Annual Report to the Community
MISSION
Meritus Health exists to improve the health status of our region by providing comprehensive health services to patients and families.

VISION
Meritus Health will relentlessly pursue excellence in quality, service and performance.

VALUES
Our culture is driven by a set of values that focus on the patient and family first: respect, integrity, service, excellence and teamwork.

Cover Accreditations:
Meritus Medical Center is now officially the only hospital in western Maryland and the tristate region to receive the status as a Magnet® recognized organization. Magnet® is given by the American Nurses Credentialing Center to organizations that demonstrate a culture of excellence in nursing care and positive patient outcomes.

Meritus Medical Center is a Joint Commission-accredited hospital recognized for continually assessing and improving key areas of safety in patient care. The accreditation is considered the gold standard in health care. The Joint Commission Gold Seal of Approval® is an internationally recognized symbol of quality.

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Irresistible Offerings

Pet therapy

Four-legged friends always seem to offer a level of comfort like no person can, so to assist in the rehabilitation of patients who would benefit from the presence of a qualified animal, pet visitation and therapy is an option at the hospital. Pet therapy dogs have all been certified by a qualified organization or trainer as appropriate for the role and are escorted to hospital floors by a volunteer member of the hospital’s auxiliary. Wearing their official badges – both the volunteer human and the certified animal therapy dog – their visits not only bring smiles to patients’ faces, but help encourage and de-stress employees. Currently, four teams provide pet therapy, with one to two of them on campus weekly, but more furry volunteers are always welcome to apply!

Pediatric car

With the support of donations to Meritus Healthcare Foundation, an idea from pediatric nurses became a reality this year with the addition of the “Meritus Mercedes,” a pediatric transport car. Controlled by remote when young patients go for a ride, staff must pass a “driving test” to operate the car when traveling with their patients from registration to their hospital room or off for testing in another part of the campus. Staff members have seen anxiety of their young patients alleviated when the pediatric transport car is brought out for use. They enjoy seeing how happy it makes pediatric patients and their families during their time in the hospital.

Helping Hands

Cancer navigators

A person living with cancer is on a journey – and not one to take alone. Patients at the hospital’s John R. Marsh Cancer Center have one of four clinical nurse navigators to walk their path alongside them. Navigators are most often connected to the patients right after a diagnosis, but can get involved anywhere along the continuum of care. According to Corey Thomas, one of the team members, navigators “make a direct connection to the patient, offer our phone number and email address and become the single point of contact for questions, concerns, appointments and other needs.”

The team

The four clinical navigators currently on the team at the cancer center are all registered nurses and together have many years of experience in bedside care including oncology, emergency medicine, care management and hospice services. Each navigator focuses on one or more common cancer diagnoses in our region – breast, lung, gynecologic and gastrointestinal, lymphoma, skin cancer and diseases of the head, neck and throat. As part of a patient’s health care team, they help educate patients on support services available
from experts on that team – dietitians, pharmacists, social workers and rehabilitation therapists. A navigator may reach a patient when he/she is going through secondary screenings to confirm the diagnosis and still be a part of that patient’s life when he/she reaches survivorship and would like to be part of a support group in the community. The navigators have to be good listeners, good communicators and compassionate people, all obvious traits among the four women who currently serve the hospital – Mary Ann Ganoe, RN; Charlene Lane, RN; Valerie Rinehart, B.S.N., RN, OCN, ONN-CG; and Corey Thomas, B.S.N., RN, OCN.

Amazing Nurses®

Quiet time*

Patients in the critical care unit have often been through surgeries or accidents and must receive constant monitoring, testing and bedside rounding from health care providers. Promoting sleep and reducing delirium in patients needed to become more of a priority, so Karen Long developed an evidence-based, quiet time program to educate patients, families and staff. “Helping Understand Sleep Heals” or HUSH outlined significant changes in the unit – new, standard, quiet time hours daily; informational posters for family and visitor education; noise and light reduction strategies, including dimming lights, placing phones and pagers to vibrate, avoiding conversations in the hallways and offering ear plugs and eye masks to patients; a patient care approach to minimize interruptions during quiet times including limiting bedside rounds and rescheduling non-essential testing and procedures; and peer-to-peer accountability to make sure call bells and alarms are answered promptly. Together, these changes would show reduction in patient falls and more time for the body to heal. Initial education was to 67 clinical nurses and certified nursing assistants. Clinical nurses in the unit perceived a 70-percent increase in the number of patients who rested without interruption after the changes. With HUSH in place, 100 percent of patients on the unit positively responded to “How often were the areas around your room quiet at night?” just one month after the program was implemented.

