

FY 2009 UPPER CHESAPEAKE HEALTH NARRATIVE REPORT

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

Harford Memorial Hospital (Provider # 21-0006)

- Licensed Beds – 105
- Inpatient Admissions – 8,114

Upper Chesapeake Medical Center (Provider # 21-0049)

- Licensed Beds – 196
- Inpatient Admissions – 16,880

2. Describe the community your organization serves.

Harford County is a suburban county situated between Baltimore County and the mostly rural Cecil County. Having grown 24% between 1990 and 2007, Harford County is one of the fastest growing counties in the state. The 1990 population was 182,132; the 2007 estimated population is 239,993.

The US Department of Defense recommendations of military base changes across the nation have identified Aberdeen Proving Ground as a primary location for Base Realignment and Closure (BRAC). According to state and local planning experts, Harford County's population is expected to increase as much as an additional 19% over the next 10 years in conjunction with activities related to BRAC alone. The recent past and anticipated growth will provide a serious challenge for residents seeking services in a jurisdiction already experiencing difficult access to care issues. A portion of the resulting population growth will be in hourly wage service sector jobs designed to accommodate the base expansion. Many of these jobs will not include health insurance.

With respect to the demographics of the county, the US Census Bureau in 2005 estimates that 84% of residents are White, 11% are Black, and 2% are Latino, though the actual number of Latino residents is thought to be drastically under-reported. The total number of children receiving MCHP benefits in Harford County is 9,458. Of that total, 5,094 are White; 2,968 are Black, and 450 are Latino; 232 are Asian; and 30 are Native American/Pacific Islander.

Harford County has roughly 87,000 households, of which 31,000 (or 29%) have children under the age of 18. The median household income is \$65,000. Poverty households are those that make less than 30% of the county median income. According to the US Census 2005 American Community Survey, an estimated 5% of family households (approximately 12,000 people) in Harford County live below the poverty level. Approximately 38% of the population has attained only a high school degree or lower.

According to the US Census Bureau Small Area Health Insurance Estimates program, approximately 21,000 residents, or nearly 10% of the County is uninsured, though some estimates put that number as high as 34,000. With potential funding cuts to Medicaid and

rising health care premiums, this group is likely to increase. Additional evidence of the loss of health insurance by many residents is the unprecedented 238% growth in MCHP enrollment in Harford County since the year 2000. In addition, underinsurance is known to exist, but is very difficult to measure.

Who are the Uninsured?

Harford County, as is true across Maryland and the Nation, experiences health disparities in several domains of population demographics including health insurance status, income level, race, and ethnicity. Overall, approximately 12,000 county residents have incomes below 200% of the federal poverty level, and an estimated 21,000-34,000 residents are uninsured.

A 2005 Robert Wood Johnson Foundation study shows that the percent rate of uninsured Blacks in Maryland is 17% and 32% for Latinos, much higher than the 10% rate for Whites. While this data is not broken down at the local level, these figures likely provide a reasonable proxy for the racial and ethnic disparity in access to health care in Harford County.

Data analyzed by the DHMH Office of Minority Health Disparities show that in Harford County from 2001 to 2003, the age adjusted death rate in blacks exceeded that of whites, and that this excess in death rate of Harford County blacks compared to whites is greater than twelve other jurisdictions in Maryland, including Baltimore City. This data can have many implications, ranging from lack of minority access to health care, to the neglect of health concerns, and improper health maintenance. All of these issues can be translated to the less than ideal care received by low-income minority children and adults.

The increase in the rate of minority population growth in Harford County is outstripping that of the white population. According to a US Census report, between 2000 and 2007, Harford County's minority population increased quickly while the rate of growth of its white population slowed. In addition, the availability of medical and mental health care in poor neighborhoods is limited. This requires patients to travel or book months in advance for appointments. Transportation and time off from work is always a difficult obstacle and, in the end, care is often delayed until urgent. With our continued population growth and increasing diversification, access to care will become even more challenging.

While most citizens have health insurance through their employer as a benefit, being employed no longer guarantees that a person will have health coverage. This can be from a variety of reasons. Health benefits may not be offered by the employer or workers may not be eligible to receive benefits. Employee contributions towards health insurance premiums make employer offered health coverage unaffordable for many low wage workers. According to the Kaiser Commission, more than 80% of the uninsured come primarily from working families with low and moderate incomes. Only 19% come from families that have no connection to the workforce.

