GALLAGHER
EVELIUS & JONES LLP
ATTORNEYS AT LAW

November 19, 2018

VIA EMAIL & U.S. MAIL

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: **UM Shore Regional Health**
Conversion of UM Shore Medical Center at Dorchester to
Freestanding Medical Facility

Dear Ms. Potter:

On behalf of applicant UM Shore Regional Health, we are submitting four copies of its Response to Additional Information Questions of November 15, 2018.

We hereby certify that a copy of this submission has been forwarded to the appropriate local health planning agencies noted below.

Sincerely,

Thomas C. Dame

Mallory Regenbogen

Mallory Regenbogen

TCD/MMR:blr
Enclosures

#646239
012516-0003

cc: Ben Steffen, Executive Director
Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development
Suellen Wideman, Esq., Assistant Attorney General
William Chan, Health Policy Analyst, HSP&P/CON
Roger L. Harrell, MHA, Health Officer, Dorchester County Health Department
Scott LeRoy, MPH, MS, Health Officer, Caroline County Health Department
Fredia Wadley, MD, Health Officer, Talbot County Health Department
Pat Gainer, Acting Co-Exec. Director, Maryland Emergency Medical Services Systems
Kenneth D. Kozel, President & CEO, UM Shore Regional Health
Robert Frank, Sr. Regional V.P., Operations, UM Shore Regional Health
William Huffner, M.D., Sr. V.P., Medical Affairs & CMO, UM Shore Regional Health
Ruth Ann Jones, Sr. V.P., Patient care Services & CNO, UM Shore Regional Health
Patti Willis, Sr. V.P., Strategy & Communications, UM Shore Regional Health
JoAnne Hahey, Chief Financial officer, UM Shore Regional Health
Brian Leutner, MBA, Executive Director, UM Shore Medical Center at Dorchester
Donna Jacobs, Sr. V.P., Government, Regulatory and Community Health, UMMS
Kristin Jones Bryce, V.P., External Affairs & System Integration, UMMS
Mark L. Wasserman, Sr. V.P., External Affairs, UMMS
Megan Arthur, Sr. Vice-President & General Counsel, UMMS
Darryl Mealy, V.P. of Construction & Facilities Planning, UMMS
Sandra H. Benzer, Esq., Associate Counsel, UMMS
Josh Repac, Berkeley Research Group, LLC
Craig Wheeless, Director, Health Care Advisory Services, KPMG, LLP
Andrew L. Solberg, A.L.S. Healthcare Consultant Services

UM Shore Regional Health
Conversion of UM Shore Medical Center at Dorchester
to a Freestanding Medical Facility

UM Shore Regional Health's Responses to MHCC
Additional Information Questions of November 15, 2018

1. **A freestanding medical facility created through conversion from a general hospital shall only retain patients overnight for observation stays.**

Applicant Response

The proposed freestanding medical facility, which will be named University of Maryland Shore Medical Center at Cambridge ("UM SMC at Cambridge"), will not have the capability to admit or retain patients for overnight hospitalization and will only retain patients for overnight observation stays.

2. **Each notice, documentation, or other information regarding a proposed conversion of a general hospital to a freestanding medical facility that is required by Section C of 10.24.19 28 this regulation or by COMAR 30.08.15.03 shall be provided simultaneously to the Commission and to the Maryland Institute for Emergency Medical Services Systems.**

Applicant Response

The Applicant has and will continue to provide simultaneously to the Commission and the Maryland Institute for Emergency Medical Services Systems all notices, documentation, or other information regarding the proposed conversion that are required by Section C of COMAR 10.24.19 or by COMAR 30.08.15.03.

3. **A notice of intent to seek an exemption from Certificate of Need review to convert a general hospital to an FMF shall:**

   (a) Be filed in the form and manner specified by the Commission, which may require a pre-filing meeting with Commission staff to discuss the proposed project, publication requirements, and plans for a public informational hearing.

Applicant Response

The Applicant met with the Commission staff prior to filing its Notice of Intent to Seek Exemption from CON Review for the Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility ("FMF Application") to discuss the proposed project, and has filed the FMF Application in the form and manner specified by the Commission staff.

   (b) Be filed with the converting hospital and its parent hospital as joint applicants.

Applicant Response

The FMF Application was filed by Shore Health System, Inc. ("SHS"), which does business as the University of Maryland Shore Medical Center at Dorchester ("UM SMC at Dorchester") – the converting hospital, and University of Maryland Shore Medical Center at Easton ("UM SMC at Easton") – the parent hospital.

(c) Only be accepted by the Commission for filing after:

(i) The converting hospital publishes on its website and otherwise makes available to the general public and community stakeholders, at least 14 days before holding a public informational hearing, the hospital's proposed transition plan that addresses, at a minimum, job retraining and placement for employees displaced by the hospital conversion, plans for transitioning acute care services previously provided on the hospital campus to residents of the hospital service area, and plans for the hospital's physical plant and site.

Applicant Response

Prior to holding its public informational meeting on July 31, 2018, UM SMC at Dorchester published its transition plan beginning on July 13, 2018 on its webpage dedicated to the conversion of the Dorchester hospital (https://www.UMShoreRegional.org/DorchesterVision). A copy of the transition plan from its website is provided as **Exhibit 11**. The transition plan addresses job retraining and placement of employees displaced by the conversion, plans for transitioning acute care services previously provided at UM SMC at Dorchester to residents of the service area, and plans for the hospital's physical plant and site.

(ii) The converting hospital, in consultation with the Commission, and after providing at least 14 days' notice on the homepage of its website and in a newspaper of daily circulation in the jurisdiction where the hospital is located, holds a public informational hearing that addresses the reasons for the conversion, plans for transitioning acute care services previously provided by the hospital to residents of the hospital service area, plans for addressing the health care needs of residents of the hospital service area, plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees, plans for the hospital's physical plant and site, and the proposed timeline for the conversion.

Applicant Response

Prior to holding its public informational meeting on July 31, 2018, UM SMC at Dorchester published notice of the public informational hearing beginning on July 13, 2018 on its homepage (https://www.umms.org/shore) and a its webpage dedicated to the conversion of Dorchester (https://www.UMShoreRegional.org/DorchesterVision). Beginning on July 13, 2018, UM Shore Regional Health published notice of its intent to hold a public informational meeting regarding the conversion in the following newspapers: *Star Democrat* (notices published on 7/13, 7/20,

7/27, and 7/29); *Dorchester Star* (notices published on 7/13, 7/20, and 7/27); *Dorchester Banner* (notices published on 7/18 and 7/25); *Times Record* (notices published on 7/18 and 7/25); *Bay Times* (notices published on 7/18 and 7/25); *Kent County News* (notices published on 7/19 and 7/26); *Record Observer* (notices published on 7/20 and 7/27). Copies of these newspaper notices are provided as **Exhibit 12**. In addition, UM Shore Regional Health posted notice of the hearing using social media and distributed flyers to the community regarding the hearing. Notice of the public informational meeting was also published on the Dorchester Chamber of Commerce website (http://dorchesterchamber.org/m/events/view/Shore-Regional-Health-Public-Meeting).

A written summary of the public informational meeting is provided as **Exhibit 13** and was previously transmitted to MHCC on August 14, 2018. All required topics were covered at the public meeting.

(iii) Within ten working days after the public informational hearing, the converting hospital provides a written summary of the hearing and all written feedback provided by the general public and from community stakeholders to the Governor, Secretary of DHMH, the governing body of the jurisdiction in which the hospital is located, the local health department and local board of health for the jurisdiction in which the hospital is located, the Commission, and the Senate Finance Committee, House Health and Government Operations Committee, and members of the General Assembly who represent the district in which the hospital is located.

Applicant Response

As shown in **Exhibit 13**, a written summary of the public informational meeting was provided to all required bodies and individuals on August 14, 2018.

(iv) The State Emergency Medical Services Board has determined that the proposed conversion of the general hospital to an FMF will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Applicant Response

Please see **Exhibit 14**, which provides a cover letter from MIEMSS stating that the State EMS Board determined at its meeting on October 9, 2018 that the conversion of UM SMC at Dorchester to an FMF will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical system. Also, included in **Exhibit 14** is the MIEMSS Report and Recommendation to the EMS Board regarding the proposed conversion.

(v) The applicants receive a determination from HSCRC, issued pursuant to COMAR 10.37.10.07-2D, regarding each outpatient service to be provided at the proposed FMF for which the applicants seek rate regulation.

Applicant Response

The Applicant is meeting with HSCRC at the end of November to discuss each rate-regulated service to be provided at UM SMC at Cambridge and hopes to have a determination and rates from HSCRC soon afterwards.

(vi) The applicants receive approved rates from HSCRC for each rate-regulated outpatient service at the proposed FMF.

Applicant Response

Please see the response above.

(vii) The applicants provide any additional information determined by Commission staff as necessary for the notice of intent to seek an exemption to convert to an FMF to be complete.

Applicant Response

The Applicant has provided all information requested by the Commission staff.

INDEX OF EXHIBITS

11 UM SMC at Dorchester Transition Plan

12 Dorchester Newspaper Ads

13 Summary of Public Informational Hearing

14 MIEMSS Notice to MHCC Regarding EMS Board Determination

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Shore Regional Health's Responses to MHCC Additional Information Questions of November 15, 2018 and its exhibits are true and correct to the best of my knowledge, information, and belief.

11/16/18
Date

Kenneth D. Kozel
President & CEO
UM Shore Regional Health

#632159
012516-0006

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Shore Regional Health's Responses to MHCC Additional Information Questions of November 15, 2018 and its exhibits are true and correct to the best of my knowledge, information, and belief.

November 16, 2018
Date

Patti K. Willis
Patti Willis
Senior Vice President, Strategy & Communications
UM Shore Regional Health

#632158
012516-0006

I hereby declare and affirm under the penalties of perjury that the facts stated in UM Shore Regional Health's Responses to MHCC Additional Information Questions of November 15, 2018 and its exhibits are true and correct to the best of my knowledge, information, and belief.

11/19/18
Date

JoAnne Hahey
Chief Financial Officer
UM Shore Regional Health

#632160
012516-0006

EXHIBIT 11

Transition Plan for University of Maryland Shore Medical Center at Dorchester

The University of Maryland Shore Medical Center at Dorchester ("UM SMC at Dorchester") is part of UM SRH, the region's premier provider of coordinated health care services, inpatient and ambulatory, in the five counties of Maryland's mid-Shore region. UM SRH is a proud member of the University of Maryland Medical System ("UMMS"). The mission of UM SRH is ***Creating Healthier Communities Together***, a reflection of its dedication and commitment to work with community partners, including physicians, other providers, and health and social services collaborators, to improve the health status of people who live and work in Maryland's mid-Shore region. UM SRH's vision is to be the region's leader in patient centered health care. In a rural and often economically disadvantaged region such as the mid-Shore, with a population of approximately 175,000 people spread out over nearly 2,000 square miles, the challenges of health care delivery and access are significant. In addition, rural health care providers have challenges with recruiting and retaining physicians and other clinicians and obtaining sufficient reimbursement to cover their costs. These issues are not new to the region or its primary health care system, UM SRH.

In addition to these challenges related to rural health care delivery, the landscape of health care delivery is changing across the nation and in Maryland. Health care delivery is shifting from hospital-centric care to patient- and people-centric care, with a focus on wellness, preventive care, primary care, and diagnostics. Health care planning and resource allocation has focused on planning delivery sites that are more accessible to residents. Patients have become "consumers" of health care and are defining their needs from their own perspectives. The 2016 UM SRH Community Health Needs Assessment shows a consumer-defined need in the mid-Shore region for access to outpatient services, primary care, and specialists to support prevention

and management of chronic disease, including behavioral health and addiction services. Communities also define safety net needs related to urgent care and emergency medical care, which will continue to be important to citizens' health and well-being.

UM SRH's goal, in response to the Community Health Needs Assessment and its strategic planning work, is to address each of the consumer-defined needs in concert with the information gathered from UM SRH physicians, community partners, and UMMS. UM SRH's plan for conversion of UM SMC at Dorchester to a freestanding medical facility, a facility that provides 24/7 emergency services as well as diagnostic, imaging and lab services, and observation services, is the result of input from hundreds of patients, providers, community partners and leadership, obtained over more than two years of study and planning.

The transition plan for UM SMC at Dorchester began as early as 2015, as part of UM SRH's regional plan to transform health care. In the first year of its new strategic plan, the UM SRH Board of Directors and its planning committee launched a Strategic Services Delivery Workgroup and subsequently, a Strategic Service Delivery Council. Both groups engaged physicians, providers, leadership, management, community health care partners, and elected officials in a review of regional health care needs as well as national and state trends in health care. The Service Delivery Council then assembled into five subcouncils, each chaired by a dyad of management and physician leaders and comprised of internal and external stakeholders in the fields of primary care, specialty care, surgical care, behavioral health, and oncology. The resulting recommendations were compiled by the Service Delivery Council, recommended for adoption by the UM SRH Board Strategic Planning Committee, and approved by the UM SRH Board and UMMS in 2016. This Strategic Service Delivery Plan, which defined needs and

services at appropriate levels and facility types throughout the region, was then widely shared with community leaders, organizations, citizens, and elected officials.

The Strategic Service Delivery Plan envisioned that the Maryland General Assembly would allow hospitals to convert to a health care facility known as a freestanding medical facility ("FMF"), and a new statutory and regulatory framework would be implemented to govern hospitals converting to FMFs. UMMS and UM SRH participated in commenting on the legislation and regulations that would make hospital conversions to FMFs possible in Maryland. As the Strategic Service Delivery Plan was being communicated and legislation was moving ahead, UM SRH continued the discussions it had already begun with its physician leaders in Dorchester County regarding the possibility of converting the aged hospital in Dorchester to an FMF. With physician support for the concept, including the relocation of inpatient beds to nearby University of Maryland Shore Medical Center at Easton ("UM SMC at Easton"), just 15 miles away, UM SRH expanded the discussion to include the local public health officer, emergency medical services ("EMS"), local and state elected officials, and ultimately, to the full community in a series of community listening sessions during 2017. With overwhelmingly positive feedback from all of these sources, the Boards of UMMS and UM SRH approved moving forward with the detailed plan development for the conversion of UM SMC at Dorchester to an FMF in Cambridge with an adjacent medical pavilion with a complement of ambulatory services.

During late 2017 and early 2018, detailed planning work began on a location for the new medical campus, on facility design and site planning, services identification, budget and financing, and on early transition planning for three essential areas: (1) the plan to transition acute care services previously provided at UM SMC at Dorchester and the related transportation

impact; (2) the plan to transition, retrain, and place employees of UM SMC at Dorchester; and (3) the plan for the existing UM SMC at Dorchester physical plant and site. Although the proposed conversion and transition are not scheduled to occur until 2021, there has been steady focus and measurable accomplishment on the transition planning and the steps needed to bring it to fruition by 2021.

Plan for Transitioning of Acute Care Services Previously Provided at UM SMC at Dorchester

The projected timeline for transitioning acute care services presently provided at UM SMC at Dorchester will depend upon several milestones, in particular the regulatory approval of the plan to convert UM SMC at Dorchester to an FMF, to be called University of Maryland Shore Medical Center at Cambridge ("UM SMC at Cambridge"). In conjunction with the conversion, UM SRH is seeking to move 17 inpatient medical/surgical/gynecological/addictions ("MSGA") beds and 12 inpatient psychiatric beds from UM SMC at Dorchester to UM SMC at Easton in order to ensure adequate access to these services for residents of the service area. UM SRH estimates that regulatory approval for conversion and transfer of these beds could take approximately six months, with groundbreaking occurring once all approvals have been finalized and permits obtained. Construction for the FMF and adjacent medical pavilion, which will be called the UM Shore Medical Pavilion at Cambridge and at the inpatient facility at Easton to accommodate the inpatient medical/surgical and behavioral health beds that will be transferred from UM SMC at Dorchester to UM SMC at Easton is anticipated to take approximately 16 months. The projected opening of the FMF and transfer of beds to UM SMC at Easton is the summer of 2021.

UM SMC at Dorchester will continue providing the full complement of services that it provides today until the conversion occurs. Upon conversion, a portion of UM SMC at

Dorchester's inpatients beds will be moved to UM SMC at Easton and UM SMC at Cambridge will open on a new campus conveniently located approximately one mile from the existing UM SMC at Dorchester site at the intersection of US Route 50 and Woods Road in Cambridge. UM SMC at Cambridge will provide 24/7 emergency services and be staffed by board certified University of Maryland Emergency Medicine physicians and advanced practice providers that will serve patients of all ages. UM SMC at Cambridge will continue to accept and care for all EMS priority levels as defined by established protocols and will continue to communicate as a base station with EMS providers to coordinate care that is appropriate for patients' needs and in their best interests. The FMF will also continue to provide the necessary diagnostic testing, including imaging and laboratory services, and will provide short-term observation services for the management of certain types of patients who do not meet inpatient criteria. Telemedicine consultations for behavioral health and other specialty services are currently provided for in all of UM SRH's emergency departments and will continue at UM SMC at Cambridge.

Patients who present at UM SMC Cambridge and are assessed to be in need of inpatient medical, surgical, or critical care will, subject to the patient's expressed preferences, be transferred to UM SMC at Easton. These patients will be stabilized at UM SMC at Cambridge by emergency physicians and clinical staff and the interfacility call system will be initiated to establish physician to physician communication and to coordinate acceptance and transport of the patient to UM SMC at Easton, another UMMS inpatient facility, or a facility which the patient chooses or meets the patient's specific needs. Because it currently operates three hospitals and an FMF in Queenstown across a wide geography and in relative isolation from the rest of the State and because UM SMC at Easton is already a regional hub for certain inpatient services such as PCI, stroke, obstetrics, pediatrics and acute rehabilitation, UM SRH already has

a well-defined and regularly monitored plan for transports in place and will continue to monitor and refine it as needed.

As previously mentioned, UM SRH is proposing to relocate inpatient MSGA and psychiatric bed capacity from UM SMC at Dorchester to UM SCM at Easton and appropriate staffing and support services as part of the conversion. UM SMC at Easton plans to make necessary renovations in its existing building for the additional beds and necessary support functions for these services. UM SMC at Easton will complete its renovations, the beds will be operational, and staff transitions will be complete at the time of the conversion to make the transition as seamless as possible.

Patients who arrive at UM SMC at Cambridge and are in need of behavioral health services will continue to receive the same emergency assessment and care as are presently provided at UM SMC at Dorchester, including assessment by the Behavioral Health Response Team ("BHRT") and consultation with psychiatrists and clinicians via telemedicine where appropriate. The FMF will have an intensive outpatient behavioral health program for adult patients and additional outpatient behavioral health services will be located in the adjacent UM SMP at Cambridge. Patients who need adult inpatient behavioral health services will, appropriate to their needs and preferences, be transferred to the inpatient adult behavioral health unit which is being relocated from UM SMC at Dorchester to UM SMC at Easton. The inpatient behavioral health unit at UM SMC at Dorchester is a regional service at present and when the unit is relocated to UM SMC at Easton it will be sized appropriately to continue to meet the inpatient behavioral health beds needs of adult patients from around the region.

Transportation Planning

Transportation to and from emergency services, both in FMFs and hospitals is a critical component of successful transition planning and ultimately, to the transformation of health care delivery that provides efficient and effective care with optimal outcomes. To this end, UM SRH has had a unique opportunity to work on effective regional transportation, in particular, providing interfacility hospital-to-hospital transports for more than 20 years for patients in need of regional specialty services and providing FMF-to-hospital transports for more than eight years for patients seen at the UM Shore EC at Queenstown in need of inpatient or other specialty services.

For nearly a decade, UM SRH has had a continuing and effective contractual relationship with the region's predominant provider of interfacility ground medical transportation services, Best Care Ambulance, Inc. ("Best Care"). Best Care has base sites located throughout the region from which it deploys EMT-staffed, licensed ambulances for transports between UM SRH hospital emergency departments and FMF and outside the region to facilities of a patient's choice or facilities with specialty services. The interfacility transport services provided by Best Care under its contract with UMMS and UM SRH are already regional. Best Care's operational and quality metrics are reviewed quarterly as part of the UM SRH Interfacility Transport Committee, which includes representatives of nursing, critical care, and emergency medicine clinicians, Maryland ExpressCare, and leadership from Best Care. UMMS and UM SRH's discussions with Best Care are ongoing as regional programs expand and the conversion of UM SMC at Dorchester to an FMF brings opportunities for further collaboration and expanded services. UMMS and UM SRH intend to amend their contract with Best Care, as needed, to accommodate the needs for additional interfacility transports.

UM SRH is also participating in discussions with UMMS and its ExpressCare service to facilitate transfers and admissions via a central access center within the UMMS system and elsewhere as appropriate, to provide ambulance services for basic life support ("BLS"), advanced life support ("ALS"), and critical care patient transportation for UM SRH patients through Maryland ExpressCare or a licensed vendor ambulance service, 24 hours per day, seven days per week. ExpressCare, already in use on the mid-Shore and contractually supported by Best Care, will undergo further UMMS refinements and ultimately will provide a coordinating center for all transports, including those by helicopter, which are currently coordinated by UMMS or other receiving institution. A modern helipad is located at each of UM SRH's hospitals and UM SMC at Cambridge will also have a helipad adjacent to the FMF that will be used for air transports.

Plan for Job Retraining and Placement of UM SMC at Dorchester Employees

The wellbeing and future of the UM SRH team members working at UM SMC at Dorchester has been a focus since the beginning discussions regarding the conversion of the hospital to an FMF. As UM SRH has fine-tuned its projected future patient volumes and staffing needs, it has developed a clearer picture of the staffing resources that will be needed at the FMF and adjacent medical pavilion in Cambridge, as well as in connection with the inpatient beds being transferred to UM SMC at Easton. Clinical staffing at the FMF will likely be similar to the current UM SMC at Dorchester emergency department. UM SRH also anticipates transferring clinical and support staff to cover the acute inpatient services being transferred from UM SMC at Dorchester to UM SMC at Easton, but there will be some overlap with existing staff at Easton.

To address the very specific assessment of staffing needs and plans necessary to adapt through reassignment and training for new jobs, UM SRH has formed a Workforce Transition and Development Task Force (the "Task Force") whose efforts will get underway in the second

half of calendar year 2018 and will continue through 2021. The Task Force will involve a collaborative process and perspective from across multiple disciplines, including nursing, providers, clinical and ancillary support, facility management, human resources, and local community training and education resources. The Task Force's first priority will be to determine the total workforce needs and appropriate placements at UM SMC at Cambridge, the adjacent medical pavilion, and UM SMC at Easton in 2021 based on current UM SMC at Dorchester staff, taking into consideration retirements and anticipated attrition over the next three year period. The Task Force will next review options and make recommendations regarding alternative placements within UM SRH and UMMS for any displaced employees, as well as identify training options and match employees with resources in the event of displacement. The Task Force will keep UM SMC at Dorchester team members well-informed throughout its process by engaging them early on in discussions and working with them throughout the transition process.

Once the Task Force has refined its projections and identified the appropriate team members needed for the FMF, adjacent medical pavilion, and acute services that will be transitioning to UM SMC at Easton, as well as the needs within the full UM SRH system, focused outreach efforts will be made with each team member regarding the transition plan and options. UM SRH Human Resources representatives will meet and work one-on-one with employees to provide information about resources and opportunities available to them. The top priority will be to match team members with employment opportunities; consideration will be given to placement within the employee's current county of work, to the extent options match need. UM SRH will also provide training, career shadow days, and other resources to help staff transition to new roles. In addition, UM SRH plans to provide a link to other position vacancies

within the UMMS system to connect those staff members who would prefer to transfer to another UMMS facility with additional job opportunities. By identifying open positions and offering additional training, UM SRH is hopeful that it will be able to place all staff within UM SRH or UMMS, should employees elect to stay within the system. UM SRH will also work with local workforce development services to link displaced staff or staff members who want to pursue other opportunities with resources regarding other job opportunities in the community.

UM SRH leadership has worked over the years to build meaningful relationships with community partners, such as Chesapeake College, the Eastern Shore Area Health Education Center, and regional economic and workforce development offices. These relationships will help UM SRH and its team members understand their options for learning new skills to expand their job placement opportunities, if they choose to do so. Preliminary discussions have been held with these community resources and they will participate in the Task Force's discussions and decisions. Job fairs, onsite career training, and certification courses are among the options UM SRH will evaluate as part of the workforce transition plan, which will evolve over the next three years.

Plan for the Existing UM SMC at Dorchester Plant and Site

Once the FMF building is complete, emergency and ancillary services will relocate to the FMF on the new campus in Cambridge along with outpatient services that will relocate to the medical pavilion. At that time, UM SRH intends to relocate the inpatient beds from UM SMC at Dorchester to UM SMC at Easton. The existing hospital building in Cambridge is planned for decommissioning and demolition and the site will be vacated in order to sell it for redevelopment in support of the Cambridge/Dorchester County Waterfront Development vision, advancing economic development in the city, county, and the region. Dorchester County, the City of

Cambridge, and UM SRH have signed a Letter of Intent to outline the future property sale of the existing UM SMC at Dorchester site to the newly incorporated body, Cambridge Waterfront Development, Inc. ("CWDI") in order to include the hospital property in a waterfront development project that will enhance destination recreation, job creation, and commerce in Cambridge, its port, and Dorchester County.

EXHIBIT 12

PHOTO BY NEAL MATTHEWS

Firefighters work to extinguish a fire on a house boat at Castle Harbor Yacht Club.

Information sought in July 10 house boat fire

CHESTER — Authorities are looking for information or anyone who may have observed the early stages of a house boat fire at Castle Harbor Yacht Club on the morning of July 10.

Bystanders at the marina reported the fire on the 50' Catamaran Cruiser. Firefighters from Kent Island and Grasonville volunteer fire departments responded and used Fire Boat 1 to extinguish the blaze.

The Maryland State Fire Marshal's Office reported the boat owned by Daniel White suffered damages estimated at $80,000 plus $20,000 in contents. The fire is believed to have started in the living quarters located toward the stern of the boat. No injuries were reported. The cause of the fire remains under investigation.

Anyone with information is asked to contact deputy state fire marshals at the Upper Eastern Regional Office, 410-822-7609.

Passerby extinguishes fire with a garden hose

KINGSTOWN — The Office of the Maryland State Fire Marshal is investigating the cause of a July 3 fire in a commercial laundry bin outside of a pizza shop in the 6300 block of Church Hill Road.

Firefighters were not dispatched to Milano's Pizzeria because a passerby was able to extinguish the fire with an outside water hose, according to the fire marshal's office.

There was no damage to the exterior of the building. Loss to the contents of the laundry bin was estimated at $100.

A passerby reported the fire at 8:50 a.m.

Anyone with information is asked to call the fire marshal's Upper Eastern Regional Office in Easton at 410-822-7609.

CONTRIBUTED PHOTO

The state fire marshal's office is investigating the cause of a July 3 fire in a commercial laundry bin outside of Milano's Pizzeria, located at 6346 Church Hill Road.

FIRE MARSHAL'S PHOTO

The remains of a shed after a fire on Griffin Court in Centreville.

Fire destroys shed in Centreville

CENTREVILLE — A detached wood-frame shed caught fire in Centreville on Monday, July 9. Owner Joseph Kubert reported the fire on Griffin Court. Firefighters from Goodwill Volunteer Fire Department responded shortly before 4 p.m. and were quickly able to control the blaze. The cause of the fire is under investigation by the Maryland State Fire Marshal's Office. Damages are estimated at $25,000.

NEWS IN BRIEF

Some information on deaths released

CENTREVILLE — The Queen Anne's County Sheriff's Office declined to identify the suspected overdose victims whose deaths are being investigated but did release some information Friday, July 13.

The body found early July 11 in the area of Joseph Boyles Road in Queenstown was a 19-year-old man from Greensboro. The two who died within 12 hours of each other on July 7 were a 43-year-old man from Grasonville, who died in Grasonville, and a 45-year-old man from Stevensville, who died in Stevensville.

"We would like to confirm that these are indeed controlled dangerous substance fatalities prior to releasing any names. We are awaiting results from the autopsies," said Lauren Moses, public information officer for the sheriff's office.

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:

- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline

UM Shore Medical Campus at Cambridge – Our Vision for the Future

Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.

PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

University of Maryland Shore Regional Health

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

Buy Local is theme for governor's annual cookout

ANNAPOLIS — Bountiful summer harvest under a perfect July sky was the scene at Governor Larry Hogan's annual Buy Local cookout, hosted at his Annapolis home last Thursday evening. The event was open by invitation only, and over 300 guests were expected in attendance.

Hogan's commitment to agriculture in Maryland was evident, bringing chefs from around the state together with hand-picked ingredients from some of Maryland's finest farms — "Maryland's Best" in seafood and agriculture.

"Our state is home to a diverse range of agricultural operations and a world-class seafood industry," said Hogan. "The Buy Local Cookout is a great reminder of the many benefits to buying products grown and produced by Maryland farmers and watermen."

The annual cookout, started by Hogan's predecessor Martin O'Malley, brings local chefs and their dishes made with Maryland-produced bounty, to the lawn for a two-hour event to kick off the week-long effort pushing local products to launch the Buy Local Challenge — challenging Marylanders to incorporate at least one locally grown, produced or harvested product into their meals each day.

Local food is better for the environment — keeping land open, in production and requiring less fuel for transportation and therefore causing less pollution, says the MD Department of Agriculture. With the abundance of fresh produce and seafood available to our, many Marylanders take advantage of locally grown food - picked within the last day or two, it is crisp, sweet and loaded with flavor, with the added benefit of being higher in nutrients — food that travels less time and distance holds more of its nutrients.

Sonia Magnum from Kent Island, left, and Danny Stroup of Annapolis enjoy some of the fine cuisine presented at the governor's cookout.

Speaking to guests, Secretary of Agriculture Joseph Bartenfelder welcomed those in attendance, many of whom work in the industry. The governor's ag stuff — all of whom were in attendance — works year round to plan the event, and is already working on the next year's cookout, said Bartenfelder.

"Gov. Hogan is a great friend of agriculture," said Bartenfelder, and is very in touch with farmers and what they need. The first lady, said Bartenfelder, even spent some time on his farm picking cantaloupes.

And the list goes on, local food supports local economies — farmers purchase feed and materials from local businesses reinvesting in the community, with direct and local sales farmers can make more money, helping to keep them in business; and local food builds community.

With a growing wine and distillery industries, Maryland is pairing locally distilled brews with the already rich seafood market, building community — and creating the perfect opportunity for friends to gather be it at farmers' markets or their own tables.

Caroline Blue Catfish Taco, submitted by Shawn Harlan, Samantha Hamilton, Jordan Albrecht, and Reese Trippett of Caroline Career & Technology Center Culinary Arts Program in Caroline County with producers Mel Hickman of Chester River Clam Company in Queen Anne's County for Chesapeake Blue Catfish; Eileen Simmons of Clayton Farms in Caroline County for cabbage, cilantro, and tomatoes; and Julie Harris of Harris Farms in Caroline County for tomatoes, radishes, Jalapeño, and spring onions.

In 2016, Maryland landed more than 36.7 million pounds of hard shell crab with a dockside value of nearly $54.4 million; and 12,868 pounds of soft shell and peeler crabs with a dockside value of $107,949 (Source: National Marine Fisheries Service)

Oysters: Maryland harvested 886,953 pounds of wild oysters in the 2016 season and continues to welcome many new aquaculture operations to the bay — each of which putting millions of oysters in the water. (Source: National Marine Fisheries Service)

Striped Bass: Rockfish--a.k.a. striped bass–is the state fish of Maryland. Out of the total 5 million pounds of rockfish harvested in 2016

See **LOCAL**
Page 9

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:

- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
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Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

University of Maryland
Shore Regional Health

ST. MICHAELS

Candleberry Gallery hosts Cambridge artists

By Terry White
Special to Dorchester BAnner

ST. MICHAELS – An eclectic assortment of art by the members of the Wednesday Morning Artists of Cambridge will be on exhibit at the Candleberry Gallery in St. Michaels during the month of July. The gallery show will include work by painters, photographers, writers, glass artists, sculptors and textile artists.

"Candleberry Gallery is generous in scheduling the Wednesday Morning Artists for the second year," said WMA spokesperson Nancy Snyder. "We have a talented and vibrant group of artists in the Cambridge area and it is wonderful to be able to show their work during the lively tourist season in St. Michaels."

WMA has gathered more than a dozen artists who will show their work in Candleberry Gallery's upstairs venue at 210 Talbot St. where you can see the exhibit and cast your vote for the show's People's Choice Award.

"The lineup is exciting," Ms. Snyder said. "For example, well-known basket maker Heidi Wetzel has been busy creating brand new weavings for this show; Peg McCormack's animal sculptures are exquisitely rendered; painter Betty Papson mixes media to produce creative romantic art; a number of well-known photographers are presenting fine, high-quality works; Will Dennehy's portraits are breathtakingly realistic; Terry White is bringing her unusual pencil drawings and fanciful dolls; and Paul Winter's fused glass creations are not to be missed. With too many artists to list all here, this is just a sampling of what you will find. Make the Candleberry your destination during July."

"We are thrilled to host the Wednesday Morning Artists for a second annual show," said gallery owner Marianne Stallsmith. "This gallery exhibit is a highlight of summer for us. We can't wait to see the show the folks in the Wednesday Morning Artists will create."

WMA artists meets at Creek Deli in Cambridge at 8 a.m. on Wednesday mornings and welcomes anyone interested on a Wednesday morning or to an e-mail nesnyder@aol.com or call 410-463-0148.

The gallery is open on Friday, Saturday and Sunday from 11 a.m. to 4 p.m. For more information about Candleberry Gallery and this show, call 410-745-2420.

SUBMITTED TO DORCHESTER BANNER/NANCY SNYDER

Driftwood and weaving by Heidi Wetzel, sculptures by Peg McCormack, glass art by Paul Winters.

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UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Join Us!

For more information, please visit
UMShoreRegional.org/DorchesterVision

STATE-OF-THE-ART MEDICAL CENTER

UMSR submits state applications for Dorchester center

Dorchester Banner

CAMBRIDGE — Representing a significant step in a process that began more than two years ago, University of Maryland Shore Regional Health (UM SRH) has filed applications with the Maryland Health Care Commission (MHCC) seeking approval to transform and enhance the health care services offered in Dorchester County.

The filing, called a Request for Certificate of Need Exemption, describes plans to replace UM Shore Medical Center at Dorchester with a new state-of-the-art health care campus offering services including 24/7 emergency care and short-stay observation care, with proposed outpatient surgery center, diagnostic services, outpatient specialty medical care, chronic disease management services, telemedicine and enhanced outpatient behavioral health programs and services.

A free public information session is scheduled July 31, 6:30 to 8:30 p.m., at Cambridge-South Dorchester High School, to share the proposed plans for this new medical campus with a Freestanding Medical Facility (FMF), to be known as University of Maryland Shore Medical Center at Cambridge.

The proposed medical campus is planned to be located approximately one mile from the current hospital, in Cambridge Marketplace, at Ocean Gateway (US Rt. 50) and Woods Road. This location provides enhanced access to public transportation and ambulances and provides for an adjacent helipad for air transports.

Over the past two years, UM SRH discussed the changing health care environment with Dorchester County physicians, elected officials, Emergency Medical Services, public health and other health care partners, and community business leaders. With their support for the possible conversion of the aged hospital in Dorchester to an FMF, and the relocation of inpatient medical-surgical and behavioral health beds to nearby University of Maryland Shore Medical Center at Easton, the discussions expanded to the wider Dorchester community through a series of community listening sessions around the County in 2017. With positive feedback from these conversations, the Boards of University of Maryland Medical System (UMMS) and UM SRH moved forward with more detailed plans, leading to this month's applications.

Aerial view of the proposed UM Shore Regional Health medical campus in Dorchester (design may be subject to change.)

The proposed timeline for the opening of the new UM Shore Medical Center at Cambridge and the relocation of acute care inpatient beds to Easton is mid-2021, depending upon both State approval and funding.

With regulatory approvals, this new model of care will enhance the hospital's ability to ensure services are available, keeping residents healthy in their community and reducing unnecessary inpatient admissions and emergency room visits. This model also allows for the potential to provide ambulatory surgical care and intensive outpatient behavioral health treatment.

Plans for the sale and ultimate redevelopment of the existing hospital site, located on approximately 14 acres of Choptank River waterfront, took a step forward in May when the City of Cambridge and Dorchester County created a Memorandum of Understanding creating an entity, Cambridge Waterfront Development, Inc. (CWDI), designed to purchase the property, prepare it for development and negotiate its sale by 2021. A second step occurred in early June, as UM SRH CEO Ken Kozel, Cambridge Mayor Victoria Jackson-Stanley, and Dorchester County Council President Ricky Travers signed a Letter of Intent for continued negotiations leading to the future sale of the hospital property to CWDI when health care services transfer to Cambridge Marketplace.

SUMMARY: Proposed UM Shore Medical Center at Cambridge:

Approximately 40,000 square foot state-of-the-art Freestanding Medical Facility (FMF), open 24/7/365, to include:

- 18 private emergency treatment rooms serving all ages.
- 2 bed resuscitation/critical care suite, serving all ages.
- 3 behavioral health rooms
- 10 private short stay observation beds.
- Telemedicine capabilities for Emergency Department patient specialist consultation.
- State-of-the-art diagnostic/treatment equipment and technology.
- Diagnostic services to support emergency care, including CT, MRI, ultrasound and X-ray.
- Laboratory services, 24/7.
- Helipad for air transport.

SUMMARY: Proposed Services-UM Shore Medical Pavilion at Cambridge:

Approximately 50,000 square foot, two story facility housing diagnostic, treatment, community education and support services, including:

- Outpatient services/providers in specialties such as cardiology, diabetes/endocrinology, ENT (ear, nose, throat, allergy), gastroenterology, general surgery, gynecology, obstetrics (prenatal care), orthopedics, outpatient behavioral health, outpatient medical oncology, pediatrics and urology.
- Ambulatory Surgery Center (1 OR and 1 procedure room).
- Outpatient rehabilitation services, including The Balance Center.
- Cardio-pulmonary rehabilitation.
- Fully integrated telemedicine services for specialist access.
- Community health education hub.

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UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Elks Lodge presents grant to Police

CAMBRIDGE — Benevolent & Protective Order of Elks Cambridge Lodge 1272 recently presented a grant of $3,500 to the Police Department of the City of Cambridge.

The grant was obtained from the Elks National Foundation (ENF) to be used by the department for outfitting new officers and other recently mandated expenses to improve local law enforcement agencies' protective capabilities.

The lodge was particularly concerned about recent events at schools all over the country and wanted the local police to have the equipment they need to protect students and all the people of the area.

Follow me on Twitter @connie_stardem.

CONTRIBUTED PHOTO

From left, City Commissioner Rob Hansen, Commissioner Dave Cannon, Elks Lodge 1272 ENF Chairman Dan Kane, Exalted Ruler of Elks Lodge Gage Thomas, Chief of Police Mark Lewis, Mayor Victoria Jackson-Stanley, Commissioner Steve Rideout, Commissioner La-Shon Foster and Commissioner Donald Sydnor.

Cambridge man faces attempted murder charges

By DUSTIN HOLT
dholt@chespub.com

CAMBRIDGE — A Cambridge man, who is recovering after being shot by a Cambridge police officer on June 29, faces attempted murder charges in connection with allegedly trying to run over the officer before being shot.

According to Maryland State Police, Armand Jamar Cornish, 27, of 703 St. Clair Ave, was charged with attempted first- and second-degree murder, first-degree assault, three counts of second-degree assault, theft between $1,000 to $25,000 and failure to obey a lawful order.

He is being held without bond while recovering at University of Maryland Shock Trauma Center in Baltimore and is under police guard.

According to charging documents, officers responded to 700 block of St. Clair Avenue at 12:38 a.m. Friday, June 29, for a reported domestic disturbance. Police said Cornish's mother reported her son was chasing his naked girlfriend down the street.

Responding officers found the woman, who told them Cornish had stolen her car, a Chrysler 200, according to police reports. A short time later, police said, Cornish was spotted driving in the area by officers, but he disregarded police attempts to stop him. He ran through stops signs and went the wrong way on one-way streets in an attempt to elude officers, police said.

According to state police, a Cambridge officer tried to stop the suspect in the area of Douglas and High streets by blocking his movement on a one-way street. Police said Cornish tried to ram a police cruiser. The officer then got out of his cruiser to shouted for Cornish to get out of the car.

Police said instead of complying, Cornish accelerated the car and drove directly at the officer. In fear for his life, the officer fired his department-issued .40-caliber Glock 22 pistol at Cornish, according to police reports. Cornish continued to drive at the officer, and the vehicle hit his leg and foot as it passed.

Cornish was apprehended a short distance later, and officers found he had been shot and administered first aid until emergency medical personnel arrived, according to state police.

The officer, a four-year veteran of the Cambridge Police Department, was treated for his injuries at University of Maryland Shore Medical Center at Dorchester and released. Police have not released his name.

Follow Caroline/ Dorchester Editor Dustin Holt on Twitter @Dustin_ StarDem.

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University of Maryland Community Medical Group – Surgical Care welcomes Dr. William Bair

As part of UM CMG, Dr. Bair will continue to provide the same **compassionate, quality health care** to the Cambridge community that residents have come to know. Specializing in general surgery, Dr. Bair will keep seeing patients in his current office, located at 100 Bramble Street, Suite A, Cambridge, MD 21613. Patients may make an appointment with Dr. Bair by calling 410-228-4616.

William E. Bair, MD
General Surgeon
UM CMG – Surgical Care

UNIVERSITY of MARYLAND COMMUNITY MEDICAL GROUP
SURGICAL CARE

410-228-4616 • umcmg.org

University of Maryland Community Medical Group is a proud partner of University of Maryland Shore Regional Health.

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UNIVERSITY of MARYLAND SHORE REGIONAL HEALTH

Join Us!

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CONTRIBUTED PHOTO

Bishop Santash Murray inducting Father Bernie Schroeder as new Priest-in-Charge.

Joyful celebration at Christ Episcopal Church in June

CAMBRIDGE — Bishop Santosh Murray was warmly welcomed back to Christ Episcopal Church of Cambridge Sunday, June 24, in celebration of Baptism, Confirmation and Induction of new priest.

Christ Episcopal Church of Cambridge holds a dear place in the Bishop's heart, as it is the first church that he celebrated the Eucharist when he came to the Diocese of Easton. On this occasion the Bishop baptized two children, re-confirmed a returning parishioner and inducted the new priest in charge, Father Bernie Schroeder.

The Vestry members stood with Fr. Bernie as he was inducted. Members of the Church presented symbols of the new minister's office as he pledged his service to the duties of his ministry.

Music for the service was provided by the splendid and talented William Thomas on the organ with the extraordinary vocals of Chris Noyes singing Bach, Vivaldi, Faure and Hayes.

Following the service, a reception was held in Barber Hall. Bishop Marray gave a motivational talk. He mentioned the 326 years that Christ Church has been in operation and spoke of the celebration of the Easton Diocese 150 year anniversary coming this year. He announced that we must have a vision for the next 150 years of the Diocese.

Follow Caroline/ Dorchester Editor Dustin Holt on Twitter @Dustin_ StarDem.

OBITUARIES

Helen Combes

WOOLFORD — Helen Combes from Woolford, MD, went into the arms of our Heavenly Father on June 23, 2018, at the age of 91. She was an inspiration to all with her boundless energy, perseverance and willing to help others.

Born Dec. 12, 1926 in St. John's Hospital in Brooklyn, NY, she was a daughter of Helen Curley and Arthur Buchardt. She grew up in Baldwin, Long Island, and started piano lessons at age four, and at the age of 16, she decided to attend the Traphagen School of Fashion. Her interest and skill were in art, fashion and music. Upon graduation she worked in the fashion industry and married the love of her life, Kenneth, in 1946 and moved to the Massapequa, NY.

In 1982, she and her husband retired and moved to Woolford, MD. When her husband died in 1983, she elected to stay and devote her life to community service and volunteer work, which included organizing fashion shows for Pleasant Day, volunteering at Blackwater Wildlife Refuge, receiving her 25-year pin for service in 2010 and served as president of Friends of Blackwater from 1989-1993. She was a member of the Forever Young Homemakers, serving as president six years later, a volunteer for the Dorchester General Hospital auxiliary and worked at the Robin Hood for over 20 years. In addition, she was an advocate for the Care & Share program and helped raise money to help people in need, including organizing the Santa Swim. She was active in diabetic education since she had Type 2 diabetes.

HELEN COMBES

She is survived by her daughter, Tara Ross; son, Dale Combes; her granddaughter, Kerry Dodd and son-in-law Sean Dodd; and grandson, Douglas Connelly and daughter-in-law Beth Connelly; and her great grandchildren: Emma and Jessica Dodd. In addition, she is also survived by her second love of her life, Donald Dezso, who loved her dearly.

The family would like to thank Tina Blades for her special care and kindness, helping with her during her last years. Tina became part of the family and will never be forgotten.

A Celebration of her Life will be forthcoming late summer and will be held at Old Trinity Church in Church Creek, MD, and interred next to her late husband.

Memorial contributions can be made to Care & Share, P.O. Box 1256, Cambridge, MD 21613.

Arrangements entrusted to Newcomb and Collins Funeral Home, P.A., Cambridge.

To share online condolences with the family, please visit: www.newcombcollins.com

Vance Rudolph Quailes Sr.

SEAFORD — Vance Rudolph Quailes Sr. passed away on July 7, 2018 at Nanticoke Memorial Hospital. Celebration of Life service will be held on Saturday, July 14, 2018 at 12:00 noon at Crossroads Community Church, 20684 State Forest Rd., Georgetown, DE 19947 with visitation one hour prior to service. Letters of condolence may be sent and guestbook signed at www.benniesmithfuneralhome.com. Professional services entrusted to Bennie Smith Funeral Home, Easton.

VANCE RUDOLPH QUAILES SR.

School/ Instructions

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EEO/AA

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PUBLIC NOTICES

PROTECTING YOUR RIGHT TO KNOW

PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

DS 7/13,20,27 2795379

PUBLIC NOTICE
MARYLAND DEPARTMENT OF NATURAL RESOURCES
FISHING AND BOATING SERVICES
APPLICATION FOR SHELLFISH AQUACULTURE LEASE – SHELL, LLC

The Secretary of Maryland Department of Natural Resources (DNR), pursuant to Natural Resources Article, §4-11A-09(g), Annotated Code of Maryland, is giving notice of an application for a shellfish aquaculture water column lease by Shell, LLC in Tedious Creek, Dorchester County, Maryland, located approximately 1,200 feet south southwest of channel marker "2" and adjacent to property owned by the applicant. The area applied for contains 2.8 acres more or less and is enclosed by a line beginning at corner 1, at or near Lat. 38° 14' 34.1" N., Long. 76° 2' 54.0" W., then running 300° 59' (True), approximately 64 meters to corner 2, at or near Lat. 38° 14' 35.2" N., Long. 76° 2' 56.3" W., then running 31° 37' (True), approximately 146 meters to corner 3, at or near Lat. 38° 14' 39.3" N., Long. 76° 2' 53.2" W., then running 120° 20' (True), approximately 90 meters to corner 4, at or near Lat. 38° 14' 37.8" N., Long. 76° 2' 50.0" W., then running 215° 42' (True), approximately 69 meters to corner 5, at or near Lat. 38° 14' 35.9" N., Long. 76° 2' 51.6" W., then running 294° 41' (True), approximately 14 meters to corner 6, at or near Lat. 38° 14' 36.1" N., Long. 76° 2' 52.2" W., then running 215° 9' (True), approximately 76 meters to the point of beginning.

