COMMUNITY BENEFIT NARRATIVE REPORT

FY2014

MedStar St. Mary

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	**Inpatient Admissions:**	**Primary Service Area Zip Codes**	**All Other Maryland Hospitals Sharing Primary Service Area:**	**Percentage of Uninsured Patients, by County:**	**Percentage of Patients who are Medicaid Recipients, by County:**

82	Admissions: 6,681 Births: 1,176 Total: 7,857	20653 20659 20650 20619 20636 20627 20686 20635 20660 20620 20656 20626 20628 20634 20603 20667 20670 20621 20624 20684 20630	Calvert Memorial Hospital UM Charles Regional Medical Center (Formally Civista)	9.9% Source: Maryland State Health Improvement Process (SHIP) 2012	15,226 (13.9%) Source: Maryland Medicaid eHealth Statistics

2. For purposes of reporting on your community benefit activities, please provide the following information:
   a. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and *include the source of the information in each response*. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).
      - Some statistics may be accessed from: The Maryland State Health Improvement Process. http://dhmh.maryland.gov/ship/
      - and its Area Health Profiles 2013 http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx
      - The Maryland Vital Statistics Administration. http://dhmh.maryland.gov/vsa/SitePages/reports.aspx
      - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf
      - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition

http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)	Target Population Total, 2013: 109,633 Persons Under 5, 2013: 7,345 Persons Under 18, 2013: 27,518 Persons 65 and Over, 2013: 13,156 Female Persons 2013: 55,913 NH White, 2013: 86,939 Black or African American, 2013: 15,678 American Indian and Alaskan Native, 2013: 438 Asian, 2013: 3,070 Native Hawaiian or Pacific Islander, 2013: 110 Two or more races, 2013: 3,289 Hispanic or Latino, 2013: 4,933 White alone, not Hispanic or Latino, 2013: 83,321 Source: United States Census, 2010
Median Household Income within the CBSA	$85,032 Source: United States Census, 2010
Percentage of households with incomes below the federal poverty guidelines within the CBSA	7.1% Source: United States Census, 2010
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	9.9% (2012) Source: United States Census, 2010
Percentage of Medicaid recipients by County within the CBSA.	15,226 (13.9%) Source: Maryland Medicaid eHealth Statistics
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	County, 2012: 78.4 Black, 2012: 76.4 White, 2012: 78.3 Source: Maryland State Health Improvement Process (SHIP) 2012
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Mortality: 2012Crude Rate All Causes655.1/100,000 Diseases of the heart166.1 Cancer168.8 Cerebrovascular Disease34.9

	Chronic Lower Resp. Disease39.5 Accidents27.5 Diabetesunstable Influenza/pneumoniaunstable Alzheimer's Disease19.3 Septicemiaunstable Nephritis, Nephrosis, Nephrotic syndromeunstable Mortality: 2010–12Age-adjusted Rate All Causes 724.8/100,000 Diseases of the heart199.8 Cancer175.9 Cerebrovascular Disease36.3 Chronic Lower Resp. Disease40.5 Accidents26.7 Diabetes18.9 Influenza/pneumonia7.9 Septicemia8.0 Alzheimer's Disease21.4 Nephritis, Nephrosis, Nephrotic syndrome12.6 Infant Deaths, 2012: 4, count Infant Deaths, 2012, Black: 2, count Infant Deaths, 2012, Hispanic: 0, count Infant Deaths, 2012, NH White: 2, count Source: Maryland Vital Statistics (http://dhmh.maryland.gov/vsa/Documents/St-Marys-D.pdf) Drug Induced Deaths, 2012, per 100,000 population: 11.3 NH White Drug Induced Deaths, 2012, per 100,000 population: 11.9 Source: Maryland State Health Improvement Process (SHIP) 2012
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Sudden Infant Deaths, 2012: 8, count Teen Birth Rate, 2012: 28.4 per 1,000 women Black Teen Birth Rate, 2012: 60.8 per 1,000 women White Teen Birth Rate, 2012: 20.6 per 1,000 women Non-fatal Child Maltreatment Reported to Social Services, per 1000 children under age 18, 2012: 5.8 Rates of Suicide per 100,000 population: 12.3 Students who enter kindergarten ready to learn, 2012: 93%

