Dimensions Healthcare System

Laurel Regional Hospital

Community Benefits Reporting
Fiscal Year 2010
July 1, 2009-June 30, 2010

Laurel Regional Hospital
7300 Van Dusen Road
Laurel, MD 20707
301-725-4300
410-792-2270

Introduction & Background:

Laurel Regional Hospital (LRH) has been providing high quality, efficient healthcare services to residents in Prince George's, Anne Arundel, Howard, and Montgomery Counties since 1978. Though the hospital has grown considerably in the last few decades, its commitment to the community has never changed.

Today, Laurel Regional Hospital remains a community hospital serving residents of the Baltimore-Washington region.

Leadership: Chairman, Board of Directors – Bill Williams

CEO – Kenneth Glover

Interim President & Chief Nursing Officer – Gloria Ceballos

Location: 7300 Van Dusen Road, Laurel, Maryland 20707

Facility type: Full-service community hospital

Licensed Bed Designation: 122

Inpatient Admissions for FY 2010: 6,960

No. of employees: 627

Laurel Regional Hospital offers a comprehensive range of inpatient and outpatient medical and surgical services including:

Specialty services:

. Emergency services
. Critical care services
. Cardiac care services
o Cardiopulmonary (Echo, EKG, Stress tests, EEG, PFT)
o Cardiac catheterization lab (diagnostic peripheral vascular studies, cardioversions, TEE's, pacemaker insertions)
. Laboratory and pathology testing
. Medical and surgical services
. Maternal and child health
o Fetal monitoring and neonatal care systems
o Caesarean delivery room
o Special care nursery
. Physical rehabilitation center (only hospital-based CARF accredited

rehab unit in the County)

- Pulmonary rehabilitation program
- Surgical services

Other specialty services:

- Behavioral health services
  - Inpatient psychiatric unit for adults
  - Partial hospitalization program
  - Emergency psychiatric services
- Outpatient infusion services
  - Intravenous infusions
  - Immunoglobulin & iron therapy
  - Blood transfusions
- Sleep disorders services
- Wound care center (93 percent healing rate, staff includes vascular surgeons, podiatrists, general surgeons, and infection disease specialist. The Center has expanded services to include the specialization in hyperbaric oxygen therapy)

Facilities:

- Surgical services houses 7 operating suites, a 10-bed intensive care unit, cardiac catheterization lab and 2 endoscopy suites.

- Emergency department includes 14 acute rooms, 10 intermediate rooms, 6 fast track rooms (ambulatory care) and one resuscitation/trauma room, 4 isolation rooms and 3 more that can be converted to negative pressure isolation rooms, POC (Point of Care) lab, and blood bank is located in the main lab.

Ownership:

- Member of Dimensions Healthcare System, the largest not-for-profit provider of heath care services in Prince George's County.

Demographics for Communities Served:

According to the U.S. Census Bureau, the population estimate for Prince George's County was 834,560 in 2009 with 65.6% African American, 28% White and 17% Hispanic or Latino in origin. Howard County was reported to have a population of 281,884 with 67.2%White, 17.8 % African American and 5.4% Hispanic or Latino in origin. Anne Arundel County has a population of 521,209 with 78.8% White, 15.7% African American and 4.9%. Montgomery County was reported to have a population of 971,600 with 66% White, 17.5% African American and 16.1% Hispanic or Latino.In Prince George's County the median household income was 71,696 and the percentage of persons below poverty level was 6.7 % in 2008. The fact that Laurel Regional Hospital serves portions of each of these counties makes

statistical data collection difficult, though ways are being identified to perform a more comprehensive assessment of health needs for residents of these counties.

From 2006 to 2008, the Department of Health & Mental Hygiene conducted a study in Howard County to assess the age-adjusted death rate due to diabetes. The study found that over that period of time there were 17.9 deaths per 100,000 people and that more men succumbed to the disease than women and more African-Americans than Whites.

With the percentage of individuals affected by diabetes and hypertension becoming more prevalent and leading to a number of other health problems, our services focus on providing high quality care to address the health needs of the growing populations suffering from these and other health conditions. As documented in the report by Department of Health & Mental Hygiene, in 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. This information prompts a response to educate the community on risk factors and preventative measures to improve the health of those with diabetes. Our response was to establish a diabetes program which offers inpatient support and outpatient education classes and counseling.

