



**FORT WASHINGTON MEDICAL CENTER  
COMMUNITY BENEFIT NARRATIVE REPORT  
FISCAL YEAR 2011**

**Submitted to:  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, Maryland**

**December 15, 2011**

**Fort Washington Medical Center**  
**11711 Livingston Road**  
**Fort Washington, MD 20744**

**Corporate Office:**  
**Nexus Health**  
**174 Waterfront St., Suite 225**  
**Oxon Hill, Maryland 20745**  
**Telephone: 301-686-9010**

**Submission Date: December 15, 2011**

Fort Washington Medical Center provided more than \$966,790 in community benefits during the reporting year 2010-2011 (July 1, 2010 to June 30, 2011). The benefits included charity care, teaching-preceptor opportunities, health screenings, community health education, community sponsorship opportunities, and community engagement activities.

**I. BACKGROUND**

**1. General Hospital Demographics and Characteristics**

<b>Bed Designation:</b>	<b>Inpatient Admissions:</b>	<b>Primary Service Area Zip Codes:</b>	<b>All other Maryland Hospitals Sharing Primary Service Area:</b>	<b>Percentage of Uninsured Patients, by County:</b>	<b>Percentage of Patients who are Medicaid Recipients, by County:</b>
Licensed for 41 beds; Staffed for 37 beds: 33 Beds - Acute-Care (2 East) 4 Beds - Critical Care Unit	2 East = 2,505 CCU = 304 TOTAL= 2,809	<ul style="list-style-type: none"> <li>• 20744</li> <li>• 20745</li> <li>• 20748</li> </ul>	None	14.8%	7.0%

**2a.** Fort Washington Medical Center (FWMC) is a licensed 41-bed acute-care hospital located in Southern Maryland. FWMC utilizes 33 acute-care beds and designates four beds for critical care use. The hospital primarily serves residents of Fort Washington, Maryland where the facility is based. However, it also serves residents of Oxon Hill and Temple Hills. Collectively, these three areas constitute more than 60 percent of the hospital’s entire patient base.

During this reporting period, Fort Washington Medical Center assessed 46,145 patients in its Emergency Room, admitted 2,809 as inpatients, and as a result of the lack of beds, transferred 364 patients to other hospitals.

## **2b. Demographic Characteristics and Social Determinants**

Fort Washington, Oxon Hill and Temple Hills comprise Fort Washington Medical Center's Community Based Service Area (CBSA) and are located in Prince George's County. The suburban cities are within a short distance from the Washington, D.C./Maryland line.

According to the U.S. Census Bureau (2010), Fort Washington, which encompasses a 14-square mile radius, has a population of 23,717 people. The racial dynamic of Fort Washington is primarily African-American with 70.64% residents; 13.4% White residents; 9.2% Asian, and the remainder of other races, including Asian, Native-American Indian, and Pacific Islander. The average household income is \$102,907. However, 4.1% of residents are considered below the poverty line. According to Zip-code.com, the median age of Fort Washington residents is 41.5 years.

Surrounding portions of Fort Washington is 9-square miles of land in Oxon Hill, Maryland. It extends along the 210 North corridors and along Southern Avenue, which separates it from Washington, D.C. According to the U.S. Census Bureau, its population is 17,722 residents. The racial make-up of Oxon Hill is 75.5% African-Americans; 10.9% Hispanic residents and 8.4% White residents. The remainder of residents consists of Asian, Native American, and Pacific Islander.

Zip-codes.com references the average age of Oxon Hill residents as 35.4 years and the average income per household as \$42,247. However, data from the Census Bureau regarding residents below the poverty line was noted as not applicable.

Another component of the FWMC service area is Temple Hills, which is 1.4 square miles, and is west of Oxon Hill and southeast of Washington, D.C. Temple Hills has a population of 7,852 people. African-Americans comprise the majority of the population with 86.9% residents, 6.2% Hispanic residents and 5.6% White residents. There is a small population of Native Americans, Asians, Pacific Islanders.

The average age of the residents in Temple Hills is 38.4 years and the median income is \$53,331. Nearly 14% of the population is considered below the poverty line.

According to the U.S. Census Bureau, 14.8% of the 825,284 residents of Prince George's County are uninsured. Information from WorldLifeExpectancy.com provides a life expectancy rate for male residents of 73.5 and 79.2 for the female population. Additionally, CountyHealthRankings.org cites Prince George's County's mortality rate as 8,374.