	AIAN—83% Asian—96% AA—88% Hispanic—95% NHOPI—100% White—90% Proportion of students who graduate high school four years after entering in 9th grade, 2012: 83.7% Asian— 89.4% Black—75.5% Hispanic—83.3% White—85.4% Emergency Room visits related to domestic violence/ abuse per 100,000, 2012: 52.1 NH White, 2012: 45.3 Source: Maryland State Health Improvement Process (SHIP) 2012
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Language other than English spoken at home, pct age 5+, 2006-2010 - 6.8% Please refer to the first row of this table for more information.
Other	Selected health disparities for southern Maryland: % of Adults with Healthy Weight White – 31% Black – 27% ER visits due to Hypertension White – 241 Black – 845 ER visits due to Asthma White – 54 Black – 148 Deaths from heart disease White – 213 Black – 243 Diabetes related ER visits White – 231 Black – 1,184 Source: Maryland State Health Improvement Process (SHIP) 2012 Adults that report binge or excessive drinking in comparison to state and national average. 18% - St. Mary’s County 15% - Maryland 8% - National Source: County Health Rankings and Roadmaps, 2014 Adults that currently smoke in comparison to

	state and national average21% - St. Mary's County 17% - Maryland 14% - National Source: County Health Rankings and Roadmaps, 2014

b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

St. Mary's County is located on a peninsula in Southern Maryland with over 400 miles of shoreline on the Patuxent River, Potomac River and Chesapeake Bay. MedStar St. Mary's Hospital, located in Leonardtown, Maryland, is the only acute care hospital in the county. The county is designated by the Bureau of Primary Care as a health professions shortage area for dental and mental health. The southern half of the county is designated as a primary care shortage area.

With a population of over 109,633 residents (2013 US Census estimate), St. Mary's County is a federally designated rural area with a diverse population. Farmers, waterman, high tech scientists, defense contractors/engineers and military members live alongside Amish and Mennonite communities, making the St. Mary's County population unique. The residents of St. Mary's County are majority Caucasian (79.3%), followed by African American (14.3%), Hispanic or Latino origin (4.5%), Asian (2.8%), American Indian and Native Alaskan (0.4%) and Native Hawaiian and other Pacific Islander (0.1%).

St. Mary's County has been the fastest growing county in Maryland within the past 10 years - with a population increase of 22% since 2000, and 4.3% growth in the last three years. The county also has the highest percentage of veterans in Maryland, one of the lowest median ages, and an emerging population that is increasingly Hispanic, all of which impact health and delivery of health services. Heart disease, cancer, lower respiratory illnesses, stroke and diabetes are the leading causes of death. Most residents (76.5%) work in the county. The high paying jobs associated with the Patuxent River Naval Air Station mask a growing underserved area located outside the base gates in the Lexington Park community (ZIP code 20653).

With approximately 18.3% of the population living below the federal poverty level, Lexington Park has the greatest number of medically underserved citizens in the area. Approximately 11% (11,626 residents) of the St. Mary's population lives in the Lexington Park Census Designated Place (CDP), which is the single largest center of population in the county, with a disproportionate number living in poverty or near poverty levels. The largest number of minorities (32% African American and 7.4% Hispanic) live within this census tract. The median annual family income for Lexington Park is $66,932, as compared to the median annual family income in St. Mary's County of $85,032. Certain census tracts within the Lexington Park area have a high concentration of poverty, with one

having a median annual family income as low as $42,766. Lexington Park has a lower per capita income and a higher unemployment rate than the rest of St. Mary's County, a combination contributing to the county's health disparities. Lexington Park and California, Maryland have been combined by the United States Census into a micropolitan CDP with a total population of 23,483 for infrastructure considerations related to population density within this small, rural community.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