Identification of Community Needs:

Laurel Regional Hospital identifies health needs through a number of community outreach efforts, which yield first hand information from the patients we service. For example, in May 2010, the hospital hosted a community health fair in which we collaborated with a variety of health and wellness organizations in the community to provide health screenings and information to members of the local community and beyond. This year LRH offered screenings such as lung function, blood pressure and cholesterol to over 200 participants. In addition, participants were able to receive eye examinations, consult with diabetes clinicians, a pain management physician, a podiatrist and many other healthcare specialists. Other opportunities to receive education and wellness services were made available by the participation of our wound care, mental health and cardiac/vascular services departments. Many of the community members are uninsured and therefore information is made available to assist those individuals in finding healthcare services.

In the near future, LRH hopes to consult with the Prince George's County Health Department to identify community health needs. Similarly, collaborative efforts will be made to work with other county health departments representative of the patients we serve. In addition, relationships are being formed with other community organizations to educate and provide health services to members of the community. In return, we hope to gain valuable feedback regarding health services needed by community members. For example, clinical staff makes regular visits to local faith based organizations to provide screenings and service information about the many programs available at the hospital.

One of the exceptional in-house service programs at LRH is the Physical Rehabilitation program. The Physical Rehabilitation Center (PRC) has inpatient and outpatient services and hosts support groups as an outreach and way of meeting community health needs. The support groups address the needs of individual's affected by Parkinson's disease as well as survivors of stroke. The Physical Rehabilitation Center is seeking to add Stroke Specialty services to the program which is the only CARF (Commission on Accreditation of Rehabilitation Facilities) accredited in-house rehabilitation program in Prince George's County.

Laurel Regional Hospital endeavors to expand its community outreach and support base to provide more health services to residents Prince George's County and surrounding areas. As we build community partnerships, we hope to improve upon community benefits significantly. In the future, we aim to develop health initiatives to promote awareness of risk and prevention associated with health conditions such as diabetes, cancer, hypertension and heart disease.

The Decision Making Process:

Leadership at LRH has input in the planning process for current community benefit programs like the health fair and ongoing community health screenings. Due to recent financial challenges, the hospital has not devoted significant human or capital resources to the development of a detailed community benefit program. Management at the departmental level report on community benefits offered to the community through health education as well as screenings.

Community Benefit Program Evaluation:

Evaluations are collected during our community health fair and the information compiled to determine what services were beneficial and what services and information participants would like to see available in the future. This feedback from participants gives us the opportunity to improve upon the services we provide to the community to meet their healthcare needs.

Description of gaps in availability of specialist providers:

All services offered by Laurel Regional Hospital are available to all patients, insured and uninsured. Occasionally, in our Emergency Department, the hospital experiences lapses in specialist coverage due to the demand by physicians for compensation for on call coverage**.**

Community Benefits Report FY2010
Laurel Regional Hospital
7300 Van Dusen Road, Laurel, MD 20707

Appendix 1

Description of Financial Assistance Program:

Dimensions Healthcare System provides compassionate care for all, regardless of an individual's ability to pay. We serve as the safety net for the uninsured and underinsured. It is our mission to help save lives and improve the quality of living.

Dimensions Healthcare System through its health care services, provides financial assistance to those who need medical and health care services but do not have the resources to pay for that care…and it does so by preserving the dignity of the individual who needs assistance.

In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs may be eligible for free or discounted healthcare services based on established criteria.

Eligibility for the Dimensions Healthcare System Financial Assistance Program is based on income and family size. Should you be found eligible for financial assistance, patient will receive a Financial Approval Letter indicating your eligibility amount. Any balance due after the financial assistance allowance has been applied, will become the responsibility of the patient. Physicians bill separately and their charges are not included in the financial assistance program.