## **II. Community Needs Assessment**

Fort Washington Medical Center has not officially conducted a Community Health Needs Assessment, as defined within this reporting criterion. However, Fort Washington Medical Center uses a variety of sources to gauge the health needs of the communities it serves that includes studies, such as those conducted by the Prince George's County Council to assess the health and health care in the county, industry reports, face-to-face meetings, community engagement activities and dialogue with FWMC clinicians.

Last fall, Fort Washington held its 2010 Annual Meeting to also engage community members, many of whom were community health advocates to discuss the state of the hospital as well as the health of the community. FWMC used those resources to establish a Community Advisory Council to further gauge the pulse of the community and obtain feedback on the hospitals goals, objectives and the communities' needs.

Representatives from the FWMC Emergency Room, the Education/Performance Improvement Department, Patient Care Services and Corporate Communications and Finance work individually to maintain the data associated with Community benefits.

The Hospital continues to work with strategic partners to carry out its programming and partners with a host of churches, schools and community and health providers to offer educational health opportunities and or screenings.

### **III. Community Benefit Administration**

1. Fort Washington Medical Center does not currently have a Community Benefit's strategic plan developed and implemented. However, there are a number of individuals involved in our community benefits process. They are as follows;

- i. **Senior Leadership**

- CEO
- CFO
- FWMC Vice President of Performance Improvement and Patient Safety
- Corporate Director of Communications and Marketing
- Director of Patient Accounts
- Corporate Controller

- ii. **Clinical Leadership**

- Nurses

- iii. **Community Benefit Department Team**

**Individuals**

- Corporate Director of Communications and Marketing (Full-time FTE)
- Administrative Assistant – (Full-time FTE)
- Nurses (Full-time and Part-time FTEs)

Additionally, FWMC does not conduct an internal audit of its Community Benefits Report, nor is the spreadsheet or narrative reviewed and approved by the Board of Trustees.

#### **IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES**

Fort Washington Medical Center does not currently have a strategic Community Benefits program in place based on the definition described within the criterion.

#### **V. PHYSICIANS**

Fort Washington Medical Center has identified several gaps in the availability of specialist providers, including outpatient speciality care, to serve the uninsured cared for by the hospital. They include the following: Primary Care Physicians; Thoracic Specialists; Neurologists and Otolaryngologists.

## **VI. APPENDICES**

### **APPENDIX I**

#### **FORT WASHINGTON MEDICAL CENTER'S CHARITABLE CARE POLICY**

FWMC provides charitable care to those in need regardless of an individual's ability to pay for services. Care can be provided without charge, or at a reduced charge to those who do not have insurance, Medicare/Medical Assistance coverage and are without the means to pay. An individual's eligibility to receive care without charge, at a reduced charge or to pay for their care over time is determined on a case-by-case basis.

The hospital posts information pertaining to financial assistance in the registration area, the Emergency Department and at the receptionist's desk in the main lobby. Hospital personnel issues patients pamphlets upon registration with information regarding financial assistance, the process for applying for assistance and the appropriate contact information.

Additionally, FWMC provides financial assistance information as part of the intake process to patients and/or their families. The hospital also issues a copy of the hospital's patient handbook, which also contains financial assistance information. A financial counselor is also available to speak with patients regarding concerns about paying their bills and assist them with a MD Medicaid application or a MD PAT application, as appropriate.

## **APPENDIX II**

**Reference Attachment Below**

**FWMC Charitable Care Policy (Financial Assistance Policy)**

**TITLE: FINANCIAL ASSISTANCE PLAN**

**Policy No. RI 240**

**Page 1 of 6**

**PURPOSE:**

The purpose of this policy is to document the Fort Washington Medical Center (FWMC) process for granting financial assistance where patients are unable to meet their obligations to the organization due to lack of insurance or other financial resources or other conditions of financial hardship.

**POLICY:**

FWMC provides care to all patients regardless of ability to pay.

It is the policy of Fort Washington Medical Center to provide Financial Assistance based on inability to pay or high medical expenses for patients who meet specified financial criteria and request such assistance.

FWMC will communicate the availability of financial assistance on the hospital website and in hospital publications.

A notice of FWMC's Financial Assistance Plan will be posted in Admitting, Registration, Patient Accounts, in the Emergency Department, and Administration.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing (including any accounts having gone to bad debt within 3 months of application date) and any projected medical expenses.

A determination of Financial Assistance will be re-evaluated every six (6) months as necessary.

The Financial Assistance Plan will be re-evaluated at a minimum every calendar year (Poverty Table will be updated annually.)

