 in 6 men will be diagnosed with prostate cancer guideline, there were 7 men in the audience who could potentially contract prostate cancer. The cost to treat one man for prostate cancer for a year is approximately \$55,000, so with the education and awareness gained from the Prostate Cancer Symposium there is a cost savings potential of \$385,000 per year.

COPD Awareness:

COPD Screening Event:

On September 30, 2011 the Pulmonary Outreach Program presented a COPD Screening Event at the Elk's Lodge in Frederick, Maryland. Twenty five (**25**) community members participated in the COPD screen that consisted of spirometry and carbon monoxide screenings. COPD management brochures, tobacco cessation information and Pulmonary Function Technologists and Respiratory Therapists were present at the function.

Managing COPD Education:

On January 12, 2012 a Managing COPD Educational Seminar was held at the FMH Wellness Center in the FSK mall. A physician speaker provided education about COPD to **45** participants. Asthma educators and Respiratory Therapists offered participant pulse oximetry, spirometry screenings, carbon monoxide screenings, tobacco education and pulmonary rehabilitation information.

	<p>Coping with COPD – It’s Never Too Late</p> <p>On November 15, 2012 a workshop was presented at the American Legion in Frederick. The community was invited to learn about COPD, ways to manage the disease and how to retain an active lifestyle. The Community Outreach Program provided tobacco education, spirometry, and proper medication delivery to 32 participants. Information was provided about Alph 1 Antitrypsin Deficiency and a pharmacist was available for consultation.</p>
Continuation of Initiative	FMH provides on-going health screening opportunities targeted toward the underserved in our community who would otherwise not have the opportunity to avail themselves of these baseline health evaluations.
Cost of providing benefit	\$481,000

Community Benefit Programs & Initiatives (*continued*)

Identified Need	Decrease the incidence of late-stage breast cancer diagnosis
Hospital Initiative	Provide and participate in breast cancer education, screening and awareness events
Primary Objective	To increase the community’s awareness of the importance of early diagnosis of breast cancer. A secondary objective was to decrease the time interval between diagnosis and treatment for breast cancer patients.
Time Period	July 2011 to June 2012
Key Partners	American Cancer Society, Frederick County Health Department, Oncology Care Consultants, Oncology On Canvas, Patti Hurwitz Breast Cancer Foundation, Clear Channel Radio Station WFRE – 99.9FM, Manning Broadcasting, WWEG-106.9, WAFY-103.1.
Evaluation Dates	January 2012 to June 2012

<p>Outcome</p>	<p>Events in which FMH participated and for which outcomes are presented in this report include:</p> <p>The Breast Cancer Symposium Patti Hurwitz Pink Ribbon 5K Bras for a Cause</p> <p>Events, programs and support groups sponsored by FMH, for which outcomes are not presented in this report include: S.O.S. (Survivors Offering Support/breast cancer), Cancer on Canvas (educational event displaying artwork created by cancer patients), Women’s Health Day (May 19th).</p> <p>FMH launched a series of breast cancer community education events and awareness opportunities designed to influence a woman’s decision to practice monthly breast self examinations, be examined yearly by a health care provider, have a yearly mammogram as indicated by screening protocols.</p> <p><u>Breast Cancer Symposium</u>.....The 8th Annual Breast Cancer Symposium attracted 131 attendees. The theme for this free and open to the public event was “Celebrating Life & Embracing Changes” Physician speakers discussed life after breast cancer, including expected challenges, recommended lifestyle changes and healthy living strategies. FMH Staff manned the registration booth and handed out breast self examination “how-to” cards that hang in the shower, and other breast cancer education materials.</p> <p><u>The Patti Hurwitz Pink Ribbon 5K Run</u>.....610 runners participated in this year’s event raising \$33,000 for the Patti Hurwitz Breast Cancer Fund. FMH Staff manned the registration booth and handed out breast self examination “how-to” cards that hang in the shower, and other breast cancer education materials. The event was open to the entire community and booths set up along the run route handed out</p>
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educational materials and “how-to” cards to approximately **800** race-watchers.

The Hurwitz Breast Cancer Fund at Frederick Memorial Hospital was established in 1999 by Jeff and Patty Hurwitz, after Patty’s diagnosis of breast cancer. Believing that early diagnosis is the key to successful outcomes, the goal of the fund has been to provide the most innovative options in early detection and treatment of breast cancer.