The applicant proposes to deploy a combination of floating baskets and floating upweller systems for the purpose of culturing Eastern Oyster (Crassostrea virginica), and to harvest using methods approved by the Department. A map of the proposed lease is available on the Fishing and Boating Services Public Notice web page, http://dnr.maryland.gov/Fisheries/Pages/Pub_Notices.aspx

The Department will hold a public informational meeting upon written request from a member of the public. In addition, any person who has a specific right, duty, privilege, or interest that is different from that held by the general public and may be adversely affected by the proposed lease may file a Petition of Protest with the Department. Petitions that meet the requirements of Natural Resources Article §4-11A-09(g) shall be forwarded to the Office of Administrative Hearings for adjudication. Comments, written requests for public informational meetings, and/or Petitions of Protest must be received by the Department of Natural Resources Aquaculture and Industry Enhancement Division 580 Taylor Avenue E-4 Annapolis, MD 21401 by August 20, 2018.

For questions about the project or the public notice please contact Rebecca Thur at the DNR Aquaculture and Industry Enhancement Division at rebecca.thur@maryland.gov or 410-260-8252.

Mark J. Belton
Secretary
Maryland Department of Natural Resources
DS 7/13/20 2795219

PUBLIC NOTICE
MARYLAND DEPARTMENT OF NATURAL RESOURCES
FISHING AND BOATING SERVICES
APPLICATION FOR SHELLFISH AQUACULTURE LEASE – JASON WILFORD & JENNIFER SELFRIDGE

The Secretary of Maryland Department of Natural Resources (DNR), pursuant to Natural Resources Article, §4-11A-09(g), Annotated Code of Maryland, is giving notice of an application for a shellfish aquaculture water column lease by Jason Wilford and Jennifer Selfridge in the Sandy Hill oyster sanctuary of the Choptank River, Dorchester County, Maryland, located approximately 2,500 feet west northwest of the mouth of Jenkins Creek. The area applied for contains 5.0 acres more or less and is enclosed by a line beginning at corner 1, at or near Lat. 38° 35' 14.4" N., Long. 76° 7' 16.5" W., then running 317° 17' (True), approximately 143 meters to corner 2, at or near Lat. 38° 35' 17.8" N., Long. 76° 7' 20.5" W., then running 47° 4' (True), approximately 144 meters to corner 3, at or near Lat. 38° 35' 21.0" N., Long. 76° 7' 16.1" W., then running 140° 42' (True), approximately 141 meters to corner 4, at or near Lat. 38° 35' 17.5" N., Long. 76° 7' 12.3" W., then running 226° 22' (True), approximately 138 meters to the point of beginning.

The applicants propose to place cages on bottom up to a maximum of 18 inches high for the purpose of culturing Eastern Oyster (Crassostrea virginica), and to harvest using methods approved by the Department. A map of the proposed lease is available on the Fishing and Boating Services Public Notice web page, http://dnr.maryland.gov/Fisheries/Pages/Pub_Notices.aspx

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Mark J. Belton
Secretary
Maryland Department of Natural Resources
DS 7/6/13 2793806

HOGAN

From Page 1

forgotten, or neglected," Hogan said. "We have made it a priority to make sure that people on the Eastern Shore know that they have a voice in Annapolis, a seat at the table, and a governor who is working and fighting on your behalf each and every day.

"Today, we literally are bringing the entire leadership of the state government directly to you — on the Eastern Shore," he said. "We've assembled an incredible bipartisan cabinet and senior leadership team. Every single one of them is a dedicated public servant that is working very hard for you."

Hogan touted several education initiatives, including a student debt announcement and two executive orders he signed Monday.

On the first day of the next legislative session, Hogan will introduce the Student Debt Relief Act of 2019 as emergency legislation to make 100 percent of student loan interest tax deductible.

"We won't stop fighting until that passes," he said.

Additionally, Hogan signed the Promise Scholarship in May, which allows for qualified students to received a free education at state community colleges. On Monday, he signed an executive order to expand the program, which will allow qualified students, who earn a community college degree, to receive two more years of free education at a four-year state institution.

Another executive order he signed Monday was for state employees in shortage areas, such as nurses and correctional officers, to have the opportunity to get up to $20,000 of student loans repaid. The benefit would apply to current and future state employees who are paying off their own student loan.

Hogan also urged the community to vote for the proposition on the November ballot, which would create a lock box to ensure 100 percent of the casino revenue would go directly into the classrooms.

"That would mean an additional $4.4 billion for our schools," he said. "Every single child in Maryland should have the opportunity and access to a world-class education."

He said his administration continues to push for more school resource officers and mental health counselors to make schools safer.

On the economic front, Hogan touted job creation.

He said Cambridge has added 50 new jobs with the expansion of Egide USA Inc. and Cambridge Federal. He said 100 new jobs have been added with the expansion at Talbot Commerce Park. In Caroline County, 126 jobs have come to Crystal Steel, and 100 new jobs were added at Choptank Transport.

"We just received federal approval for six new federal opportunity zones in Dorchester, Caroline and Talbot counties, and a total of 24 opportunity zones throughout the Eastern Shore to attract even further investment and to energize economic development," he said.

Hogan said his administration has cut taxes, tolls and fees for four years in a row by $1.2 billon.

"We put that money back into the pockets of hard-working Marylanders, retirees, small businesses and our growing economy," he said. "As a result, we had the best year for business in Maryland in more than a decade, and the best year for job growth in 15 years. We went from losing 100,000 jobs to gaining 100,000 jobs. More businesses have been open, and more people have been working than at any other time in Maryland history."

Hogan said even with the lower taxes, and fees, his administration has invested $746 million in transportation projects on the Eastern Shore, including updating state Route 404 to a four-lane road and building a new Dover Bridge.

"We've been making incredible progress, but there is still much more work to be done," he said. "Working together with all of you, we will continue to change Maryland for the better."

Follow Caroline/ Dorchester Editor Dustin Holt on Twitter @Dustin_ StarDem.

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Tilghman Island Summer
Seafood Festival
at the Firehouse & Kronsberg Park
There will be plenty of ice-cold beer, wine and sodas as well as nautical artisans, craft vendors and an indoor flea market. Free Admission.
Saturday July 21st 2018
LIVE MUSIC at noon
11:00am TO 5:00pm
3pm Crab Race
Raffle: Harley Davidson Forty Eight
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All the proceeds go to the Tilghman Volunteer Fire Company
Tilghman Volunteer Fire Company
5979 Tilghman Island Rd.Tilghman, MD 21671 • tivfc@hotmail.com
For more info: www.tilghmanmd.com • www.tilghmanvfc.com

Our Vision for the Future
Public Information Meeting
Tuesday July 31, 2018 6:30 - 8:30 p.m.
Learn About:
- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline
UM Shore Medical Campus at Cambridge – Our Vision for the Future
Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.
PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613
Join Us!
For more information, please visit UMShoreRegional.org/DorchesterVision
University of Maryland Shore Regional Health

Efraín C. Fernández, M.D.

ANNAPOLIS — Efraín C. Fernández, M.D., 93, of Annapolis, MD passed away peacefully at home on Sunday, July 15, 2018, surrounded by his loving family. He was born on July 10, 1925, in Ciego de Avila, Cuba, to Jose Fernández Fermín and Rosa Pina Figueredo.

Efrain attended The Maristas Primary School and The Ciego de Avila Secondary School. He then attended The University of Havana and The University of Havana Medical School. After graduating from The University of Havana Medical School in Cuba, Dr. Fernández came to the United States for his Internship at St. Joseph's Hospital in Baltimore, MD. He returned to Cuba and married his fiance Maria Angelica Figueroa Hernandez in Santa Clara, Villa Clara, Cuba, on August 3, 1955. With his bride, he returned to St. Joseph's Hospital for his Residency, they went back to Cuba in 1958. On April 30, 1965, Dr. and Mrs. Fernández along with their five children left Cuba for the United States. In April 1966, they moved from Miami, FL to Cambridge, MD, a small town on Maryland's Eastern Shore. There, Dr. Fernández started his Private Practice in Obstetrics and Gynecology. For several years he was the only OB/GYN in Cambridge.

In 1988, Dr. Fernández sold his Private Practice, but worked for the State of Maryland Health Department Family Clinic. He enjoyed traveling the counties of the Eastern Shore and the counties of the Western Shore until his retirement in Dec. 1997. After retirement and permanently moving to Annapolis, he enjoyed his hobby of woodworking, and was always fixing things at home and for his children and granddaughters. Dr. and Mrs. Fernández also enjoyed the Art of Stain Glass.

Dr. Fernández was preceded in death by his parents and all his siblings. He was very Patriotic, loved the United States and was a lifelong fan of the New York Yankees.

Dr. Fernandez is survived by his beloved wife, María Angelica (aka Queca); their five loving children: Maria Elena Fernández (Pietro) Salatti; Efrain Jose (Dorian Stavrou) Fernández; Lourdes Maria Fernández (Jeffrey) Porter; Maria Angelica Fernández Theil; Rosa María Fernández; and their adoring four granddaughters: Christina Maria Theil, Alessandra Maria Salatti, Elizabeth Ramsey Theil, Sarah Elizabeth Porter (Nicholas) Lepore; and one great granddaughter, Ciana Maria Lee.

He was a long time member of St. Mary's Catholic Church and St. John Neumann Catholic Church, both in Annapolis, MD. He was previously a long time member of St. Mary's Refuge Of Sinners in Cambridge, MD. Dr. Fernandez was a lifetime member of the American Medical Association.

A memorial visitation will be held on Monday, July 23, from 8:30-10:15 a.m. at Lasting Tributes Cremation & Funeral Care, 814 Bestgate Road, Annapolis, MD 21401. A memorial mass will begin at 10:30 a.m. at St. John Neumann Catholic Church, 620 Bestgate Road, Annapolis, MD 21401.

Dr. Fernández was a very giving person. He was a lifelong member and supporter of various organizations, including many War Veterans, Local Law Enforcements, St. Jude's Children Research Hospital, and Religious organizations, to name a few.

In lieu of flowers, memorials contributions may be made to The National Shrine of St. Jude, The Alzheimer's Association, or The Wounded Warrior Project.

We will forever carry your memories in our hearts.

"Oh ever immaculate Virgin, Mother of Mercy ... I come, to you with unbounded confidence to implore your maternal intercession ..."

Online condolences may be made at: www.LastingTributesFuneralCare.com

Carl Chauncy Coventry

DOVER, DEL. — Carl Chauncy Coventry of Dover, DE died peacefully on July 13, 2018 in Cadia "Capital" Healthcare of Dover, DE. He was 79 years old.

Carl was preceded in death by his wife Margaret "Peggy" Coventry, his parents Carl F. and Helen (Stinson) Coventry; sister Ethel Jean Coventry and his son George Coventry. He is survived by his son's Wayne Coventry of Chestertown, MD; Carl "Bud" and wife Debbie Coventry of Smyrna, DE and their mother Alice Coventry of Smyrna; John and wife Laurie Coventry of Wyoming DE; and daughter Robin Coventry of Dover, DE and their mother Frances Haley of Dover, DE. He has 14 grandchildren and 15 great grandchildren.

CARL CHAUNCY COVENTRY

Carl graduated from Dover High School class of 1956. After high school he joined the Delaware National Guard. He worked for Reichold Chemical, Playtex, and was a retired Maryland State Fire Marshal and a member of the Maryland State Bomb Squad. In his early years, he was a volunteer fireman and Fire Chief for the Goldsboro, MD fire company and a past instructor at the Delaware State Fire School. Carl was also known in Wickenburg, Arizona for his and wife Peggy's Honky Tonk Angel Karaoke business.

Over the course of his life, Carl was a Mother Earth News kind of guy. He enjoyed arrowhead hunting and fishing, farming, gardening, camping, smoking meats, building things with his hands, beekeeping, hunting, puzzles, and mining for gold in Arizona.

Carl's body was donated to the Humanity Gifts Registry for research.

Letters of condolence can be sent via www.pippinfuneralhome.com.

Edna T. Windsor

TODDVILLE — Edna Todd Windsor, 105, of Toddville, MD passed away peacefully in her sleep on Saturday, July 7, 2018 at Chesapeake Woods Center in Cambridge.

Funeral services were held on Monday, July 16 at the Newcomb and Collins Funeral Home, PA. Interment followed at Dorchester Memorial Park, Cambridge.

Memorial contributions may be made in Edna's name to Zion United Methodist Church at Toddville c/o Betsy Hughes, 2533 Toddville Road, Toddville, MD 21672.

EDNA T. WINDSOR

Debra Francine Watkins

OLNEY — Debra Francine Watkins, 71, of Olney, MD, departed this life on Wed., July 11, 2018, at Adventist Healthcare Shady Grove Medical Center, Gaithersburg, MD.

Services will be held on Mon., July 23, 11 a.m. at The People's Community Baptist Church, 31 Norwood Rd., Silver Spring, MD, with a viewing one hour prior. Interment in Columbia Memorial Park, 12005 Clarksville Pike, Clarksville, MD.

Condolences sent to www.henryfuneralhomepa.com.

DEBRA FRANCINE WATKINS

WHAT'S UP

Salvation Army Crab Cakes Sale July 21

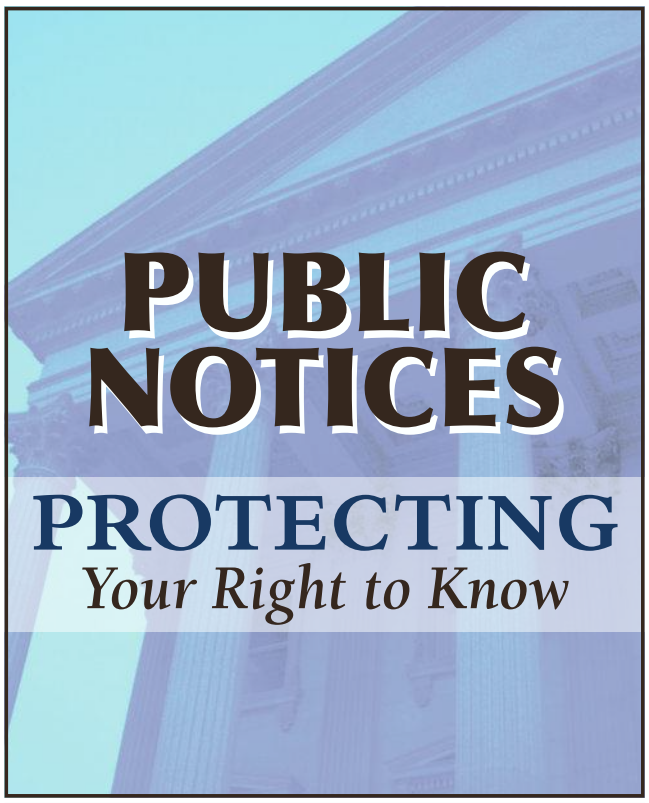
The Salvation Army in Cambridge will be selling crab cake sandwiches from 10 a.m. to 2 p.m. Saturday, July 21, at 200 Washington Street in Cambridge. Also available will be the organization's "double soft crab" sandwich. Two soft crabs in every sandwich. Watch them being cooked fresh and on sale for $6 each. Call ahead to place your order 443-786-9177 or stop by and get several of each to go.

Wesley UM Church Friends, Family Day July 22

Wesley United Methodist Church in Vienna Maryland is having its Friends and Family Day Service at 3:30 p.m. Sunday, July 22. The guest speaker is Minister Brenda Moloch of Asbury United Methodist Church in Easton with her choir and congregation. The host pastor Is Rev. Jerome Tilghman Sr. Meal after service. All are welcome.

Immanuel United Church of Christ Vacation Bible School July 22-26

Immanuel United Church of Christ, 5401 White Hall Road in Cambridge, will hosts Vacation Bible School from July 22 to July 26. The theme for 2018 is "Rolling River Rampage." Supper for the entire family begins at 5:30 p.m. The evening program will run from 6 to 8 p.m. VBS is for children 2 to 4 years old with an adult, and elementary school children. Older children and teenagers are welcome to attend as helpers. Early registration is appreciated. Contact the church office at 410-228-4640 or to volunteer 443-487-2504. The closing celebration will be at 10 a.m. Sunday, July 29.



PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

DS 7/13,20,27 2795379

PUBLIC NOTICE
MARYLAND DEPARTMENT OF NATURAL RESOURCES
FISHING AND BOATING SERVICES
APPLICATION FOR SHELLFISH AQUACULTURE LEASE – SHELL, LLC

The Secretary of Maryland Department of Natural Resources (DNR), pursuant to Natural Resources Article, §4-11A-09(g), Annotated Code of Maryland, is giving notice of an application for a shellfish aquaculture water column lease by Shell, LLC in Tedious Creek, Dorchester County, Maryland, located approximately 1,200 feet south southwest of channel marker "2" and adjacent to property owned by the applicant. The area applied for contains 2.8 acres more or less and is enclosed by a line beginning at corner 1, at or near Lat. 38° 14' 34.1" N., Long. 76° 2' 54.0" W., then running 300° 59' (True), approximately 64 meters to corner 2, at or near Lat. 38° 14' 35.2" N., Long. 76° 2' 56.3" W., then running 31° 37' (True), approximately 146 meters to corner 3, at or near Lat. 38° 14' 39.3" N., Long. 76° 2' 53.2" W., then running 120° 20' (True), approximately 90 meters to corner 4, at or near Lat. 38° 14' 37.8" N., Long. 76° 2' 50.0" W., then running 215° 42' (True), approximately 69 meters to corner 5, at or near Lat. 38° 14' 35.9" N., Long. 76° 2' 51.6" W., then running 294° 41' (True), approximately 14 meters to corner 6, at or near Lat. 38° 14' 36.1" N., Long. 76° 2' 52.2" W., then running 215° 9' (True), approximately 76 meters to the point of beginning.

The applicant proposes to deploy a combination of floating baskets and floating upweller systems for the purpose of culturing Eastern Oyster (Crassostrea virginica), and to harvest using methods approved by the Department. A map of the proposed lease is available on the Fishing and Boating Services Public Notice web page, http://dnr.maryland.gov/Fisheries/Pages/Pub_Notices.aspx

The Department will hold a public informational meeting upon written request from a member of the public. In addition, any person who has a specific right, duty, privilege, or interest that is different from that held by the general public and may be adversely affected by the proposed lease may file a Petition of Protest with the Department. Petitions that meet the requirements of Natural Resources Article §4-11A-09(g) shall be forwarded to the Office of Administrative Hearings for adjudication. Comments, written requests for public informational meetings, and/or Petitions of Protest must be received by the Department of Natural Resources Aquaculture and Industry Enhancement Division 580 Taylor Avenue E-4 Annapolis, MD 21401 by August 20, 2018.

For questions about the project or the public notice please contact Rebecca Thur at the DNR Aquaculture and Industry Enhancement Division at rebecca.thur@maryland.gov or 410-260-8252.

Mark J. Belton
Secretary
Maryland Department of Natural Resources
DS 7/13/20 2795219

Dorchester County unveils new apprenticeship program

By NATE NKUMBU
nnkumbu@chespub.com

CAMBRIDGE — Dorchester County junior and senior year high school students have a new post secondary option available to them as Lt. Gov. Boyd Rutherford and the county's Board of Education announced a newly started apprenticeship program Tuesday, July 17.

Rutherford, alongside with Cambridge Mayor Victoria Jackson-Stanley, Assistant State Superintendent Dr. Lynne Gilli and state Labor Secretary Kelly Schulz signed the Apprenticeship Maryland Program at the school board's main building at 700 Glasgow Street. The program allows high school juniors and seniors the opportunity to work and get paid in a field of their interest professionally while attending school

Rutherford said Dorchester's program is the first fully-integrated version of set in place.

"The apprenticeship programs are critical to satisfying a work force need that is out there," he said. There is a shortage of skilled labor so not only is it good for those business looking for those labor but also the young people who are looking at what they are going to do after high school."

The program, which started in 2015, is a partnership between the Maryland Department of Labor, State Department of Education, Department of Commerce, county public school system, local educational and business partners and employers.

"We had some bumps and hurdles that had to get through and we perfected to a point that next year, we are ready to roll it out," Schulz said.

Industries like construction, cyber security and other STEM (Science, Technology, Engineering and Math) related fields were some of the fields targeted for the program but Schulz said the program can and will include other areas of commerces that are looking for new employers.

She said all of these programs should help student when they decided to make their post secondary education decision

"Youth apprenticeship is a great way for students to receive training and make sure their chosen career path is right for them, while avoiding costly tuition debt," Schulz said. "They also get a head start on applying for jobs after high school, because of the valuable career skills and professional network that they will develop during their apprenticeship."

PHOTO BY NATE NKUMBU

Lt. Gov. Boyd Rutherford, center left, meets with Dorchester County Public Schools Superintendent Dr. Diana Mitchell and members of the Dorchester Board of Education Tuesday, July 17.

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Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:

- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
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Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

CONTRIBUTIONS WELCOME

The deadline for non-profit organizations to submit event information is 3 p.m. Friday before publication. Mail info to *The Dorchester Star*, P.O. box 176, Cambridge, MD 21613 or email to news@dorchesterstar.com or fax to 410-228-0685. Items are printed as space is available.

Horn Point Lab Tour
Tuesdays

Horn Point Laboratory invites the community to visit the scientific research laboratory. The 90-minute walking tour is free and open to the public. Learn about the Chesapeake Bay, its health and the vital role of Horn Point science. Graduate students will give you a behind-the-scenes tour of HPL. You will explore oysters in the Atlantic Coast's largest hatchery, physical oceanography, coastal resilience, water quality, and more. When you arrive at Horn Point Laboratory, located at 2020 Horns Point Road in Cambridge, turn onto the campus lane and take the first right to the Coastal Science Building. Park in the lot and enter at visitor reception. Tours are held at 10 a.m. every Tuesday through the end of August. Tours are on foot and best suited for children age 10 and older. Special tours, including those held on Saturday, can be arranged with two weeks notice, depending on availability of tour guides. For details, contact the outreach coordinator at 410-221-8383 or hpltours@umces.edu. For more information or for directions to the lab, go to www.umces.edu.

Legion Veterans Helping Veterans
Fridays

Veterans Helping Veterans Meeting begins 9:30 a.m. at Hurlock American Legion Post 243. All veterans are welcome to attend. Call 410-943-8205 for more info.

St. Andrews Episcopal Bluegrass Concert
First Mondays

On the first Monday of every month at St. Andrews Episcopal Church, 303 Main St. in Hurlock from 7 to 10 p.m. there is a bluegrass jam. All bluegrass musicians and fans are invited. Donations are accepted for the benefit of the Church's food bank.

Cambridge VFW Bar Bingo
July 27

Cambridge VFW Post 7460 will bar bingo at 7 p.m. Friday, July 27. For more information, call 410-288-7460.

Cambridge VFW Music Night
July 28

Cambridge VFW Post 7460 will have music night with Bobby Reed from 7 to 10 p.m. Saturday, July 28. For more information, call 410-288-7460.

Blackwater NWR Volunteer Workshop
Aug. 4.

Blackwater National Wildlife Refuge will host a volunteer workshop from 9 a.m. to 3:30 p.m. Saturday, Aug. 4. The volunteer workshop is designed to update both new and seasoned volunteers about current refuge activities. To register or learn more, contact Michele Whitbeck at 410-221-8157 or michele_whitbeck@fws.gov.

Waugh Chapel Vacation Bible School
Aug. 6-10

Waugh Chapel United Methodist Church, 425 High St., Cambridge, will host its Vacation Bible School program from Aug. 6 to Aug. 10. The program will be from 6 to 8 p.m. each evening. Pre-school students to adults are welcomed. For more information, contact the church at 410-228-5189. Rev. James C. Whitaker is the host pastor.

Bethel AME Church Vacation Bible School
Aug. 20-23

Bethel AME Church in Cambridge will host Vacation Bible School from Aug. 20 to Aug. 23. The program will be from 6 to 8 p.m. each night. The theme is "Glow for Jesus Let Your Light Shine." Pre-school students to adults are invited. For more information or to register, call Barbara Jones at 410-228-5887 or the church at 410-228-8725.

CAN Picnic
Aug. 26

The Cambridge Association of Neighborhoods nonprofit organization will have a community picnic from noon to 4 p.m. Sunday, Aug. 26, at Long Wharf Park in Cambridge. Bring your own food or food truck for barbecue. Free shaved ice to the first 100 people. Please bring chairs, blankets or canopies. Entertainment will be provided.

Richardson Maritime Museum Ship Visit
Sept. 8-9

The Richardson Maritime Museum is scheduled to welcome the Maryland Dove to Cambridge. The museum's own Jim Richardson built the tall ship in 1978. It serves as St. Mary's City floating ambassador. The museum is celebrating the ship's 40th anniversary with the visit to the Eastern Shore. The planks will be down from 10 a.m. to 5 p.m. on Saturday, Sept. 8, and Sunday, Sept. 9. Tours of the ship will be open to the public. Donations will be accepted.

Adoptions

HAPPILY MARRIED COUPLE wishing to provide love and security to an infant. We will be forever grateful. Call Mike & Melissa 212-365-8527. Expenses paid.

Lost & Found

Boat found. 12 foot aluminum Jon Boat washed ashore near Castle Harbor Marina. Numbers unidentifiable, manufacturer unknown. If vessel is not claimed within 30 days of publication date, I will seek title. Call 410-443-8827.

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AIRLINES ARE HIRING - Get FAA approved hands on Aviation training. Financial aid for qualified students - Career placement assistance. CALL Aviation Institute of Maintenance 888-686-1704

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Electronically submit resume and letter of interest to:
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Principal
jnemeth@ssppeaston.org

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DS 7/13,20,27 275379

Dorchester County Finance Department
Full Time with Benefits

Treasury Manager
$46,341 minimum starting salary (may be higher based on experience). Manages the treasury division daily operations within the Finance Department. Provides revenue, treasury and software management service. Manages annual tax sale. HS/GED required with minimum of 4 years accounting experience & 2 years governmental experience essential. Degree in Accounting, Business Administration or Public Administration preferred. CPA license is preferred.

Assistant Director of Finance
$78,202 starting salary (may be higher based on experience). Assists Director in managing operations of Finance Department. HS/GED with undergraduate degree in Accounting or Finance and CPA license required. 5 years of increasingly responsible management in fiscal operations is required.

Complete background check will be conducted including pre-employment drug screening.
To apply for either position submit a letter of interest, resume and completed County application. Applications will be accepted until all positions are filled.
For best consideration please return no later than August 21, 2018 to HR, 501Court Lane, Cambridge, MD 21613.
Applications can be downloaded at www.dorchestercountymd.com

DORCHESTER water moves us DORCHESTER COUNTY MARYLAND

EOE

Arts council welcomes Carla Massoni to board

CHESTERTOWN — The Kent County Arts Council elected officers at its June 10 annual meeting to serve two-year terms.

Clark Bjorke, president; Charles Taylor, vice president; Meredith Davies Hadaway, secretary; and Jason Claire, treasurer were elected.

The board also unanimously welcomed Carla Massoni of Massoni Art Gallery to a three-year term, effective July 1, filling a vacancy created by long-time member Marilee Schumann's retirement.

"I am honored that Carla agreed to join our board," said KCAC Director John Schratwieser, in a news release.

He praised Massoni's three-plus decades of commitment to arts and culture in Kent County.

"She is one of those people who when we first met, I knew she 'got it'. She shares the KCAC's vision for the role of the arts in education, community development and economic vitality, and we shared the desire to maximize this role for the future of Kent County and its residents," Schratwieser said.

According to the release, Massoni has more than 40 years of experience as an entrepreneur. A resident of Chestertown, since 1985, she has been actively involved in community arts and humanities projects.

She established a contemporary craft and fine art gallery (Massoni- Sommer) in 1990 and continues to provide educational programming and exhibitions featuring established contemporary artists at MassoniArt. In 2016, she opened CREATE art.craft.design in Chestertown with five partners — all award-winning craft artists.

The release states, Massoni's previous career highlights include: partnership in a pioneering human resources firm; founder and partner of a training program and school for women reentering the job market, and owner of a boutique hotel and restaurant. She was the 2014 recipient of the William Donald Shaefer Helping People Award for Kent County.

"I have long admired John Schratwieser. His commitment to the arts and the communities he serves is inspiring," said Massoni in the release. "I have great faith that John will continue Leslie Raimond's dedication to serve those in Kent County who are often overlooked. John's skills have been developed in numerous arts organizations and his work as Executive Director of Maryland Citizens for the Arts enables him to move with credibility on the both the state and national stage. The board he is developing is diverse and skilled. I look forward to working with all under his leadership.

"My particular focus will be the next generation. I hope to work closely with Kent County Public School teachers and students. There is no reason why Kent County cannot have the best schools in the State of Maryland. The arts provide the steam for the engine of social progress," Massoni said.

CARLA MASSONI

Massoni was a founding member on the board of directors for the Sultana Education Foundation; a member of the board of trustees at the Academy Art Museum in Easton; a member of the board of the National Music Festival; a founding member of the Greater Chestertown Initiative; a member of the Washington College SANDBOX advisory board; and served on the advisory board of the Art of Stewardship Foundation.

According to the release, Massoni founded the Women Helping Women annual concert to benefit migrant workers in Marydel, and served as Southeast regional representative for the Beyond War Foundation's Breakthrough Project US/ Soviet Union.

She previously served as a juror for the Academy Art Museum most recently for its 17th Annual Craft Show, has been a juror for numerous arts institutions in Maryland and served as a juror for Philadelphia Museum of Art 2017 Craft Show.

Turtle race champions announced

ROCK HALL — The Independence Day celebration in Rock Hall featured a variety of events from fireworks to the parade to turtle races.

The races were held on the Civic Center grounds. The winners of this year's race are printed here:

1-year-old and under: Paisley Usilton, first; Grace Moore, second.

2-year-olds: Temprance Masse, first; Neilan Siever, second.

3-year-olds: Gemma Cannon and Zach Stumpf, tied for first; Dean Mills, second; Addy Usilton, third.

4-year-olds: Dallas Spence, first; Addie R., second; Julianna Nelson, third.

5-year-olds: Lydia Masse, first; Jack Stumpf, second.

6-year-olds: Quinn Tyer, first.

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CONTRIBUTED PHOTO

Participants in Rock Hall's turtle races line up their turtles at the starting gate. The races were held July 4 at Rock Hall's Civic Center.

Auditions for 'The Hostage' at CHT

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The IRA's plot and the lives of the denizens in the "house" force everyone to struggle with their value systems, from morality and religion to honor and loyalty as they collide with life, love and hate.

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Directed by Pat Patterson, those who audition will be asked to participate in "cold" readings from the script. Although "The Hostage" is not a musical, auditioners may be asked to sing a verse of song of their choosing, such as "Danny Boy" or "When the Saints go Marching In", without accompaniment.

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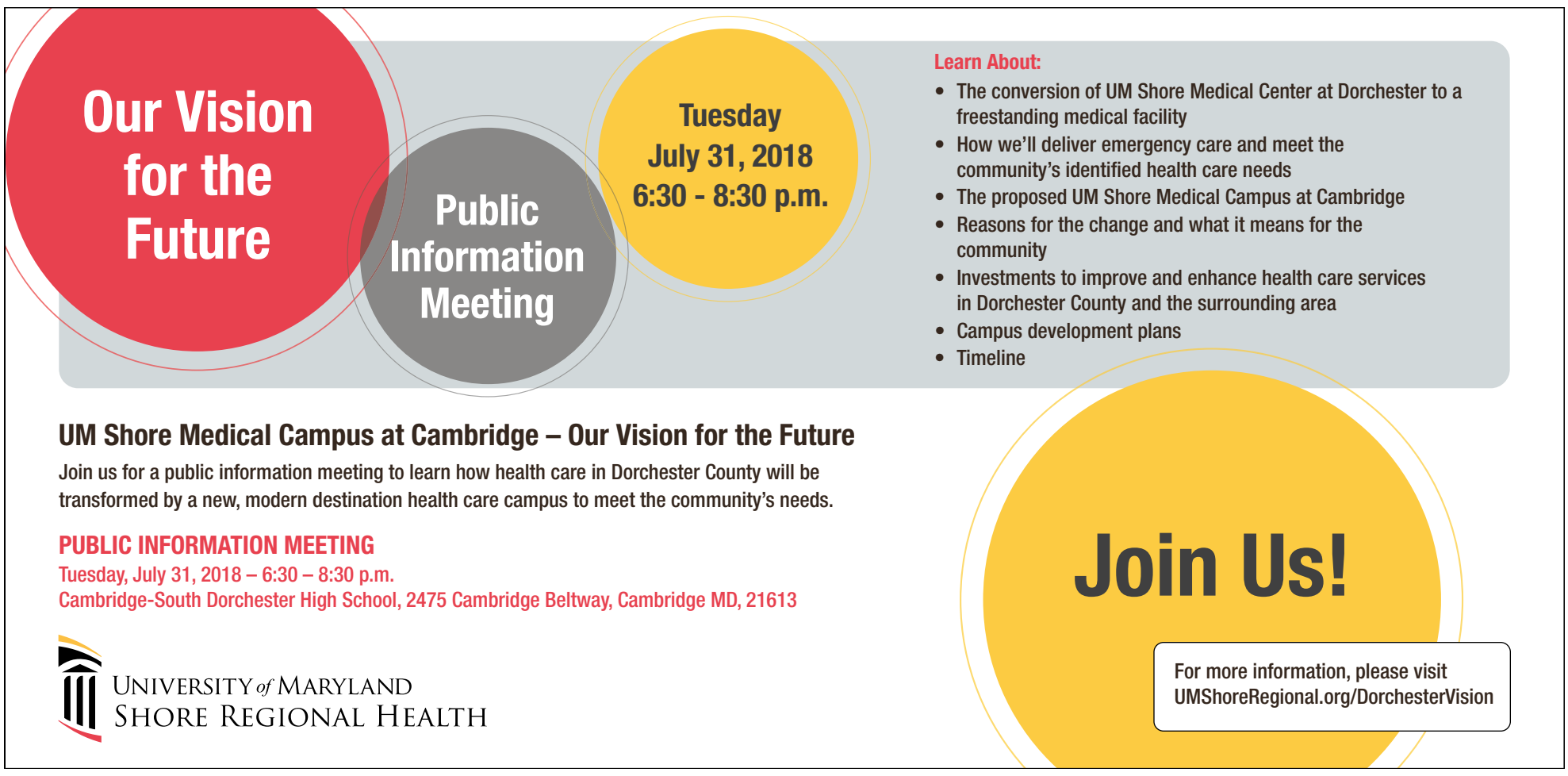
Contact the Church Hill Theatre office at 410-556-6003 or reach out directly to Pat Patterson at 571-215-7973 or cpatter983@aol.com with any questions.



Arts council welcomes Carla Massoni to board

CHESTERTOWN — The Kent County Arts Council elected officers at its June 10 annual meeting to serve two-year terms.

Clark Bjorke, president; Charles Taylor, vice president; Meredith Davies Hadaway, secretary; and Jason Claire, treasurer were elected.

The board also unanimously welcomed Carla Massoni of Massoni Art Gallery to a three-year term, effective July 1, filling a vacancy created by long-time member Marilee Schumann's retirement.

"I am honored that Carla agreed to join our board," said KCAC Director John Schratwieser, in a news release.

He praised Massoni's three-plus decades of commitment to arts and culture in Kent County.

"She is one of those people who when we first met, I knew she 'got it'. She shares the KCAC's vision for the role of the arts in education, community development and economic vitality, and we shared the desire to maximize this role for the future of Kent County and its residents," Schratwieser said.

According to the release, Massoni has more than 40 years of experience as an entrepreneur. A resident of Chestertown, since 1985, she has been actively involved in community arts and humanities projects.

She established a contemporary craft and fine art gallery (Massoni- Sommer) in 1990 and continues to provide educational programming and exhibitions featuring established contemporary artists at MassoniArt. In 2016, she opened CREATE art.craft.design in Chestertown with five partners — all award-winning craft artists.

The release states, Massoni's previous career highlights include: partnership in a pioneering human resources firm; founder and partner of a training program and school for women reentering the job market, and owner of a boutique hotel and restaurant. She was the 2014 recipient of the William Donald Shaefer Helping People Award for Kent County.

"I have long admired John Schratwieser. His commitment to the arts and the communities he serves is inspiring," said Massoni in the release. "I have great faith that John will continue Leslie Raimond's dedication to serve those in Kent County who are often overlooked. John's skills have been developed in numerous arts organizations and his work as Executive Director of Maryland Citizens for the Arts enables him to move with credibility on the both the state and national stage. The board he is developing is diverse and skilled. I look forward to working with all under his leadership.

"My particular focus will be the next generation. I hope to work closely with Kent County Public School teachers and students. There is no reason why Kent County cannot have the best schools in the State of Maryland. The arts provide the steam for the engine of social progress," Massoni said.

CARLA MASSONI

Massoni was a founding member on the board of directors for the Sultana Education Foundation; a member of the board of trustees at the Academy Art Museum in Easton; a member of the board of the National Music Festival; a founding member of the Greater Chestertown Initiative; a member of the Washington College SANDBOX advisory board; and served on the advisory board of the Art of Stewardship Foundation.

According to the release, Massoni founded the Women Helping Women annual concert to benefit migrant workers in Marydel, and served as Southeast regional representative for the Beyond War Foundation's Breakthrough Project US/ Soviet Union.

She previously served as a juror for the Academy Art Museum most recently for its 17th Annual Craft Show, has been a juror for numerous arts institutions in Maryland and served as a juror for Philadelphia Museum of Art 2017 Craft Show.

Turtle race champions announced

ROCK HALL — The Independence Day celebration in Rock Hall featured a variety of events from fireworks to the parade to turtle races.

The races were held on the Civic Center grounds. The winners of this year's race are printed here:

1-year-old and under: Paisley Usilton, first; Grace Moore, second.

2-year-olds: Temprance Masse, first; Neilan Siever, second.

3-year-olds: Gemma Cannon and Zach Stumpf, tied for first; Dean Mills, second; Addy Usilton, third.

4-year-olds: Dallas Spence, first; Addie R., second; Julianna Nelson, third.

5-year-olds: Lydia Masse, first; Jack Stumpf, second.

6-year-olds: Quinn Tyer, first.

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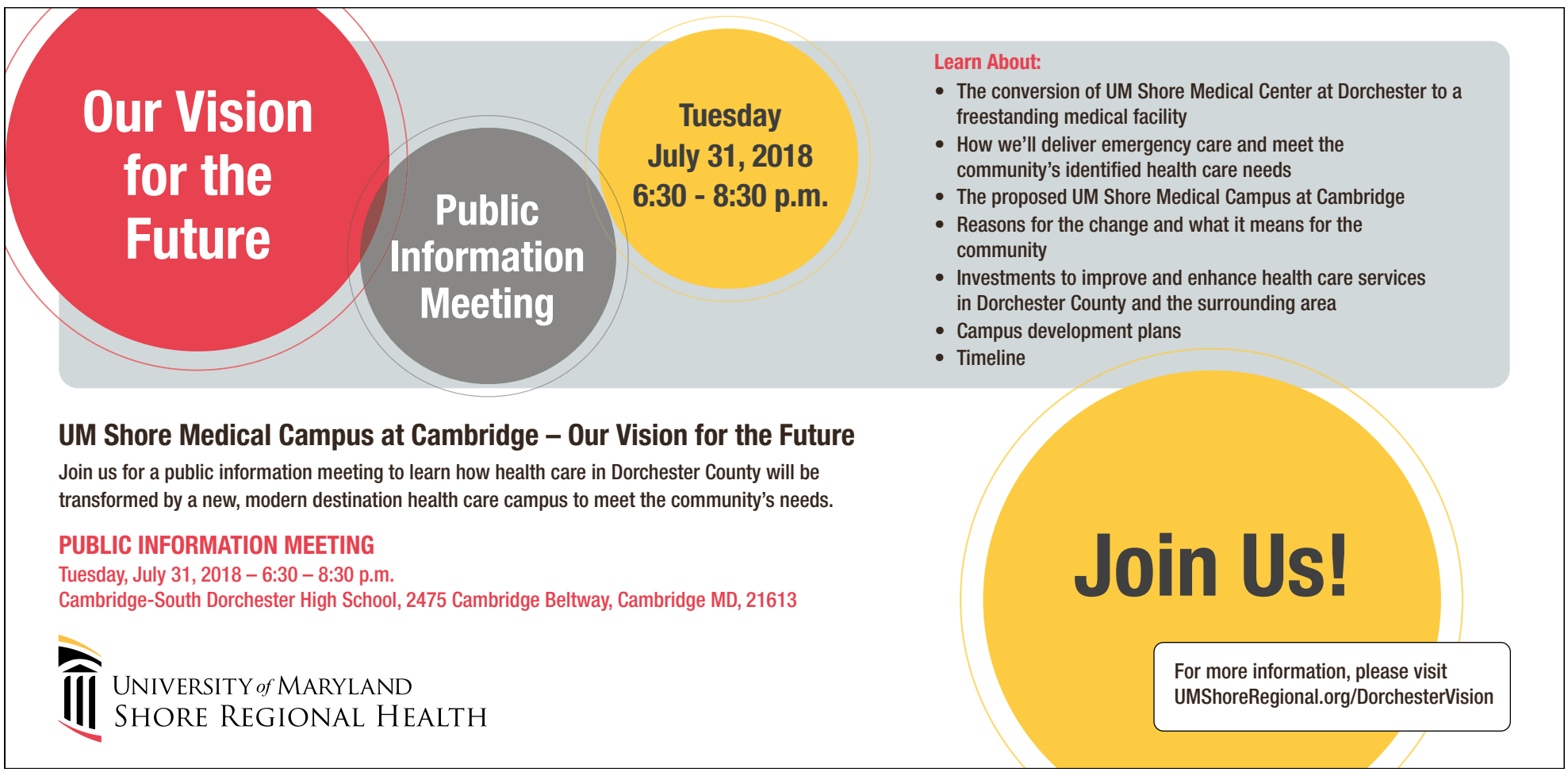

Harris criticizes media; Colvin criticizes Harris

By DANIEL DIVILIO
ddivilio@thekentcountynews.com

CHESTERTOWN — Congressman Andy Harris apparently puts little stock in the "mainstream media."

According to a story in *The Baltimore Sun* and other media outlets, Harris, R-Md.-1st, offered his critique of journalists July 17 at an event called "Conversations with Conservatives."

"I disregard and discount anything that involves the mainstream media press," *The Sun* quoted Harris as saying.

Democrats and Republicans on Capital Hill have criticized statements made July 16 by President Donald Trump at a news conference in Helsinki with Russian President Vladimir Putin. Trump appeared to be trying to appease Putin over allegations of Russia meddling in U.S. elections. An independent investigation by former FBI director Robert Mueller has led to 12 indictments against Russian nationals.

According to *The Sun*, Harris and others participating in the "Conversations with Conservatives" event were asked their thoughts on Trump's statements during the Helsinki news conference.

"Given the unfriendliness of the press toward the president, why should we focus on a press conference?" *The Sun* quoted Harris. "We should concentrate on the summit. The summit in fact had the two world superpowers sit down and discuss in a civilized way for two hours privately, and then two hours with staff, the wide gamut of issues that are important to this world. I call that a success. A successful summit."

FILE PHOTOS

Republican Congressman Andy Harris, left, said last week that he "disregards and discounts" the "mainstream media," while his opponent Democrat Jesse Colvin questioned Harris' values on accountability and transparency.

Among those Republicans noted for criticizing Trump's statements at the Helsinki news conference were U.S. Sen. John McCain, R-Ariz., and Gov. Larry Hogan.

"I remember when President Ronald Reagan called the Soviet Union the evil empire. Not much has changed. Putin is a thug & his actions against our democracy are despicable. On this I agree with our intelligence community. President Trump failed to stand up for our country yesterday," Hogan tweeted July 17.

On July 18, Jesse Colvin, the Democrat challenging Harris for the 1st District seat this year, criticized Harris and questioned the congressman's values regarding transparency and accountability.

"As a former Army Ranger and intelligence officer, I find myself in agreement with Senator McCain and Governor Hogan, who stand in stark contrast to my opponent. This is a moment where 'country over party' takes on an especially critical meaning," Colvin said.

House Speaker Paul Ryan, R-Wis., said on July 16 that there was no question of Russian interference as found by the U.S. intelligence community and the House Committee on Intelligence.

"The president must appreciate that Russia is not our ally. There is no moral equivalence between the United States and Russia, which remains hostile to our most basic values and ideals. The United States must be focused on holding Russia accountable and putting an end to its vile attacks on democracy," Ryan said in a statement.

On July 17, Trump said he misspoke during the Helsinki news conference. He said he accepts the intelligence community reports and agreed that Russia meddled in the 2016 election process, though not to the extent that it affected the outcome, while "other people" may have joined in as well.

"There was no collusion," Trump said.

Board allocates funds for HVAC replacement at GALES

By LEANN SCHENKE
lschenke@thekentcountynews.com

ROCK HALL — After a tough spring filled with cuts to make its already tight budget work, the Kent County Board of Education tackled more money issues during its meeting Monday night.

Superintendent Karen Couch asked for a waiver of the bidding threshold of $25,000, allowing work to move forward in fixing the failing HVAC system at Galena Elementary School without going out to bid.

Couch said if the project was to go out to bid, work would have to be delayed until the end of August. The fixes then would not be complete before the start of school after Labor Day.

One estimate set the price of repairs as not to exceed $32,275. The board is expecting to receive another estimate.

Couch said the money should come out of the fund balance as the cost of the project would use up more than half of the budgeted maintenance fund.

"With these repairs, we hope we'll be able to make it though. Obviously, our buildings are old and anything can happen with any of our buildings," Couch said.

She said she would like to have money in the maintenance fund in case there is another emergency during the school year.

Additionally, Jane Towers, supervisor of finance, said Kent County Public Schools needs to commit a portion of its fund balance for textbooks, which cost $15,000. They are required for the health program.

Towers said she looked to see if a grant through the health department could help offset some of the cost and was told that is not an option.

Board President Trish McGee said if they were to commit money for the HVAC repairs and money for the textbooks from the fund balance, there would be about $70,000 or $80,000 left over.

"The HVAC stuff has to be done. That's not even open for discussion," McGee said. "And it sounds like we're required also to do the textbooks. I mean, we can't say no."

Vice President Bryan Williams asked if more than the $10,000 needed to supply students with Wil Haygood's "Tigerland" could be used to pay for the textbooks.

Couch said that could be a possibility.

"I mean the reality is the students need these books," board member Joe Goetz said. "From a textbook standpoint, the students need these books so we have to spend the money and we have to try to figure it out after."

In her superintendent's report, Couch said she'd received a call from County Administrator Shelley Heller about setting up a meeting between the commissioners and the school board.

The commissioners want to discuss the board's budget, information technology equipment, Worton Elementary School and bus parking.

McGee asked if the board would be meeting with the commissioners during one of their regularly scheduled meetings.

Couch said that was her understanding from Heller's call.

"I would like to have a stand-alone meeting offsite somewhere rather than be kind of shoe-boxed or sandwiched in between a huge agenda in the front," Goetz said. "I'd like to have a very clear, open meeting if we do sit down to kind of discuss and work on the issues or questions the commissioners have."