Appendix 2

See attached Dimensions Financial Assistance Program Corporate Policy #200-41

DIMENSIONS HEALTHCARE SYSTEM **January 23, 2008**
Policy No. 200-41
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FINANCIAL ASSISTANCE PROGRAM

PURPOSE: To identify circumstances when Dimensions Healthcare System (DHS) may provide care without charge or at a discount commensurate with the ability to pay, for a patient whose financial status makes it impractical or impossible to pay for medically necessary services. This policy applies only to facility charges and not physician or other independent company billings. The provision of free and discounted care through our Financial Assistance Program is consistent, appropriate and essential to the execution of our mission, vision and values, and is consistent with our tax-exempt, charitable status.

Resources are limited and it is necessary to set limits and guidelines. These are not designed to turn away or discourage those in need from seeking treatment. They are intended to assure that the resources the Hospital can afford to devote to its patients are focused on those who are most in need and least able to pay, rather than those who choose not to pay. Financial assessments and the review of patients' assets and financial information is intended for the purpose of assessing need as well as gaining a holistic view of the patients' circumstances. Dimensions Healthcare System is committed to:

- Communicating this purpose to the patient so they can more fully and freely participate in providing the needed information without fear of losing basic assets and income;
- Assessing the patients' capacity to pay and reach payment arrangements that do not jeopardize the patients' health and basic living arrangements or undermine their capacity for self-sufficiency;
- Upholding and honoring patients' rights to appeal decisions and seek reconsideration, and to have a self-selected advocate to assist the patient throughout the process;
- Avoiding seeking or demanding payment from or seizing exempt income or assets; and
- Providing options for payment arrangements, without requiring that the patient select higher cost options for repayment.

CANCELLATION: This is a new corporate policy. It supersedes all policies on this subject at the facility level.

POLICY: Dimensions Healthcare System has a long tradition of serving the poor, the needy, and all who require health care services. However, our hospitals alone cannot meet every community need. They can practice effective stewardship of resources in order to continue providing accessible and effective health care services. In keeping with effective stewardship, provision for financial assistance will be budgeted annually. Our hospitals will continue to play a leadership role in the community by helping to promote community-wide responses to patient needs, in partnership with government and private organizations.

In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free or discounted health care services based on established criteria. Eligibility criteria will be based upon the Federal Poverty guidelines and will be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. All open self-pay balances may be considered for financial assistance. If a determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a

reassessment of the person's ability to pay at a later date. The need for financial assistance is to be re-evaluated at the following times:

- Subsequent rendering of services,
- Income change,
- Family size change,
- When an account that is closed is to be reopened, or
- When the last financial evaluation was completed more than six months before.

To be considered for financial assistance, the patient must cooperate with the facility to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicaid. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for financial assistance.

Appropriate signage will be visible in the facility in order to create awareness of the financial assistance program and the assistance available. At a minimum, signage will be posted in all patient intake areas, including, but not limited to, the Emergency Department, the Billing Office, and the Admission/Patient Registration areas. Information such as brochures will be included in patient services/information folders and/or at patient intake areas. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the facility's service area in accordance with the state's Language Assistance Services Act.

The necessity for medical treatment of any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient. All patients will be treated with respect and fairness regardless of their ability to pay.

SPECIAL INSTRUCTIONS/FORMS TO BE USED:

DEFINITIONS:

A. 1. *Assets:* Assets include immediately available cash and investments such as savings and checking as well as other investments, including retirement or IRA funds, life insurance values, trust accounts, etc. The following are to be considered exempt and shall not be considered in determining whether the uninsured patient qualifies for an uninsured discount:

   a. Homestead property
   b. $2,000 for the uninsured patient, or $3,000 for the uninsured patient and one dependent residing together.
   c. $50 for each additional dependent residing in the same household.
   d. Personal effects and household goods that have a total value of less than $2,000.
   e. A wedding and engagement ring and items required due to medical or physical condition.
   f. One automobile with fair market value of $4,500 or less.
   g. Patient must have less than $10,000 in net assets.

2. *Bad Debt Expense:* Uncollectible accounts receivable that were expected to result in cash inflows (i.e. the patient did not meet the facility's Financial Assistance eligibility criteria). They are defined as the provision for actual or expected uncollectibles resulting from the extension of credit.

3. *Financial Assistance:* Health care services that were never expected to result in cash inflows. Financial Assistance results from a provider's policy to provide health care services free or at a discount to individuals who meet the established criteria.

