

Community Benefit Report FY10

Western Maryland Health System

Narrative Report

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

WMHS is licensed for 275 beds and 20 bassinets in fiscal year 2010. Together there were 17,450 adult inpatient admissions and 1104 newborns in fiscal year 2010.

2. Describe the community your organization serves. Includes geographic, demographic characteristics relevant to the needs WMHS seeks to meet-population, average income, % households with incomes below fpl, % patients who are uninsured or receive Medical Assistance, life expectancy and mortality rates.

The Western Maryland Health System provides primary and secondary acute care services for a six county region covering: Upper Potomac region of Maryland, Eastern West Virginia, and Southwestern Pennsylvania. The service area encompasses the majority of Allegany and Garrett Counties in Maryland, Mineral County and selected zip codes in Hampshire County in West Virginia, and Bedford and Somerset Counties in Pennsylvania. WMHS leads the market with a 76.1% market share in its total service area with population of approximately 128,500 people. 81.3% of WMHS patients come from the two MD counties, 16.4% from the two counties in WV and 2.3% from the two counties in PA. 76.6% of WMHS patients reside in Allegany County.

The following table details the demographic characteristics of each county in the WMHS service area.

Characteristic	Allegany MD	Garrett MD	Mineral WV	Hampshire WV	Bedford PA	Somerset PA	USA
Total Population ¹	72,419	29,647	26,725	22,445	49,639	77,827	---
% Population 65 years and over¹	18%	16.6%	14.2%	14.9%	17.5%	18.7%	12.6%
Median household income¹	\$37,440	\$45,084	\$39,246	\$36,531	\$39,325	\$37,500	\$52,175
% Individuals living below FPL²	14.8%	13.3%	14.7%	16.3%	10.3%	11.8%	12.4%
% receiving Medical Assistance³	22.3%	23.9%	16.5%	17.1%	17.5%	16.8%	---
% uninsured under 65 yrs.⁴	12%	18%	19%	24%	12%	14%	17.5%
Average life expectancy⁵	76.3 yrs.	77.2 yrs.	75.2 yrs.	76.1 yrs.	77.5 yrs.	77.0 yrs.	76.5 yrs.

1 US Census Bureau American Community Survey 3year estimates 2006-2008

2 US Census Bureau American Community Survey 2000 Demographic Profile

3 HRSA Area Resource File 2008

4 County Health Ranking 2005

5 Community Health Status Indicators, 2009

The service area contains a larger percentage of elderly than the United States overall, and several common characteristics are linked to the financial hardship in the region. The median household income for all of the counties in the area is below the United States. Only the two Pennsylvania counties, from which the least patients are pulled, has less individuals living below the federal poverty level when compared to the US overall. Between 30-44% of each county in the service area is either uninsured or receives Medical Assistance.

The average life expectancy in the counties ranges from 75.2 years to 77.5 years, which is around the US average of 76.5 years. When reviewing the measures of death in the Community Health Status Indicators (2009), two of the leading causes of death found in 5 of the 6 counties are heart disease and breast cancer.

3. Identification of Community Needs. Describe process WMHS used for identifying the health needs in the community most recently. Did you consult with the local health department?

Western Maryland Health System has a long history of addressing community needs and is often approached by members of the community for support. During FY10, WMHS completed an extensive planning process that culminated with the opening of the Western Maryland Regional Medical Center in November 2009. Numerous partners and employees had input in the new hospital facility and relocation of many WMHS services. Most of WMHS is now located near the local health department and community college, improving access for the community.

The mission of the WMHS is to improve the health status and quality of life of the individuals we serve, especially those in need. Commitment to the cause extends from the employees to the Board of Directors, and is reflected in the strategic plan and goals. Through the strategic planning process, adequate resources are identified and community service initiatives are aligned with system-wide objectives. Community service priorities remain to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable.

The last formal assessment completed by the local health department was in 2001 as part of the Maryland Health Improvement Plan. Since then the Allegany County Health Department has depended on secondary data and input from unit chiefs and executive staff. In FY10 they identified the top three priorities as; lack of primary care/adult dental, mental health/substance abuse, and inadequate social support/poverty. A summary of this information was reviewed by WMHS, and found it reflected their plans to address access to care, poverty and health improvement.

