



UNIVERSITY *of* MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

2016

ANNUAL REPORT

>>>> CHAMPIONS *of* CARE <<<<



To provide the highest quality health care services to the communities we serve.

OUR MISSION

OUR VISION

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

C O N T E N T S

A Letter From The Chairman, Board of Directors, and President and CEO	2
Championing A Safety-First Culture	4
Enhancing Patient Experience with Accessibility and Technology	6
Increasing Mental Health Access and Addiction Services to Meet Community Need	8
Strengthening Relationships while Strengthening Care	10
Confidence in Community Support	12
Family, Community, Philanthropy	13
UM BWMC Recognizes Excellence	14
Financial Statement	16



» » » » *a letter from the*
**Chairman, Board of Directors
and President and CEO**

As chairman of the University of Maryland Baltimore Washington Medical Center Board of Directors and president and CEO of University of Maryland Baltimore Washington Medical Center, we are proud to present Champions of Care, the medical center's 2016 annual report.

Every day, we perform complex surgeries, care for patients with chronic and challenging medical conditions and bring new lives into the world. We pay attention to patients' needs, using the latest technology and training to help them recover. And we take all of their interests to heart, ensuring they feel safe and comfortable while they are here.

Through it all, our nurses, physicians and support staff are key to our success – and our champions of care.

In this year's annual report, you'll read how we implemented an innovative model called Relationship Based Care, which strengthens the relationships between fellow employees, as well as their relationships with patients. As a result of this model the quality of care, patient experience and workplace environment all improve.

You'll also read about our new medical surgical unit, where employees have improved the patient experience with an advanced nurse call system that connects nurses to patients within seconds.

And in our psychiatry department, our dedicated team of doctors, nurses and therapists are meeting the community's mental health and substance abuse needs with innovative care programs.

Champions always stand up for a cause. At UM BWMC, we all stand up for your care.

Sincerely,



R. Kent Schwab
Chairman, Board of Directors



Karen E. Olscamp, FACHE
President and CEO





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Championing a “SAFETY FIRST” CULTURE

This past year, UM BWMC continued its commitment to patient safety by incorporating detailed safety measures and open communication into every department and care area. Here are a few of the many ways the medical center is committed to keeping patients safe and on the path to good health.

SAFETY HUDDLES

Each morning, UM BWMC leaders come face-to-face to attend “safety huddles” where they quickly communicate issues that could impact quality, safety and service for their patients and their families. This time of sharing allows issues or concerns to be addressed quickly and efficiently by the right team.

Each department has a chance to share relevant information from the past 24 hours. The information can range from how many patient sitters were used overnight to how a local nursing facility is not taking discharged patients because the site is experiencing a flu outbreak.

“It’s a lay of the land of what our day is going to be,” says Beth Tingo, director of care management.

Reports last about 10 minutes, and hospital leaders take any necessary actions after the huddle ends.

At a recent huddle, managers shared that a few orthopaedic patients were waiting for beds post-surgery. While searching for solutions, case managers learned several other patients were ready to go home. They were just waiting for family

members to come that afternoon and transport them. To help both these patients and the hospital, case managers quickly coordinated their transportation home.

Within a few hours, the waiting orthopaedic patients were moved into the newly-vacant rooms.

The awareness and actions that stem from huddles make patients throughout the hospital safer on a daily basis, Tingo says.

BAR CODE MEDICATION ADMINISTRATION PROGRAM

At UM BWMC, providers dispense thousands of different medications each day to patients. And with every medication comes different dosing and potential side effects.

To add an extra layer of safety, UM BWMC recently implemented a bar code medication administration program. The program has two components: a scannable bar code on a patient’s wrist band and a scannable bar code on each single dose medication.

Nurses scan patients’ wrist bands at the bedside first, double checking their identity, medication and dosing information with the electronic medical record. Then, they scan the medication. If for some reason, the medication does not fit with the doctor or nurse’s orders, an alarm sounds on the bedside computer. If a patient requires two doses, both doses are scanned.

“It’s an automated response to double check and verify that the five rights of medication administration were followed: right dose, right medication, right patient, right route and right frequency,” says Kevin Bertha, pharmacy operations manager. “This extra layer of safety reduces the chance of medication errors and improves overall quality of care.”



