Northwest Hospital, Inc.
FY 2009 Community Benefit Narrative Report

1. The **licensed bed designation** at Northwest Hospital is 247, 218 Acute and 29 Subacute. **Inpatient admissions** for FY 09 were13,785, 12,793 Acute and 992 Subacute.
2.
3. **Community Description:** Northwest Hospital is located in the Randallstown community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. Northwest's primary service area consists of six zip codes: 21136 (Reisterstown), 21133 (Randallstown), 21117 (Owings Mills), 21208 (Pikesville), 21244 (Windsor Mill) and 21207 (Gwynn Oak). As a whole, this primary service area is home to 228,702 residents with an average household income of $80,585. In 2008, the unemployment rate was 4.5%, and 14.2% of families had a household income under $25,000. Also in this area, 87.8% of residents graduated from high school or higher education. Racial distribution in this area is 55.9% Black, 35.5% White, 3.2% Hispanic, 3.2% Asian/Pacific Islander and 2.2% other.

The six zip codes that represent the largest number of admissions to the hospital in 2009 are, in descending order of admissions:

Zip Code	21133	21244	21207	21117	21208	21136
Total admission %	17%	12%	13%	11%	13%	7%
ER %	17%	17%	14%	11%	8%	6%
Primary racial composition	72% Black	73% Black	80% Black	68% White	64% White	82% White
Median income	$57,126	$44,359	$41,375	$60,005	$56,671	$56,458
% households below poverty level	5.1%	6.5%	8%	4.1%	2.2%	2.6%

The life expectancy for the primary service area of Northwest Hospital is not available. Northwest Hospital is located within Baltimore County. The life expectancy for African Americans in Baltimore County is 75.8 years, for Whites 78.5 years with an overall life expectancy of 78.1 years. In FY 09, the hospital saw a total of 100,333 cases, 22% of these cases were either on Medical Assistance or self-paid. In the ER 38% of cases were either Medical Assistance or self-paid, and 16% of inpatient cases were also in this category.

3. Identification of Community Needs:

3a. Processes used in identifying community needs

Community needs assessments are done in a variety of ways, according to the hospital departments involved and the constituencies they serve. The following are used most

commonly: A) clinical department need recognition based on daily patient care and professional experience, B) participation in community coalitions, C) program development based on expressed client needs, and D) formal needs assessment conducted by an external consultant.

Method A) Clinical Department recognition based on daily patient care and professional experience.
For many of the clinical departments informal needs assessments are performed as a by-product of daily patient care as staff encounter the needs of those who seek services. For example, our domestic violence identification and intervention program recognized in their routine crisis response that women with the most potentially lethal domestic violence, including strangulation, needed additional identification and outreach.

Method B) Participation in community coalitions.
Another way of participating in community needs assessment is when hospital staff serve on community coalitions that perform a planning function. In the above example, our domestic violence staff was familiar with an evidence-based lethality assessment tool and the need to implement its use with medical providers and police because of their participation on a statewide coalition that identified the need to better identify the victims most at risk for being killed by an intimate partner.

Method C) Program development based on expressed client need.
In some situations hospital staff develop community benefit programming for groups with whom they may have experience, but for whom they wish to provide new programming or services to meet their specific expressed needs and interests. For example, Community Health Education staff have much experience providing health promotion programming to senior citizens in community residential settings. In FY09 this department sought to expand programming to seniors living in the Weinberg senior housing facilities. In this new initiative, the WellBerg project, approximately 400 senior residents were given a needs and interest survey to determine which health education topics were of most interest or importance to them as well as to assess which screenings would be most popular and relevant to them.

Method D: Formal needs assessment conducted by an external consultant.
Finally, on occasion the hospital commissions an external consultant to conduct a formal needs assessment on community health needs. During FY 05 we used this means to conduct a needs assessment necessary to identify a priority community health need and develop an intervention in response, as charged by the health system's Board and President. As part of that assessment process, the consultant interviewed key informants including hospital staff and leadership, community service providers and other community representatives. The consultant also performed an extensive review of public health data from City, County, and State health departments. In addition, she interviewed the Health Commissioners of both Baltimore City and Baltimore County to determine their priorities, existing programs, and potential for partnerships.