In 2009, WMHS participated in a community needs assessment lead by the County United Way to identify key priorities in the surrounding counties. This year WMHS remained engaged in County United Way's efforts to address the priorities.

When exploring the needs and feasibility of various projects, WMHS also uses data compiled by the state or federal government such as, Maryland Vital Statistics, Healthy People 2010, Behavioral Risk Factor Surveillance System, US Census Bureau, and various reports from the Maryland Department of Health and Mental Hygiene, Maryland Health Care Commission, and Health Services & Cost Review Commission. Utilization and discharge data is also analyzed to determine or clarify needs when appropriate.

Community needs related to health improvement and access to care are regularly discussed via community partners and the Workgroup on Access to Care. The groups usually meet bimonthly and include representatives from the local health department, social services, local non-profit organizations, health care organizations, and community leaders. The Workgroup on Access to Care met in FY10 on September 17, December, February 18, April 8 and June 17. Subgroups of the same partners worked throughout FY10 on oral health issues, medication safety, and obesity.

4. Please list the major needs identified through the process explained in question 3.

WMHS is in a medically underserved and economically depressed region of western Maryland. The major needs are to address the barriers associated with poverty, access to care and preventable risk factors.

Whether it is a discussion with the Western Maryland Health System Foundation, the Workgroup on Access to Care, County United Way, or clients at the various health and human service agencies; access to health care and prevention remain community priorities. WMHS's community benefits initiatives continue to include health improvement, community investment, and access for the low income uninsured.

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of WMHS?

Strategic planning at the Western Maryland Health System includes representation from the governing boards, Administration, Community Advisory Board, Physicians, and indirectly from staff and external customers. Community benefits planning involve staff from the following departments: Finance, Community Relations, Community Health and Wellness, Parish Nursing, Perinatal & Pediatrics, Financial Assistance Program, Forensic Nurse Examiner Program, Dietary, Cancer Services, and other services as appropriate. Staff and customers from these areas share suggestions and concerns throughout the year that are incorporated into the planning process whether it be the addition of a service, submission of a grant application, advocacy or donation.

In FY10, the WMHS Board of Directors established a goal to strengthen the role and visibility of WMHS as the regional leader in Community Health and Wellness by expanding program capacity and participation, increasing public awareness of services and WMHS's role, and increasing grant support. The intent was to increase participation by 10% for FY 2010), with

special attention to reducing obesity and promoting healthy lifestyle choices. Program growth targeted expanded health screening, community-wide weight reduction, collaborative exercise and healthy eating, and continued leadership of regional services to low income, uninsured, and underserved populations. Monthly updates were shared by the Community Health & Wellness Director to WMHS Administration, Community Advisory Board and Board of Directors.

6. Do any major community benefit program initiatives address the needs listed in #4, and if so, how?

WMHS targets the needs of the low-income uninsured and underserved populations, prevalence of chronic disease and associated risk factors, and community asset development, reflective of the needs listed above. Priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable.

As a not-for-profit health system, WMHS provides care to all, regardless of their ability to pay. In fiscal year 2010, we provided about \$6 million in charity care. There are a number of patient care services that are not self-supporting that we continue to provide since we are the community's only provider.

Making sure that patients have the follow-up resources that they need is also a priority and we work cooperatively with many other community organizations. WMHS maintains the software used by many community service agencies, including WMHS, to screen low income, uninsured and underinsured residents for assistance. Residents can visit any one of the various agencies to determine their eligibility for support services from all of the agencies. WMHS provides both financial support and in-kind support to numerous community organizations that share our mission.

Through Community Health & Wellness preventive health screenings, health fairs and education programs are offered throughout the community. With the Community Health Improvement Partners and Workgroup on Access to Care, WMHS is able to increase its outreach and enhance the impact.

