

Calvert Memorial Hospital
FY 2009 Community Benefit Narrative Report

1. What is the licensed bed designation and the number of inpatient admissions for FY2009?
 - The licensed bed designation is 105 beds. The number of inpatient admissions (acute adult - 8333 and newborn - 876) for FY 2009 is 9209.

2. Describe your community:
 - Calvert Memorial Hospital is the sole hospital provider in Calvert County, Maryland. Calvert County is located in Southern Maryland and is essentially a peninsula bordered on the east by the Chesapeake Bay and on the west by the Patuxent River. With a long and skinny topography, the county's "spine" is Maryland Routes 2/4 running from Dunkirk in the north to Solomons Island in the south for approximately 45 miles. This topography presents challenges to both transportation and service delivery that are unique to Calvert County. In response to this unique topography, Calvert Memorial Hospital strategic goal is to ensure access to primary care services within a 15 minute drive from any county location and specialty care within 30 minutes. In addition, Calvert Memorial Hospital secondary market area includes the surrounding areas of southern Prince Georges and Anne Arundel Counties, St Mary's County on its southern border and Charles County on its western border.

 - Calvert County is in the outer ring of suburban Washington, D.C. Estimated growth rate for the county was nearly 18% for the period from 2000-2005. Population density increased in the county from 238.7 to 346.5 people per square mile over the period of 1990-2000. Population projections are for Calvert to continue to grow to 95,700 in 2010 and 100,700 people in 2020. The future is projected to bring small growth in population of young people, large increases (on a percentage basis) of the elderly, and modest growth in total number of households and in size of the labor force. Calvert County's estimated median household income for 2008 is \$81,662. Despite its relative high income level, Calvert County is home to people who live in poverty. US Census American Community Survey data indicated that 5% of families in Calvert had income below the federal poverty level. The census revealed a relatively high rate of poverty among children (about 5%) and among the elderly (about 6%). Financial analysis of FY2009 for Calvert Memorial Hospital reveals that 5.2% of gross revenue is from self-pay or uninsured patients and 10.5% of gross revenue is from Medicaid recipients. Maryland Vital Statistics report that Calvert County's mortality rate for all causes of death is 689.2 per 100,000 people which is below the state average of 781.7 deaths per 100,000

people. Heart disease and cancer are the leading causes of death in Calvert and higher than the other surrounding counties. Death from cancers in Calvert County is higher than the Maryland state average.

3. Identification of Community Needs:

- Calvert Memorial Hospital (CMH) uses a variety of resources to identify the health needs of its community.
- Between July 2007 and November 2007, CMH in collaboration with the Calvert County Community Health Improvement Roundtable completed a comprehensive community health assessment. This is done by the Roundtable approximately every five years and takes about one year to complete. The Roundtable membership is representative of the major community partners for health and human services and includes the leadership from the Calvert County Health Department, Calvert County Public Schools, Calvert County Office on Aging, Calvert County of Community Resources, the Calvert County Department of Social Services, Calvert Hospice, Calvert Alliance Against Drug Abuse, the Calvert County Traffic Safety Council and the ARC of Southern MD with CMH as the primary facilitator of the Roundtable. The purpose of the assessment was to determine the current status of community health in the county, to project future needs and to identify areas where their gaps in services. The assessment consisted of two components: the first being the collection of data on the health status of the county as available through local, state and national data sources. It also consisted of personal interviews with key leaders in the community in order to gather information on their perception of the health of this community. These leaders included a county commissioner, the Superintendent of Schools, the County Health Officer, a leading clergy representative from a minority church, the Director of Aging Services at the Office on Aging and the CEO of CMH. The second phase was the development of a public community survey designed to determine resident's views about their health and the local health care system. It utilized face-to face methods, online availability and a paper system. The survey was distributed by community agencies such as the United Way, the local Interagency Council, local churches and employers as well as at a community health forum at the College of Southern Maryland. A total of 1,418 surveys were returned to CMH.
- In October 2007, the Community Health Improvement Roundtable held a community health forum at the College of Southern Maryland, Calvert County campus. It consisted of a panel presentation by the county's health officer, a private physician and the hospital's president with a question and answer period afterwards. Approximately 50 people attended this forum.