A nurse and a patient care technician providing care for a patient.

GREAT CATCH PROGRAM

The Great Catch program recognizes physicians, employees and volunteers for preventing or reporting events that could potentially harm patients, visitors and staff.

UM BWMC implemented the program to increase safety and awareness for both patients and staff.

“We’re looking for near misses that are significant in that their potential impact could be hospital wide,” says Neel Vibhakar, MD, senior vice president and chief medical officer.

Each year, employees nominate a co-worker or themselves for the award. Recipients are chosen every few months and receive a series of recognitions for their catches. In the past, Great Catch recipients’ actions have led to national medication recalls, changes to electronic medical record documentation and changes to fluid administration guidelines for sepsis patients.

“You want as many catches as you can and as many near misses to be avoided as you can,” Vibhakar says. “The goal is to learn from these. Great Catch is a wonderful addition to our patient safety program.”

LEADER ROUNDING

To encourage open communication and spread awareness of patient safety, UM BWMC administrators, physicians and department directors participate in monthly leadership rounding.

During rounding, leaders visit patient care areas, engage providers and discuss patient safety matters. They also meet with patients, hearing directly about their experiences with care. By discussing patient safety with hospital leaders, patients and staff members recognize they are supported in their efforts. The concept is a powerful one.

“It is visibility and feedback,” Vibhakar says. “The interactions we have with the patient and staff really do make an impact. When you care for your employees and listen to them, you’re caring for your patients, too.”

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Nursing staff updating a patient's medical records



Nurse scanning a patient's bar code medication administration bracelet



Providing comfort to a patient



Nurses prepare the appropriate medication

Enhancing **PATIENT EXPERIENCE** *with* **ACCESSIBILITY and TECHNOLOGY**

UM BWMC's top priority is providing the highest quality of care, and the overall patient experience is a critical component. Are the rooms private, comfortable and clean? Do nurses quickly respond to patient needs? Do doctors and nurses clearly communicate about care? Do they treat patients with respect? All of these questions are important to our patients and their families.

To continue its efforts toward providing an outstanding patient experience, UM BWMC opened a new medical surgical unit in December 2015 with 30 modern, private rooms, environmentally-friendly fixtures and an advanced nurse call system that improves efficiency, as well as communication between patients and caregivers.

The \$6 million project moved the 4 South unit, which had semi-private patient rooms, to 7 West – the seventh floor of the medical center's west tower.

One of the unit's most innovative features is the new nurse call system.

Before, if a patient pressed the nurse call bell, the nurses' station secretary was immediately notified. The secretary would then inform a nurse or patient care technician of the call and the patient's need. But sometimes, caregivers couldn't address the call quickly because they were with other patients, says Deb Hall, director of nursing.

With the new system, nurses can use special smart phones to alert co-workers when they can't immediately see a patient. This escalation function results in another nurse quickly tending to the patient's need.



Grand opening of the 7th floor West medical surgical unit



Patient room in the 7th floor West medical surgical unit

“Today, the nurse call is the hub of all the other technology for the clinical area,” says Hall. “It’s designed to increase efficiency and integrates with wireless devices. And it pulls all the alarms and alerts into one system.”

The new system is also linked to a key pad in each patient’s room. Nurses can program the key pads to reflect everything from patients who are fall risks to those with respiratory problems, says Debbie Heys, nurse manager of 7 West. Each condition has a corresponding color light, shown on the outside of the patient’s room. For example: Patients who are fall risks have a yellow light.

“You can tell just by looking down the hall where the fall risk is,” Heys says.

As a result of the new system, response times have decreased and patient care has improved, Hall says. The change has also led to fewer alarms and overheard pages, cutting down on unit noise and improving the overall patient experience.

Plans are in place to eventually expand this system hospital wide.

The new unit, which was the result of collaboration between many departments and staff members, was designed from a patient’s perspective, with a layout that is accessible, safe and easy to navigate. Even the smallest details were considered, including flipping a bathroom door so it opens closer to the bedside for patient safety and choosing light emitting diode (LED) lights to prevent fewer interruptions to patients while changing light bulbs in the rooms.