In FY10, WMHS made substantial strides in strengthening the visibility of its community health role:

- Established WMHS as the regional resource for the state's Healthiest Maryland campaign;
- Engaged 11 community partners to provide 20 resource stations at the annual health fair addressing specific deficiencies identified in the County Health Rankings
- Led a coalition of WMHS, United Way, the YMCA and several other area agencies in applying for a \$25,000 grant for comprehensive planning to reduce obesity; planning grant denied, but recommended for future consideration for implementation funding
- Total participation increased during FY 10 by 7.3%.
- Special attention to obesity was demonstrated by the increase of related visits by over 30% from 3400 to over 4500.
- Special attention to lifestyle choices was demonstrated by the increase of related visits by almost 20% from 1566 to 1865.

- Total health screenings increased by 23% from 7046 to 8668, including the increases noted above for weight control.
- WMHS established the on-grounds farmers' market to reinforce healthy eating and the CDC promotion of locally grown fresh produce.
- Participation in the community-wide CAP data base increased by over 9% from 13,027 to 14,214, reflecting the expected increase in the uninsured and underinsured population due to the economy.

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

The community benefit initiatives at WMHS are divided into three major categories: Health Improvement, Access for Uninsured, Low Income & Underserved, and Community Investment-Safety. Each year the output from activities in each of these major categories is assessed along with the resource allocation to determine its status. The table below highlights the findings in FY10.

Major Categories	Nature of Evaluation	Result of Evaluation
Health Improvement	<ul style="list-style-type: none"> • Participation in community health education and screenings (Number of encounters) • Weight loss & activity levels of challenge participants • Review of evidence based best practices • Revenue & Expenses 	<p>With an increased number of encounters and the support of best practices, it was determined to continue most of the activities within this category. Due to the successful outcome of the challenges, there will be an increase in services addressing healthy living and reducing obesity. Support of breastfeeding was increased due to evidence based literature and its link to obesity. In FY10 the focus was on prevention and risk factors versus disease management. This will likely continue. Based on a review of best practices and input from the medical director, it has been determined to discontinue the community based prostate screening and rather refer men to their primary care provider.</p>
Access for Uninsured, Low Income, & Underserved	<ul style="list-style-type: none"> • Participation in programs for the uninsured (Number of encounters) • Intakes, Referrals and Enrollments in the Community Access Program Management Information System • Number of uninsured clients linked to public programs and/or private insurance • Percentage of 	<p>Data related to the uninsured is compiled monthly and reviewed regularly with the Workgroup on Access to Care. When the number of intakes, referrals, and enrollments were skewed the partners discussed the possible causes, adjusted processes, and occasionally requested edits in the CAP MIS specifications. This increase and the positive results of linking clients with coverage and reducing ER use have resulted in continued support for these services. Based on reduced encounters and the expanded services of local health departments for breast</p>

	<p>Emergency Room Use by uninsured clients 1 year pre and post enrollment in the program</p> <ul style="list-style-type: none"> • Number of uninsured clients provided access to services • Revenue & Expenses 	<p>and cervical cancer screening, changes were made to WMHS programs. Through collaboration, access to oral health services for uninsured adults has increased.</p>
Community Investment-Safety	<ul style="list-style-type: none"> • Financial and value of in-kind contributions to the community 	<p>The WMHS Administration and Board of Directors discuss the impact these contributions have on the community along with financial projections when determining what to approve in the next year's budget. IN FY10, significant equipment donations were made as a result of consolidating facilities.</p>

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Western Maryland is still affected by the physician shortages that were documented by the 2007 study by the Maryland Hospital Association and Med Chi. Areas of identified shortages include general surgery, neurosurgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, plastic surgery, and urology. Based on input from uninsured patients and community agencies, there is a gap in the availability of orthopedics, cardiology, and primary care.

In the last year WMHS was successful in recruiting a pediatrician, plastic surgeon, and general surgeon. Based on community need, recruitment continues for a cardiologist, primary care physicians, hospital medicine physicians, orthopedic surgeons and a urologist.

Appendices:

1. Describe Charity Care Policy-how inform patients about eligibility (Appendix 1)
2. Copy of Charity Care Policy (Appendix 2)
3. Describe hospital's mission, vision and value statements (Appendix 3)
4. Copy of statement (Appendix 4)

Appendix 1- Informing Patients of Eligibility

Western Maryland Health System FY10

Description of the Charity Care Policy

The Western Maryland Health grants charity care to those patients who demonstrate a financial need. WMHS has signs posted at all sites where patients are admitted for inpatient care and all sites where patients receive outpatient services, including the emergency room.