3b. Consultation with Health Department

As part of the formal needs assessment conducted by the external consultant in 2005 the City and County health departments were consulted on what they identified as the needs of the community. Additionally, City, County and State health department data was used in that assessment. As a routine practice, program development is usually guided by such data.

4. **Health needs identified by assessment processes:**

Using the methods described above the following major community needs were identified.

Method A) Clinical Department recognition based on daily patient care and professional experience.

As a result of seeing many victims of intimate partner abuse, our domestic violence identification and intervention program recognized that women with the most potentially lethal domestic violence needed heightened identification and follow up. Particularly with potential strangulation they realized that some victims were only receiving cursory examinations and the police were treating the cases as misdemeanor crimes, instead of felonies. The program determined that there was a community need to train police and medical staff to better respond to strangulation victims by improving treatment, documentation and prosecuting the act as a felony crime.

Method B) Participation in community coalitions.

Through participation in a state-wide initiative to identify and address the most lethal domestic violence situations and reach out to those victims, the domestic violence identification and intervention program identified a need to use a lethality assessment in the hospital setting.

Method C) Program Development based on expressed client need.

When the Community Health Education staff wished to expand programming to meet the specific expressed needs and interests of senior citizens, they gave a survey to determine which health education topics and screenings were of most importance to 400 senior residents of local senior housing facilities. The survey also asked for preferred times and dates to offer such programs. The top four educational programs and screenings chosen were the ones that are being provided.

Method D: Formal needs assessment conducted by an external consultant.

The 2005 Consultant's formal needs assessment identified cardiovascular disease and specifically heart failure as a major health issue for the Northwest Hospital community.

5. Those involved in decisions re: community needs addressed through community benefit activities: Decisions regarding the selection of community needs to address depend on the hospital departments involved and the constituencies they serve. Decisions may also involve how the community assessment was done, and for what purpose.

Method A) Clinical Department recognition based on daily patient care and professional experience.

In the informal needs assessment process done on a regular basis by clinical departments as a by-product of daily patient care when staff encounter the needs of those who seek services, decisions are made within those departments by the caregivers and departmental administrators. If additional resources are required to support a new community benefit program, then ultimately those decisions must be made by executive management.

Method B) Participation in community coalitions.
Departmental representatives attend community coalitions; in the above example, the Coordinator of the Domestic Violence Program is a member of the statewide coalition. She then brought back information on the evidence-based lethality assessment, then made the decision to introduce it into the domestic violence crisis response protocol.

Method C) Program Development based on expressed client need.
In the new initiative, the WellBerg project, referred to above, Community Health Education staff used the needs and interest survey information, to make decisions within the department about program development.

Method D): Formal needs assessment conducted by an external consultant.
When a formal needs assessment by a consultant is commissioned by the hospital, the intent is to respond to identified needs with a new community benefit program. For example the most recent consultant needs assessment (FY 05) discussed above, was a result of a charge by the health system's Board and President to identify a priority community health need and develop an intervention in response. In that case, the highest level of decision makers drove the process through their charge. However, the specific health problem selected to focus on was driven by the information the consultant gathered from key informant interviews and from public health data from City, County, and State health departments. The consultant then made recommendations of priority areas, and the executive management and Community Mission Committee of the Board made the selection of a specific health need, Congestive Heart Failure, to address with a community benefit intervention.

6. Community Benefit program initiatives to address needs in #4: As noted above, we develop community benefit programming based on identified needs and hospital resources available to address those needs.

Example A - As a result of needing to address the needs of strangulation victims, the Domestic Violence Program developed the "Strangulation Response Project" in conjunction with the Woodlawn police precinct. This project trains police and medical staff to better respond to strangulation victims by improving treatment, documentation and prosecution as a felony crime. The progject has worked with Emergency Department Physicians to create a medical protocol for these victims to make certain appropriate medical tests are done. Funding for a forensic light source that will help show underlying bruising has also been obtained.