**PROCEDURE:**

1. Patient's will be informed of the following upon admission through the Financial Assistance Brochure/Information Sheet:
  - a. Description of the Financial Assistance Policy;
  - b. Patient's rights and obligations with regard to hospital billing and collection under the law;
  - c. Contact information at the hospital that is available to assist the patient, the patient's family/significant other, or the patient's authorized representative in order to understand:
    - i. The patient's hospital bill;
    - ii. The patient's rights and obligations with regard to the hospital bill;
    - iii. How to apply for free and reduced cost care in the billing office;
    - iv. How to apply for the Maryland Medical Assistance Program and any other programs that may help pay the bill.



- d. Contact information for the Maryland Medical Assistance Program;
- e. Physician charges are not included in the hospital bill and are billed separately.
2. The patient's initial bill will include reference on whom to contact for Financial Assistance Information.
3. The Financial Assistance Brochure/Information sheet will be made available upon request to patients.
4. An evaluation for Financial Assistance can be commenced in a number of ways:
  - a. A patient with a self-pay balance due notifies the self-pay collector that he/she cannot afford to pay the bill and requests assistance.
  - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
  - c. A physician or other clinician refers a patient for financial assistance evaluation for potential admission.
5. The Insurance Verification Representative/Financial Counselor (located in the Admitting office), Admitting and Patient Accounts personnel will be responsible for taking Financial Assistance applications.
6. When a patient requests Financial Assistance, the staff member who receives the request will:
  - a. **AFTERHOURS/WEEKEND:** Give the patient a Financial Assistance Program and Practices brochure and application (attached) and refer the patient to contact the Insurance Verification Representative/Financial Counselor. Patients may drop off applications with anyone in the Admitting area.
  - b. **DURING THE WORKWEEK NORMAL BUSINESS HOURS:** Refer the patient to the Insurance Verification Representative/Financial Counselor.
7. The applicant must bring the following to any personnel in Admitting or Patient Accounts.
  - a. A completed Maryland State Uniform Financial Assistance Application (attached).
  - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return, and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
  - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
  - d. A Medical Assistance Notice of Determination (if applicable).
  - e. Proof of US citizenship or permanent residence status.
  - f. Proof of disability income (if applicable).
  - g. Reasonable proof of other declared expenses.

8. The Insurance Verification Representative/Financial Counselor will perform an assessment to determine if the patient meets preliminary criteria based on the family size/income as defined by Medicaid regulations (See Attached Poverty Level Guidelines Table).
9. A Letter of Conditional Approval for probable eligibility (see attached) will be sent to the patient within three days of receipt of a completed application.
10. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. If the patient's application for Financial Assistance is determined to be complete and appropriate:
  - a. the Insurance Verification Representative/Financial Counselor will forward all documents and recommended patient's level of eligibility to the Director, Patient Accounts;
  - b. the Director of Patient Accounts has the authority to approve/reject charity amounts less than \$5000; and
  - c. the Chief Financial Officer has the authority to approve/reject charity amounts estimated to exceed \$5000.
11. Applications received and preliminary determinations made by the Insurance Verification Representative/Financial Counselor will be sent daily to Patient Accounts for review.
12. The following must be met in order for a review for a final determination for a Financial Assistance adjustment:
  - a. The patient must apply for Medical Assistance unless the financial representative can readily determine that the patient would fail to meet the disability requirement. In cases where the patient has active Medicare Prescription Drug Program or Qualified Medicare Beneficiary (QMB) coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
  - b. Review viability of offering a payment plan agreement.
  - c. The patient must be a United States of America citizen or permanent resident (Must have resided in the U.S.A. for a minimum of one year).
  - d. All insurance benefits have been exhausted.
13. A Letter of Final Determination (see attached) will be sent to the patient within 30 days to inform him/her eligibility for:
  - a. Financial Assistance (Full or partial)
  - b. Payment Plan
14. FWMC has the option to designate certain elective procedures for which no Financial Assistance options will be given.

15. Once a patient is approved for Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to Fort Washington Medical Center. If a patient is approved for a percentage allowance due to financial hardship and the patient does not make the required initial payment within 60 days towards their part of the bill, the Financial Assistance allowance will be reversed and the patient will owe the entire amount. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.
16. Any payment schedule developed through this policy will ordinarily not exceed two years in duration. In extraordinary circumstances, a payment schedule may extend to three years in duration, with the approval of the Chief Financial Officer.
17. The Director of Patient Accounts will advise ineligible patients of other alternatives available to them including Medical Assistance or bank loans.