Applications for Financial Assistance are made available to patients at the time services are rendered. Applications for Financial Assistance are also made available to any patient or their family members who request the form be mailed to them.

WMHS contracts with an outside agency to interview all inpatients who do not have insurance coverage. When feasible the initial contact is made prior to discharge. The contractor explains to the patient or their family member(s) the benefits that may be available to them through the federal, state and local programs including Medical Assistance, Primary Adult Care and Medicare. The contractor assists the patient or their families in completing applications and accompanies them if needed to any appointments for the purpose of obtaining benefits through the various public programs.

WMHS provides a telephone number for financial assistance on patient statements. WMHS also has staff dedicated to follow-up and assist any patient or their family member(s) who needs support in obtaining financial assistance.

Patients determined to be ineligible for government benefits may be referred to WMHS Community Health & Wellness and its Community Health Access Program, (CHAP). This unique program, a joint venture of the Western Maryland Health System and Allegany Health Right, links participants to a primary care physician and appropriate health and social services, such as prescription programs, nutritional counseling, and diagnostic care. Through CHAP enrollment individuals are screened for potential eligibility in over 40 area programs.

WESTERN MARYLAND HEALTH SYSTEM DEPARTMENTAL Policy Manual	<u>Department/Division:</u> Business Office	<u>Policy Section:</u>
	<u>Effective Date:</u> July 1, 2009	<u>Policy Number:</u> 400-04

UNCOMPENSATED CARE (FINANCIAL ASSISTANCE PROGRAM)

POLICY

The Western Maryland Health System’s policy is fair and reasonable for patients who are unable to pay for their services.

PROCEDURE

To determine indigency for our purposes, each case is evaluated on an individual basis. This is done at the time of admission, or after services have been rendered, when our records indicate that a potential charity situation exists. In some cases, the patient cannot be contacted due to isolation, ICU, and other emergency admissions until discharge of the patient.

When determining indigency, the following indications are considered:

1. Aged patients existing on Social Security or Welfare;
2. State, County or Federal Welfare recipients (cash grants);
3. Patients with terminal illnesses who have no future earning capacity;
4. Disabled patients who have limited or no earning ability;
5. Patients whose guarantor is uninsured or underinsured;
6. Patients whose guarantor is unemployed or marginally employed;
7. Patients whose guarantors indicate inability to pay for hospital services;
8. It is recognized that Old Order Amish and Old Order Mennonite patients do not rely on in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay, will be granted a 25% discount when bill is paid in full within 30 days of service.

Decisions on probable eligibility will be made within two business days of an initial application. After an evaluation and determination is made that an uncompensated care situation exists (Policy 400-5), the account is written-off and placed in a special file established for that purpose, and there is no further activity on the account.

By using the Federal poverty income guidelines published annually in the Federal Register, a patient may be found to be responsible for only a percentage of their bill according to their income and number of dependents. The patient’s responsibility will be capped based on a percentage of their income. Decisions on probable eligibility will be made within two business days of an initial application. In such cases, a percentage of the bill is charged to the Financial Assistance Program and the patient or his agent is required to pay the remainder not charged to the Financial Assistance Program.

Patients who fail to meet payment requirements will have the amount written off under the Financial Assistance Program debited back to the account before placement to a collection agency.

APPROVAL

Director, Business Operations

Date

Michele R. Mantz

Vice President, Financial Services

4-1-10

Date

Original Date: 07/01/09
Revised Date(s): 04/01/10

SLIDING SCALE ADJUSTMENTS Based on FPL 2010

WMHS Financial Assistance Program (Charity Care) and *Community Health Access Program (CHAP) - stops at 250% FPL