4. *Financial Assistance Committee:* A committee consisting of the Chief Financial Officer, the Corporate Director of Patient Financial Services, the Risk Manager, the Director of Case/Care Management, and the Director of Patient Relations, or a similar mix of individuals.

5. *Contractual Adjustments:* Differences between revenue at established rates and amounts realized from third party payers under contractual agreements.

6. *Disposable Income:* Annual family income divided by 12 months, less monthly expenses as requested on the application in Attachment I.

7. *Family:* The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. Therefore, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

8. *Family Income:* Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, veterans benefits, training stipends, military allotments, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.

9. *Qualified Patient:*

   a. *Financially Needy*: A person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the medical facility's eligibility criteria set forth in this policy.

   b. *Medically Needy:* A patient who does not qualify as financially needy, but whose medical or hospital bills, even after payment by third-party payers, exceed 50% of their gross income. The patient who incurs catastrophic medical expenses is classified as medically needy when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

10. *Medically Necessary Service:* Any inpatient or outpatient hospital service that is covered by and considered to be medically necessary under Title XVIII of the federal Social Security Act. Medically necessary services do not include any of the following:

    a. Non-medical services such as social, educational, and vocational services.
    b. Cosmetic surgery.

B. **Financial Assistance Guidelines and Eligibility Criteria (see PFS Department for current form)**

a. To be eligible for a 100 percent (100%) reduction from the patient portion of billed charges (i.e. full write-off) the patient's household income must be at or below 150 percent of the current Federal Poverty Guidelines. 150 percent (150%) of the Federal Poverty Guidelines represents an individual earning minimum wage.

b. Patients with household income that exceeds 150 percent (150%) but is less than 300 percent (300%) of the Federal Poverty Guidelines will be eligible for a sliding scale discount of the patient portion of billed charges.

c. Medically needy patient accounts will be considered on a case-by-case basis by the Financial Assistance Committee. The discounts to be applied will be based on a determination of what the family could reasonably be expected to pay, based on a review of current disposable income and expenses.

d. Individuals who are deemed eligible by the State of Maryland to receive assistance under the Violent Crime Victims Compensation Act or the Sexual Assault Victims Compensation Act shall be deemed eligible for financial assistance at a level to be determined on a case-by-case basis by the Financial Assistance Committee.

e. Financial assistance applications will be considered as long as an account is open or when a change in patient financial status is determined.

f. After the financial assistance adjustment has been computed, the remaining balances will be treated in accordance with Patient Financial Services policies regarding self-pay balances. Payment terms will be established on the basis of a reasonable proportion of disposable income negotiated with the patient. No interest charges will accrue to the account balance while payments are being made. This also applies to payments made through a collection agency.

PROCEDURE:

A. **Identification of Potentially Eligible Patients:**

Admitting 1. Where possible, prior to the admission of the patient, the Hospital will conduct a pre-admission interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission interview is not possible, this interview should be conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, the Hospital's evaluation of payment alternatives should not take place until the required medical care has been provided. At the time of the initial interview, the following information should be gathered:

a) Routine and comprehensive demographic data.
b) Complete information regarding all existing third party coverage.

2. Identification of potentially eligible patients can take place at any time during the rendering of services or during the collection process.

3. Those patients who may qualify for financial assistance from a governmental program should be referred to the appropriate program, such as Medicaid, prior to consideration for financial assistance.

Dir., PFS 4. Prior to an account being authorized for the filing of suit, a final review of the account will be conducted and approved by the Corporate Director of Patient Financial Services to make sure that no application for financial assistance was ever received. Prior to a summons being filed, the CFO's approval is required. Dimensions Healthcare System Facilities will not request body attachments from the court system for payment of an outstanding account; however it is recognized that the court system may take this action independently.

B. **Determination of Eligibility:**

PFS 1. All patients identified as potential financial assistance recipients should be offered the opportunity to apply for financial assistance. If this evaluation is not conducted until after the patient leaves the facility, or in the case of outpatients or emergency patients, a Patient Financial Services representative will mail a financial assistance application to the patient for completion. In addition, whenever possible, patient billing and collection communications will inform patients of the availability of financial assistance with appropriate contact information. When no representative of the patient is available, the facility should take the required action to have a legal guardian/trustee appointed.