Here are just a few of the diagnostic tools purchased and services provided thanks to the Hurwitz Breast Cancer Fund:

- A special breast coil was purchased for use with digital imaging of the breast.
- Two CAD Mammography Systems have been purchased to assist in the detection of breast cancer at an earlier stage; allowing for more successful outcomes.
- Supported a Breast Cancer Symposium and other group events for patients.
- Created a healing space for patients and families at the Women’s Center for Breast Care at FMH Crestwood.
- Purchased a device that enables the surgeon and radiologist to examine biopsy tissue in the operating room; this makes biopsies easier on the patient and returns results more quickly.

Bras for a Cause.....13,000 bras were collect and \$20,000 was raised for the the Women’s center at FMH Crestwood. Hundreds of women were given educational handouts about how to properly conduct a breast self examination.

Thanks to the increased awareness not only around the issue of breast cancer, but the availability of same-day mammography results at the FMH Women’s Center at Crestwood many more women availed themselves of the services.

The addition of a patient navigator to the team has reduced the amount of time between a positive mammogram finding and diagnostic stereotactic tumor biopsy. The patient navigator makes all of the appointments for the patient and expedites the scheduling process. Oftentimes the biopsy can occur on the same day as the mammography.

Dramatic improvements to the time interval from diagnosis to treatment for breast cancer have been made as seen in the graphic below.

Performance Metrics

Metric	Avg. Days - CY 2009	Avg. Days - CY 2010	Avg. Days - 1 st & 2 nd Qtr of CY 2011	Avg. Days - 2nd Qtr of CY 2011
Initial Mammogram to Follow-up Imaging (Mammo, Ultrasound, MRI)	5	3	2	1
Initial Mammogram with follow-up Imaging to Image Guided Biopsy	39	22	14	12
Initial Mammogram straight to Image Guided Biopsy	32	13	11	8
Initial Mammogram with follow-up Imaging and Image Guided Biopsy to Surgery	50	43	35	25
Initial Mammogram with follow-up Imaging to Surgery	59	38	20	11

2006: Mammogram to diagnostic imaging- 23 days

Continuation of Initiative	The efforts to decrease the time between diagnosis and treatment of breast cancer continue on an on-going basis. Educational opportunities to inform women about the importance of breast self examination present themselves continuously. FMH will participate in as many events, seminars and programs as possible to educate the community.
Cost of providing benefit	\$24,931

Community Benefit Programs & Initiatives (*continued*)

Identified Need	Access to affordable dental care
Hospital Initiative	Engage with community partners to develop a dental clinic in Frederick County to provide emergency care for the underserved. (After establishment of an emergency clinic it is the hope of the dental task force to eventually expand service to include preventive dental care.)
Primary Objective	To provide emergency dental care. A secondary objective is to decrease the number of emergency department visits with a primary diagnosis of dental disorder.
Time Period	October 2011 – on-going
Key Partners	Frederick County Health Department, the Frederick County Dental Society, the Maryland State Dental Association, the University of Maryland Dental School, Carroll Creek Rotary Club, the LHIP Access to Dental Care Work Group, Mission of Mercy, Religious Coalition.
Evaluation Dates	2012 - 2016
Outcome	Events in which FMH participated and for which outcomes are presented in this report include: The enormous amount of work that FMH representatives have put into laying the groundwork to address this extremely important community health care need. Many meetings between FMH

Senior Leaders and the Medical Officer for the Frederick County Health Department, the Dean of the University of Maryland Dental School, the Frederick County Dental Society and the Maryland State Dental Association. The Director of Marketing is a member of the Local Health Improvement Process Access to Affordable Dental Care Task Force.

We have chosen to report this important community benefit initiative even though we are in the beginning phases of establishing the program because it is illustrative of a dynamic working relationship between government, academia, the private sector, non-profits and Frederick Memorial Hospital.

The need for dental care – emergency services at the very least – is borne out in the findings of the Community Foundation of Frederick County’s Human Needs Assessment, the LHIP Priority Setting Seminar, and Frederick Memorial Hospital’s Emergency Department DRG tracking data.

The LHIP Dental Work Group has been working diligently to methodically move a process forward that will culminate in the establishment of a Dental Clinic in Frederick County. Below is the Dental Work Group’s goals and objectives, an accounting of accomplishments to date, and the plan for moving the initiative forward:

Goal 1: Ensure continuously accessible, coordinated, affordable and effective oral health care, including emergency and preventative care for all Frederick County residents through an integrated local oral and general health care system.

Objective 1:

Add or expand safety net dental programs, to include emergency and preventative care programs that serve individuals, with emphasis on vulnerable populations, in clinical and non-clinical settings.