PATIENT RESPONSIBILITY PERCENTAGES

Size of family unit	0% (PAC-FAP-unless exception noted)	10%	20%	30%	40%
1	0 (\$10,830) - \$21,767	\$21,768 - \$24,367	\$24,368 - \$27,074	\$27,075 - \$29,674	\$29,675 - \$32,490
2	0 (\$14,570) - \$29,285	\$29,286 - \$32,782	\$32,783 - \$36,424	\$36,425 - \$39,922	\$39,923 - \$43,710
3	0 (\$18,310) - \$36,802	\$36,803 - \$41,197	\$41,198 - \$45,774	\$45,775 - \$50,169	\$50,170 - \$54,930
4	0 (\$22,050) - \$44,320	\$44,321 - \$49,612	\$49,613 - \$55,124	\$55,125 - \$60,417	\$60,418 - \$66,150
5	0 (\$25,790) - \$51,837	\$51,838 - \$58,027	\$58,028 - \$64,474	\$64,475 - \$70,665	\$70,666 - \$77,370
6	0 (\$29,530) - \$59,354	\$59,355 - \$66,442	\$66,443 - \$73,824	\$73,825 - \$80,912	\$80,913 - \$88,590
7	0 (\$33,270) - \$66,872	\$66,873 - \$74,857	\$74,858 - \$83,174	\$83,175 - \$91,160	\$91,161 - \$99,810
8	0 (\$37,010) - \$74,389	\$74,390 - \$83,272	\$83,273 - \$92,524	\$92,525 - \$101,407	\$101,408 - \$111,030
FPL range	Thru 200%	201% - 224%	225% - 249%*	250% - 274%	275% - 300%

Each additional person, add \$3,740 to base FPL.

WESTERN MARYLAND HEALTH SYSTEM DEPARTMENTAL Policy Manual	<u>Department\Division:</u> Business Office	<u>Policy Section:</u>
	<u>Effective Date:</u> July 1, 2009	<u>Policy Number:</u> 400-05

**PROCEDURE TO DETERMINE INDIGENCY FOR POLICY ON UNCOMPENSATED CARE
(FINANCIAL ASSISTANCE PROGRAM)**

In accordance with the Western Maryland Health System's Policy on Uncompensated Care (Policy #400-04), an evaluation of a patient's or guarantor's ability to pay for hospital services shall be conducted as follows:

1. Determination should be made that all forms of insurance are not available to pay the patient's bill (Medicare, Medicaid, Blue Cross, or private commercial insurance).
2. Determination of income will be made after reviewing all available documents such as copies of income tax returns, pay stubs, bank statements showing direct deposits of social security checks, etc. Certain medical expenses may be allowed in calculating available income to cover hospital bills.
3. Determine Assets and Resources – In some situations, a patient or guarantor's assets such as certificates of deposits or checking accounts with a balance of \$5,000 or greater may be considered in determining need.
4. Considerations in Applying for the Financial Assistance Program
 - A. Working, able-bodied patients, over the age of 21, with no disabilities and not pregnant do not usually qualify for Medical Assistance. At the discretion of the Supervisor and Department Director, the requirement of the patient making application for Medical Assistance may be waived.
 - B. The Financial Assistance application, when approved, is backdated for services rendered 12 months prior to approval and valid 24 months after approval.
 - C. In certain situations, a 12-month waiting period to reapply for the Financial Assistance Program may be waived.
 - D. Approved applicants will be subject to recertification 12 months from the date their application was approved, if it is determined that their income may be changed since the patient or guarantor originally applied.
 - E. Account(s) of the applicant which have been previously placed with a Collection Agency are not included in the application for the Financial Assistance Program.
5. Application
 - A. The cover letter attached to the Financial Assistance Program application specifies the application to be returned within 10 working days with requested information. If the patient or guarantor does not respond, the patient or guarantor will be considered as not interested. If partial information is returned, the applicant will be given additional time provided all the information that was requested in the application.
 - B. Decisions on probable eligibility will be made within two business days of an initial application. The applicant will be notified in writing by the WMHS Business Office of the determination. If additional information is needed for a final determination, the patient or guarantor will be told what additional information is required and the final determination will be communicated to the patient or guarantor in writing within two business days of receiving the additional information.

- C. The patient or guarantor will be made aware that they are attesting to the fact that the information they have provided is a complete and accurate statement of their financial situation by having the Financial Disclosure Statement signed.
- 6. Patient Financial Obligation – Applicants receiving assistance through the Financial Assistance Program must agree to make monthly payments based on the current policy regarding extended payment terms.