Bonding*

Improving outcomes for neonatal abstinence syndrome or NAS babies is a continuous goal of nurses in the special care nursery area of the hospital. Best practices that have been studied show that when NAS babies are able to room-in with their mothers, several important things happen:

- An increased likelihood of successful breastfeeding with support from lactation consultants,
- Increased time for moms to learn infant care; parental bonding,
- A decreased length of stay for the babies,
- A reduction in treatment time needed for the baby withdrawing from exposure.

Together with the support of their supervisors, the clinical managers of the nursery, Lori Sprecher, M.S.N., RNC-LRN, and the pediatric unit, Pam Horn, M.S.N., RN, created a mother-baby unit space for NAS babies. All pediatric nurses received education to care for this population of infants. Nurses have seen the mothers more able to respond to infant cues and hold, change, swaddle and bath their children as intervention in their treatment.

* Both of these projects were part of the hospital’s journey to Magnet® Recognition.
**Electronic Health Record (EHR)**

**Helping to transform**

In September 2018, Meritus Health launched a new, single electronic health record. This digital version of the information that was written on a paper chart 30 years ago can be made available instantly to multiple departments or physicians, updated in real time and is readily available to the patients themselves.

Carrie Adams, Pharm. D., vice president and chief transformation and quality officer, who led the large scale transition to a new medical record, explains what the change has offered to the organization and the community:

- **Security.** Only authorized users have access through the multi-layered, advanced security systems within the EHR.
- **Storage.** The EHR is virtually limitless in the amount of data it can contain. It can accommodate a patient’s complete medical history, including diagnoses, medications, treatment plans, immunization dates, allergies, radiology images and screening and laboratory results.
- **Comprehensive information.** Providers can obtain a broader understanding of a patient’s health and patients don’t have to recall important data simply from memory.
- **Improved processes.** The EHR reduces the number of variables, increases efficiency and introduces each new health care team member to the patient care plan previously established. Since each provider is putting information in the same location, over time a complete health record for the patient is built.
- **Consistent communication.** All members of the health care team are able to add to the same EHR and communicate with the patient and each other with consistent messages.
- **Patients are more involved.** The most frequent EHR user is a patient accessing his/her own medical records - viewing lab results, requesting prescription refills and if he/she has a Meritus Medical Group primary care provider, requesting appointments. Next steps with the evolution of the EHR will come in the form of continuing updates to the system to integrate new functions, enhance the user’s experience and keep data from becoming vulnerable to security attacks. Meritus Health will also continue to encourage hospital and Meritus Medical Group patients to sign up for MyChart, the EHR patient portal. Since the launch of the EHR in fall 2018, nearly 20 percent of patients in the organization have signed on as portal users.

"No matter where a patient enters the system, everyone on the health care team has access to the information, which improves communication and avoids redundancy."

Carrie Adams, VP and Chief Quality Officer

Nurses Morgan Hoke, left, and Shyann McClellan compare notes together in a medical record on the new electronic health system.
Amazing Nurses*

Patient safety*

Quality health care by definition includes a patient being able to receive treatment in the hospital without acquiring any additional injuries or infections during his/her stay. Jill Webb, M.S.N., RN, ONC, clinical manager of a unit specializing in care for orthopedic, trauma and neurosurgical patients, decided to focus on the reduction of hospital-acquired conditions by creating with her team, a standard education process for purposeful rounding – bedside checks on pain, position, toileting and personal items conducted at regular intervals. Fulfilling immediate needs based on call bells had become the norm on the unit. With direction and support from the operations improvement team, a standard instruction guide for purposeful hourly rounding was created and Jill began to educate and demonstrate to her nurses and nursing assistants. Those initially trained then taught others on staff and everyone was observed for competency in performing purposeful rounding. Eight months after the early discussions, Jill’s entire team of nurses – all shifts – had successfully received the education, rounding began and hospital-acquired pressure ulcers were significantly reduced.

* This project was part of the hospital’s journey to Magnet® Recognition.

Care Support Team

More hands to help

With a goal to improve the quality of life for both the patient and his/her family, our palliative care program has expanded, initiating a new team of providers. Led by Susan Lyons, a palliative care nurse practitioner, the team also includes a second, full-time nurse practitioner, a social worker and a part-time chaplain now providing support and care for patients in the hospital with serious illnesses. The specialized medical care offers relief from symptoms, pain and stress, no matter the diagnosis.