Key Actions:

- | <u>Key Actions:</u> | <u>Date Completed:</u> |
|---|------------------------|
| 1. Recruit a member of the Frederick County Dental Society to serve as an active member of this group | December, 2011 |
| 2. Identify three best practice models from comparable jurisdictions. | February, 2012 |
| 3. Establish an accurate baseline of need for preventative and emergency dental care for Frederick County residents | February, 2012 |

	<p>4. Provide information to Frederick County Dental Society regarding an upcoming survey (refer to Action 1.1.5) to dentists and potential for requests for volunteers for community programs and/or working on the process of implementing the dental portion of the Local Public Health Plan</p> <p>5. Survey area dentists to determine who provides services to the underinsured and uninsured and under what circumstances would they be willing to begin or increase their volunteer time.</p> <p>6. Bring together all current providers of oral health funding, local services and resources to consider a variety of approaches to providing dental care for low income adults</p> <p>7. Based on the outcome(s) of Action Step 1.1.5, identify possible courses of action for establishing local resources for low income adults.</p> <p>8. Explore options for staffing the dental operatory in the Citizens/Montevue complex.</p> <p>9. Identify the client population eligible to receive services in the Citizens/Montevue dental operatory.</p>	<p>January, 2012</p> <p>On-Going</p> <p>On-Going</p> <p>On-Going</p> <p>February, 2012</p> <p>February, 2012</p>						
	<p>Goal 2: Enhance individuals’ awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence based practice.</p> <p>Objective 1: Implement an oral health literacy and education campaign for the public with health professionals providing accurate, consistent, and tailored messages promoting oral health.</p> <p><u>Key Actions:</u></p> <table data-bbox="583 1096 1921 1380"> <thead> <tr> <th data-bbox="583 1096 1528 1128"></th> <th data-bbox="1528 1096 1921 1128"><u>Date Completed:</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="583 1161 1528 1274">1. Participate in the Oral Health Literacy campaign targeted to pregnant women and parents of young children to be initiated by the DHMH Office of Oral Health.</td> <td data-bbox="1528 1161 1921 1234">Initiated February, 2012 Campaign to last 18 months</td> </tr> <tr> <td data-bbox="583 1307 1528 1380">2. Utilize traditional media and social networking channels to share oral health messages.</td> <td data-bbox="1528 1307 1921 1339">December, 2013</td> </tr> </tbody> </table>			<u>Date Completed:</u>	1. Participate in the Oral Health Literacy campaign targeted to pregnant women and parents of young children to be initiated by the DHMH Office of Oral Health.	Initiated February, 2012 Campaign to last 18 months	2. Utilize traditional media and social networking channels to share oral health messages.	December, 2013
	<u>Date Completed:</u>							
1. Participate in the Oral Health Literacy campaign targeted to pregnant women and parents of young children to be initiated by the DHMH Office of Oral Health.	Initiated February, 2012 Campaign to last 18 months							
2. Utilize traditional media and social networking channels to share oral health messages.	December, 2013							

	<p>3. Integrate oral health messages into general health messages and into existing health and social campaigns (Children’s Dental Health Month, Month of the Young Child, Diabetes Month, etc.)</p> <p>4. Tailor oral health messages to a variety of ages, cultures and literacy levels (e.g., pregnant women, health professionals, politicians, individuals with special health care needs, older adults)</p> <p>Objective 2: Increase education on promoting oral health and preventing oral disease and injury for staff working in community settings, including, for example, early childhood settings, programs for people with special healthcare needs, and programs for older adults.</p> <p><u>Key Actions:</u></p> <ol style="list-style-type: none"> 1. Develop or adapt available oral health literacy materials to be appropriate for special audiences (e.g.: early childhood, individuals with special health care needs, older adults....) 2. Using a Train-the-Trainer model, educate key caregivers (e.g., child care providers, personal care attendants, staff in nursing/assisted living/adult day care/senior centers, shelter) about oral health concerns. <p>Objective 3: Promote the public’s oral health through advocacy efforts.</p> <p><u>Key Actions:</u></p> <ol style="list-style-type: none"> 1. Develop key partnerships to advocate for oral health concerns 2. Actively engage local and state politicians, funding agents, and community decision-makers through education and advocacy <p>We do not have a dollar metric to report for this initiative. Senior leaders of the organization have given many hours of time to the development of this project including the President & Chief Executive Officer, the Chief Operation Officer, the Vice President for Medical Affairs, the Vice President for Business Development, and the</p>	<p>December, 2013</p> <p>December, 2013</p> <p><u>Completion Date</u></p> <p>Material review underway</p> <p>On going</p>
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	Director of Marketing and Communications.
Continuation of Initiative	This initiative is active and on-going and will continue on-track until all goals are met.
Cost to provide benefit	\$5,700