X Yes
_ No

Provide date here.6/30/2012

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MSMH_Full_Report_CHA_2012.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

X Yes
_ No

Provide date here.6/13/2012

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://medstarhealth.thehcn.net/javascript/htmleditor/uploads/MSMH_Full_Report_CHA_2012.pdf (Pages 26-34)

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of

determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

X Yes

_ No

If no, please provide an explanation

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB processand provide additional information if necessary):

i. Senior Leadership

1.X CEO

2.X CFO

3.X Other (Please Specify)

Vice President

ii. Clinical Leadership

1.X Physician

2.X Nurse

3._ Social Worker

4._ Other (Please Specify)

iii.Community Benefit Department/Team

1._ Individual (please specify FTE)

2._ Committee (please list members)

3.X Other (Please Specify)

Director, Department. Secretary & CBISA Data Coordinator

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet X Yes _ No

If you answered no to this question, please explain why?

Narrative X Yes _ No

If you answered no to this question, please explain why?

d. Does the hospital's Board review and approve the FY Community Benefit

report
that is submitted to the HSCRC?

Spreadsheet X Yes _ No
If you answered no to this question, please explain why?

Narrative X Yes _ No
If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

   For example for each principal initiative, provide the following:

   a Identified need: This includes the community needs identified by the CHNA.***Include any measurable disparities and poor health status of racial and ethnic minority groups.***
   b. Name of Initiative: insert name of initiative.
   c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
   d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
   e. Key Partners in Development/Implementation: Name the partners(community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i Expense: A. What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III A. Initiative 1

Identified Need	Adult Overweight/obesity 33.2% of St. Mary's County Adults are at a Healthy Weight. The State of Maryland 2014 Goal is 35.7. Source: Maryland State Health Improvement Process (SHIP) 2012
Hospital Initiative	Fit and Healthy St Mary'sCoalition (merged with the Healthy Eating Active Living team of the Healthy St Mary's Partnership in spring of 2014) ******** Workplace Wellness, More to Explore Passport and National Diabetes Prevention Program (Simple Changes)
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase the number of citizens who are at a healthy BMI. Increase number of residents who are managing chronic conditions associated with overweight/obese lifestyle.
Single or Multi-Year InitiativeTime Period	Multi year
Key Partners and/or Hospitals in initiative development and/or implementation	Fit and Health St Mary's Coalition, which is led by MedStar St. Mary's Hospital and includes the following organizations: St. Mary's County Health Department University of Maryland Extension Office St. Mary's Nursing Center St. Mary's County Office of Aging and Human Services College of Southern Maryland St. Mary's County Tennis Association World Gym St. Mary's County Public Schools St. Mary's County Parks and Recreation Chesapeake-Potomac Home Health Care Southern Maryland Agricultural Development Commission
How were the outcomes evaluated?	Outcomes were evaluated by: BFRSS data - Adults who are overweight or obese Short term outcome measures for various initiatives within the work plan, based on individual citizens' program participation and results
Outcome (Include process and impact	2011 BFRSS data showed rate reduced to

measures)	65.6 and trending down over time), however 2012 BFRSS data shows 66.8% of St. Mary's County adults are overweight or obese. Source: MedStar Health (http://admin.medstarhealth.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4022902) 2011 BFRSS data showed rate reduced to 65.6 and trending down over time), however 2012 BFRSS data shows 66.8% of St. Mary's County adults are overweight or obese. (http://admin.medstarhealth.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4022902) ********** Fit and Healthy St Mary's Coalition Demonstration projects – Workplace Wellness – defense contractors, private businesses. 1695 persons served Marketed Simple Changes NDPP program to local businesses' Will provide first class for SMC of MD in early FY'15 Dept of Social Services, Health Department, MetCom, St Mary's Nursing Center, St. Mary's College of Maryland, St. Mary's County Public Schools : In FY14, the coalition presented the more to explore program as the signature work of the coalition as well as the addition of the NDPP program ********** Approximately 2600 participants in the More to Explore Pass port program -- targeted both adult and childhood obesity. ********** Simple Changes NDPP program initiatied 3 classes held - 8 instructors trainined 4.24% overall weight loss for 3 cohorts, 54 individuals ********** Fit and Healthy St Mary's Coalition Demonstration projects – Workplace Wellness – included defense contractors and private businesses. Marketed Simple Changes, a National Diabetes Prevention Program, to local businesses, including: Dept of Social Services, Health Department, MetCom, St Mary's Nursing Center, St. Mary's College of Maryland and St. Mary's County Public Schools (5992 employees).