The team is available for consult with acute-care patients’ cases to provide an extra layer of support. The team may help further describe the anticipated path of a patient’s disease, clarify any planned medical interventions and help with care coordination among the appropriate providers and services. All of this allows individual patients and their loved ones make informed decisions about care and have those decisions communicated and respected appropriately. The team works with an advisory committee of physician and hospital leaders.
Residency Program

A first for family medicine

Meritus Family Medicine Residency Program, an ACGME (Accreditation Council for Graduate Medical Education) accredited educational initiative, now has a leadership team and a home! The program is located in Robinwood Professional Center, suite 200. Leadership team members include Douglas Spotts, M.D., FAAFP, vice president and chief population health officer; Paul Quesenberry, M.D., FAAFP, program director; and Aaron George, D.O., FAAFP, FCRP, assistant program director. The initial group of physicians will begin their specialty training as residents in family medicine in July 2019.

Improved Access to Care

New locations now open

Primary care options expanded in the community with the official opening of two new Meritus Medical Group locations this year. Meritus Family Medicine, Walnut Street, offers primary care services for patients of all ages in a convenient and walkable downtown location. The practice’s team includes three board certified providers who take care of traditional primary health needs. Patients with addiction-related conditions are also being offered medical care at the practice.

Meritus Medical Plaza officially opened just off the I-81 corridor, bringing outpatient health care services to the northern part of Washington County. Urgent care, laboratory and imaging services, physical therapy and primary care services are all available in the new location at 13620 Crayton Blvd., in Hagerstown.
Community Health Needs Assessment (CHNA)

**Insight from residents**

Community health needs assessment surveys are an invaluable way for hospitals to get a pulse on the best practices to improve the community’s health. While the Patient Protection and Affordable Care Act has made the CHNA a requirement for tax-exempt hospitals, the benefits of the survey cannot be denied, as results can effectively guide future planning for the unique needs of an individual community.

Allen L. Twigg, M.B.A., LCPC, executive director of behavioral and community health services, has spearheaded this vital CHNA process for the organization three times in the last decade and explains what it offers to Washington County:

- **What’s important to patients.** Both an individual and community wide perspective on opportunities to improve services, identify areas of greater need and facilitate enhanced communication become available that may have otherwise gone unnoticed.
- **What the hospital should prioritize.** Meritus Medical Center has developed action plans and goals each time the CHNA process happens – every three years. With the most recent survey completed in 2018, there is now a new guide for health care priorities into 2022.
- **Insight into state and nationally collected data.** One of the first steps of the CHNA process is reviewing secondary data from multiple, trusted sources, including information collected by the Centers for Disease Control and Prevention, Maryland Vital Statistics, the Maryland Health Improvement Plan and the Robert Wood Johnson Foundation. This data helps in the creation of a community survey targeted for Washington County.
- **Working partnerships.** Months of hard work from representatives of many community organizations and businesses contribute to the successful lifecycle of a CHNA. Planning, execution, data interpretation and strategic implementation must occur with each assessment.

The public’s opinions on health care needs in our community have paved the way for changes at Meritus Health and other local organizations in the last 10 years. For instance, before substance abuse was identified as a top community health issue, patients struggling with it who came to the emergency department were given a list of treatment providers in their discharge paperwork. Meritus Medical Center now partners with the state to train all staff in the emergency department to screen for substance abuse. If a patient is identified as struggling with these issues, the provider will connect him/her with available counselors on campus and community resources for continued support.

Other significant improvements in identified areas of need from past CHNAs include:

- Connecting providers and staying in touch with mental health patients for 30-45 days after hospital admission has brought re-admissions for this population from 17 percent in 2017 to the present 9 percent.
- Early education and intervention has helped bring the rate of teenage births for women between 15-19 years old down from 36 per 1,000 in 2011 to 25 per 1,000 in 2017.
- Early detection from improved cancer screening awareness could be seen as a contributor to mortality from cancer trending down slightly from 185 per 1,000 patients in 2007 to 165 per 1,000 patients in 2016.

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**“IMPROVING THE HEALTH OF OUR COMMUNITY IS A MARATHON, NOT A SPRINT.”**

Allen Twigg, Executive Director, Community Health

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**TOP FIVE AREAS OF OPPORTUNITY IN HEALTH CARE**

- Substance abuse
- Mental health
- Nutrition and health status
- Wellness and quality of life
- Hypertension and heart disease  

*Source: Washington County CHNA 2019*
Facing Opioids Head On

**Special initiatives**

Meritus Medical Center’s initiatives to combat opioid and substance abuse addiction have evolved and expanded.