- In the fall of 2007, the Community Wellness Department of CMH surveyed its Faith-Based Ministry Council for their concerns and perceptions regarding the health of the community and what recommendations they had for CMH to address in future planning.
 - In January 2008, CMH's 2004 Medical Staff Development Plan was updated . This process is completed every 4 years. Applying very specific quantitative analysis along with qualitative medical staff input, the study showed the need for a significant number of primary care physicians as well as medical and surgical sub-specialties.
 - In the Spring of 2008, CMH's Board of Directors initiated a strategic planning process for the years 2009-20012. The purpose of the Plan is to amalgamate and synthesize the key findings and recommendations of key studies and to present a "roll-up" of recommended actions that remain to be implemented. The plan was completed in FY-09 and serves as a guide for service development, implementation and continuation.
 - The local health department is integral to the assessment and planning of health care services at CMH. Through active participation on the Community Health Roundtable and other collaborative efforts the hospital and the health department work closely to improve the health of the community. For example, both the county health officer and the hospital's CEO presented the results of the community health assessment to the county commissioner's at their meeting on December 16, 2008.
4. List the major needs identified through the process explained in question #3:
- The recent community health assessment identified six (6) areas of concern:
 - Children's and adolescent health issues: alcohol and drug use; teen pregnancy; juvenile crime; pediatric dental care and autism
 - Elderly care and end-of-life issues: support services for family caregivers; skilled nursing services; assisted living services and end-of-life care; medical management of disease related to aging
 - Recruitment and retention of health care providers with emphasis on access to a local physician in a timely manner
 - Motor vehicle crashes
 - Mental health services
 - Increased prevalence of obesity
 - Care for the uninsured
5. Who was involved in the decision making process for determining which needs in the community would be addressed through community benefit activities of the hospital.

- The Community Health Assessment was presented at the Board of Director's Planning and Marketing Committee as well as at their annual board retreat to discuss which areas should be addressed by CMH. The Board of Directors, under the CEO's guidance, was also instrumental in developing the hospital's recent Strategic Plan Update. During the preparation of the Strategic Plan, input was solicited from hospital department directors, the President's Panel (comprising staff representative of all the major hospital departments) and the Executive Team.
6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

There are several recent hospital based initiatives that address needs listed in #4.

- Lack of Pediatric Dental Care for the Medicaid Population: CMH has been attempting to address this serious issue for several years by working with the local dental community and other key stakeholders. Just recently, a new plan was developed that utilizes contract dental providers providing services in already existing, under-utilized dental space with the hospital as the billing agent and program coordinator. Though this initiative was awarded at the end of FY08, funding was not received until winter FY09 from MD's DHMH Office of Oral Health. In FY09, staff were hired, contracts with dentists and local dental offices for space were completed, supplies ordered, operating plan developed and policies and procedures written. Patients started receiving care in FY10.
- Care for the Uninsured: CMH has served on the Board of Director for Calvert HealthCare Solutions. This organization is a grass-roots effort to utilize existing medical resources in the community to provide primary care for the uninsured who meet income qualification guidelines. CMH has written several grant proposals to assist this organization in its mission. One recent grant that CMH is managing is from the Maryland Community Health Resource Commission (MCHRC). Its goal is to reduce inappropriate utilization of Emergency Services by those without health insurance. CMH provides a case manager to work with those who are uninsured to help them establish a medical home. CMH also provides basic lab and Xray diagnostic tests to those enrolled in Calvert HealthCare Solutions at no-cost. In FY09, this totaled \$70,339. In FY09, it was also identified that there was a need for daily operational leadership for Calvert Healthcare Solutions so a grant was also obtained by CMH to assist in the funding of the Executive Director until local fundraising is sufficient to cover this expense. An employee of CMH was selected by the Board of Directors of Calvert Healthcare solutions and is serving the organization in a part time capacity while the hospital employees him fulltime and covers his benefits.
- Lack of access to primary and specialty medical care: CMH has taken this problem area as a major initiative. This lack of access results in excessive wait times for appointments, inappropriate use of Emergency Services, seeking care out of the area at hardship to the

patient and family, disease progression due to not receiving health care as well as other problems. CMH regularly reviews and updates its Physician Recruitment and Retention Dashboard to keep the Board of Directors, medical staff leadership and community stakeholders apprised of its efforts to improve access to care. CMH employs a physician recruiter to assist with this effort as well as works with local area physicians to assist them with recruitment. In recent months, CMH has increased the employment of physicians in order to meet this critical community need. Currently CMH owns 3 family practices, one each in the southern, middle and northern regions of the county ensuring that primary care is accessible with a 15 minute drive of any region of the county.