Example B - the Domestic Violence Program implemented the use a lethality assessment screening for all identified victims of intimate partner violence. The Lethality Assessment screen was developed by a committee consisting of law enforcement, a prosecutor, an

investigator, a parole and probation agent, domestic violence advocates and researchers. The screen consists of eleven questions that are based on Dr. Jacquelyn Campbell's research on a validated Danger Assessment. Initially designed for responding police officers for domestic violence calls to assess which victims are at highest risk for a lethal incident, it is also being used in hospital settings.

The Domestic Violence Program staff use this tool during their initial crisis intervention with victims of domestic violence. In addition, in FY09 the Baltimore County Police Department began using the Lethality Assessment. Once a victim screens as highly lethal, a call is immediately placed to a 24/7 domestic violence hotline. Subsequently, the Police Domestic Violence Coordinator and an advocate from a local domestic violence program visit the victim within the next 24 to 48 hours after the incident. The Domestic Violence Program at Northwest Hospital provides this service for the Pikesville and Franklin precincts.

Example C – The Community Health Education staff developed new programming in a new location based on the needs assessment survey they gave to seniors living at those locations. They chose topics and provide screenings the residents selected.

Example D - A major need in Northwest's community identified by the consultant needs assessment process is high rates of cardiovascular disease. Because the hospital had a sizable number of repeat admissions for Congestive Heart Failure (CHF), we decided to target those patients for an in-home intervention. For three years (FY06-09) we provided an initiative that identified patients admitted to the hospital for CHF, then offered them an educational program that provided community health nurse visits, telephone monitoring and educational materials to assist them and their families in monitoring and controlling their blood pressure, fluid status and medications following discharge. Though this program was successful it was terminated in 2009 due to budget constraints.

Another cardiovascular community benefit program, a Woman's Heart Screening program, was already in existence when the consultant performed her needs assessment. It has a different purpose, prevention and early intervention, and it has been quite successful in achieving its outcomes (see #7 below) so it continues to provide a community benefit.

7. Evaluation efforts:

An example of a departmental evaluation of a community benefit program is the regular evaluation of behavior or lifestyle change by participants in our Women's Heart and Lifestyle Screening Program discussed in # 6 above. We evaluate this program on an ongoing basis as part of the program protocol; the data provided in the following description is from FY09.

The program is evaluated by process and outcome measures.
Process measures tally:

1. numbers of attendees per screening
2. number of screenings held per year

3. number of persons identified at risk day of the screening
4. level of satisfaction among program participants
5. likelihood that program participants will recommend program to other people.

Outcome measures determine:

1. percentages of program participants who are identified at risk or high-risk of developing heart disease or having a heart related incident
2. percentages of program participants who make at least one behavior change three (3) months post screening event
3. percentages of program participants who require follow up counseling from the program nurse
4. percentages of program participants who follow up with either a primary care or Cardiologist or other health care provided as part of the screening.

Results: In FY 2009 363 people were screened in the program. Of the 363 attendees, 122 were determined to be at high-risk. 11 screenings were held with an average attendance of 33 per screening. 98% of persons screened stated they would recommend the program and were very satisfied.

Note: If blood pressures are extremely high or other signs and symptoms are alarming screening participants are immediately sent to the ER. All screening participants receive education and counseling by nurses at the end of the screening session.

One (1) month following the screening a comprehensive health report is mailed to all screening program participants regardless of risk. The report contains bio-metric data obtained from participants the day of the screening (total cholesterol, blood pressure, body composition, glucose and other blood work as well) as well as results from a heart health assessment questionnaire also completed the day of screening. For persons identified at risk, the program Cardiologist writes remarks on the health report to suggest steps each person can take to improve their health and suggestions for follow up with either a primary care physician, cardiologist or other health care provider.
Program nurses contact 100% of persons identified at risk to provide education and counseling related to heart disease prevention and to determine if participants had any questions about their health or the information provided in their reports.