	********** Approximately 2600 participants in the More to Explore Passport program, which targeted both adult and childhood obesity. ********** Our Simple Changes initiated 3 class sessions and a total of eight instructors were trained to deliver the curriculum. 54 individuals in the three cohorts experienced a 4.24% overall weight loss.
Continuation of Initiative	Yes
A.Total Cost of Initiative	$60,248
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 2

Identified Need	Childhood overweight/ obesity Direct measurements from the 2009 Maryland Pediatric Nutrition Surveillance Survey (PedNSS) suggest that 35.1% of low-income preschoolers (2-4 years old) in St. Mary's were overweight or obese. CDC's PedNSS 2013 shows Maryland at 15.7%, and the Healthy People 2020 goal is to reduce the national average to 9.6. Source: Pediatric Nutrition Surveillance Survey, CDC (http://www.cdc.gov/pednss/pdfs/PedNSS_2010_Summary.pdf)
Hospital Initiative	Let's Move Challenge ******* Healthier US schools challenge ******** Breastfeeding resource center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase number of children with a healthy body mass index (BMI). ********** Increase Breastfeeding Initiation rate at MedStar St Mary's Hospital. ********** Lactation Consultants visit new mothers in Women's Health Department to promote breastfeeding implementation and success.
Single or Multi-Year InitiativeTime Period	Multiyear

Key Partners and/or Hospitals in initiative development and/or implementation	University of Maryland Extension Staff ********** St. Mary's County Public School Staff ********** MSMH's Women's Health Department Leadership and Nursing Staff, Health Connections Department's Certified Lactation Consultants
How were the outcomes evaluated?	Outcomes of the Let's Move program are evaluated by: BFRSS – Low income preschool obesity ********** Outcomes of the Healthier U.S. Schools Challenge were evaluated by: Short term programmatic outcome measures: HUSSC Applications Submitted & Awarded, Student and family demonstrations provided. ********** Outcomes for the breastfeeding resource center program were evaluated by: Number of persons assisted by lactation consultants in FY14
Outcome (Include process and impact measures)	2009- 2011 data – 15.1%. This indicator continues to trend down over time Source: MedStar Health (http://admin.medstarhealth.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4492944) Let's Move Childcare checklist – 19 providers serving 523 children ********** Healthier US school challenge: Park Hall Elementary School was awarded a Bronze ranking and George Washington Carver Elementary was awarded a Silver ranking. Lexington Park (Silver) and Green Holly (Bronze) also submitted their applications this school year. Schools incorporated nutrition and fitness tips into morning announcements. Schools also conducted taste testings and family fitness events to introduce parents and their children to healthy food choices and recipes as well as fun and family-oriented ways to exercise. Held "My Plate" contest at 2 schools, demonstrating appropriate portion size and food group distribution to students. (1,087 Students at Green Holly and Lexington Park Elementary Schools) ********** Health Connections hosts a weekly ongoing

	breastfeeding support group 4,026 encounters by lactation consultants in FY14
Continuation of Initiative	yes
A.Total Cost of Initiative	$55,102
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 3