Lack of access to specialty care continues to be a challenge as the patient population is not sufficient to support many specialty services. In order to provide these services, CMH has entered into a variety of collaborative partnerships with tertiary care facilities to provide diagnostic evaluation services at CMH with access to the tertiary hospital for treatment if necessary with follow-up at CMH. This model has been very successful in providing vascular services (from Washington Hospital Center), neurospine services (from Georgetown Hospital), pediatric cardiology services (from Children's Hospital), high-risk OB services from Johns Hopkins and starting in Sept 09, gyn-oncology services from Mercy Hospital.

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major community benefit program initiatives.
 - A) Pediatric dental care for Medicaid population
 - Grant was awarded at the end of FY08 but funding not distributed until winter FY09 .
 - During FY09, program guidelines completed, relationships with area dentists developed and contracts for leasing of their space were completed, staff hired and trained, targeted advertising delivered and patients started being provided services in the summer 2009.
 - A formal evaluation will be completed after one year of grant funding though there is ongoing evaluation after each dental session and problem areas addressed.
 - B) Access to care for the uninsured
 - Calvert Healthcare Solution's annual report is not yet completed for FY09.
 - Grant from MCHRC totaled \$500,000. It is titled "Aligning Community Health Resources: Improving Care for Marylanders in Calvert County" and is a three grant.

- Milestones to date:
 - 16 specialty providers recruited to provide services at Calvert Healthcare Solutions
 - 213 new clients enrolled in Calvert Healthcare Solutions
 - 362 physician offices visits
 - 32 new sliding scale patients initiated care at hospital clinics
 - 613 patients seeking care in the Emergency Department contacted through case management with 85 of these actually obtaining follow-up services.
 - 1 patient received 7 mental health visits at the Health Department
- Result of Evaluation: \$182,957 estimated to remain unspent at end of grant period. Modification request submitted and approved for a one year extension. Program will now incorporate a RN care coordinator to provide medication and nutrition counseling in addition to wellness and disease prevention coaching for all Calvert Healthcare Solution patients. Additional services provided to this population include: free health risk assessment and lifestyle coaching, diabetic self-management classes for eligible patients who are newly diagnosed with diabetes, delivery of 2 Health and Family Fairs in collaboration with community partners, development of a health and human services resource guide and improvements to the database and tracking system.

(C) Recruitment of primary care and specialty care providers

- Calvert Memorial Hospital generally prepares a bimonthly dashboard for physician recruitment and retention status that is provided to the Board of Directors and key hospital leaders. For the end of FY09, the physician needs survey indicated the community needs the following:: 1 family practice MD, 2 pediatricians, 1 cardiologist, 1 gastroenterologist, 1 oncologist/hematologist, 1 psychiatrist, 1 vascular surgeon, 1 plastic surgeon, 1 ENT MD, 2 orthopedic MDs, 1 OB-Gyn, and 1 urologist. The hospital has successfully recruited 1 psychiatrist, 1 general surgeon, and 1 OB-Gyn MD.
 - Efforts will be continued in the next year with full reassessment of needs to be done 2012.
8. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured in the hospital.