Local Health Services for the Uninsured

For those individuals who do not have commercial health insurance, there are a number of government or public programs, state and federal, which provide health coverage to the County's residents. Medicaid covers three main groups of non-elderly low-income people:

children, their parents, and persons with disabilities. The Maryland Children's Health Program (MCHP), extends Medicaid benefits to children up to 19 years of age whose families have incomes at or below 200% of the Federal Poverty Level (FPL). Pregnant women are covered up to 250% of the FPL. In addition, under MCHP Premium, health coverage is provided to children under age 19 with family incomes up to 300% of the FPL, if the family pays a small premium. In contrast, the role of Medicaid for adults under the age of 65 is extremely limited. Most low-income adults without dependent children, regardless of how poor they are, do not qualify for Medicaid.

One program which addresses the health care needs of uninsured adults whose incomes are too high to qualify for Medicaid yet too low to enable them to obtain individual and even employer-sponsored health insurance is the Maryland Primary Care (MPC) program. Through this state run program, the Harford County Health Department offers primary care coverage to eligible low income adults between the ages of 19 and 64 but they must have a qualifying chronic medical condition(s). Gross income for a family of four cannot be above \$1,571 per month or \$18,852 per year. Due to funding cuts, there have been times where new patients are not being accepted in the program. In addition, this program does not cover hospitalization or specialty care.

The Upper Chesapeake HealthLink Primary Care Clinic provides primary care and extensive case management services on a sliding scale fee to eligible uninsured and underinsured Harford County residents ages 19 and older and whose income is less than 300% of the federal poverty level. This Clinic is currently able to provide primary care services to approximately 1,300 patients.

The Upper Chesapeake HealthLink Primary Clinic and the Harford County Health Department are Harford County's sources of primary care for the uninsured. The staff of each respective agency works interdependently often sharing resources and expertise as appropriate to provide the best overall health services to their cliental.

Health Consequences of being Uninsured

There is a strong relationship between health insurance and ones ability to access health care services. Uninsured people are less than half as likely as people with health insurance to have a primary care provider; to have received appropriate preventive care, such as recent mammograms or Pap tests; or to have had any recent medical visits. Evidence suggests that lack of insurance over an extended period significantly increases the risk of premature death and that death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance.

According to the Maryland Health Insurance Commission, almost one of every two (49%) uninsured adults with chronic conditions reported forgoing needed medical care or prescription drugs due to cost; one-third reported unmet need for medical care and one of three reported unmet need for prescription drugs. More than 40 percent reported unmet need for dental care. Over six in 10 uninsured black adults who have a chronic condition received no dental care in the past 12 months.

Of special significance is the fact that the uninsured are less likely to have a usual source of care aside from the emergency department. It is estimated that 13% of all Harford County

Emergency Department visits are non urgent self pay patients who are using the ED as their primary care medical home. That is over 11,000 visits that are crowding our emergency rooms every year due to an immediate lack of access to primary care.

3. Identification of community needs. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done.

In December 1993, a group of community leaders, spearheaded by Upper Chesapeake Health, the Harford County Health Department, and Harford County Government, formed Healthy Harford, the Healthy Communities Initiative of Harford County. Incorporated in 1995 as a 501(c)(3), the vision of Healthy Harford - *“to make Harford County the healthiest community in Maryland”* - has consistently motivated the development of this organization’s strategic goals, objectives and programs over the past 15 years. The current President/CEO of Upper Chesapeake Health serves as the President for Healthy Harford; the two primary members are Upper Chesapeake Health and the Harford County Health Department.

Over the years, Healthy Harford has hosted many events and programs designed to promote and improve the general health of adults and children living and working in Harford County. Some of these initial programs included a health carnival, free immunizations for school-aged children, and a Recycle Your Cycle project that encouraged residents to donate their used exercise equipment to benefit the public schools. With a strong commitment to education, Healthy Harford also published yearly health guides, beginning in 1995 with a nutrition “eating out” guide. Since this initial publication, fitness, wellness, healthy heart, substance abuse and cancer prevention guides have been produced and distributed free to the community.