McGee agreed, saying she would prefer if they were the only item on the commissioners' agenda.

In regards to IT equipment proposed by the commissioners, Laura Jacob, supervisor of technology, said the schools needs a complete backup server. However, she said the cost for that project is huge.

"You can't piece it into the budget. It's not something where you can say, 'Let's get these three parts this year and these three parts next year.' It's something that is a complete package," Jacob said. "If it was critical, I would have put it on our budget."

Additionally, Couch said the bus issue has been resolved.

McGee said the board is not ready to have a discussion about Worton Elementary School.

McGee said the board is not yet able to commit itself to meet sometime in August.

In her monthly report, Couch said retention of teachers has been "really good."

She said last year, KCPS hired 26 teachers and retained 22 of them. She said it was one of the best years in regard to teacher retention.

Additionally, McGee asked if there are any updates on a location for a planned 3-year-old program.

Couch said many of the options fell through. Ultimately, the program will be at H.H. Garnet Elementary School.

Couch said for the first year, the program will be half a day.

Joe Wheeler, supervisor of operations, provided an update on where the buses will be parked during the school year. He said he has put in an application to the Kent County Planning Commission requesting an exception to allow a school bus parking lot adjacent to Worton Elementary School.

Property owners in Worton are invited to an information session being held at 6:30 p.m. Wednesday, Aug. 1 in the auditorium at Kent County High School. It will provide a review of the site plan and more details on the proposed parking plan.

Property owners also can ask questions about the plan at the Kent County Planning Commission meeting at 1:30 p.m. Aug. 2 and at the Board of Appeals meeting at 7 p.m. Aug. 20.

Goetz asked what would happen if the site plan was pushed back.

Wheeler said the owner of the property where the buses are currently located — the former bowling alley just outside Chestertown in Queen Anne's County — offered to extend the lease if necessary. However, that would require more rent.

Grace Boege attended her first meeting as the student member of the board. Boege is a senior at Kent County High School.

McGee said it is great to have Boege on the board.

Goetz said Boege has been a classmate of his daughter and he is happy to have her serving on the board.

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Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:
• The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
• How we'll deliver emergency care and meet the community's identified health care needs
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Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

UNIVERSITY of MARYLAND SHORE REGIONAL HEALTH

Discolored water concerns NorthBrook residents

CENTREVILLE — Instances of discolored water in one area of the Centreville Northbrook community caused residents to become alarmed. The town received reports from 11 residents who were affected on three streets within the development. The problem reportedly began on July 1 and seemed to have resolved by July 11, said Clifford "Kip" Matthews, director of public works.

While the color of the water was understandably alarming, Matthews said, there was no public health risk to the community. The town was first made aware of the issue by concerned citizens, he said.

Jay Apperson from the Maryland Department of the Environment, said MDE had been in contact with the town. With the understanding that the discoloration had been limited to one neighborhood and was not systemwide, the town, under MDE guidance, did obtain samples from the affected area, and samples did not show any health concerns, said Apperson.

Matthews said they several tests and none of the tests were outside the range of what is acceptable.

Discoloration can be an aesthetic matter, said Apperson, but Maryland regulations do not require notification to users if the discoloration is aesthetic in nature. Should there be an acute health risk, Apperson said state regulations would require notification within 24 hours, or 30 days in the event of a long term health risk.

In an effort to correct the problem, the town flushed the hydrants. Town Council President Tim McCluskey posted a notice to the Residents of Centreville's Facebook page, "The town is aware of the situation and we are working on the repair. In an effort to eliminate the discolored water, we will flush the hydrants in the back section of Northbrook. Please feel free to contact me with any further issues or concerns." McCluskey also provided his mobile number for anyone who needed assistance.

Resident Anne McCauley said it took multiple after-hours emergency calls before a week later the hydrants were flushed. On July 1, McCauley said her husband my husband placed an emergency after-hours call. At that time, McCauley said they were told the issue was a back flow problem, but was fixed and they should expect the water to clear. McCauley shared online several photos of the water in question, and other neighbors posted similar photos.

Resident Jennifer Linkins also experienced issues with the water. She said she received notification from the town after the fact that they were experiencing some problems, but that her issues only lasted the one day.

McCauley noted that in her conversations with both Matthews and MDE they attempted to explain the science behind what could cause the discoloration, but even with it being an aesthetic issue and not a cause for health concern, she was upset because she was concerned that the issue would not be resolved.

"This is truly unacceptable to me," said McCauley, "because the water can be filled with sediment and you can't do laundry with the brown water. It ruins clothes."

McCauley's troubles continued off and on for two weeks before the water was consistently running clear.

McCauley said after the hydrants were flushed, along Long Creek Way, red, rusty residue was distributed all along the side of the road leading to the storm drains from the iron in the water.

She said she has noticed the town periodically flushes those lines in her neighborhood, and there have been periodic episodes of discolored water over several years, but the first weeks of this July were drastically worse than any she had seen in the past.

A neighbor's tub filled with the reddish brown water over the weekend of July 6 and 7.

CONTRIBUTED PHOTO

Anne McCauley shared this photo of her washing machine on July 1 when she first noticed the water was discolored.

Matthews said he takes pride in the town's public water system, but he was truly baffled over the water situation early this month. There were just three streets affected by the discoloration, and, despite repeated attempts to trace the source, they were not able to identify exactly the cause of the problem.

It is conceivable that sediment built up in some of the cast iron distribution lines and caused the problem, he suggested. Another contributing factor could have been the drier than normal conditions, he said.

Another thing that left them confused, said Matthews, was one day one house would report discolored water and water in the house next door was clear, and the day after the scenario would flip flop. Matthews said while trying to troubleshoot they were in contact with public works departments across the state.

Water is tested daily before it leaves the plant and three times weekly at other sites, he said. Testing continues to remain within normal limits. The town will continue to monitor the situation, said Town Manager Steve Walls.

Regarding the ongoing project to replace lines on North and South Liberty streets, Matthews and Walls said they were pleased to see the project moving ahead of schedule. They anticipate traffic to shift across town near the beginning of September. Feedback from residents has been positive, they said, regarding the construction, and most are finding navigating the new traffic pattern to be working as well as can be expected. Parking spots across from O'Shucks should be open again when the construction switches sides.

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University of Maryland Shore Regional Health

SUMMER

From Page 26

five players, but they played smart. We were down by like 10, 15, but our juniors and seniors showed some leadership. They stuck with it and played ball."

Each half was 20 minutes and there was a running clock for all but the final two minutes of each half and for foul-shot situations.

Grant Copper converted an offensive rebound to get Easton's rally going, and Powell drove to the bucket and hit a lay-in to cut Dover's lead to 36-29. Hall hit a transition layup after Dover misfired at the other end. Allen stopped the run briefly when he hit a free throw, but Marquii Thompson drained a 3-pointer from the top of the arc, drawing Easton within 37-34.

Jaeden Copper blocked a shot to set up a fast-break bucket by Hall with 11:50 remaining. A steal and a layup by Gunther DuHoffmann gave Easton its first lead, 38-37, since early in the first half.

The game stayed close down the stretch and a layup by Allen pulled Dover within 48-46 with 50 seconds to play.

Powell, though, drove up the lane, was fouled flagrantly, and hit two free-throws with Easton maintaining possession. Jaedon Copper scored off the inbounds pass for a 52-46 lead. Thompson hit two free throws with 26 seconds to play to close out Easton's scoring.

PHOTO BY CHRIS KNAUSS

Dover's Elijah Allen looks to create offense defended by Easton's Lamont Powell during the first half Monday night at Chesapeake College.

"The defense was better the second half. We haven't had any practice or anything like that," Hynson said. "For us to just come up here and play on Monday nights in this league, we played some tough teams just to get to the final. The whole league was very good and competitive. The kids enjoyed it. We just have to work on some things when the season comes around and we'll be all right."

In the semifinals earlier in the evening, Easton defeated Dover 1, 47-36, and Dover 2 topped Stevensville, 69-41.

Federalsburg rallied for a 51-46 victory over Hurlock in a consolation game prior to the title tilt.

The league was made possible by the financial contributions of Idlewild Ruritan and the Preston Automotive Group.

Follow me on Twitter @csknauss / email me at cknauss@stardem.com

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- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline

UM Shore Medical Campus at Cambridge – Our Vision for the Future

Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.

PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

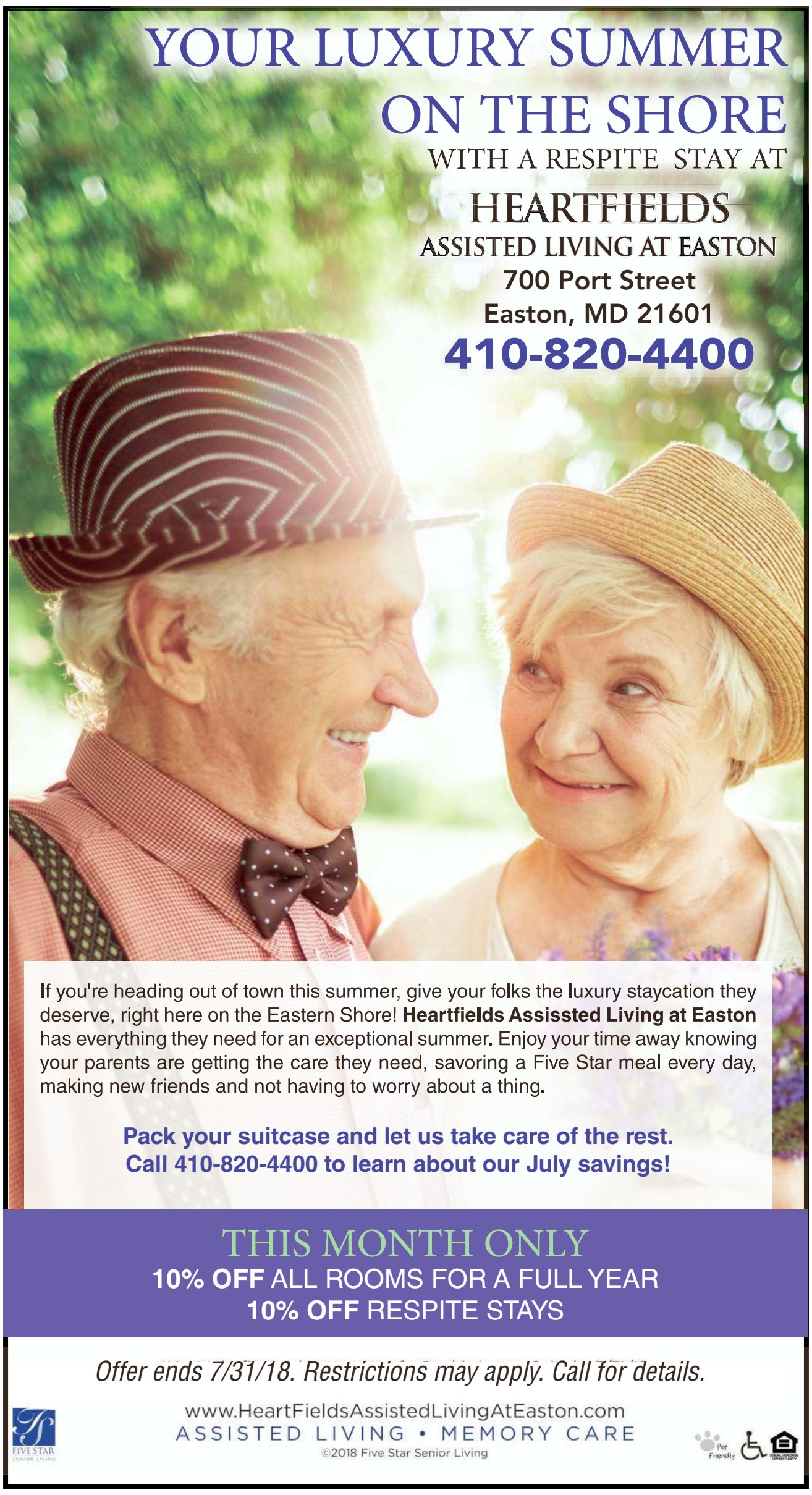
UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

PHOTO BY CHRISTINA ACOSTA

Talbot County Council Vice President Corey Pack passes a proclamation to Paul Spies, Talbot County Fair superintendent, for providing the county with a fun-filled, educational, family-oriented event for 35 years.



COUNCIL

From Page A1

of the Talbot County Fair, taking place from Thursday, July 12, through Saturday, July 14. A proclamation was given to Paul Spies, fair superintendent, for providing Talbot County Council a fun-filled, educational, family-oriented event for 35 years.

"We have a full schedule going on. There is a meal every night, so you don't have to cook dinner this weekend," Spies said. "There may even be a camel, a fashion show, a baked goods auction and a dog show for everyone to enjoy. I hope everyone can make it out to at least one event."

During the introduction of legislation, council members addressed several capital projects moving toward public hearings.

Bill 1393 authorizes the development of the Frederick Douglass Park on the Tuckahoe at 13213 Lewistown Road, Queen Anne. The project includes the planning, designing and construction of parking lots, scenic overlook platforms and kiosk. Approval of the capital project includes authorization to expend funds, not to exceed the amount of appropriation, for all incidental and costs associated with necessary design, engineering, construction and completion of the project.

The council authorized to expend up to $140,000 for the project. The project will be funded by about $126,000 of federal/state grants and $14,000 of funds from the Capital Projects Fund.

Bill 1394 is to amend the appropriation for the construction of a new Easton elementary school. The scope includes constructing and furnishing the new school; and the demolition and modification of the existing elementary school to be used during construction.

The council authorized to expend up to $31 million for the project. Talbot County Council also is authorized to borrow up to $13,795,000 for Talbot County's share of design and construction of the Easton Elementary School Project; and the council can expend up to $12 million in state funds for this project.

The increase is funded by additional long-term borrowing of $11,095,000, state funding of $12 million, funds from the Capital Projects Fund of $4,205,000 and Developmental Impact fees of $1 million.

Bill 1398 is a study of the location and design of a new facility for the Talbot County Sheriff's Office. The work includes the evaluation of opinions for the replacement and/or renovation and expansion of existing county facilities for the construction of the new facility. Approval means authorization to expend funds, not to exceed the amount of total appropriation. Talbot County is authorized to expend up to $100,000 for this project.

Bill 1400 amends the appropriation for the dredging of Tongers Basin, the construction of boat slips and the repair and/or replacement of the Bulkhead at Tongers Basin, Tilghman. The work includes planning, designing and mechanical/hydraulic dredging of the basin and the disposal of dredge materials; the design and construction of 15 boat slips at Tongers Basin; and a boat slip for the Tilghman Volunteer Fire Company's Emergency Vessel.

The vessel would include miscellaneous, electrical, marine pump-out and parking lot improvements, and the repair of the existing bulkhead and/or the construction of a replacement bulkhead.

Talbot County can expend up to $629,000 for the project. The project will be funded by federal and state grants of about $114,000 and funding from the Capital Projects Fund in the amount of $515,000. Acceptance of federal and state grants for this capital project is authorized and represents an increase of $300,000 over prior authorizations. It will be funded by additional funds from the Capital Projects Fund.

The bills have a public hearing scheduled at 6:30 p.m. Tuesday, Aug. 14, at the Talbot County Courthouse.

SENTENCE

From Page A1

According to charging documents, a black man with hair to his shoulders entered the store and tried to buy cigarettes with a bad check. Police said when the man was told about the check, he went back to his car, came back in with a handgun and took cigarettes and cash. Police said the man fled the scene in a dark car.

Police said Caroline Sheriff's Office investigators seized the bad check. Investigators traced the check to the Provident State Bank in Federalsburg when a man, similar to the description from the Shore Stop robbery, entered the bank on Oct. 24 to try to cash a check. Police said the bank would not cash the check because it was in someone else's name, and the person left the bank.

According to charging documents, Caroline investigators were able to identify Thomas and his dark Honda Accord.

At about 5:50 p.m. Oct 27, Dorchester County sheriff's deputies responded to 5000 block of Mt. Zion Road near Hurlock for a reported armed robbery. Police said a man, later identified as Thomas, pulled out a handgun and demanded money from a person parked in a driveway.

The Dorchester County Sheriff's Office notified the Caroline Sheriff's Office about the incident, and the man's description matched from the Shore Stop armed robbery.

Two hours later on Oct. 27, Dorchester deputies responded to a home invasion in the 7000 block of Williamsburg Church Road near Hurlock. Police said the man entered a home without consent and demanded money while pointing a handgun.

According to charging documents, the man described in the Williamsburg Church Road incident matched the description from the earlier Dorchester and Shore Stop armed robberies. Police said the gun used in the incidents matched the description of a black revolver.

Follow Caroline/Dorchester Editor Dustin Holt on Twitter @Dustin_StarDem.

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:
- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
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UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

PUBLIC NOTICES

PROTECTING YOUR RIGHT TO KNOW

NOTICE

PLEASE TAKE NOTICE that the annual Easton Waterfowl Festival will be held on November 9, 10, and 11, 2018. Pursuant to Ordinance No. 661, adopted by the Town of Easton on May 26, 2015, any individuals or organizations desiring to obtain a temporary license or permit during the Waterfowl Festival must submit an application for such licenses or permits on or before August 1, 2018 to Kathy M. Ruf, Town Clerk, 14 S. Harrison Street, Easton, Maryland 21601.

TOWN OF EASTON
Kathy M. Ruf
Town Clerk
SD 6/20/24/7/2/13 2788278

PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

SD 7/13,20,27,29 2795386

TALBOT COUNTY PUBLIC NOTICE

Notice is hereby given that a public hearing will be held by the County Council of Talbot County, on Tuesday, July 31, 2018 at 5:30 p.m. in the Meeting Room, Talbot County Free Library, 100 West Dover Street, Easton, Maryland for consideration of Bill No. 1403, A BILL TO ADOPT THE TALBOT COUNTY NOISE ORDINANCE PURSUANT TO ENVIRONMENT ARTICLE §3-105 AND §3-401, ET SEQ., MARYLAND CODE ANN. AND TO AMEND SECTIONS OF CHAPTER 11 (ALCOHOLIC BEVERAGES) AND CHAPTER 15 (ANIMALS) TO MAKE SUCH CHAPTERS CONSISTENT WITH THE TALBOT COUNTY NOISE ORDINANCE.

Copies of the Bill are available for review in the Office of the County Manager during regular office hours or on the County's website at www.talbotcountymd.gov. If you require communications assistance, please contact the County Manager's Office at (410) 770-8010 or TTY (410) 822-8735 by Monday, July 30, 2018.

All interested parties are hereby notified and invited to attend and to comment.

COUNTY COUNCIL OF TALBOT COUNTY
SD 7/13/20 2795481

TALBOT COUNTY PUBLIC NOTICE

Notice is hereby given that a public hearing will be held by the County Council of Talbot County, on Tuesday, July 31, 2018 at 5:30 p.m. in the Meeting Room, Talbot County Free Library, 100 West Dover Street, Easton, Maryland , for consideration of Bill No. 1401, A BILL TO REPEAL AND REPLACE TALBOT COUNTY CODE CHAPTER 190, ENTITLED "ZONING, SUBDIVISION, AND LAND DEVELOPMENT", IN ITS ENTIRETY, AND TO ENACT AN ENTIRE NEW CHAPTER 190 OF THE TALBOT COUNTY CODE TO IMPLEMENT ZONING CONTROLS AND REGULATIONS CONSISTENT WITH AND PURSUANT TO THE 2016 TALBOT COUNTY COMPREHENSIVE PLAN.

Copies of the Bill are available for review in the Office of the County Manager during regular office hours or on the County's website at www.talbotcountymd.gov. If you require communications assistance, please contact the County Manager's Office at (410) 770-8010 or TTY (410) 822-8735 by Monday, July 30, 2018.

All interested parties are hereby notified and invited to attend and to comment.

COUNTY COUNCIL OF TALBOT COUNTY
SD 7/13/20 2795494

TALBOT COUNTY PUBLIC NOTICE

Notice is hereby given that a public hearing will be held by the County Council of Talbot County, on Tuesday, July 31, 2018 at 5:30 p.m. in the Meeting Room, Talbot County Free Library, 100 West Dover Street, Easton, Maryland, for consideration of Bill No. 1402, A BILL TO AMEND THE OFFICIAL ZONING MAPS OF TALBOT COUNTY, MARYLAND (SPECIFICALLY, MAPS 1, 4, 5, 6, 10, 11, 12, 14, 16, 22, 24, 30, 31, 32, 33, 38, 39, 40, 40A, 41, 42, 43, 44, 44A, 45, 46, 47, 48, 49, 51, 55, AND 56) AND TO REZONE THE AFFECTED LANDS CONSISTENT WITH THE 2016 TALBOT COUNTY COMPREHENSIVE PLAN.

Copies of the Bill are available for review in the Office of the County Manager during regular office hours or on the County's website at www.talbotcountymd.gov. If you require communications assistance, please contact the County Manager's Office at (410) 770-8010 or TTY (410) 822-8735 by Monday, July 30, 2018.

All interested parties are hereby notified and invited to attend and to comment.

COUNTY COUNCIL OF TALBOT COUNTY
SD 7/13/20 2795496

INVITATION TO BID

You have been invited to submit a sealed bid to the Municipal Utilities Commission for well rehabilitation and pump replacement of several wells within the City of Cambridge. Sealed bids will be received by the Municipal Utilities Commission, 410 Academy Street, Cambridge, Maryland 21613 until 4:00 p.m. (EST) on the August 31, 2018 at which time the bids will be publicly opened and read aloud.

The MUC Energy Reduction Improvements consist of the following:

Nathans Ave. Station Well No. 2
Well rehabilitation, vertical turbine pump replacement, horizontal booster pump replacement, new soft-start controller for both pumps

Stone Boundary Station Well No. 1
Well rehabilitation, vertical turbine pump replacement, new soft-start controller

Stone Boundary Station Well No. 2
Well rehabilitation, vertical turbine pump replacement, new soft-start controller

Washington Street Station Well No. 3
Well rehabilitation, vertical turbine pump replacement, new soft-start controller

Contract Documents may be obtained from the Municipal Utilities Commission Office located at 410 Academy Street, Cambridge, Maryland 21613.

Bidders shall visit the site before submitting a bid for this work and thoroughly familiarize themselves as to accuracy and correctness of the contract documents. Visits shall be coordinated with the Municipal Utilities Commission. Bidders are solely responsible for any damage to infrastructure, whether shown or not, on the contract documents.

This project is being funded by the Maryland Department of the Environment (MDE). All bids are subject to the MDE requirements and contract provisions included as part of the bid documents.

The Municipal Utilities Commission reserves the right to reject any and all bids and/or waive informalities or irregularities as it may deem best for their interest.

The bids will be evaluated and award will be made to the lowest responsive, responsible bidder.

Municipal Utilities Commission
Cambridge, Maryland
SD 7/13 2795138

Talbot County Public Schools – Easton Elementary School
BID INVITE

- The Easton Elementary Replacement School project consists of a 128,755SF new construction elementary school to replace the existing Moton and Dobson elementary schools on the same site. The project will be phased with the demolition of the existing schools to take place following the construction of the new school.

- Whiting-Turner will be performing the job listed as the Construction Manager at-Risk.
- All prospective bidders are required to **submit a pre-qualification** no later than July 19th, 2018.
- **Send ALL QUESTIONS email:**
  - Kayleigh.Thurston@Whiting-Turner.com **(410-603-9046)**
  - Logan.Street@Whiting-Turner.com **(410-365-0153)**
- **Overall MBE Goal is 11%.**

- Bid Documents (Drawings & Specs) are available via WT FTP site and Building Connected:
  - https://app.box.com/v/EastonElementaryWT

- Bidders are encouraged to visit the site to review all existing conditions.
- The pre-bid meeting is scheduled for **Tuesday, July 10th at 2pm** at the Moton Elementary School.
  - **307 Glenwood Avenue, Easton, Maryland 21601** *(Media Center)*

- All successful contractors will be required to execute a WT Sub Contract (with no changes) and submit a certificate of insurance. An excess liability policy of **$2,000,000** will be mandatory for all trades.
- **BID IS DUE Thursday, July 26th, 2018 at 2:00 PM EST.**
- **Bids are due at the required time WT Salisbury Office** *(100 West Main Street, Salisbury, MD 21801)*
  - NO ELECTRONIC BIDS WILL BE ACCEPTED.
  - NO LATE BIDS WILL BE ACCEPTED.

SD 7/8/9/10/11/12/13/15/16/17/18/19 2794556

TALBOT COUNTY PUBLIC NOTICE

Notice is hereby given that a public hearing will be held by the County Council of Talbot County, on Tuesday, August 14, 2018 at 6:30 p.m. in the Bradley Meeting Room, South Wing, Talbot County Courthouse, 11 North Washington St., Easton, Maryland 21601 for consideration of Bill Nos. 1390-1400. The legislation authorizes certain capital projects included in the 2018-2019 Fiscal Year Budget for Talbot County. The Bills are as follows:

Bill No. 1390, A BILL TO AUTHORIZE IMPROVEMENTS TO CLAIBORNE ROAD

Bill No. 1391, A BILL TO AUTHORIZE THE REPLACEMENT OF THE COUNTY COURTHOUSE COMPLEX HVAC SYSTEM

Bill No. 1392, A BILL TO AUTHORIZE MASONRY REPAIRS TO THE COUNTY COURTHOUSE COMPLEX

Bill No. 1393, A BILL TO AUTHORIZE THE DEVELOPMENT OF THE FREDERICK DOUGLASS PARK ON THE TUCKAHOE, LOCATED AT 13213 LEWISTOWN ROAD, QUEEN ANNE, MARYLAND

Bill No. 1394. A BILL TO AMEND THE APPROPRIATION FOR THE CONSTRUCTION OF A NEW EASTON ELEMENTARY SCHOOL

Bill No. 1395, A BILL TO AMEND THE APPROPRIATION FOR TALBOT COUNTY'S SHARE OF THE UPGRADE OF THE UPPER MARYLAND EASTERN SHORE RADIO SYSTEM

Bill No. 1396, A BILL TO AUTHORIZE IMPROVEMENTS TO THE TALBOT COUNTY GOVERNMENT BAY STREET FACILITY PARKING LOTS, EASTON, MARYLAND

Bill No. 1397, A BILL TO AUTHORIZE A PUBLIC LANDINGS MAINTENANCE PROGRAM

Bill No. 1398, A BILL TO AUTHORIZE A STUDY FOR THE LOCATION AND DESIGN OF A NEW FACILITY FOR THE TALBOT COUNTY SHERIFF'S OFFICE

Bill No. 1399, A BILL TO AUTHORIZE SIDEWALK REPAIRS AND REPLACEMENT AROUND COUNTY FACILITIES

Bill No. 1400, A BILL TO AMEND THE APPROPRIATION FOR THE DREDGING OF TONGERS BASIN FOR THE CONSTRUCTION OF BOAT SLIPS AND THE REPAIR AND/OR REPLACEMENT OF THE BULKHEAD AT TONGERS BASIN, TILGHMAN, MARYLAND

Copies of the Bills are available for review in the Office of the County Manager during regular office hours or on the County's website at www.talbotcountymd.gov. If you require communications assistance, please contact the Coun**ty** Manager's Office at (410) 770-8010 or TTY (410) 822-8735 by Monday, August 13, 2018.

All interested parties are hereby notified, invited to attend and to comment.

COUNTY COUNCIL OF TALBOT COUNTY
SD 7/13/20 2795486

PUBLIC NOTICE

The Maryland Department of the Environment has also determined by sampling of the water and appropriate investigation that the area described below, a portion of Greenwood Creek, Eastern Bay, complies with the standards for conditionally approved shellfish harvesting. Therefore pursuant to the Annotated Code of Maryland, Natural Resources Article § 4-742 (1990 Volume), MDE hereby reclassifies the area described below to conditionally approved for the harvesting of shellfish effective July 16, 2018.

Following rainfall events of one or more inches in a 24-hour period, MDE will close this area for the catching or storing of shellfish for a period of three days. The area will be opened after three days unless another rainfall event occurs in the same area. The closure will be broadcast over the Maryland Natural Resources Police VHF radio band 14 at 5, 6, and 7 a.m. daily. The same information can be obtained by calling a toll free number (1-800-541-1210) and listening to a recording; it can also be found daily on the MDE website (http://www.mde.state.md.us/programs/Marylander/CitizensInfoCenterHome/Pages/CitizensInfoCenter/FishandShellfish/shellfish_advisory)

Greenwood Creek, Eastern Bay, Queen Anne's County

All of the waters of Greenwood Creek upstream of a line extending in a southeasterly direction from a point of land (38°53'37.3" North Latitude, 76°12'13.2" West Longitude) on the northernmost tip of the mouth of Greenwood Creek to a point of land (38°53'21.5" North Latitude, 76°11'53.2" West Longitude) on the opposite shore, and downstream of a line running in a northeasterly direction from a point of land near the west side of Little Greenwood Creek (38°53'47.0" North Latitude, 76°11'56.0" West Longitude) to a point of land (38°53'52.8" North Latitude, 76°11'46.1" West Longitude) on the opposite shore, and downstream of a line extending in a southeasterly direction from a point of land (38°54'04.6" North Latitude, 76°11'13.0" West Longitude) midway up Greenwood Creek to a point of land (38°54'00.9" North Latitude, 76°11'08.5" West Longitude) on the opposite shore.

The following areas will remain conditionally approved to shellfish harvesting:

Greenwood Creek, Eastern Bay, Queen Anne's County

All of the waters upstream of a line extending in a southeasterly direction from a point of land (38°54'04.6" North Latitude, 76°11'13.0" West Longitude) on the western shore of Greenwood Creek to a point of land (38°54'00.9" North Latitude, 76°11'08.5" West Longitude) on the opposite shore.

Effective Date: October 26, 1987
Continued Date: June 17, 2013, and July 16, 2018

Little Greenwood Creek, Greenwood Creek, Eastern Bay, Queen Anne's County

All of the waters of Little Greenwood Creek upstream of a line running in a northeasterly direction from a point of land near the southwest entrance of Little Greenwood Creek (38°53'47.0" North Latitude, 76°11'56.0" West Longitude) to a point of land (38°53'52.8" North Latitude, 76°11'46.1" West Longitude) on the opposite shore.

Effective Date: October 15, 1987
Continued Date: June 17, 2013, and July 16, 2018

SD 7/13 2795178

Alba Law Group, P.A.
11350 McCormick Road
Executive Plaza I, Suite 302
Hunt Valley, MD 21031
(443) 541-8600

SUBSTITUTED TRUSTEES' SALE OF
REAL PROPERTY
KNOWN AS NO. 26623 BEE TREE ROAD
HENDERSON, MD 21640
CASE NUMBER C-05-CV-18-000053

Under and by virtue of the power of sale contained in a Deed of Trust from Christopher R. Allen, recorded among the Land Records of Caroline County in Liber 1043, folio 277, and Declaration of Substitution of Trustees recorded among the aforementioned Land Records substituting Mark S. Devan, Thomas P. Dore, Brian McNair, and Angela Nasuta as Substituted Trustees, the Substituted Trustees will offer for sale at public auction, at the Courthouse Door, 109 Market Street, Denton, Maryland, 21629 on Monday, July 16, 2018 at 02:30 PM:

All that lot of ground and the improvements thereon situate in Caroline County, State of Maryland, as described in the Deed of Trust recorded among the Land Records of Caroline County, in Liber 1043, folio 277, also being further described in a Deed recorded among the Land Records of Caroline County in Liber 1043, folio 273. The improvements thereon consist of a dwelling.

The property will be sold in "AS IS" condition, subject to any existing building violations, restrictions and agreements of record. The purchaser assumes all risks of loss for the property as of the date of sale. Neither the Substituted Trustees nor their respective agents, successors or assigns make any representations or warranties, either expressed or implied with respect to the property. The Substituted Trustees shall convey insurable title.

TERMS OF THE SALE: A deposit in a form acceptable to the Substituted Trustee in the amount of $10,000.00 will be required of the purchaser, other than the Holder of the Note or its assigns, at the time and place of sale. Any amount tendered at sale in excess of the required deposit will be refunded and not applied to the purchase price. Unless the purchaser is the Holder of the Note or its assigns, the balance of the purchase price shall be paid immediately with available funds within ten (10) days of the final ratification of the sale by the Circuit Court for Caroline County. Time is of the essence. The purchaser, other than the Holder of the Note or its assigns, shall pay interest at the rate of 3.25000% per annum on the unpaid portion of the purchase price from the date of sale to date of settlement. Real property taxes and assessments shall be adjusted to the date of sale and assumed thereafter by the purchaser. Ground rent, water and/or sewer charges public or private, if any, shall be adjusted to the date of sale and assumed thereafter by the purchaser. Cost of all documentary stamps and transfer taxes shall be paid by the purchaser. Purchaser shall have the responsibility of obtaining possession of the property.

In the event settlement is delayed for any reason , there shall be no abatement of interest. If the purchaser defaults, the entire deposit is forfeited. The Substituted Trustees shall resell the property at the risk and expense of the defaulting purchaser. The defaulting purchaser shall be liable for the payment of any deficiency in the purchase price, all costs and expenses of both sales, attorney fees, all other charges due, and incidental and consequential damages. Defaulting purchaser also agrees to pay the Substituted Trustees' attorney a fee of $350.00 in connection with the filing of a motion to resell.

In the event the Substituted Trustees do not convey title for any reason, purchaser's sole remedy is return of the deposit. The Purchaser shall have no further recourse against the Mortgagor, the Mortgagee or the Mortgagee's attorney. The Substituted Trustees shall have the right to terminate this contract in the event the Holder or its Servicer has entered into any agreement with, or accepted funds from, the mortgagor. Upon termination of the contract, Purchaser's sole remedy shall be return of the deposit.

Mark S. Devan, Thomas P. Dore, Brian McNair,
and Angela Nasuta, Substituted Trustees

Tidewater Auctions, LLC
(410) 825-2900
www.tidewateauctions.com
SD 6/29/7/6/13 2792880

COHN, GOLDBERG & DEUTSCH, LLC
ATTORNEYS AT LAW
600 BALTIMORE AVENUE
SUITE 208
TOWSON, MARYLAND 21204

**SUBSTITUTE TRUSTEES' SALE
OF IMPROVED REAL PROPERTY**

**3297 GALLAGHER ROAD
PRESTON, MD 21655**

Under a power of sale contained in a certain Deed of Trust from Edward C. Fuchs and Joanne J. Fuchs, dated December 27, 2007 and recorded in Liber 797, Folio 641 among the Land Records of Caroline County, Maryland, with an original principal balance of $168,932.01, and an original interest rate of 2.790%, default having occurred under the terms thereof, the Substitute Trustees will sell at public auction at the Courthouse door for the Circuit Court for Caroline County, on

July 23, 2018 AT 11:00 AM

ALL THAT FEE-SIMPLE LOT OF GROUND and the improvements thereon situated in Caroline County, MD and more fully described in the aforesaid Deed of Trust. The property is improved by a dwelling.

Terms of Sale: The property will be sold "as is" and subject to conditions, restrictions, easements and agreements of record affecting same, if any and with no warranty of any kind. A deposit of $17,000.00 by certified funds only (no cash will be accepted) is required at the time of auction. Balance of the purchase price to be paid in cash within ten days of final ratification of sale by the Circuit Court for Caroline County. At the Substitute Trustees' discretion, the foreclosure purchaser, if a corporation or LLC, must produce evidence, prior to bidding, of the legal formation of such entity. The purchaser, other than the Holder of the Note, its assigns, or designees, shall pay interest on the unpaid purchase money at the note rate from the date of foreclosure auction to the date funds are received in the office of the Substitute Trustees.
In the event settlement is delayed for any reason , there shall be no abatement of interest. All due and/or unpaid private utility, water and sewer facilities charges, or front foot benefit payments, are payable by the purchaser without adjustment. Real estate taxes and all other public charges, or assessments, ground rent, or condo/HOA assessments, not otherwise divested by ratification of the sale, to be adjusted as of the date of foreclosure auction, unless the purchaser is the foreclosing lender or its designee. Cost of all documentary stamps, transfer taxes and settlement expenses, and all other costs incident to settlement, shall be borne by the purchaser. Purchaser shall be responsible for obtaining physical possession of the property. Purchaser assumes the risk of loss or damage to the property from the date of sale forward.

TIME IS OF THE ESSENCE. If the purchaser shall fail to comply with the terms of the sale or fails to go to settlement within ten (10) days of ratification of the sale, the Substitute Trustees may, in addition to any other available remedies, declare the entire deposit forfeited and resell the property at the risk and cost of the defaulting purchaser, and the purchaser agrees to pay reasonable attorneys' fees for the Substitute Trustees, plus all costs incurred, if the Substitute Trustees have filed the appropriate motion with the Court to resell the property. Purchaser waives personal service of any paper filed in connection with such a motion on himself and/or any principal or corporate designee, and expressly agrees to accept service of any such paper by regular mail directed to the address provided by said bidder at the time of foreclosure auction. In such event, the defaulting purchaser shall be liable for the payment of any deficiency in the purchase price, all costs and expenses of resale, reasonable attorney's fees, and all other charges due and incidental and consequential damages, and any deficiency in the underlying secured debt. The purchaser shall not be entitled to any surplus proceeds or profits resulting from any resale of the property. If the Substitute Trustees cannot convey insurable title, the purchaser's sole remedy at law or in equity shall be the return of the deposit without interest. The sale is subject to post-sale confirmation and audit of the status of the loan with the loan servicer including, but not limited to, determination of whether the borrower entered into any repayment agreement, reinstated or paid off the loan prior to the sale. In any such event, this sale shall be null and void, and the Purchaser's sole remedy, in law or equity, shall be the return of his deposit without interest.

Edward S. Cohn, Stephen N. Goldberg, Richard E. Solomon,
Richard J. Rogers, Michael McKeefery, and Christianna Kersey,
Substitute Trustees

Mid-Atlantic Auctioneers, LLC
(410) 825-2900
www.mid-atlanticauctioneers.com
CGD File #: 452511
SD 7/6/13/20 2792431

Summer fun and 4-H highlight Kent County Fair

By ABBY WARGO
Student Intern

TOLCHESTER — What do greased pigs, a hypnotist and archery have in common? They all will be featured at this week's Kent County Fair.

The fair, which runs through Saturday, July 21, at the Kent Agriculture Center, has been around longer than anyone knows — even the Kent County Historical Society doesn't know how long.

Its home has been the Ag Center near Tolchester since 1982.

This year's fair will feature new events and old favorites.

There are two new bands. The Island Vibes Band, a steel drums ensemble, performs from 5 to 7:30 p.m. Friday. The Easton-based Wooden Ships Band will perform from 4 to 7 p.m. Saturday.

A skillet toss competition, which involves throwing frying pans into the air, and a hay bale toss are other new additions.

Two local businesses, Nagel Farm Service and Mid-Atlantic Farm Credit, are sponsoring free ice cream for the first time. The free ice cream is a children's size serving, but it can be upgraded to a larger size for a fee. The free ice cream will be offered Thursday evening and on Saturday.

The greased pig contest is returning for another year. It will begin at 7 p.m. Friday.

"The greased pig contest is a huge (favorite) of the public," said Beth Hill, the principal agent associate of 4-H Youth Development. "People love to bring their kids down and watch the children chase the little pigs."

Exotic animals from Work Horse Farm Rescue and Exotics will be on exhibit for two days. Two camels, a zebra and tortoises are among the featured animals.

"Everybody loves them, they're wonderful," Hill said.

Also returning are the pork and chicken barbecue dinners on Friday and Saturday, respectively.

The shooting sports club now has its own building, and there will be a variety of activities and games for children. The shooting sports club games will be from noon to 6 p.m. Saturday, and the live archery demonstration is from 3 to 4 p.m. Saturday.

This year, the fair will run a free shuttle service every half-hour from the fairgrounds to the Tolchester Marina and the Shanty. The shuttle, made available by the Town of Rock Hall, will give people staying at the marina an opportunity to attend the fair during the afternoon and evening. The shuttle will be available from 4 to 9 p.m. Friday and from noon to 10 p.m. Saturday.

Carnival rides from M&M Amusements will open at 4 p.m. Friday and noon Saturday. The ride costs are not included with admission.

Admission to the fair is $2; there is no cost for children under the age of 4.

For more information and to see a full schedule of events, visit kentcountyfair.org.

PHOTOS BY LEANN SCHENKE

Samantha Jayne, 11, paints H's on the 4-H clover July 11 at the county fairgrounds in preparation for the fair. The clover is painted on the doors of the Triple Shots' new storage shed. Russ Parsons, co-leader of the club, said after moving the shed to its new home at the fairgrounds, he thought it could use some color in the form of the 4-H clover.

4-H'ers work to spruce up the Kent County fairgrounds July 11 ahead of opening day July 19. The annual fair will run for three days with animal exhibits, demonstrations, fair food and rides, crafts and more. Pictured, from left: Coulby Spray, 15; Madisyn Yiannakis, 15; Emma Spray, 15; and Samantha Merrell, 14.

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COMING AUGUST 1ST
THE STAR DEMOCRAT Reader APPROVED TALBOT COUNTY
You have a great business, but is it Chesapeake Approved?
Let's find out!

Tilghman Island Summer
Seafood Festival
at the Firehouse & Kronsberg Park
There will be plenty of ice-cold beer, wine and sodas as well as nautical artisans, craft vendors and an indoor flea market. Free Admission.

Saturday
July 21st
2018
11:00am
TO
5:00pm

3pm Crab Race
Raffle: Harley Davidson Forty Eight
All You Can Eat Steamed Crabs (Market Price)
Steamed Crabs • Clams • Steamed Shrimp • BBQ Chicken
Pit Beef • Corn on the Cob • Hot Dogs... and more
All the proceeds go to the Tilghman Volunteer Fire Company
Tilghman Volunteer Fire Company
5979 Tilghman Island Rd.Tilghman, MD 21671 • tivfc@hotmail.com
For more info: www.tilghmanmd.com • www.tilghmanvfc.com

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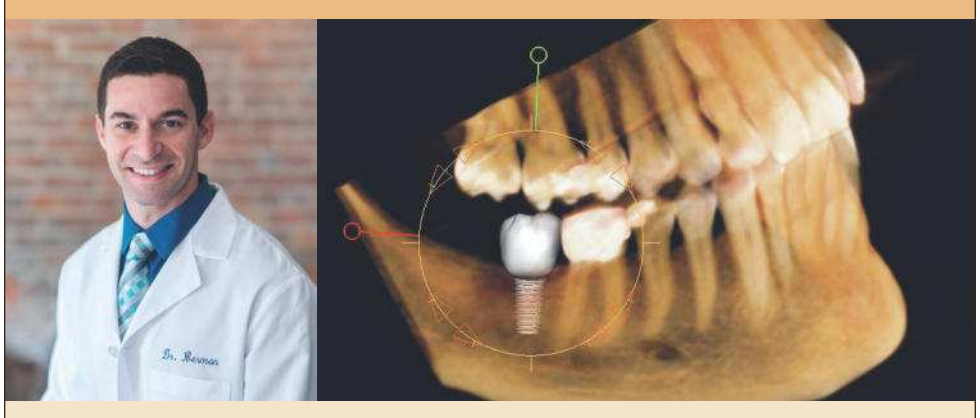
Brandon Berman, DDS
410-820-0230 | 127 N. West St., Easton, MD
Don't let a missing or loose tooth ruin your smile.



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Call today for a complimentary consultation to restore your smile!
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Our Vision for the Future
Public Information Meeting
Tuesday
July 31, 2018
6:30 - 8:30 p.m.
Learn About:
• The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
• How we'll deliver emergency care and meet the community's identified health care needs
• The proposed UM Shore Medical Campus at Cambridge
• Reasons for the change and what it means for the community
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• Campus development plans
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UM Shore Medical Campus at Cambridge – Our Vision for the Future
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Join Us!
For more information, please visit UMShoreRegional.org/DorchesterVision
University of Maryland Shore Regional Health

CAROLINE

From Page B1

P.J. Gunther's leadoff single in the top of the third led the game's first run; he scored two batters later on a base hit by Mason Pate.

Boyd, who stranded Maine runners on base in each of the first two innings, walked the first two batters in the bottom of the third before getting Fitzsimmons to chop back to him. Boyd quickly pivoted to his right, and fired to Will Turner at third, starting a rare but effective 1-5-3 double play. A ground out to second by the next batter ended the threat and stranded a runner on second.

Then the Maryland bats got going.

Chris Curler, hit by a pitch, came home several pitches later on a Boyles double to deep left field. Jake Towers drove in Boyles with a sacrifice fly; Mitch Gunther had an RBI double, while his cousin P.J. Gunther reached on an error and later scored. Turner walked and eventually crossed the plate on another Maine error, one of seven on the night.

Maryland pulled ahead further with an eight-run top of the fifth, punctuated by a Mitch Gunther RBI hit, and a triple to right-center by Gunner Johansen, which made it 10-0 and a possible rout-rule win.

"It was a fastball, low, outside, and I just tried to drive it where it needed to be," Johansen said. "I was thinking I could've maybe had an in-the-park homer, but my coach stopped me at third. Triple's still good, though."

Maryland added four more in that inning to make it 14-0. Maine scored two unearned runs on Johansen in the bottom of the fifth, but needed three more to extend the game into the sixth.

"Hopefully, we've shook off whatever that was early," Willoughby said. "We've got to come ready to play tomorrow."

The Maryland champs play Montoursville, the Pennsylvania state champion, today at 5 p.m.

Jordan Acree scored two times as a pinch runner in Thursday's victory. Curler scored three times, while P.J. Gunther crossed home twice. Jake Towers closed the blowout by retiring the three batters he faced in the bottom of the fifth. Hunter Horney, reeling in a pair of pop-ups at second, notched the last two putouts.

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MLB

From Page B1

playoff race. Rangers left-hander Cole Hamels and Reds pitchers Raisel Iglesias and Matt Harvey — remember him? — also could be headed for new homes. Royals third baseman Mike Moustakas and Twins second baseman Brian Dozier could provide hitting help for a contender.

"Starting pitching is always big during the trade deadline, whether it's me or somebody else who's having a good year," deGrom said.

The Padres also could ship out relievers Kirby Yates and Craig Stammen. They are the only team out of the conversation in the NL West, where the Dodgers' lead over fourth-place San Francisco is just four games. The Cubs have the best record in the National League after chasing Milwaukee for much of the first half, and the NL East looks like a three-team race.

Washington was supposed to be one of the haves this year, but it hasn't worked out so far. The Nationals hit the break with a .500 record, looking up at the surprising Phillies and Braves.

But ace right-hander Stephen Strasburg, first baseman Ryan Zimmerman and closer Sean Doolittle are set to return from injuries, and it looked as if Bryce Harper regained some of his swagger with his win in the All-Star Home Run Derby in his home ballpark.

"We've got to battle," Harper said. "I think the Braves are really good, the Phillies are good and those are two teams that are probably going to make some moves as well. Looking forward to the second half. Looking forward to do what we need to do."

While the NL features three tight division races, there is nothing like the duel in the AL East, or the crowded AL West for that matter.

The Red Sox and Yankees have baseball's best two records, and one of them very well could be headed for the wild-card game. The Astros are in prime position to become the first repeat World Series winner since the Yankees from 1998-2000, but any stumble and the Mariners or surging Athletics could push Jose Altuve and Co. into a more precarious spot.