- The Maryland Physician Workforce Study indicated that in Southern Maryland there are shortages in all specialties with the exception of allergy and neurology. This accounts for 24 specialties or 83% of all specialties reviewed.
- Calvert Health Care Solutions works with local area physicians to try to arrange primary and specialty care services for patients enrolled in their program. This has had very limited success for specialty care with better success in primary care services.
- Physicians employed by CMH are expected to provide medical care to the uninsured as appropriate for specialty area. At the end of FY09, these specialty areas include one gastroenterologist, two general surgeons, one ENT surgeon, one spine surgeon, and two OB-GYN surgeons. CMH has continued to support a fulltime hospitalist and fulltime pediatric hospitalist program so that any patient seeking inpatient care at this facility is ensured quality medical services. In the recent year, CMH has opened a third family practice center with hours available for walk-in patients and continues to support a family practice in the southern region of the county with two physicians and the Twin Beaches Community Health Center which provides primary care to both the insured and uninsured, using a sliding scale process.
- Hospital-owned physician practices require substantial start-up funding. For the first several years, it is not uncommon for these practices to experience a net revenue loss. The types of practices that the hospital funds are based on the physician needs assessment and community needs assessment.

9. If you list physician subsidies in your data, please provide detail.

• Emergency Psychiatric Services	\$362,584
• Psychiatric On-Call Coverage	\$ 15,680
• Emergency Dept call Coverage	\$182,328
• Ob-Gyn Call Coverage	\$ 19,149
• Hospitalist Program Subsidy	\$540,294
• Pediatric Hospitalist Program	\$357,298
Total	\$1,477,333

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Appendix 1:

Description of Calvert Memorial Hospital's Charity Care Policy and How Its Communicated

Calvert Memorial Hospital informs patients about the Hospital's Financial Assistance Program through a variety of methods:

- 1) The Hospital posts a summary of our financial assistance program at all registration points within our hospital.
- 2) All registration areas and waiting rooms have Patient Financial Services brochures that describe the Hospital's Financial Assistance Program and provides a phone number for our Patient Financial Advocate for the patient to call to seek additional information or an application.
- 3) As part of the registration process, all self pay patients receive three items: 1) a "Notice of Financial Assistance", 2) a Patient Financial Services brochure which has a summary of the Hospital's Financial Assistance Program, and 3) the Uniform State of Maryland Application for Financial Assistance.
- 4) The Hospital's website has a section devoted to Patient Financial Services and has an entire page on the Hospital's Financial Assistance Program and allows the user to download the Uniform State of Maryland Application for Financial Assistance from our website.
- 5) At least annually, the Hospital publishes in the local newspapers a Notice of Financial Assistance and also highlights other programs the Hospital offers for patients without insurance or for patients in financial need.
- 6) The Hospital also provides financial counseling to patients and discusses with patients or their families the availability of various government benefits, such as the Medical Assistance program and we also assist patients in understanding how to complete the appropriate forms and what documentation they need in order to prove they qualify for such programs.
- 7) Effective June 2009, the Hospital provides a notice of its Financial Assistance program at least twice in the revenue cycle. The first point is at the time of admission and the second point is when patients receive their bill/statement.

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Appendix 2

Charity Care Policy

**CALVERT MEMORIAL HOSPITAL
PRINCE FREDERICK, MARYLAND 20678**

POLICY AND PROCEDURE: BD 9 EFFECTIVE: 6/27/88

FINANCIAL ASSISTANCE

I. PURPOSE

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay.

II. SCOPE

This policy applies to all patients of Calvert Memorial Hospital for all medically necessary services ordered by a physician.

III. POLICIES

- **Provision of Financial Assistance**
CMH recognizes that the provisions of Federal Anti-Kickback Laws may be violated when an organization forgives financial obligations for reasons other than genuine financial hardship because this could be interpreted as unlawfully inducing the patient to request the provision of medical services. Therefore, financial assistance will be provided to patients solely based upon the patient's ability to obtain assistance through appropriate agencies (i.e. appropriate Department of Social Services), and the patient's ability to pay. CMH also recognizes that as a not-for-profit hospital, part of its mission is to provide appropriate and high quality medical care, within the resources available, to members of its community regardless of the patient's ability to pay.
- **Financial Advocacy**
The Hospital supports financial advocacy for patients through the role of the Financial Advocate. The Financial Advocate's role is to:
 - Interview and assess the financial needs of our patients
 - Review the patient's financial and medical status against the eligibility criteria for Medical Assistance for a possible referral

- Assist the patient in setting up the initial appointment with a Department of Social Services' caseworker
- Assist the patient in completing the financial assistance application
- Identify for the patient the documentation requirements for Medical Assistance or the Hospital's Financial Assistance Program
- Refer patients to the Pharmacy Assistance Program, Medbank Program, Calvert Healthcare Solutions, and other local agencies as appropriate.