Identified Need	Asthma Awareness & Pulmonary Health
Hospital Initiative	Provide asthma awareness education
Primary Objective	Increase awareness about the dangers of untreated and uncontrolled asthma and the need to manage environmental conditions to avoid COPD and other lung diseases. A secondary objective is to decrease the number of emergency department patients presenting with a primary diagnosis of asthma attack.
Time Period	July, 2011 – June, 2012
Key Partners	Frederick City Police Department, Maryland Department of Health and Mental Hygiene, Environmental Protection Agency, American Lung Association, Frederick County Public Schools, Maryland Asthma Coalition
Evaluation Dates	January, 2012 – June, 2012
Outcome	<p>Services provided by FMH for which outcomes are presented in this report include: Camp YesUCan.....Asthma awareness and education camp</p> <p>Other screening events conducted by FMH for which outcomes are not reported include: Asthma 101 (Educational program in Frederick County Public Schools), Convoy of Hope, National Night Out, In the Streets Festival, Elder Expo, Frederick News Post Health and Wellness Expo, Fort Detrick Health Expo.</p>

	<p>Camp YesUCan was held at Whittier Elementary School on Saturday, May 12, 2012. The goal of the camp was to remind children with asthma that they can safely enjoy sports and many other outdoor activities without fearing the onset of an asthma attack.</p> <p>Twelve (12) Children (three of which had (have) no health insurance) participated in the event. Staff created a friendly, engaging environment – and, under the watchful supervision of highly skilled nurses, respiratory therapists and certified asthma educators – the campers learned how asthma attacks start and how they can be avoided. They were taught how to take their medications appropriately and what to do to manage the onset of an attack.</p> <p>In FY 12, July 1, 2011 – June 30, 2012, the cost of caring for the 12 children who attended Camp YesUCan was \$13,586.00. So far, in FY 13, July 1, 2012 through November 8, 2012, the children who attended the camp have logged only \$478.00 in care expense. This puts the camp experience on track for decreasing cost for caring for participants by more than \$12,000.</p>
Continuation of Initiative	The FMH Pulmonary Community Outreach Program will continue with Camp YesUCan and the other programs, events and educational opportunities to inform the community about practicing good lung health and controlling environmental triggers.
Cost of providing benefit	\$23,303

IV. Primary community health needs that were not addressed by Frederick Memorial Hospital

Mental/Behavioral Health Issues in Frederick County

Today an estimated 22.1% of adults in America - about one in five - suffer from a diagnosable mental disorder in any given year. In addition, four of the ten leading causes of disability are mental disorders.

While Frederick County's rate of emergency department visits related to behavioral health per 100,000 population is less than the Maryland Healthy Communities target of 5,028, it remains a significant – and growing - problem in the county. The Frederick County figure for 2010 was 3725 per 100,000 population. In 2011 the figure grew to 4422. That is an increase of 84% per 100,000 population, and in real numbers an increase of 697 individuals.

Frederick Memorial Hospital's Emergency Department data reinforces the validity of the above findings. The ED has experienced an increase in the volume and length of stay for patients requiring mental health services. In 2010, the ED treated 2,922 patients in behavioral crisis and the average length of stay in the ED for those patients was 29 hours. In 2012, the number of crisis patients rose to 3,150, and the average length of stay increased to 40 hours. The increased volume and average LOS has created many challenges for the Hospital. These patients require specialized nursing care that includes crisis assessment and specific treatment protocols. The sheer volume of patients has frequently caused overflow of our 5-bed area created specifically to house these patients in a safe and secure environment within the Emergency Department. Overflow into unsecured areas jeopardizes the safety of other ED patients and staff. To address these concerns, and a rise in the level of violence exhibited by this patient population, the hospital has created an ED/Behavioral Health Unit Collaborative to create action plans to manage the present situation and to make plans for housing and caring for these patients moving forward.

Frederick Memorial Hospital has partnered with Sheppard Pratt Health System to provide behavioral health care to patients who come to Frederick Memorial Hospital for help. Because our services are hospital-based, we offer a full continuum of services. Our highly specialized team consists of board certified psychiatrists, clinical nurses, mental health associates, clinical nurse specialists, physical therapists, occupational therapists and clinical social workers.

Addressing the community's behavioral health needs is an important and urgently needed facet of care that is missing in Frederick County. While FMH recognizes this issue must be addressed moving forward, the organization will not be able to respond in the near term because of facility constraints and the lack of the infrastructure necessary to sustain the kinds of programs that would make an impact in this area. Until we are able to expand inpatient bed capacity, and the economic environment is such that funds will be available for the necessary construction, FMH will continue to participate in the County's ongoing needs assessment process, and support with in-kind services and dollars those agencies better positioned to immediately manage the near crisis conditions our community is currently experiencing.