Identified Need	Substance Abuse - Tobacco 20.3 % of St. Mary's adult residents currently smoke; top performing US jurisdictions have a 14% smoking population. Source: MedStar Health (http://admin.medstarhealth.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4022606) In 2010, 23.7% of adolescents in St. Mary's County reported smoking in the last thirty days. Source: Maryland State Health Improvement Process (SHIP) 2012
Hospital Initiative	Smoke-free workplace/ smoke-free outdoor areas and smoking cessation programs.
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Decrease the number of residents who use tobacco products and decrease the number of resident exposed to second-hand smoke. Healthy St. Mary's Partnership (now HEAL action team) committed to a multi-year collaboration among member/partners to restrict smoking areas in the workplace by designating smoke-free campuses implementing policies and using signage.
Single or Multi-Year InitiativeTime Period	Multiyear
Key Partners and/or Hospitals in initiative development and/or implementation	Healthy St. Mary's Partnership/HEAL ********** Health Department ********** Minority Outreach Coalition ********** Health Connections Public Service Wellness Fairs

How were the outcomes evaluated?	Outcomes were evaluated by: Number of individuals served or educated
Outcome (Include process and impact measures)	Continued tobacco free workplace program at County Libraries, Health Department, and St Mary's Nursing Center. Smoking Cessation classes completed by 50 residents and Fax to Assist certification completed by 6 associates – three inpatient and three outpatient associates. Community members served by the Minority Outreach Coalition at tobacco education events: 2,040. Tobacco Free Living Wellness Fairs educated 551 citizens in FY2014.
Continuation of Initiative	yes
A.Total Cost of Initiative	$7,500
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 4

Identified Need	Underage Drinking and Binge Drinking
Hospital Initiative	Community Alcohol Coalition
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Reduce the number of youth reporting alcohol use. Reduce Binge Drinking in ages 18 to 25.
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	MedStar St. Mary's Hospital, Health Connections St. Mary's County Department of Aging and Human Services St. Mary's County Treatment and Prevention Office St. Mary's County Health Department St. Mary's County Department of Social Services St. Mary's County Sheriff's Office St. Mary's County Public Schools St. Mary's Ryken High School College of Southern Maryland St. Mary's County Licensed Beverage Association St. Mary's County Alcohol Beverage Board Walden Behavioral Health, Inc. Maryland Choices (CME) Minority Outreach Coalition Southern Maryland News Net NAS PAX River Community Members (Parents and youth) Marketing Support (FullStride Communications, Black Cat Design, Sail On Social Media) Third Party Evaluation (RMA, Inc.)
How were the outcomes evaluated?	Outcomes were evaluated by:

	Youth BFRSS MD BFRSS Strategic plan milestones #of participants
Outcome (Include process and impact measures)	Maryland youth who report ever having had a drink: 63.5% Source: Maryland Youth Risk Behavior Survey, 2011 (http://www.msde.maryland.gov/NR/rdonlyres/707B5FB5-9A0C-4A06-A741-92D16DC7B2E7/32700/MYRBS_Brochure_2011_w.pdf) Adults in St. Mary's County who reported binge drinking at least once in the last 30 days: 24.1% Source: MedStar Health (http://admin.medstarhealth.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=4022508) Formation of the St. Mary's County Community Alcohol Coalition (CAC). Capacity building of diverse and engaged partners to include community agencies, organizations, parents and youth. Educational and awareness activities in the community focusing on underage alcohol use and binge drinking. Activities reached 2,836 individuals (284%) of the 2014 objective. Continuation of the "Can You Afford It" public media campaign, which included six basic and several derivative messages designed to raise awareness in the community about underage alcohol use. Discussion and preliminary planning for targeted messaging to reduce social and retail availability of alcohol to underage youth. Standard Consequence Matrix of procedures for addressing underage compliance checks for licensed beverage establishments was accepted by the Alcohol Beverage Board. Responsible beverage service training sponsored for 54 owners and employees of licensed beverage establishments. Engagement of CAC members and others in the Communities Mobilizing for Change on Alcohol (CMCA) training which will strengthen underage drinking prevention efforts in St. Mary's County.
Continuation of Initiative	Yes
A.Total Cost of Initiative	$2,503
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 5