"We need to win games and need to continue to push and put pressure on our division, put pressure on the rest of the American League," Astros manager A.J. Hinch said. "We have to do what we're capable of."

There is a lot to love about Boston, too. Betts is making a case for the AL MVP award, and Chris Sale leads the strikeout-crazy majors with a whopping 188 Ks. The Red Sox also have received surprising contributions from All-Star first baseman Mitch Moreland and left-hander Eduardo Rodriguez.

Of course, the Yankees don't look like they are going anywhere either, not with Judge anchoring a deep lineup and Luis Severino at the front of their rotation. Expect the AL East rivals to be on the hunt for help at the non-waiver deadline, desperately hoping to avoid that dicey wild-card matchup.

"One of the signs of a potentially great team is you're not satisfied with anything you've done to this point," Yankees manager Aaron Boone said. "A handful of guys have had really great years. There's more guys in that room who certainly feel like they can be even better. That's our expectation moving forward."

OPEN

From Page B1

Scotland. I know the rain is coming in tomorrow. I don't think the rain is going to affect how the golf course is playing in one day, but I have to just keep doing what I'm doing. If I have 22 puts the next three days, I bet I'll have a pretty good shot."

Carnoustie still managed to hold its own.

One shot behind was a collection of players with little history in golf's biggest events, including Erik Van Rooyen and Zander Lombard of South Africa. Tony Finau had eight birdies to offset his share of mistakes to join them at 67.

Of the top seven on the leaderboard, none has won a major.

Rory McIlroy and Jon Rahm powered their way to 69s, going for the green on short par 4s. Tiger Woods took out his driver one time and shot 71, a round slowed by a short putt he missed and a pot bunker he couldn't avoid.

"I played better than what the score indicates," Woods said. "I had two 8-irons into both par 5s today, and I end up with par on both of those. If I just clean up those two holes and play them the way I'm supposed to play them with 8-iron in my hand, I think I'd probably have the best round in the afternoon wave."

Almost. Eleven of the 31 players who broke par were in the afternoon side of the draw.

Even so, no one could really low. And those 31 players who broke par were separated by just four shots.

Three of Kisner's housemates also were under par — PGA champion Justin Thomas (69), two-time major champion Zach Johnson (70) and Fowler (70). Another is Spieth, who was in range of the lead until he made one mental error and two bad swings while dropping four shots over the last four holes for a 72 that didn't do too much damage.

Even in gentle weather by Scottish standards, Carnoustie served up its usual dose of craziness.

Padraig Harrington holed a short putt for par on the opening hole and turned to leave when he saw a golf ball trundle onto the green. It was the tee shot of U.S. Open champion Brooks Koepka, who hit driver off the tee to set up an easy birdie.

That was as easy as it got for Koepka for the next two hours. He shot 41 on the front nine. And then he shot 31 on the back nine.

"The scores probably weren't as low as we anticipated, but 1 over is not the worst," Koepka said. "Definitely didn't shoot myself out of it, which very easily could have happened."

Sergio Garcia hit a drive that never stopped rolling on No. 10 until it dropped over the edge of Barry Burn. The water was shallow enough for the former Masters champion to smash through a ball rock and water to get the club on the ball and escape without further damage.

Carnoustie was not kind to everyone.

Dustin Johnson, the world's No. 1 player, managed only one birdie in his round of 76, his highest start in the Open since his debut at Turnberry in 2009. Masters champion Patrick Reed, Hideki Matsuyama, Bubba Watson and Garcia were all at 75 and now have to worry about just getting to the weekend.

On the longest day — from Sandy Lyle hitting the opening tee shot at 6:35 a.m. and the group including newcomer Bronson Burgoon finishing off the first round nearly 13 hours later — everyone had their own style of getting around the course reputed to be the toughest links in golf.

"Different players are going to have a different way to see how they're going to play this golf course," McIlroy said. "I know Tiger is out there hitting a lot of irons off tees and doing it his own way. No one's going to argue with him — he did it like at Hoylake, and he was able to win there."

There's one difference, Woods said.

"Hoylake is flat. This is not," Woods said. "And when Hideki hits a 3-wood 400 yards into a burn, you know it's kind of quick. A couple of my 6-irons went about 240. It's hard for people to understand it, but it's just the nature of this golf course."

NASCAR

From Page B3

Collectively, Truex, Busch and Harvick have amassed 14 of this season's 19 victories. That isn't just dominant; it's overwhelming to the point of being ridiculous. Good for them, and their teams; they've figured something out the rest of the pack hasn't.

But let's please stop pretending anyone but those three has a shot at the championship. They don't. They may be championship-caliber drivers (Kyle Larson, Brad Keselowski and Denny Hamlin come to mind immediately), but they aren't having championship-caliber seasons. There's no need to send it in — they are competitors, after all — but we have to acknowledge the futility of it all.

If you couldn't beat them the past 19 weeks, what's different now?

This season, too, has been something of an anomaly. Having so few different winners is not only uncommon; it's never really happened before.

Truex, Busch and Harvick are all deserving champions. They've all already won a title in their careers, and a second would greatly aid any of their legacies. So let's focus on that storyline from now on, yes? Let's give the credit and the attention and the media focus to the three drivers who deserve it, the three drivers who actually do still matter at this point in the season.

We're all guilty of the same thing. We've all spread our attention to potential contenders, wannabe winners, drivers who are "so close, and are gonna keep working." That's all nice and good, but it, like the rest of the regular season, doesn't really matter.

It's about time we stop kidding ourselves and focus on what does.

* * *

Who's Hot/Who's Not

HOT

Martin Truex Jr.: His fourth win of the season puts him right on the heels of Kevin Harvick and Kyle Busch, who each have five W's in 2018.

Erik Jones: A week after scoring his first career Cup win, Jones earned another Top 10 and proved he won't just wash out of the playoffs.

NOT

Ricky Stenhouse Jr.: He started wrecks at Daytona two weeks ago, but now has two subpar finishes and is just outside of the playoff bubble.

Alex Bowman: For someone clinging desperately to a last playoff spot, a DNF isn't ever the result you want to see.

RAVENS

From Page B3

this year because they are playing the Chicago Bears in the annual Hall of Fame Game on Aug. 2. The rookies reported July 11 and veterans arrived one week later.

Coach John Harbaugh plans to use the extra time wisely, particularly with giving the veteran players some time off.

"In the big picture, you have one more week to work," Harbaugh said. "It gives us an opportunity to have more of an acclimation period, especially for the veteran guys and also really for the whole team. It gives us an opportunity over the long haul to get more work in, but also spread the work out a little more and give us a little more recovery, which would be beneficial."

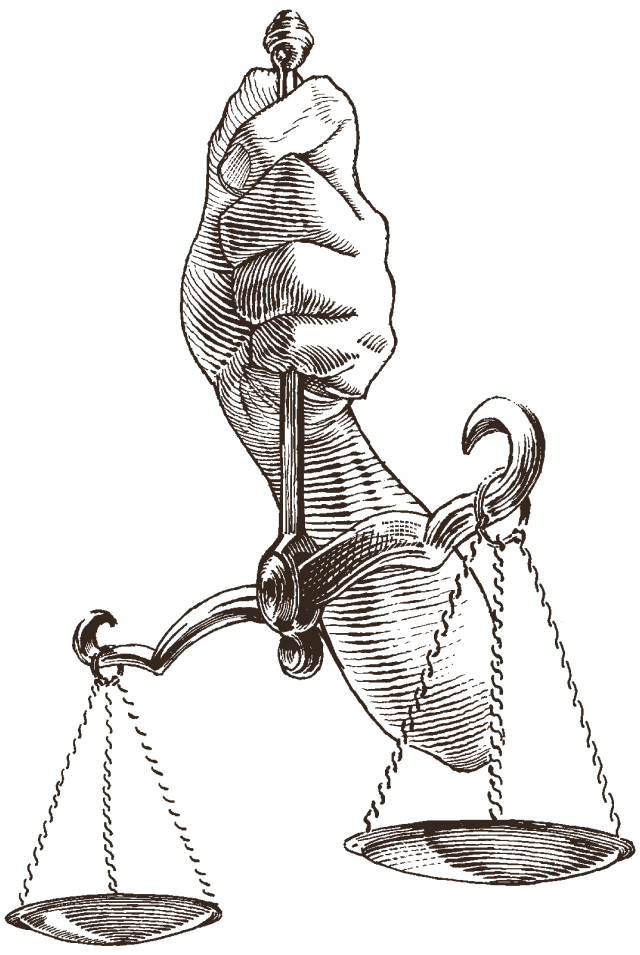
The Ravens are looking to be equally adept on the other side of the ball with new defensive coordinator Don "Wink" Martindale, who took over for Dean Pees. The players are already lauding Martindale's approach and expect to be a dominant unit.

Linebacker C.J. Mosley, who is in the final year of his rookie contract, said Martindale's scheme gives the players an opportunity to be "more diverse."

"A lot of the plays stayed the same," Mosley said. "We might have changed the verbiage here and there. But for the most part, it's been pretty much the same. Guys are learning the different positions so we can be more versatile."

AP PHOTO

Ravens quarterback Joe Flacco, right, throws a pass in front of quarterback Robert Griffin III during the team's training camp practice Thursday in Owings Mills.



PUBLIC NOTICE
TOWN OF HURLOCK

The Hurlock Board of Appeals will meet Thursday, July 26, 2018 at 6:00 pm. The meeting will be for training purposes and open to the public. The meeting will be held at the Hurlock Town Office, 311 Charles St.

John Avery
Town Manager
SD 7/20 2796428

TALBOT COUNTY
ANIMAL CONTROL BOARD

NOTICE OF MEETING

Notice is hereby given that on July 26, 2018, at 6:00 pm in the Bradley Meeting Room, Talbot County Courthouse, South wing, 11 N. Washington St., Easton, Maryland, the Talbot County Animal Control Board will conduct a meeting in continuance of making recommendations to the County Council regarding possible changes to the Talbot County Code related to the care of animals in extreme weather, tethering, an annual inspection for animal boarding, training and breeding facilities, and changes to the definitions and current fine schedule related to animals. A public hearing on such suggestions will be scheduled for August.

The hearing and meeting are open to the public. Persons desiring additional information may contact the Secretary to the Animal Control Board, c/o Talbot County Office of Law at (410) 770-8092.

SD 7/20/25 2795727

PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

SD 7/13,20,27,29 2795386

PUBLIC NOTICE
TOWN OF HURLOCK
BOARD OF APPEALS HEARING
CASE #1-18

On Thursday August 16, 2018 at 7:00 pm the Hurlock Board of Appeals will meet to consider Case #1-18. Case #1-18 is a request for a Special Exception by Delmarva Community Services to operate a boarding house at 206 Academy St., Hurlock. Delmarva Community Services operated this house in the past as a boarding house and is requesting to reinstate the use for community needs. The property is zoned R-2 which allows boarding houses by Special Exception. The Hearing will be held at the Hurlock Town Office 311 Charles St., Hurlock, MD and will be open to the public.

For more information contact the Hurlock Town Office at 410-943-4181.

John Avery
Town Manager
SD 7/20 2796433

TALBOT COUNTY PUBLIC NOTICE

Notice is hereby given that a public hearing will be held by the County Council of Talbot County, on Tuesday, August 14, 2018 at 6:30 p.m. in the Bradley Meeting Room, South Wing, Talbot County Courthouse, 11 North Washington St., Easton, Maryland 21601 for consideration of Bill Nos. 1390-1400. The legislation authorizes certain capital projects included in the 2018-2019 Fiscal Year Budget for Talbot County. The Bills are as follows:

Bill No. 1390, A BILL TO AUTHORIZE IMPROVEMENTS TO CLAIBORNE ROAD

Bill No. 1391, A BILL TO AUTHORIZE THE REPLACEMENT OF THE COUNTY COURTHOUSE COMPLEX HVAC SYSTEM

Bill No. 1392, A BILL TO AUTHORIZE MASONRY REPAIRS TO THE COUNTY COURTHOUSE COMPLEX

Bill No. 1393, A BILL TO AUTHORIZE THE DEVELOPMENT OF THE FREDERICK DOUGLASS PARK ON THE TUCKAHOE, LOCATED AT 13213 LEWISTOWN ROAD, QUEEN ANNE, MARYLAND

Bill No. 1394. A BILL TO AMEND THE APPROPRIATION FOR THE CONSTRUCTION OF A NEW EASTON ELEMENTARY SCHOOL

Bill No. 1395, A BILL TO AMEND THE APPROPRIATION FOR TALBOT COUNTY'S SHARE OF THE UPGRADE OF THE UPPER MARYLAND EASTERN SHORE RADIO SYSTEM

Bill No. 1396, A BILL TO AUTHORIZE IMPROVEMENTS TO THE TALBOT COUNTY GOVERNMENT BAY STREET FACILITY PARKING LOTS, EASTON, MARYLAND

Bill No. 1397, A BILL TO AUTHORIZE A PUBLIC LANDINGS MAINTENANCE PROGRAM

Bill No. 1398, A BILL TO AUTHORIZE A STUDY FOR THE LOCATION AND DESIGN OF A NEW FACILITY FOR THE TALBOT COUNTY SHERIFF'S OFFICE

Bill No. 1399, A BILL TO AUTHORIZE SIDEWALK REPAIRS AND REPLACEMENT AROUND COUNTY FACILITIES

Bill No. 1400, A BILL TO AMEND THE APPROPRIATION FOR THE DREDGING OF TONGERS BASIN FOR THE CONSTRUCTION OF BOAT SLIPS AND THE REPAIR AND/OR REPLACEMENT OF THE BULKHEAD AT TONGERS BASIN, TILGHMAN, MARYLAND

Copies of the Bills are available for review in the Office of the County Manager during regular office hours or on the County's website at www.talbotcountymd.gov. If you require communications assistance, please contact the County Manager's Office at (410) 770-8010 or TTY (410) 822-8735 by Monday, August 13, 2018.

All interested parties are hereby notified, invited to attend and to comment.

COUNTY COUNCIL OF TALBOT COUNTY

SD 7/13/20 2795486

SUBMITTED PHOTO

From left: Audubon's Dr. David Curson, David O'Neill, Gov. Larry Hogan's Deputy Chief of Staff Jeannie Haddaway-Riccio, Audubon's Mark Scallion, Jaime Bunting and Southern Maryland Audubon Society's Mike Callahan with a Red-tailed Hawk with Hogan's Year of the Bird Proclamation, which was delivered at Pickering Creek Audubon Center's annual "Tour Toast and Taste" event in Easton.

Gov. Hogan proclaims 2018 Year of the Bird

EASTON — Gov. Larry Hogan proclaimed 2018 as the Year of the Bird in Maryland.

The declaration celebrates native and migratory birds making their way through Maryland, as well as the state's landscapes and water resources that support them.

"Maryland is home to some of the most beautiful and iconic birds in the world — from the majestic great blue heron on the Chesapeake Bay to our state bird, the Baltimore oriole," Hogan said. "The Year of the Bird is an opportunity for Maryland citizens and tourists alike to celebrate the educational and recreational role of birds that live and migrate through our state, as well as a great reminder of the importance of conserving our natural resources. I want to thank the National Audubon Society for their efforts to protect birds and their habitats in Maryland and beyond."

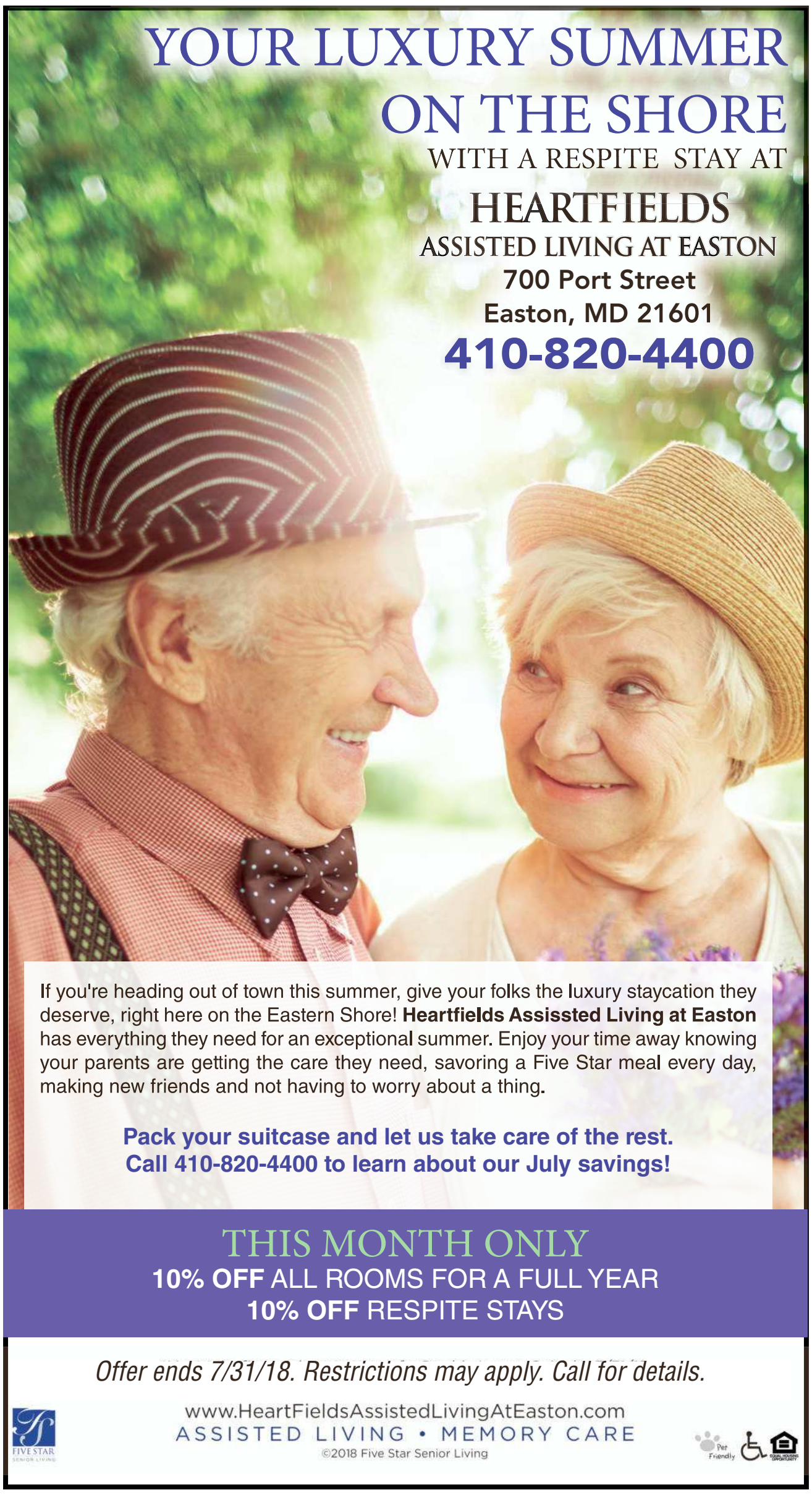
Hogan's Deputy Chief of Staff Jeannie Haddaway-Riccio delivered the proclamation to more than 200 guests at Pickering Creek Audubon Center's annual "Tour, Toast and Taste" fundraiser. Held at Lombardy Estate in Easton, this event helps raise funds for Audubon's efforts to further environmental education for school-aged students.

Audubon is working with a host of state and federal agencies on important bird area protection, environmental literacy and sea level rise adaptation, including the Maryland Department of Natural Resources and the Maryland State Department of Education on Hogan's Project Green Classrooms.

Maryland is home to 42 Important Bird Areas, more than 400 observed species and the Chesapeake Bay watershed, which serves as an important breeding and stopover area for millions of migratory birds each year. The governor's declaration recognizes Maryland's natural resources provide important habitat for birds.

People around the world are celebrating 2018 as Year of the Bird to mark the centennial of the Migratory Bird Treaty Act, one of the oldest wildlife protection laws in the United States. In honor of this milestone, National Geographic, Audubon, Cornell Lab of Ornithology, BirdLife International and dozens of other partners around the world joined forces to celebrate 2018 as the Year of the Bird.

"Year of the Bird is an easy way people can take small everyday actions to help birds along their journeys," said David Yarnold, president and CEO for National Audubon Society. "Maryland's Chesapeake Bay provides wintering grounds for approximately one-third of the Atlantic coast's migratory population, including iconic waterfowl species like the Tundra Swan, Canada Goose, Northern Pintail and Green-winged Teal for centuries. We'd like to thank Gov. Hogan for declaring 2018 as Year of the Bird and recognizing the importance of birds and the places we share."



First agriculture degree granted at Chesapeake

WYE MILLS — May 2018 graduate Savanna Marks of Stevensville is the first student at Chesapeake College to earn an applied science degree in agriculture.

SAVANNA MARKS

The 60-credit program was launched in 2016 and is designed to prepare students for a career in agriculture or to transfer credits and advance to a four-year institution.

In the fall, Marks plans to pursue a bachelor's degree in agriculture at the University of Delaware. In addition to being a full-time student at Chesapeake, she applied her classroom studies in the workplace at Crop Production Services in Centreville.

Marks joins Jordan Wilmer of Centreville and Taryn North of Trappe as the first recipients of the Jenny Rhodes Endowed Scholarship awarded to Chesapeake agricultural studies students.

Wilmer completed his first year at Chesapeake after earning credits through the CASE Agriculture curriculum offered at Queen Anne's County High School. He also works for a Queen Anne's County poultry grower. North will begin her second year of agricultural studies in the fall. Outside the classroom, she cares for alpacas on her family farm.

The Jenny Rhodes Scholarship was created in 2017. Rhodes is a senior agent and educator for the University of Maryland Extension in Queen Anne's County. Together with her sons, she owns and operates Deerfield Farms, a poultry and irrigated grain farm in Centreville that produces 500,000 antibiotic-free broilers annually.

"Jenny has provided valuable ideas for course activities and studies at Chesapeake and her local connections have helped our agriculture program to prosper," said Nicole Fiorellino, Chesapeake College Agriculture Program coordinator and instructor. "Her ongoing guidance and support through the scholarship contributes to the continued prosperity of agriculture on the Eastern Shore."

Chesapeake College is the first two-year institution in Maryland to offer a degree in agriculture. For more information on agricultural studies at Chesapeake and the Jenny Rhodes Endowed Scholarship, email admissions@chesapeake.edu.

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:
- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline

UM Shore Medical Campus at Cambridge – Our Vision for the Future

Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.

PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

O'S

From Page B1

a double off the center-field wall. He advanced to third on a grounder to second and scored when Jake Bauers singled through a pulled-in infield. Two batters later, Bauers scored from second on a broken-bat single against the shift by Ji-Man Choi.

Jonathan Schoop erased that deficit with a towering home run that seemed to go as high as it did far, just sneaking inside the left-field foul pole to give him a home run in four straight games and his fifth in six games since the All-Star break.

Before Schoop's streak, Manny Machado was the focal point of the Orioles offense, outperforming everyone around him to the point in which it was a wonder anyone pitched to him. In the week since, the same can be said for Schoop.

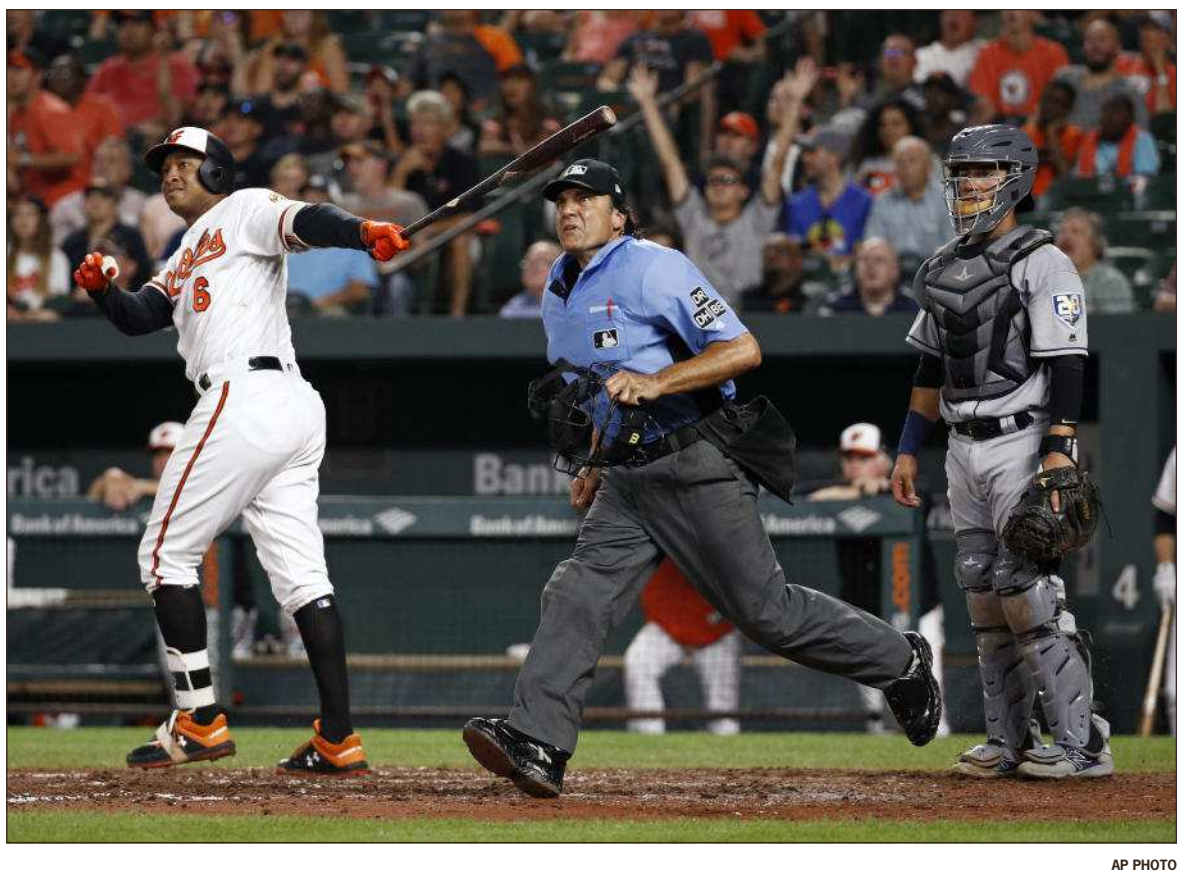
Yet Machado's feats often came in games that, for one reason or another, the Orioles found ways to lose. It happened quickly Thursday.

Cobb, for the first time since he made his debut April 14 after an accelerated spring training, had pulled his ERA below six at 5.99 after allowing just the two fourth-inning runs in six strong innings. He came back out for the seventh on a reasonable 83 pitches and watched things change quickly.

Choi hit a ball off the top of the wall in left field to lead off the inning that was judged to have been touched by a fan and called a double. A long replay kept it that way instead of making it a home run, but Cobb had two more pitches left to make. Joey Wendle and Adeiny Hechavarria each singled, the latter to break the tie, and Cobb exited with a 6.08 ERA. It was still his ninth quality start in 19 chances.

The fourth run Cobb allowed was unearned after Mariñez's error, one made more costly by the fact that Chris Davis hit his longest home run since Aug. 27, 2016 — a 434-foot blast to center field — with one out in the eighth inning.

That, combined with the fact that the Orioles stranded eight and didn't have a hit with three chances with a runner in scoring position, resigned them to a fifth loss in six games since the All-Star break.



AP PHOTO

The Orioles' Jonathan Schoop, umpire Phil Cuzzi and Rays catcher Michael Perez watch Schoop's two-run home run during the fifth inning of Thursday's game.

NATS

From Page B1

his neck. Shortly thereafter, Washington announced third baseman Anthony Rendon, a rare bright spot in recent weeks, was put on the paternity list and likely won't return until Sunday.

The Nationals (51-51) chugged along without them, exhibiting a grittiness often absent this season in a come-from-behind win. Tommy Milone, Strasburg's replacement, recovered from the Marlins' three-run first inning to complete his first big league appearance this season with four straight zeros. Trea Turner supplied a home run and a go-ahead two-run triple to head the comeback before others joined to blow the game open. The bullpen pieced the final 12 outs together without faltering.

A comeback was necessary because the first inning quickly went awry for Washington. Adam Eaton's walk and Turner's single in the first inning gave the Nationals two runners on base to start the game.

But the Nationals, as they have repeatedly this season, ran a clinic on how to squander a valuable scoring opportunity. First, Bryce Harper, the man the Nationals are paying to execute in those spots, struck out. Ryan Zimmerman followed with a pop out before Eaton was picked off at second base before Juan Soto, the Nationals' most dangerous hitter for weeks, could attempt to salvage the inning.

Meanwhile, the Marlins (44-60), a rebuilding club miles from playoff contention, were not wasteful in the first inning. Miami welcomed Milone with three straight hits, capped off by J.T. Realmuto's RBI double. Justin Bour added a sacrifice fly and Cameron Maybin later knocked in another run with a single. In minutes, the Nationals went from threatening to sinking into a three-run hole.

The excavation process began in the fourth inning, when Turner and Soto clobbered solo home runs. Turner's blast ricocheted off the deactivated psychedelic statue adorning the ballpark beyond the wall in left-center field. Soto's was a missile to right field, giving the teenager 12 homers in two-plus months as a major leaguer. He later became the first teenager to get intentionally walked twice in a game since Robin Yount in 1975.

It took until the sixth inning for the Nationals to inflict damage with a runner on base. Zimmerman provided the thunder, stroking a two-out double off the wall to score Eaton from first base to knot the game at three.

Meanwhile, Milone had settled into his first start as a National since his rookie season in 2011. The left-hander tallied just one perfect inning, but he danced around the Marlins' threats to complete five frames. He allowed the three runs on eight hits, struck out six, and didn't walk a batter. He gave the Nationals offense time to respond. They took the lead for good in the seventh inning when Turner, who finished a double short of the cycle, smacked a triple off the wall in right field. Harper then bounced an RBI double down the right field line on a 3-0 pitch.

Two innings later, Matt Wieters, who had already twice left the bases loaded, delivered a two-run double with the bases loaded, Wilmer Difo clobbered an RBI triple, and Michael A. Taylor supplied a run-scoring double.

Those are the types of innings, filled with opportunistic hitting, Washington needs moving forward. A few more like those over the next few days and perhaps the Nationals will leave Miami not as sellers, but confident a playoff berth is within reach with the team assembled as they've insisted all along.

PUBLIC NOTICES

PROTECTING YOUR RIGHT TO KNOW

PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

SD 7/13,20,27,29 2795386

TALBOT COUNTY PUBLIC NOTICE
INVITATION TO BIDDERS

TITLE: ASPHALT PAVING - COVEY'S LANDING PARKING LOT, 32550 COVEY'S LANDING ROAD, CORDOVA, MARYLAND 21625

BID NO.: 18-07

Sealed bids for this project shall be accepted by the Office of the Talbot County Manager, South Wing, Talbot County Courthouse, 11 N. Washington Street, Easton, Maryland, 21601 until **2:00 p.m.** local time on **Thursday, August 30, 2018**, at which time they shall be opened and read aloud.

The Scope of Work consists of furnishing all labor, materials, equipment and appurtenances as necessary for the site preparation and asphalt paving of approximately 16,000+/- square feet of property located at 32550 Covey's Landing Road, Cordova Maryland 21625 as described in the bid specifications, and as directed by the Director of Parks & Recreation, or his designee. All work shall be in accordance with the project specifications and shall be completed within ninety (90) calendar days of the Notice to Proceed.

The Request for Proposal and Other Contract Documents may be obtained from Preston Peper, Director, Talbot County Department of Parks & Recreation, 10028 Ocean Gateway, Easton, Maryland 21601 (410) 770-8050.

The County Council of Talbot County, Maryland reserves the right to reject any and all bids or to accept any bid, or portions thereof, when in their judgment, the public will be better served.

TALBOT COUNTY DEPARTMENT
OF PARKS AND RECREATION
SD 7/27/8/3 2797818

NOTICE OF PUBLIC HEARING
THE COMMISSIONERS OF CAMBRIDGE
ZONING TEXT AMENDMENTS
PROPOSED ORDINANCE NOS. 1128 AND 1129

Notice is hereby given that the Commissioners of Cambridge will hold a public hearing on MONDAY, AUGUST 13, 2018 at 6:00 p.m. in the Council Chambers, 305 Gay Street, Cambridge, Maryland, and then take action on the following proposed Ordinances:

1. Ordinance No. 1128 proposing to amend Chapter 11 (Vehicles and Traffic) of the Code of the City of Cambridge to exempt Mobile Food Establishments from the restrictions on sales from parked vehicles on any street or municipal parking lot within the City; and

2. Ordinance No. 1129 proposing to amend: 1) § 4.2.3 and Table 1: Permitted Uses by Zoning District of the Unified Development Code (the "UDC") to allow Mobile Food Establishments as a Permitted Use with Conditions in the General Commercial, Corridor Mixed-Use, Institutional, Industrial, Resource Conservation, Neighborhood Conservation, Residential, and Maritime Resort Zoning Districts; 2) § 4.4.4 and Table 2: Permitted Uses by Zoning Subdistrict in the Downtown/Waterfront Development District of the UDC to allow Mobile Food Establishments as a Permitted Use with Conditions in the Core, General, Civic, Neighborhood, and Gateway Subdistricts; and 3) § 9.2 of the UDC to define terms associated therewith.

The foregoing constitutes a fair summary of proposed Ordinance Nos. 1128 and 1129, which the Commissioners introduced at a public meeting held on July 23, 2018.

Interested persons shall have an opportunity during the public hearing to provide comment on the foregoing proposed Ordinances. Information regarding proposed Ordinance Nos. 1128 and 1129 may be reviewed at the City of Cambridge City Hall, 410 Academy Street, Cambridge, Maryland, during the hours of 8:30 a.m. – 4:30 p.m. Monday – Friday. Written comments shall be considered provided that they are received at City Hall by 4:30 p.m. on MONDAY, AUGUST 13, 2018.

Oden C. Wheeler, Jr., Interim City Administrator/City Clerk/
Director of Public Works

SD 7/27/8/3 2797413

NOTICE OF PUBLIC HEARING

Appeal No. 18-1680

In accordance with Chapter 20, § 20-10 & § 20-11 of the Talbot County Code, notice is hereby given that a public hearing will be held in the **Bradley Meeting Room, Court House, South Wing, 11 North Washington Street, Easton, Maryland on August 6, 2018 at 6:30 p.m.** by the Talbot County Board of Appeals to hear the following petition:

Applicant, Bald Eagles Nest, LLC is requesting a variance of the required 150 foot setback to 86 feet from a state highway (MD Route 333), to replace and relocate a residential structure. The existing residential structure known as the Gate House will be demolished. Request is made in accordance with Chapter 190 Zoning, Article V, § 190-114 and Article IX, § 190-182 of the Talbot County Code. Property is located on MD Route 333 at 5028 Wintersell Road, Oxford, Maryland 21654. The property is located in the Rural Conservation/Western Rural Conservation (RC/WRC) District. Property owner is Bald Eagles Nest, LLC, and the property is identified as Parcel 33 of Tax Map 54, Grid 1. All persons are notified of said hearing and invited to attend. **The Board reserves the right to close a portion of this hearing as authorized by Section 10-508 (a) of the Maryland Annotated Code.**

A copy of said petition is available for inspection during the regular office hours of the Talbot County Board of Appeals, 215 Bay Street, Suite 2, Easton, Maryland.

Chris Corkell
Board of Appeals

SD 7/20/27 2795924

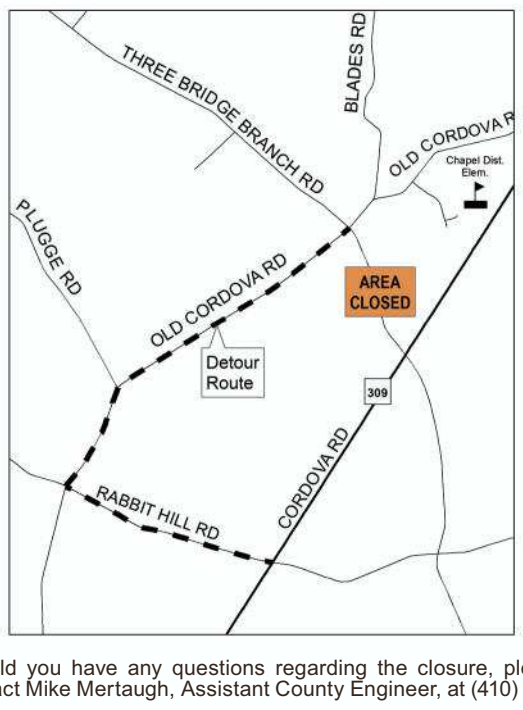
TALBOT COUNTY PUBLIC NOTICE

Temporary Road Closure – Three Bridge Branch Road
Friday, August 3, 2018, and Saturday August 4, 2018
From 10:00 AM to 11:00 PM and Sunday, August 5, 2018
from 10:00 AM TO 9:00 P.M.

Notice is hereby given that the portion of Three Bridge Branch Road between MD Route 309 (Cordova Road) and Old Cordova Road will be closed to **all** through traffic, including pedestrians and bicycles, on Friday, August 3, 2018 and Saturday, August 4, 2018 from 10:00 AM to 11:00 PM and also on Sunday, August 5, 2018 from 10:00 AM to 9:00 PM for an event in this area.

The roadway will be open to through traffic at all other times during this two-day period.

A detour route is outlined below:



Should you have any questions regarding the closure, please contact Mike Mertaugh, Assistant County Engineer, at (410) 770-8170.

TALBOT COUNTY COUNCIL

SD 7/27/29/8/1 2797874

TOWN OF HURLOCK
PUBLIC NOTICE

The Town of Hurlock will be accepting bids for the roof replacement of the Hurlock Library, 222 S. Main St., Hurlock, MD 21643. Bids must be submitted to the Hurlock Town Office, 311 Charles St., by 1:00 pm August 17, 2018. Bids will be opened publicly at the Hurlock Town Office immediately following the deadline. Contact the Town Office for specifications or questions at 410-943-4181.

John Avery
Town Manager

SD 7/27 2797803

Alba Law Group, P.A.
11350 McCormick Road
Executive Plaza I, Suite 302
Hunt Valley, MD 21031
(443) 541-8600

SUBSTITUTED TRUSTEES' SALE OF
REAL PROPERTY
KNOWN AS NO. 3738 MARVEL DRIVE
TRAPPE, MD 21673
CASE NUMBER C-20-CV-17-000212

Under and by virtue of the power of sale contained in a Deed of Trust from Chad L. Everett, Ocelee B. Everett, recorded among the Land Records of Talbot County in Liber 1318, folio 644, and Declaration of Substitution of Trustees recorded among the aforementioned Land Records substituting Mark S. Devan, Thomas P. Dore, Brian McNair, and Angela Nasuta as Substituted Trustees, the Substituted Trustees will offer for sale at public auction, at the Courthouse Door, 11 North Washington Street, Easton, Maryland, 21601 on Monday, August 13, 2018 at 01:45 PM:

All that lot of ground and the improvements thereon situate in Talbot County, State of Maryland, as described in the Deed of Trust recorded among the Land Records of Talbot County, in Liber 1318, folio 644, also being further described in a Deed recorded among the Land Records of Talbot County in Liber 1140, folio 372. The improvements thereon consist of a dwelling.

The property will be sold in "AS IS" condition, subject to any existing building violations, restrictions and agreements of record. The purchaser assumes all risks of loss for the property as of the date of sale. Neither the Substituted Trustees nor their respective agents, successors or assigns make any representations or warranties, either expressed or implied with respect to the property. The Substituted Trustees shall convey insurable title.

TERMS OF THE SALE: A deposit in a form acceptable to the Substituted Trustee in the amount of $15,000.00 will be required of the purchaser, other than the Holder of the Note or its assigns, at the time and place of sale. Any amount tendered at sale in excess of the required deposit will be refunded and not applied to the purchase price. Unless the purchaser is the Holder of the Note or its assigns, the balance of the purchase price shall be paid immediately with available funds within ten (10) days of the final ratification of the sale by the Circuit Court for Talbot County. Time is of the essence. The purchaser, other than the Holder of the Note or its assigns, shall pay interest at the rate of 5.75000% per annum on the unpaid portion of the purchase price from the date of sale to date of settlement. Real property taxes and assessments shall be adjusted to the date of sale and assumed thereafter by the purchaser. Ground rent, water and/or sewer charges public or private, if any, shall be adjusted to the date of sale and assumed thereafter by the purchaser. Cost of all documentary stamps and transfer taxes shall be paid by the purchaser. Purchaser shall have the responsibility of obtaining possession of the property.

In the event settlement is delayed for any reason , there shall be no abatement of interest. If the purchaser defaults, the entire deposit is forfeited. The Substituted Trustees shall resell the property at the risk and expense of the defaulting purchaser. The defaulting purchaser shall be liable for the payment of any deficiency in the purchase price, all costs and expenses of both sales, attorney fees, all other charges due, and incidental and consequential damages. Defaulting purchaser also agrees to pay the Substituted Trustees' attorney a fee of $350.00 in connection with the filing of a motion to resell.

In the event the Substituted Trustees do not convey title for any reason, purchaser's sole remedy is return of the deposit. The Purchaser shall have no further recourse against the Mortgagor, the Mortgagee or the Mortgagee's attorney. The Substituted Trustees shall have the right to terminate this contract in the event the Holder or its Servicer has entered into any agreement with, or accepted funds from, the mortgagor. Upon termination of the contract, Purchaser's sole remedy shall be return of the deposit.

Mark S. Devan, Thomas P. Dore, Brian McNair,
and Angela Nasuta, Substituted Trustees

Tidewater Auctions, LLC
(410) 825-2900
www.tidewateauctions.com

SD 7/27/8/3/10 2797044

Team Parker tops Team Delle Donne in All-Star clash

Parker 119 – Delle Donne 112

MINNEAPOLIS (AP) — Lynx star Maya Moore won her third straight All-Star MVP award to lead Team Parker past Team Delle Donne 119-112 in the WNBA All-Star Game on Saturday.

Moore scored 18 points, grabbed eight rebounds, and dished out six assists to win the MVP award on her home court. She joined Lisa Leslie as the only three-time MVP of the game and became the all-time scoring leader in All-Star history, passing Tamika Catchings' mark of 108 points.

Allie Quigley of the Chicago Sky also scored 18 points and Skylar Diggins-Smith added 17 points, eight rebounds, and eight assists for Team Parker.

Team Delle Donne's Kristi Tolliver of the Washington Mystics led all scorers with 23 points, including 7-for-11 shooting on 3-pointers. Rookie A'ja Wilson of the Los Vegas Aces added 18 points.

Liz Cambage capped off the game with a dunk, becoming the sixth different player to do it in the game.

Eschewing the traditional East-vs.-West format for the first time, the league let captains Elena Delle Donne of the Mystics and Candace Parker of the Los Angeles Sparks chose up sides from a pool of the top players in All-Star voting. That allowed for the rosters to be heavily dominated (16 of the 22 players) by the Western Conference, home of six of the top seven teams in the league standings.

Four players from the hometown Minnesota Lynx were selected for the game, two on each roster, creating a festive atmosphere with the crowd cheering loudly for both sides throughout the game. Moore and Brunson (four points, five rebounds) played for the winning side, while Seimone Augustus (14 points) and Sylvia Fowles (two points, six rebounds) played for Team Delle Donne.

AP PHOTO

Team Parker's Chelsea Gray, right, lines up a shot against Team Delle Donne's Brittney Griner in the first half Saturday of the WNBA All-Star basketball game in Minneapolis.

WNBA

PASSING THE TORCH

The second quarter began with the league's career leaders in scoring (Diana Taurasi), rebounding (Rebekkah Brunson) and assists (Sue Bird) on the floor. But youth was served with Wilson scoring eight straight points for Team Della Donne. Wilson, the No. 1 overall pick out of South Carolina, was the only rookie selected for the game and scored 12 points in the second quarter to lead all scorers at halftime.

VIVA LAS VEGAS

WNBA President Lisa Borders announced that the 2019 All-Star Game will be held in Las Vegas, home of the Aces, who relocated from San Antonio after last season. The Aces, who were represented by Wilson and guard Kayla McBride, reached the All-Star break only 1 1/2 games out of the final playoff spot.

DEFENDING THE CROWN

Quigley beat a field of six participants to win her second straight WNBA Three-Point Contest. After she and McBride tied with 18 in the head-to-head finals, Quigley caught fire in redo, scoring 29 of a possible 34 points.

Howard pickup could improve Wizards' pick-and-roll

By **CANDACE BUCKNER**
WPNS Sports Writer

(WPNS) — During the Washington Wizards' first game of the Eastern Conference playoffs, Bradley Beal noticed a trend. The Toronto Raptors were alternating defenses when Beal operated as the ball-handler in pick-and-roll plays. They committed, switched, and sometimes threw a hard hedge — when the defender on the screener jumps out on the ball-handler to slow down the action. After the Wizards lost Game 1, Beal sought a solution to Toronto's tactics.

"They did a good job of it, but I watched film," Beal said April 17, the morning before Game 2, "and I think I got some counters that will beat their defenses."

He didn't. As the Wizards' ball-handlers tried to create basketball poetry, operating around the occasional hard pick mixed with too many half-hearted screens, the play was perforated as Washington fell into a two-game deficit.

Enter one of the most active roll men in the NBA. While many have dissected the Wizards' decision to add Dwight Howard, who was traded from the Charlotte Hornets to the Brooklyn Nets, then negotiated a buyout to become a free agent, his new teammates can focus on the big man's particular skill set. On a purely basketball front, a healthy Howard may cure Washington's weaknesses in the pick-and-roll and improve any blind spots on the fast break.

"Some of the narrative is out there that I heard, but I'm not concerned with it," Wizards coach Scott Brooks said Monday after Howard was officially introduced. "My focus is on him and what we've talked about and our relationship, what we'll establish going forward."

Last season, when the Wizards had a ball-handler blossoming in confidence in Beal; a big man willing to sacrifice his body for screens in Marcin Gortat; and, for only 41 games, the services of a five-time point guard deft in finding teammates in John Wall, the team often relied on the pick-and-roll to create offense. Despite having personnel suited for the play, the Wizards were surprisingly inefficient as a pick-and-roll team.

Washington ranked below average in plays produced from the pick-and-roll ballhandler, 0.82 points per possession for 19th overall, according to NBA Advanced Stats. And even though Gortat finished fourth in the league in screen assists, the team recorded just 0.98 points per possession (27th in the league) when the action went to the roll man.

The bread-and-butter play starts, naturally, with a pick and is designed to create an open shot for the ball-handler or a pass to the cutting screener. The Wizards, however, sometimes found the simple play more difficult, just as Beal experienced in

NBA

Game 1 against the Raptors.

On that night, Beal, who led the team with 510 possessions as the pick-and-roll ballhandler in 2017-18 according to Synergy Sports, often faced an extra defender after a teammate slipped the screen. Although that's common in the NBA, a hard screen initiates the action, and the threat of the screener finishing near the rim is more likely to keep a defender from hedging the ball-handler. Gortat did not pose such a threat — he made only 45.5 percent of his shots on plays in which he rolled to the basket. Conversely, Howard shot 58.4 percent on the same plays last season for Charlotte.

"He's still athletic," Wall said about Howard. "Look what he did last year: He averaged 16 and 12. He's a guy who can still catch lobs and dunk the ball under the basket."