Since the unit opened, its patient satisfaction scores have increased and continue to be among the top scores hospital-wide.

“We’re proud to offer this level of service to our patients,” Heys says. “This is like a dream come true. A once-in-a-lifetime opportunity to open a brand new unit. We feel very fortunate.”



The 7 West staff celebrating their first day in the new medical surgical unit



Advanced nurse call system in every room on 7 West.



Nurse attending to patient on 7 West

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—
Increasing
**MENTAL HEALTH
ACCESS**
and
ADDICTION SERVICES
to meet
COMMUNITY NEED
—

With heroin-related deaths on the rise and an increased need for mental health services in Anne Arundel County, UM BWMC stepped forward with important initiatives to meet the changing needs of its community.

In August, the Substance Abuse and Mental Health Services Administration (through the Maryland Behavioral Health Administration) awarded a \$227,908 federal grant to UM BWMC and the Anne Arundel County Department of Health to treat people experiencing an opiate overdose.

The grant, known as the Targeted Capacity Expansion: Medication Assisted Treatment Prescription Drug and Opiate Addiction grant, paid for a full-time nurse coordinator and two full-time peer specialists. These staff members partner with UM BWMC in its Overdose Survivors Outreach Services (ODSOS) program. Peer specialists, who are usually people recovering from addiction, meet with UM BWMC patients who have overdosed on opiates.

“The peers go to patients’ bedsides,” says Kurt Haspert, MS, CRNP, APN-BC, addiction medicine nurse practitioner. “They’re there to share their story. They tell them where they’ve been, what’s happened to them and where they are now.”

Then, they explain treatment options and services offered through ODSOS, including inpatient medication to block opiate receptors; care and counseling by addiction medicine specialists; and outpatient methadone clinics.

“That face to face contact is important because it results in a greater chance of the patients accepting treatment,” Haspert says.

The nurse coordinator’s goal is to connect survivors to a care coordinator, as well as enroll them in a medication-assisted treatment clinic within 48 hours.

Since the ODSOS program launched in January, many patients have entered – and remained in – treatment.

The need for mental health services is also increasing. Anne Arundel County’s recent Community Health Needs Assessment found demand for mental health care services increased 11 percent between fiscal years 2013 and 2014 (the most recent available data). And in fiscal year 2016, UM BWMC saw more mental health patients in the emergency department than any other hospital in Maryland.

To meet the community’s growing needs, UM BWMC added resources such as addiction services and mental health training for caregivers across the hospital. The hospital also plans to increase the number of inpatient mental health beds in the near future.

CHAMPIONS *of* CARE

The emergency department is often the first experience patients have with mental health care at UM BWMC. It provides about 300 mental health evaluations a month, says Sandeep Sidana, MD, chairman of psychiatry.

“Doing a behavioral health assessment takes considerable time, not only because of the complex nature of the assessment but because it takes more time to build the therapeutic alliance and rapport necessary to honestly discuss some really sensitive topics,” he says.

This can cause wait times to increase. To decrease wait times and get patients the urgent care they need, Sidana and his team shifted staff from the overnight shift to the evening shift where they saw the greatest need.

Psychiatry staff members also refined the hospital-wide “code green” in fiscal year 2016. Nurses on medical-surgical units use the code when patients need urgent psychiatric or behavioral intervention. Once called, a psychiatric nurse and security officer respond with the goal of de-escalating the situation and providing guidance for both the patient and the nursing staff, says Dwight Holmes, director of psychiatric services.

In addition to inpatient psychiatric care, the medical center also continued its Partial Hospitalization Program, Intensive Outpatient Program, monthly mental health support groups and an in-house outpatient program known as the “Bridge Clinic.” The clinic provides medical and psychotherapy appointments between the time patients are discharged and when they see a community mental health provider.

As a result of these programs, patients often tell staff members, “You saved my life,” Holmes says.

“It’s been a year of positive changes and building ourselves into the community in order to have a greater impact,” Sidana says.