In 1996, Healthy Harford conducted the first Community Health Assessment Project (CHAP), a randomized household phone survey designed to determine the overall health status of community residents based on key health indicators. A 36 member community committee directed this initial process and ultimately identified and prioritized health needs related to preventive health and wellness, heart disease, and cancer. The results of the CHAP assessment also served to align community stakeholders around the common goal of improving the overall health of county residents. Through the creation of Community Action Teams (CATs), Healthy Harford brought together relevant community organizations to develop shared strategies to address each of the top health priorities. Some examples include the “Cancer CAT” that was responsible for implementing a Kids Healthy Lifestyle Program in several Harford County middle schools and the “Heart CAT” that provided education regarding the signs and symptoms of heart attack and stroke to many groups in the community. CHAPs conducted in 2000 and 2005 have enabled Healthy Harford to monitor progress and gather additional information relevant to the community’s overall health. Following CHAP 2000, community report cards were developed with specific goals established for 2005 and 2010 focusing on preventive health and wellness, heart disease, and cancer. Following CHAP 2005, the report cards and 2010 goals were revised based on survey results. The Harford County Master Plan includes and tracks programs, initiatives and education efforts implemented by many organizations in Harford County in support of these goals.

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

The following are the report cards and 2010 goals that were developed following the CHAP 2005 survey:

**Healthy Harford, Inc.
Community Health Assessment Project (CHAP)
Report Cards and 2010 Goals**

Healthy Harford Community Report Card – Preventive Health and Wellness				
Health Indicator	CHAP Data			2010 Goal
	1996	2000	2005	
Flu Vaccine	66% of adults 65 years of age and older have had a flu vaccine within the past year.	80% of adults 65 years of age and older have had a flu vaccine within the past year.	77% of adults 65 years of age and older have had a flu vaccine within the past year.	Increase to 90% of adults 65 years of age and older who have had a flu vaccine within the past year.
Pneumonia Shot				75% of adults 65 years of age and older have had the recommended pneumonia shot.
Seatbelt Use While Driving	80% report they always wear their seatbelt while driving.	89% report they always wear their seatbelt while driving.	90% report they always wear their seatbelt while driving.	Increase to 92% of adults who report they always wear their seatbelt while driving.
Seatbelt Use While a Passenger	76% report they always wear their seatbelt while a passenger.	84% report they always wear their seatbelt while a passenger.	87% report they always wear their seatbelt while a passenger.	Increase to 90% of adults who report they always wear their seatbelt while a passenger.
Helmet Use	75% of parents with children under 20 years of age report their children wear a helmet while riding a bicycle or rollerblading.	64% of parents with children under 20 years of age report their children always or often wear a helmet while riding a bicycle or rollerblading.	79% of parents with children under 20 years of age report their children always or often wear a helmet while riding a bicycle, rollerblading or skateboarding	Increase to 85% of parents with children under 20 that report their children always or often wear a helmet while riding a bicycle, rollerblading, or skateboarding
Sunscreen Use	30% of adults report they regularly wear sunscreen when outdoors.	34% of adults report they regularly wear sunscreen when outdoors.	46% of adults report they regularly wear sunscreen when outdoors.	Increase to 50% of adults who report they regularly wear sunscreen when outdoors.