Three (3) months post screening, letters are sent to all program participants to determine what behavioral changes they have made, whether they have followed up with their physician, etc. Of the 363 screening participants, 187 (51%) responded. Of those 187 respondents, 65% were considered high risk and needed follow up. Additionally, 158 or 85% of the 187 respondents made at least (1) behavior change (lost weight, quit smoking, increased their daily consumption of fruits and vegetables, reduced their blood pressure medication, etc). And 72% or 135 respondents had seen or had an appointment scheduled to share results of their report with their primary care doctor or health care provider. Finally, 12% or 23 respondents saw a cardiologist and 15 of those were high risk.

In order to evaluate the initiatives for Congestive Heart Failures, as discussed in #6, the CHF program used two different tools. One was based on questions from the RAND S-36 Survey used in Rehabilitation Circles. For the other measure, the program manager

used questions adapted from the Minnesota Living with Heart Failure Questionnaire which is widely used in the treatment of heart failure. These were then used in determining if the CHF program met the previously determined goals. This program was indeed, quite successful in meeting those goals.

8. Gaps in availability of specialty providers:

Northwest is a community hospital with an attending staff of approximately 700 physicians, including several specialties. Those specialties include Neurology, Neurosurgery and Infectious Disease. While we have closed the gaps in Gynecology, Vascular, Colorectal and Orthopedic Surgery there are still gaps in Ophthalmology, Dermatology, Rheumatology, Infectious Diseases, Physiatry, and Orthopedic Specialties in hand and spine.

9. Physician subsidies:

The hospital employs hospitalists, who provide 24/7 services in the hospital. They provide care for patients who do not have a primary care physician and who are admitted through the ER; many of these patients are uninsured. Because the hospitalists provide 24/7 coverage and these patients are often uninsured or underinsured, this service results in a negative profit margin to the hospital.

When uninsured patients are admitted, their care is managed by either a hospitalist (50% of the time) or a voluntary member of the medical staff who is on call for the Emergency Department. We employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases the hospital covers these specialists' consultation fees and fees for procedures for all indigent patients. If the hospital did not cover these fees, these specialists could not otherwise afford to provide this service to uninsured or under-insured patients.

Northwest Hospital
Financial Assistance Procedures

The following describes means used at Northwest Hospital to inform and assist patients regarding eligibility for financial assistance under governmental programs and the hospital's charity care program.

- Financial Assistance notices, including contact information, are posted in the Patient Financial Services areas and in Patient Access areas, as well as, other Hospital points of entry.

- Patient Financial Services Brochure '*Freedom to Care'* is available to all inpatients; brochures are available in all outpatient registration and service areas.

- Northwest Hospital employs a Financial Assistance Liaison who is available to answer questions and to assist patients and family members with the process of applying for Financial Assistance.

- A Patient Information Sheet is given to all inpatients prior to discharge. This information will be available in Spanish by the end of September 2009.

- A Patient Information Sheet is mailed to all inpatients with the Maryland Summary Statement.

- Northwest Hospital's uninsured (self-pay) and under-insured (Medicare beneficiary with no secondary) Medical Assistance Eligibility Program screens, assists with the application process and ultimately converts patients to various Medical Assistance coverages and includes eligibility screening and assistance with completing the Financial Assistance application as part of that process.

- A message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and contact information regarding Northwest's Financial Assistance Program is being added to our patient statements. Northwest Hospital outsources this process to contracted vendors. This process will be completed by the end of August.

- All Hospital Patient Financial Services staff, active A/R outsource vendors, collection agencies and Medicaid Eligibility vendors are trained to identify potential Financial Assistance eligibility and assist patients with the Financial Assistance application process.

- Northwest Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.

NORTHWEST HOSPITAL

Title: **Financial Assistance**

PURPOSE: **To assist patients who do not qualify for Financial Assistance from State, County or Federal Agencies but may qualify for uncompensated care under Federal Poverty Guidelines.**

POLICY: **To provide Financial Assistance applications to patients experiencing financial difficulty paying for their hospital bill(s). Eligibility is based on gross income and family size according to current Federal Poverty Guidelines.**

Financial Assistance information is made available to the public through multiple sources including: 1) the admission packet, 2) signage and pamphlets located in Admitting, the Emergency Room, Patient Financial Services, as well as other patient access points throughout the hospital, and 3) Patient Access and Patient Financial Services staff.