Still, Howard's work as a roll man graded out as average on Synergy's rating system. He performed better, however, in transition. The statistical website separately evaluated both Howard and the Wizards as excellent on transition plays, and Brooks already can envision how the big man would be most effective when the team elects to get out and run.

"We want to play fast. How do you play fast? You don't play fast by getting the ball ... out through the net," Brooks said. "You've got to get it off the rim and get out and run. He's the best rebounder in the league, and to be able to do that, it creates offense for our guys that can play fast, that can shoot."

Howard averaged 12.5 rebounds, ranking third in the NBA behind Andre Drummond (16.0) and DeAndre Jordan (15.2), but even when he wasn't concluding a defensive possession by securing the ball, the 265-pounder still hurried down the floor fast enough to finish many of Charlotte's breaks. Howard completed 36 of 51 shot attempts in transition (nearly 71 percent) and drew free throws on 26.6 percent of those possessions.

On the day of Game 2 between the Wizards and Raptors, Howard was busy in Charlotte holding a Jr. NBA clinic at the Dwight Howard Boys & Girls Club. Howard had missed the playoffs for only the fourth time in his 14-year career, and the Wizards were missing someone with his skills as an efficient roll man and transition scorer. Two months later, after Howard was dealt by the Hornets, he received an Instagram direct message from Wall asking whether he wanted to play in Washington. He said yes. The big man looking for a home found one with a team that needs a pick-and-roll boost.

"I think we are going to really just shock a lot of people, and I think for me, the rest of this team and this organization, it's all about winning. That is our mindset," Howard said. "That is the only thing that us as players have been talking about, myself, coach and also Ernie [Grunfeld, the general manager], how we are excited about turning things around here in D.C."

AP PHOTO

Washington Wizards recently acquired center Dwight Howard poses for a photo with his father Dwight Howard, Sr., during a news conference in Washington on Monday. Howard, an eight-time All-Star, averaged 16.6 points per game and 12.5 rebounds last season with the Charlotte Hornets.

CAPS

From Page B1

space for the upcoming season. Several industry insiders projected the team would have to pay Wilson between $3.5 and $4.5 million per year. In that sense, the player might have won this negotiation, but the Caps are locking up a 24-year-old who was their first-round pick in 2012 and has consistently improved.

This past season, he spent the majority of his minutes on the top line with captain Alex Ovechkin and was also one of the team's top penalty-killers. He is perhaps the Capitals' most physical player, with a well-deserved reputation as the team's enforcer. According to the website dropyourgloves.com, Wilson engaged in 18 fights in 2017-18 — including one in the playoffs — and won 13 of the exchanges.

MOORE

From Page B1

of touchdowns on punt coverage and returning seven kickoffs for 162 yards (23.1 average). Offensively, Moore caught just seven passes for 46 yards as a rookie.

He continued to excel on special teams in year two while beginning to find his niche in Baltimore's passing game. Moore caught 18 passes for 248 yards and three touchdowns last season. He returned 13 kickoffs for 346 yards (26.6 average), including an 87-yard return in the season finale against the Cincinnati Bengals that set up his own touchdown reception at the end of the first half. Two of his receptions came on throws from punter Sam Koch for fourth-down conversions.

"Last year helped me get comfortable and helped me realize that I can play here. I can make some big plays," Moore said. "I feel like I've picked up right where I left off. I'm excited for the season. I'm ready to show everybody what I can do and I'm here to make some big plays."

Moore had the biggest play of Friday's practice when he made a one-handed, diving catch on a deep pass from Joe Flacco despite cornerback Marlon Humphrey being flagged for pass interference on the play.

Special teams are the way for many young players to prove their worth and earn a roster spot. Many prefer to get off of coverage or return units as soon as possible, but not Moore.

"I hope so," he replied when asked if he will continue to play special teams in his various roles. "I love doing special teams, I feel like I make some big impact plays there. Where ever I'm at, I want to continue to make plays. I'll be working out there for sure."

Follow Sean Grogan on Twitter: @Sean_CecilWhig

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:
- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline

UM Shore Medical Campus at Cambridge – Our Vision for the Future

Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.

PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

University of Maryland Shore Regional Health

Kent Island chef wins prestigious culinary award

STEVENSVILLE — MADE: In America has announced Kelly Germershausen, pastry chef at The Inn at the Chesapeake Bay Beach Club, has been conferred a 2018 American Treasures Award in the Culinary Arts.

Created to identify and recognize outstanding achievement in the American culinary arts, the award was formally presented at a special ceremony held on Capitol Hill in Washington, D.C., during which Germershausen also received a Congressional Certificate of Recognition by U.S. Rep. Andy Harris, R-Md.-1st.

As the pastry chef of The Inn at the Chesapeake Bay Beach Club, Germershausen delights guests and locals alike with an ever-evolving menu of seasonal baked goods, scratch-made pies, biscuits and signature sweets. These delicacies are available at The Market, a gourmet cafe and marketplace specializing in locally sourced small bites, and Knoxie's Table, a lively signature restaurant, featuring locally sourced cuisine inspired by the hard-working farmers and watermen of the region.

"We are honored and proud of Chef Kelly's hard work and achievement," said John Wilson, owner of The Inn at the Chesapeake Bay Beach Club. "This prestigious award further reflects our team's passion and commitment to providing guests with an unforgettable culinary experience, and recognizing Kelly Germershausen's unique pastry skills are an essential ingredient in achieving that goal."

Best known for her delicious pies, the Kent Island resident was introduced to the art of baking in the kitchen alongside her grandmothers and aunts at a young age, who at the time baked by the weight of the ingredients in their hands.

SUBMITTED PHOTOS

MADE: In America announced Kelly Germershausen, pastry chef at The Inn at the Chesapeake Bay Beach Club in Stevensville, has been conferred a 2018 American Treasures Award in the Culinary Arts.

Kelly Germershausen, pastry chef at The Inn at the Chesapeake Bay Beach Club in Stevensville is best known for her pies.

Pursuing her passion for baking, Germershausen further refined her culinary skills over the next 30 years — building on a lifetime of experience by researching and experimenting with unique flavors and rare ingredients, with pairing the old world with the new in her approach to cooking.

Germershausen joins the ranks of a select group of awardees that include America's top farmers, foragers, craft producers and culinary artisans. Each was recognized for a singular and significant contribution to the nation's culinary heritage that preserves and advances a unique aspect of America's food ways. Awardees are featured in officially sanctioned American Treasures Culinary Experiences. These once-in-a-lifetime themed tasting events are specially created to showcase the best of American product and culinary technique.

The Inn at the Chesapeake Bay Beach Club is under consideration to be named an official American Treasures Culinary Heritage Site, an honor making it possible to host and stage American Treasures Culinary Experiences. Since opening in 2015, The Inn at the Chesapeake Bay Beach Club has been ranked as a Top 15 Luxury Hotel in Maryland according to *U.S. News & World Report* and is part of the Southern Living Hotel Collection.

Can big-spending U.S. consumers, businesses sustain growth?

By **CHRISTOPHER RUGABER**
AP Economics Writer

WASHINGTON (AP) — Americans spent with abandon this spring. Businesses invested in more buildings and equipment. And exports jumped. Combined, those factors drove economic growth in the April-June quarter to a 4.1 percent annual rate, the fastest pace in nearly four years.

A key question facing the economy is: Can its growth continue at such a pace?

Probably not. Some of the drivers of growth last quarter appeared to be one-time factors. Soybean exports jumped as farmers sought to beat impending tariffs overseas. And business spending was boosted by soaring investment in oil and gas drilling equipment, which might not last.

Other challenges also loom. Borrowing costs for homes, autos and credit cards are rising, lifted by the Federal Reserve's interest rate hikes. And rising prices have left average hourly pay, once adjusted for inflation, flat over the past 12 months.

But other trends do look sustainable and could help boost growth above the roughly 2 percent annual pace that's prevailed since the Great Recession ended. Revisions to government data show that consumers have been saving more than previously thought, giving them more room to spend. And with business and consumer demand strong, companies may rebuild their stockpiles of goods in warehouses and store shelves, adding to growth in the coming quarters.

That optimistic picture, though, hinges in part on whether the trade conflicts the Trump administration has pursued with major trading partners end up weakening the economy.

Here's a deeper look at economic trends and where they may be heading:

HEY, BIG SPENDERS

Americans spent more on cars, furniture and health care, among other items, lifting consumer spending at a 4 percent annual rate in the April-June quarter, the strongest quarterly pace in 3½ years.

The Trump administration's tax cuts and higher consumer optimism, fueled by steady hiring, likely helped drive the gain. The tax cuts provided a one-time lift to incomes, and so their impact on spending will probably prove temporary.

But the government also sharply revised up its estimate of the U.S. savings rate. In the first three months of the year, government data now shows that Americans saved 7.2 percent of their income, much higher than the previous estimate of just 3.3 percent. That means consumers are in better financial shape than previously thought and suggests that healthy spending could continue.

SOYBEAN SHIPMENTS SOAR

U.S. exports jumped in the second quarter, while imports barely increased. That narrowed the trade gap and meant that international trade contributed about one-quarter of the second quarter's growth.

President Donald Trump hailed the increase in remarks Friday at the White House and credited his trade policies. His policies did help, but in a way that's unlikely to be repeated: Farmers sped up their exports of soybeans to China, ahead of that country's imposition of tariffs that it imposed in retaliation for U.S. tariffs imposed by Trump.

As a result, soybean exports jumped 90 percent in May. Sharply higher agricultural exports made up nearly half the overall increase in overseas sales in the second quarter.

That's unlikely to be repeated. Most economists forecast that trade will drag on growth in the second half of this year.

BUSINESSES LOOSEN PURSE STRINGS

Companies spent more on computers, software, and oil and gas drilling equipment, accelerating overall investment at a 7.3 percent annual rate.

The Trump administration's tax-cut package cut the corporate tax rate from 35 percent to 21 percent. It also allowed companies to write off the entire cost of an investment from their taxes, which might have helped boost business spending last quarter.

But most of the increase in investment reflected a jump in spending on oil and gas drilling rigs and related equipment. Oil companies have expanded their exploration as oil prices have jumped roughly 50 percent in the past year. It's considered unlikely that oil and gas drillers will keep expanding at the same pace.

GOVERNMENT SPENDING AGAIN

The federal government increased its spending at a 3.5 percent annual rate in the second quarter, the second-best showing in nearly four years.

For much of the nine-year economic expansion, federal, state and local governments haven't contributed much to the economy. Lawmakers have limited spending in the face of high deficits or dwindling tax revenue.

But that's likely to change. Congress approved a big spending package earlier this year, adding $300 billion to defense and other government spending this year and next. The resulting stimulus could help growth later this year and in 2019.

CPD fines Swift Van Lines over bad business practices

BALTIMORE — Maryland Attorney General Brian E. Frosh announced that his Consumer Protection Division issued a final order finding Swift Van Lines LLC, formerly known as Revolution Moving and Storage LLC, and its owner, Juan Carlos Martinez, repeatedly violated the Consumer Protection Act and the Maryland Household Goods Movers Act, and requiring them to return money to consumers and pay penalties and costs amounting to at least $471,445.

The division found that Swift Van Lines provided consumers with low estimates for moving services but then demanded far more money while the consumers' goods were held on moving trucks. When consumers objected to the outrageously high prices, the company refused to deliver consumers' goods until paid in full.

"Swift Van Lines repeatedly violated the law," Frosh said. "It held consumers' goods hostage, forcing people to go without vital medication, medical devices, beds and the household items of everyday life. This order requires Swift to pay back the customers they cheated."

Maryland law prohibits moving companies that move consumers between two locations in Maryland from charging more than 125 percent of their estimate. Estimates must be in writing and include all fees and services. It is strictly prohibited for a moving company to refuse to deliver a consumer's goods for any reason.

Martinez and Swift Van Lines are required to return all amounts they collected from consumers over their written estimates, and for consumers who didn't receive written estimates, to return all funds paid. The total amount Martinez and Swift Van Lines is required pay is $471,445.45 in penalties and costs, though that amount may increase if additional amounts are needed to pay restitution to consumers.

Martinez and Swift Van Lines are prohibited from providing moving services until they repay their past customers, obtain a bond for the benefit of future customers, and obtain necessary licenses.

CPD alleges Swift Van Lines provided consumers low-ball estimates and then drastically increased its price after taking possession of consumers' goods. In one case, a consumer had medications and medical devices needed to treat his diabetes and high blood pressure. Swift held those items hostage for several days.

Another consumer who was starting a new job the day after his move reportedly went without his work clothes for a week. An Air Force veteran who was undergoing chemotherapy and his wife, who was recovering from abdominal surgery, had their goods held hostage at 4 a.m.

Martinez, of Hyattsville, is the sole owner and operator of Swift Van Lines. Martinez changed the company's name from Revolution Moving and Storage in March of 2016, around the time that the Maryland Insurance Administration found that he had provided falsified insurance documents to customers.

Swift Van Lines also deceptively advertised that it was accredited by the Better Business Bureau and ranked "#1" by Angie's List when neither were true. In fact, the only BBB rating the company ever held was an "F," and Angie's List does not rank businesses numerically.

Request for Proposals

Todd Performing Arts Center (TPAC)
Carpet Replacement
Chesapeake College
1000 College Circle
Wye Mills, Maryland 21679

Chesapeake College is soliciting responses to a Request for Proposals (RFP) from qualified parties to propose the design of and perform the removal and replacement of the carpet in the center. Bidding documents can be accessed at http://www.chesapeake.edu/about/procurement
Sealed proposals must be received by August 24, 2018 no later than 1:00 P.M. **A mandatory pre bid meeting will be held on August 6, 2018 in the TPAC Lobby at 1:00 PM.**
The College reserves the right to reject any or all bids, or to waive any informalities and/or irregularities in the bid proposals, when in their judgment, the public will be better served.

SD 7/29 2798052

PUBLIC NOTICE

University of Maryland Shore Regional Health will hold a Public Information Meeting to address the conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility on Tuesday, July 31, 2018, from 6:30-8:30 pm, at Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613. Additional information concerning the conversion of UM Shore Medical Center at Dorchester and UM Shore Regional Health's Vision for Dorchester can be found online at UMShoreRegional.org/DorchesterVision.

SD 7/13,20,27,29 2795386

Talbot County Planning Commission
Revised Agenda
Friday, August 10, 2018 at 9:00 a.m.
Wye Oak Room, Community Center
10028 Ocean Gateway, Easton, Maryland

PLEASE NOTE:
The Planning Commission meeting has been changed to **Friday, August 10, 2018 at 9:00 a.m. in the Wye Oak Room, Community Center, 10028 Ocean Gateway, Easton, Maryland.**

1. **Call To Order**
2. **Decision Summary Approval for:**
   a. June 6, 2018
   b. July 3, 2018
3. **Old Business**
4. **New Business**
   a. **Applicant:** Bozman Country Store, c/o Debra Stockman, Contract Purchaser, Appeal 18-681
   b. **Applicant:** Top of the Bay Pet Lodge, Inc., Appeal 18-682
5. **Discussion Items**
   a. Debra Stockman-Lier (Contract Purchaser)—Bozman Country Store major site plan
6. **Staff Matters**
7. **Work Sessions**
8. **Commission Matters**
9. **Adjournment**

Please see our web page www.talbotcountymd.gov for additional details.

SD 7/29 2797587

IN THE CIRCUIT COURT FOR TALBOT COUNTY
Civil No.: C-20-FM-17-000283
IN THE MATTER OF:
Alexis Michelle Dunbar
FOR CHANGE OF NAME TO:
Michael Alexander Mutter

NOTICE
(DOM REL 72)

The above Plaintiff has filed a Petition entitled: Petition for Change of Name in which he/she is seeking a change of name for purposes of the minor to assume the Petitioner's Maiden name, as indicated in Paragraph 5 of the Petition.

Notice is hereby issued by the Circuit Court for Talbot County, that the relief sought in the aforementioned petition may be granted, unless cause be shown to the contrary. Defendant is to file a response to the petition/complaint/motion on or before August 20, 2018. Failure to file the response within the time allowed may result in a judgment by default or the granting of the relief sought, provided a copy of this Notice be posted by the sheriff at the courthouse door or on a bulletin board within its immediate vicinity on or before July 20, 2018; or published in some newspaper published in this county/city, once on or before August 20, 2018.

Mary Ann Shortall, CLERK

SD 7/29 2798021

North Caroline student wins essay contest

EASTON — Three local high school students were rewarded recently for essays focusing on the Fair Housing Act which is marking its 50th anniversary.

The contest, sponsored by the Mid-Shore Board of Realtors, invited Mid-Shore high school students to enter the contest. Students from Caroline, Dorchester and Talbot counties answered the questions, "How has the Fair Housing Act changed renting and owning a home in America?" and " What will the next 50 years look like and how will it change our communities?"

Students were asked to write an analytical essay of 750 to 1000 words about the act. The top three winners vied for prizes of $500 for first place, $200 for second place and $100 for third place.

The 2018 winner of MSBR's Property Rights Essay Contest is Sarah Ferkler, a rising senior at North Caroline High School in Ridgely, is the daughter of two Lockerman Middle School employees, Ann and Tom Ferkler.

CONTRIBUTED PHOTO

Dormaim Green, Mid-Shore Board of Realtors president-elect; Sarah Ferkler, 2018 first place winner of MSBR's Property Rights Essay Contest; and Daphne Cawley, Mid-Shore Board of Realtors president, pose with Ferkler's ceremonial check.

Ferkler's father found the contest and brought it to her attention. She enjoys writing, and after researching the topic she realized that she had a familial connection to the Fair Housing Act.

Ferkler said the act made the process of moving from a house to an apartment easier for her wheel chair-bound grandfather and grandmother, and eliminated any discrimination they might have faced if the act had not been present. Ferkler called the Fair Housing Act an "extremely important piece of legislation" but said there is room for it to be improved.

A rising junior at Easton High School, Azqa Asad, won second place in the essay contest. She discussed the history of the Fair Housing Act and how it has helped with discrimination in home buying, but that some buyers still face limited housing options when buying a home. Asad believes that within the next 50 years with newer generations, people will have more open minds and that there will be no discrimination in housing. Asad wrote the essay for extra credit in her English class and hopes to compete in next year's essay contest.

Third place winner Abigail Szymanski entered the contest as extra credit for her English class with Mrs. Atwell who told her about the contest. Before writing her essay, the Easton High School student had not known of the Fair Housing Act and wrote that she learned a lot about this legislation and its impact.

Szymanski wrote that, in the next 50 years, she hopes discrimination in general, like in housing, becomes a community-wide goal for everyone to solve together. Abigail is the daughter of Colleen and Frank Szymanski.

The Mid-Shore Board of REALTORS® is a trade association of real estate professionals in Caroline, Dorchester, and Talbot Counties. The mission of the Mid-Shore Board of REALTORS® is to advocate for its members and the public to preserve the right to own, transfer and utilize real property. MSBR provides its members with resources to conduct business professionally in accordance with the REALTOR® Code of Ethics.

Follow me on Twitter @ connie_stardem.

Our Vision for the Future

Public Information Meeting

Tuesday
July 31, 2018
6:30 - 8:30 p.m.

Learn About:
- The conversion of UM Shore Medical Center at Dorchester to a freestanding medical facility
- How we'll deliver emergency care and meet the community's identified health care needs
- The proposed UM Shore Medical Campus at Cambridge
- Reasons for the change and what it means for the community
- Investments to improve and enhance health care services in Dorchester County and the surrounding area
- Campus development plans
- Timeline

UM Shore Medical Campus at Cambridge – Our Vision for the Future

Join us for a public information meeting to learn how health care in Dorchester County will be transformed by a new, modern destination health care campus to meet the community's needs.

PUBLIC INFORMATION MEETING
Tuesday, July 31, 2018 – 6:30 – 8:30 p.m.
Cambridge-South Dorchester High School, 2475 Cambridge Beltway, Cambridge MD, 21613

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

SCHOOL

From Page 1

The tour then moved into a conference room, full of displays depicting the many vocational and educational services offered at the school.

Among the displays was a locally sourced breakfast spread of breads and fruit, provided by the school's Healthy Way Cafe program, created by teacher Lorraine Slama, recently named Educator of the Year by The National Commission for the Accreditation of Special Education Services.

Hogan grabbed a slice of carrot-zucchini bread and chatted with a student who prepared it, before sitting down to further discuss the organization with Scott Evans, executive director, and Julie Hickey, education director.

Hickey said the school on the Ridgely campus currently has 60 students, 51 of whom live full-time on campus and nine who attend during the day.

"We are part of the educational continuum in Maryland," Hickey said. "We serve students when local public schools cannot meet their educational needs. We are dealing with the most challenging students."

Evans said five years ago, the school switched to a year-round model, because staff and parents agreed many of the students did not handle well moving back and forth between home and the school.

Due to the year-round school model and the low staff-to-student ratio, Evans said, Benedictine Programs and Services is one of the largest employers on the Eastern Shore, with 450 employees.

Hogan asked about Benedictine's budget, and how it is funded.

Evans said the organization has a roughly $26 million operating budget. Money comes from state and federal sources, though federal money flows first through the state, as well as from private tuition and fees.

The foundation also raises about $2 million a year, Smale said.

Evans said Benedictine is facing several coming challenges, like complying with new federal and state guidelines, upgrading and repurposing facilities to help meet those guidelines, and recruiting and retaining enough staff.

"We're trying to be innovative, while looking at sustainability," Evans said. "The demand for our services is never going to go away; it is only going to increase."

Hogan then walked around the conference room to look at the displays depicting a handful of the vocational programs Benedictine runs, including graphic design, a cleaning service and a greenhouse. Hickey also showed Hogan several of the high- and low-tech tools staff use to help non-verbal students communicate.

"We look at every opportunity to build life skills," Evans said.

Hogan thanked the Benedictine staff for the work they do, and for working closely with policy makers at the state level.

"You're in it every day," Hogan said. "Thank you for everything you're doing here."

CAROLINE COUNTY'S CHILDREN NEED YOU!
Make a difference in a child's life

Become a CASA -
Court Appointed Special Advocate

CASA volunteers advocate and provide voices for Caroline County's abused and neglected children in Foster Care. CASA also needs volunteers who may not have the time to be an advocate, but would like to help with program support or help with special fundraising projects.

CASA
Court Appointed Special Advocates FOR CHILDREN
CASA OF CAROLINE, INC.

114 Market Street, Suite 100 • Denton, MD 21629
www.carolinecasa.org • 410-479-8301 • carolinecasa@verizon.net

MARYLAND JUDICIARY

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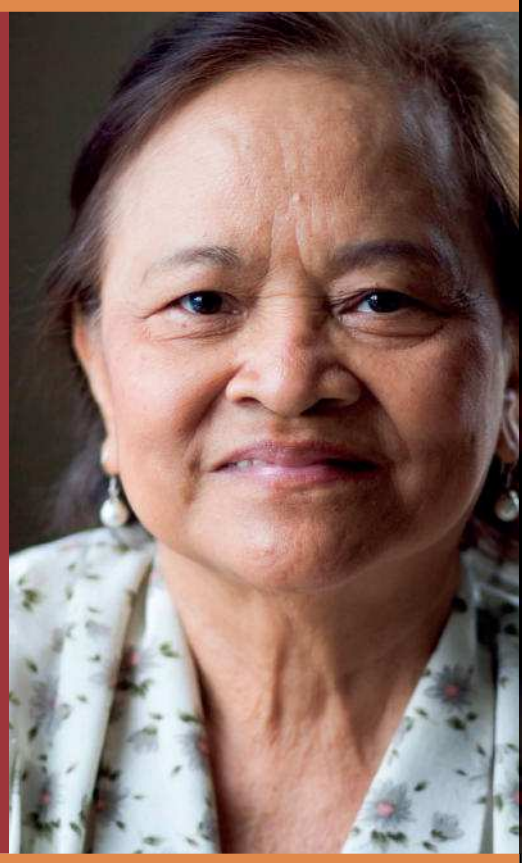
Maryland Courts Self-Help Center



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M-F 8:30am - 8:00pm

Our Vision for the Future

Public Information Meeting

Tuesday July 31, 2018 6:30 - 8:30 p.m.

Learn About:

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UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Join Us!

For more information, please visit UMShoreRegional.org/DorchesterVision

EXHIBIT 13

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

219 South Washington Street
Easton, MD 21601
www.shorehealth.org

FROM THE OFFICE OF THE PRESIDENT

August 14, 2018

VIA EMAIL & COURIER

The Honorable Lawrence J. Hogan, Jr.
100 State Circle
Annapolis, Maryland 21401
Governor.mail@maryland.gov

The Honorable Thomas M. Middleton
Chair, Senate Finance Committee
Miller Senate Office Building
3 East Wing
11 Bladen Street,
Annapolis, Maryland 21401
Thomas.mclain.middleton@senate.state.md.us

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401
Shane.pendergrass@house.state.md.us

The Honorable Adelaide C. Eckardt
James Senate Office Building, Room 322
11 Bladen St.
Annapolis, MD 21401
adelaide.eckardt@senate.state.md.us

The Honorable Christopher T. Adams
House Office Building, Room 326
6 Bladen Street
Annapolis, Maryland 21401
christopher.adams@house.state.md.us

The Honorable John F. Mautz, IV
House Office Building, Room 326
6 Bladen Street
Annapolis, Maryland 21401
johnny.mautz@house.state.md.us

The Honorable Sheree L. Sample-Hughes
House Office Building, Room 221
6 Bladen Street
Annapolis, Maryland 21401
Sheree.Sample.Hughes@house.state.md.us

The Honorable Ricky Travers
President, County Council of Dorchester County
County Office Building
501 Court Lane
Cambridge, Maryland 21613
rtravers@docogonet.com

The Honorable Robert R. Neall
Secretary of Health
Office of Secretary
Maryland Department of Health
Herbert R. O'Conor State Office Building
201 West Preston Street
Baltimore, Maryland 21201
Robert.neall@maryland.gov

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
ben.steffen@maryland.gov

Mr. Roger L. Harrell
Director & Health Officer
Dorchester County Health Department
3 Cedar Street
Cambridge, MD 21613
roger.harrell@maryland.gov

Re: Summary of Public Informational Hearing Regarding Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility

Dear Governor Hogan, Senators Middleton and Eckardt, Delegates Pendergrass, Adams, Mautz and Sample-Hughes, County Councilman Travers, Mr. Neall, Mr. Steffen, and Mr. Harrell:

Pursuant to MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(6) and Code of Maryland Regulations § 10.24.19.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held on July 31, 2018 by University of Maryland Shore Regional Health ("UM SRH") in connection with its notice of intent filed with the Maryland Health Care Commission to convert University of Maryland Shore Medical Center at Dorchester ("UM SMC at Dorchester") to a freestanding medical facility, which will be called the University of Maryland Shore Medical Center at Cambridge ("UM SMC at Cambridge").

On July 6, 2018, Shore Health System, Inc. ("SHS"), UM SMC at Dorchester, and University of Maryland Shore Medical Center at Easton ("UM SMC at Easton"), as joint applicants, filed a notice of intent and request for an exemption from certificate of need ("CON") review with the Maryland Health Care Commission to convert UM SMC at Dorchester to a freestanding medical facility. This request for CON exemption follows more than three years of planning which began in early 2015, as part of UM SRH's regional plan to transform health care.

In the first year of its new strategic plan, the UM SRH Board of Directors and its planning committee launched a Strategic Services Delivery Workgroup and subsequently, a Strategic Service Delivery Council. Both groups engaged physicians, providers, leadership, management, community health care partners, and elected officials in a review of regional health care needs as well as national and state trends in healthcare. The Service Delivery Council then assembled into five subcouncils, each chaired by a dyad of management and physician leaders and comprised of internal and external stakeholders in the fields of primary care, specialty care, surgical care, behavioral health, and oncology. The resulting recommendations were compiled by the Service Delivery Council, recommended for adoption by the UM SRH Board Strategic Planning Committee, and approved by the UM SRH Board and University of Maryland Medical System ("UMMS") in 2016. This Strategic Service Delivery Plan, which defined needs and services at appropriate levels and facility types throughout the region, was then widely shared with community leaders, organizations, citizens, and elected officials.

The deliberations and recommendations of the Service Delivery Council laid the foundation for the subsequent, more detailed planning work that has occurred since winter 2017 around the sizing and design of the proposed freestanding medical facility and the other services that will be offered at UM SMC at Cambridge and on its new campus in order to continue serving the most pressing health care needs of the surrounding community. This second phase of planning has involved various stakeholders, including emergency room clinicians, EMS personnel, law enforcement and other UM SRH clinicians to inform the design of the facility, as well as market research, ongoing community needs assessments and feasibility analyses to refine the optimal range of services to be provided. In addition, the second phase of planning efforts has involved community outreach and engagement regarding the transition and services that will continue to be available to the community at the UM SMC at Cambridge campus.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.19.04(C)(3)(c)(ii) require that a hospital, within thirty days of filing a notice of intent to convert to a freestanding medical facility, hold a public informational hearing in the jurisdiction where the hospital is located. The public informational hearing must address: (1) the reasons for the proposed conversion; (2) plans for transitioning acute care services previously provided by the hospital to residents of the hospital's service area; (3) plans for addressing the health care needs of residents of the hospital's service area; (4) plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees; (5) plans for the hospital's physical plant and site; and (6) the proposed timeline for the conversion. UM SRH held its public informational hearing on July 31, 2018, beginning at 6:30 p.m., at the Cambridge-South Dorchester High School Auditorium, located at 2475 Cambridge Beltway, Cambridge, MD 21613 in Dorchester County. Within ten (10) working days of holding the public informational hearing, UM SMC at Dorchester is required by statute and regulation to provide a summary of the hearing to each of you and those who are copied on this correspondence.

Before holding the hearing, UM SRH publicized the hearing as required by regulation, but also exceeded its regulatory notice obligations to ensure that the hearing was well known in the community and attended. UM SRH published notice of the hearing date and location on its website beginning on Friday, July 13, and in numerous local daily and weekly newspapers, including the *Star Democrat*, *Dorchester Star*, *Dorchester Banner*, *Times Record*, *Bay Times*, *Kent County News*, and *Record Observer* at least 14 days prior to the hearing. Moreover, notices were publicized on UM SRH's social media platforms, and flyers regarding the hearing were distributed throughout the community.

The public informational hearing lasted approximately two hours and approximately one-hundred and fifty attendees were present. The public informational hearing consisted of introductory remarks, a presentation covering the topics described above, a question and answer session, and brief closing remarks. A copy of the slide presentation "Vision for the Future of Health Care in Dorchester County and the Mid Shore" is attached as **Enclosure A** and a transcript of the public informational hearing prepared by a court reporter is provided as **Enclosure B**. Each person attending the public informational hearing was given an index card at the start of the presentation and encouraged to submit questions and/or comments. The index cards containing questions and comments were collected after the presentation and prior to the question and answer session. A total of 43 index cards were received, many of which contained multiple questions and comments. UM SRH consolidated similar questions, abbrievated some for the sake of time, and attempted to address as many as possible. Donna Jacobs, Senior Vice President, Government, Regulatory Affairs and Community Health at UMMS, facilitated a panel of members from UM SMC at Dorchester and UM SRH in responding to the public questions and comments. **Enclosure C** contains a list of the written questions and comments received on the index cards, along with a citation to those portions of the hearing transcript where the question or comment was addressed.

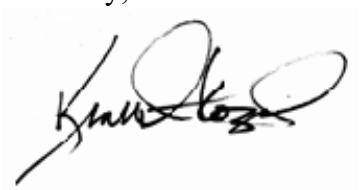
UM SRH addressed most of the questions received at the public hearing but did not have time to address all of them. Prior to the public hearing, UM SRH developed a "Frequently Asked Questions" section on its website and it informed the public hearing attendees that it intends to supplement this site with some additional questions received at the hearing. It also informed attendees that they could submit additional questions through the email link provided on its website. At this time, UM SRH has not received any additional written feedback from the general public, EMS providers in local jurisdictions,

or community stakeholders regarding the proposed conversion of UM SMC at Dorchester to a freestanding medical facility.

The proposed conversion will transform UM SMC at Dorchester for the better and relocate it to a easily accessible campus at the Cambridge Marketplace, located at U.S. Route 50 and Woods Road in Cambridge. This proposed campus will include UM SMC at Cambridge as well as a medical office pavilion that will include an array of outpatient health care services that will continue to serve the most pervasive health needs of the surrounding community. By relocating the proposed freestanding medical facility to a new campus it will also allow for the existing hospital campus to be sold for redevelopment in order to support Cambridge and Dorchester County's waterfront development vision, advancing economic development in the city, county, and region.

Please contact me if you have any questions regarding the public informational hearing, the enclosed materials, or the proposed changes to create the new UM SMC at Cambridge.

Sincerely,



Kenneth D. Kozel, MBA, FACHE
President and CEO
University of Maryland Shore Regional Health

Enclosures

cc via email: **Senate Finance Committee**
The Honorable John C. Astle, Vice Chair,
The Honorable Joanne C. Benson
The Honorable Brian J. Feldman
The Honorable Stephen S. Hershey, Jr.
The Honorable J. B. Jennings
The Honorable Katherine A. Klausmeier
The Honorable James N. Mathias, Jr.
The Honorable Edward R. Reilly
The Honorable James C. Rosapepe
David A. Smulski, Staff

House Health and Government Operations Committee
The Honorable Eric M. Bromwell, Vice Chair
The Honorable Angela M. Angel

The Honorable Erek L. Barron
The Honorable Bonnie L. Cullison
The Honorable Antonio L. Hayes
The Honorable Terri L. Hill
The Honorable Ariana B. Kelly
The Honorable Nicholaus R. Kipke
The Honorable Susan W. Krebs
The Honorable Patrick L. McDonough
The Honorable Richard W. Metzgar
The Honorable Christian J. Miele
The Honorable Marice I. Morales
The Honorable Matt Morgan
The Honorable Joseline A. Pena-Melnyk
The Honorable Andrew Platt
The Honorable Samuel I. Rosenberg
The Honorable Sid A. Saab
The Honorable Sheree L. Sample-Hughes
The Honorable Kathy Szeliga
The Honorable Christopher R. West
The Honorable Karen Lewis Young
Erin R. Hopwood, Staff

Dorchester County Council
The Honorable Tom Bradshaw, Vice-President
The Honorable Don. B. Satterfield
The Honorable William V. Nichols
The Honorable Rick Price

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Lisa Myers, RN, MS, Director Hospital Programs, MIEMSS
Sarah Sette, Esq., Assistant Attorney General, MIEMSS
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Kenneth D. Kozel, President & CEO, UM SRH
Robert Frank, Sr. Regional V.P., Operations, UM SRH
William Huffner, M.D., Sr. V.P., Medical Affairs & Chief Medical Officer, UM SRH
Ruth Ann Jones, Sr. V.P., Patient care Services & Chief Nursing Officer, UM SRH
Patti Willis, Sr. V.P., Strategy & Communications, UM SRH
JoAnne Hahey, Chief Financial officer, UM SRH
Brian Leutner, MBA, Executive Director, UM Shore Medical Center at Dorchester
Trena Williamson, Regional Director, Communications and Marketing, UM SRH

Donna Jacobs, Sr. V.P., Government, Regulatory and Community Health, UMMS
Mark L. Wasserman, Sr. V.P., External Affairs, UMMS
Kristin Jones Bryce, Vice President, External Affairs, UMMS
Megan Arthur, Senior Vice-President & General Counsel, UMMS
Sandra H. Benzer, Esq., Associate Counsel, UMMS
Karen Lancaster, VP, Media Relations & Corporate Communications, UMMS
Thomas C. Dame, Gallagher, Evelius & Jones LLP
Mallory M. Regenbogen, Gallagher, Evelius & Jones LLP

ENCLOSURE A

UNIVERSITY of MARYLAND
SHORE REGIONAL HEALTH

Vision for the Future of Health Care in Dorchester County and the Mid Shore

Public Information Meeting
July 31, 2018

WELCOME!

Thank You for Attending Tonight's Meeting!

Tonight's Agenda and Objectives

- Welcome and Introductions
- University of Maryland Medical System (UMMS) – Maryland's Premier Health Care System
- SRH – Our Mission, Our Vision and Who We Are Today
- A National Focus to Improve Health Care Quality, Access and Cost
- Implications for UM SMC Dorchester
- The SRH Transformational Journey is Under Way
  - *Staying Aligned with the National and State Plan*
  - *Engaging our Community in our Transformation*

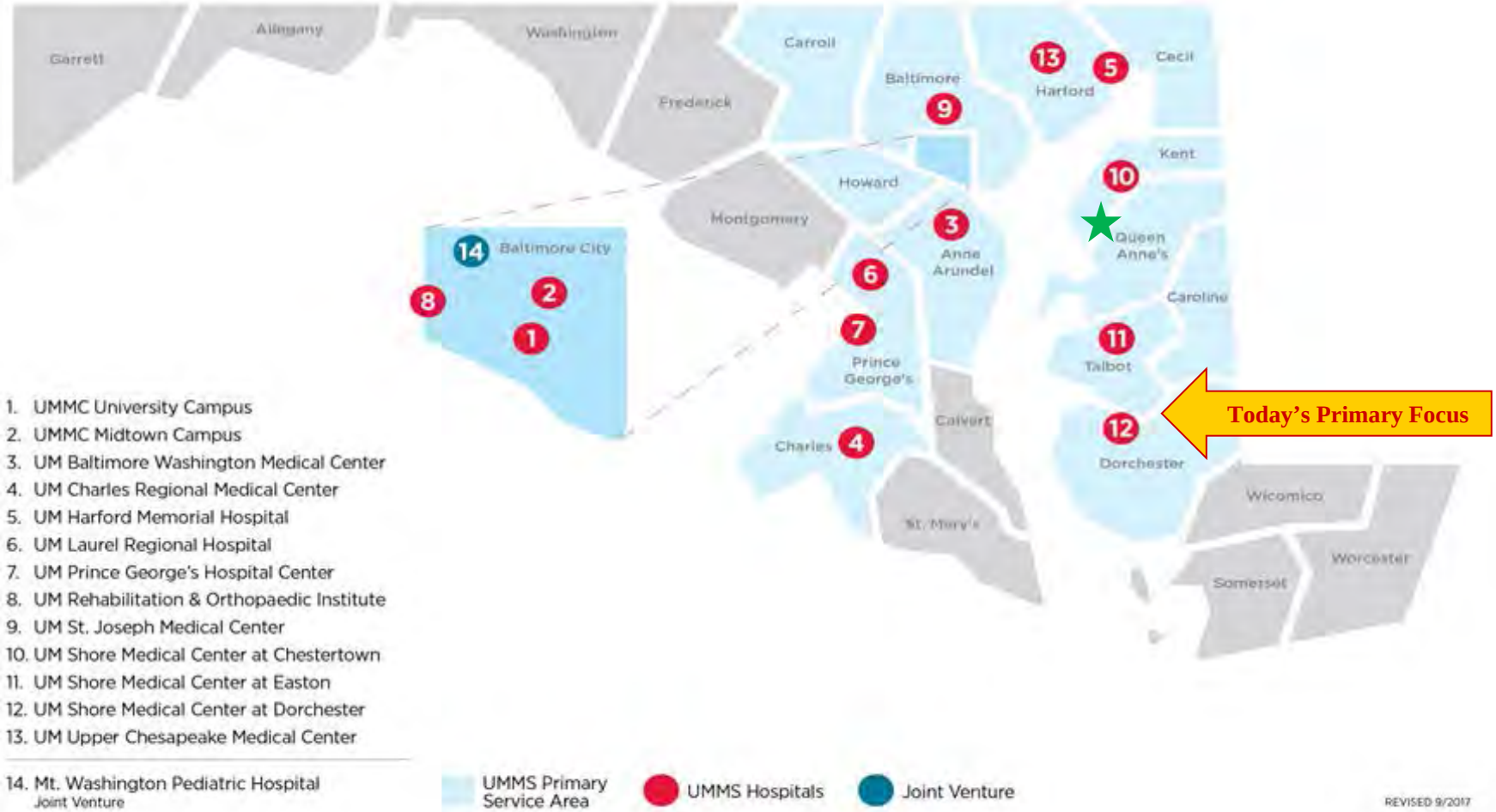
Tonight's Agenda and Objectives

- Vision for the Future of Health Care in Dorchester County
  - *Essential elements for improving health care in Dorchester County*
  - *UM Shore Medical Campus at Cambridge*
    - UM Shore Medical Center at Cambridge
    - UM Shore Medical Pavilion at Cambridge
  - *Describing How the New Model of Care Works*
  - *Our Proposed Timeline for Change*
- Making a Smooth Transition
  - *Working Collaboratively with our Health Care Partners*
  - *Commitment and Support for Our Team Members*
  - *Supporting Community Development Plans*
- Answering Your Questions

UM Shore Regional Health: A Proud Member of the University of Maryland Medical System

Maryland's Premier Health Care System

The University of Maryland Medical System Serves the People of Maryland



★ **UM Shore Emergency Center and MOB/ASC at Queenstown**

UM Shore Regional Health –

Our Mission, Our Vision and Who We Are Today

More than a Century of Commitment to Maryland's Eastern Shore

Our Mission:
Creating Healthier Communities Together!