Healthy Harford Community Report Card – Heart Disease

Health Indicator	CHAP Data			2010 Goal
	1996	2000	2005	
Cholesterol	<p>51% have had their cholesterol screened within the past two years.</p> <p>21% report they have been told by a doctor that they have/had high cholesterol.</p>	<p>95% have had their cholesterol screened within 0-3 years.</p> <p>75% have had their cholesterol screened within the past two years.</p> <p>24% report they have been told by a doctor that they have/had high cholesterol.</p>	<p>92% have had their cholesterol screened within 0-3 years.</p> <p>32% report they have been told by a doctor that they have/had high cholesterol.</p>	<p>90% of adults aged 18 years and older have had their blood cholesterol checked within the preceding 5 years. (2010 goal based on revised recommendations).</p>
Overweight	<p>39% of adults have a BMI >30.</p>	<p>26% of adults have a BMI >30.</p>	<p>32% of adults have a BMI >30.</p>	<p>Reduce to 25% of adults who have a BMI >30.</p>
Smoking	<p>18% of Harford County adults smoke.</p> <p>32% of Harford County youth report smoking. (1998 MYTS)</p>	<p>14% of Harford County adults smoke.</p> <p>21% of Harford County youth report smoking. (2000 MYTS)</p>	<p>9.5% of Harford County adults smoke.</p>	<p>Reduce to 9% the level of smoking among adults.</p> <p>Reduce to 10% the level of smoking among youth.</p>
Blood Pressure	<p>68% have had their blood pressure screened within the past two years.</p> <p>21% of residents report they have or have had high blood pressure.</p>	<p>99% have had their blood pressure screened within 0-3 years.</p> <p>86% have had their blood pressure screened within the past two years.</p> <p>31% of residents report they have or have had high blood pressure.</p>	<p>97% have had their blood pressure screened within 0-3 years.</p> <p>32% of residents report they have or have had high blood pressure.</p>	<p>50% of adults 18 years and older with high blood pressure will have their blood pressure under control. (2010 goal based on revised recommendations)</p>

Healthy Harford Community Report Card – Cancer

Health Indicator	CHAP Data			2010 Goal
	1996	2000	2005	
Cervical Cancer	57% of adult women have had a pap smear within the past two years.	97% of adult women have had a pap smear within 0-3 years. 74% of adult women have had a pap smear within the past two years.	93% of adult women have had a pap smear within 0-3 years.	Maintain 93% of women aged 18 to 70 years who received a pap test within the preceding 3 years.
Breast Cancer	74% of women 50 years of age and older have had a mammogram within the past two years.	51% of women 50 years of age to 69 have had a mammogram within the past year. 76% of women 50 years of age to 69 have had a mammogram within the last two years.	67% of women 50 years of age to 69 have had a mammogram within the past year.	70% of women aged 40 years and older have received a mammogram within the past year. <i>(2010 goal based on revised recommendations)</i>
Prostate Cancer	56% of men 50 years of age and older have had a digital rectal exam within the past year.	62% of men 50 years of age and older have had a digital rectal exam within the past year.	59% of men 50 years of age and older have had a digital rectal exam within the past year.	Increase to 70% of men 50 years of age and older who have had a digital rectal exam within the past year.
Skin Cancer	30% of adults report they regularly wear sunscreen when outdoors.	34% of adults report they regularly wear sunscreen when outdoors. 69% of adults with children <20 report their children regularly wear sunscreen when outdoors.	46% of adults report they regularly wear sunscreen when outdoors. 65% of adults with children <20 report their children regularly wear sunscreen when outdoors.	Increase to 50% of adults who report regularly wearing sunscreen when outdoors. Increase to 70% of adults with children <20 who report that their children regularly wear sunscreen when outdoors.
Colorectal Cancer	13% report they have been tested for colorectal cancer.	33% of respondents >50 have had a fecal occult blood test (FOBT) within the past year. 18% of respondents >50 have had a sigmoid/colonoscopy within the past year.	55% of respondents >50 have had a fecal occult blood test (FOBT) within the past year. 29% of respondents >50 have had a sigmoid/colonoscopy within the past year.	75% of adults 50 years and older report either having a FOBT in the past year or a colonoscopy within the last 10 years. <i>(2010 goal based on revised recommendations)</i>

Healthy Harford Community Report Card – Cancer

Health Indicator	CHAP Data			2010 Goal
	1996	2000	2005	
Oral Cavity and Pharynx	<p>87% of adults report they have been to the dentist in the last two years.</p> <p>88% of children go to the dentist for regular check-ups.</p>	<p>76% of adults report they have been to the dentist in the last year.</p> <p>94% of parents report their children go to the dentist for regular check-ups.</p>	<p>79% of adults report they have been to the dentist in the last year.</p> <p>88% of parents report their children go to the dentist for regular check-ups.</p>	Increase to 90% of adults with dental screenings within the last year.