Local Health Improvement Process

One of those initiatives in which the hospital is fully invested is the Local Health Improvement Process (LHIP). The LHIP's Mental Health Committee has put into place the following goals:

- Goal 1: Establish 24-hour walk-in Mental Health services
- Goal 2: There will be a "Behavioral Health Home" services available
- Goal 3: Increase number of psychiatrists by 5-6.
- Goal 4: Stigma will not be a barrier to accessing mental health care

FMH staff who are members of the LHIP Mental Health Committee will be working diligently with the rest of the team to achieve the goals listed above.

The Mental Health Association of Frederick County

The Mental Health Association of Frederick County has served the community as a private, non-profit organization since 1965. The Mental Health Association of Frederick County has taken the lead in creating services that respond to the changing mental health needs in our community.

All of the Mental Health Association of Frederick County's programs promote positive mental health and offer education and the support and compassion needed to make real and lasting changes in the lives of the citizens of Frederick County.

Programs:

Counseling Services

Provides professional outpatient therapy for individuals, couples, children and adolescents, families, and groups without regard to ability to pay. Counseling Services also acts as a training practicum for Master's and Doctorate level counseling, psychology, and social work students in their advance year(s) of graduate level work.

Building Strong Families

Provides families with tools and support to build a strong foundation for a healthy future by supplying direct support, education and resources to parents and caregivers, and a safe and neutral location for non-custodial parents to spend time with their children.

Empowering Youth

Provides youth with knowledge about bullying, child abuse, drug abuse, smoking, healthy eating habits, and Internet safety in a fun, interactive and challenging way. Empowering Youth also provides training and technical assistance to several after school programs in Frederick County, and offers practical information to parents and caregivers through a series of educational courses.

Court Appointed Special Advocates

Is part of a national program to ensure that abused and neglected children have a voice in the court system. Trained volunteers advocate for the best interest of children.

Frederick County Hotline

Provides information and referrals, support, and crisis intervention 24 hours a day, 365 days a year. Trained and caring staff and volunteers handle more than 21,000 calls to Hotline each year.

Public Education and Advocacy

Provides the annual Guide to Mental Health and Community Support Services referral source, on-site speaker service, Mental Health First Aid training, Legislative Breakfast, and ongoing community education

V. Physicians

Gaps in Care

FMH evaluates the regional environment to ensure that the proper mix of physician practices – general practitioners, family practice, specialties and sub specialties - is adequate to address the needs of our community. Third party consultants are engaged on an on-going basis to discover trends in the market place, analyze regional demographics and document changes, and to stay abreast of the advances taking place in the industry. A Senior Leadership Team, led by the Vice President of Business Development, reviews the findings and creates action plans for recruiting the kinds of physicians necessary to ensure that the citizens of Frederick County have access to state-of-the-art care provision. The two tables presented here detail the current situation on the medical and surgical physician provider numbers and approximates future needs relative to the specialty practices listed.

Medical Specialties

Medical Specialties	Total County Need - 2016	Current FMH Supply	Incremental Need*
Nephrology	7.3	6.1	0.7
Neurology	7.1	4.4	1.7
Psychiatry	16.4	2.0	12.9
Physical Medicine	3.7	1.8	1.0
Infectious Disease	2.1	1.0	0.8
Allergy/Immunology	5.9	2.0	3.3
Dermatology	8.1	3.0	4.1
Rheumatology	2.2	1.3	0.7

*Incremental need based upon the number of physicians needed to maintain FMH’s current level of community care.

Surgical Specialties

Surgical Specialties	Total County Need - 2016	Current FMH Supply	Incremental Need*
Thoracic	3.0	1.8	0.1
Vascular	3.4	2.1	0.5
General	18.5	9.0	5.2

*Incremental need based upon the number of physicians needed to maintain FMH's current level of community care.

Physician Subsidies

In order to fulfill our mission, The Health System has entered into a number of exclusive contracts and/or subsidy arrangements with hospital based physicians/physician groups. These arrangements provided for timely patient care in a cost effective manner, and allow for efficient allocation of physician time and resources.

The following specialty practice physicians are subsidized to be on-call, 24/7 at FMH:

- Hospitalists
FMH Hospitalists are specialists trained in the care of hospitalized patients. They provide care to the patients of those physicians with whom they have established a relationship, and assume the medical management of the patient throughout the duration of their hospital stay. The hospitalists also provide care to those patients who do not have a primary care physician and/or are uninsured.
- Surgicalists
FMH expanded its Hospitalist program by including two new in house programs: Surgicalists and Pediatric Hospitalists (see below). Surgicalists are surgeons who are in-house 24/7 and ensure that Frederick County residents receive around-the-clock quality surgical care.

