

**Fort Washington Medical Center (FWMC)
11711 Livingston Road
Fort Washington, Maryland 20744**

**Corporate Office:
6196 Oxon Hill Road, Suite 210
Oxon Hill, Maryland 20745
Tele: 301/686-9010**

Beds: 37

Submission Date: December 15, 2009

Executive Summary

During reporting year 2008-2009, Fort Washington Medical Center (FWMC) provided benefits to the community that included charity care, teaching-preceptor opportunities, health screenings, community health education, community sponsorship opportunities, disaster preparedness and hospital strategic planning activities.

These contributions amounted to \$991,509 in community benefits for FY 2009. The benefits were in four areas: (a) increased participation in nursing and allied health preceptor ship programs; (b) charity care reporting (c) increased health screenings in part with community organizations and (d) increased community awareness.

Licensed Bed Designation

Fort Washington Medical Center (FWMC) is licensed for 42 beds. The hospital utilizes 33 acute-care beds; with four beds designated for intensive care use. During this reporting year, Fort Washington Medical Center saw close to 43,000 patients in its Emergency Room; admitted 3,076 as inpatients, and because of a lack of beds, transferred out approximately 2,700 patients to other hospitals during this period. Many of the transfers were by ambulance that was subsidized by the Hospital.

Fort Washington, Oxon Hill and Temple Hills Demographic Information

Fort Washington Medical Center serves primarily the areas of Fort Washington, Maryland, where it is directly located; and the cities of Oxon Hill and Temple Hills, Maryland. These three areas constitute almost 70% of the entire patient base for the hospital.

All three cities are suburban in nature and are within a short distance of the Washington, D.C./Maryland line and are based in Prince George's County. Many residents cross into the District on a daily basis en route to work at District and Federal government sites, and to private sector locations.

Of the three cities, Fort Washington is furthest south and is 14 square miles. It has a population of almost 24,000 people and has approximately 8,000 households. The racial make-up includes 67% African-American; 18% White; 10% Asian (mostly Filipino) and the remainder other races, including Native-American Indian, Pacific Islander, Hispanic and Latino.

According to the 2000 Census, the median age is between 39 years; the median household income is \$81,000; and the median household income for a family is \$88,000. About 2.8% of families and 3.7% of the population are below the poverty line, including 5% of those under 18 and 4.5% of those 65 or over.

Oxon Hill is 9 square miles. It surrounds parts of the Fort Washington, and extends along the 210 North corridors and along Southern Avenue which separates it from Washington, D.C. Its population is 35,000; with 13,700 households and 9,069 families. The racial make-up includes 86.68% African-American; 7.64% White; 2.78% Asian; and the remainder consisting of Native American, Pacific Islander, Hispanic/Latino and other.

The median income per household is \$46,500; and the median income per family is \$52,227. About 6.7% of families and 8.8% of the population are below the poverty line including 12.3% of those under age 18 and 8.2% of that age that are 65 and over.

Temple Hills is 1.4 square miles, and is west of Oxon Hill and southeast of Washington, DC. It has a population of almost 8,000 people; 3,156 households and 1,937 families. African-Americans comprise 85% of the population; 9.32% are White; and the remainder consist of Native American, Asian, Latino/Hispanic, Pacific Islander and other.

The median income per household is \$44,868, and the median income for a family is \$49,318. Almost 10% of families and 10.4% of the population are below the poverty line including 16.4 of those under age 18 and 2.9% of those 65 or over.

Identification of Community Needs

Fort Washington underwent a rigorous planning process that began in 2004 with its first strategic plan. As part of that initiative, focus groups were held, and a survey of 500 residents were undertaken in an effort to understand the needs of the community. In 2006, the Medical Center undertook a feasibility study to determine the community support for the development of a hospital expansion program. During this initiative, Board leaders, physicians and community leaders provided input into the assessment that ultimately resulted in the hospital moving forward to create an expansion program.

FWMC has continued to work on the initial strategic goals it established previously. These goals include the following:

- Expand Capacity to Meet Community Needs
- Maintain Clinical Excellence and Improve Community Health
- Improve Financial Viability and;
- Increase Awareness and Improve Image

A review of the top 10 DRGs at Fort Washington Medical Center revealed that five of those conditions can be significantly impacted by lifestyle. Lifestyle is considered those factors that can positively impact health, including (a) nutrition (b) stress management (c) behavior modification (d) education and (e.) exercise. Listed below are 5 of the top 10 conditions presented at FWMC during this period.