Identified Need	Access to care for uninsured and underinsured Identified Primary Care Physician Shortage: St. Mary's County ratio of persons to PCP is 3,114:1 and the Maryland average is 1,134:1. Dental care provider shortage: (SMC-2,433:1, MD-1,473:1) and Mental Health Care provider shortage (SMC-1,216:1, MD-682:1). Source: County Health Rankings and Roadmaps, 2014
Hospital Initiative	Get Connected to Health
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Increase the number of uninsured/underinsured residents accessing primary care. Increase outreach events in Lexington Park specific to disparities in asthma, diabetes and high blood pressure related to ER visits identified in SHIP. Get Connected to Health Program Since 2008, MSMH has been operating Get Connected to Health, which started as a part-time, low-cost mobile primary health care service for the uninsured and underinsured residents of St. Mary's County in the Lexington Park area as part of community benefit. In July 2012, the program increased hours and days of service to full time. The GCTH service has increased to 5 service days per week (Monday – Friday), providing primary care service 33 hours per week at 3 separate locations. See below schedule: Monday – Charlotte Hall Location 8:00 am to 1:00 pm Tuesday – Lexington Park/Walden Sierra co-location – 8:00 am to 3:30 pm Wednesday – Lexington Park/Walden Sierra co-location – 8:00 am to 3:30 pm Thursday – Lexington Park/Walden Sierra co-location – 8:00 am to 3:30 pm Friday – Lexington Park/Housing Authority co-location – 8:00 am to 3:30 pm Health Enterprise Zone In the spring of 2013, MedStar St. Mary's Hospital combined three St. Mary's County Zip Codes encompassing Lexington Park, Great Mills, and Park Hall, and applied for designation of that area as a Health Enterprise Zone (HEZ) by the state of Maryland. The award of this designation allows for a broad net of health care education and services in the neighborhoods serviced by the Get Connected to Health Program. Additionally, nurse case managers with the GCTH program and HEZ program

	complete patient rounds in the hospital to assess eligibility and schedule under and uninsured patients for follow-up care with GCTH practitioners.
Single or Multi-Year InitiativeTime Period	Multi year
Key Partners and/or Hospitals in initiative development and/or implementation	Walden Sierra
How were the outcomes evaluated?	Outcomes were evaluated by: # of patient visits through the Get Connected to Health sites # of unduplicated patients served through the GCTH sites BP results from community screening locations # of educational classes held Events held /patients served
Outcome (Include process and impact measures)	Outcome (Include process and impact measures) Patient visits increased 22% in FY'14 2,095 Patients seen through the Get Connected to Health Program in FY14. Patients are screened for health risk factors and offered lifestyle change education options such as Diabetes Prevention and Smoking Cessation. Quarterly blood pressure screenings held in three locations in target area -47% of African American residents screened had elevated blood pressure as compared to 38% of white residents screened. 3 Seven Healthy Habits of People with Diabetes Prevention/Nutritionclasses held,
Continuation of Initiative	Yes
A.Total Cost of Initiative	$704,974
B.What amount is Restricted Grants/Direct offsetting revenue	

Table III A. Initiative 6

Identified Need	Availability of healthcare specialists Identified Primary Care Physician Shortage-1:3,114 Maryland average of 1,134:1. Dental care provider shortage: (SMC-2,433:1, MD-1,473:1) and Mental Health Care provider shortage (SMC-1,216:1, MD-682:1). Source: County Health Rankings and Roadmaps, 2014
Hospital Initiative	Creation of community health center Recruit specialists and primary care providers to the county
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To increase the number of available primary care providers and specialists in St. Mary's County. Physician Recruitment MedStar St. Mary's recruited a physician to oversee
Single or Multi-Year InitiativeTime Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	Greater Baden Walden Sierra Cherry Cove
How were the outcomes evaluated?	Outcomes were evaluated by: Completion of business plan Securing additional funding # of new physicians recruited for the health center
Outcome (Include process and impact measures)	Business plan development underway. Lease signed and MOU's with partners are pending. Recruited 5 new surgeons in the areas of Vascular, colo-rectal, GYN, general and othropedics. Ongoing support to practices
Continuation of Initiative	Yes
A.Total Cost of Initiative	$2,025,218
B.What amount is Restricted Grants/Direct offsetting revenue	