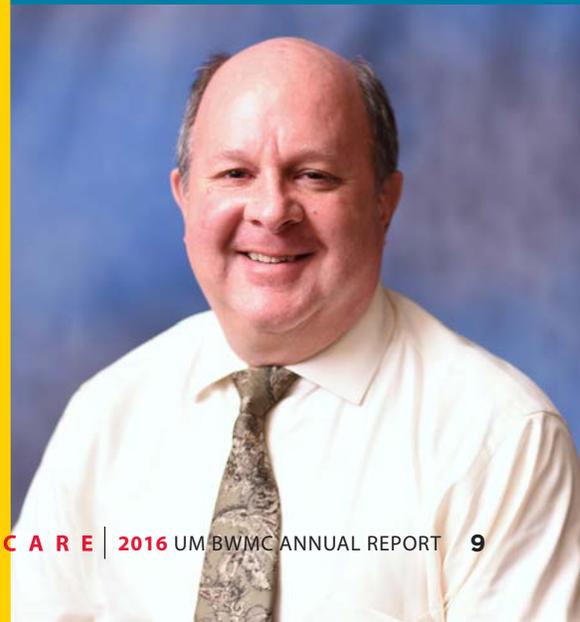
That impact will continue in fiscal year 2017, as UM BWMC partners with University of Maryland Community Medical Group to bring additional behavioral and mental health services into the community.



SANDEEP SIDANA, MD
CHAIRMAN OF PSYCHIATRY

KURT HASPERT, MS, CRNP, APN-BC
ADDICTION MEDICINE NURSE PRACTITIONER

DWIGHT HOLMES, LCSW-C
DIRECTOR OF PSYCHIATRIC SERVICES





Strengthening
RELATIONSHIPS
while
STRENGTHENING
CARE

What is the heart of UM BWMC? The heart is the relationships that staff members create with themselves, each other and their patients.

That's why in fiscal year 2016, UM BWMC began implementing Relationship Based Care (RBC). The concept is simple: Build a foundation of strong and positive relationships with staff members and patients, and ensure staff members are taking care of themselves.

There are six elements to RBC: leadership, teamwork, professional practice, care delivery, resources and outcomes.

Under this model, the expectation is that quality of care, patient safety, patient experience and the overall workplace will improve.

“When it's working at its best, our staff don't see their work with patients as transactional,” says Cathy Whitaker, chief nursing officer and vice president at UM BWMC. “They see it as part of a relationship, which then allows for more individualized care. The more I know about you beyond your medical condition, the more I understand your needs and expectations. And the more I know of your story, the better job I can do of personalizing your care.”

But it must start with how staff members care for themselves and relate to each other, she says.

The ground work for RBC began in 2014, when medical center leaders held three-day “Reigniting the Spirit of Caring” workshops. Since then, more than 900 staff members across the hospital have participated in the workshop, exploring the new care model and remembering why they chose to work in health care. As a result, staff have identified several ways to improve the medical center environment for both patients and staff.

In November 2015, leaders conducted a readiness assessment to identify strengths and areas for improvement. Strengths included staff commitment, teamwork within departments, strong relationships among employees and pride in the organization – a strong foundation upon which to build RBC. Areas for improvement included interdepartmental communication and wider participation in decision making and problem solving.

Using this information, the medical center launched the new model in six departments. Each department has developed a “Unit Practice Council” – a team that directs its unit's RBC implementation. This is the first step to unit-based shared governance.

CHAMPIONS of CARE

The emergency department's council includes more than 20 doctors, physician assistants, registered nurses and patient care technicians. Each council member is then responsible for teaching up to 15 co-workers about the model.

"Council members come up with improvements based on the elements of RBC and then develop an action plan," says Danielle Wilson, RN, director of service excellence.

Action plans to improve relationships vary by department. In one department, nurses often worked 12-hour shifts, Wilson says. That made for a stressful environment. Together, council members emphasized the importance of nurses caring for themselves – and taking uninterrupted lunch breaks – so they could provide quality care for their patients.

"We want employees to have a healthy work environment, to be satisfied and enjoy their work," Whitaker says. "In that environment, patients benefit."