**GLOSSARY**

<b>TERM</b>	<b>DEFINITION</b>
Catastrophic circumstances	A situation in which the self-pay portion of the FWMC medical bill is greater than the patient/guarantor's ability to repay with current income and liquid assets in 24 months or less.
Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
Liquid Assets	Cash/Bank Accounts, Certificates of Deposit, bonds, stocks, Cash Value life insurance policies, pension benefits.
Living Expenses	Per person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Permanent Resident	Holder of a United States Permanent Resident Card, also known as a "green card," which is an identification process card attesting the permanent resident status of alien in the United States of America. The green card serves as proof that its holder, a Lawful Permanent Resident (LPR), has been officially granted immigration benefits, which include permission to conditionally reside and take employment in the USA. The holder must maintain his permanent resident status, and can be removed if certain conditions of such status are not met.
Projected Medical Expenses	Patient's significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e. drugs, co-pays, deductibles and durable medical equipment.)
Qualified Medicare Beneficiary (QMB)	The QMB program is for persons with limited resources whose incomes are at or below the national poverty level. It covers the cost of the Medicare premiums, coinsurance and deductibles that Medicare beneficiaries normally pay out of their own pockets.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, social security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments; and, credit bureau reports.
Take Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service, after taxes and other deductions.

**TRAINING:**

All staff will be informed of the Financial Assistance Plan and their specific responsibilities related to this plan.

Training will be provided at orientation, annual professional update and periodically as indicated.

**DOCUMENTATION:**

Registrars will document that they provided the newly admitted patient with the Financial Assistance Brochure/Information Sheet in the information system by placing a check in the HIPAA box. This check indicates that HIPAA, Patient's Rights Brochure and the Financial Assistance Brochure was given to the patient.

**ANNUAL EVALUATION:**

FWMC Trends of Annual Percent of Financial Benefit  
Update Poverty Table  
Review of literature for national, state and local legislative review to maintain current compliance.

**APPROVAL PROCESS/COMMITTEE FLOW:**

Finance Committee  
Patient Safety/Performance Improvement Committee (for information)  
President and CEO

**REFERENCE (S):**

January 2009 Federal Register (2009 Poverty Level Guidelines)  
Maryland legislation §19-214.1  
Maryland State Uniform Financial Assistance Application located at  
[[http://198.173.115.122/data\\_collection\\_tools/documents/uniformfinancialassistance.doc](http://198.173.115.122/data_collection_tools/documents/uniformfinancialassistance.doc)]  
FWMC Patient Rights and Responsibilities brochure  
HB 1069 HSCRC Financial Assistance and Debt Collection Policy (Effective 6/1/2009)

**ATTACHMENT(S):**

Financial Assistance Program and Practices brochure  
Letter of Conditional Approval  
Letter of Determination  
Financial Assistance Notice for lobby  
2009 Poverty Level Guidelines (January 2009 Federal Register)  
Maryland State Uniform Financial Assistance Application

<b>DATE REVIEWED:</b>	<b>SIGNATURE:</b>	<b>DATE REVIEWED:</b>	<b>SIGNATURE:</b>
<b>APPROVED:</b> <b>Verna S. Meacham, President/CEO</b>	<b>DATE ISSUED:</b> <b>11/1998</b>	<b>DATE REVISED:</b> <b>12/21/07, 6/2009</b>	

**2009 POVERTY GUIDELINES**

**ALL STATES EXCEPT ALASKA AND HAWAII AND D.C.**

**Income Guidelines as Published in the Federal Register on January 2009**

**ANNUAL GUIDELINES**

<b>FAMILY SIZE</b>	<b>PERCENT OF WRITE OFF</b>								
	100%	90%	80%	70%	60%	50%	40%	20%	10%
<b>1</b>	16,244.00	19,494.00	21,604.00	21,930.00	24,367.00	28,428.00	30,052.00	32,490.00	40,612.50
<b>2</b>	21,855.00	26,226.00	29,067.15	29,504.25	32,827.50	38,246.25	40,431.75	43,710.00	54,637.50
<b>3</b>	27,465.00	32,958.00	36,528.45	37,077.75	41,197.50	48,063.75	50,810.25	54,930.00	68,662.50
<b>4</b>	33,075.00	36,690.00	43,989.75	44,651.25	49,612.50	57,881.25	61,188.75	66,150.00	82,687.50
<b>5</b>	38,685.00	46,422.00	51,451.05	52,224.75	58,027.50	67,698.75	71,567.25	77,370.00	96,712.50
<b>6</b>	44,295.00	53,154.00	58,912.35	59,798.25	66,442.50	77,516.25	81,945.75	88,590.00	110,737.50
<b>7</b>	49,905.00	59,886.00	66,373.65	67,371.75	74,857.50	87,333.75	92,324.25	66,540.00	124,762.50
<b>8</b>	55,515.00	66,618.00	73,834.95	74,945.25	83,272.50	97,151.25	102,702.75	111,030.00	138,787.50

FOR FAMILY UNIT OF MORE THAN 8 MEMBERS, ADD \$3,740 FOR EACH ADDITIONAL MEMBER.