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

The State of Maryland has a growing shortage of physicians in clinical practice. The 2013 County Health Rankings revealed that the physician to citizen ratio in St. Mary's County is 3,114:1 compared with the State average of 1,554:1 and a national benchmark of 1,067:1. The southern half of the county is a Healthcare Provider Shortage Area (HPSA) in primary care and the entire county is a HPSA in Dental and Mental Health. Census tract CT 8760.01 is now designated as a Medically Underserved Population. The area is currently undeserved in all specialties except Neurology. Due to this shortage, many providers have closed their panels for Medicaid and HealthShares*patients. Even those with health insurance can find securing a primary care physician or specialist appointment challenging.

The Get Connected to Health Program, funded by MedStar St. Mary's, provides primary care to the uninsured 5 days a week. Securing additional primary care coverage to provide care to the uninsured and specialists to see these patients for additional care is sporadic and difficult due to the shortage of primary care and sub specialists in the area.

* HealthShares is a local non-profit organization that serves as a safety net for the uninsured in St Mary's County

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the categoryof subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with

whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Due to the limited number of specialists on staff at MedStar St. Mary's, subsidies are paid to physicians to provide on-call services for the hospital's Emergency Department and other patient care areas. Subsidies are paid to physicians in the following specialties:

Appendix I - Describe FAP

Appendix I – Description of FAP

MedStar St. Mary's follows the Maryland Hospital Association guidelines, the Health Services Cost Review Commission and the MedStar Corporate Policy. The hospital has Financial Assistance Policy (FAP) cards and signs at every service location. MedStar St. Mary's posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present. The hospital provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake. Routine process is to include the FAP along with financial assistance contact information in patient bills for our Resource Counselor. The hospital employs a full time Resource Counselor as well as an in-house DSS caseworker to respond to the needs of patients and/or their families for information about the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable. In addition to the above, MedStar St. Mary's provides annual education about the Financial Assistance Program to the hospital associates. Hospital representatives attend community outreach and community benefit functions as requested to educate patients on the Financial Assistance Programs. As the liaison for the Amish Community in St. Mary's County, hospital representatives also attend annual offsite meetings to address special needs of that population.

Appendix II - Hospital FAP

Title:	**Hospital Financial Assistance Policy**
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

1. As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

1.1 Treat all patients equitably, with dignity, with respect and with compassion.
1.2 Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
1.3 Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for the care they receive.
1.4 Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

Scope

1. In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

1.1 Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
1.2 Assist with consideration of funding that may be available from other charitable organizations.
1.3 Provide charity care and financial assistance according to applicable guidelines.
1.4 Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
1.5 Offer periodic payment plans to assist patients with financing their healthcare services.

Definitions

1. **Free Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

2. **Reduced Cost-Care**
Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. **Medical Hardship**
Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

4. **Maryland State Uniform Financial Assistance Application**
A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. **Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)**
A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

1. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

2. MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

2.1 Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.

2.2 Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.

2. 3Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

2. 4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

2 .5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

3. Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

4. **ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE**

4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

4.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

	Financial Assistance Level Free / Reduced-Cost Care	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated Services1**	**Washington Facilities and non-HSCRC Regulated Services**
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

5. **FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.**

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

5.4 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

	Financial Assistance Level – Medical Hardship	
Adjusted Percentage of Poverty Level	**HSCRC-Regulated Services**	**Washington Facilities and non-HSCRC Regulated Services**
Less than 500%	**Not to Exceed 25% of Household Income**	**Not to Exceed 25% of Household Income**

6. **METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION**.