- a. COPD
- b. Malignant Hypertension
- c. Hypertension (Unspecified)
- d. Congestive Heart Failure
- e. Chest Pain*

An internal committee which consists of representatives from the FWMC Emergency Room, the Education/Performance Improvement Department, hospital administration and Corporate Development discuss the best ways of addressing health conditions impacting the community as seen by the Hospital. The Committee provides guidance on outreach efforts that the Hospital undertakes to support the community benefit program.

In addition to the Committee, the Hospital works with strategic partners. These partners include the Prince George's Health Department (PGHD), the American Heart Association, American Lung Association, YMCA-Potomac Overlook, the American Red Cross, and Harmony Hall (Maryland Parks and Planning).

The Prince George's Health Department continues to be a significant partner. It has provided the epidemiological indicators of the health status of residents in Prince George's County. Data taken from PGHD's Core Public Health Funding Plan (FY 2006) revealed that Maryland ranks fourth highest in the nation for diabetes prevalence.

Further, the plan states that overweight and obesity are the dual factors that "increase the risk of morbidity and mortality from hypertension, Type 2 diabetes, coronary artery disease, stroke, gallbladder disease, osteoarthritis, and certain cancers."

The Health Department for the third consecutive year has joined with FWMC to provide a 4-week course entitled, "Take Control of Your Diabetes." The free four-part series focused on diet and nutrition, exercise, stress management, and how to access needed resources from insurance and health care providers. Launched in August 2006, participants register with the Health Department. The classes are held at FWMC, but are taught by certified instructors through the Health Department. The workshops, promoted by FWMC, are held in February and August.

Since its inception, the four-week sessions, held twice a year, have seen an average of 25 participants per class. Initially participants for the program were recruited from churches, community organizations and civic associations. The participants from the more recent class were also recruited from FWMC. As a new cost containment measure, individuals seen in the Hospital Emergency Room or were hospitalized over the last two years were sent invitations to participate in the program.

It is believed that at least 90% of the emergency room cases are linked to diabetes. According to the Health Department, the program at FWMC has been highly successful. Participants themselves rate the program highly, noting the expertise of the PGHD instructors, the design of the class and the easy access to the class.

In an effort to help patients better manage diabetes, and to reduce the incidence of recidivism, patients now seen at FWMC or through the Emergency Room, or if hospitalized, will be recruited to participate in the classes.

The Hospital continues to work with its strategic partners, including the American Lung Association (ALA). During this reporting year, Fort Washington co-sponsored a "Breathe Well, Live Well" workshop targeted to adult asthma sufferers.

For the fourth consecutive year, Fort Washington Medical Center has worked with the American Red Cross (ARC), Greater Chesapeake and Potomac Region to raise awareness around the need to donate blood. FWMC's partner in the effort was the YMCA Potomac Overlook, which contributed space and manpower to provide further visibility to the drives, and to increase community access. The YMCA also works with FWMC to coordinate health fairs at its facility.

Preceptorship Program/Medical Training

Fort Washington Medical Center's teaching – preceptor program continues to be a major portion of community benefit. In reporting year 2008-2009, nursing and allied training preceptor opportunities have increased at FWMC. During this reporting period, there were 77 nursing, allied health and EMS students from Prince George's Community College and other teaching institutions in the state.

Under the direction of the FWMC's Performance Improvement Department, which adheres to the standard established by JACHO, students are required to meet certain hospital standards. The Department works with the nursing and allied health schools to insure that the standards are met and that there is appropriate reporting, as required from all participants.

Gaps In Service

Due to Fort Washington's size, the Hospital has experienced constraints by physicians who provide specialty services. The actual size of the hospital (37 beds) limits the practice of specialists who desire larger caseloads. It has become increasingly difficult to find specialists willing to accommodate smaller case loads. The impact of the limitation is felt by all patients, including the insured and uninsured. During this reporting period, there has been limited availability to specialists, including cardiothoracic surgeons, neurosurgeons and urologists.

Community Benefit Evaluation

During this reporting period, a formal evaluation of FWMC's program was not undertaken. Evaluation of parts of the program, i.e. the Diabetes Awareness Program, and preceptor-ship programs are built in and are done on a continual basis. Funding will be budgeted for 2010 to do an update of the FWMC strategic plan, which includes a formal community needs assessment and an evaluation of the program overall.

2009 FWMC Community Benefit Report

Appendix 1

Description of Fort Washington Medical Center's Charity Policy

Fort Washington's policy is to provide care to all individuals regardless of their ability to pay. Specific guidelines exist. Individuals must demonstrate that there is financial hardship. Fort Washington makes every effort to work with patients. Individuals are apprised of the program in a number of ways at the Hospital.