# Maryland State Uniform Financial Assistance Application



**I. Family Income**

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
<b>Total</b>	_____

**II. Liquid Assets**

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
<b>Total</b>	_____

**III. Other Assets**

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
<b>Total</b>		_____

**IV. Monthly Expenses**

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
<b>Total</b>	_____

Do you have any other unpaid medical bills?      Yes      No

For what service? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to Patient

**Please return this form to a Financial Counselor located in the Admitting Office.  
 If you have any questions, please call: 301-203-2271 or 2154.**



Fort Washington Medical Center  
11711 Livingston Road  
Fort Washington, MD 20744

**Maryland State Uniform  
Financial Assistance Application**



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**Please return this form to a Financial Counselor located in the Admitting Office.  
If you have any questions, please call: 301-203-2271 or 2154.**



## Fort Washington Medical Center

11711 Livingston Road  
Fort Washington, MD 20744

### LETTER OF CONDITIONAL APPROVAL FOR FINANCIAL ASSISTANCE

Date:

Dear Sir or Madam:

We have reviewed your MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION. Based on the information provided, our preliminary decision is that you qualify for:

- Financial Assistance
  - Full
  - Partial
- Payment Plan
- No Financial Assistance

In order to make a final determination, please provide us with the following information:

- A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return, and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
- A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
- A Medical Assistance Notice of Determination (if applicable).
- Proof of US citizenship or permanent residence status.
- Proof of disability income (if applicable).
- Reasonable proof of other declared expenses.
- No other information is necessary at this time.
- 

You will be notified within thirty days of our final determination. We thank you for your patience. If you have any questions or if we can be of further assistance, please feel free to call the Insurance Verification Representative/Financial Counselor at 301-203-2271 or 2154 or myself at 301-203-5401.

Sincerely,

Betty Edwards  
Director, Patient Accounts



## **Fort Washington Medical Center**

11711 Livingston Road  
Fort Washington, MD 20744

### **FINAL LETTER OF DETERMINATION FOR FINANCIAL ASSISTANCE**

Date:

Dear Sir or Madam:

We have reviewed your MARYLAND STATE UNIFORM FINANCIAL APPLICATION. Based on the information provided, our final decision is that you qualify for:

- Financial Assistance
  - Full
  - Partial
- Payment Plan
- No Financial Assistance

We thank you for your patience during this review process. If we can be of further assistance, please feel free to call the Insurance Verification Representative/Financial Counselor at 301-203-2271 or 2154 or myself at 301-203-5401.

Sincerely,

Betty Edwards  
Director, Patient Accounts

## **APPENDIX III**

### **FORT WASHINGTON MEDICAL CENTER'S MISSION, VISION AND VALUES**

#### **Our Mission**

The mission of Fort Washington Medical Center is to make a positive difference in the lives of those we serve by providing quality, responsive health care services and treating each patient with dignity, care and compassion.

#### **Our Vision**

The vision of Fort Washington Medical Center is to be recognized as a superior, innovative health care system exhibiting excellence in patient/resident care and safety, illness prevention and the wellness needs of our communities.

#### **Our Core Values**

**Caring \* Compassion \* Dignity \* Diversity \* Excellence \* Safety \* Teamwork**

#### **CARING**

Doing the best we can to make the condition or situation better

#### **COMPASSION**

Providing inspired care for others as you would want done for yourself or loved ones

#### **DIGNITY**

Treating all with respect and worthiness

#### **DIVERSITY**

Accepting and respecting all individuals

#### **EXCELLENCE**

Exceeding expectations in all aspects of care with every patient encounter

#### **SAFETY**

Operating with the intention to keep patients/customers/employees from harm or danger while maintaining a safe (hazard free) physical environment

#### **TEAMWORK**

Working in harmony with empathy for others and a shared passion for the success of the organization to make FWMC a place where we want to come to work