Financial Assistance eligibility determinations cover facility/hospital patient charges only. Physicians and ancillary service providers outside of Northwest Hospital are not covered by this policy.

PROCEDURE: Implementation procedures are different for non-emergent and emergent services.

A. Unplanned, Emergent Services and Continuing Care Admissions

1. **Unplanned and Emergent services are defined as admissions through the Emergency Department. Continuing care admissions are defined as admissions related to the same diagnosis/treatment as a prior admission for the patient.**
2. **Patients who believe they will not be able to meet their financial responsibility for services received at Northwest Hospital will be referred to the Self Pay Account Manager or Collection Representative in Patient Financial Services.**
3. **For inpatient visits the Self Pay Account Manager will work with the Medical Assistance Representative to determine if the patient is eligible for Maryland Medical Assistance. The patient will provide information to make this determination. The Medical Assistance Representative will determine probable Medicaid eligibility within two (2) business days of initial application.**
4. **If the patient does not qualify for Maryland Medical Assistance, the Self Pay Account Manager or the Collection Representative will determine if the patient has financial resources to pay for services rendered based on Federal Poverty Guidelines.**
5. **If the patient does have the financial resources according to the Guidelines, the Self Pay Account Manager or the Collection Representative will arrange for payment from the patient following Northwest Hospital's payment arrangement guidelines.**
6. **If the patient does not have the financial resources according to the Guidelines, the Self Pay Account Manager or the Collection Representative will assist the patient with the Financial Assistance application process.**
7. **Patients may request Financial Assistance prior to treatment or after billing.**
8. **Patients must complete the Financial Assistance application and provide the Self Pay Account Manager or Collection Representative documented proof of income for consideration. At least one of the following items is required:**

NORTHWEST HOSPITAL

a. **Patient's recent paycheck stub**
b. **Copy of the prior year's tax statement and/or W-2 form**
c. **Verification of income with employer via telephone**
d. **Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc.**

9. **A new application must be completed for each new course of treatment with the following exceptions:**
    a. **Approved Medicare inpatients and outpatients are certified for one year from approval date. Medicare patients are required to provide a copy of their Social Security Award letter on a yearly basis.**
    b. **Non-Medicare inpatients and outpatients are certified for six months from approval date. However, if it is determined during the course of that period that the patient meets Maryland Medical Assistance eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.**
    c. **Outpatient surgical procedures may be certified for one time only. Additional services would require a new application.**
    d. **Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.**

At the time of application, all open accounts are eligible for consideration including accounts previously written-off to bad debt, which are reviewed on a case-by-case basis.

10. **Financial Assistance is based upon the Federal Poverty Guidelines published in the Federal Register. The poverty level guidelines are revised annually. Patients with an annual income up to 200% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance.**
11. **Patients slightly above 200% annual income may have a portion of their medical bill covered by Financial Assistance based on a sliding scale. The Financial Assistance amount is calculated as follows:**
    Identify the annual income based on the income tax form or W-2 (A). Identify 200% of the Federal Poverty Level for the patient based on household size (B). Subtract B from A. This is the maximum amount for which the patient would be responsible (C). Failure to pay the patient responsibility will result in a reversal of the Financial Assistance adjustment resulting in the patient being responsible for total charges. Subtract C from the patient liability on the hospital bill(s). This is the approved Financial Assistance amount.
12. **The Director of Patient Financial Services or his/her designee approves or denies the Application.**
13. **Patients will receive determination of probable eligibility of Financial Assistance within two (2) business days from application receipt date.**

B. Planned, Non-Emergent Services

1. **Prior to an admission, the physician's office or hospital scheduler will determine if a patient has Medical insurance. If the patient does not have medical insurance, the physician's office or hospital scheduler will call a Financial Counselor in Patient Access. The Financial Counselor will work with the Self Pay Account Manager to screen the patient for Maryland Medical Assistance eligibility. Working together probable determination of eligibility will be made within two (2) business days from the initial application.**
2. **The Self Pay Account Manager will obtain information from the patient to determine Maryland Medical Assistance eligibility. If the patient qualifies, the appointment is confirmed and the patient will receive service as scheduled.**