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

Decisions to determine which needs in the community would be addressed through community benefits activities of the hospital was a collaborative effort of the following:

- The Director of Community Health Improvement chairs a community “Access to Care” Committee comprised of representatives from Upper Chesapeake Health, the Harford County Health Department, The Office of Mental Health/ - Core Services Agency, and the Department of Social Services. With the Upper Chesapeake HealthLink Primary Care Clinic serving as the sole provider of primary care and specialty referral services for the uninsured in the County, the Committee works towards collaborative efforts to meet the comprehensive scope of access to care needs for those that are uninsured and underserved in the County. In 2007, the Committee was successful in obtaining an MUA designation for Harford County through a Governor’s Exceptional Designation; they also developed an Access to Care Strategic Plan that identified the strengths, challenges, opportunities and goals for enhanced Access to Care Services in Harford County.
- Through collaboration with the Healthy Harford Board, several community benefit programs were developed based on the CHAP Report Cards and 2010 goals.

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

The following are examples of community benefit programs that resulted from the needs and 2010 goals identified in the CHAP 2005 survey:

- Flu vaccines were offered directly in all Senior Centers Long Ter Care facilities as well as the majority of Assisted Living Facilities in Harford County.

- Pneumonia shots were offered to all Senior Centers and to three underserved minority faith centers.
- Health and well being programs were conducted throughout the year. The educational programs were focused on tobacco, stroke, mental health, tattoo and body piercing safety, cardiac health, diabetes and breast health.
- Several community education programs focused on sunscreen use were conducted during May.
- Based on the results of the CHAP Survey with respect to the lack of proper nutrition and daily activity of Harford County residents, a major Healthy Harford Community Action Team has been developed and will begin the task of developing a comprehensive Nutrition and Physical Activity Plan for Harford County in January 2009. Support and direct participation for this project is community-wide and includes Upper Chesapeake Health, the Harford County Health Department, the Harford County Executive's Office, Harford County Council, the Town of Bel Air, Havre de Grace City Council, Aberdeen City Council, Harford County Chamber of Commerce, Harford Community College, the ARC Northern Chesapeake Region, Harford County Public Schools, Harford County Parks 'n Recreation, Harford County Public Libraries, Harford County Sheriff's Office, and the Boys and Girls Club of Harford County. This is a 12 to 18 month project.
- Free blood pressure screenings are offered throughout the County at numerous locations on an on-going basis.
- Through collaboration with Upper Chesapeake Health physicians, free screenings for prostate cancer, skin cancer, colorectal cancer, and head and neck cancer are provided free of charge once a year at each hospital.

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

A primary evaluation strategy is through the Healthy Harford Community Health Assessment Project (CHAP) that is now conducted every 5 years to determine progress on the community report cards and 2010 goals. Planning for CHAP 2010 will commence in early 2009. On an on-going basis, evaluations are given to consumers at the HealthLink Primary Care Clinic and at all community-based events. These evaluations are reviewed on an on-going basis so that improvements and changes can be made based on feedback received.

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.

The Upper Chesapeake HealthLink Primary Care Clinic (UC HealthLink PCC) is a primary care clinic that serves low income (300% of the Federal poverty level) uninsured and underinsured patients ages 19 and older. Our patients, due to lack of previous regular health care, mental illness, substance abuse, developmental impairment, etc. often present at our clinic with multiple medical problems that require a variety of specialty care appointments. Since Harford County does not have an FQHC, a Community Health Center, links to a medical resident program, or an abundance of hospital owned physician practices, we are at the mercy of the generosity of local private physicians and medical service providers to

donate pro-bono and reduced cost services to our patients. Upper Chesapeake HealthLink has a specialty network coordinator who visits all of the specialists and tries to reach an agreement for them to see our patients on an agreed basis whether that be weekly, monthly, etc..

9. Physician subsidies.

Physician subsidies at Upper Chesapeake Health consist of the cost of on call coverage for physicians who would not work there unless compensated by the hospital. The amounts reported for 2009 include:

Upper Chesapeake ED physician subsidies: \$402,063

Harford Memorial ED physician subsidies: \$317,409

Harford Memorial Behavioral Health physician subsidies: \$115,841

Appendix 1:

Describe your Charity Care policy

A summary of Upper Chesapeake Health's Financial Assistance policy is available to every patient who registers for patient care services at Upper Chesapeake Medical Center and Harford Memorial Hospital. There are signs (written in both English and Spanish) located at every patient registration station that notifies a patient that Upper Chesapeake Health provides financial assistance to those patients who are eligible or who have concerns about paying their bill. Along with the Financial Assistance summary, patients who are registered as self-pay as well as any patient who expresses interest or concern receive an application and a cover letter that instructs the patient how to apply for government benefits (MD Medical Assistance) as well as the health system's charity program and who they should contact with questions.