In another department, council members organized several social outings outside of the hospital so staff can get to know each other better, including a day at a local amusement park and a softball game with the Anne Arundel County Police Department and county Emergency Medical Services. Even in its early days, the model is showing signs of success, says Chirag Chaudhari, MD, chairman of emergency medicine.

"It's to get to know one another better, work on our social skills and get out of our silos and build relationships with other departments," he says. "Our communication is stronger because of it."

Wilson agrees.

"We're building trust within these units, and we're also giving them the ability to make changes," she says. "The team feels positive about this work."



EMERGENCY DEPARTMENT STAFF MEMBERS





CONFIDENCE
in **COMMUNITY**
SUPPORT

Elaine Elinoff (left)
and **Allison Elinoff** (right)

Stroke survivors and their families gain education, camaraderie and resources through UM BWMC group.

Allison Elinoff lost feeling on her right side and her ability to speak when she suffered a stroke at age 47.

Ten years later, the former U.S. Air Force major is talking, walking, dancing and even acting, thanks in part to UM BWMC's stroke support group – a monthly group run by UM BWMC nurses, educators and volunteers that is designed for stroke survivors, people at high-risk for stroke and their family members.

Launched more than 25 years ago, the group hosts speakers on everything from driving after a stroke and medication safety to depression and aphasia, a language disorder that affects a person's ability to communicate. Members also visit the hospital's rehabilitation unit to learn about physical and occupational therapy after a stroke.

Elinoff, her mother, Elaine, and her sister, Laurie, who experienced a traumatic brain injury in 2001, regularly attend the meetings, sharing their personal stories of progress and resources that helped them along the way.

"Every one of them has a story," says Melody Johnson-Otero, RN, one of three stroke support group facilitators. "A story before their stroke and during their recovery. It's a team effort, but I think the biggest support they get is from each other."

Discussions of post-stroke life often evolve into personal tips, Johnson-Otero says. She recalled a recent meeting when one survivor shared she needed to buy new shoes.

"Because of her stroke, she needed extra ankle and foot support on one side and needed two different shoes sizes," she says. "Immediately, another member shared that she had bought a size six shoe for one foot and a size six and a half for the other at Nordstrom. Little tips like that really help."

Overall, the group has a social and family-like atmosphere. In September 2015, several members attended "Workforce," a comedic play in Towson starring Allison Elinoff and other men and women with physical disabilities. At the June "potluck" meeting – the most popular meeting of the year – members each brought a dish to share.

"I love this place because it's warm," Allison Elinoff says, as she enjoys a piece of cake from the potluck table. Elaine Elinoff agrees.

"It's wonderful to meet new people and watch their stages of improvement," she says. "If a 10 is the highest you can give it, I would give it a 12. They just make you feel at home."



FAMILY, COMMUNITY, PHILANTHROPY

To understand Creston Tate's commitment to UM Baltimore Washington Medical Center, you won't find the answer in flowery words from this benefactor. You will find it deep within his family history, work philosophies and pride of place.

Born in 1927, Creston Tate was one of nine kids growing up in a tiny two-bedroom, Masonville rowhouse with no modern conveniences. In fact when Creston met his future wife Betty Jane in kindergarten, he was impressed; she came from "indoor plumbing."

When they married in 1949, Creston was working for Mathison Chemical until 1953 when the recession hit. At that point, he joined a local car dealership which ultimately became Tate Automotive. Working 14 hour days, Creston loved the car business's fast pace and constant contact with people. It came naturally. After all, his employees and customers were part of his North County community. Reflecting on a career spanning 63 years, Creston attributes his long-term success in business to the foundation and pride of his two hardworking parents, Della Marie and Atwood Barrett Tate.