A summary of the charity care policy is posted throughout the facility, including in Admitting Department, the Emergency Room, waiting areas and in administrative areas. A designated financial counselor is available to talk with individuals in Admitting. Information on financial assistance is provided to patients during the intake process. Information pertaining to the policy is also provided to patients with discharge materials.

The availability of other services and government benefits, including Medicaid, is routinely discussed with patients and families. Fort Washington will assist persons that qualify for the programs.

Guidelines are also available in a brochure format that is available in the Hospital and online via Fort Washington's website.

Appendix 2
FWMC Financial Assistance Plan

TITLE: FINANCIAL ASSISTANCE PLAN

Policy No. RI 240
 Page 1 of 6

PURPOSE:

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

POLICY:

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

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

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

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

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

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

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

PROCEDURE:

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

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

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

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

GLOSSARY

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

TRAINING:

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

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

DOCUMENTATION:

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

ANNUAL EVALUATION:

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

APPROVAL PROCESS/COMMITTEE FLOW:

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

REFERENCE (S):

January 2009 Federal Register (2009 Poverty Level Guidelines)
 Maryland legislation §19-214.1
 Maryland State Uniform Financial Assistance Application located at
[\[http://198.173.115.122/data_collection_tools/documents/uniformfinancialassistance.doc\]](http://198.173.115.122/data_collection_tools/documents/uniformfinancialassistance.doc)

FWMC Patient Rights and Responsibilities brochure
 HB 1069 HSCRC Financial Assistance and Debt Collection Policy (Effective 6/1/2009)

ATTACHMENT(S):

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

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

Financial Assistance Application



Fort Washington FY 09

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

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

II. Liquid Assets

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

III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____
If you have arranged a payment plan, what is the monthly payment? _____

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

_____ Applicant signature	_____ Date
_____ Relationship to Patient	

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

2009 POVERTY GUIDELINES

ALL STATES EXCEPT ALASKA AND HAWAII AND D.C.

Income Guidelines as Published in the Federal Register on January 2009

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF WRITE OFF									
	100%	90%	80%	70%	60%	50%	40%	20%	10%	
1	16,244.00	19,494.00	21,604.00	21,930.00	24,367.00	28,428.00	30,052.00	32,490.00	40,612.50	
2	21,855.00	26,226.00	29,067.15	29,504.25	32,827.50	38,246.25	40,431.75	43,710.00	54,637.50	
3	27,465.00	32,958.00	36,528.45	37,077.75	41,197.50	48,063.75	50,810.25	54,930.00	68,662.50	
4	33,075.00	36,690.00	43,989.75	44,651.25	49,612.50	57,881.25	61,188.75	66,150.00	82,687.50	
5	38,685.00	46,422.00	51,451.05	52,224.75	58,027.50	67,698.75	71,567.25	77,370.00	96,712.50	
6	44,295.00	53,154.00	58,912.35	59,798.25	66,442.50	77,516.25	81,945.75	88,590.00	110,737.50	
7	49,905.00	59,886.00	66,373.65	67,371.75	74,857.50	87,333.75	92,324.25	99,540.00	124,762.50	
8	55,515.00	66,618.00	73,834.95	74,945.25	83,272.50	97,151.25	102,702.75	111,030.00	138,787.50	

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



LETTER OF CONDITIONAL APPROVAL FOR FINANCIAL ASSISTANCE

Date:

Dear Sir or Madam:

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

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

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

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

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

Sincerely,

Betty Edwards
Director, Patient Accounts



**FINAL LETTER OF DETERMINATION
FOR FINANCIAL ASSISTANCE**

Date:

Dear Sir or Madam:

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

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

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

Sincerely,

Betty Edwards
Director, Patient Accounts

Appendix 3

Description of FWMC's Mission, Vision Statement

Fort Washington Medical Center updated its mission and vision statements in 2005 as part of the initial strategic plan. As a result of sessions with internal and external stakeholders, the Hospital identified the core elements of its mission, which is to work with all aspects of the community; to identify health issues and wellness strategies to create a healthier community; to strive for and maintain quality; and to provide compassion, care and concern to patients, families and community members.

It is the goal of Fort Washington to be the community hospital that patients and community members turn to first for the provision of health services and health education.

Appendix 4

FWMC Mission and Vision Statements

Mission Statement

The mission of the Fort Washington Medical Center is to advance the health and wellness of individuals in the communities we serve by delivering the highest quality, most compassionate and responsive health care services.

Vision Statement

The vision of Fort Washington Medical Center is to be the health care system of choice in our community.