APPROVAL

Director, Business Operations

Date

Nichole R. Metz

Vice President, Financial Services

4-1-10

Date

Original Date: 07/01/09
Revised Date(s): 04/01/10

Appendix 3: Description of Mission, Vision & Values

Western Maryland Health System FY10

Mission, Vision & Values

Western Maryland Health System has a long history of addressing community needs and is often approached by members of the community for support. The mission of the WMHS is to improve the health status and quality of life of the individuals we serve, especially those in need. Commitment to the cause extends from the employees to the Board of Directors, and is reflected in the strategic plan and goals. Through the strategic planning process, adequate resources are identified and community service initiatives are aligned with system-wide objectives. Community service priorities are to promote healthy behaviors, create safe environments, and increase access to services for the vulnerable. Through responsible management of resources and collaboration with partners WMHS is committed to sustain programs that address the community service priorities.

We are a values-driven system that respects and supports life, preserves the dignity of each individual, and promotes a healthy and just society through collaboration with others who share our values. Our actions are guided by our core values: Respect; Integrity; Quality; Community Advocacy; and Resourcefulness.

- **Respect** - Treating those we serve and with whom we work with compassion, demonstrating a high regard for the dignity and worth of each person.
- **Integrity** - Honesty and straightforwardness in all relationships.
- **Quality** - Continuous improvement through creativity and teamwork.
- **Community Advocacy** - Fostering the overall well being of the community, especially those in need, through charitable and community service and responsible action as a corporate citizen.
- **Resourcefulness** - Effective stewardship of the community

WMHS is also the region's largest employer and, as such, one of our strategic initiatives is to be a good corporate neighbor. As a not-for-profit health system, we provide care to all, regardless of their ability to pay. In fiscal year 2010, we provided about \$6 million in charity care. There are a number of patient care services that are not self-supporting that we continue to provide since we are the community's only provider. We provide patient and family-centered services through responsible management of our human and fiscal resources.

Making sure that patients have the follow-up resources that they need is also a priority and we work cooperatively with many other community organizations. WMHS took the lead in developing and maintains the software used by many community service agencies, including WMHS, to screen low income, uninsured and underinsured residents for assistance. Residents can visit any one of the various agencies to determine their eligibility for support services from all of the agencies.

WMHS provides both financial support and in-kind support to numerous community organizations that share our mission. In addition to corporate giving, our WMHS Employees Fund contributes more than \$70,000 each year to local nonprofit organizations. WMHS hosts several bloodmobiles for the American Red Cross. It also makes meeting room space available for community organizations at no fee.

WMHS serves as a clinical site for students enrolled in health-related studies at a nearby community college as well as from other colleges and universities. High school students interested in health careers and Kindergarten students from surrounding counties visit the hospital to learn about the services provided. Through these efforts WMHS hopes to secure a quality workforce long into the future.

**Western Maryland Health System
Strategic Priorities
Fiscal Year 2010**

Reviewed January 13, 2010

Mission

- Improve health status and quality of life.
- Improve patient and family-centered services.
- Respect and support life.
- Preserve the dignity of individuals.
- Promote a healthy and just society through collaboration.

Vision

With a commitment to excellence, we envision a premier health care system of quality services that advances the health and well-being of the communities of the Tri-State region. Through partnership with our medical staff and other organizations, we will provide for ease of access to a coordinated network of services that addresses the needs of individuals and families.

Statement of Organizational Ethics

Consistent with our Core Values, we hold all persons and business partners who provide health care services to our patients accountable for their performance in accordance with the standards of business and professional ethics as defined and promulgated by the WMHS Board of Directors.

Values

Respect
Integrity
Quality
Community Advocacy
Resourcefulness

Strategies

PEOPLE

Strengthen organizational effectiveness through a commitment to excellence in medical staff, employees, leadership, and governance.

QUALITY

Support an environment that advances safety and continuous improvement through creativity and partnership with our medical staff and other organizations.

SERVICE

Develop, implement, and continually improve processes to consistently meet our patients' expectations for excellent care and service.

FINANCE

Generate an adequate annual profit to cover annual debt obligations and capital equipment purchases while maintaining standards of excellence in the three areas of satisfaction.