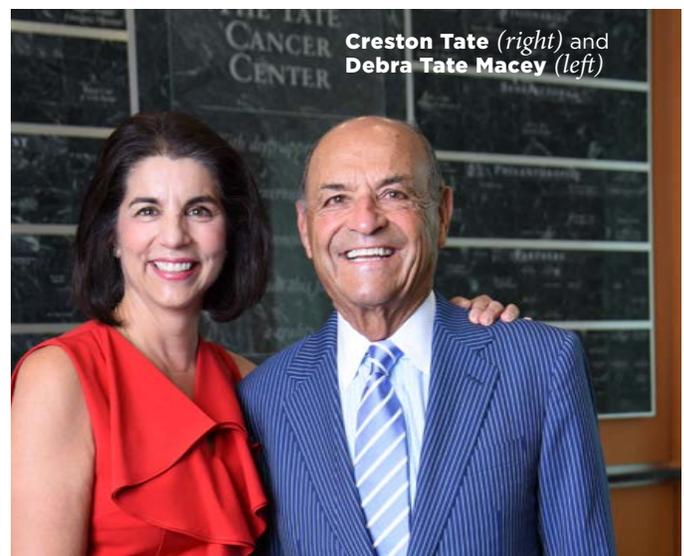
So how did philanthropy figure in? For Creston and Betty Jane, it was a matter of pride of place and a sense of fairness. Thanks to their community, their family had prospered. A heartfelt grassroots commitment led them to UM Baltimore Washington Medical Center. What could matter more than helping their longtime neighbors receive top-notch medical care right in their own locale?

Creston and Betty Jane started in 1997 with a \$1 million donation for UM BWMC's emergency department. Then, when UM BWMC envisioned a state-of-the-art cancer center, the couple felt truly called. After years of employees and families coming through Tate dealerships, the Tates personally knew the heartbreak of cancer in their neighbors' lives. Those families should rightfully receive treatment close to home with the same level of care offered by major city medical centers. Dedication to the people of their community prompted Creston and Betty Jane to fund the new Tate Cancer Center, an affiliate of the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, which opened in 2003, with a lead donation of \$1.5 million.

Today his daughter Debra Tate Macey also actively supports UM BWMC, serving on its foundation board for over 13 years. You'd think her parents' financial generosity would be the inspiration for her service. And you'd be half right. Beyond monetary giving, Deb remembers her late mother Betty Jane's highly personal generosity towards neighbors and friends in need, be it holding someone's hand in hospice or bringing flowers of remembrance to a cemetery. Her mother was "never without an envelope in her hand" with a check or, just as meaningfully, a note of personal encouragement. Deb was often at her mother's side absorbing lessons of giving.

The Tates' giving has led to enormous numbers of patients served at The Tate Center versus traveling for cancer treatment. Looking forward, Creston applauds UM BWMC's focus on "expanding services beyond bricks and mortar." He and Deb support the hospital's commitment to matching excellent inpatient care with outreach to keep patients well outside of the hospital.

Today, nearly all of the Tate family reside in North County. Deb anticipates continued family participation in supporting UM BWMC. She and her siblings are passing on to children and grandchildren their parents' example of giving. For Creston and Betty Jane, says Deb, "It wasn't how much you had, it was giving what you could. It's just what you did." And a grateful community is glad they did!



UM BWMC *recognizes* **EXCELLENCE**

Each year UM Baltimore Washington Medical Center recognizes physicians and staff members who go above and beyond helping to make the medical center a leader in patient care. The following individuals were recognized in 2016.



Dr. Christopher deBorja
2016 PHYSICIAN OF THE YEAR

Christopher deBorja, MD was named Physician of the Year. Dr. deBorja received his medical degree from Ross University School of Medicine. He serves as an assistant clinical professor of medicine at the University of Maryland School of Medicine. Dr. deBorja has served as a member of UM BWMC's medical staff since 1992 and during that time has served in numerous leadership roles, including president of the medical staff, chair of the department of medicine and medical director to the palliative care program and transitional care unit.

"I always try to live by the words one of my mentors told me years ago while training, 'Always be a part of the solution,'" says Dr. deBorja, whose parents and other family members were also physicians.

Dr. deBorja is excited for what the future holds at UM BWMC. "Through new initiatives such as our palliative medicine program, transitional care unit and planning of an urgent care center, we are helping to improve the health of all of our community members. And that is very satisfying."



Jessica Yarger, RN
2016 NURSE OF THE YEAR

Jessica Yarger, RN was recognized as Nurse of the Year for 2016. Yarger is a registered nurse in the medical center's Emergency Department.

"I was born and raised here," says Yarger who started working at UM BWMC in December 2012 after receiving her degree in nursing from the University of Maryland, Baltimore. Many of Yarger's family members, including her grandmother, were nurses.