- **Elective Services**

Patients requesting elective medical services may, through consultation with their physician, have their procedure postponed until such time the patient is able to meet the established deposit. Elective procedure patients, who, according to their diagnosis and/or physician, cannot be postponed, will be helped with obtaining assistance from appropriate agencies. If no community assistance is available, and the patient requests consideration for financial assistance, the patient's account will be reviewed against the financial assistance criteria.

Cosmetic surgery is ineligible for financial assistance due to the fact that it is not medically necessary.

- **Obligation to Apply for Assistance through Appropriate Agencies**

If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:

- 1) Apply for assistance.
- 2) Keep all necessary appointments.
- 3) Provide the appropriate agency with all required documentation.

A patient who may qualify for Medical Assistance from the State of Maryland may apply simultaneously for Medical Assistance and for Financial Assistance from the Hospital.

- **Hospital Financial Assistance Guidelines**

The Financial Assistance Program is available to assist both self-pay patients and those patients with insurance to assist these patients with co-insurance, deductibles, and co-payments. Financial assistance guidelines for charity care write-offs are based upon Federal Poverty Guidelines (published each February in the Federal Register). In general, patients with annual income up to 175% of the Federal Poverty Level may have 100% of their medical bill written off as charity care if they meet all of the financial assistance guidelines. Patients with annual income from 176% to 230% of the Federal Poverty Level are able to have a portion of their medical bill written off as charity care, based upon a sliding fee schedule, if they meet all of the financial assistance guidelines.

PROCEDURE

- 1) The Financial Advocate or designee shall attempt to interview all identified self-pay inpatients. The Maryland State Uniform Financial Assistance Application must be completed by the patient or the patient's representative. The Financial Advocate shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.
- 2) If a determination is made that the patient is not eligible for financial assistance then normal collection efforts should be pursued. Payment plans are encouraged if the patient is unable to pay the entire medical bill at once.
- 3) Any hospital employee may refer a patient to the Financial Advocate once they become aware that the patient has financial need.
- 4) The Financial Assistance Program is to be promoted to the public through the following methods: 1) information on the financial assistance program is included in the patient handbook, 2) a Patient Notice of Financial Assistance is provided to each patient at the time of registration, 3) patients are provided with a financial communications brochure which educates patients about their financial responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation, and the hospital's bill collection policies , 4) a financial assistance information packet is provided to each active medical staff member of the Hospital, 5) education of hospital staff about the charity care program, 6) signage located in registration areas, 7) notice on all bills that financial assistance is available for patients who meet certain income and asset criteria , 8) an annual notice in a local newspaper, and 9) the enhancement of the Calvert Memorial Hospital's website to communicate to the community the availability for financial assistance if certain income and asset criteria are met.
- 5) In order to be eligible for financial assistance, patients must complete a financial assistance application and provide all required documentation. The Financial Advocate may assist the patient to complete this application. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Advocate should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within seven days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed.

- 6) Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information, b) the patient fails to pay the sliding scale co-payments as required by the financial assistance program, c) the patient refuses to be screened for other assistance programs before screening for the Financial Assistance Program, and d) the patient falsifies the financial assistance application.
- 7) Upon receipt of the financial assistance application, along with all required documentation, the Financial Advocate will review the completed application against the following financial assistance guidelines:
 - A) If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Supervisor of Financial Services. A letter will be sent to all patients who fail to meet the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.
 - B) If the patient is under scale but has net assets of \$14,000 or greater, then the request for charity will be reviewed on an individual basis by the Manager of Financial Services to determine if financial assistance will be provided.
 - C) Once the patient has provided the required documentation to prove financial need, the Financial Advocate should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. This evaluation of the application should be completed within two business days. If the Financial Advocate or designee believes the application meets the above guidelines, the Financial Advocate should sign the application on the line: "Request for Approval of the Financial Assistance Application" and forward the completed application and all supporting documentation to the following individuals as appropriate:
 - i) Manager of Financial Services (up to \$1,500)
 - ii) Director of Patient Accounting (up to \$3,000)
 - iii) Vice President of Finance (\$3,000 to \$9,000)
 - iv) Vice President of Finance & President & CEO (\$9,000 and over)

Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.