Surgicalists not only provide better access to the highest quality surgical care, but are available to answer patients' questions about their surgical procedure.

- **Pediatric Hospitalists**
FMH has expanded its service provision relative to our pediatric populations. A subset of our Hospitalist program is Pediatric Hospitalists, physicians who specialize in the medical management of the hospitalized pediatric patient. In addition, some of our Pediatric Hospitalists have advanced training in pediatric emergency services and provide care in our Pediatric Emergency Department that is co-located with our inpatient pediatric unit on the second floor of the hospital.
- **Intensivists**
The FMH Intensivist program was initiated as an adjunct service for the expansion of the FMH Heart Service line. With the advent of the Interventional Cardiology Program, it was necessary to have 24/7 specialty care in the Intensive Care unit. Intensivists are physicians who have special training in critical care medicine. The specialty requires additional fellowship training for physicians who complete their primary residency training in internal medicine, anesthesiology, or surgery. Research has demonstrated that ICU care provided by intensivists produces better outcomes and more cost effective care.
- **Obstetricians**
FMH's recent designation as a Neonatal Intensive Care center has increased the number of high-risk pregnancies choosing to delivery in our BirthPlace. An increase in our demographic profile of those individuals less likely to have adequate – or any – prenatal care has also increased the probability that immediate/emergent obstetrical care be available. Our obstetric on-call schedule permits for that need 24/7.
- **Emergency Physicians**
FMH's Emergency Department is the third busiest ED in Maryland, registering over 65,000 annual patient visits. Because of the nature of our growing community, and the severity of the emergencies encountered, it is increasing necessary to provide around-the-clock physician specialty care. A variety of specialty and sub-specialty physicians are on call to provide the emergent care 24/7.
- **Anesthesiologists**
In addition to the on-site, 24/7, OB anesthesiology coverage, FMH has a "first-call" anesthesiologist available to cover emergency cases should the in house anesthesiologist be occupied with another patient. The availability of an on-call anesthesiologist has decreased the time interval between diagnoses and surgical intervention, resulting in significantly better patient outcomes.

- **Interventional Cardiologist**
FMH contracted a group of Interventional Cardiologist to provide 24-hour service for emergency angioplasty services. The Interventionalists are available 7-days a week and serve as the Code Heart Team leaders when responding to an emergency situation.

APPENDIX 1

Charity Care Policy Information to Patients

Frederick Regional Health System posts its charity care policy and financial assistance contact information in admission areas, the FMH Emergency Department, and in all of our satellite facilities in areas where eligible patients are likely to present. The verbiage is clean, clear and concise.

FMH provides a summary of the Charity Care Policy and financial assistance contact information to all patients at the time of admission to the hospital.

FMH admissions personnel discuss the availability of various government benefits such as Medicaid or state programs with patients and/or their family members, and they assist patients with qualification for the programs.

For Patients Financial Assistance

The Frederick Memorial Hospital Financial Assistance Program

Frederick Memorial Hospital is committed to being the most trusted health care provider in our community. That involves a commitment to provide accessible services to individuals who do not have the resources to pay for necessary care.

Frederick Memorial Hospital has a financial assistance program that offers free or discounted services to patients who qualify. Applications and information are available through the financial counselors, cashiers and in patient registration areas. Your hospital bill will not include fees charged by non-hospital-employed physicians. These fees will appear on separate bills, sent to your home, from the physicians who perform the services.

For more information, visit one of our patient registration areas, or call Financial Counseling at 240-566-3311.

Para Nuestros Pacientes Ayuda Financiera

El Programa de Ayuda Financiera del Hospital Memorial de Frederick

El Hospital Memorial de Frederick se compromete a ser el mejor proveedor de cuidados de salud en nuestra comunidad. Esto significa el cumplir con nuestro compromiso a proveer servicios accesibles a aquellas personas que no tienen los recursos para pagar por el cuidado necesario.

El Hospital Memorial de Frederick tiene un programa de ayuda financiera que ofrece a los pacientes que califican cuidado gratis o a un descuento. La aplicación y la información acerca de este programa se pueden obtener a través de nuestros Consejeros Financieros, las Cajeras, y en las áreas de inscripción del hospital. Recuerde que el cobro del hospital no incluirá cobros de los doctores que lo atendieron en el hospital. Éstos enviarán por separados sus cobros.