Yarger enjoys the quick pace of patient care in the emergency department, which keeps her and her colleagues on their toes, and the camaraderie of her fellow employees. "In this environment, you never know what will happen each day and I thrive in that type of atmosphere."



Charlotte Holt

2016 ASSOCIATE OF THE YEAR

Charlotte Holt was named Associate of the Year for 2016 and works in Environmental Services. She has been at UM BWMC since 2010.

“I enjoy interacting with our patients and love to speak with them,” says Holt. “I try to make each patient experience as good as it can possibly be.”

Holt, who works on 7 West which opened in December 2015, believes having a positive attitude and being available to meet patient needs truly make UM BWMC a great place to work. “I make it my business to make sure they know my name and have a number where they can reach me if they need anything during their stay. I am here for them.”

Faller’s ‘Great Catch’ is an example of how UM BWMC staff takes the extra step in keeping our patients’ safe. She questioned a part of the sepsis care plan for fluid replacement and her concern was that a patient might not receive enough IV fluids under certain conditions. Her concerns were validated and the order sets were changed to ensure adequate fluid replacement for all severe sepsis patients.

“I want to make sure everyone that comes to our facility for care is safe,” says Faller. “I’m proud to be a part of that.”



Irma Mason, RN

2016 AMBASSADOR OF THE YEAR

Irma Mason, RN was chosen as 2016 Ambassador of the Year. She joined UM BWMC in 2009 and works as a registered nurse in the Progressive Care Unit.

Prior to becoming a nurse, she worked as both a dental assistant and laboratory technician. “I decided I liked people better than specimens,” she says as one of her reasons on why she became a nurse.

Mason, whose mother was also a nurse, is very involved with the Hands Across the Americas medical mission where she has gone to countries such as Peru and Colombia to help provide medical services to the less fortunate. She is also a volunteer at the Arundel House of Hope’s medical clinic in Glen Burnie and can be seen regularly doing blood pressure screenings at UM BWMC events like Heartbeat for Health.

“I enjoy helping others and giving back,” says Mason. “This is the perfect job for me.”



Leigh Faller, RN

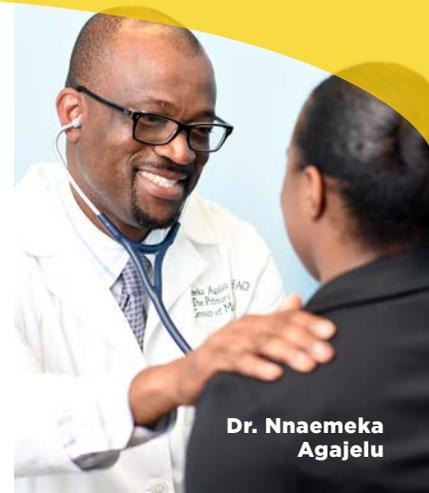
2016 GREAT CATCH OF THE YEAR

Leigh Faller, RN was recognized as UM BWMC’s 2016 Great Catch of the Year award winner. Faller, a registered nurse in the medical center’s emergency department, has been at UM BWMC since 2007.

“I like the unpredictability of working in the ED and never know what type of patient you will be treating next,” says Faller. “It keeps you on your toes.”

UM BALTIMORE WASHINGTON MEDICAL SYSTEM, INC

Statement of Revenues and Expenses for Fiscal Year Ended JUNE 30, 2016



Dr. Nnaemeka Agajelu



Dr. Amiel Bethel



GROSS PATIENT SERVICE REVENUE

AMOUNT (IN THOUSANDS)

Net Patient Service Revenue	\$382,196
Other Operating Revenue	\$5,507
Total Operating Revenue	\$387,703

OPERATING EXPENSES

Salaries, Wages and Fringe Benefits	\$179,444
Expendable Supplies	\$61,958
Purchased Services	\$90,757
Contracted Services	\$9,469
Depreciation and Amortization	\$24,616
Interest Expense	\$8,185
Total Operating Expenses	\$374,429
Income from Operations	\$13,274
(funds reinvested in health care services for our community)	

2016  *credits*

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