- Working with our team, our physicians and providers, and our community partners to keep you healthy and to meet your health care needs

- Building a network of quality health care that is comprehensive, efficient, accessible and convenient

- Exceeding your expectations for care that is compassionate and focused upon you

More than a Century of Commitment to Maryland's Eastern Shore

Our Vision:

To be the Region's Leader in Patient Centered Health Care

Serving 175,000 people spread over nearly 2,000 square miles in five counties on Maryland's Eastern Shore

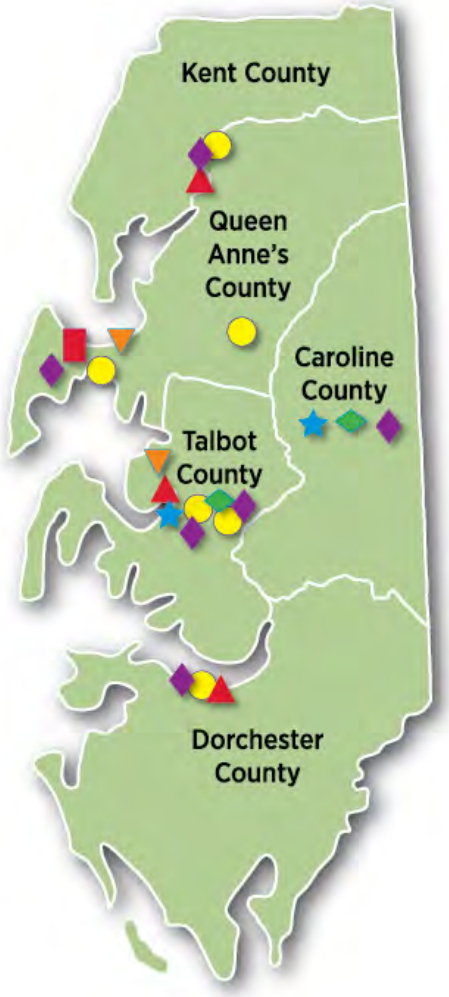
Caroline • Dorchester • Kent • Queen Anne's • Talbot

University of Maryland Shore Regional Health

- Network of primary care and specialty providers, diagnostic and treatment centers, regional specialty care centers (cancer, breast health, cardiac care, diabetes, joint replacement, behavioral health, stroke, and acute inpatient rehabilitation)
- Continuum of care services include home health, palliative care, transitional care and population health management, screenings, education and support
- Four emergency departments (including one freestanding emergency center) and two urgent care centers
- Three inpatient hospitals (Chestertown, Easton, Cambridge)

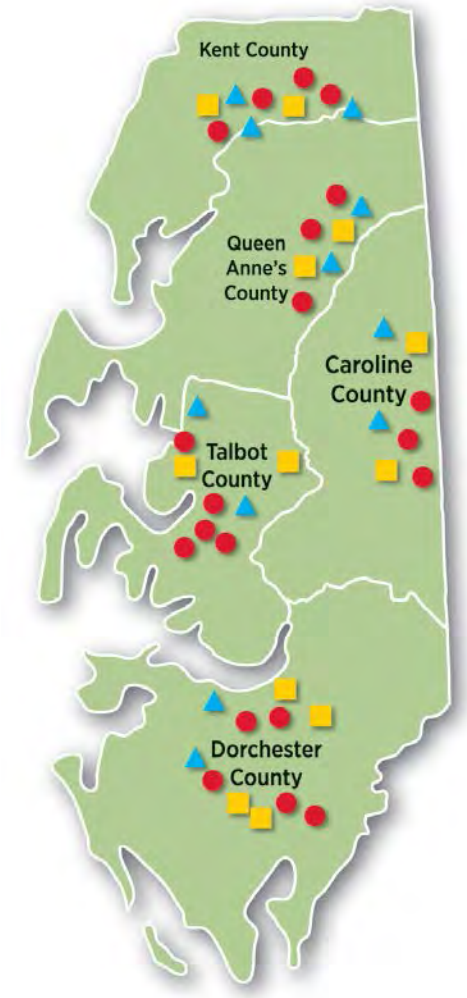
Mid Shore Counties
Hospital and Ambulatory Service Locations

▲	UMMS Acute Care Hospitals	3
●	Medical Office Building (multiple specialties)	6
★	Urgent Care	2
■	Emergency Center	1
◆	Imaging Center	2
▼	Freestanding Multispecialty Ambulatory Surgery Center	2
◆	UM Rehab Network Outpatient Physical Therapy	6



Delivering Community Based Wellness Programs

●	**Wellness Education Programs** • Accessible Care, Comprehensive Support: Cancer Prevention and Support • Keeping Your Child Safe on the Field: How to Prevent Sports-Related Injuries • Living a Healthy Life with Diabetes • Minimally Invasive Spinal Surgery • Palliative Care and Advance Care Planning • Preventing Falls • Stroke Signs, Symptoms and Recovery
■	**Support Groups** • Addiction and mental illness • Alzheimer's disease • Breast Cancer • Cancer • Diabetes • Heart Disease • Prostate Cancer • Stroke Recovery
▲	**Screenings and Outreach** • Cancer- Prostate, Breast, Skin • Pulmonary Lung Function • Pain Self Management • Blood Pressure • Diabetes • Fall Prevention



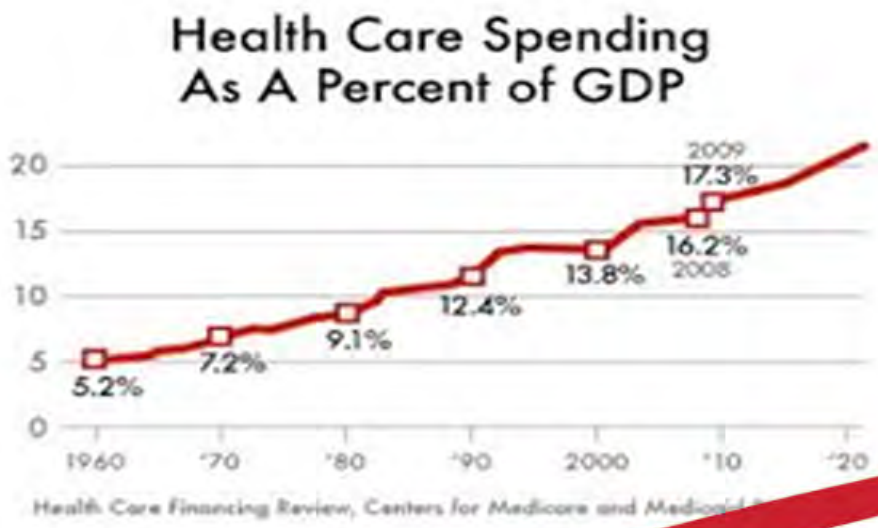
Quick Facts About UM Shore Regional Health Today

Our Shore Regional Health Team

- 2,500 Team Members
- 485 Credentialed Medical Staff Members
- 400 Volunteers

Our Size and Scale (FY 2018)

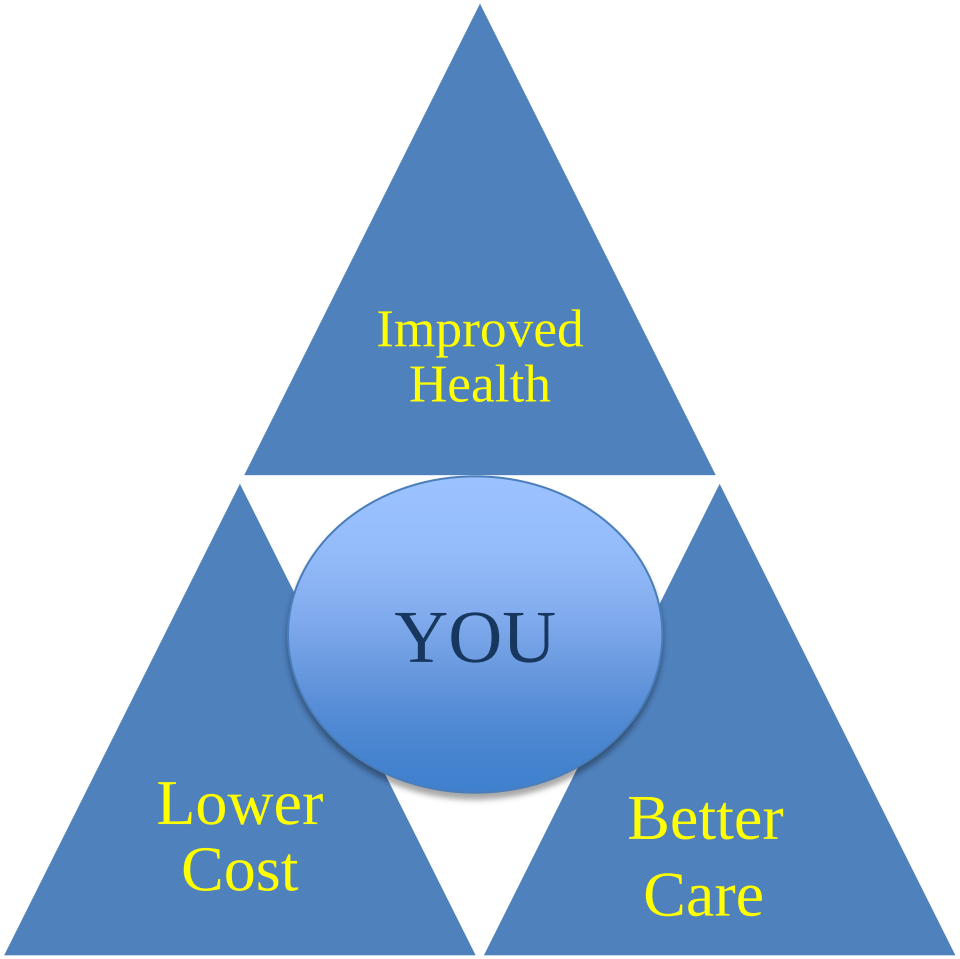
- 187 Total Licensed Beds
  - *124 Easton, 42 Dorchester, 21 Chestertown*
- 12,000 Annual admissions
- 363,000 Outpatient Visits
- 87,000 Emergency Department Visits
- 9,000 Surgical Procedures



A National Focus to Improve Health Care Quality, Access and Cost

Today's National Health Care Focus

The Triple Aim of Care, Focused on You



Having a National Impact

- Hospital admissions declining across the nation and in Maryland
  - Technology and clinical best practices evolving
  - Improvements in early diagnosis and treatment
  - Care coordination improves health outcomes
  - Efficient + Effective + Less costly care = patient satisfaction
- Emergency Room visits are targeted for reduction
- Observation care helps to avoid unnecessary admissions for specific types of patient conditions
- Primary care and specialist access are keys to better health

Right Care, Right Time, Right Location

Implications for Providing Care at UM Shore Medical Center at Dorchester

Having a Local Impact

The reasons for the proposed changes in Dorchester County

- UM SMC Dorchester admissions are declining year after year
  - *Specific focus on reducing unnecessary hospital admissions*
  - *Focus also includes reducing inpatient length of stay*
  - *Improved Care Coordination is preventing readmissions*
- Emergency Room visits reduced for patients with multiple visits per year
- Observation Stays showing slight reduction as payers seek assurances that admissions are needed
- Primary care providers and specialists are focusing on wellness

Right Care, Right Time, Right Location

UM Shore Medical Center at Dorchester - Today

Inpatient Care

- Medical/Surgical/Critical Care (18 licensed beds)
  - ***Average daily census 17 patients***
- Behavioral Health Acute (24 licensed beds)
  - ***Average daily census 11 patients***
- Hospital Admissions **1,997** (FY 18)
  - *A total of **531** fewer inpatient admissions in FY 18 vs. FY 17*
- Observation Stays **117** fewer cases in FY 18 vs. FY 17

  (decision to admit/discharge within 48 hours)

Emergency Department Care

- *A total of **314** fewer ED visits in FY 18 vs. FY 17*

National Triple Aim – Local Challenges We Must Face Head-On

Access

- Limited access due to complexity of public transportation
- Services scattered resulting in poor patient experience

Quality

- Difficult for staff to maintain clinical proficiencies due to low average daily census and low procedure volumes
- Challenges retaining and recruiting experienced providers in rural setting

Cost

- Aging hospital requires significant and costly upkeep/repair
- Expensive and inefficient to run full service, low volume hospital
- Hospital-based outpatient services are costly and inefficient

The Shore Regional Health Transformational Journey is Underway

Staying Aligned with National and State Health Care Directives

Engaging the Community in Transforming Regional Health Care

Engaging the Community in the Process to Transform Health Care

2015	UM SRH Board of Directors launches Strategic Service Delivery Council and five sub-councils
2015	Comprehensive Facility Assessment identifies strengths, deficiencies and maintenance costs of all facilities in UM SRH
2016	Strategic Service Delivery Council delivers final report and recommendations to Board; Board approves recommendations
April 2016	Maryland General Assembly approves a new law permitting acute hospitals to convert to a Freestanding Medical Facility without a Certificate of Need (CON)
Summer 2016	Recommendations discussed with elected officials, physicians and health care and community leaders in all five counties
Fall 2016	Elected officials and physicians in Dorchester County and Cambridge support concept of Freestanding Medical Facility conversion and launch discussions to explore details

Engaging the Community in the Process to Transform Health Care

Spring 2017	Exploratory meetings held with Dorchester County Emergency Medical Services and Fire/Ambulance/Rescue groups
Summer 2017	Five Community Listening Sessions held throughout Dorchester County – hundreds attended, voiced support
Fall 2017 Spring 2018	County-City-UM SRH discuss process, timeliness, outcomes
July 2018	Request for CON Exemption filed with Maryland Health Care Commission
July 31, 2018	Public Information Meeting – YOU are part of the transformation of health care!

Vision for the Future of Health Care in Dorchester County

Our Vision for the Future of Health Care in Dorchester County

To provide patient centered health care within a new state-of-the-art campus for medical services in Cambridge, designed to conveniently serve all residents of Dorchester County and its neighbors:

- ***convenient, highly visible and easily accessible location***
- ***modern place of employment for local residents***
- ***focal point for transportation***
- ***attractive draw to recruiting new physicians to the community***
- ***economic development for Cambridge and Dorchester County***

Defining Essential Elements of Care for Dorchester County

Essential elements for improving health care in Dorchester County

1. Convert UM Shore Medical Center at Dorchester to a freestanding medical facility called “UM Shore Medical Center at Cambridge” and relocate to Cambridge Marketplace
2. Support the new medical center with a modern and integrated medical pavilion incorporating best practices in patient experience, technology, patient safety and services
3. Transfer 17 medical/surgical and12 behavioral health beds from Dorchester to UM Shore Medical Center at Easton to accommodate additional inpatient cases from Dorchester
4. Work with our community providers and partners to improve the wellness and health of Dorchester County citizens through:
   - ***prevention, education, screenings***
   - ***primary and specialist care***
   - ***diagnostics and outpatient procedures and services***
   - ***emergency services and observation care***

Integrated Care – One Patient – One Medical Record

Academic Practices

UMMS Community Practices

Acute Care

Specialty Services

Emergency Services

Provider Offices

Patient

State Data Network

Specialty Care

Pharmacies

Ancillary Services

Patient Access

Billing

CRISP *

* CRISP = Chesapeake Regional Information System for Our Patients

The UM Shore Medical Campus at Cambridge

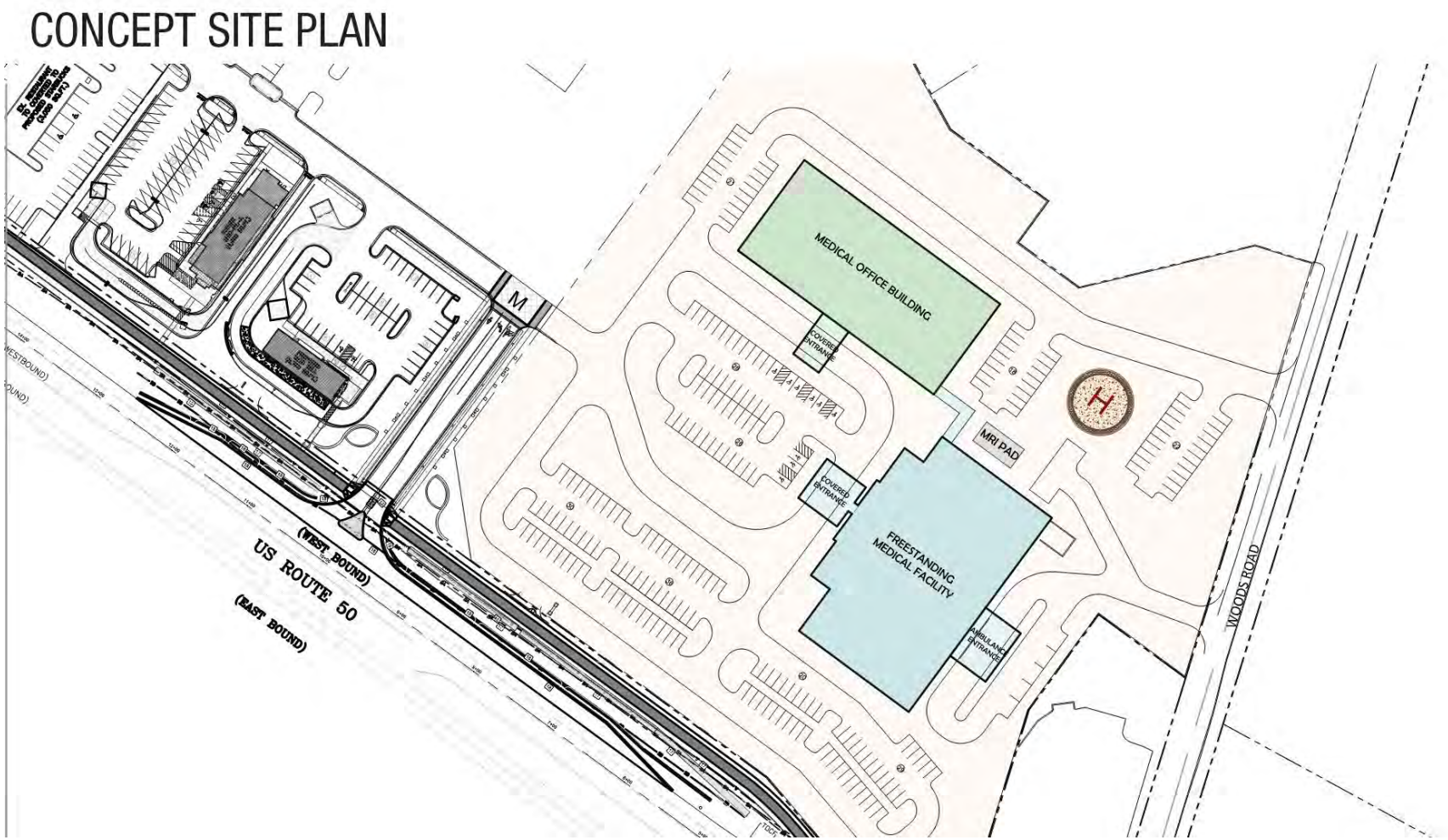
Proposed UM Shore Medical Campus at Cambridge

CONCEPT SKETCH 1

**Present concept design – may be subject to change*

New Multi-Million Dollar Complex, 14 Acre Medical Campus

Located just one mile from existing hospital



**Present concept design – may be subject to change*

Proposed
UM Shore Medical Center at Cambridge

CONCEPT SKETCH

**Present concept design – may be subject to change*

Proposed UM Shore Medical Center at Cambridge -Pending Regulatory Approval

Inpatient beds move to Easton

24/7 Emergency Services
Resuscitation and Stabilization
20 Emergency Bays/3 Secure Psych

Observation Services
10 Short Stay Beds

Behavioral Health
3 Behavioral Health Treatment Rooms
Intensive Outpatient Program

UM SHORE MEDICAL CENTER AT CAMBRIDGE

Lab

Imaging

Care Coordination

The new campus represents a $75 million investment in the Dorchester community, including the adjacent medical office pavilion.

Proposed
UM Shore Medical Center at Cambridge

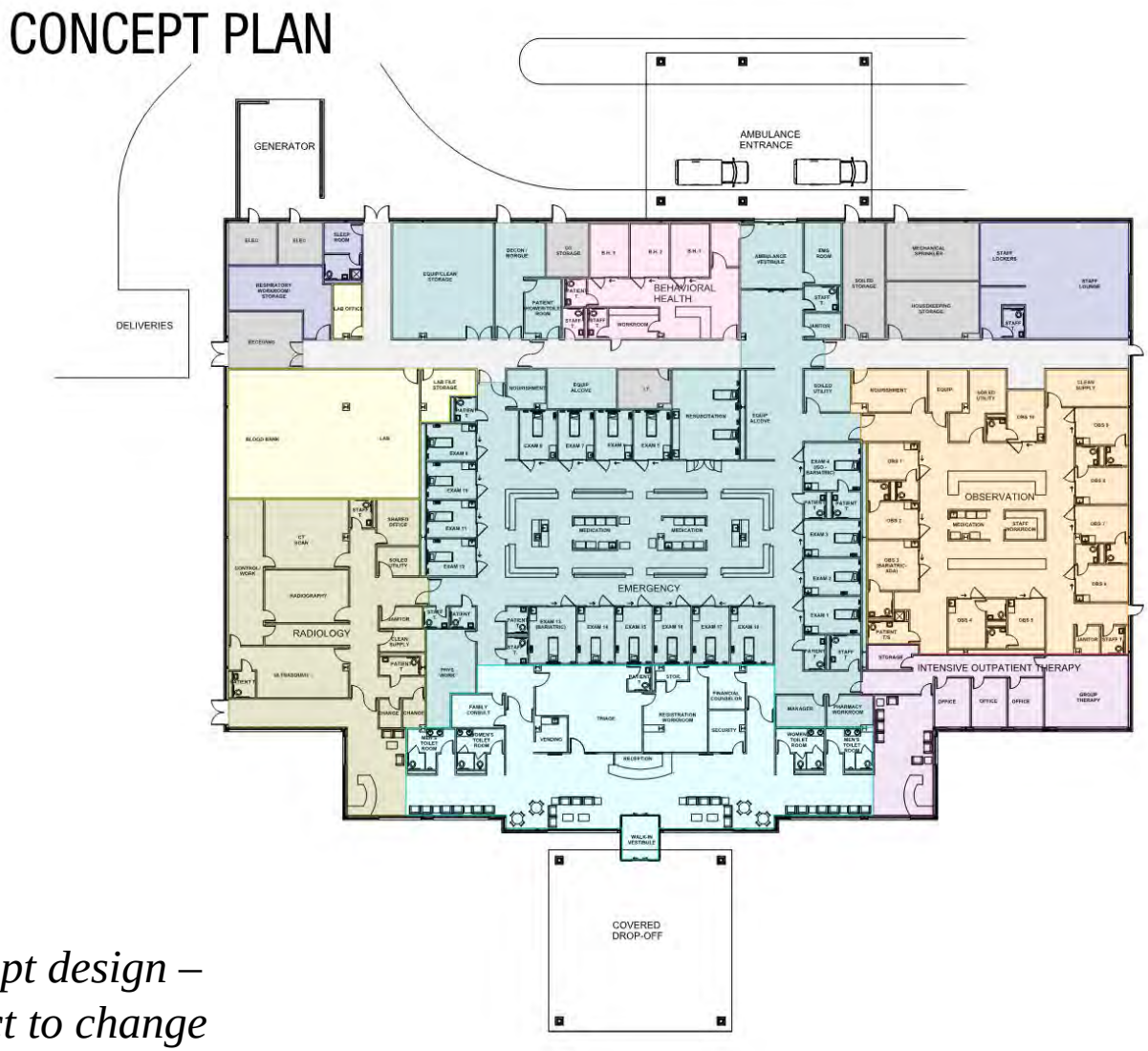
Approximately 40,000 square feet *

State-of-the-Art Freestanding Medical Facility – open around the clock, every day of the year

- 18 private emergency treatment rooms, all ages
- 2 resuscitation/critical care beds, designed to care for all ages
- 3 Behavioral Health assessment and treatment rooms w/intensive outpatient services
- 10 private, short stay observation beds,
- Telemedicine capabilities for ED patient specialist consultation
- Ancillary support services: lab, imaging, care coordination
- State-of-the-art equipment and technology
- Helipad adjacent to Emergency Department

* *Present concept design – may be subject to change*

Proposed
UM Shore Medical Center at Cambridge



**Present concept design – may be subject to change*

Building for Tomorrow's Emergency Care

Proposed
UM Shore Medical Pavilion at Cambridge

CONCEPT SKETCH 2

**Present concept design – may be subject to change*

Existing Services and Specialties to be Maintained in Cambridge

- Emergency Services 24/7/365
- Observation Beds 24/7/365
- Outpatient rehabilitation services
- The Balance Center
- Cardio-pulmonary rehabilitation
- Cardiology
- ENT (ear, nose, throat, allergy)
- Select Intravenous Services
- Gastroenterology
- General surgery
- Gynecology
- Outpatient behavioral health
- Pediatrics
- Urology
- Laboratory Draw Site

Proposed New Services and Specialists

- Fully integrated telemedicine services for specialist access
- Community health education hub
- Ambulatory Surgery Center (one OR and procedure room)
- Diabetes/Endocrinology
- Pre-natal care
- Orthopedics
- Outpatient medical oncology
- Outpatient Diagnostic Imaging: x-ray, CT Scan, MRI, mammography, ultrasound

Describing How the New Model of Care Works

New Model of Care

Comparison: Patients in UM Shore Medical Center at Dorchester Emergency Department and Patients at UM Shore Medical Center at Cambridge (FMF) – What Happens Now and What Will Happen

Patient Presents With:	UM SMC at Dorchester - Today	UM SMC at Cambridge 2021
Chest pain/heart attack	Chest pain – Patient will have cardiac diagnostic work-up, labs, perhaps stress test, discharge in 24 hours or less	Same
	ACS – Patient may be placed in observation or if needed transferred to Easton for catheterization	Same
	STEMI – transfer to SMC at Easton for PCI (percutaneous coronary intervention)	Same
Stroke, TIA	Patient with signs/symptoms not needing inpatient care is observed, cared for and discharged	Same
	Patient in need of Stroke Center Care is admitted to Easton	Same
Behavioral health	Patient in need of stabilization and outpatient care is cared for and discharged	Same
	Patient is in acute behavioral crisis, patient is admitted to behavioral health unit in Dorchester	Transfer to Easton

New Model of Care

Patient Presents With:	UM SMC at Dorchester - Today	UM SMC at Cambridge 2021
Child with fever	Telehealth consult with UM School of Medicine Pediatric Emergency Department as needed. If admission is required, admit to UM SMC at Easton or UMMC based on complexity	Same
Pregnant woman	Evaluated; if need for admission/delivery, transfer to Easton	Same
Broken bone	Humerus, wrist: Evaluated, splint, follow up with orthopedic physician in physician's office	Same
	Hip or other complex fracture: Evaluated and if in need of inpatient surgery, transfer to Easton	Same
Dehydration, flu	Evaluated, not in need of admission but not safe to discharge, may qualify for observation stay	Same
Asthma, COPD exacerbation	If admission is not required, place in observation for up to 48 hours	Same
	If admission is required, admit to inpatient unit	Transfer to Easton

The Proposed Timeline for Change

UM SRH Proposed Service Delivery Plan Projected Process & Timeline - Dorchester

Submission of 3 applications to Maryland Health Care Commission (MHCC) • Conversion of Dorchester to Freestanding Medical Facility • Relocation of Medical/Surgical/ICU beds to Easton • Relocation of Behavioral Health beds to Easton	July 2018
Public Information Meeting	July 31, 2018
Anticipated MHCC decisions	March 2019
Funding Approval, UMMS	July 2019
Projects Begin • Renovate Easton to accept inpatient beds • Construct Cambridge Medical Center/Medical Pavilion	September 2019
Projects Complete • Move inpatient beds from Dorchester to Easton • Open Shore Medical Campus at Cambridge	June 2021

Making a Smooth Transition

Working Closely with our Health Care Partners

#1: Partner with providers to keep people healthy

- Continue work with after-hospital and care transitions follow-up to reduce *unnecessary* hospital and ER care
- Expand use of telemedicine in emergency departments and provider/outpatient settings
- Continue work helping patients manage their medications
- Implement community education initiatives that direct care to right locations, foster healthy living and offer screenings and wellness classes

#2: Continue Coordination with State, EMS and Volunteer Emergency Partners

- Engage in regular updates with EMS and ambulance volunteers as Shore Medical Center at Cambridge facility plans are finalized
- Work with Maryland State Police, EMS, County and State to address site access preparations for air and ground transportation to Shore Medical Center at Cambridge

#3: Continue collaboration through Interfacility Transport Council

Continuing ***Interfacility Transport Council*** focus:

- Timely non-EMS transport between UMSRH/UMMC/UMMS affiliates/other inpatient centers in collaboration with Best Care Ambulance and Maryland ExpressCare
- Refinements to process focused upon performance metrics, anticipated volumes and transport capacity

Commitment and Support for Our Team Members

#1:Develop and Implement the Team Member Transition Plan

Launch the ***Workforce Transition and Development Task Force*** – September, 2018 (SRH and Community Partners)

Goal: Provide viable employment options for all SRH team members affected by the proposed changes at UM Shore Medical Center at Dorchester

Timeframe: Plan and prepare from now until Spring 2021

#2: Identify the Options

#3: Work with Community Partners for training and career advancement

- Partner with the community resources of the Workforce Development Board, the Area Health Education Center and Chesapeake College in assessing career development needs
- Deliver learning and skill development opportunities and career advancement plans that retain team members in UM SRH/UMMS
- Work with the SRH Auxiliary to determine ways to continue to support UM Shore Medical Campus at Cambridge

Supporting our Community's Development Plans

UM Shore Medical Campus at Cambridge

An Asset to the Community's Economic Vitality

- UMMS/ UM SRH recognize the hospital site's importance to the future vision of Cambridge and Dorchester County as a waterfront destination
  - *A Letter of Intent has been signed with UM SRH, City of Cambridge and Dorchester County to sell closed site and land to newly-formed waterfront authority – Cambridge Waterfront Development Inc. (CWDI)*
  - *Combined parcels appealing to developer - translating to vitality, jobs and consumer spending to the area*

Questions and Panel of Experts to Follow

ENCLOSURE B

PUBLIC INFORMATION MEETING:

CONVERSION OF UNIVERSITY OF MARYLAND
SHORE MEDICAL CENTER AT DORCHESTER

Public Information Meeting on Tuesday, July 31, 2018, at 6:30 p.m., at Cambridge South Dorchester High School, 2475 Cambridge Beltway, Cambridge, Maryland 21613, before Linda Lindsey, CSR, Notary Public.

Reported by:
Linda Lindsey, CSR

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APPEARANCES:

KEN KOZEL
President and Chief Executive Officer
UM Shore Regional Health

WILLIAM HUFFNER, M.D.
Chief Medical Officer and Senior Vice President, Medical Affairs
UM Shore Regional Health

BOB FRANK
Senior Vice President of Operations
UM Shore Regional Health

WALT ATHA, M.D.
Medical Director Emergency Services
UM Shore Regional Health

(Appearances Continued Next Page:)

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APPEARANCES:

DR. RUTH ANN JONES
Senior Vice President Patient Care and Chief Nursing Officer
UM Shore Regional Health

BARBARA HENDRICKS
Director of Human Resources
UM Shore Regional Health

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THE PROCEEDINGS

- - - - - - - -

DR. HUFFNER: Good evening, everyone. Thank you so much for being here this evening. We're going to start in about two minutes. If you wouldn't mind finding a chair, seat, please.

MR. KOZEL: Good evening, everyone. How are you this evening?

UNKNOWN: Good.

MR. KOZEL: Oh, come on. Let's try that a little better. Good evening, everyone. How are you this evening?

UNKNOWN: Great.

MR. KOZEL: There we are. There we go. Thank you so much for being here this evening to share this evening with us. My name is Ken Kozel. I'm the CEO for Shore Regional Health, and we are so happy to be here with you this evening and share some fantastic information and news with you.

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Before we get started with tonight's presentation, I think everyone in this room knows that you're a very important person to us because you're here and you're engaged in what's going on in your community.

But if you'll allow, I'd like to introduce a couple of key people in the audience that have really worked hard over the last several years to help formulate this plan and get it to the plan that we're presenting to you this evening. So if you'll please allow, there are a few that I'd really like to acknowledge that are in the audience.

From our State Health Care Agency, Mr. Ben Steffen, the Director of Maryland Health Care Commission.

Good to see you, Ben. Thank you for being here.

We have a few state elected officials with us. I see Ms. Addie Eckardt walking in.

Addie, good evening.

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1 Chris Adams is here as well.
2 Thank you, Chris.
3 I've got Bill Christopher from the
4 Chamber of Commerce that's here today with us as
5 well. From the City, we've got our Mayor, Mayor
6 Victoria Jackson-Stanley.
7 Thank you for being here, Mayor.
8 We also have First Ward Commissioner Stephen
9 Rideout.
10 Stephen, thank you very much for being
11 here.
12 We also have as President of District 3
13 our County Council, Mr. Ricky Travers.
14 Mr. Travers, thank you very much for
15 being here.
16 Mr. Satterfield for District Number 1.
17 Don, thank you. Great to see you, sir.
18 We also have some members from our
19 Dorchester County Emergency Services Department.
20 We've got Anna Sierra in the house, Roger Harrell
21 and John Barto.

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1 Thank you very much for being here and
2 representing our EMS team.
3 I'd also like to take a second to
4 acknowledge our Shore Regional Health Board
5 members that are here with us this evening.
6 First and foremost our board chair, Mr. John
7 Dillon.
8 Thank you, John.
9 Mr. Wayne Gardner is here with us this
10 evening.
11 Thank you, Wayne.
12 Dr. Joe Ciotola is in the house.
13 Dr. Joe, thank you, sir.
14 We also have David Milligan with us, the
15 Chair of our Patient Safety Quality Committee.
16 Mr. Milligan, good evening.
17 And Chip MacLeod is also here with us.
18 Thank you for being Hughes, Chip.
19 I just saw Sherry Sample here in the
20 audience.
21 Thank you so much for being here. It's

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1 great to see you.
2 We also have a couple of physicians here
3 with us that have been instrumental in helping us
4 put this plan together. Dr. Lois Narr is here
5 with us there evening.
6 Thank you, Dr. Narr.
7 And, of course, Dr. Huffner. I will
8 give him a separate introduction a little bit
9 later.
10 And Dr. Gene Newmier I hear is in the
11 house as well.
12 Dr. Newmier, good evening. Thank you
13 for being here.
14 How about a round of applause for all
15 those that really helped us (inaudible)?
16 (Applause.)
17 MR. KOZEL: And my sincere apologies if
18 I've neglected to mention anybody that's here,
19 but on behalf of Shore Regional Health, thank you
20 for taking time out of your busy evening and
21 sharing this evening's festivites with us.

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1 I'd also ask, if I could, just sort of
2 the ground rules, if you would, please. Could
3 you please check your cell phones to make sure
4 they are off? It -- it just will help us get to
5 this evening's question and answer session especially
6 so we can ensure the information that we're
7 sharing is understood.
8 So with -- we also have a couple of
9 other dignitaries that I would like to
10 acknowledge. We've got Brian Ebling from Caroline
11 County EMS in the house, so we've got our EMS
12 crew here with us, as well as Jake Frego from
13 AHEC is here with us.
14 Again, thank you all for being here.
15 Without further ado, I'd like to
16 introduce our panel members that are here with us
17 this evening who are going to share the
18 microphone with us and really communicate our
19 plan with you.
20 These are members to my right. These
21 are part of my senior team, and we have all

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1 worked really hard on this project with all of
2 our -- our team members and all the support
3 throughout the community over these last several
4 years.
5 So I'll start with introducing William
6 Huffner, our Chief Medical Officer and Senior
7 Vice President of Medical Affairs.
8 Mr. Bob Frank, our Senior Vice President
9 for Operations.
10 Dr. Walt Atha, our Medical Director for
11 Emergency Services.
12 Dr. Ruth Ann Jones, our Senior Vice
13 President for Patient Care Services and Chief
14 Nursing Officer.
15 And, finally, Barbara Hendricks, the
16 Director for Human Resources at Shore Regional
17 Health.
18 Thank you, panel, for taking time as
19 well to be with us this evening.
20 (Applause.)
21 MR. KOZEL: I'd like to point out a few

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1 things we put into place to help tonight run
2 smoothly. First, tonight's presentation is a
3 question and answer session that's being recorded
4 by a court reporter so we can provide a summary
5 of tonight's meeting minutes to certain state
6 officials.
7 The second order of business is that we
8 have a sign language interpreter and also a
9 Spanish language interpreter available for those
10 who may need assistance. So if you would like
11 help, please raise your hand and someone from our
12 team will assist you.
13 And then, finally, we provided note
14 cards so that you can write down questions or
15 comments during this evening's presentation. We
16 will collect those cards at the beginning and
17 throughout the evening all the way up to the
18 break session which should take about an hour
19 from now so that we can pass those questions
20 along and answer them during the second portion
21 of this evening's events.

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1 Does everybody have note cards with
2 them? Hopefully you picked them up on the way.
3 If not, please raise your hands and we can get
4 those note cards to you. We've got people in the
5 aisles that will make sure that you get them.
6 Also if you could, please, if you do
7 have questions and have completed a note card, if
8 you could please pass them to the aisle. That
9 would just make it easier for collection and just
10 help tonight run a little bit more smoothly.
11 And now for a quick overview of
12 tonight's events. Um, we will start this evening
13 with a presentation that really is intended to
14 answer the who, why, what, when and how the
15 project that we're working on here in Dorchester
16 County and Cambridge.
17 When we're finished with that PowerPoint
18 presentation, we're going to take about a
19 15-minute break and then we'll come back to read
20 and answer the questions that you've submitted
21 throughout this evening's events.

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1 We have a lot of material to cover, but
2 it's our intent to get through this evening
3 including answering the written questions and
4 reading your comments by 8:30. Now, this doesn't
5 say a.m. or p.m, so it's a long night.
6 Completely up to you.
7 But if you think of a question after
8 this evening or we're not able to get through all
9 the questions tonight, there will be a dedicated
10 section on our website with information about our
11 vision and information on how to submit a
12 question. We will also add those questions and
13 answers from this evening to the website and that
14 will be umshoreregional.org/dorchestervision.
15 So with that as the framework for this
16 evening's discussion, I'd like to take the next
17 step and introduce Mr. Rich Loeffler. Mr.
18 Loeffler is a board member for Shore Regional
19 Health and he's also the chair of the Strategic
20 Planning Committee who helped put the Strategic
21 Service Delivery Plan together.

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Mr. Loeffler.

MR. LOEFFLER: Thank you, Ken, and good evening to everyone. On behalf of the Shore Regional Health Board of Directors and the Strategic Planning Committee, we would like to welcome you to this evening's presentation.

Over the last four to five years, our Strategic Planning Committee has looked at various models of health care system that we think would bring quality health -- quality health care safely and conveniently to residents of the Eastern shore, specifically Cambridge and Dorchester County.

We have met with physicians and other health care providers. We talked with elected officials and county health officers and gone out to the community through a series of open public meetings to make sure we understand what the community wants in health care and more importantly make sure we can deliver that health care in a high quality -- high quality manner

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safely and conveniently.

We have looked at the aging Dorchester General Hospital. We've evaluated what it would cost to bring it up to current standards. We know what Dorchester General Hospital means to the community both in quality and convenience of health care.

Tonight we are going to bring everyone up-to-date on where we are in the planning process, what the plans are and how we anticipate providing quality health care safely and conveniently to our community.

Again, I'd like to thank everyone for being here tonight and hope you do participate in our discussion.

With that, now I would like to turn the microphone over to Mr. Ricky Travers, Dorchester County Council President.

MR. TRAVERS: Thank you. Good evening.

As president of Dorchester County Council, it's my pleasure to have this

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opportunity tonight. I would also like to mention that Councilman Satterfield is here and I see Councilman Price has come in tonight. Thank you for showing up.

I would like to thank Shore Health for being a good community partner in allowing us the opportunity to be a part of this growing process conversation. Over the last two years, we've been working together to try to find a solution to meet the needs of the county and the needs of the hospital system.

The county is supportive of this change in the delivery of health care with the condition that it increases the outpatient care for residents of Dorchester County and brings back services that have been taken away from us over the last couple of years and maintains services that we currently have and bringing in new services as are required.

Dorchester County emergency services department does not oppose transition of DGH to a

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free-standing medical facility as long as key issues such as inter-facility transports are planned for and addressed accordingly by Shore Regional Health.

As you will see in the meeting tonight, the health care models are changing across the country, especially for rural medicine.

We look forward to continue working closely with Shore Health in the months ahead and to help make sure that Dorchester receives the services that they need and deserve to have within our county.

And it's my pleasure to introduce my friend, Madam Mayor Vicky Stanley.

MAYOR JACKSON-STANLEY: Good evening, everyone. Good evening, everyone. Hello.

VOICE: Hello. We're up.

MAYOR JACKSON-STANLEY: As you can see, I'm truly excited to be here this evening. And I would like to thank the University of Maryland Shore Health system and leadership for providing

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1 this information meeting.
2 Like you, I'm a resident of Dorchester
3 County, Cambridge, Maryland. I've heard rumors
4 and myths and half truths about what is happening
5 with Dorchester General. Ladies and gentlemen,
6 this meeting is designed to provide the vital
7 information to you to better understand the
8 planned transformation of our new and modern
9 method of providing health care to the city of
10 Cambridge and Dorchester County.
11 I invite everyone to listen carefully.
12 It's about how this new and modern approach to
13 health care will work, how it will impact you and
14 your family.
15 If you have questions, please, please,
16 please fill out the cards, pass them into, um,
17 the handlers at the break and give us an
18 opportunity to hear what you have to say, what
19 you're thinking. Give them an opportunity to
20 answer -- to answer any of your questions. I
21 want you to go away knowing that any unasked

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1 question is wasting your time.
2 It is now my honor to introduce the
3 Health Officer of Dorchester County, my friend,
4 Mr. Roger Harrell.
5 MR. HARRELL: Good evening. Thank you,
6 Madam Mayor. This is indeed an honor for me to
7 be here tonight.
8 As your health officer and as two of my
9 colleagues in the room will tell you, Dr. Joe Ciotola
10 and Dr. Wadley, one of the jobs we have is ensuring
11 health services for our community. For me, this has
12 been a long journey. I'm in my 21st year here.
13 I've gone through the iteration of
14 the merger with UMMS and worked with UMMS in the
15 past myself. It's a great organization.
16 What is different about this and what
17 you see tonight in this future vision is
18 transparency. And believe me, this is transparency
19 because our elected officials over here signed on
20 to do this for our community to move forward.
21 They have asked tough questions. They have been

Page 20

1 there. I have been in conversation with
2 Senator Eckardt who has been a great advocate
3 and chair of the Strategic Planning Committee.
4 He's looking out for Dorchester County on that
5 board and he and I have had many conversations
6 since 1998 about what we do with health care.
7 I'm happy to be here tonight and to say
8 this is truly our vision for the future of
9 Dorchester County and health care. I'm going to
10 ask you to do three things. First and foremost,
11 I want you to have an open mind when you go
12 through the presentation. Secondly, as they go
13 through the presentation, if there are things in
14 there you don't understand or you don't think
15 it's meeting your needs, we need to hear from
16 you. That takes me to the last thing. Make sure
17 you fill the card out. This is your evening,
18 your opportunity to hear this vision and give us
19 the feedback so that we can move forward.
20 The plan itself has been adjusted a
21 number of times because of feedback provided.

Page 21

1 And I have worked with officials. It has been a
2 great honor to work with them and try make this
3 happen for Dorchester County. UMMS is a big
4 player in this. Thank you.
5 MR. KOZEL: How about a round of
6 applause for our special guests?
7 (Applause.)
8 MR. KOZEL: Rich, Ricky, Roger and
9 Madam Mayor, thank you for your commitment and
10 support to this vision and for your active
11 participation in helping us realize it. It's
12 been an honor working with you.
13 So now let's start and let's get on with
14 the show. Let's start with the agenda. And what
15 I would like to do is just walk you through what
16 we intend to communicate with you this evening.
17 First, we'll start with who and we'll give you a
18 little sense about the University of Maryland
19 Medical System, what it consists of and we'll
20 talk about Shore's role within the University of
21 Maryland Medical System.

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Then we'll answer the questions of why. Dr. Huffner will talk about the national focus on health care, how it's changing and how those changes are impacted right here in the State of Maryland and more specifically here in Dorchester County.

And then going we'll go on to answer the question of what. And we'll talk about exactly what we intend to do here in Dorchester County and in Cambridge, what facilities, what services, what locations.

Then we'll answer the question of when. What is our timing for this project, what are some of the key steps that need to take place to take us from where we are today to putting a shovel in the ground to opening our doors in the new center.

And then finally talk about how. How are we going to make this transition? Assuming we get all the approvals we need, how will we transition this smoothly with our health care

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partners, with our team members who work with us specifically those here in Dorchester County and then with our community, our city and county who have a broader vision for the region that we serve?

So once we answer all of those questions, then we're going to answer your questions. Again, I encourage you to fill out the cards and please let us know what you're thinking. You can also write comments on there as well. Share your thoughts with us. It doesn't have to be a question.

So thank you so much for being here.

Now I would like to start with the University of Maryland Medical System. Shore Regional Health is a proud member of the University of Maryland Medical System. This a state of Maryland map that's in front of you. It's hard to see some of the lighter blue areas, but those are all the counties in the State of Maryland supported by a University of Maryland Medical

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System hospital.

As you can see, almost half of the State in one form or fashion is represented by the University of Maryland. The red circles on this map indicate where each of the hospitals are located within the counties we serve. There are 14 total hospitals that make up the University of Maryland Medical System including our flagship hospital at the University of Maryland Medical Center in Baltimore.

I like this map, too, because it shows the size and scale of the mid shore region and Shore Regional Health. We span our services from Kent down to Dorchester County. And, again, today we're going to focus on the care and services we provide in Dorchester.

So let me bring the plan down a little bit. Let's talk about Shore Regional Health. The mission for Shore Regional Health, the reason why we exist is to create healthier communities together. That mission is really intended to

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keep you healthy, keep you out of the hospital, especially if it's not necessary, to connect you with community services and programs that bring wellness and health to you and your family, but to be a safety net in the community for patients who need health care services. And ultimately if we're going to succeed with our mission, we need to exceed your expectation. That's why we're here this evening to share the plan with you.

Our vision, what we aspire to be at Shore Regional Health is to be the region's leader in patient centered health care. Now, our region is not the State of Maryland. It's not Delaware. It's not Ocean City. It's the five counties in the mid shore. It's Kent, Queen Anne's, Caroline, Talbot and Dorchester Counties. All of that together rolls up to about 2,000 square miles of geography that we cover in Shore Regional Health. But we only have a population in that five county region of 175,000 people. So that makes providing health care in rural

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1 Maryland extremely challenging.
2 But even with that daunting task, we
3 need to move on. We need to talk about who we
4 are today and then share where we intend to go in
5 the future. So who we are today is a network of
6 primary care and specialty providers, diagnostic
7 and treatment centers, specialists and specialty
8 care centers in areas like cancer, breast health,
9 cardiac care, diabetes, joint replacement,
10 behavioral health, acute rehab. All of those
11 services are the network of care that we provide.
12 But that's not it. We also provide a
13 continuum of care that includes home health,
14 palliative care, transitional care from when you
15 transition out of the hospital back to your home
16 and now our new responsibility is population
17 health and your health and well-being which
18 includes doing things like screenings, education
19 sessions and support groups.
20 Today we are also a four emergency
21 department system, one in each one of our

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1 hospitals and an emergency department at our
2 Queens Anne's emergency center. And then finally
3 we're a three hospital system, one in
4 Chestertown, one in Easton and one in Cambridge.
5 You know, they say a picture is worth a
6 thousand words. This is the five county region
7 that is Shore Health. The symbol to the left of
8 this chart here reflect the services and the
9 facilities that we provide in these five
10 counties. And if I draw your attention to the
11 map for a second, you can see that most of the
12 services in each county are centered at the
13 population centers.
14 Even though we're only 175,000 people
15 total on that map, there are certain centers in
16 each county where we can reach the bulk of our
17 patient population and that's in the hospitals,
18 medical office buildings, urgent care centers,
19 emergency centers, imaging centers, outpatient
20 facilities. That's what's reflected on this map
21 using a different symbol, but covering our five

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1 county region.
2 But we recognize that in this new world,
3 we can't achieve our mission with just this map
4 alone. We need to expand that map and create
5 this map as well. And this map focuses on health
6 and wellness, back to our mission of creating
7 health care communities together. The health and
8 wellness programs that we've established
9 throughout the five county region include
10 wellness education programs, educating our
11 community about cancer, diabetes, preventing
12 falls, how to address when you think you might be
13 having a stroke.
14 Everywhere you see a yellow square is a
15 support group that we offer throughout the five
16 county region focusing on things likes mental
17 illness, Alzheimer's, heart disease. We also
18 offer screenings and outreach with the blue
19 triangle on this slide. And that covers things
20 like cancer, screenings and outreach for lung
21 function and for blood pressure, all critical to

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1 keeping our community healthy.
2 And one last slide about Shore Regional
3 Health today just to give you perspective of who
4 we are, today we have 2,500 team members. We
5 are 485 credentialed medical staff providers.
6 We're over 400 volunteers that serve our five
7 county region. Today we are also a 187 licensed
8 beds spread throughout our three hospitals. We
9 average about 12,000 inpatient hospital
10 admissions a year and we perform over 460,000
11 outpatient visits, emergency department visits
12 and surgical procedures each year. We are your
13 health care system on Maryland's mid shore and
14 we're very proud to be part of the team.
15 With that backdrop of the University of
16 Maryland and Shore Regional Health, I would like
17 to now ask Dr. Huffner to tell us what is going
18 on within national health care and why
19 change is happening at the national level.
20 Dr. Huffner.
21 DR. HUFFNER: Thank you, Mr. Kozel.

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1 I'm going to have a brief conversation
2 with you to talk about the national stage and
3 what's going on in health care and how it impacts
4 and what it means to us here in Dorchester County
5 and Cambridge.
6 We all know there is a national focus to
7 improve health care quality. You heard about it.
8 You read it in the newspaper almost all the time.
9 We need to improve access and, of course, we need
10 to decrease the cost. You may or may not know,
11 but currently we spend about 18 percent of our
12 gross domestic product on health care. The worry
13 is in 2020, this will rise to over 20 percent of
14 the total value of all goods and services created
15 in the United States. That is not a sustainable
16 number.
17 For you individually as a patient, as a
18 community member, as a partner of Shore Regional
19 Health, the aim is -- the triple aim is to
20 improve health, creation of wellness, improved
21 better care, high quality care, always at

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1 lower -- lower cost. But it is focused on you as
2 a patient, you as a community member and as a
3 collaborator with us in our communities as we
4 create wellness.
5 Nationally we see hospital admissions
6 decreasing across the nation but also here in
7 Maryland. We know that technology and clinical
8 best practices are continually evolving. We see
9 improvements in early diagnosis and treatment.
10 And care coordination improves health outcomes by
11 helping in those transitions of care from the
12 acute inpatient setting to perhaps rehabilitation
13 short term or long term, but most importantly in
14 transition to home after an illness. That is
15 critically important, very different with what
16 hospitals have had to do in past.
17 Strategies, of course, are to decrease
18 emergency department visits. That is decreasing
19 costs as well. Observation care helps to avoid
20 unnecessary admissions for specific types of
21 patient conditions. And, of course, utilizing

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1 our primary care physicians, advance practice
2 professionals and our specialists for access is a
3 key to better health.
4 And these are the foundations upon which
5 our success in creating wellness in our community
6 here in Dorchester County is based. We must
7 provide the right care at the right time and most
8 importantly in the right location.
9 The national -- the nation's trend
10 impact is here in Dorchester County. And I would
11 like to take perhaps a bit of a snapshot of what
12 happens here in our county.
13 Our Dorchester admissions are declining
14 year over year. There is a specific focus within
15 our facility on reducing unnecessary hospital
16 admissions.
17 The focus also in reducing inpatient
18 length of stay, returning patients to where they
19 want to be which is almost always in their home.
20 We need to improve care coordination so that as
21 we discharge patients, they must be discharged

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1 safely and they must have all the services that
2 they require to be safe at home and to enjoy
3 their home without having readmissions.
4 Decreased emergency room visits or
5 patients with multiple visits is one of the key
6 strategies as well. Emergency departments are
7 very, very expensive for individual patients, but
8 they're also very time consuming. We also see
9 decreases in observation stays, particularly as
10 payers seek assurance that admissions are
11 necessary and patients meet criteria for
12 inpatient stays.
13 And, again, I'll emphasize one more time
14 the foundation of our success, of course, is on
15 the shoulders of our primary care providers who
16 must and require access to specialists all of
17 whom are focusing on wellness, the creation of
18 health.
19 Today at our Dorchester hospital,
20 inpatient care bed number 18 for the medical
21 surgical critical care patients, we have an

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1 average daily census of about 17 patients per
2 day. Our behavioral health acute inpatient unit
3 has 24 licensed beds with an average daily census
4 of 11. And you can see that this really is
5 fairly low utilization. Our hospital admission
6 in fiscal year '18 numbered about 2,000.
7 Reference to the same period in 2017, that was a
8 decrease of over 530 inpatient admissions.
9 Our observation stays over those same
10 periods have decreased by about 117 cases over
11 the same period as I mentioned. And our
12 emergency department in Dorchester saw about 300
13 fewer ED visits '18 versus '17. So utilization
14 is going down. That is a good thing. We hope that
15 we're creating wellness, that we're creating
16 processes, that we're innovating in such a way as
17 to create wellness so that our patients are
18 actually better. They don't need to use health
19 care facilities and services unnecessarily.
20 What we must do collaboratively together
21 Shore Regional Health and our communities with

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1 our physicians, our advance practice
2 professionals and our patients, we must increase
3 access. We know access is limited particularly
4 in our county here because of the complexity of
5 public transportation. And our services are
6 scattered resulting in poor patient experiences.
7 We must improve quality.
8 We also have to realize that with this
9 low utilization of our services, it's difficult
10 for our staff to maintain clinical proficiencies.
11 Again, I already spoke about the low census and
12 the low procedural volumes. This low utilization
13 is a challenge to our providers to maintain their
14 proficiencies and, of course, this also reflects
15 a huge challenge in maintaining and recruiting
16 existing physicians and health care providers in
17 rural Maryland.
18 Of course, the third is that we must
19 decrease cost. Our aging facility, our aging
20 hospital requires significant costly upkeep and
21 repair. It is expensive and inefficient to run a

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1 full service hospital that has such low
2 utilization, low volume and our hospital based
3 outpatient services are costly and oftentimes
4 very inefficient.
5 As Yoda said, change we must and we must
6 change. And we will innovate collaboratively
7 together Shore Regional Health, our physicians,
8 our health care providers and you, our community
9 members.
10 Thanks. I will pass that back to Mr.
11 Kozel.
12 MR. KOZEL: Thank you, Dr. Huffner.
13 I think that was a good analysis of
14 what's going on at the national level in health
15 care and Shore Regional Health has not been on
16 the sidelines as this transformation has taken
17 place over the years. We have been on this
18 journey for quite some time now all with the
19 center of you and your health and wellness as to
20 why we exist and what we need to focus on.
21 And as Dr. Huffner said, right care,

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1 right time, right location, quality access and
2 cost. Those are foundational to the plans and
3 the vision that we've established because we
4 believe that if we can succeed in those areas,
5 your health and wellness will improve as will the
6 health and wellness of the community we serve.
7 So let's talk a little bit about how we
8 transpired in this journey and talk a little
9 about starting in 2015 engaging the community in
10 this process.
11 So in 2015, our Shore Regional Health
12 board of directors launched what we called at the
13 time our strategic service delivery council.
14 That council was really designed with
15 understanding what was going on at the national
16 level, being very clear and -- and have a keen
17 understanding of what the State of Maryland was
18 doing with regard to our waiver, but also look to
19 the future as to how we can best prepare
20 ourselves to meet the demands and needs of the
21 future.