Para obtener más información favor visitar una de nuestras áreas de inscripción, o llame a la oficina de los Consejeros Financieros marcando el 240-566-3311.

APPENDIX 2

Financial Assistance Policy

Frederick Memorial Healthcare System		Policy #: FN 100
POLICIES AND PROCEDURES		
TITLE: Financial Assistance Policy		
Chapter:	Finance	Effective Date: 1/1/11
Responsible Person:	Vice-President of Finance	Reviewed Date:
		Revised Date:

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:

It is the policy of Frederick Memorial Hospital to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria.

POLICY:

FMH will publish the availability of Financial Assistance on a yearly basis in the local newspaper and will post notices of availability at appropriate intake locations. Notice of availability will also be included as part of the admission packet and will be included with patient bills. A summary of the Financial Assistance policy will be posted in Admitting, the Emergency department, key registration areas and Patient Financial Services.

PROCEDURE:

- 1.0 Patients shall receive financial assistance if they meet any one of the following three guidelines: Financial Assistance Guidelines, Financial Hardship Guidelines, and the Social Service Program Guidelines. If a patient qualifies for more than one of the guidelines, the guideline that is most favorable to the patient will be used.
- 2.0 Financial Assistance Guidelines - Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor, the family size, and the monetary assets.
 - 2.1 Gross income refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensation, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living in the home or outside of the home.
 - 2.2 Family size is determined by each person living on the gross family income.
 - 2.3 Monetary assets are liquid and near liquid assets such as cash, savings accounts, certificates of deposit, money market accounts, stocks, bonds, mutual funds, etc. Monetary assets exclude primary residences and retirement accounts. At a minimum, the first \$20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Assistance.
 - 2.4 Patients will receive 100% financial assistance for incomes at 200% or less of Federal Poverty Guidelines if their monetary assets are below \$20,000. If the patient/guarantor's monetary assets are above \$20,000, less than 100% financial assistance may be provided.

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- 2.5 Patients will receive partial financial assistance for incomes over 200%, but less than 300% of Federal Poverty Guidelines if their monetary assets are below \$20,000. The amount of partial financial assistance a patient is to receive is outlined in Attachment A – Frederick Memorial Hospital Financial Assistance Program. If the patient/guarantor's monetary assets are above \$20,000, the financial assistance provided may be less than outlined in Attachment A.
- 2.6 All other resources will first be applied including Medicaid Medical Assistance before the Financial Assistance adjustment will be given.
- 2.8 FMH may use publicly available tools to estimate patients' financial status and provide presumptive charity based on established guidelines. Presumptive charity will be provided only after all other payment avenues are exhausted.
- 2.9 Some persons may exceed established income levels but still qualify for Financial Assistance when additional factors are considered. These will be reviewed on a case by case basis.
- 2.10 Patients shall remain eligible for financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.
- 3.0 Financial Hardship Guidelines - Financial hardship guidelines apply when medical debt incurred by a family over a 12-month period exceeds 25% of family income, and their income is less than 500% of Federal Poverty Guidelines, and monetary assets do not
 - 3.1 Medical debt is defined as out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by the hospital. Patients meeting the financial hardship guidelines are eligible for reduced cost care.
 - 3.2 Patients shall remain eligible for financial hardship when seeking subsequent care at FMH during the 12-month period beginning on the date on which the reduced-cost necessary care was initially received.
 - 3.3 At a minimum, the first \$20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Hardship.
- 4.0 Social Service Program Guidelines - Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care, provided that the patient submits proof of enrollment:
 - a. Households with children in the free or reduced lunch program
 - b. Supplemental Nutritional Assistance Program (SNAP)
 - c. Low-income-household energy assistance program

Frederick Memorial Healthcare System		Policy #: FN 100
POLICIES AND PROCEDURES		
TITLE: Financial Assistance Policy		
Chapter:	Finance	Effective Date: 1/1/11
Responsible Person:	Vice-President of Finance	Reviewed Date:
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- d. Primary Adult Care Program (PAC) (until such time as inpatient benefits are added to the PAC benefit package; or
- e. Women, Infants and Children (WIC)

4.1 Patients shall remain eligible for Social Service financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.

4.2 A monetary asset test will not be applied to patients who meet Social Service program guidelines.

5.0 PROCEDURES AND RESPONSIBILITIES:

5.1 During the registration/intake process, patients will be provided an information sheet that describes the hospital's financial assistance policy, patients rights and obligations with regard to hospital billing and collection under the law, how to apply for free and reduced-cost care, how to apply for Medical Assistance, and information that hospital and physician billing is separate. FMH staff will be available to work with the patient, the patient's family, and the patient's authorized representative in order to explain this information.