- D) A special exception for financial assistance may be considered in circumstances where the patient is over the income scale if the patient has a significant medical debt to the hospital and has no net assets. Any special exceptions must have the approval of the President and CEO.
- E) Once a financial assistance application has been approved, all medical services provided three months prior to the approval date may be included in the charity care adjustment upon written request by the patient/guarantor. The initial eligibility period is six (6) months. Each patient will have to reapply at the end of each six-month period in order to continue in the financial assistance program. If there is a change in financial circumstances during the initial or subsequent six-month period such as income or family status, an updated or new application must be completed.
- F) All financial assistance applications along with all supporting documentation should be kept in accordance with the hospital's record retention policy, currently a minimum of 5 years.
- G) The Financial Advocate will keep a database of all financial assistance applications. This database will include the following information:
 - a. Patient Account Number
 - b. Determination of eligibility
 - c. Income
 - d. Family size
 - e. Approved charity care adjustment
 - f. For denied accounts, reason for denial
 - g. Zipcode
 - h. Account Type (Hospital Service)

APPROVED:

**Dean Schleicher, Chairman
Board of Directors**

James J. Xinis, President & CEO

Kirk Blandford, Vice President of Finance

**Original: 6/27/88
Reviewed/Revised**

7/93; 6/96, 4/99, 8/02; 8/03; 10/04; 1/08

Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last year's Federal Tax Return
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan

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Appendix 3

Description of Hospital's Mission, Vision and Value Statement

Calvert Memorial Hospital revised its Mission, Vision and Value statement in 2005 after extensive input and review by the staff, managers, executive team and Board of Directors. There was an educational program for the hospital leadership on the value of a mission and vision statements as well as the guiding value statements. It was agreed that the statements should be simply written, direct and say exactly what we hope to provide to our community. This way it is easier for staff to remember and follow in everyday circumstances.

The Pillars of Excellence” were adopted as guiding principles after review by our Service Excellence Team. Since its adoption, the Pillars are used in preparing the strategic plan, the annual budget, annual personnel evaluations as well as establishing priorities for new program development, approval and implementation.

This revision in 2005 has stood the test of time over the past three years. It was reviewed in 2008 and no revisions were felt to be necessary at this time.

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Appendix 4

Hospital's Mission, Vision and Value Statement

OUR MISSION is to provide quality inpatient and ambulatory health care to the people of Southern Maryland that is accessible, cost-effective and compassionate. We work in partnership with our community to improve the health status of its members.

OUR VISION is to be recognized as Southern Maryland's premier healthcare provider, bringing innovative services to the people throughout our community and to the healthcare professionals who serve them.

Five "**Pillars of Excellence**" guide our decision-making and shape the culture of our organization.

QUALITY

Calvert Memorial Hospital provides responsible, safe, reliable and effective care and services. We take seriously our responsibility to help our patients feel better. All our team members are committed to continuously improving the quality of the service we offer to our community. We take pride in what we do.

SERVICE

At Calvert Memorial, we understand that health care is not just about medicine, it's about people. Our job is to exceed our customer's expectations at every turn. We want every guest at CMH to have a 5-star experience.

PEOPLE

We recognize that being the healthcare provider and employer of choice means hiring and retaining only the best. Every team member at CMH is selected for their leadership, professionalism, expertise, compassion and commitment to the values that set CMH apart.

INNOVATION

Health care is a dynamic, ever-changing field where new technology and clinical research drive the delivery of top-notch care. Calvert Memorial is committed to the continual pursuit of new and better ways of caring for our patients. We stay abreast of the latest technological advances, provide continuing education and training for all our team members, and serve as a training resource for individuals pursuing health careers.

FINANCE

As a not-for-profit, community hospital, it is our responsibility to provide cost-effective, compassionate care and services. We are leaders in helping improve access to care for all members of our community.

Approved CMH Board of Directors

Approved: 11/28/95

Revisions: 2001, 2002, 2005, 2008