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1 That service delivery council was launched and
2 as we were working on answers to those tough
3 questions, we also had a consultant come in and
4 look at our facilities, our three hospitals and
5 really tell us how well they are, how strong they
6 are, where the costs are that we need to invest
7 in order to keep them up and running and vibrant
8 in order to keep the mechanical, electrical and
9 plumbing working in our facilities.
10 So armed with both of those pieces of
11 information, the road map as well as the facility
12 infrastructure analysis we generated a final
13 report in 2016 that the Strategic Planning
14 Committee approved and brought to our board of
15 directors who also approved it in April of that
16 year.
17 Right around the same time, the State of
18 Maryland is working on coming up with additional
19 tools for hospital systems like ours in rural
20 Maryland who struggle with low volumes, low
21 population, but needing access to care in our

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1 communities.
2 With the wisdom of the Maryland General
3 Assembly and some of our elected officials and
4 state representatives here this evening, they
5 created a new law permitting acute hospitals to
6 convert to a free-standing medical facility
7 without a certificate of need. That's a lot of
8 very complex words and it's a very complex
9 regulatory process that we must follow in order
10 to make this transition, but it really provided
11 us with the tools and the road map and the
12 framework for how we can convert our hospital to
13 still provide the much needed resources here in
14 our community.
15 Around the summer 2016 with the
16 information from the plan and with some of the
17 tools from the State, we began having discussions
18 with our elected officials, with our physicians,
19 with our health care partners to say, hey, this
20 is what we're thinking here. This is a neat tool
21 that we think might apply here because it's going

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1 to sustain us and help us drive into the future,
2 not just limp by year after year under the
3 challenges of rural health care.
4 So we floated the plan, had major
5 discussions with those groups and came up with
6 some serious recommendations. We then included
7 our elected officials from Dorchester County and
8 Cambridge and shared the vision with them in the
9 fall of 2016.
10 In the spring of 2017, we began speaking
11 with our EMS providers because this
12 transformation has a lot to do with their success
13 in providing transport to patients through the
14 communities and the counties that we serve.
15 In the summer of 2017, we also conducted
16 five listening sessions in our public within
17 Dorchester County. Those listening sessions were
18 very helpful for me as I had a chance to share
19 this plan with our community, but also listen to
20 feedback and suggestions from our community. And
21 what I noticed was overwhelmingly two things.

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1 The first was that those community sessions like
2 this evening were very well attended.
3 And the audience -- the open attendees
4 of those evening events were educated and
5 informed and asked great questions that
6 ultimately came up with support for this plan
7 because they recognize the challenges that we
8 have from a facility's perspective, from a
9 quality, access and cost perspective and see this
10 model as a solution for the future.
11 So those public hearing sessions were
12 very valuable to Shore Regional Health. And by a
13 show of hands, were any of you in the audience
14 tonight at any of those sessions? I see a number
15 of hands raised. Thank you so much for being
16 there and, again, thank you for being here this
17 evening because you're helping us make sure that
18 this plan is effective and works.
19 In the fall of 2017 through the spring
20 of 2018, we really worked with the city and county to
21 discuss the process, the time lines and the

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1 outcomes. And here's really where we started to
2 get into the win, win, win scenario. How can we
3 create something that's a win for community, new
4 facilities, state of the art technology, but also
5 create wins for the city and the county as well?
6 I think this plan accomplishes that.
7 So moving forward with the University of
8 Maryland board of directors and the Shore
9 Regional Health board, we received approval to
10 submit those applications to the State to request
11 this transformation of health. We did that in
12 July. Now that leads us to this evening's event,
13 public information session where we're sharing
14 our work with you this evening.
15 So a lot has transpired over the last
16 several years. And, again, I'd like to thank and
17 acknowledge all those in the room and those who couldn't be
18 here with us tonight for your hard work, for your
19 vision, for your perseverance in helping us get
20 here. So let's start getting into some of the
21 specifics about the vision.

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1 The vision again is foundationally
2 framed around patient centered health care and
3 state of the art campus to serve our Cambridge
4 and Dorchester communities. The vision includes
5 convenient, highly visible and easily accessible
6 facilities and services collocated on one campus
7 as opposed to spread out throughout the county.
8 It provides a modern place of employment for
9 local residents. It aligns with the
10 transportation capabilities of our community. It
11 attracts and recruits physicians into our area
12 and advance practice providers into our area to
13 help serve the void that we've got. And finally
14 it serves as a vehicle to help us develop
15 economically Cambridge and Dorchester County, a
16 win, win, win that all of us were seeking.
17 So being clear, there are some very
18 clear essential elements to this plan and if you
19 will allow, I want to read them because it's very
20 important that this piece gets communicated
21 clearly. Four essential elements to improving

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1 health care in Dorchester County include, number
2 one, convert University of Maryland Shore Medical
3 Center in Dorchester County to a free-standing
4 medical facility called UM Shore Medical Center
5 of Cambridge and relocate our services to
6 Cambridge Marketplace.
7 The second essential element as part of
8 our plan is to support the new medical center
9 with a modern and integrated medical pavilion
10 incorporating best practices and patient
11 experience, technology, patient safety and
12 services.
13 The third essential element, transfer
14 those existing beds, 17 medical surgical and 12
15 behavioral health beds from Dorchester to the
16 University of Maryland Shore Medical Center
17 Easton to accommodate inpatient cases from
18 Dorchester.
19 And fourth, to work with our community
20 providers and partners to improve the wellness
21 and health of Dorchester County citizens through

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1 the things I mentioned earlier, prevention,
2 education and screenings, having a foundation of
3 primary care providers and specialists right here
4 in our region, offering diagnostic services and
5 outpatient procedures and services to keep you
6 healthy and well.
7 And finally complementing all that with
8 emergency services and observation care right in
9 our neighborhood. Those four essential elements
10 serve as the framework for our vision. And the
11 fifth major element is how we link it all
12 together through technology and through an
13 information system that allows us to connect with
14 all aspects of health care services that we
15 provide treating you as the patient in the center
16 of all we do, making it convenient and easy for
17 you to access your information regardless of
18 where you receive the services in the community
19 all the way up to the academic medical center in
20 Baltimore if needed. That's the framework for
21 our vision.

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Now, if you'll allow, I'll ask Mr. Bob Frank, our Senior VP for Operations, to talk a little bit about the campus and the two buildings I mentioned. What specifically are we talking about? What services are going to be in each facility? What do we expect will happen with each of those services?

Bob.

MR. FRANK: Thank you, Ken.

I've had the pleasure of working with our health care professionals, the architects, our EMS partners to help define what is going to be on this campus.

So this is an architectural rendering, a concept sketch of what the campus will look like. As Ken mentioned before, it's comprised of two buildings. One is the medical center which is -- which will house the emergency room, the observation room and the diagnostic center. The other facility is called the pavilion which would include physician offices, ambulatory care center

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and various outpatient services to the community. So two buildings on the campus at Cambridge Marketplace.

We're next going to -- looking at the site plan, this is Cambridge Marketplace. As we mentioned before, you can see the position of those two buildings. The first building in the blue is the medical center which houses, as I said before, the emergency room and the observation area.

That is a one-story approximately 40,000 square foot building. To give you some sense of where that is, that's located close to the site where the old Fresh and Green was. The next is a two-story medical pavilion located near the site of the old K-Mart. And that, as I said before, will house patient services, physician offices and ambulatory surgery center.

You can see that the two buildings are connected close by to -- with a covered walkway. Close to the emergency center is the helipad. To

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the right is the helipad. And the entire campus is -- has approximately 230 parking spaces. So a lot of parking spaces. There's convenient access from Route 50 and also from Woods Road.

This next sketch is an architectural rendering of what the center will look like, the UM Shore Medical Center will look like. I do want to point out, some of this may change slightly, but this is what we're looking at at this point -- this point in time.

So pending regulatory approval, what will we have at the medical center in Cambridge? Well, as Ken mentioned before, inpatient beds would be relocated to Easton, but at that center, we would have 24/7 emergency services including resuscitation and stabilization. We would have 20 emergency private rooms, not like the rooms we have today at the hospital, but private state of the art rooms and then three secured psychiatric rooms.

We would also have for those patients

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who require short further stay, we would have ten observation beds. We have a behavioral health component, as I mentioned before, the three behavioral health treatment rooms, also intensive outpatient and intensive outpatient program. We'll have a new efficient lab and state of the art imaging including CT, x-ray and ultrasound. And then lastly care coordination where we could have staff and resources designed to plan for the care and the discharge of the patient.

So at the proposed UM Shore Medical Center in Cambridge which I mentioned before it's approximately 40,000 square feet which would be open around the clock every day of the year would have 18 private emergency treatment rooms all ages, the two resuscitation critical care beds designed to care for all ages, three behavioral health assessment and treatment rooms with intensive outpatient services, ten private short stay observation beds, telemedicine capabilities for ED patient specialist

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1 consultation, ancillary support services
2 including lab, imaging and care coordination,
3 state of the art equipment and technology with a
4 helipad adjacent to the emergency department.
5 This is the concept plan or the floor
6 plan for the Medical Center at Cambridge. And I
7 know this is difficult to see, but there are
8 placards out in the hallways that give you a
9 better view of what this would be. But in the
10 center part in that blue color is the emergency
11 treatment areas. To the left of that is our lab
12 and then down below there is our diagnostic
13 imaging.
14 All the way to right in that beige area
15 is our ten bed observation units and then back in
16 the pink area in the back of the building right
17 there is our behavioral health area that we've
18 talked about.
19 So let me just take you on, I guess,
20 patients coming from, I guess, two journeys. So
21 if you're a patient arriving by ambulance, you

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1 would be coming from Woods Road, you would be
2 coming to the back of the facility via ambulance
3 and then you would go into the ambulance
4 vestibule and down the hallway into the emergency
5 area for treatment.
6 If you're a walk-in patient, you would
7 be coming to the front of the facility where you
8 would be greeted by registration and then triage
9 and then brought back into the emergency area as
10 well.
11 So these are pictures of what we
12 envision those areas to look like. The upper
13 left-hand corner is a private treatment room,
14 state of the art with all of the technology
15 available for the treatment of those patients.
16 Down to the lower right where you see the two
17 beds, that's our two bed resuscitation area. And
18 then next to that on the other side is our
19 nursing -- our nursing area where it's important
20 that they have sight lines to all the patient
21 rooms, very clear sight lines to those rooms.

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1 This next architectural rendering is
2 what we envision the medical pavilion in
3 Cambridge to look like. As I mentioned before,
4 it's a two-story building. These facilities are
5 sometimes referred to as medical office buildings
6 with outpatient services, physician offices and
7 in this case an ambulatory surgery center.
8 So existing services on the campus to be
9 maintained in Cambridge include, as I mentioned
10 before, the emergency services opened 24/7 every
11 day of the year as well as the observation beds,
12 outpatient rehabilitation services, the balance
13 center, cardiopulmonary rehabilitation,
14 cardiology, ear, nose and throat, select
15 intravenous services, gastroenterology, general
16 surgery, gynecology, outpatient behavioral
17 health, pediatrics, urology and lab draw site.
18 New services and specialists for the
19 campus would include fully integrated telemed
20 services for specialist access, community health
21 education and ambulatory surgery center comprised

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1 of one OR and a procedure room, physician
2 services of diabetes, endocrinology, prenatal
3 care, orthopedics, outpatient medical oncology
4 and then lastly outpatient diagnostic imaging
5 using x-ray, CT scans, MRI and ultrasound.
6 I would like to now turn the
7 presentation over to Dr. Atha who will describe
8 the new model of care.
9 DR. ATHA: My name is Walt Atha. I'm the
10 Regional Director for Emergency Medicine for
11 Shore. And there are a couple of points that I
12 think are important to make.
13 The first is that the new model of care
14 is quite honestly by and large not so new. The
15 point I'll make by going through each one of the
16 disease processes to point out that the vast
17 majority of patients who come to the emergency
18 department to be seen and evaluated are, in fact,
19 completely treated and discharged from the
20 emergency department after it is determined it is
21 safe to be discharged at home or that there are

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1 potential treatment plans in outpatient
2 facilities.
3 You will recall from the earlier
4 statistics that at this point, 90 percent of the
5 patients who present to the emergency department
6 either by ambulance or walk in actually are
7 discharged to home from the emergency department
8 after being evaluated, treated and stabilized
9 there.
10 So what we'll do now is go through a
11 couple of or a handful of some of the most
12 concerning issues, the issues that we would think
13 would concern you the most and drive emergency
14 department visits.
15 The first is chest pain and how we
16 approach that. The vast majority of the patients
17 who come to the emergency department with chest
18 pain are evaluated and determined in most cases
19 to be safe to be discharged home. So those
20 patients come in and they either get an EKG, lab work
21 and sometimes a brief period of evaluation. And

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1 then if it's determined they are safe to be
2 discharged which most patients are, they
3 discharge directly from the emergency department.
4 The next step ACS is just a technical
5 term for someone who may, in fact, be having a
6 heart attack, but it's not as clear. So this is
7 someone who requires more extensive evaluation.
8 This type of patient may be appropriate for
9 staying in our observation unit in the new
10 facility which is exactly what we do today with
11 patients who enter that second category of
12 concern.
13 The third category, of course, is
14 STEMI which is a technical term for absolute
15 clear cut heart attack as identified on an EKG.
16 So you probably heard recently that Shore has
17 opened a cath lab in Easton so that if you are
18 actually having a heart attack in our Shore
19 Region, you can go straight to a cath lab in our
20 facilities in Easton without having to transfer
21 outside the region.

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1 Again, the patient presents either as a
2 walk-in patient to the Dorchester emergency
3 department or is evaluated by an EMS provider in
4 the field as having a heart attack by EKG. Then
5 that patient will go directly to Easton just
6 exactly as they do today.
7 So the point is each one of those
8 categories is the same, same, same, not so new.
9 We would be doing a similar process.
10 The next, of course, concerning issue
11 that people worry about are strokes or TIA. So I
12 was told to avoid acronyms. So I'll explain for
13 those who don't know is that a TIA is something
14 that might be a stroke, but it is not clearly a
15 stroke in layman's term. So very often someone
16 will come to the emergency department with
17 symptoms that concern them and should. We're
18 trying to educate the public that if ever you
19 have numbness in your hand or difficulty
20 speaking, any sort of symptom that might be a
21 stroke, then you should come to the emergency

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1 department for evaluation.
2 In the new facility, you would undergo
3 the same evaluation as you do in our current
4 facility which is CAT scanning, appropriate
5 testing, observations to see if the symptoms
6 resolve which they most often do. Most patients
7 that we see who present with that sort of symptom
8 are actually found to have either very mild
9 symptoms or an alternate explanation or another
10 indication that it's safe to go home and be
11 followed up as an outpatient.
12 However, category two, if you are
13 clearly having a stroke, symptoms that do not
14 reverse such as your hand doesn't work or you
15 have difficulty speaking and it does not resolve,
16 then we deem from the evaluation and testing
17 you're likely having a stroke. Then you would be
18 transferred to Easton which is state designated
19 through MIEMSS, as a designated stroke center
20 which specializes in beginning to end stroke
21 treatment. That is exactly the same as today.

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1 Again, same, same.
2 Third is behavioral health. In this
3 category, patients present to the emergency
4 department with a complaint of maybe a thought of
5 hurting themself or others or severe depression.
6 These patients undergo evaluation by our
7 behavioral health response team. And most of
8 these patients actually again are discharged to
9 home for followup in the community.
10 If they do require admission and are
11 appropriate for admission to Shore, this is a
12 change because as you saw in the previous scheme,
13 the inpatient behavioral health would be
14 transferred to Easton. These patients would go
15 to Easton. So that is one change.
16 Next slide. Child with fever, this is
17 something exciting in the last couple of years
18 that you may or may not know is that we are using
19 telehealth for appropriate patients to have them
20 evaluated by an emergency -- pediatric specialist
21 emergency physician at University of Maryland

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1 Medical Center. There's a couple of things.
2 Most patients don't need this. Our emergency
3 departments are staffed with board certified
4 emergency physicians and they're capable of
5 evaluating the vast majority of children.
6 However, in a complicated case or
7 anything that raises concern of something that
8 might either need specialist care that we don't
9 have available or the patient might need to be
10 admitted, then what we do is we use telehealth
11 just as if you're teleconferencing with a
12 specialist on the other side of the bay who
13 evaluates the patient and says this patient,
14 don't worry, fine. Here's what you should do or
15 this patient is very sick, needs to come to us or
16 this patient is in the middle ground, can't quite
17 go home and maybe should stay in the hospital in
18 which case, they would go to Easton as they do
19 now.
20 No change there, but the telehealth has
21 been a big help because it actually prevents us

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1 from having to unnecessarily send children across
2 the bay to the medical center if they don't
3 really need it. We get the direct consult with
4 the specialist via telehealth.
5 Next category is pregnant women. Most
6 presentations, women who are pregnant don't
7 necessarily have a pregnancy complaint. Could be
8 an ankle. It could be a cold. Many of these
9 patients again are evaluated in the emergency
10 department. If, however, we find in that
11 evaluation that there is potential harm or
12 concern about the pregnancy itself, then the
13 patient would be sent to labor and delivery at
14 Easton for further monitoring exactly as we do
15 today for delivery or monitoring anything that
16 needs to be done on labor and delivery. Again,
17 no change.
18 Next category broken bone. So in broken bones,
19 the vast majority of broken bones again, we can
20 manage in the emergency department. Our board
21 certified docs and our advanced practice

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1 providers are capable of evaluating, stabilizing
2 and splinting most fractures and arranging for
3 followup as needed with an orthopedic surgeon.
4 If, however, the reduction, meaning
5 lining up the bone and getting it into a splint,
6 is complicated or something that is not normally
7 done in the emergency department, then the
8 patient would be transferred to Easton for
9 potential operative change or orthopedic
10 evaluation just as we do today. Again, same,
11 same.
12 Next category dehydration and flu. I'm
13 going to take the opportunity here since it's
14 summer and we'll be getting into flu season,
15 remember that flu is not just flu, that flu is
16 not a cold. Influenza is a very serious illness.
17 We see a lot of people who come in looking very,
18 very sick, but the vast majority of these
19 patients as well, give some IV fluid and
20 stabilization will go home.
21 However, patients with just flu, just

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1 flu can be very sick and do require admission. A
2 lot of these patients can be placed on
3 observation status and will turn around or show
4 significant improvement within 24, 48 hours. And
5 that is exactly the kind of patient we anticipate
6 in keeping for observation in the new facility
7 after stabilization.
8 Next category is asthma, COPD.
9 Exacerbation of COPD for a layman is roughly
10 emphysema. Everybody knows someone who has this
11 and/or asthma. These are also the sort of
12 patients that are either going to be critical
13 meaning we're going to put the breathing tube in,
14 they're going to be subcritical, pretty ill,
15 can't go home, but we can stabilize and manage
16 or, thirdly, most of them go home. Most of our
17 asthma and COPD patients in the last year in a
18 very concentrated program to beef up, if you
19 will, the outpatient services via care
20 coordination team that identify an appointment
21 within the next 24 to 48 hours and confirm that

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1 the patient is, in fact, safe to go home and have
2 immediate followup which is -- which is the next
3 step, getting patients in the community when
4 appropriate rather than admitting.
5 So long and short, I just want to
6 summarize by saying that again the new model of
7 care is not by and large new, that we're doing a
8 lot of things that we already do. Evaluation and
9 stabilization, management of critical care is
10 what we do today. Ninety percent of the patients
11 that we see are treated and released. We
12 maintain the same board certified emergency
13 physicians 24 hours a day seven days a week.
14 And lastly worth mentioning is that we
15 have nine years of experience with the Shore
16 emergency center at Queen Anne's Queenstown of
17 taking the sickest of patients, stabilizing them
18 and then transferring them as necessary, as
19 needed depending on the level of care.
20 And with that, I'll turn it back to Mr.
21 Frank.

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1 MR. FRANK: Thank you, Dr. Atha.
2 Now that we have described the vision,
3 the services and the model of care, I would like
4 to take you through the anticipated timeframe for
5 this transformation.
6 So what we anticipate is a three-year
7 journey that's already begun. That three-year
8 journey began this month with the submission
9 of three applications to Maryland Health Care
10 Commission.
11 The first submission talked about the
12 conversion of Dorchester to freestanding medical
13 facility. The second submission spoke to the
14 relocation of medical, surgical and ICU beds to
15 Easton. And the last submission was for the
16 relocation of behavioral health beds to Easton.
17 Today we are having the public
18 information hearing and within nine months of our
19 submission to the Maryland Health Care
20 Commission, we anticipate a decision from them.
21 After that, approximately three months after that

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1 in July of 2019, we would be seeking funding
2 approval from the University of Maryland Medical
3 System for the projects.
4 In September of 2019, the projects would
5 begin and they would be -- simultaneously we
6 would start two projects. The first project
7 would be to renovate Easton to accept the
8 inpatient beds transferred from Dorchester. The
9 other project would be to construct the Cambridge
10 Medical Center in the medical pavilion.
11 It should be noted that during this
12 time, services will remain in place at Dorchester
13 Hospital. By June of 2021, we hope to complete
14 the projects. At that point in time, we would
15 simultaneously move inpatient beds from
16 Dorchester to Easton and then open the Shore
17 Medical campus in Cambridge, so a three-year
18 journey concluding in June of 2021.
19 Now I would like to introduce Dr. Jones
20 to address the transition in working with our
21 health care partners.

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1 DR. JONES: Thank you, Bob.
2 First of all, I'd like to start out by
3 echoing what Mr. Harrell said earlier and that is
4 that this whole process has been very open, very
5 collaborative and very transparent. I have been
6 around for 44 years within the system and I can
7 tell you it's been a pleasure working with the
8 group.
9 So I also want to let you know that this
10 is a very important project to me because I have
11 family that live in Cambridge, in Dorchester
12 County and they seek their health care here
13 through the primary care. So, um, we'll continue
14 to work very closely with our health care
15 partners.
16 First of all, we plan to partner with
17 our providers to keep our people in our
18 communities healthy. We will be doing that by
19 continuing some of the work that we started about
20 a year and a half ago working through trying to
21 keep patients out of our hospital for admission

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1 and keeping patients out of the ED, the emergency
2 department that don't need to be there.
3 We've done that by working through our
4 care transitions program, working with a
5 transitional nurse navigator. We have a
6 transitional pharmacist that works in helping
7 patients understand what their medications are,
8 making sure that they go home on the proper
9 medications. We worked very closely with the
10 nursing home in our communities, our homes health
11 agencies.
12 And one of the other things that
13 happened we mentioned was about the medical
14 record. We are moving forward with the UMMS
15 system's Epic program which will go in place
16 December the 2nd, 2018. So we will all be on the
17 same medical record, an electronic medical record.
18 We also plan to continue with
19 telemedicine not just within the emergency
20 department but also within the medical pavilion
21 for specialist consults. We currently now have a

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1 number of telemedicine programs running. We do a
2 lot of telemedicine psychiatry. We do as
3 mentioned before telepediatrics working with the
4 University of Maryland Medical Center. We do ED to ED
5 telemedicine. So more to come on that. We plan
6 to work with our providers to enhance our
7 telemedicine program.
8 We will continue to work with helping
9 our patients manage their medications. Again,
10 this is big reason why a lot of our patients end
11 up in the emergency department is because of
12 confusion around medications. So we'll continue
13 to work with our transitional pharmacist and
14 pharmacies in our communities to make sure that
15 the patients are on the right medications and
16 know what those medications are provided for and
17 what some of the side effects are.
18 We will also continue delivering and
19 implementing new community education initiatives
20 making sure that our community members know where
21 the best place is to seek their care whether it's

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1 through your primary care physician, urgent care
2 keeping patients who are not truly emergencies
3 out of emergency department, also placing
4 patients in observation if they need to be
5 observed for a few hours even up to 48 hours
6 without requiring hospital admission.
7 Second, we'll continue to work in
8 coordination with the State EMS and volunteer
9 emergency partners. We'll engage in regular
10 updates with emergency medical system and
11 ambulance volunteers as we move through this
12 three-year project.
13 Our first meeting with the EMS community
14 was held in May of 2018. We got wonderful
15 feedback from the EMS community. And we have
16 since even made some changes to our plans based
17 on the feedback that we got. We will continue
18 that work.
19 We will also continue to work with
20 Maryland State Police, emergency medical
21 services, county and state to address site access

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1 preparations for air and ground transportation to
2 the center.
3 And, third, we'll continue to
4 collaborate for interfacility transport council.
5 This is a council that meets quarterly and this
6 council has been meeting for a number of years.
7 We've had 20 plus years relationship with a commercial
8 ambulance vendor and we're very proud of that
9 partnership. And that will continue.
10 We will continue working on what things
11 might need to change over the next three years in
12 order to make sure that we have interfacility
13 transports that will meet the community needs if
14 a patient needs to be transported to Easton or to
15 the University of Maryland Medical Center and other
16 facilities. And we will refine the process focused
17 on performance metrics as we move over the years
18 and have these quarterly meetings.
19 I would like to now turn this over to
20 Barbara Hendricks, who is the Director of Human
21 Resources, to talk about how we will take care of

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1 our team.
2 MS. HENDRICKS: Thank you, Dr. Jones.
3 So as she said, my name is Barbara
4 Hendricks and a key role for me in this initiative
5 will be to retain and retrain when possible and when
6 needed for our team members. We are going to do
7 that by supporting them and we'll be supporting
8 them before, during and after this transition.
9 So what we would like to do to make that
10 happen, again we're going back to partnerships,
11 partnerships between Shore Health and community
12 partners. We'll be forming a task force next
13 month in September. The goal of that task force
14 will be to provide viable employment options for
15 all Shore Health members, team members, affected
16 by the proposed changes at Shore Medical Center
17 at Dorchester.
18 So the timeframe for this team to be
19 working together and as, you know, time goes on,
20 the positions that come up, the skills that come
21 up, we will be able to address that by supporting

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1 the existing team members.
2 To make that happen, we're really
3 looking at an internal, then external view. So
4 internally we'll be first looking at
5 opportunities for employment right there at the
6 new Cambridge center in Dorchester. So we have
7 the medical side, the emergency department and
8 then we also have the other side with the
9 pavilion which is the medical office building.
10 So that is going to be our first area to look at.
11 From there, opportunities will be sought
12 in Shore Health. And during that time, like I
13 said, there will be various positions that come
14 up, various skills, so we want to retrain our
15 team members along the way.
16 So from there, from Shore Health to the
17 University of Maryland Medical system. So we'll look for
18 opportunities there for our team members. And
19 overall, our new opportunities, we'll be looking
20 for new opportunities in training and career
21 education for our team members.

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1 And our third part of this initiative
2 will be to work with the community partners for
3 training and career advancement for our team
4 members. So we will be partnering with community
5 resources to include such -- agencies such as the
6 workforce development board, the area health
7 education center and Chesapeake College. We'll
8 be offering these services and classes and
9 development opportunities for our team members at
10 no cost to our team members.
11 We will deliver learning and skill
12 development opportunities and again career
13 advancement plans. So it's an exciting time to
14 be in health care. You're hearing about these
15 various types of positions. Telemedicine
16 immediately comes to my mind because that type of
17 position didn't exist only a few years ago. So
18 it is about us evolving as people working in the
19 health care field.
20 One other area we don't often think
21 about when we use the term team members are the

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1 members of our facility, our volunteers. And
2 guess what? You can become a volunteer, so
3 please join us.
4 I'm going to turn it over to Ken.
5 MR. KOZEL: Thank you for that plug,
6 Barbara.
7 Making a smooth transition is critical
8 to this project being successful. Working
9 closely with our health care partners, keeping
10 our commitment and support to our team members
11 within our organization and finally supporting
12 our community development plans will all help
13 ensure we have a smooth transition.
14 This map is a Google map that shows
15 where our current services are within the acute
16 care hospital at the top right on Choptank right
17 next to the Malkus bridge. As you can see, it
18 truly is the gateway to Cambridge. We recognize
19 the value that that property has to the community
20 and the city and county that we all serve
21 together.

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1 We also recognize that the lower part of
2 the Google map, there's been a shopping center
3 there that needs to be revitalized. This is the
4 win, win, win that we were speaking of supporting
5 our plans for future development in the city and
6 Dorchester County.
7 You know, as a resident of Cambridge
8 today, I've had the pleasure of seeing the mayor
9 in action in a variety of different forums. And
10 the Mayor noted, Cambridge is on the move.
11 You can either get on board or move
12 out of the way because we're moving. We
13 appreciate that leadership and vision.
14 We appreciate the support from the
15 county working collaboratively with the city on
16 this project. And we recognize the importance
17 that this win, win, win could create from our
18 perspective at Shore first and foremost to the
19 patients and communities that we serve, but
20 equally importantly for the city and county
21 residents that call Dorchester County and

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1 Cambridge home.
2 With that and with that acknowledgment
3 that these properties are important to that
4 development for the city and county, Shore
5 Regional Health has entered into a letter of
6 intent with the city of Cambridge and Dorchester
7 County to sell the closed site and land to the
8 newly formed entity that the city and county
9 created called Cambridge Waterfront Development,
10 Inc.
11 While this is a nonbinding letter of
12 intent, it shows our commitment to suggest that
13 if we can get this plan approved through state
14 agencies, if we can identify and secure the funds
15 needed, about $75 million for this project here
16 in Dorchester County, if we can secure those
17 funds from the State regulatory agency as well as
18 the University of Maryland Medical System, we can
19 move forward and our intent would be to relocate
20 our services.
21 So we've signed that nonbinding letter

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1 of intent but with the full understanding that
2 we'll work collaboratively to get to an
3 appropriate agreement so that when we secure the
4 approval needed, we can sell the properties to
5 Cambridge Waterfront Development, Inc. Those
6 combined parcels, ours and the other properties
7 that are owned by the city and county, should be
8 a very fine and interesting parcel for any
9 developer to come in and meet some of the city
10 and county's visions for the future of Dorchester
11 County much better than the individual parcels
12 that the city and county own themselves today and
13 much better than just our individual parcel in
14 the middle of all that.
15 So we see the value. We support the
16 plan and we believe that the collaboration that
17 we've taken over the last several years to
18 develop this vision is the right thing to do not
19 only for today and tomorrow but for Cambridge and
20 Dorchester County and for Shore Regional Health,
21 but for the future and many decades to come.

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That concludes the formal part of today's presentation. I'll now ask that if you've got any questions or comments on card that you please pass those to the center aisle. We're going to take a short 15-minute break, collate those cards into groups of questions and come back after 15 minutes and answer those questions for you.

Thank you so much for your kind attention.

(WHEREUPON, a recess was held.)

DR. HUFFNER: Again, thank you very much for coming this evening. Thank you. If you wouldn't mind taking your seats. We'll get the cards organized and begin the question and answer session here shortly.

Again, thank you very much for taking your seats. We're going to start with the question and answers in just a second.

And, again, on behalf of Shore Regional Health, thank you for filling out the cards and

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engaging in this important part of this evening's presentation.

MR. KOZEL: While we're waiting for the first question, the President of Chesapeake College was here with us this evening,and he probably is out in the lobby, but wanted to say hi and say thank you for being here tonight and being part of the discussion.

MS. JACOBS: Good evening, ladies and gentlemen. My name is Donna Jacobs, and I'm the Senior Vice President with the University of Maryland Medical System. I do government relations and community health for our corporation. And I'm very pleased to be here this evening. This is an exciting moment for all of us.

It is my goal to move from the speaker presentation portion of this event, which you've heard and I think was really truly excellent, to the portion now where we address your questions and your concerns, and begin to answer many of the things that have been raised.

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You've met all of our panelists. They're up here to try to deal with these questions. I will tell you that on my very quick estimate, we probably have about 70 questions. I'm not sure that we can get to them in 30 minutes, but I will say congratulations to you for being so very engaged. We certainly appreciate it.

(Applause.)

MS. JACOBS: Several of these are duplicates, so we will try to condense as much as possible.

I will also remind, as Ken Kozel said, that the questions that are generated this evening will be on the website, and additionally, if you have other questions that arise later, please feel free to go ahead and send those to the website.

And -- as well, there's a question from the audience about the PowerPoint and whether or not the magnificent slides would be available.

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They, too, are on the website and available to you.

So we're going to get started, and I'm asking, hopefully, one person to address each question so that we can get as much in as possible and be succinct.

All right. Dr. Huffner, the first question goes to you. This is a different question. Do you anticipate reactivating a chaplaincy program at Shore Health? Chaplaincy.

DR. HUFFNER: A chaplaincy program. Not at this time, no. The chaplaincy program was an extensive educational program that, um, our spiritual care needs now are being met by our volunteers at this point.

MS. JACOBS: Bob, what is the plan for the idea for the old hospital site after the move?

MR. FRANK: Well, as Ken mentioned, we have a, um, letter of intent with the newly formed corporation to sell that to the new -- the

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1 newly formed corporation, at which point in time,
2 if they sell to a developer, that's up to the
3 developer to determine what that would be.
4 MS. JACOBS: There's a second part to
5 this question, somewhat related, which is what
6 assurances do you have that you will be able to
7 get the necessary financing for the new facility?
8 MR. FRANK: UMMS is -- UMMS, University
9 of Maryland Medical System is fully supportive of
10 this plan and we fully expect to receive that
11 funding.
12 MS. JACOBS: Ken, will this new facility
13 support the Cambridge VA Clinic?
14 MR. KOZEL: Yes, as it does today.
15 MS. JACOBS: Let me ask you another one
16 since you disposed of that question quickly.
17 (Laughing.)
18 MS. JACOBS: Urgent care -- this is a
19 comment actually. Urgent care centers have only
20 two locations in the county. This leaves rural
21 areas disadvantaged. Dorchester is very large

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1 and spread out. There are accidents that happen
2 all the time. Sprains, stitches, back injuries
3 occur on weekends and evenings when primary care
4 doctors are not available. Easton is 20 miles
5 away from Cambridge. What do we do?
6 MR. KOZEL: As I mentioned in the
7 presentation, Shore Regional Health has two
8 urgent care centers as part of our portfolio of
9 services, one in Easton and one in Denton.
10 There are other urgent care facilities,
11 though, in the community. And there is one in
12 Cambridge here as we speak. It's Your Docs In
13 right on Route 50.
14 So while Shore only has two in the five
15 county region, there are other for profit
16 companies that have urgent care facilities
17 throughout the five counties.
18 MS. JACOBS: And, Dr. Atha, will the
19 radiology department be able to do x-rays that
20 will be covered by insurance the same way as at a
21 diagnostic center, or will we still have to go to

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1 Easton for regular x-rays?
2 DR. ATHA: Gosh, it -- it -- any study
3 done in conjunction with an emergency visit would
4 be at the emergency rate. That's different than
5 going to an emergency center, but the services
6 would be available as they are now for in the
7 emergency presentation.
8 MS. JACOBS: Dr. Atha, continuing with
9 you.
10 There were a couple of questions about
11 stroke. Since time matters with a stroke
12 patient, will the Cambridge facility provide clot
13 busters prior to transferring the patient to the
14 stroke center in Easton?
15 DR. ATHA: Yes. Unequivocally, yes, as
16 appropriate. And whoever wrote the question is
17 very smart about time is brain, as we say, and
18 we're already doing that at the Queen Anne's
19 facility today.
20 MS. JACOBS: And one more. For families
21 with young children, will Shore Regional Health

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1 in Easton still have a pediatric unit to care for
2 these patients?
3 DR. ATHA: Yes, as now.
4 MS. JACOBS: Ruth Ann, there were four
5 or five questions of this ilk, so I'll ask the
6 general one, which is, what's the plan to provide
7 better transportation that is necessary, as was
8 mentioned during the presentation?
9 DR. JONES: Well, as mentioned, we will
10 continue to work with the Dorchester
11 Transportation System in studying and planning
12 for the demand for routine transportation. As
13 far as emergency transportation, we'll continue
14 to work with the Emergency Medical Services and
15 with our commercial vendors.
16 MS. JACOBS: Dr. Huffner, patients with
17 the flu who are put in observation status, would
18 they be admitted in Easton? Please explain, or
19 are the medical care not paying for observation
20 time?
21 DR. HUFFNER: As it occurs today, some

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1 patients do not meet inpatient criteria. They're
2 placed in observation. This is the same process
3 that will occur at our facility, our brand new
4 University of Maryland Medical Center at Cambridge.
5 There will be cost associated with that that are
6 borne by the patient, but are different from
7 inpatient care.
8 The same criteria that we use for
9 determination of whether a patient is placed in
10 observation and stays in our community here will
11 be used in our new facility.
12 If the patient needs inpatient care,
13 then the patient would be admitted in Easton.
14 MS. JACOBS: Dr. Huffner, you state that
15 Dorchester General admissions are declining. How
16 does this differ from the rest of the U.S.? You
17 say outpatient services are costly at the
18 hospital. How will cost of these services change
19 or decrease at the new facility?
20 DR. HUFFNER: So the latter part of that
21 is that we hope to have outpatient services in

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1 unregulated space at the new medical office
2 building to meet the needs of our patients so
3 that they don't have to pay the dual charge, the
4 charge for the facility fee as well as the charge
5 for the fee for the service being provided.
6 Unfortunately, I forgot the first part
7 of the question. Oh, about the volumes. Across
8 the nation, the volumes of utilization of health
9 care is being -- is going down. And we see that
10 in all our facilities, frankly, not only at
11 Dorchester, but also in Chestertown. As we shift
12 from a sort of per click use of health care
13 services to creation of wellness and putting
14 things in place to make sure that our patients
15 are better maintained and better transitioned
16 from inpatient care to home.
17 MS. JACOBS: Thank you.
18 Bob, a couple of questions related to
19 the physical facility. Will there be plans to
20 allow for potential future expansion?
21 Question -- hold on. One other short one. And

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1 will the buildings be connected underground?
2 MR. FRANK: No, the buildings will not
3 be connected underground. From the drawings,
4 there's an above ground connection between the
5 two buildings with a covered walkway.
6 And, um, with regard to -- what was the
7 other part of the question? I'm sorry.
8 MS. JACOBS: Future plans for expansion.
9 MR. FRANK: Future plans, yes. You
10 know, as we've always learned in health care when
11 we build something, we must consider the future.
12 Yes, there will be the ability for future
13 expansion with this project.
14 MS. JACOBS: Bob, sticking with you for
15 a moment, I think this question is for you. Will
16 all of the existing diagnostic services still be
17 in Dorchester? For example, sleep study and EKG,
18 et cetera.
19 MR. FRANK: Yes.
20 MS. JACOBS: There's three on this page.
21 What would be the path of the helicopter over

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1 town, over Hyatt, over residential?
2 MR. FRANK: I believe it's more over
3 Hyatt. It's going to approach and it's going to
4 come over Woods Road and land there. So I
5 believe that's more over Hyatt, I think.
6 MS. JACOBS: And this is a question that
7 I will throw out to whomever might like to answer
8 it. It's related to transportation in part.
9 Will there be any absorption of extra
10 transportation costs if a trip to Easton is
11 deemed necessary?
12 MR. FRANK: Currently what happens if we
13 bill those services and they are covered, then
14 the insurance company pays for that. If they
15 aren't covered services and we bill them, then
16 the hospital does absorb that cost.
17 MS. JACOBS: Bob, you presented a list
18 of services that would be available. This is
19 more a comment rather than a question. And it
20 says it would be helpful if we could get a
21 listing of services at Dorchester General and

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1 side by side comparable services and new
2 facility, for example, X number of beds and X
3 number of beds.
4 MR. FRANK: That is probably something
5 you can put on the website. It is in there.
6 MS. JACOBS: And, again, the
7 presentation will be available to you on the
8 website.
9 Barbara Hendricks, a couple of questions
10 have come in about the workforce. Will community
11 health workers be included in your partnership to
12 serve the community?
13 MS. HENDRICKS: That is one of the types
14 of positions I was talking about that didn't
15 exist five years ago, community health workers.
16 So this task force will be looking at what's
17 needed for the continuum of care for our
18 patients. That may very well happen. But at
19 this point, the task force needs to determine
20 that, and it is too soon right now to know.
21 MS. JACOBS: And one more related

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1 question. Will the training and vocational
2 options mentioned include Dorchester technical
3 center at CSD?
4 MS. HENDRICKS: Absolutely, yes. We
5 want to work with as many partners as we can.
6 Think about health care. A lot of times folks
7 think about nurses and doctors. There are a
8 whole lot of other professions. Think of a
9 health care facility as a small city.
10 MS. JACOBS: Ken, there are questions
11 about the population and the utilization of the
12 hospital. The first one here is what's the
13 average population size for a rural community
14 that has a full hospital?
15 MR. KOZEL: Wow. I don't know that
16 answer.
17 MS. JACOBS: But we will --
18 MR. KOZEL: We can find that out. And,
19 again, we'll present that on the website.
20 MS. JACOBS: What's the long term --
21 this is for you, Ken, as well. What's the

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1 long-term intention regarding Easton Hospital and
2 the assurance that it will remain a full size
3 service hospital?
4 MR. KOZEL: The long-term plans for
5 Easton are to replace that hospital eventually.
6 All hospitals have a useful life as a facility.
7 So our intent is to replace the Easton Hospital.
8 We currently own the land out near the community
9 center and the airport on Route 50 in Easton.
10 That's where the intention would be to build the
11 new hospital. Again, that requires regulatory
12 approvals. That requires UMMS funding support
13 and then the time it would take to build. So
14 we're looking at least six years out for that
15 project. But the intent is continue along with
16 that process.
17 MS. JACOBS: Here's another question
18 related to utilization of the hospital. And with
19 the ever increasing number of baby boomers and
20 the increasing number of patients, how will Shore
21 Regional Health care for the aging population?

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1 DR. HUFFNER: That is a great question
2 because not only is there an ever increasing
3 number of aging baby boomers, luckily we're all
4 living longer. Unfortunately, with the nature of
5 the family, we're seeing fewer and fewer support
6 family members to be around. So it becomes part
7 of Shore Regional Health's job is to care for
8 patients over this transition of care.
9 As they leave the hospital, we have to
10 make sure that whatever venue, it could be home,
11 it could be nursing home, it could be short-term
12 rehab, that those discharges, those transitions
13 are just as important as the care that we provide
14 on the inpatient side. So we are continuing to
15 grow our programs and population health and care
16 physicians address this very need.
17 MS. JACOBS: Dr. Huffner, a couple of
18 questions regarding observation. Many insurance
19 plans question paying for patients not admitted
20 in the regular process. In addition, they
21 hesitate to pay for observation. How will this

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be handled? There were three or four questions the same.

DR. HUFFNER: That's also an interesting question. I think part of the answer is that the insurance payors, of course, are more interested in not paying for inpatient admissions as much as not paying for observation. So it behooves us to make sure that when we do place a patient in observation that we have the appropriate documentation and that patients meet the criteria for observation status which means we have to make sure that our electronic medical record reflect the true nature and the true story that the patient presents with.

We also need to be much more attentive, much more nimble, much more able to facilitate the transfer or transition from emergency department to home when the patient does not meet either observation status or admission status. That's why we're committed to providing this transitional care programming at our brand new

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facility here in Cambridge just like we have in the hospital.

MS. JACOBS: One more related to observation status and this one also involves our legislative friends in the audience. Assuming you're placed under observation for three days and then transferred to a nursing home, will this nursing home accept this as a formal three-day acute care stay that is required for skilled care? And then a note at the bottom that says I asked this so our legislators can plan ahead.

DR. HUFFNER: Asked and answered. Thank you very much. No. Three-day observation stay is not a qualifying regulation. A qualified stay for being eligible for rehabilitation makes in my humble opinion, and I'm not a legislator, that makes no sense. I think the comment is that we need to have our legislators move CMS to change their regulation. But observation status does not count towards a qualified stay for eligibility for rehab.

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MS. JACOBS: Thank you.

Dr. Atha, since ER visits are costly for minor health issues, will there be available services for those types of situations?

DR. ATHA: Shore is being concerned about increased urgent care availability. And I would say that we're making a concerted effort to educate patients to make the right choice where they go to start. There are federal laws that require if a patient presents to an emergency department for anything, there is law of EMTALA that require a medical screening exam. And so that incurs medical emergency department cost.

So the real effort is on education for patients to make the right choice about the right level of care and that's also Shore's effort to create more options in the urgent care world to make that a possibility.

MS. JACOBS: We have about ten more minutes before we have to vacate the building. Try to keep going.

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Dr. Atha, will the ER be able to refer unnecessary visits to maybe the clinic and can there be a quick clinic type setting set up?

DR. ATHA: Under current federal law, absolutely not. We are not even allowed to have any literature or signage or even alert the patient of the existence of urgent care once they arrive at the emergency department by federal law, by EMTALA. So the answer to that is no.