2. Requests for financial assistance may be received from:

a. the patient or guarantor;
b. Church-sponsored programs;
c. physicians or other caregivers;
d. various intake department of the institutions;
e. administration;

f. other approved programs that provide for primary care of indigent patients.

3. The patient should receive and complete a written application (Attachment I) and provide all supporting data required to verify eligibility.

4. In the evaluation of an application for financial assistance, a patient's total resources will be taken into account which will include, but not be limited to, analysis of assets (identified as those convertible to cash and unnecessary for the patient's daily living expense), family income and medical expenses. A credit report may be generated for the patient as well as for the purpose of identifying additional expense, obligations, assets and income to assist in developing a full understanding of the patients' financial circumstances.

5. If a patient qualifies as medically needy, then the application should be referred to the Financial Assistance Committee for review and determination.

Dir., PFS 6. Approval for financial assistance for amounts up to $50,000 should be approved by the Director of Patient Financial Services. Those greater than $50,000 should be approved by the CFO.

PFS 7. Upon completion of the application and submission of appropriate documentation, the Patient Financial Services representative will complete the Financial Assistance Worksheet (see PFS Department for current form). The information shall be forwarded to the Director of Patient Financial Services or their designee for determination. Financial assistance approval will be made in accordance with the guidelines and documented on the worksheet (see PFS Department for current form).

8. Accounts where patients are identified as medically needy or accounts where the collector or Director has identified special circumstances that affect the patient's eligibility for financial assistance will be referred to the Financial Assistance Committee for consideration and final determination. The Committee's review of accounts that do not clearly meet the criteria and the decisions and rationale for those decisions will be documented and maintained in the account file (see PFS Department for current form).

9. A record, paper or electronic, should be maintained reflecting authorization of financial assistance (see PFS Department for current form). These documents shall be kept for a period of seven (7) years.

C. **Notification of Eligibility Determination:**

PFS 1. Clear guidelines as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turnaround and a written decision, which provides a reason(s) for denial will be provided, generally within thirty (30) days of

receipt of a complete application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so.

FAC 2. If a patient disagrees with the decision, the patient may request an appeal process in writing within seven (7) days of the denial. The Financial Assistance Committee will review the application. Decisions reached will normally be communicated to the patient within two (2) weeks, and reflect the organization's final and executive review.

3. Collection activity will be suspended during the consideration of a completed financial assistance application or an application for any other healthcare bracket (i.e., Medicare, Medicaid, etc.). A note will be entered into the patient's account to suspend collection activity until the financial assistance process is complete. If the account has been placed with a collection agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. This notification will be documented in the account notes. The patient will also be notified verbally that the collection activity will be suspended during consideration. If a financial assistance determination allows for a percent reduction but leaves the patient with a self-pay balance, payment terms will be established on the basis of disposable income.

4. If the patient complies with a payment plan that has been agreed to by the Hospital, the Hospital shall not otherwise pursue collection action against the patient.

Patient 5. If the patient has a change in their financial status, the patient should promptly notify Patient Financial Services. The patient may request and apply for financial assistance, or a change in their payment plan terms.

D. **Availability of Policy:**

PFS 1. Every hospital, upon request, must provide any member of the public or state governmental entity a copy of its financial assistance policy.

E. **Application Forms:**

PFS 1. Every hospital must make available, upon request by a member of the public, a copy of the application used by the Hospital to determine a patient's eligibility for financial assistance.

F. **Monitoring and Reporting:**

PFS 1. A financial assistance log from which periodic reports can be developed shall be maintained aside from any other required financial statements. Financial assistance logs will be maintained for a period of seven (7) years. At a minimum, the financial assistance logs are to include:

a. account number,
b. date of service,
c. application mailed (y/n),
d. application returned and complete (y/n),
e. total charges,
f. self-pay balances,
g. amount of financial assistance approved,
h. date financial assistance was approved.

2. The cost of financial assistance will be reported annually in the community Benefit Report. Financial will be reported as the cost of care provided (not charges) using the most recently audited Medicare cost report and the associated cost to charge ratio.