Appendix 2:

Include a copy of your hospital's charity care policy

UPPER CHESAPEAKE HEALTH HOSPITALS
Patient Accounting Department Policy Manual

TITLE: FINANCIAL ASSISTANCE POLICY

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APPROVED BY:

Director of Patient Financial Services _____

Original Date: 02/99

Revised Date: 12/08

Next Scheduled Review Date: 12/09

Related JCAHO Functional Area Chapters: RI

PURPOSE:

The Financial Assistance Policy has been established to provide financial relief to those who are unable to meet their financial obligation to UCH.

POLICY:

Eligibility will be based on 150% of the Federal Poverty Level as published annually by the Federal Government. Percentage determination will be based on income and family size with net liquid assets not exceeding \$10,000.00.

PROCEDURE:

1. All income determinations will be based on Gross income with the exception of Social Security/Pension income which will be determined based on Net income. The patient's/guarantor's eligibility will be determined using the following as proof of income:
 - Employment (most current 3 paystubs)
 - 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

2. Exclusions from requiring income information:

➤ Deceased Patients

If it is determined that there is no estate on file, and the patient expired at either Upper Chesapeake Medical Center or Harford Memorial Hospital, the account will be referred for 100% Financial Assistance. If the patient expired anywhere else, a copy of the death certificate will be required before the write off.

➤ Out of State Medical Assistance

If the patient's account balances total less than \$1000.00, the Medical Assistance Follow Up Representative must contact the out of state Medical Assistance plan to verify the patient's eligibility for that date of service. If the patient was eligible, the account will be referred to the Patient Financial Liaison to prepare the account for Financial Assistance. The account balances will be eligible for 100% Financial Assistance. If the patient was not eligible with the out of state Medical Assistance plan for that date of service, the account balance will become Self Pay.

➤ Over 18 Being Supported by Others

If the patient is not working and has no proof of income, the account will be referred to the appropriate collection agency for verification. A notarized letter is required signed by the person who is providing for the patient.

3. With each application, all prior accounts with a patient liability for this guarantor must be identified and listed on the determination form with the exception of accounts in a Bad Debt status. Once a final determination is made, the Patient Financial Liaison will complete a *Financial Assistance Determination* form that will be submitted to the Patient Accounting Supervisor who will determine approval and forward for additional approval as follows:

Adjustments up to \$ 2,500.00	Patient Accounting Supervisor
Adjustments up to \$ 5,000.00	Patient Accounting Manager
Adjustments up to \$10,000.00	Patient Accounting Director
Adjustments over \$10,000.00	V.P. of Finance

4. After the final determination has been made, the patient will either receive a *Financial Assistance Patient Notification* letter to advise him of the Assistance he will receive or the *Financial Assistance Denial* letter to advise him of the reason that he did not qualify.

5. Any exceptions to the above must be authorized by the Supervisor and/or Director.

Appendix 3/4:

UPPER CHESAPEAKE HEALTH MISSION, VISION, VALUE

Vision: The Vision of Upper Chesapeake Health is to become the preferred, integrated health care system creating the healthiest community in Maryland.

Mission: Upper Chesapeake Health is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides high quality care to all. UCH is committed to service excellence as it offers a broad range of health services, technology and facilities. It will work collaboratively with its communities and other health organizations to serve as a resource for health promotion and education.

Excellence: We constantly pursue excellence and quality through teamwork, continuous improvement, customer satisfaction, innovation, education and prudent resource management.

Compassion: People are the source of our strength and the focus of our mission. We will serve all people with compassion and dignity.

Integrity: We will conduct our work with integrity, honesty, and fairness. We will meet the highest ethical and professional standards.

Respect: We will respect the work, quality, diversity, and importance of each person who works with or is served by Upper Chesapeake Health.

Responsibility: We take responsibility for our actions and hold ourselves accountable for the results and outcomes.

Trust: We will strive to be good citizens of the communities we serve and build trust and confidence in our ability to anticipate and respond to community and patient needs.