NORTHWEST HOSPITAL

3. **If the patient is scheduled for service prior to Maryland Medical Assistance probable Eligibility determination, the Financial Counselor will contact the physician's office to postpone the service. If the physician does not want to postpone the service, the Financial Counselor will inform the physician that the Vice President of Revenue Cycle and/or the Vice President of Finance will review and determine whether the case will be postponed, provided or denied. The Vice President of Revenue Cycle and/or the Vice President of Finance will contact the physician regarding the case. The Vice President of Revenue Cycle and/or the Vice President of Finance will review the case, including clinical and financial information, business impact and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.**
4. **If the patient does not qualify for Maryland Medical Assistance, the Financial Counselor will determine an estimate of charges for services to be provided. The Financial Counselor will contact the patient for payment.**
5. **For planned, non-emergent services, Self Pay patients who are United States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or Vice President of Finance approval is required.**
6. **If an agreement is made, the patient must provide payment at least three (3) business days prior to service and sign the LifeBridge Health Installment Agreement Form. If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Self Pay Agreement Form, the Financial Counselor will contact the physician's office to request that the planned service be cancelled due to non-payment.**
7. **If there are extenuating circumstances regarding the patient, the patient's clinical condition, or the patient's financial condition, the patient or the physician may seek an exception from the Vice President of Revenue Cycle and/or the Vice President of Finance. If an exception is requested, the Financial Counselor will gather documented proof of income as stated in the emergent section of this procedure. The Vice President of Revenue Cycle and/or the Vice President of Finance will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.**

Original Date: 7/92
Revised Date: 9/96, 5/98, 9/01, 12/02, 8/04, 5/06, 1/09
Review Date: 1/11

_____ _____

Eric Wexler
President

_____ _____

Appendix 2

NORTHWEST HOSPITAL

Anthony K. Morris
Vice President, Revenue Cycle

NORTHWEST HOSPITAL
a LifeBridge Health center
Northwest Hospital Center

POLICY MANUAL – SECTION I: LEADERSHIP, GOVERNANCE, MANAGEMENT AND PLANNING 1.00

SUBJECT: MISSION, PHILOSOPHY, VISION

EFFECTIVE DATE: JULY 2, 2004 SUPERSEDES: AUGUST 1998

APPROVALS: Final – President

MISSION

Northwest Hospital Center's mission is to:

- Function as an integral component of LifeBridge Health, acting in close coordination with other LifeBridge Health providers. Deliver a broad array of appropriate inpatient and outpatient hospital and health care services to communities along the northwest corridor, including Baltimore County, southern and eastern Carroll County, Baltimore City and northern Howard County.

- Commit to being a community focused hospital center that meets the continuum of health care needs of the people we serve-either directly through joint programs with other providers and health related agencies or as an advocate for alternate sources of care-regardless of their ability to pay.

- Provide, in partnership with the medical staff, a patient centered environment committed to the continuous improvement of the quality of services provided.

- Maintain an attractive and up-to-date facility equipped with proven state-of-the-art technology that meets the needs of both patients and physicians and is accessible to all.

- Provide an environment in which patients are treated with the utmost safety in mind and all customers are treated with respect and dignity.

- Maintain and foster a caring family atmosphere in which to work, practice medicine, volunteer, visit, and most importantly, receive care.

- Stress education and focus resources on providing quality education to meet the

health information needs of the communities we serve, the continuing education needs of our employees and medical staff to facilitate quality care, and clinical experience for students.

SUBJECT: MISSION, PHILOSOPHY, VISION 1.00

- Continue to be a cost-effective organization which manages its resources prudently to ensure its long-term financial viability and, thus, its ability to carry out its mission.

PHILOSOPHY

Northwest Hospital Center, a not-for-profit organization, is committed to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities we serve. Care and service are provided without regard to age, sex, race, religion, disability or financial status.

VISION

Northwest Hospital Center will be a recognized leader in customer care and clinical quality in the services we choose to offer by exceeding expectations of patients, physicians, employees and the community.

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