ORIGINATOR: Administration

APPROVAL:

_____

G. T. Dunlop Ecker
President & Chief Executive Officer

Financial Assistance Program 200-41 (1/23/2008)

ATTACHMENT:

Application for Financial Assistance

APPLICATION FOR FINANCIAL ASSISTANCE

Information About You

Name _____
First Middle Last

Social Security Number _____-____-_____ Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No
Citizenship status does not affect your ability to qualify for financial assistance.

Home Address _____ Phone _____

_____ _____

_____ _____
City State Zip Code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip Code

Household Members:

Name	Age	Relationship

Services for Which You Are Requesting Financial Assistance

Dates of service _____
Total amount of bill _____
Amount of assistance requested _____

Have you applied for Medical Assistance Yes No
If yes, what was the determination? _____

Account number _____ Medical record number _____

Family Income

Please list the amount of your monthly income from the following possible sources and include copies of your federal tax return and other documents to show proof if income. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pensions 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	_____

Liquid Assets	Current Balance
Checking accounts	_____
Savings account	_____
Stocks, bonds, CD, money market, or other accounts	_____

Other Assets

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

Home			Approximate value	_____
Automobile	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Other property			Approximate value	_____

Monthly Expenses	*Amount*
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit cards(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____

Other Expenses

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

Community Benefits Report FY2010
Laurel Regional Hospital
7300 Van Dusen Road, Laurel, MD 20707

Appendix 3

Description of Mission, Vision & Values for LRH:

- The mission of Laurel Regional Hospital is to provide high quality, efficient healthcare services to preserve, restore and improve the health status of our community.

- The vision or the organization is to be recognized as a premier health care system with objectives as follows: retaining and attracting first-class physicians, nurses and other team members; providing state-of-the-art facilities and leading edge diagnostic and treatment equipment; and assuring access to high quality healthcare services for all patients.

- The values of Laurel Regional Hospital consistently show that we C.A.R.E.S. as we exhibit **C**ompassion, **A**ccountability, **R**espect, **E**xcellence, and **S**ervice.

Appendix 4

See attached Dimensions Mission, Vision, and Values Corporate Policy #200-24

DIMENSIONS HEALTHCARE SYSTEM
POLICY No. 200-24 **APRIL 6, 2006**
Page 1 of 2

MISSION, VISION, VALUES AND SERVICE PRIORITIES

MISSION

Our mission is to provide high quality and efficient healthcare services to preserve, restore and improve health status, in partnership with our community.

VISION

To be recognized as a premier regional healthcare system.

VALUES

Our values consistently show that Dimensions ***CARES***. These values include:

- ***C*ompassion** - We demonstrate care, concern and consideration for our patients, their families and each other. We take seriously our role as patient advocates. We strive to bring the "human touch" to all our interactions and help each other.

- ***A*ccountability** - We take responsibility for our actions. We strive to achieve excellent results and accept responsibility for overcoming problems. We avoid blaming others. We never say "It's not my job". We are committed to honesty in words and actions.

- ***R*espect** - We treat all patients, visitors, and staff equally and with dignity. We show our respect by the courtesy we extend to everyone. We greet everyone politely and appropriately. We are forgiving of one another. We recognize the value, diversity and importance of each other, those we serve and the organization.

- ***E*xcellence** - We show excellence in the way we strive to exceed expectations in everything we do. We demand competence and encourage professional and personal growth for every member of our healthcare team. We pursue excellence through teamwork, continuous improvement and prudent resource management.

- ***S*ervice** - We strive to do the "right thing" and ensure our actions are in line with our mission, vision and values. We are committed to understanding and meeting the needs and expectations of patients and customers.

SERVICE PRIORITIES

- **Safety** - We work to ensure that all employees, patients and visitors are protected from danger, risk or injury while on the premises of any Dimensions Healthcare System facility

- **Courtesy** - We strive to make each person we encounter feel important and respected. We pleasantly greet fellow employees, physicians, patients and visitors. We identify ourselves whether the encounter is in person or over the telephone.

- **Caring** - We empathize, show compassion and concern to those we encounter each day.

- **Efficiency** - We work collaborative and effectively, taking advantage of economies of scale when possible. We continually evaluate the effectiveness of procedures and processes.

APPROVED:

_____

G. T. Dunlop Ecker
President/CEO