If the patient was unable to receive the information sheet at registration, the information sheet will be provided before discharge. The information sheet will also be provided with the hospital bill and upon request.

5.3 If a patient inquires about financial assistance or we determine the patient may qualify for financial assistance, a Maryland State Uniform Financial Assistance Application will be provided to the patient (either in person or via mail if patient is not in person).

5.4 During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:

- a. Copy of payroll stub to include year to date wages.
- b. Letter from federal or state agency indicating the amount of assistance received.
- c. Copy of most recently filed federal income tax return.
- d. List and value of monetary assets

5.5 Completed applications will be forwarded to the Customer Services Unit of the Patient Financial Services Department for review. Applications are to be retained for at least two (2) years.

5.6 An approval or denial letter will be sent directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.

5.7 Probable determination for Financial Assistance will be completed within two (2) business days.

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5.8 The approval process for financial assistance is as follows:

a. Financial Assistance:

Approval levels for patients who qualify for Financial Assistance:

- < \$10,000: Patient Financial Services Manager or his/her designee.
- \$10,000 - \$50,000: Patient Financial Services Director or his/her designee
- > \$50,000: VP of Finance or his/her designee.

b. Financial Hardship:

A Financial Assistance Committee will be established to review/approve patients who qualify under the Financial Hardship guidelines. The committee will include, but is not limited to, the following members: VP of Finance, Patient Access Director, PFS Director, and Director of Care Management. The committee will review each case on its merits and determine the level of financial assistance.

b. Social Service Program

The Patient Financial Services Manager or his/her designee can approve all patients who qualify for assistance under the Social Service Programs Guidelines, regardless of balance.

5.9 If a financial assistance request is denied, the patient or responsible guarantor may appeal the decision. Appeals will be reviewed for final determination as follows:

- < \$10,000: Patient Financial Services Director.
- \$10,000 - \$50,000: VP of Finance
- > \$50,000: Financial Assistance Committee.

5.10 Hospital contracted vendors will be required to follow this FMH policy.

5.11 Write offs of accounts meeting the criteria will be noted as financial assistance.

5.12 Refunds will be provided for amounts collected from a cooperative patient or guarantor of a patient who was found eligible for free care within two (2) years of the date of service. Patients or guarantors deemed to be uncooperative in providing required information may have their eligible timeframe reduced to 30 days after date of hospital service.

6.0 The FMH Board of Directors shall review and approve this policy every two (2) years.

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7.0 QUALITY ASSESSMENT:

- 1.1 The Poverty Guidelines are issued each year in the Federal Register by the department of Health and Human Services (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.
- 1.2 The Poverty Guidelines are available on line at: <http://faspe.hhs.gov/poverty/index.shtml>
- 1.3 Poverty guidelines are updated each year by the Census Bureau whereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.
- 1.4 Eligible care covered under this program is all necessary medical care provided.

APPENDIX 3

Mission/Vision/Value Statements

FMH Mission Statement

The Mission Statement is quite ambitious, and describes in a single sentence the purpose to which the employees and staff have dedicated their professional lives. In addition to purpose, our Mission Statement characterizes the parameters within which our operations are delivered, and details the programs through which services are rendered. But more than that, the FMH Mission Statement anchors the Frederick Community by solidifying a commitment to care that has never faltered. There is a stability to the words that suggests competency, compassion and confidence. They are comforting words to the citizens of our community, and remain steadfast and true regardless of world condition or personal circumstance.

FMH Statement of Values

Our Value Statement reflects those qualities of comportment and service delivery in which we believe as an organization. These attributes dovetail with our Mission Statement in that they describe the philosophy that directs our business operations and governs our provision of care. Each statement is powerful as a stand-alone expression of purpose and belief; but together they provide the foundation upon which the Frederick Memorial Healthcare System has been built.

FMH Vision

As powerful as our Mission and Values Statements are, it is our Vision Statement that most directly governs day-to-day operations, provision of care, and the personal comportment of employees and staff. **Superb Quality. Superb Service. All the Time.**

These seven words are the ideals to which we aspire every single day. They guide our business practices, our interactions with our customers and visitors, the care delivered to every patient, and the degree of respect with which we treat one another.

VISION

SUPERB QUALITY. SUPERB SERVICE.

All the time.

MISSION

The mission of Frederick Memorial Healthcare System is to contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, safe and convenient manner through a coordinated program of prevention, diagnosis and treatment, rehabilitation, and support.

VALUES

We believe in.

Quality • Responsibility • Stewardship • Respect & Dignity
Empowerment • Honesty & Integrity • Collaboration & Teamwork