GROWTH

Achieve fiscally responsible growth throughout the service area in collaboration with key partners.

Key Goals

July to December 2009

1. Implement staff plans, team building and training to accomplish seamless transition to WMRMC,
Measure of Success: No increase in the number of patient complaints from July to December vs. first half of calendar year.

July to December 2009

1. Implement unified policies and procedures for WMRMC to deliver safe care and quality service as planned, within standards and without interruption upon occupancy.
2. Execute the One Team Transition Plan as scheduled to assure readiness for the transition
Measures of Success: All policy, procedure and transition steps accomplished according to schedule to assure readiness; meet all regulatory requirements.

July to December 2009

1. Design a comprehensive plan for the use of HCAHPS as our primary patient satisfaction tool
Method of Measure: Complete plan ready for implementation in January 2010.
2. Implement service-focused operating procedures for the new hospital.
Measure of Success: Successfully develop and implement comprehensive, affordable operating plans for each key patient service center by the date of occupancy of the new hospital.

July to December 2009

1. Open new hospital within the construction budget and have the necessary amount of cash on hand after equipment and MOB development costs.
Measure of Success: Come in at or under capital budget of \$279,435,733 and have a minimum of 40 days cash on hand at 6/30/10.

July to December

1. Devise communications and service delivery processes to meet the expected increased demand for service in the new hospital and meet or exceed new customer expectations.
Measure of Success: Improved Patient Satisfaction
2. Implement OP Diagnostic Plan to complement WMRMC services
Measure of Success: On Time for Nov 23 opening; on budget.

Western Maryland Health System Strategic Priorities Fiscal Year 2010

	<u>PEOPLE</u>	<u>QUALITY</u>	<u>SERVICE</u>	<u>FINANCE</u>	<u>GROWTH</u>
Key Goals	<p>January to June 2010</p> <p>2. Implement the new leadership alignment practices to support strategic planning, performance management and Leadership Development (LD). <u>Measure of Success:</u> LD curriculum and new leadership performance management process in place by April 2010.</p> <p>3. Implement new practices for employee selection, orientation and engagement to support higher standards for Service Excellence. <u>Measure of Success:</u> all three components in place by June 2009</p>	<p>All year</p> <p>3. Implement the Crimson Initiative to improve quality through the reduction of variance in physician practice. Method of Measure: Implement Pilot Group by 11/1/09 an roll out Crimson to Active Admitting Medical Staff by 6/30/2010. Report results every 6 months, with Pilot Group results reported to Physicians and Dept Chairs by 12/1/09.</p> <p>4. Eliminate Never Events at WMHS. <u>Measure of Success:</u> Demonstrated reduction of cases and dollars expended through intense process review and education.</p> <p>5. Implement key practices of evidence-based medicine. <u>Measure of Success:</u> Joint Commission benchmarks are met or exceeded in 100% of the core measure indicators</p>	<p>January to June 2010</p> <p>3. Implement new higher standards for Service Excellence to support the goals and image of WRRMC <u>Measure of Success:</u> New standards, communications, recognition practices and suggestion program in place by June 2010.</p> <p>4. Assume an expanded and more visible role in Community Health and Wellness to improve the overall health status of area residents. <u>Measure of Success:</u> Visibility of WMHS-sponsored wellness promotion and a 10% increase in 1) the volumes of screening and education and 2) participants in community challenges.</p>	<p>All year</p> <p>2. Exceed budgeted operating margins through initiatives to obtain a 3-5% improvement in overall operations. <u>Measure of Success:</u> Achieve an operating margin by 6/30/10 of x% compared to the budget of 1.00%.</p>	<p>All year</p> <p>4. Increase market share <u>Measures of Success:</u> - New physician integration, contract practices (?) Cardiology and Oncology(?) - Recruit and retain medical professionals who are highly trained, values driven, innovative, fiscally responsive, and supportive of the directions of WMHS. - Recruit 18 new physicians, advance practice nurses or physician assistants during FY 2010.</p> <p>5. Improve physician coverage and strengthen the Emergency Department as the true "front door" of WMHS. <u>Measure of Success:</u> Implement the MEP leadership strategy and enhance overall ER patient satisfaction by 6/30/10.</p>