6.1 Patients may obtain an application for Financial Assistance Application:

6.1.1 On Hospital websites

6.1.2 From Hospital Patient Financial Counselor Advocates

6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

6.2.1 The first $150,000 in equity in the patient's principle residence

6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment

6.2.3 The first $10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. **PRESUMPTIVE ELIGIBILTY**

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:

7.1.1 Maryland Primary Adult Care Program (PAC)

7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
7.1.3 Maryland Temporary Cash Assistance (TCA)
7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
7.1.5 DC Healthcare Alliance or other Non-Par Programs

7.2 Additional presumptively eligible categories will include with minimal documentation:
7.2.1 Homeless patients
7.2.2 Deceased patients with no known estate
7.2.3 Members of a recognized religious organization who have taken a vow of poverty
7.2.4 All patients based on other means test scoring campaigns
7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
7.2.6 All spend-down amounts for eligible Medicaid patients.

8 **MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS**

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.
8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.
8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.
8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.
8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.
8.6 If the MedStar Health Appeals Panel upholds

9. **PAYMENT PLANS**

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.
9.2 Patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

10 **BAD DEBT RECONSIDERATIONS AND REFUNDS**

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding $25.
10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.
10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.
10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

Exceptions

1 **PROGRAM EXCLUSION**
MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)
1.2 Patient seeking non-medically necessary services, including cosmetic procedures

1.3 Non-US Citizens,
  1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card
1.4 Patients residing outside a hospital's defined zip code service area
  1.4.1 Excluding patient referral between MedStar Health Network System
  1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport
  1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion
1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

What Constitutes Non-Compliance
Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

Consequences of Non-Compliance
Violations of this Policy by any MedStar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

Explanation And Details/Examples
N/A

Requirements And Guidelines For Implementing The Policy
N/A

Related Policies
N/A

Procedures Related To Policy
Admission and Registration
Financial Self Pay Screening
Billing and Collections
Bad Debt

Legal Reporting Requirements
HSCRC Reporting as required – Maryland Hospitals Only
Year End Financial Audit Reporting
IRS Reporting

Reference To Laws Or Regulations Of Outside Bodies
Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only
COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only
IRS Regulations Section 501(r)

Right To Change Or Terminate Policy
Any change to this Policy requires review and approval by the Legal Services Department.
Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.
The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team
The CEO has final sign-off authority on all corporate policies.

Appendix III - Patient Information Sheet

Appendix III – Patient Information Sheet

MedStar St. Mary's Hospital is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for **Free or Reduced Cost Medically Necessary Care**.

MedStar St. Mary's Hospital meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost-care up to 400% of the federal poverty level.

PATIENTS' RIGHTS

MedStar St. Mary's Hospital will work with their uninsured patients to gain an understanding of each patient's financial resources.

They will provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.

If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
If you believe you have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

PATIENTS' OBLIGATIONS

MedStar St. Mary's Hospital believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

Contacts

Call 301-475-6039 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

FOR INFORMATION ABOUT MARYLAND MEDICAL ASSISTANCE

Contact your local Department of Social Services at 1 -800-332-6347. For TTY, call 1-800-925-4434.

Learn more about Medical Assistance on the Maryland Department of Human Resources website: www.dhr.maryland.gov/fiaprograms/medical.php

Physician charges are not included in hospitals bills and are billed separately.

The patient information sheet is also available in Spanish.

Appendix VI - Mission, Vision, Value Statement

Appendix IV – Mission, Vision and Values

MedStar St. Mary's Hospital is a full-service hospital, which delivers state-of-the-art emergency, acute inpatient and outpatient care.

Mission

MedStar St. Mary's Hospital, Leonardtown, Maryland, is a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and services while assuring quality care, patient safety and fiscal integrity.

Vision

To be the trusted leader in caring for people and advancing health.

Values

When you visit MedStar St. Mary's Hospital, we want you to feel like a treasured guest. This is a time of physical and emotional need, and we are here for you. Not only will we meet your medical needs, but we'll offer you the dignity, comfort and support you deserve during trying times. To make your guest experience the best it can be, we value Service, Patient First, Integrity, Respect, Innovation and Teamwork.

Service
We strive to anticipate and meet the needs of our patients, physicians and co-workers.

Patient first
We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

Integrity
We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

Respect
We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

Innovation
We embrace change and work to improve all we do in a fiscally responsible manner.

Teamwork
System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.