MS. JACOBS: Ken, this is for you. What areas of specialty are we currently missing or do we not have in sufficient numbers of doctors? You understand that. How do you plan on attracting those specialists to this area?

MR. KOZEL: I think one of the good things that Shore has done over the last several years is understand that we can't be all things to all people. We've got a vast geography that we've got to cover. Let's look at the services that our five county system needs and do our best to offer those services within our region and

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1 ideally try to collocate those as much as
2 possible.
3 So I believe today that with the
4 addition of our PCI program that Dr. Atha
5 mentioned that we are providing great care from a
6 regional perspective as a good strong community
7 hospital.
8 I wouldn't suggest that there are
9 additional services that may be needed that we
10 don't offer in the five county region, but I
11 would defer to our physician leadership to take
12 the microphone from me to answer this question
13 from a physician's perspective.
14 DR. HUFFNER: I think one of the
15 important things our partnership with the
16 University of Maryland, particularly the School
17 of Medicine, we're trying very hard to try to
18 bring the professors here to the shore, whether
19 it be through telemedicine or actually clinics
20 where the professors come here and see patients
21 here on the Eastern Shore. That relationship is

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1 unique. We're blessed to have that relationship
2 and be able to use our technology and our
3 relationship with the School of Medicine to get
4 the access that we need.
5 We are never -- I hate to say never.
6 You're never supposed to say never, but I don't
7 believe we're ever going to do kidney transplants
8 here on the Eastern Shore, but to be able to
9 bring transplant surgeons over here to see our
10 patients, to take care for them, that is really a
11 wonderful thing to do. And I think that is the
12 future either through additional clinics. We
13 have professors coming over here now and also
14 further utilization of telemedicine capabilities
15 which our brand new facility in Cambridge will be
16 top notch for that.
17 MR. KOZEL: Before you switch gears,
18 thank you, Dr. Huffner. See how we complement
19 each other. We form a great team. So I want to
20 draw back to one of the very early questions
21 about chaplaincy programs. Dr. Huffner and I may

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1 not be on the same page with that vision, so
2 we're going to have to do a little bit of work to
3 understand a little bit more about the role that
4 our chaplains play within our system and try to
5 come up with the right answer for that in the
6 future.
7 So we have got some more work to do on
8 that. We're going to work closely together to
9 collaborate and see what's best for our
10 community. So more to come on that one.
11 And, Donna, while I have a second, I
12 think that an earlier question about outpatient
13 imaging services as they related to this new
14 complex, and Dr. Atha very correctly answered
15 that question with regard to the ER component,
16 the free-standing medical facility component, but
17 the other part of that question is will there be
18 outpatient services for imaging available on the
19 campus. And that answer is yes.
20 So you don't have to just come through
21 the ED to get x-rays. We will have outpatient

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1 imaging services available in the medical office
2 pavilion which will include x-ray, CT, MRI,
3 mammography and ultrasound on an outpatient
4 basis.
5 MS. JACOBS: There was also a question
6 there about the sleep services.
7 MR. KOZEL: And I think Bob answered
8 that correctly as yes, that will be included.
9 MS. JACOBS: All right. Let's see.
10 Ruth Ann, there were several questions about
11 transportation and so I'll try to lump it all
12 together. Will there be transportation for
13 families to visit patients? And in particular,
14 someone asked will there be transportation to
15 assist poor family members?
16 DR. JONES: And, again, over the next
17 few years, we're going to have to take a look at
18 that and see what the needs are and then make
19 plans for that. We cannot answer that today
20 because we don't have the specifics, but we'll be
21 working on it.

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1 MS. JACOBS: Bob, involved with Maryland
2 Health Care Commission, MHCC, the question was about the
3 time line -- is about the time line. What
4 happens between July 2018 now and March 2019? It
5 was stated that the CON process was changed by
6 the State legislature. Ken may want to weigh in
7 on this as well. So why nine months for MHCC?
8 MR. FRANK: This is actually a COE
9 process that we're going through, certificate of
10 exemption as opposed to certificate of need. And
11 during that nine month -- nine-month period, what
12 will happen is the Maryland Health Care
13 Commission will evaluate our submissions and will
14 come back with questions, questions which we will
15 then have to answer. And then we'll evaluate
16 those and they can ask more questions and it goes
17 through an iterative process until they render a
18 decision.
19 But basically it's not as complex as
20 CON, so that's why we're anticipating it should
21 be about nine months.

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1 MS. JACOBS: All right. Dr. Huffner, a
2 question about telemedicine. I understand that
3 the campus will have telemedicine for, in
4 parentheses, 18 patients, if you want to talk
5 about that. Rural geography of Dorchester often
6 means 20 plus visits to the campus. What
7 provision is there for telemedicine at the home
8 of the patient?
9 DR. HUFFNER: That -- that's also a
10 great question and that is the next, um,
11 frontier, I guess, of telemedicine. Right now
12 we're already beginning a pilot project where we
13 actually have telemedicine -- telemedicine
14 transition pharmacist actually goes into the home
15 now through our relationship with one of our
16 counties to assist in medication reconciliation,
17 but that is the next wave and we'll begin to
18 investigate and think about those programs as we
19 continue to expand our telemedicine capabilities
20 within our brand new facility.
21 MS. JACOBS: Thank you.

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1 Staying with you, Dr. Huffner, here's a
2 question. What M.D., DO, DDS, DMD and other
3 medicine personnel will have privileges at this
4 facility?
5 DR. HUFFNER: That is a great question.
6 The credentialing of providers and the
7 privileging of providers will be through the
8 Shore Regional Health system, but the board, the
9 governing body grants privileges to all its
10 credentialed providers. So the same process will
11 be followed as is followed now for our hospital
12 and our ambulatory surgery centers and our
13 free-standing will be the same process.
14 MS. JACOBS: Barbara Hendricks, how are
15 you going to cover -- this may not be for you.
16 How are you going to cover the ancillary services
17 department for the emergency facility? Staffing,
18 it is a staffing question. How are you going to
19 provide staff for ancillary services in the new
20 facility?
21 MS. HENDRICKS: How are we going to

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1 provide staff? Well, we would determine that
2 with this task force, but we would use our usual
3 process to recruit and hopefully, you know,
4 retain folks that we already have if that answers
5 the question.
6 MS. JACOBS: I don't think I asked this
7 one already, Dr. Atha. This is another one
8 related to stroke. What's the optimum time line
9 for treating strokes and heart attacks and how do
10 you address that with the requirement to be
11 transported to Easton? What actual treatments
12 are there for heart attacks and stroke and how
13 would they be administered here?
14 DR. ATHA: So the first thing is a
15 stroke is basically -- if it is clear that the
16 patient had a stroke, they should have clot
17 buster medications at that time. Now the
18 timeframe is 45 minutes. And we are beginning to
19 actually administer that medication on a
20 consistent basis under 45 minutes from the time
21 of arrival.

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That can happen here. That will certainly happen here just as it happens at a free-standing facility and at Easton. The patient will then be transferred to Easton because there's longitudinal stroke here. It's not just clot buster medication. All the nursing, all the other specialties there were involved in getting that patient through the entire process safely all the way up through rehab.

In terms of heart attack, there's a clot buster medication that we used historically before we started going straight to cath. There are certain weather situations, for example, that we still do that. If there's going to be a significant delay getting the patient transferred, then the person who's going to do the catheterization themselves will say to us go ahead and give the clot buster medication as soon as possible.

So the answer to both of those questions

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is time, do it as fast as you can. Getting into the cath lab right now at Easton actually is a significant improvement for this community over what we've had historically up to this point because the patients can present to Cambridge, to Dorchester, walk in and then we have to arrange for transport to either Peninsula Regional or to Anne Arundel historically. Now they go to Easton. So we're really, really shaving off time and saving lives with that new program.

MS. JACOBS: In the last minute or so we have, there are just a couple of questions left because we really have grouped them together as best as possible.

Bob, a question for you. Will there be any other lab services available to the public besides the ED visits? Will the Sunburst drawing site be closed? Will any of the outpatients -- will any of the outpatient laboratory work remain at the lab?

MR. FRANK: Well, what we will be doing

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is closing the Sunburst lab and moving that into the medical office building. So the lab work that is being done now will transition into the -- into the -- into the pavilion or medical office building.

MS. JACOBS: Dr. Huffner, I'm going to try to combine these two questions. The general question is how is insurance coverage changing to meet the new model of health care? And then a different question that says will our new facility accept most health insurance plans?

DR. HUFFNER: The model for health care is ever changing. We will do everything in our power at Shore Regional Health to partner with patients in our community to make sure that what the payors require, we'll try to meet that as best we can.

But the future is uncertain. There are many, many pressures from payors, from the centers for Medicare and Medicaid that impose certain rules. We'll do everything in our power

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to again comply and make sure that our patients as much as possible get the care they need.

MS. JACOBS: Bob, one final question and then we have a comment for you. Will ED rooms provide a privacy wall rather than curtains?

MR. FRANK: Absolutely. Absolutely. They will have walls and they will have the glass doors as pictured in the presentation on the PowerPoint.

MS. JACOBS: All right. And the final comment is addressed to you, Ken, and you may want to respond. It says one suggestion regarding the name. Why not call it Cambridge slash University of Maryland Shore Regional Health? Since you have 14 medical hospital centers, the UMMS SMC prefix can be confusing. Give Cambridge the identity to serve rather than tracking Cambridge.

MR. KOZEL: That was a great question, Mayor. And taking a page out of your book, we'll take that under advisement.

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(Laughing.)

MS. JACOBS: Thank you, ladies and gentlemen, for all those questions.

(Applause.)

MR. KOZEL: Very quickly just say thank you. Thank you so much for being here this evening, for sharing your great questions with us, for being engaged in what we're trying to do here in the community. Our mission is creating healthier communities together.

And what I recognized since I have been here with Shore is that's not something Shore can do alone. It takes everyone us to make this work. I'm so proud of the partnerships we established, the vision that we created and the win, win that we're trying to build here in Cambridge and in Dorchester County. So please stay with us. Thank you so much for everything. We will keep you posted as our plan progresses. Have a great evening, drive safely.

(Proceedings concluded at 8:37 p.m..)

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* * *

STATE OF MARYLAND
COUNTY OF BALTIMORE

I, Linda Lindsey, CSR, a Notary Public

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of the State of Maryland, do hereby certify that the within-named Public Information Meeting was taken at the time and place herein set out.

I further certify that the Meeting was recorded stenographically by me and this transcript is a true record of the proceedings.

I further certify that I am not of counsel to any of the parties, nor in any way interested in the outcome of this action.

As witness my hand and notarial seal this 2nd day of August, 2018.

_____

LINDA LINDSEY, CSR

My Commission Expires: December 21, 2019

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ENCLOSURE C

Written Questions/Comments from the Dorchester Public Hearing
July 31, 2018

[Transcript Page Site]

Question 1: Just one suggestion regarding the name – why not call it Cambridge / University of Maryland Shore Medical Center? Since you have 14 medical/hospital centers the UMSMC prefix can be confusing. Give Cambridge the identity it deserves rather than tacking Cambridge on at the end. This shouldn't cost any money! [Page 109]

Question 2:

(A) Will our new facility accept most insurance plans? [Page 108]

(B) If you are sent to a nursing home or full hospital service will your insurance still be used to cover stay? [Not addressed]

(C) Transportation plan (between facilities)? [Page 85]

(D) Does this concept allow for future expansion as needed? [Pages 87-88]

(E) Will ED rooms provide privacy (walls rather than curtains)? [Page 109]

Question 3: How is insurance coverage changing to meet the new model of health care? [Page 108]

Question 4:

(A) Will there be any other lab services available to the public besides for ER visits? [Page 107]

(B) Will Sunburst drawing site be closed? [Page 107]

(C) Will any of the outpatient laboratory work remain at the lab? [Pages 107-108]

Question 5:

(A) What is the projection for our aging population, including incoming retirees to community and how is that sufficiently provided for in new facility? [Pages 92-93]

(B) What is the optimum time line for treating strokes/heart attacks? [Page 105]

(C) How do you address that with a requirement to be transported to Easton? [Page 105]

(D) What actual treatments for heart attack/stroke will be administered here? [Page 105]

Question 6: How are you going to cover the ancillary departments for the medical office at the Emergency facility? [Page 104]

Question 7: What MDs, DOs, DDS, DMDs and other medical personal have privileges in this facility? [Page 104]

Question 8: I understand that the Campus will have telemedicine for (18) patients. Rural geography of Dorchester often means a 20-minute plus transport time to the Campus. What provision is there for telemedicine at the home of the patient? [Page 103]

Question 9: Will the radiology department be able to do x-rays that will be covered by insurance, the same way as at diagnostic center; or will we still have to go to Easton for regular x-rays? [Pages 83-84]

Question 10: Urgent Care Centers in only 2 locations? This leaves rural areas at a disadvantage. Dorchester is a very large, spread out County! Also accidents like sprains, stitches, and back injuries occur on weekends and evenings when primary doctors are not available. Easton is 20 more miles away from Cambridge. [Pages 82-83]

Question 11: (A) What happens between July 2018 and March 2019? [Page 102]

(B) It was stated that the CON process was changed by the State Legislature. So why 9 months for the MHCC to decide? [Page 102]

Question 12: Since time matters with a stroke patient, would the Cambridge Facility provide clot busters prior to transferring a patient to their stroke center in Easton? [Page 84]

Question 13: For families with young children, will Shore Regional Health at Easton still have a pediatric Unit to care for these patients? [Page 85]

Question 14: (A) What is the plan or ideas for the old hospital site after the move? [Page 81]

(B) What assurances do you have that you will be able to get the necessary financing for the new facility? [Page 82]

Question 15: (A) Will there be transportation of family to visit patients who are inpatient at Easton? [Page 101]

(B) What will happen to Dorchester General? [Pages 81-82]

Question 16: How will transportation for poor family members be run to ensure they can visit family that have been taken to Easton Hospital for inpatient health or mental health services? [Page 101]

Question 17: (A) Will you be providing print materials that are possible to read? If so where? Your charts at the meeting were not readable from a distance. [Pages 80-81]

(B) Moving the dedicated Dorchester doctors to Easton? Who will be serving the Dorchester population in your new campus? [Not addressed]

C) Are you considering transportation difficulties? [Page 85]

Question 18: (A) Will buildings be connected underground? [Page 88]

(B) Will plans allow for potential future expansion? [Page 88]

Question 19: (A) What is the average population size for rural communities that have a full hospital? [Page 91]

(B) What is the long term intention regarding Easton Hospital and assurance that it will remain a full size and service hospital? [Page 92]

(C) How many beds –inpatient- will be removed from Cambridge and, theoretically, moved to Easton? What is the growth capacity in Easton? [Not addressed]

Question 20: Will this new facility support the Cambridge VA Clinic? [Page 82]

Question 21: (A) What areas of specialties are we currently missing or do not have in sufficient numbers of doctors? [Page 97]

(B) How do you plan on attracting those specialists to this area? [Page 97]

Question 22: What emergent services/categories of illness are currently treated at Cambridge Hospital that will no longer be provided in new facility? [Not addressed]

Question 23: (A) Since ER visits are costly for minor health issues will there be available services for those types of situations? [Page 96]

(B) Will the ER be able to defer unnecessary visits to maybe a clinic? [Page 97]

(C) Can a quick clinic type setting (on site or off site) be included in this plan? [Page 97]

Question 24: Assuming you are placed under observation x 3 days – then transferred to a nursing home – will the nursing home accept this as a formal 3 day acute care stay for skilled care? I ask this so our legislators can plan ahead. Or is this a wait-and-see? [Page 95]

Question 25: If you are admitted for observation and not formally admitted for acute care, are you responsible for the emergency room fee? I ask this so our legislators can plan ahead. Or is this a wait-and-see? [Page 95]

Question 26: Many insurance plans question paying for patients not admitted in regular process. They hesitate to pay for "observation" admissions. How would this be handled? [Page 94]

Question 27: With the ever increasing number of baby boomers and increase in number of patients, how will Shore Regional Health care for this aging population? [Pages 92-93]

Question 28: (A) A comment/observation: only a few from African American population. A lot of seniors. Not many young adults 20-40. [Not addressed]

(B) Will the training/vocational options include Dorchester Technical Center at CSD (DCTC)? [Page 91]

(C) The funds received for sale of current properties will fund the new facilities? Will that include the land at Marketplace? In other words the Shore at Cambridge will own and control land and buildings. [Not addressed]

Question 29: Will Community Health Workers be included in your partnership to serve the community? [Page 90]

Question 30: What would be helpful would be a list of existing services at DGH and side-by-side list of comparable services in the new facilities. Example:

DGH	New
24 beds (long term)	10 outpatient beds

If something is removed, say so. If something is added, so note. [Page 90]

Question 31: (A) Will all of the existing diagnostic services still be in Dorchester (i.e., sleep study, EKG, etc.? [Page 88]

(B) What would be the path of the helicopter over town – over Hyatt, over residential? [Page 89]

(C) Will there be any absorption of extra transport cost if trip to Easton is deemed necessary? [Page 89]

Question 32: Will the PowerPoint presentation be made available on-line? [Page 81]

Question 33: (A) You state that DGH admissions are declining – How does this differ from the rest of the US? [Page 86]

(B) You say outpatient services are costly at the hospital – How will the cost of these services change (decrease) at the new facility? [Page 86]

Question 34: Patients with the flu who are put in observation room – would they be admitted in Easton ER – explain Medicare not paying for observation time. [Page 85]

Question 35: What is the plan to provide better transportation that you mentioned was necessary? [Page 85]

Question 36: (A) How meet needs of far flung parts of county? [Not addressed]

(B) Suggest after hour access to hospital pharmacy for fulfillment of ER prescriptions. [Not addressed]

(C) Suggest shuttle service to Easton Hospital. [Not addressed]

(D) Will buildings be connected underground? [Page 88]

(E) Will plans allow for potential future expansion? [Pages 87-88]

Question 37: Are you considering transportation differences? [Page 85]

Question 38: (A) Why bother using Cambridge if Easton will have the inpatient beds? [Not addressed]

(B) How does the evaluated patient in Cambridge become inpatient in Easton? [Not addressed]

(C) Who transports the too ill to drive but not ill enough to require ambulance? [Not addressed]

(D) Flat roofs leak. [Not addressed]

Question 39: Do you anticipate reactivating a chaplaincy program at Shore Health? [Pages 81, 99-100]

Question 40: (A) In flu season with high patient admissions, how does Shore Regional Health intend to handle the high census with fewer beds to care for these patients? [Not Addressed]

(B) Is there a transportation system in place to aide people to visit their loved ones at the Easton Campus, most important the elderly and disabled? If so, what hours would this be available? [Pages 101-102]

Question 41: (A) Where is the money going when DGH is torn down? [Not addressed]

(B) Why can't our primary doctor go with people to see his patients in Easton? [Not addressed]

Question 42: Can anyone address the Medicare Rules for inpatient and outpatient observation and how it will impact this new facility? [Not addressed]

Question 43: (A) How does this transition affect our workforce? Number of staff/employees? [Not addressed]

(B) Increasing access and improving quality is great at a lower cost, but how does the cost change from our community? [Not addressed]

(C) What is the length of stay for the observation bed? [Not addressed]

(D) With the information system will they assist in decreasing medications to repeated patient visits? [Not addressed]

(E) Privacy glass – to protect patient confidentiality? [Page 109]

(F) Any partnership with DCPS to communicate some health education? [Not addressed]

EXHIBIT 14

State of Maryland

Maryland Institute for Emergency Medical Services Systems

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October 15, 2018

Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Dear Mr. Steffen,

As you are know, Shore Health System, Inc., d/b/a University of Maryland Shore Medical Center at Dorchester ("UM SMC Dorchester"), and University of Maryland Shore Medical Center at Easton (UM SMC Easton) (collectively, the "Applicant") are seeking approval from the Maryland Health Care Commission to convert the University of Maryland Shore Medical Center at Dorchester to a freestanding medical facility, as well as for an exemption from Certificate of Need (CON) review for the proposed conversion.

The Maryland Health Care Commission will determine whether to approve the request for exemption from the CON requirement based on a number of factors, including whether the conversion "will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services (EMS) Board." Health General 19-120 (o)(3)(i)5C. In making this determination, the State EMS Board is required to consider eleven (11) factors specified in regulation. COMAR 30.08.15.03.

Please be advised that at its meeting on October 9, 2018, the State EMS Board reviewed the proposed conversion and considered an analysis of the COMAR-enumerated factors. After consideration of these factors, the State EMS Board unanimously determined that the proposed conversion of University of Maryland Shore Medical Center at Dorchester to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. Attached is a copy of the analysis that provided the basis for the Board's determination.

Please let me know if you have any questions or if I may provide any further information.

Sincerely,

Patricia S. Gainer

Patricia S. Gainer, JD, MPA
Acting Co-Executive Director

Enclosure

Cc: Kenneth D. Kozel, President & CEO Shore Regional Health

#645964

MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility without a Certificate of Need (CON):

Whether the Proposed Conversion Will Maintain Adequate and Appropriate Delivery of Emergency Care within the Statewide Emergency Medical Services System

MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility without a Certificate of Need (CON):

Whether the Proposed Conversion Will Maintain Adequate and Appropriate Delivery of Emergency Care Within The Statewide Emergency Medical Services System

Executive Summary

Shore Health System, Inc., d/b/a University of Maryland Shore Medical Center at Dorchester ("UM SMC Dorchester"), and University of Maryland Shore Medical Center at Easton (UM SMC Easton) (collectively, the "Applicant") are seeking approval from the Maryland Health Care Commission (MHCC) to convert UM SMC Dorchester to a freestanding medical facility (FMF), as well as for an exemption from a Certificate of Need (CON) review for the proposed conversion. Under Health-General 19-120, the MHCC determines whether to approve the request for exemption from the CON requirement based on a number of factors, including whether the conversion "will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services Board." Health-General 19-120 (o)(3)(i) 5 C. By regulation, the EMS Board is required to consider eleven (11) factors in making its determination whether the proposed conversion will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system (COMAR 30.08.15.03).

MIEMSS has completed an analysis of each of the required factors. Based on its review, MIEMSS recommends that the EMS Board make a determination that the conversion of UM SMC Dorchester to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Background

UM SMC Dorchester is currently an acute care hospital located at 300 Byrn Street, Cambridge, Maryland, with 18 licensed medical/surgical/ gynecological/addictions ("MSGA") beds and 24 licensed psychiatric beds. It is currently a MIEMSS-designated Base Station. The Applicants are seeking to convert UM SMC Dorchester to an FMF (the new entity to be created is referred to herein as the "Dorchester FMF") at a new location located in the Cambridge Marketplace at the intersection of Route 50 and Woods Road,

approximately one mile away from the existing hospital. The proposed new FMF will formally be called the "University of Maryland Shore Medical Center at Cambridge." Seventeen (17) (of the existing 18) MSGA beds and 12 (of the existing 24) psychiatric beds will be relocated at UM SMC Easton, an existing acute care hospital with 104 licensed acute care beds[1], located approximately 15 miles away at 219 South Washington Street in Easton, Maryland.

Process

Under COMAR 30.08.15.03 (B), the Applicants notified MIEMSS and the MHCC on July 6, 2018, of their intent to convert UM SMC Dorchester to a freestanding medical facility. The Applicants held the required public hearing on July 31, 2018, and provided the required information to MIEMSS within the required timeframe. The Applicants solicited input from the EMS community by publishing a physical address and email address on their website for receipt of comments. Additionally, MIEMSS sought information from the EMS community by soliciting comments on its website as "Opportunity for Comment for University of MD Shore Medical Center Dorchester Hospital Conversion to a Freestanding Medical Facility" from July 18 – August 14, 2018. MIEMSS received comments from one individual during the comment period, generally relating to the conversion of acute care hospitals to FMFs, but not specific to the Dorchester FMF conversion. The Applicant did not receive any comments. Under COMAR 30.08.15.03 (D), the EMS Board is required to issue the determination concerning the proposed hospital conversion under §A of this regulation within 45 days of the required public informational hearing held by the hospital proposing the conversion, in consultation with the MHCC. Accordingly, the deadline for EMS Board to make its determination and to notify the MHCC of its determination was September 14, 2018. By agreement between MIEMSS and the Applicants, however, the 45 day requirement was waived and the date for consideration by the EMS Board was then determined to be October 9, 2018.

Required Factors for EMS Board Consideration under COMAR 30.08.15.03(A)

Each of the eleven (11) factors specified for consideration by the EMS Board is discussed below.

(1) The EMS resources in the jurisdictions affected by the proposed hospital conversion, including staffing, equipment, and units.

The primary jurisdiction that will be affected by the conversion is Dorchester County. Talbot County and Caroline County would be expected to be impacted to a lesser extent because transports to UM SMC Dorchester from these jurisdictions are typically only a small portion of their total transports (see infra).

[1] Maryland Health Care Commission, Acute Care Hospital Inventory (ACHI) FY 2019.

Should there be an increase in mutual aid requests by Dorchester County as a result of any increase in interfacility transports from the Dorchester FMF, however, the impact of the conversion on those other jurisdictions could be greater than anticipated.

Dorchester County is a combination EMS system of career and volunteer providers, with career EMS managed by Dorchester County's Department of Emergency Services (DCEMS). There are four stations throughout the county's response area with career (DCEMS) staffing five (5) 24-7 units, each crewed with a paramedic (or in very limited cases a CRT) and EMT. Station 100 located in Cambridge houses two (2) ALS units. Station 200 located in Eldorado-Brookview houses one (1) ALS unit. Station 500 located in Madison Houses one (1) ALS unit and station 600 located in Hurlock houses one (1) ALS unit. When a unit is dispatched, another unit moves to that station to cover until the dispatched unit returns. As multiple units are dispatched, additional units are moved around to maintain unit coverage in the county based on geographic and call-volume considerations. The use of two staging areas on the southern end of Cambridge and East New Market, respectively, may also be utilized. Additionally, there are six (6) volunteer EMS transport units in the county. The DCEMS career units perform the majority of transports with support from volunteer ALS and BLS units throughout the county.

The majority of DCEMS transports are taken to UM SMC Dorchester, followed by UM SMC Easton. In CY 2017, 3,059 (79%) DCEMS patients were transported to UM SMC Dorchester, and 414 (11%) were transported to UM SMC Easton. The six volunteer units transported 218 patients primarily to the same two facilities. [2]

(2) Any additional resources which will be provided by the hospital seeking to convert to augment the resources available in the affected jurisdiction.

Patients transported to the new freestanding medical facility who require hospitalization will have to be transferred from the FMF to an acute care facility. Historically, Maryland ExpressCare has been the commercial service providing transports from UM SMC Dorchester to other facilities, directly or through an alternate vendor, Best Care Ambulance, Inc. In 2017, Best Care transported 1189 patients from UM SMC Dorchester.[3] A total of 18 patients were transferred from UM SMC Dorchester by DCEMS in 2017. The

[2] Information provided by Dorchester County DES at MIEMSS request.
[3] Data provided by Best Care to MIEMSS at MIEMSS request.

average total transport time from UM SMC Dorchester is about 90 minutes to UM SMC Easton and 120 minutes to Peninsula Regional Medical Center (from time of dispatch to return to service time).

Use of public safety resources for these transfers would place an unreasonable burden on the EMS resources in the affected jurisdiction. DCEMS projects any increase in transfer volume would require the addition of a third unit in Cambridge.[4] In 2017, DCEMS provided approximately 1.5 interfacility transfers per month when BestCare was not immediately available for a total of 18 patients, approximately 7-8 of which were STEMI patients and several other were obstetrics patients. UM SMC projects that the number of transfers requiring admission will be approximately the same from the proposed Dorchester FMF as they are today.[5]

The Applicant provided the following: "…*An Ambulance Oversight Committee meets quarterly, which includes management staff from Maryland ExpressCare, Best Care, and UM SRH. The standing agenda includes a report from Best Care on volumes and its On Time Performance. UM SRH will be working with Maryland ExpressCare and Best Care to review the current MOUs and revisit the current metrics in their contracts to ensure they will be able to accommodate any increased transport volumes due to the conversion of UM SMC at Dorchester to an FMF..".*[6]

(3) *The EMS call volume of affected jurisdictions by priority.*

EMS Transports from Caroline, Dorchester, and Talbot					
EMSOPS by Patient Priority and Destination Category					
Calendar Years 2015, 2016, and 2017					
Source: eMEDS®					
Maryland EMSOP	**CY 2015**	**CY 2016**	**CY 2017**	**Grand Total**	**EMSOP Percent**
Caroline County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	**158**	**189**	**193**	**540**	**5.3%**
*Dorchester (UMSRH) - 295	0	1	1	2	
Other Facility	158	188	192	538	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	**1,540**	**1,646**	**1,852**	**5,038**	**49.3%**
*Dorchester (UMSRH) - 295	17	16	12	45	
Other Facility	1,523	1,630	1,840	4,993	
Priority 3 - Patient Non-Urgent	**1,710**	**1,394**	**1,497**	**4,601**	**45.0%**

[4] Information provided by Dorchester County DES at MIEMSS request.
[5] Response to MIEMSS request for additional information page 2; October 1, 2018.
[6] Response to Regulatory Factors, page 6.

*Dorchester (UMSRH) - 295	32	22	18	72	
Other Facility	1,678	1,372	1,479	4,529	
Priority 4 - Patient does not require medical attention	**16**	**9**	**15**	**40**	**0.4%**
*Dorchester (UMSRH) - 295	0	0	0	0	
Other Facility	16	9	15	40	
Caroline County Total	**3,424**	**3,238**	**3,557**	**10,219**	**100%**
Dorchester County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	**190**	**208**	**244**	**642**	**5.5%**
*Dorchester (UMSRH) - 295	104	112	145	361	
Other Facility	86	96	99	281	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	**1,613**	**1,762**	**1,766**	**5,141**	**43.8%**
*Dorchester (UMSRH) - 295	1,088	1,266	1,298	3,652	
Other Facility	525	496	468	1,489	
Priority 3 - Patient Non-Urgent	**1,947**	**1,998**	**1,981**	**5,926**	**50.4%**
*Dorchester (UMSRH) - 295	1,573	1,657	1,677	4,907	
Other Facility	374	341	304	1,019	
Priority 4 - Patient does not require medical attention	**19**	**8**	**14**	**41**	**0.3%**
*Dorchester (UMSRH) - 295	16	6	11	33	
Other Facility	3	2	3	8	
Dorchester County Total	**3,769**	**3,976**	**4,005**	**11,750**	**100%**
Talbot County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	**235**	**237**	**231**	**703**	**6.0%**
*Dorchester (UMSRH) - 295	3	2	4	9	
Other Facility	232	235	227	694	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	**2,225**	**2,143**	**2,109**	**6,477**	**55.3%**
*Dorchester (UMSRH) - 295	74	39	47	160	
Other Facility	2,151	2,104	2,062	6,317	
Priority 3 - Patient Non-Urgent	**1,472**	**1,560**	**1,485**	**4,517**	**38.6%**
*Dorchester (UMSRH) - 295	63	39	27	129	
Other Facility	1,409	1,521	1,458	4,388	
Priority 4 - Patient does not require medical attention	**3**	**10**	**4**	**17**	**0.1%**
*Dorchester (UMSRH) - 295	0	0	1	1	
Other Facility	3	10	3	16	
Talbot County Total	**3,935**	**3,950**	**3,829**	**11,714**	**100%**
Grand Total	**11,128**	**11,164**	**11,391**	**33,683**	

As would be expected, DCEMS transports the greatest number of Priority 1 and 2 patients to UM SMC Dorchester, totaling just over 4,000 during the three-year period from CY15-CY17, with an additional approximately 5,000 Priority 3 and 4 patients transports to UM SMC Dorchester during the period. Talbot

County EMS transported approximately 169 Priority 1 and 2 patients to UM SMC Dorchester during the same period, with an additional approximately 130 transported patients to UM SMC Dorchester who were Priorities 3 and 4. Caroline County EMS transported only 47 Priority 1 and 2 patients during the CY15-CY17 period, with an additional 72 patients who were Priorities 3 and 4.

(4) The projected number of patients who could require transport to a general acute hospital rather than the proposed freestanding medical facility for appropriate medical care.

After the conversion, all EMS Priority 1 patients and unstable Priority 2 patients will require transport to an acute general hospital, rather than to the Dorchester FMF, unless the patient requires immediate intervention which Dorchester FMF would provide. As noted above, recent historic data indicates that DCEMS transported an average of 1,340 patients per year to UM SMC Dorchester who were Priority 1 and 2; Talbot County transported an average of 56 patients per year to UM SMC Dorchester who were Priority 1 and 2; and Caroline County transported an average of 21 Priority 1 and 2 patients per year. Thus, EMS transport Priority 1 and 2 patients from all three jurisdictions totaled 4,216 for CY15-CY17; data was not available to indicate which of the transferred Priority 2 patients were unstable.

(5) EMS transport times in the jurisdictions affected by the proposed hospital conversion and the potential for extended transport and out-of-service times resulting from the proposed conversion to a freestanding medical facility, relative to the current pattern of transport times.

Based on the average transport times from CY 2015-CY 2017 in the table below, it is not anticipated that the conversion of UM SMC Dorchester to a FMF will significantly extend transport and out of service times for the three jurisdictions affected by the conversion because of the close proximity of the new Dorchester FMF to the existing UM SMC Dorchester.

EMS Average Transport *Times from Caroline, Dorchester, and Talbot			
EMSOPS by Destination Category			
Calendar Years 2015, 2016, and 2017			
Source: eMEDS®			
Maryland EMSOP	**CY 2015**	**CY 2016**	**CY 2017**

Caroline County	**0:25:28**	**0:25:59**	**0:25:41**
*Dorchester (UMSRH) - 295	0:31:31	0:33:03	0:29:12
**Other Facilities	0:25:23	0:25:54	0:25:39
Dorchester County	**0:12:42**	**0:12:33**	**0:12:18**
*Dorchester (UMSRH) - 295	0:09:08	0:09:13	0:09:22
**Other Facilities	0:22:37	0:23:14	0:22:36
Talbot County	**0:09:39**	**0:09:17**	**0:09:05**
*Dorchester (UMSRH) - 295	0:14:03	0:13:09	0:13:18
**Other Facilities	0:09:29	0:09:12	0:09:00

* Average of Time Difference: Left Scene - Arrived at Destination (h:mm:ss)
** UM SMC Easton; Peninsula Regional Medical Center; Nanticoke Memorial Hospital

(6) Commercial ambulance services availability and response times in the jurisdictions affected by the proposed hospital conversion.

The Dorchester FMF must ensure that patients, particularly those requiring time critical interventions are transferred in a timely manner. The MOU with Best Care provides that between 8:00 AM and 8:00 PM, Best Care will respond within 30 minutes based on priority need of the patient and between 8:00 PM and 8:00 AM Best Care will respond within 45 minutes based on patient priority. Additionally they provided the table below which Best Care substantiated in the data they submitted to MIEMSS[7].

[7] Response to Regulatory Factors, page 13.

Maryland ExpressCare / Best Care Response Times
CY 2016 to Q1 of CY 2018

	Request Based on Priority 0800-2000 (within 30 minutes)	Emergent 2000-0800 (within 45 minutes)	Non-Urgent 2000-0800 (within 3 hours)
CY 2016	76%	100%	97%
CY 2017	87%	100%	100%
CY 2018 (through Q1)	91%	100%	100%

UM SRH plans to continue to work with Maryland ExpressCare to expand the capacity and review the efficiency of the service for the coordination of transports and response times within the UMMS facilities.

(7) *The number of general hospitals likely to be affected by the proposed hospital conversion and the distance to the closest general hospital ED for appropriate patients if the hospital converts to a freestanding medical facility relative to current patterns of hospital use.*

The Applicants provided the following list of the hospitals that may be affected by the conversion of UM SMC Dorchester and the distance from UM SMC Dorchester to these hospitals:[8]

- UM SMC Easton-15 miles
- Peninsula Regional Medical Center-31.3 miles
- Atlantic General Hospital-53.8 miles
- Nanticoke Memorial Hospital-27.4 miles

It should be noted, however, that the Centers for Medicare & Medicaid Services require freestanding medical facilities to transfer patients to the "parent hospital" in order to maintain provider based status and receive reimbursement, in this case the UM SMC Easton. As a result, the hospital that will be most affected by the conversion will be UM SMC Easton.

[8] Response to Regulatory Factors, page 13.

(8) The expected additional ED visit volume and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion.

The Maryland Health Care Commission reported that 1,919 (10%) ED patients at UM SMC Dorchester were admitted to that facility in 2017. In the future, these patients will be required to be transferred for admission primarily to the parent hospital, UM SMC Easton. UM SMC Easton's admission rate of ED patients was 14% in 2017 (4,809 patients), a decrease of 1% from 2012.

The Applicants provided the following information in support of their application.

"In FY 2017, there were 36,920 visits to Maryland hospital emergency departments by residents of the UM SMC Dorchester's service area. Of the total, 45% were to UM SMC Dorchester, 45.5% were to UM SMC Easton, and 3.4% were to Peninsula Regional Medical Center." UM SMC Dorchester's emergency department utilization by residents of its service area declined by 10.3% from 18,494 visits in fiscal year 2013 to 16,596 visits in fiscal year 2017. Similarly, UM SMC Easton saw a decline of 12.8% from 19,276 visits in fiscal year 2013 to 16,815 in fiscal year 2017. [9]

	Historical ED Service Area Visits					2017	2013-2017
Hospital	2013	2014	2015	2016	2017	% of Total	% Change
UM SMC at Easton	19,276	18,458	18,627	18,567	16,815	45.5%	-12.8%
UM SMC at Dorchester	18,494	17,234	18,111	17,396	16,596	45.0%	-10.3%
PRMC	1,195	1,220	1,335	1,351	1,253	3.4%	4.9%
Hospitals with <1000 visits	1,942	2,032	2,121	2,073	2,256	6.1%	16.2%
Total Service Area ED visits	40,907	38,944	40,194	39,387	36,920	100.0%	-9.7%

Source: St. Paul statewide non-confidential utilization data tapes

[9] Response to Regulatory Factors, pages 13-14.

(9) Recent diversion utilization at the converting hospital and other general hospitals likely to be affected by the proposed hospital conversion and the potential impact of the proposed conversion on diversion utilization.

Hospital	CY15	CY16	CY17	2018*	CY2015	CY2016	CY2017	2018*	CY2015	CY2016	CY2017	2018*
	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	ReRoute	ReRoute	ReRoute	ReRoute
Dorchester	32.25	17.67	18.27	8.96	99	11.48	144.74	15.74	0	0	0	10.61
Easton	317.57	156.69	112.55	100.23	77.31	45.45	180.50	46.28	19.44	11.35	5.34	5.11
PRMC	0	0	0	0	0	0	0	0	0	0	0	0
*1/1/18-9/1/18												

*Data Source: MIEMSS County Hospital Alert Tracking System (**CHATS**)*

Alert utilization at UM SMC Dorchester and surrounding hospitals is minimal and continues to decline.[10] DCEMS conveyed that UM SMC Dorchester effectively manages patient volumes and EMS offload times.

(10) The size, scope, configuration, services, and staffing of the proposed project

The proposed Dorchester FMF will include the following features:

(a) A main public entry and reception/check-in area with four public toilets;

(b) An emergency department with a total of 23 patient care rooms and related staff and support space, including:

1. One triage area at 610 square feet;
2. Sixteen private exam rooms at 158 square feet each;
3. Two private bariatric exam rooms at 212 square feet each;
4. Resuscitation/Critical Care suite with two treatment bays, each at 243 square feet;
5. Seven patient toilets and four staff toilets;
6. A self-contained behavioral health suite with three exams rooms, all negative pressure/all-hazard rooms, at 165 square feet each and one patient toilet, and related staff and support space;

[10] Yellow Alert: The emergency department temporarily requests that it receive absolutely no patients in need of urgent medical care. Yellow alert is initiated because the emergency department is experiencing a temporary overwhelming overload such that priority two and three patients may not be managed safely. Prior to diverting pediatric patient transports, medical consultation is advised for pediatric patient transports when emergency departments are on yellow alert. Red Alert: The hospital has no ECG monitored beds available. These ECG monitored beds will include all in-patient critical care areas and telemetry beds. Re-route: An ALS/BLS unit is being held in the emergency department of a hospital due to lack of an available bed.

7. An intensive outpatient treatment suite for behavioral health and substance use disorder services and related staff and support space;

8. An observation suite with nine private patient rooms, each at 150 square feet, and one bariatric patient room at 200 square feet, all rooms with private toilet rooms at 35 square feet, and related staff and support space;

9. A diagnostic imaging suite including x-ray, ultrasound, and CT, with related staff and support space;

10. A modern, efficient nursing station with full view of emergency department rooms;

11. Laboratory services that will be operational 24/7/365;

12. A covered, pull-through ambulance entrance with space for at least four ambulances under cover; related exterior decontamination space, interior patient decontamination space, EMS/ambulance work room, and emergency provider check in station for patient hand-off;

13. Pyxis medication stations, stocked and monitored under UM SRH Pharmacy Services using protocols developed and implemented at the UM Shore EC Queenstown;

14. Related general staff and support spaces, including materials management with dedicated delivery entrance, clean supply, environmental services, security, information technology, nourishment, mechanical/electrical/plumbing, generator, and medical gas storage; and

15. Designated adjacent parking for law enforcement and EMS vehicles, as well as public parking sufficient for the capacity of the facility by local code.

The Dorchester FMF will be staffed by Board Certified Emergency Medicine physicians and nursing staff specializing in emergency medicine, with 24 hours of emergency physician staffing and 10 hours of emergency Advanced Practice Clinicians staffing per day. Patients in the observation unit at the Dorchester FMF will be cared for by personnel capable of caring for this type of patient, including nursing staff capable of providing appropriate care.

Additionally, the three-bed behavioral health suite will be supported by personnel trained in caring for patients suffering from psychiatric conditions and incorporating the skilled services of the Behavioral Health Response Team ("BHRT") and the best practice of telemedicine for psychiatric consults in the emergency department. Certain specialty services that are currently provided at UM SMC at Dorchester via telemedicine in conjunction with UM SMC at Easton will continue to be accessible to patients at the Dorchester FMF. The Dorchester FMF will utilize current established clinical protocols and order sets,

electronic medical records, technology, and medication administration for the full range of clinical diagnoses.[11]

Patients who need inpatient behavioral health services will, if appropriate to the patient's needs and consistent with the patient's preferences, be transferred to UM SMC Easton's inpatient behavioral health unit, if inpatient treatment is required. UM SRH expects that this unit should have sufficient capacity to handle appropriate behavioral health patients transferred from the UM SMC Easton, as it is increasing the number of inpatient psychiatric beds by 12 to accommodate additional admissions.

(11) Reasonable changes in the EMS system that are planned or can be made to maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system if the hospital converts to a freestanding medical facility.

No changes to the EMS system are planned as a result of the conversion.

Summary and Discussion

The EMS Board is charged with determining whether the proposed conversion will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. This determination is to be made on 11 specified factors. Each factor and MIEMSS findings are briefly summarized below:

(1) The EMS resources in the jurisdictions affected by the proposed hospital conversion, including staffing, equipment, and units.

The primarily affected EMS jurisdiction is Dorchester County. Talbot and Caroline Counties will be minimally impacted. MIEMSS received no information that would indicate the need for additional EMS resources in these jurisdictions (staffing, equipment, and units) because of the proposed conversion, unless the conversion results in an increase of interfacility transfers for DCEMS, as mentioned earlier. The three jurisdictions all participated in three meetings conducted by UM SRH regarding the conversion of UM SMC Dorchester to a freestanding medical facility held on May 14, 15, and 21, 2018.

[11] Response to Regulatory Factors pages 16-18

(2) Any additional resources which will be provided by the hospital seeking to convert to augment the resources available in the affected jurisdiction.

Timely transfer of patients from the Dorchester FMF to an acute care hospital without creating a burden for the affected EMS jurisdiction is critical to ensure that conversion does not negatively impact the adequate and appropriate delivery of emergency care. The Applicants intend to use a dedicated commercial ambulance service for interfacility transport of patients. The Applicants have stated their commitment to including quality metrics and a process for ongoing review and resolution of any issues. The timeliness of interfacility transports will need to be closely monitored, and the Applicants will have to be prepared to commit additional resources, if needed, to ensure timely transfer of patients.

(3) The EMS call volume of affected jurisdictions by priority.

There is no evidence to suggest that the EMS call volume, per se, will be affected by the proposed conversion in the affected jurisdictions.

(4) The projected number of patients who could require transport to a general acute hospital rather than the proposed freestanding medical facility for appropriate medical care.

EMS Priority 1 patients and unstable Priority 2 patients, or those that would require admission for inpatient care, will require transport to an acute general hospital, rather than the Dorchester FMF.

(5) EMS transport times in the jurisdictions affected by the proposed hospital conversion and the potential for extended transport and out-of-service times resulting from the proposed conversion to a freestanding medical facility, relative to the current pattern of transport times.

As the new Dorchester FMF will only be a mile from UM SMC Dorchester's current location and with easier access directly from US Route 50, MIEMSS does not project a significant change in the transport times for ambulance-transported patients because of the close proximity of the new FMF to the existing hospital.

(6) Commercial ambulance services availability and response times in the jurisdictions affected by the proposed hospital conversion.

Securing timely transfer of patients from the Dorchester FMF to other facilities is key to ensuring high quality patient care; however, as stated earlier, such transfers must not place a burden on the jurisdictional EMS Operational Programs for such interfacility transfers. The Applicants have stated their commitment to continue with their existing commercial service, Maryland ExpressCare/Best Care, including quality metrics and a process for ongoing review and resolution of any issues. The timeliness of interfacility transports will need to be closely monitored, and the Applicants will have to be prepared to commit additional resources, if needed, to ensure timely transfer of patients.

(7) The number of general hospitals likely to be affected by the proposed hospital conversion and the distance to the closest general hospital ED for appropriate patients if the hospital converts to a freestanding medical facility relative to current patterns of hospital use.

Although there are three hospitals that could affected by the conversion, because of CMS payment constraints, in reality, the primary hospital to be affected is UM SMC Easton which currently is 15 miles away.

(8) The expected additional ED visit volume and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion.

Based on information provided by the MHCC, an additional ED volume of patients requiring admission will be approximately 1,900/year.

(9) Recent diversion utilization at the converting hospital and other general hospitals likely to be affected by the proposed hospital conversion and the potential impact of the proposed conversion on diversion utilization.

The ability of receiving hospitals to accept and timely treat transferred patients from Dorchester FMF is critical. UM SMC Easton will receive most of the transferred patients. UMSMC Easton's yellow alert and red alert diversions as well as reroute by EMS are relatively low and should not significantly impact timely transfer of patients.

(10) The size, scope, configuration, services and staffing of the proposed project.

The size, scope, configuration, services and staffing planned for the Dorchester FMF are consistent with applicable guidance included in the most current edition of the *Emergency Department Design: A Practical Guide to Planning for the Future*, published by the American College of Emergency Physicians.

(11) Reasonable changes in the EMS system that are planned or can be made to maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system if the hospital converts to a freestanding medical facility.

MIEMSS does not anticipate that changes will need to be made to the EMS system as a result of the conversion.

Recommendation

MIEMSS recommends that the EMS Board make a determination that the conversion of UM SMC Dorchester to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.