**Screening**

A multidisciplinary team launched an evidence-based intervention—screening, brief intervention, and referral to treatment or SBIRT—in the hospital’s emergency department. Nurses were trained on the SBIRT protocol and naloxone administration and SBIRT was incorporated into the electronic health record. Everyone ages 18 and older arriving in the emergency department is now screened for addictions, alcohol, and drugs.

**Referral**

A positive patient score on SBIRT triggers appropriate individuals for referral to intervention through the hospital’s behavioral health unit. From there and if needed, the patient is connected to addiction services in the community.

**Pain interventions**

Meritus Pain Specialists are now available for consultation for providers caring for patients in the hospital. Meritus Behavioral Health’s intervention team has also started providing medication-assisted treatment with buprenorphine for some patients still in the hospital and then linking those people to ongoing outpatient medication assistance programs at discharge. Conversations about non-opioid alternatives are also becoming much more common. Options can include: nonsteroidal anti-inflammatory medications; nerve, trigger point and epidural injections; exercise; relaxation techniques like yoga; physical therapy; massage therapy; acupuncture; and counseling.

**Provider support**

Continuing medical education is available to medical staff members of the hospital in the areas of acute pain management, prescribing opioids and treatment during pregnancy. Meritus Family Medicine is now open in downtown Hagerstown and in-part, serves patients with addictions through regulated, pharmaceutical interventions. Meritus Pain Specialists continues to expand its comprehensive pain management services which include evidence-based alternative pain management modalities and treatments and opioid prescribing when necessary.

**Community**

Women’s and children’s services’ nurses and physicians are providing prenatal education for expectant mothers at the area’s methadone clinic. Topics include diet/exercise and stress relief, as well as opioid treatment and preparing for the birth of an infant withdrawing from exposure. Meritus Health is among the long list of participating organizations supporting the “Washington Goes Purple” efforts to educate the public on prescription drug abuse.
FY 2018 COMMUNITY BENEFIT

FY 2018 Community Benefit Total $23,564,918

- Mission Driven Health Care Services: $15,298,506 (65%)
- Community Health Services: $1,811,750 (8%)
- Health Professions Education: $284,201 (1%)
- Research: $720 (0.003%)
- Financial Contributions: $340,538 (1%)
- Charity Care: $4,718,533 (20%)
- Medicaid Assessments: $1,055,809 (5%)
- Community Building Activities: $33,872 (0.1%)
- Community Benefit Operations: $20,989 (0.1%)
## Unrestricted Revenue, Gains and other Support

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<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>398,341</td>
<td>388,080</td>
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<tr>
<td>Less provision for bad debts</td>
<td>(18,377)</td>
<td>(16,940)</td>
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<tr>
<td><strong>Net patient service revenue less provision for bad debts</strong></td>
<td>379,964</td>
<td>371,140</td>
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<tr>
<td>Other revenue</td>
<td>9,578</td>
<td>8,271</td>
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<tr>
<td>Equity earnings in affiliates</td>
<td>2,862</td>
<td>5,628</td>
</tr>
<tr>
<td>Net assets released from restriction used for operations</td>
<td>739</td>
<td>1,067</td>
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<tr>
<td><strong>Total Revenues</strong></td>
<td>393,143</td>
<td>$386,106</td>
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## Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
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<tbody>
<tr>
<td>Salaries and wages</td>
<td>145,611</td>
<td>136,125</td>
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<tr>
<td>Employee benefits</td>
<td>34,652</td>
<td>34,720</td>
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<tr>
<td>Professional fees</td>
<td>15,024</td>
<td>14,124</td>
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<tr>
<td>Supplies and other</td>
<td>153,335</td>
<td>151,073</td>
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<tr>
<td>Interest</td>
<td>11,719</td>
<td>11,951</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>21,135</td>
<td>21,085</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>381,476</td>
<td>$369,078</td>
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</table>

### Operating income

- **2018**: 11,667
- **2017**: $17,028

### Non-Operating Gains (Losses), Net

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Investment returns, net</td>
<td>8,030</td>
<td>15,531</td>
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<tr>
<td>Other, net</td>
<td>(517)</td>
<td>(318)</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>(445)</td>
<td>(16)</td>
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<tr>
<td><strong>Excess (deficit) of revenue over expenses</strong></td>
<td>18,735</td>
<td>32,225</td>
</tr>
</tbody>
</table>
Meritus Medical Center
11116 Medical Campus Road
Hagerstown, MD 21742
301-790-8000
MeritusHealth.com

Meritus Medical Center is recognized with multiple accreditations: