



UNIVERSITY of MARYLAND  
CAPITAL REGION HEALTH  
3001 Hospital Drive, Cheverly, MD 20785

May 21, 2018

**VIA EMAIL & COURIER**

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Page 2  
May 21, 2018

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Page 3  
May 21, 2018

Ms. Pamela B. Creekmur  
Prince George's County Health Officer  
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*Re: Summary of Public Informational Hearing Regarding Conversion of University of  
Maryland Laurel Regional Hospital to a Freestanding Medical Facility*

Dear Governor Hogan, Senators Middleton and Rosapepe, Delegates Pendergrass, Barnes, Frush, and Pena-Melnyk, County Executive Baker, Councilwoman Glaros, Mssrs. Neall and Steffen, and Ms. Creekmur:

Pursuant to MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(6) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held on May 7, 2018 by the University of Maryland Capital Region Health ("UM Capital Region") in connection with its notice of intent filed with the Maryland Health Care Commission to convert University of Maryland Laurel Regional Hospital ("UM LRH") to a freestanding medical facility, which will be called the "University of Maryland Laurel Medical Center."

On April 13, 2018, Dimensions Health Corporation *d/b/a* University of Maryland Capital Region Health ("UM Capital Region"), UM LRH, and University of Maryland Prince George's Hospital Center ("UM PGHC"), as joint applicants, filed a notice of intent and request for an exemption from certificate of need review with the Maryland Health Care Commission to convert UM LRH to a freestanding medical facility. This filing follows two years of planning which began in July 2016 when the University of Maryland Medical System ("UMMS"), Laurel Mayor Craig Moe, and many other elected and community leaders, many of whom are receiving this correspondence, first formed and convened the Laurel Strategic Planning Work Group (the "SPWG").

The SPWG was tasked with the coordination of an open, collaborative process to obtain community input that would inform a set of recommendations regarding the transformation and modernization of LRH. The SPWG was comprised of an 11-member Executive Committee and seven subcommittees that included local elected representatives, business leaders, first responders, health care providers, hospital administrators, LRH employees and volunteers, union representatives, k-12 and higher education leaders, and members of the community at large. The work of the SPWG spanned the better part of a year. It submitted its recommendations to UMMS in July 2017. Shortly thereafter, in September 2017, UMMS and Dimensions Health System ("DHS") formally affiliated and rebranded DHS as University of Maryland Capital Region Health.

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The deliberations and recommendations of the SPWG laid the foundation for the subsequent, more detailed planning work that has occurred since July 2017 around the sizing and design of the proposed freestanding medical facility and the other services that will be offered at the UM Laurel Medical Center and on the 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 LRH and UMMS 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 extensive community outreach and engagement regarding the transition and services that will continue to be available to the community at the UM Laurel Medical Center. In other words, the public informational hearing held on May 7 was just one of dozens of other community meetings that UM Capital Region leadership has held to engage with the community regarding the important changes taking place at UM LRH.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(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 LRH held its public informational hearing on May 7, 2018, beginning at 6:30 p.m., at the Laurel-Beltsville Senior Activity Center, located at 7120 Contee Rd., Laurel, Maryland in Prince George's County. Within ten (10) working days of holding the public informational hearing, UM LRH 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 Capital Region publicized the hearing as required by regulation, but also exceeded its regulatory notice obligations to ensure that the hearing was well publicized and attended. UM Capital Region published notice of the hearing date and location on its websites beginning on Friday, April 13, and in the Maryland Daily Record in print and electronic versions beginning on Monday, April 23. UM Capital Region also purchased half-page advertisements in the Laurel Leader announcing the date and location of the public hearing. In addition to these required methods of notice, notice about the hearing was also posted on the City of Laurel's website, electronic signage, social media platforms, and its public television channel. Moreover, notices were publicized on UM Capital Region's social media platforms, and flyers regarding the hearing were distributed throughout the community.



The public informational hearing lasted approximately two hours and fifteen minutes and approximately one-hundred and forty 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. 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. Dr. Michelle A. Gourdine, Senior Vice President, Population Health and Primary Care at UMMS, facilitated a panel of members from UM LRH, UM Capital Region, and UMMS in responding to the public questions and comments. A detailed written summary regarding the opening remarks, presentation content and presenter remarks, and the question and answer session is attached as **Enclosure A** and a copy of the presentation "Changing for the Better" is attached as **Enclosure B**.

During the question and answer session, UM Capital Region received and answered all of the twenty-two written questions (including some with multiple subparts) and/or comments that were received on index cards. UM Capital Region did not have time to open up the floor for follow up questions since the hearing had already gone beyond the planned timeframe, and directed attendees to submit additional questions through the email link provided on its website. At this time, UM Capital Region 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 LRH to a freestanding medical facility. Following the hearing, UM Capital Region also reviewed the questions raised and is working to create a "Frequently Asked Questions" section on its website (<https://umcapitalregion.org/um-capital-laurel/>), which will provide additional information to the public regarding the conversion.

The proposed conversion will transform UM LRH for the better into a revitalized medical campus that will include an array of health care services that will continue to serve the most pervasive health needs of the surrounding community. 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 Laurel Medical Center.

Sincerely,



Sherry B. Perkins, PhD, RN, FAAN  
Executive Vice President & COO  
University of Maryland Capital Region 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 Ereik L. Barron  
The Honorable Bonnie L. Cullison  
The Honorable Antonio L. Hayes  
The Honorable Terri L. Hill  
The Honorable Ariana B. Kelly  
The Honorable Nicholas 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



**Prince George's County Council**

The Honorable Todd M. Turner, Vice-Chair  
The Honorable Mary A. Lehman  
The Honorable Deni Taveras  
The Honorable Andrea Harrison  
The Honorable Derrick Leon Davis  
The Honorable Karen R. Toles  
The Honorable Obie Patterson  
The Honorable Mel Franklin

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director  
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director  
Paul Parker, Director, Center for Health Care Facilities Planning and Development  
Kevin McDonald, Chief, Certificate of Need Program  
Suellen Wideman, Esq., Assistant Attorney General  
Pamela B. Creekmur, Health Officer, Prince George's County  
Neil Moore, MBA, MPH, MPA, President & CEO, UM Capital Region Health  
Trudy Hall, M.D., Interim President & VP Medical Affairs, UM Laurel Regional Hospital  
Bill Brosius, CFO, UM Capital Region Health  
Jeffrey Johnson, Senior VP Strategic Planning & Business Dev., UM Capital Region Health  
Jania Matthews, Senior Director, Media Relations & Corporate Communications, UM Capital  
Region Health  
Kristin Jones-Bryce, VP of External Affairs, UMMS  
Karen Lancaster, VP, Media Relations & Corporate Communications, UMMS  
Thomas C. Dame, Gallagher, Evelius & Jones LLP  
Mallory M. Regenbogen, Gallagher, Evelius & Jones LLP



# EXHIBIT A



SUMMARY OF PUBLIC INFORMATIONAL MEETING  
CONVERSION OF UNIVERSITY OF MARYLAND LAUREL REGIONAL HOSPITAL  
TO FREESTANDING MEDICAL FACILITY

Monday, May 7, 2018, at 6:30 p.m.  
Laurel-Beltsville Senior Center,  
7120 Contee Road, Laurel, Maryland, 20707

**I. Welcome / Introductions**

A. Mayor Craig Moe

Laurel Mayor Craig Moe made introductory remarks, welcomed the attendees, and specifically recognized the following people in attendance:

- Mike Leszcz, Laurel City Council President;
- Valerie Nicholas, City Council Member;
- Keith Syndor, City Council Member;
- Mary Lehman, Prince George's County Council Member;
- Joseline Pena-Melnyk, Maryland State Delegate;
- Ben Steffen, Executive Director of the Maryland Health Care Commission;
- Paul Parker, Director of Health Planning, Maryland Health Care Commission;
- Rich McLaughlin, Chief of the Laurel Police Department;
- Brian Frankel, Deputy Chief of the Prince George's County Emergency Medical Services,
- Robert DiPietro, former Mayor of Laurel;
- Rick Wilson, former Prince George's County Council Member;
- Tom Dernoga, former City Council Member and former Prince George's County Council Member; and
- Honorable C. Phillip Nichols, Jr., Circuit Court Judge.

Mayor Moe explained the work of the Strategic Planning Work Group ("SPWG"). The SPWG was comprised of leaders of the Greater Laurel-Beltsville community and representatives of the University of Maryland Medical System ("UMMS"). It met for nearly a year to evaluate and formulate recommendations regarding the transformation and modernization of the health care services provided at University of Maryland Laurel Regional Hospital ("UM LRH"). The eleven-member Executive Committee of the SPWG was co-chaired by Mayor Moe and Dr. Stephen Bartlett, System Chief Medical Officer for UMMS.

Over the course of the SPWG's tenure, seven subcommittees were established to address core elements of health care services currently offered at UM LRH and how they could be refined to offer a broader array of health care services on the medical campus that is convenient, patient friendly, and will meet the needs of the community in the years to come.



Recommendations of the SPWG guide the future plans for the UM LRH campus, and contribute to the community health status, financial feasibility, and long-term sustainability.

Mayor Moe stated that the enhancements that will occur on the medical campus will be a win-win for residents, the workforce, and the community.

**B. Dr. Stephen Bartlett**

Dr. Stephen Bartlett, System Chief Medical Officer for UMMS and Co-Chair of the SPWG, also welcomed the attendees and invited them to comment. He noted the importance of the efforts to develop the medical campus as UMMS invests over several years in a new medical center and other buildings on the campus. He expressed gratitude for the partnership with the community.

Finally, Dr. Bartlett introduced Dr. Sherry Perkins, Chief Operating Officer and Executive Vice President of UM Capital Region Health.

**II. Presentation of the Campus Project**

**A. Overview and Process.**

Dr. Perkins introduced the other presenters: Dr. Trudy Hall, Vice President of Medical Affairs and Interim President for University of Maryland Laurel Regional Hospital; Veronica Ford, Vice President of Human Resources for University of Maryland Capital Region Health; and Mark Wasserman, Senior Vice President of External Affairs for University of Maryland Medical System.

Dr. Perkins began with the statement of the mission of UM Capital Region Health: to enhance the health and wellness of our patients and communities, providing state-of-the-art clinical care and community leadership and compassion, dignity, and respect.

She noted that UM Capital Region has made efforts to keep residents in the Laurel and Beltsville areas informed about the plans for UM LRH for several months. It has been the goal to update the medical staff, employees, and the community about these changes.

Dr. Perkins said that the presentation would cover the why, what, when, and how regarding the changes ahead. Specifically, she explained that the presentation would address why UM Capital Region Health proposes to convert the hospital, what services will be included in the new University of Maryland Laurel Medical Center, the timeline for accomplishing the conversion, the plan for services that will not be available at the UM Laurel Medical Center, the transition plan for employees, what will happen to the existing hospital building, and what the campus will look like in the future.

Dr. Perkins invited members of the audience to write down their questions on index cards throughout the presentation, which will be collected by UM Capital Region Health staff for



response at the end of the presentation. She said similar questions will be combined, and then the questions will be read aloud and answered. She noted the panel answering the questions would make every effort to answer all questions, but if they ran out of time attendees could ask any follow up questions on the website for UM Capital Region Health: [UMCapitalRegion.org](http://UMCapitalRegion.org).

## B. UMMS Affiliation and Community Commitment

Dr. Perkins described UM LRH's relationship with UMMS. As part of the former Dimensions Health System, UM LRH joined UMMS through affiliation on September 1, 2017. UMMS is the State's flagship health system, which is anchored by University of Maryland Medical Center in Baltimore.

A key component of UMMS is the relationship with the University System of Maryland and the schools within the system. Several of the schools are located within Prince George's County, including University of Maryland College Park and Bowie State University, important partners of UMMS and UM Capital Region Health.

## C. Why UM LRH is Converting

Next, Dr. Perkins explained why UM LRH is changing. Consistent with national trends, UM LRH has experienced declining hospital admissions and shorter hospital stays for those admissions. Additionally, through advanced drug therapies, through very significant increase in outpatient surgeries, 75% of surgeries are now performed in an outpatient setting, and more patients are now being treated in an observation status versus being admitted to a hospital. So the trend since 2010 for UM LRH has been a very significant decline in the need for hospitalization.

Additionally, the current physical facility is aging and inefficient. There is an opportunity to invest in a modernized physical facility with emergency services and an outpatient facility in the newly modernized UM Laurel Medical Center.

Next, Dr. Trudy Hall, Interim President of UM LRH, described the features of the community surrounding UM LRH. Laurel covers four counties, it is culturally diverse, includes a military facility, and has groups of vital seniors, baby boomers, and millennials. Geographically, Laurel is located between Baltimore and Washington, D.C., part of the I-95 corridor.

Dr. Hall noted that more than 60% of residents in Prince George's County seek health care services outside of the County. She urges looking toward the bright future of the UM Laurel Medical Center and the larger medical system in the County.

Dr. Hall showed some statistics for the emergency department at UM LRH. In terms of age groups, the largest group of visits is by people between the ages of 18 and 34. The top diagnosis is injury. Following their emergency department visits, 78% of the patients are discharged to home; 5% percent of the patients currently are transferred to other facilities for care; 12% of the patients are admitted, and 5% of patients are placed in observation. Dr. Hall



described observation as an outpatient status for patients who should not be discharged immediately, but who are not sick enough to meet the criteria for an inpatient admission.

#### D. What Changes Will Occur?

Next, Dr. Hall explained the nature of the changes planned for UM LRH. First, she identified and thanked the leaders who served on the Executive Committee as well as the subcommittees of the SPWG, who developed the recommendations leading to the transition plans for UM LRH. Dr. Hall also described the planning timeline.

Dr. Hall discussed some of the considerations that led to the recommendations for change, including population growth projections, regulatory guidelines and requirements, the construction of a new hospital – Washington Adventist Hospital – seven miles away, and changing projections for outpatient surgery and observation stays.

Dr. Hall identified the other services that UM Capital Region is planning to continue on the campus, including primary care, OB/GYN as part of a women's health program, lung health, the wound care center, and chronic pain management. She also noted some new services that are proposed for the campus, including wellness and weight loss, a diabetes and metabolic center, advanced care planning, neurology programs, and telemedicine consults.

Dr. Hall listed and described the components that will be included in the UM Laurel Medical Center, pending approval by the Maryland Health Care Commission. The proposed UM Laurel Medical Center is planned to include:

- 24/7 emergency services, which will be available to treat and/or stabilize most of the patients and conditions that are treated in the emergency department at UM LRH today;
- Observation bed services;
- Outpatient surgery services;
- Behavioral health, including partial hospitalization, intensive outpatient, and substance abuse treatment;
- Laboratory;
- Pharmacy; and
- Imaging.

Dr. Hall explained that the UM LRH inpatient units, including medical / surgical beds, critical care services, and inpatient behavioral health, will not continue on the campus. Inpatient services will be available at University of Maryland Prince George's Hospital Center and other area hospitals.

Regarding behavioral health services, Dr. Hall explained that the most common reason these patients come back to the emergency room is because of behavioral health issues and medication needs, as well as comorbidities, such as substance abuse disorders. UM Capital Region Health will focus on prevention strategies at UM Laurel Medical Center by expanding outpatient behavioral health programs, including partial hospitalization (which involves



treatment at the facility five days a week) and intensive outpatient treatment (which may involve treatment two or three times a week ). Currently, there is a shortage of such programs in the community. In these kinds of settings, patients can go home to their family and still receive needed treatment, including medication refills. Behavioral health patients often return to the emergency room just because they often run out of medication.

Dr. Hall presented a slide showing the floor plan of the proposed UM Laurel Medical Center, and the plans were on display around the meeting room. It is planned to be a 75,000 square foot building. She described the following features planned for the upper level:

- 20 treatment rooms for emergency services;
- A secure area with four treatment rooms for behavioral health patients;
- A lobby area with an adjacent small café;
- A waiting area, including a pediatric waiting area;
- 10 observation services rooms, located adjacent to the emergency services treatment area for efficiency;
- Pharmacy and Laboratory;
- Imaging; and
- The behavioral health outpatient center, including partial hospitalization and intensive outpatient services.

Dr. Hall explained that the lower level is planned to have the following features:

- Outpatient surgical services, comprised of two operating rooms and two procedure rooms; and
- Proposed space for physician visits to help support outpatient services.

#### E. Addressing the Needs of the Community

Dr. Hall provided a number of potential clinical scenarios to demonstrate the types of medical care that could be provided at the planned UM Laurel Medical Center and the types of care that could be provided in other health care facilities.

Dr. Hall described the expected patient care flow through the UM Laurel Medical Center. As mentioned previously, approximately 80% of patients will be discharged to home after their emergency room visits. If their medical condition clinically indicates the need for an observation stay, they will be able to receive that care. If patients need to be stabilized and transferred to another facility, the options will be based on the bed availability in nearby hospitals. Absent a patient or physician choosing another inpatient setting, the first choice for transfer will be UM Prince George's Hospital Center or other hospitals within UMMS.



#### F. When and How UM LRH Will be Converted

Dr. Hall noted that the conversion of UM LRH is a proposal and is subject to regulatory approval from the Maryland Health Care Commission and other State agencies. She then discussed the following expected timeline:

- Phase I – Relocation of inpatient rehabilitation services and chronic care services to UM Prince George's Hospital Center. The Maryland Health Care Commission has approved this relocation and it is expected to occur in the fall of 2018.
- Phase II – Termination of inpatient services, continuation of emergency services, observation services, outpatient surgery, and increase outpatient behavioral health services in the existing building. Subject to regulatory approval, UM Capital Region Health expects to complete this phase by late 2018.
- Phase III – The facility will operate in the existing building until the new building is constructed and ready to operate, which is estimated to occur in the spring of 2021.

#### G. Workforce Planning

Next, Veronica Ford, Vice President of Human Resources for University of Maryland Capital Region Health, addressed workforce planning issues related to the conversion.

Ms. Ford described the work that UM Capital Region Health has undertaken to communicate and engage with employees about the changes at the Laurel campus. For example, the system created frequently asked questions (FAQS) and repeatedly distributed those questions to the employees. The goal was to provide information to employees as often and in as many ways as we possibly could.

UM Capital Region Health also hosted town halls, lunch and learns, and engaged in many one-on-one conversations with employees. The system also provided transportation to UM Prince George's Hospital Center in order for employees to participate in job shadowing. The recruiting team made visits in the mornings, weekends, and evenings to talk with employees about what they want, what the system can do to make this transition as easy as possible. UM Capital Region Health provided an on-site full-time recruiter so that employees can talk with the recruiter in the hospital at any time about job openings. An e-mail address was also created for employee questions.

Many employees have expressed interest in computer-based training. Through a partnership between the IT group and Human Resources, classes were planned and implemented. The system worked with community partners as well, including Prince George's Community College, to ensure that employees received skill training not just for today but a skill they could use to advance their careers. As one example, UM Capital Region Health will provide certified nursing assistant program, at no cost to employees with time off for the employees who wish to



participate. Ms. Ford said that the feedback received to date on this initiative has been positive. Through partnerships with Associated Black Charities and Prince George's Community College, the system is now working on a similar arrangement for certified nursing certification. Certified nursing certifications are the gateway to becoming a nurse.

Ms. Ford explained that UM Capital Region Health is committed to helping every employee at UM LRH find a job. There are sufficient job opportunities within UM Capital Region Health and throughout UMMS, and the system will provide education and support.

#### H. Plans for Campus Development

Next, Mark Wasserman, Senior Vice President of External Affairs for UMMS discussed the plans for the existing building and surrounding land on the campus.

Mr. Wasserman explained that UM Capital Region Health and UMMS have carefully studied the future redevelopment of the UM LRH campus. The objective of the planning is to complement the proposed UM Laurel Medical Center building with development on the remainder of the campus to create a 21<sup>st</sup> century health and wellness campus. The campus will not only be a center for community health and well-being, but it will also create economic and employment activity.

The system will be sure to integrate the campus into the surrounding community. The UM Laurel Medical Center building is a good example, with high aesthetic standards. The plan is to match this facility and build out the rest of the campus in the same high quality way, with excellent land planning standards, high architectural standards, lighting, and landscaping, producing a campus to be proud of.

There are approximately 25 acres on the campus for development. The UM Laurel Medical Center will sit at the high point on the campus. The development of the full campus will occur over about ten years, after considering the recommendations of the SPWG and community input.

#### I. Community Outreach

Next, Dr. Hall discussed UM Capital Region Health's community outreach efforts concerning the conversion of UM LRH. She said the most important message being conveyed to the community is that UM Laurel Medical Center will be ready and available to meet the emergency services needs of the community.

UM Capital Region Health has held numerous community meetings and other activities such as health fairs over the last six months to inform community members about the conversion and answer questions. The efforts have also involved the distribution of brochures, email communication, and posting of information on social media sites. The outreach efforts will continue as the proposed project progresses.



The formal presentation concluded, followed by a 15-minute break before a Question and Answer session.

### **III. Question and Answer Session**

Following a 15 minute break, during which question cards were collected from the audience and reviewed, the meeting continued with a question and answer session. Similar questions were consolidated to reduce redundancy. Dr. Michelle Gourdine, Senior Vice President for Population Health and Primary Care at UMMS, moderated the session. Dr. Gourdine read the following questions and she called upon members of the UMMS and UM Capital Region Health team to respond.

**Q: The first question is actually a comment. It states: Please consider walking trails, fitness activities, and common gathering spaces to meet and have coffee to bring the community into the campus.**

A: Dr. Gourdine thanked the individual who submitted the comment and stated that the comment will be taken this into consideration as a wonderful idea to engage the community.

**Q: What type of pediatric care would you expect to provide at Laurel Medical Center?**

A: Dr. Rhamin Ligon, an attending physician for 25 years and with UM LRH for five years, stated that emergency pediatric care will continue at UM Laurel Medical Center. The facility will still have well-trained emergency medicine physicians on site 24/7. For example, children with asthma, the flu, and fevers can still be treated just as they have been in the past. Dr. Ligon also noted that UM Capital Region Health has a good relationship with Children's National Medical Center as well as University of Maryland Children's Hospital. Appropriate pediatric patients who require inpatient services can be transferred to those facilities as occurs now. UM LRH does not currently have pediatric inpatient services.

**Q: It appears there will be a lot of downsizing. Will there be job opportunities for people in the community?**

A: Veronica Ford, Vice President for Human Resources responded affirmatively that job opportunities will be available, and she encouraged the questioner to go to the UM Capital Region Health website to apply for currently open positions.

**Q: Please provide an overview of the necessary regulatory processes and approvals and how the community can assist in helping to increase the likelihood of timely approvals.**

A: Jeff Johnson, Senior Vice President of Strategic Planning for UM Capital Region Health responded and thanked the questioner for seeking a way to express support. He said that UM Capital Region Health is looking forward to receiving as much support as it can receive from the community.



Mr. Johnson explained that the regulatory process is being administered by the Maryland Health Care Commission, from whom UM Capital Region Health is seeking an approval called a Certificate of Need Exemption. The process involves the Commission's review of UM Capital Region Health's written submission, an application. There are several steps in the process. One of the first steps is to hold the public informational hearing, followed by the submission of a summary of the hearing.

UM Capital Region Health must also seek approval from the Maryland Institute of Emergency Medical Services Systems ("MIEMSS") concerning the adequacy of emergency services in the community. Also, the Maryland Health Services Cost Review Commission ("HSCRC") must consider whether the types of outpatient services proposed to be offered within that facility may be included.

Mr. Johnson explained that following these steps, then the Maryland Health Care Commission will regard the application ready to be reviewed and decided. He estimated that it would take approximately six months for the process to be completed. Finally, Mr. Johnson suggested that citizens, especially those in the Laurel/Beltsville community, can offer support by submitting letters of support to the Maryland Health Care Commission. The Commission likes to hear what the public is thinking about health care projects.

**Q: With the new medical center in Laurel, is there an integration and partnership in place with the community's doctors? Could the community doctors invest in the creation of the medical office building in the newly modernized campus?**

A: Dr. Hall responded that UM Capital Region Health cannot complete the project without its community doctors. The hospital primarily has community physicians providing a lot of subspecialty care and surgical services.

Dr. Hall said that these relationships will continue when UM LRH converts to UM Laurel Medical Center. Among others, there will be opportunities regarding the development of new buildings. UM Capital Region Health hopes to have a new medical office building on the campus in addition to the existing medical office building.

Physicians are needed to remain on campus to provide services. UM Capital Region Health hopes to add new physicians as well as maintaining the current physicians.

**Q: Will the hospital have a perimeter fence? How will you manage the noise and the traffic associated with the hospital?**

A: Darryl Mealy, Vice President of Facility Planning and Design for UMMS, responded that a perimeter fence is probably not going to be in the plan for the facility. However, there will be some fencing up for some staging areas but not a fence around the perimeter. During construction work hours, 7:00 AM – 7:00 PM, there will be controlled access for construction traffic.



**Q: Considering the focus on prevention, will there be classrooms for educating groups of people on health issues such as opioids addiction?**

A: Tiffany Sullivan, Senior Vice President of Clinical Integration and Ambulatory Services, responded that there will be an opportunity for community classrooms and educational sessions on the campus. Ms. Sullivan noted that UM Capital Region Health currently partners with a number of agencies throughout the state, including a partnership with the Department of Aging to provide health management education, which is expected to continue.

**Q: Why only two outpatient ORs? My 80-year-old mother broke two bones in her arm near the wrist. An orthopedic doctor scheduled surgery nine days later. It seems surgery should have been sooner. She had no hard cast for those nine days and an extra week and a half added on to the time out of commission. If most patients see orthopedic doctors and surgeons, it seems you need more than two operating rooms so patients wouldn't have to wait so long for an available OR.**

A: Mr. Johnson explained that the regulatory process requires UM Capital Region Health to establish need for operating rooms, observation beds, and other services.

For operating rooms, UM Capital Region Health showed need by estimating the current volume of surgical cases and then calculated how many operating room minutes are being produced. From that calculation, a ratio of how many operating rooms are needed was estimated. Thus, Mr. Johnson explained each proposed operating room must be justified, and UM Capital Region Health was able to demonstrate need for two operating rooms and two procedure rooms. However, as volumes grow, UM Capital Region Health may seek approval to for additional operating rooms. He noted there is room to expand.

**Q: Based on the timeline indicated, at what point will the investors be notified on possible investment options?**

A: Mark Wasserman, Senior Vice President of External Affairs for UMMS, stated that he cannot give a precise answer, but in general, the stimulus for attracting investors will be as soon as the Maryland Health Care Commission approves the project. Even before that, an advisory group will be taking steps to prepare for attracting investment. Before UM Laurel Medical Center is built and open, UM Capital Region Health could begin to attract investment primarily along the Van Dusen Road portion of the campus. It is not known how the private market will respond, but based on preliminary assessments, there is promise.

**Q: Will there be a bid for providing pharmacy services in the new medical center?**

A: Dr. Hall responded that pharmacy services will be provided in-house. UM Capital Region Health is looking to partner with a pharmacy service to provide “meds in hand” service, meaning when patient leaves the facility, they will leave with their medications. It is well-established that patients are more compliant if they are able to have the medicine in hand.



**Q: How will security be addressed during development?**

A: Mr. Mealy responded that security during the development phase will involve temporary fencing in certain areas to keep people away from the sites.

**Q: Will the building permit be under DPIE or the City of Laurel?**

A: Mr. Mealy responded that the question has not been determined yet as the project is in the planning stages of the design. That should be worked out in a month or so.

**Q: How are urgent care centers in Laurel coordinated as to where they refer patients, and do Laurel urgent care centers compete with University of Maryland Medical Center's urgent care centers?**

A: Dr. Ligon responded that she is not aware that the urgent care centers surrounding UM LRH coordinate where they send patients. However, she noted that they will often call the hospital and speak directly with the attending physician in the emergency department to discuss the care of patients in transition to UM LRH. Also, patients may arrive from urgent care centers via a call placed to 911. Because UM LRH is closest facility to many of the local urgent care centers, those patients often come to UM LRH.

For the most part, patients choose urgent care centers based on the convenience of the location; therefore, the local urgent care centers are not in competition with UMMS's urgent care centers.

**Q: A few years ago, I broke my ankle in an accident and required surgery. I sought the services the University of Maryland Orthopedics. I spent one day at the University of Maryland Hospital in Baltimore, and then five days at Kernan Hospital for physical and occupational therapy. Under the proposed University of Maryland Laurel Regional Hospital system, how would that change? I live in Beltsville and originally was seen in the University of Maryland Orthopedics Office in Columbia.**

A: Dr. Ligon responded that she does not believe the questioner's experience would necessarily change. The patient could still come to the UM Laurel Medical Center. The facility will have orthopedic physicians and will still be able to manage the care of these types of patients. If the patient requires physical rehabilitation, there will be available options, including UM Prince George's Hospital Center and also the University of Maryland.

**Q: With the transition from inpatient to outpatient care, what is the plan to transition acute care patients to appropriate facilities?**

A: Dr. Perkins responded that UM Capital Region Health will be working with its partner hospitals to receive patients seen in the emergency department, and work through their needs to transition their care.



Also, Dr. Hall stated that currently if a patient is in the emergency room, Dr. Ligon or someone on her team must call various hospitals, whether it's within UMMS or a non-University hospital to find where that patient can be admitted. Again, a lot of it has to do with the services that are provided and the capacity for space.

UMMS is in the process of developing a one-call system. In other words, when a call is made, they would have the ability to see all of the beds that are available within the system, thus allowing a much more efficient way of transferring a patient who needs a higher level of care. Within UMMS, this system will increase the capacity to accommodate patients within UMMS, and the patient may choose. If the patient would like to go to another facility, that will be arranged as well.

**Q: With the psychiatric evaluation located next to the waiting rooms, what measures will be put in place to ensure the safety and security of families and children visiting the hospital?**

A: Dr. Hall responded that there will be walls separating these areas. There will be a separate entrance where patients will be able to go in the new building. It can be disturbing for behavioral health patients to be co-located in the same areas as a five-year old child with a cold. They will have a separate entrance, and there will be a walled-off area that is going to be secure, secure for the patients and for the staff.

**Q: Can you address the potential plan for psych services for youth?**

A: Dr. Hall explained that UM LRH currently does not have an inpatient adolescent program, and no such program will be established at UM Laurel Medical Center. There is a deficiency of beds for the adolescent population. Unfortunately, this project will not address that issue. However, at some point, there should be efforts to expand access for adolescent care. UM Capital Region Health possibly can help to support some of the behavioral health problems, such as anxiety and depression that the adolescents experience before hospitalization, hopefully through expanding services if a community resource can be identified to partner on an outpatient basis.

**Q: What is the plan for the land that is not being developed? Will it be sold to developers?**

A: Mr. Wasserman responded that the goal is to make maximum use of all of the 25 acres, and UM Capital Region Health is committed to providing health care uses on the campus and realizing the vision that came from the SPWG and the assessment of the medical market.

**Q: If hospitals in this area are financially failing, why would Washington Adventist Hospital build a new hospital near here?**

Mr. Johnson responded that he cannot speak for the Adventist HealthCare (“AHC”). However, he said that the Washington Adventist Hospital is a replacement hospital project, much like the UM Prince George's Hospital Center project, the replacement of an aging facility. Mr.



Johnson speculated that AHC looked at the relevant demographics, particularly from Montgomery County, the availability of land, transportation, and other factors, to make a decision as to the best location for the replacement hospital. Also, Mr. Johnson noted that Washington Adventist Hospital is a Montgomery County hospital. Although it attracts some patients from the Prince George's County, it is not a market share leader in UM LRH's primary and secondary service areas.

**Q: I have a cardiac condition. If I experience a heart attack at 9 p.m. one evening and call 911, where would the ambulance take me? If it is Laurel Hospital, will I be treated there, or will I be transferred to another facility? How long would Laurel be able to care for me?**

Dr. Ligon responded that UM Laurel Medical Center will be available 24/7 to do initial evaluations and stabilization. If it is indeed a heart attack, those patients are not managed at UM LRH currently. Instead, UM LRH stabilizes and transfers those patients to UM Prince George's Hospital Center or University of Maryland Medical Center or some other local facilities. UM LRH does not manage to completion of care patients who are having heart attacks now, because they require some specialized treatment within a very short window of time that UM LRH does not provide. At UM Laurel Medical Center, that treatment will be the same: initial stabilization, treatment, and then transfer.

**Q: Would the new center be able to do gallbladder surgery?**

A: Dr. Ligon responded in the affirmative. UM Laurel Medical Center will work with surgical colleagues, and, in many cases, the patient would be able to stay in the observation unit and have a surgical procedure the next morning if arriving after hours. Those patients even now are observed in the hospital and then managed surgically the next morning. This can continue at UM Laurel Medical Center for non-emergent surgical management, pending regulatory approval.

**Q: If orthopedic procedures have increased, why are we losing the rehab unit?**

A: Dr. Hall responded that a couple years ago the accrediting organization for rehabilitation facilities created rules that general, simple orthopedic procedures do not meet the criteria for treatment in a rehabilitation hospital. The trend now is that some orthopedic procedures are performed and the patients are discharged home. These patients get outpatient care, or some of them may go to subacute facilities. Fewer of them are going to acute rehabilitation now, because of the changes in the rules. The payers and the insurers are not paying for some of the acute rehabilitation care. It is very complicated.

**Q: Outpatient pulmonary rehab, outpatient physical therapy, and outpatient infusion were not mentioned during the presentation. What happens? Will they be provided?**

A: Dr. Hall responded that there are a number of outpatient therapy partners on the Laurel campus today. UM Capital Region Health expects that those services will continue to be



provided, but not necessarily by UM Laurel Medical Center. UM Laurel Medical Center can anticipate that some patients may need help in the emergency department or in the observation area for some limited therapy services, and they will be provided, but outpatient services will be provided by our partners in the community.

As for the infusion center, Dr. Hall noted that trends over the last several years show that infusion services are increasingly performed through outpatient services. Currently UM Capital Region Health is working with providers of ancillary services to determine how it can provide the services. This is being evaluated and there is no answer yet. For pulmonary rehabilitation, UM Capital Region Health is examining how to have a service available, whether with a partner on the campus or possibly at UM Prince George's Hospital Center.

**Q: How does the upcoming minimally invasive vascular center on Contee Road affect the new Laurel Medical Center?**

A: Dr. Hall responded that currently UM LRH does not do a lot of interventional vascular procedures, so not much change is expected. Dr. Hall added that the new vascular center could partner with the new medical center regarding wound care.

**Q: Will there be a 24-hour operating room in the emergency surgery facility?**

A: Dr. Hall responded in the negative. UM Laurel Medical Center will have outpatient surgery, with outpatient surgery hours. Any patient who needs emergency surgery will be transferred to another facility.

**Q: What will happen with a patient with appendicitis on a Friday evening?**

A: Dr. Hall responded that such a patient would be transferred to another facility. UM Laurel Medical Center will not accept emergency surgeries. Patients will have the ability to come to the emergency room to seek immediate care and stabilization and then be transferred to another facility.

**Q: Is the trend for outpatient surgery unique in Laurel?**

A: Dr. Hall responded in the negative.

**Q: What are the planned number of observation beds in the new medical center?**

A: Dr. Hall stated that the need calculation submitted to the Maryland Health Care Commission shows, based on volumes, that ten observation beds will be needed to begin operations at UM Laurel Medical Center. The building will be constructed so that expansion will be available later. UM Capital Region Health knows the community is growing, and additional pods can be used to increase beds down the road as the community grows.



\* \* \* \* \*

All questions that were submitted were addressed.

Dr. Gourdine, Dr. Perkins, and Dr. Hall made brief closing remarks and thanked the attendees for their questions and participation.



# EXHIBIT B





UNIVERSITY *of* MARYLAND  
LAUREL REGIONAL HOSPITAL

# Changing for the Future

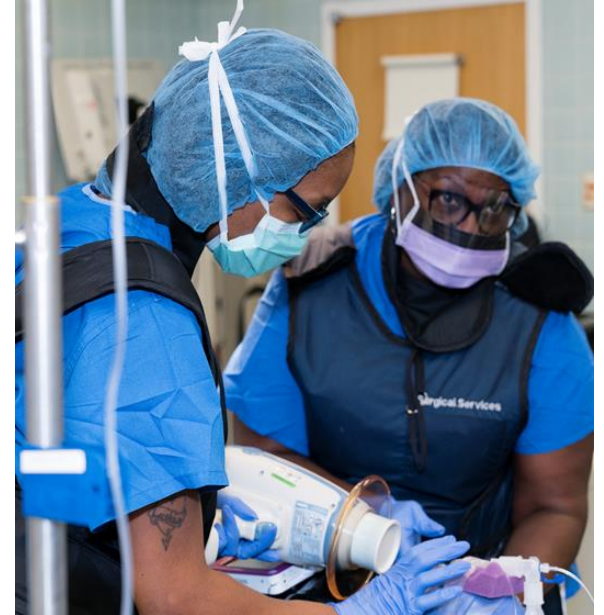
Public Informational Hearing | May 7, 2018



# Welcome



Our mission is to enhance the health and wellness of our patients and communities, providing state-of-the-art clinical care and community leadership with compassion, dignity and respect.





# *Today's Agenda and Objectives*

- Welcome and Introductions
- We Are Changing!
  - Why – The Reasons for the Conversion
  - What – The Proposed UM Laurel Medical Center
  - When – The Proposed Timeline for Conversion
  - How – The Plan for Transitioning Acute Care Services and Meeting the Health Needs of Residents of the Service Area
  - Workforce – The Plan for Employees
  - The Campus – The Plan for the Existing Hospital Building and Future Campus Development
- Community Outreach & Engagement Activities



# *Community Commitment*

On September 1, 2017, our commitment to the community was reinforced when Laurel Regional Hospital became a member of University of Maryland Medical System (UMMS).



We are now better positioned to meet the health care needs of the people of Laurel, Prince George's County and the region.

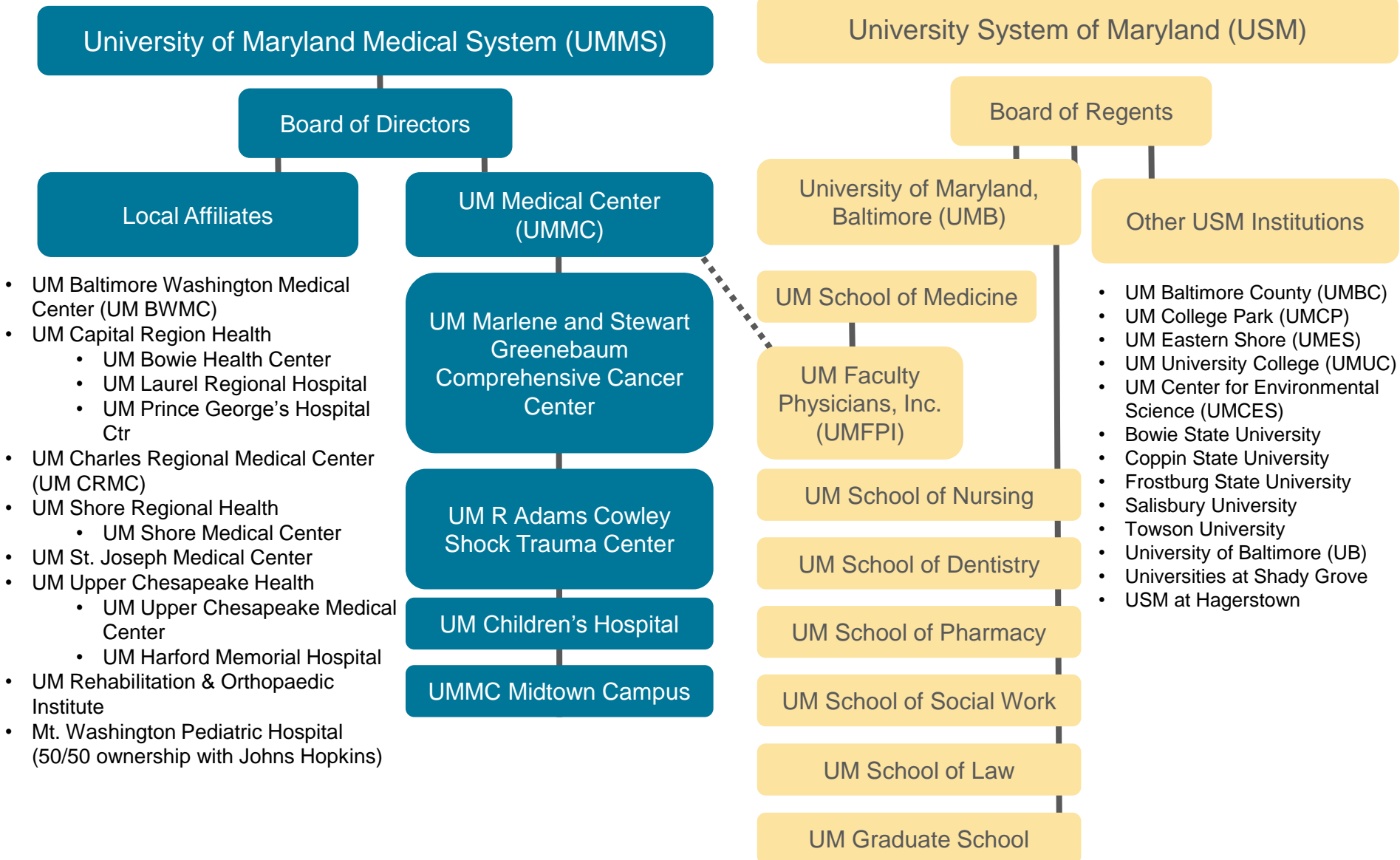


**WE ARE  
CHANGING!**



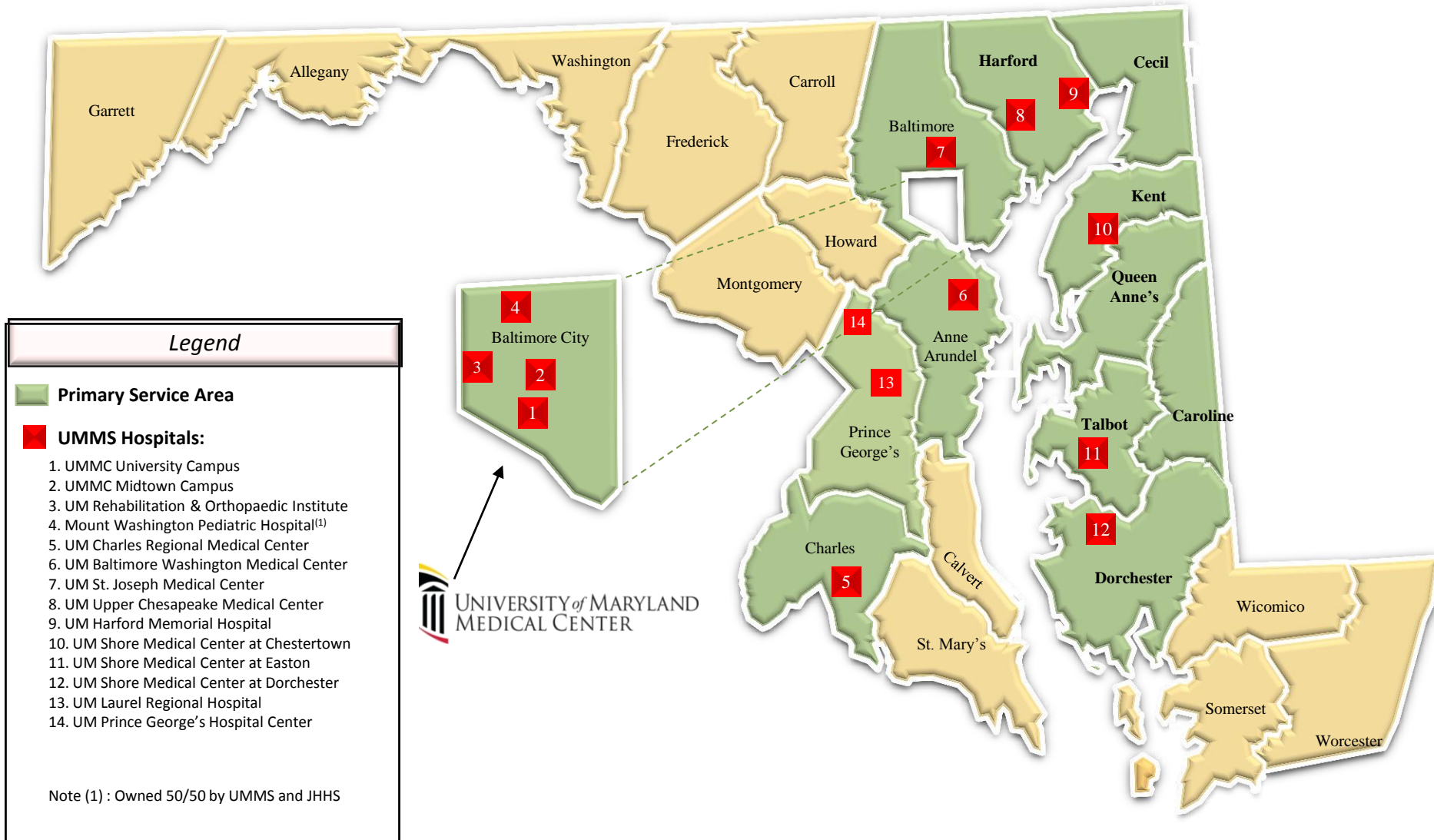


# Organizational Structure





# UMMS Service Area





# *Improving Care Delivery*

**Our new regional health care delivery system seeks to improve the health of our population:**

**Improve access**

**Improve access** for primary / community care, specialty care, and other health care services to the region to reduce health care disparities **and improve health status.**

**Strengthen / coordinate care**

Help **strengthen / coordinate care** from primary / community care through post-acute care.

**Ability to invest**

**Ability to Invest** in ambulatory-based **care** and other health education programs **to manage chronic diseases.**

**Integrate University teaching and research**

**Integrate University-based teaching and research** in a new approach to care for the region.



# Health care delivery is changing – we are changing with it

Our goal is to provide care earlier in a disease or illness process, to prevent unnecessary hospital stays, and to improve a patient's overall quality of life.

## Past



## Future





# WHY: The Reasons for the Conversion





# Why Are We Changing?

- Consistent with state and national trends, UM Laurel Regional Hospital has seen declining admissions since 2010
  - Admissions declining despite growing and aging population
  - Maryland hospitals overall experienced a 12 percent decline in admissions from 2012 to 2017
- Hospital services are shifting from the inpatient setting to the outpatient setting
  - Care delivery shifting
    - Technological / pharmaceutical advancements
    - Expanded community-based health & wellness programs
  - Approximately 75 percent of all surgeries now performed in outpatient setting
  - Increased number of patients being observed overnight versus being admitted.



# Why Are We Changing?

- Current Laurel facility is aging and inefficient
  - Modernizing current facility not cost effective
- Investment in a new, technologically-advanced and efficient outpatient facility will best meet community need
  - Enhanced and Modernized 24/7 emergency services
  - Focused on the future growth of outpatient healthcare services
  - Plans for an expanded campus will address health care needs of the community as identified in community health needs assessment studies

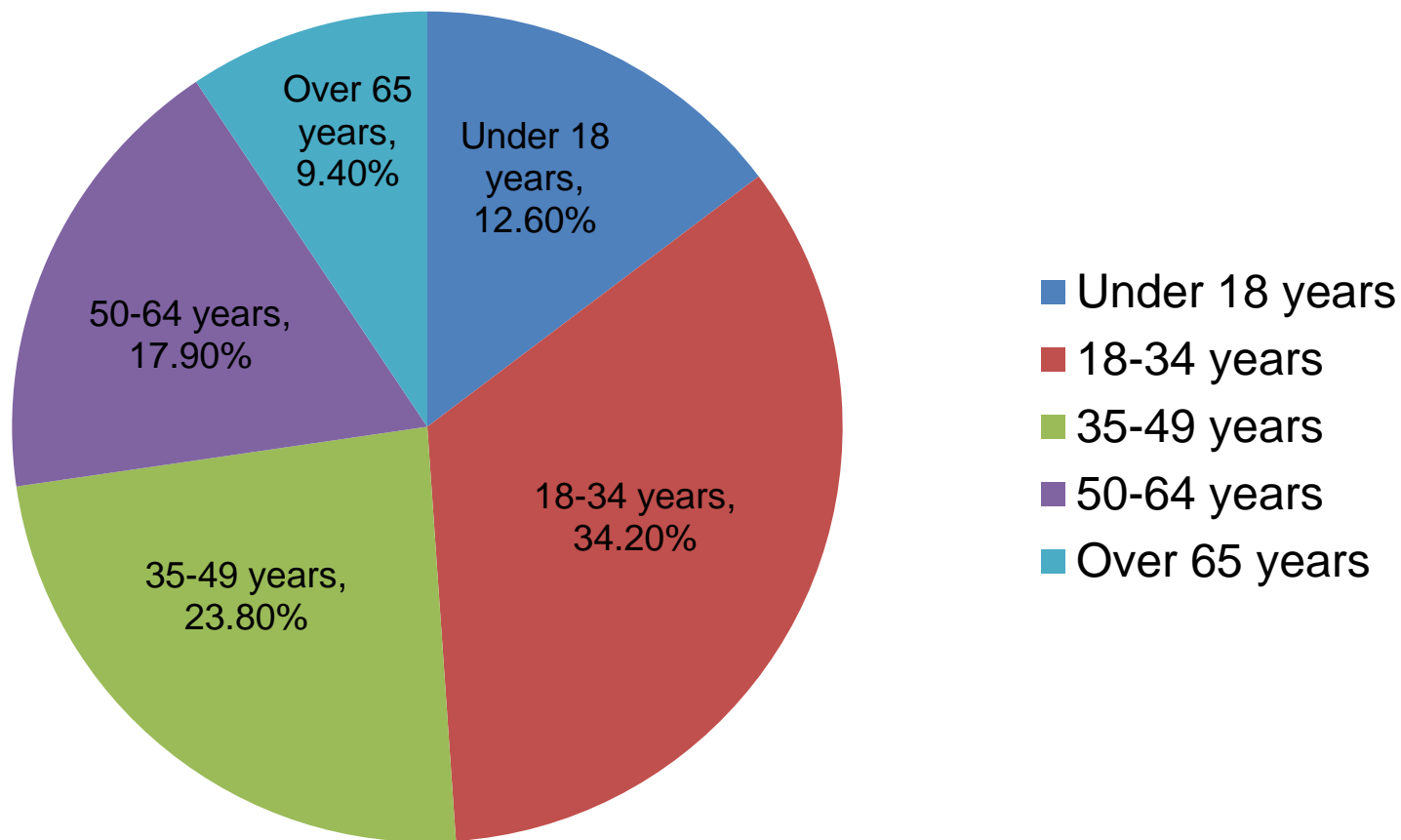


# Location of Area Hospitals





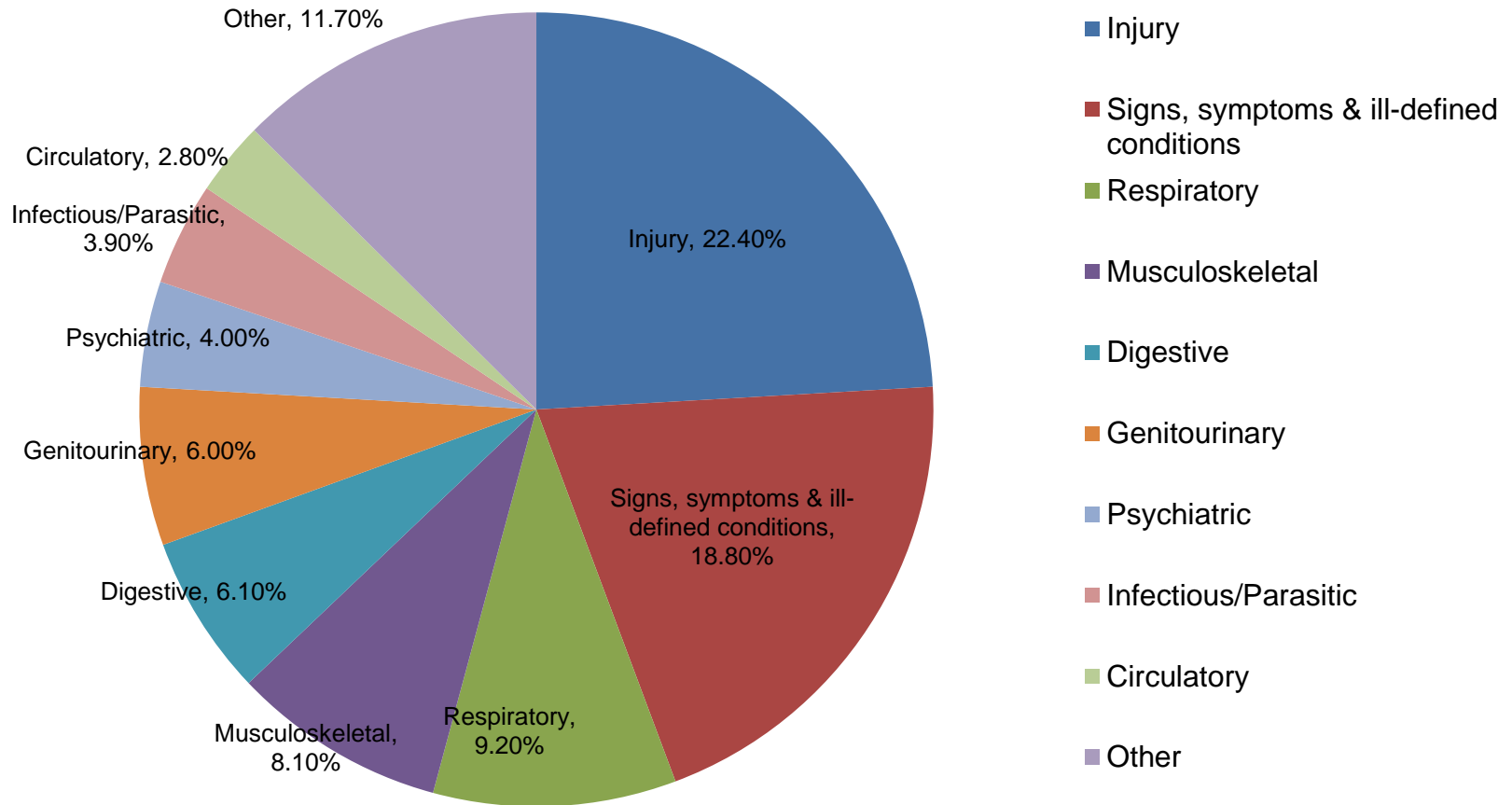
# *UM Laurel Regional Hospital Emergency Room Visits by Age Group*



Source: Maryland HSCRC Outpatient File



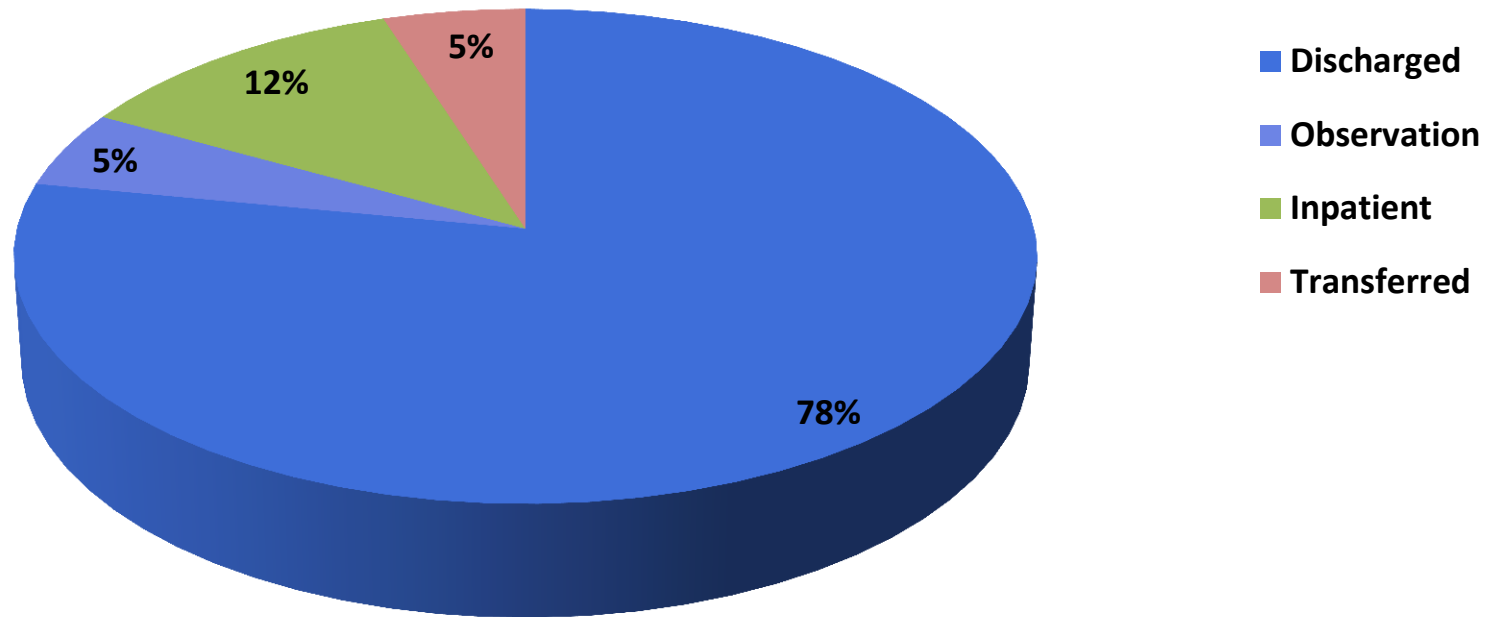
# UM Laurel Regional Hospital Top 10 Emergency Room Diagnoses



Source: Maryland HSCRC Outpatient File



# *UM Laurel Regional Hospital Emergency Room Results of Patient Visits*



Source: UM LRH Emergency Room  
Date Range: January - November 2016



# WHAT: The Proposed UM Laurel Medical Center





# *Laurel Strategic Planning Work Group (SPWG)*

## *Executive Committee*

**Co-Chair:** Craig A. Moe, Mayor, City of Laurel

**Co-Chair:** Stephen T. Bartlett, M.D., EVP, System Chief Medical Officer, UMMS

### Members:

**Hon. Mary Lehman**

Prince George's County Council

**Ulric Donawa**

Laurel Regional Hospital Board  
Chair

**Hon. Robert J. DiPietro**

Business Leader

**Hon. Fred Smalls**

Laurel City Council and Former  
Laurel Regional Hospital Board  
Chair

**Brad Seamon**

Prince George's County  
Executive Rep &  
Chair, UM Capital Region Health  
Board

**Kristin Jones Bryce**

VP External Affairs  
University of Maryland Medical  
System

**William F. Goddard, III**

Deputy City Administrator &  
Director of Emergency Services  
City of Laurel

**Sherry B. Perkins, PhD, RN,  
FAAN**

EVP/COO  
UM Capital Region Health

**Brian Frankel**

Deputy Fire Chief  
Prince George's Fire Dept./EMS



# *UM Laurel Strategic Planning Work Group Committee Chairs*

## **Emergency Medicine/EMS**

Brian Browne, M.D.  
Dept. of Emergency Medicine  
University of Maryland School of Medicine

## **Campus Development**

Hon. Jim Rosapepe  
Maryland General Assembly D21

## **Clinical Operations**

Andrew Pollak, M.D.  
Chief of Orthopaedics  
University of Maryland School of Medicine

## **On-Campus Services**

Trudy Hall, M.D.  
Interim President & VPMA  
UM Laurel Regional Hospital

## **Work Force Development**

Stacey Cook  
VP Human Resources  
University of Maryland Charles Regional  
Medical Center

Jen Brock-Cancellieri  
Senior Policy Analyst  
1199 SEIU United Healthcare Workers East

## **Behavioral Health**

Jill RachBeisel, M.D.  
Chief of Clinical Services/Dept. of Psychiatry  
University of Maryland School of Medicine

## **Volunteer Services**

Hon. Michael R. Leszcz  
President, Laurel City Council



# *Planning Timeline to Date*

December  
2015

- Mayor Moe initiates engagement with University of Maryland Medical System (UMMS)

June 2016

- Strategic Planning Work Group Established

July-  
December  
2016

- SPWG Co-Chairs form subcommittees and meetings begin

July 2017

- SPWG Executive Committee and subcommittees complete recommendations

August  
2017

- LRH Command Center structure initiated to operationalize recommendations

September  
2017-  
Present

- Work Groups established following UMMS formal affiliation



# *Clinical Program/Facility Development: Considerations*

- Population growth projections
- Regulatory guidelines, which determine facility size
- New Washington Adventist Hospital seven miles away
- Projections on outpatient surgery and observation volumes



# *Proposed UM Laurel Medical Center Additional Campus Services and Capabilities*

- Services tailored to the needs of the community, prioritizing the management of prevalent chronic diseases
- Improve coordination and integration of care

## **Current and Continuing Campus Programs**

**Primary Care**

**Women's Health**

**Lung Health Program**

**Wound Care Center**

**Chronic Pain  
Management**



## **Proposed Additional Campus Programs**

**Wellness / Weight loss**

**Diabetes & Metabolic  
Center**

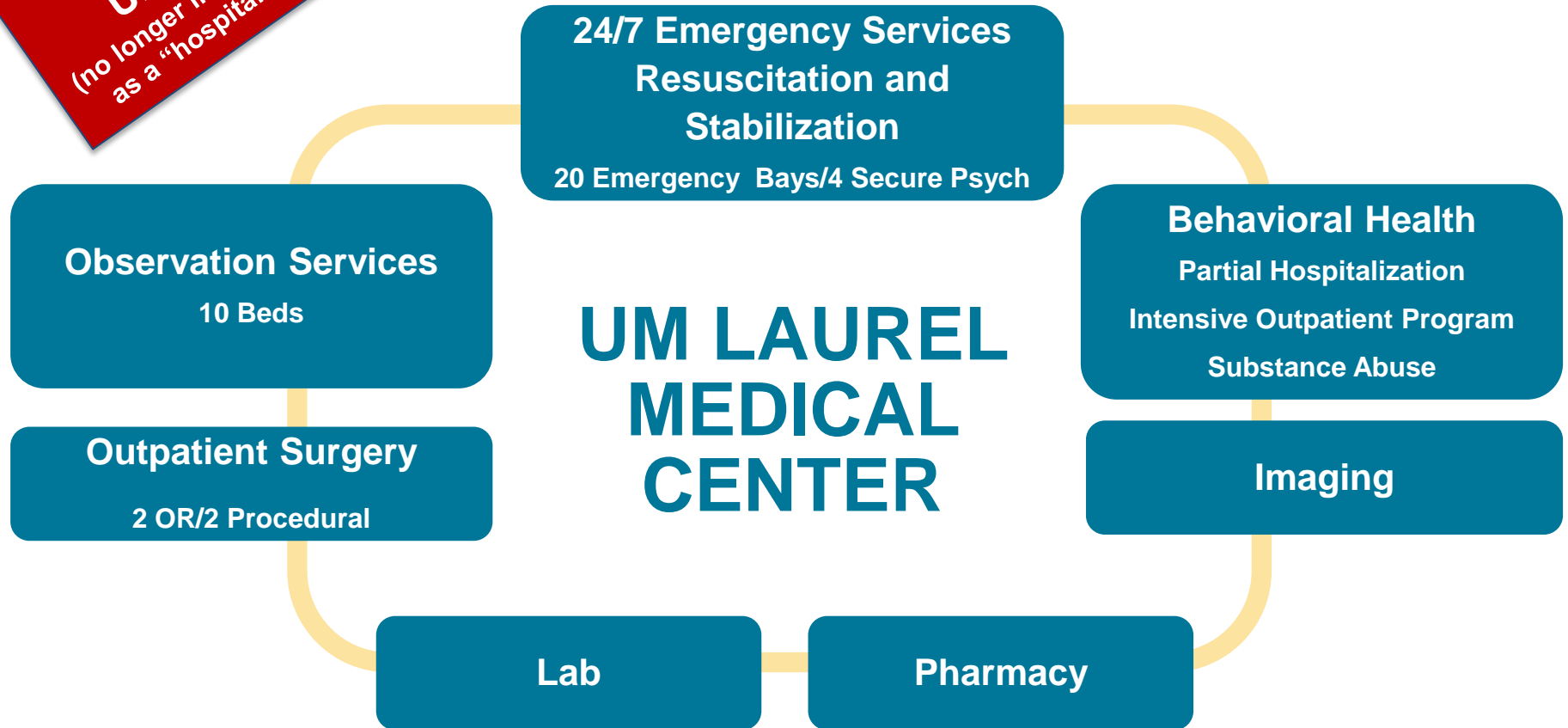
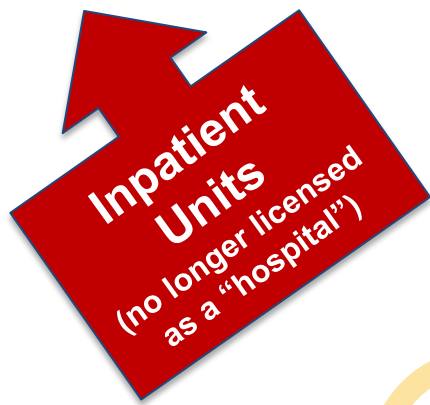
**Advanced Care Planning**

**Neurology**

**Telemedicine Consult**



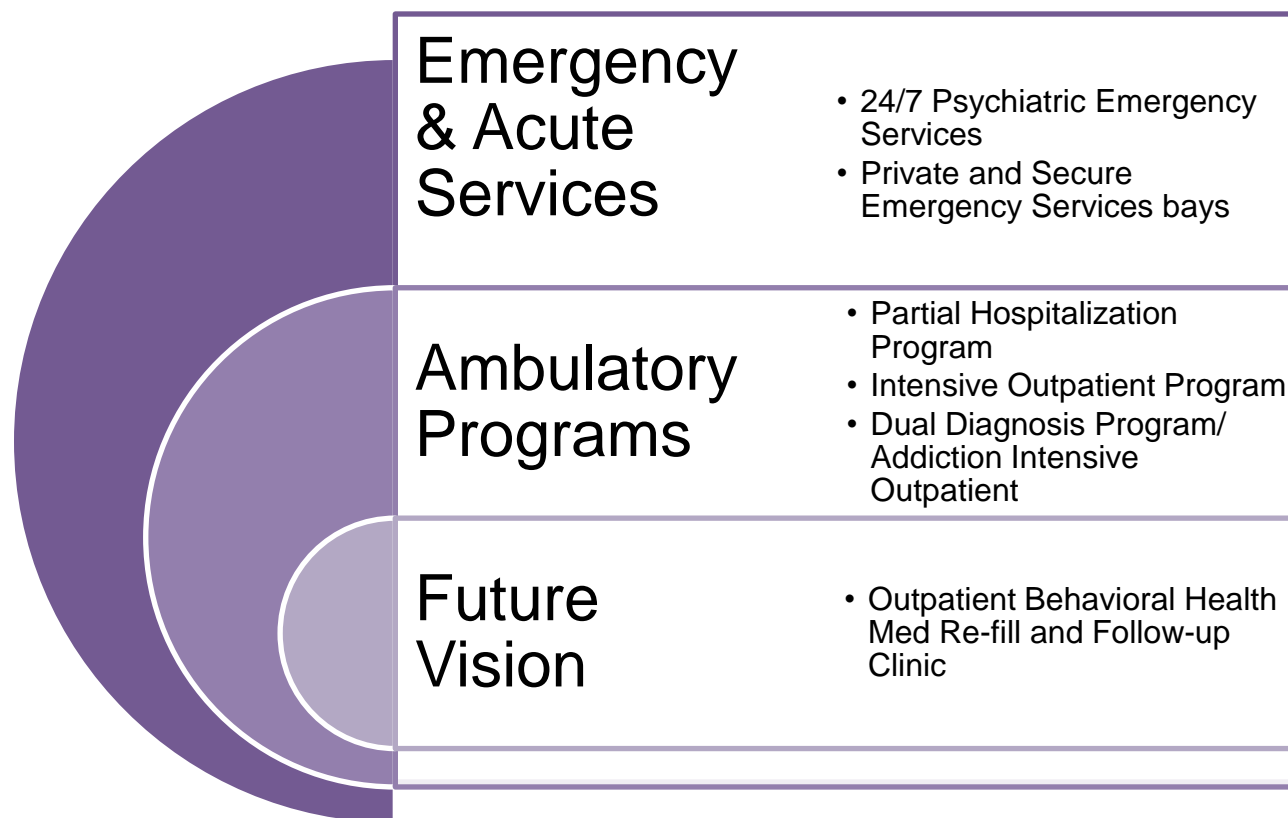
# Proposed UM Laurel Medical Center Pending Regulatory Approval



The new facility represents a \$50 million UMMS investment in the Laurel community in addition to anticipated private investment in the surrounding medical campus.



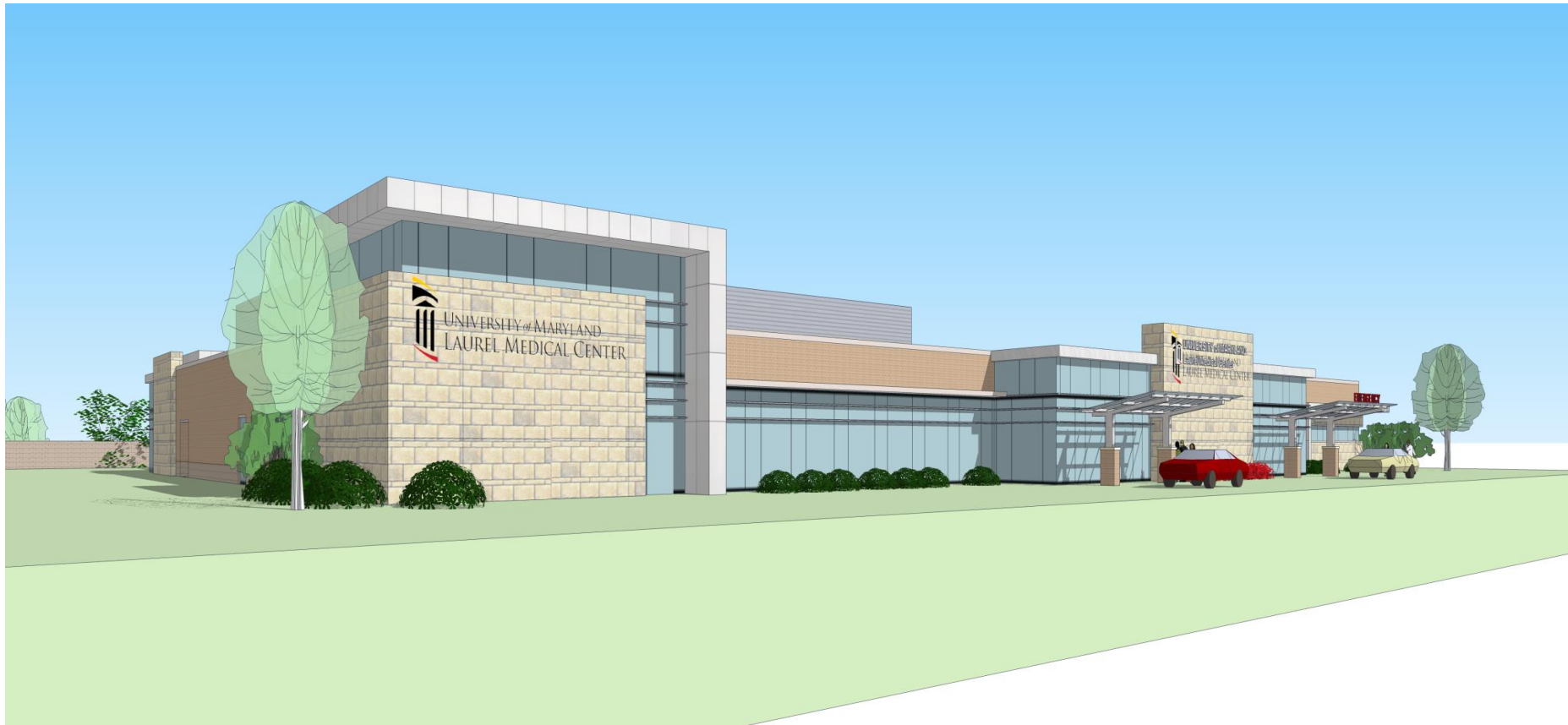
# *UM Laurel Medical Center Proposed Outpatient Behavioral Health Services*





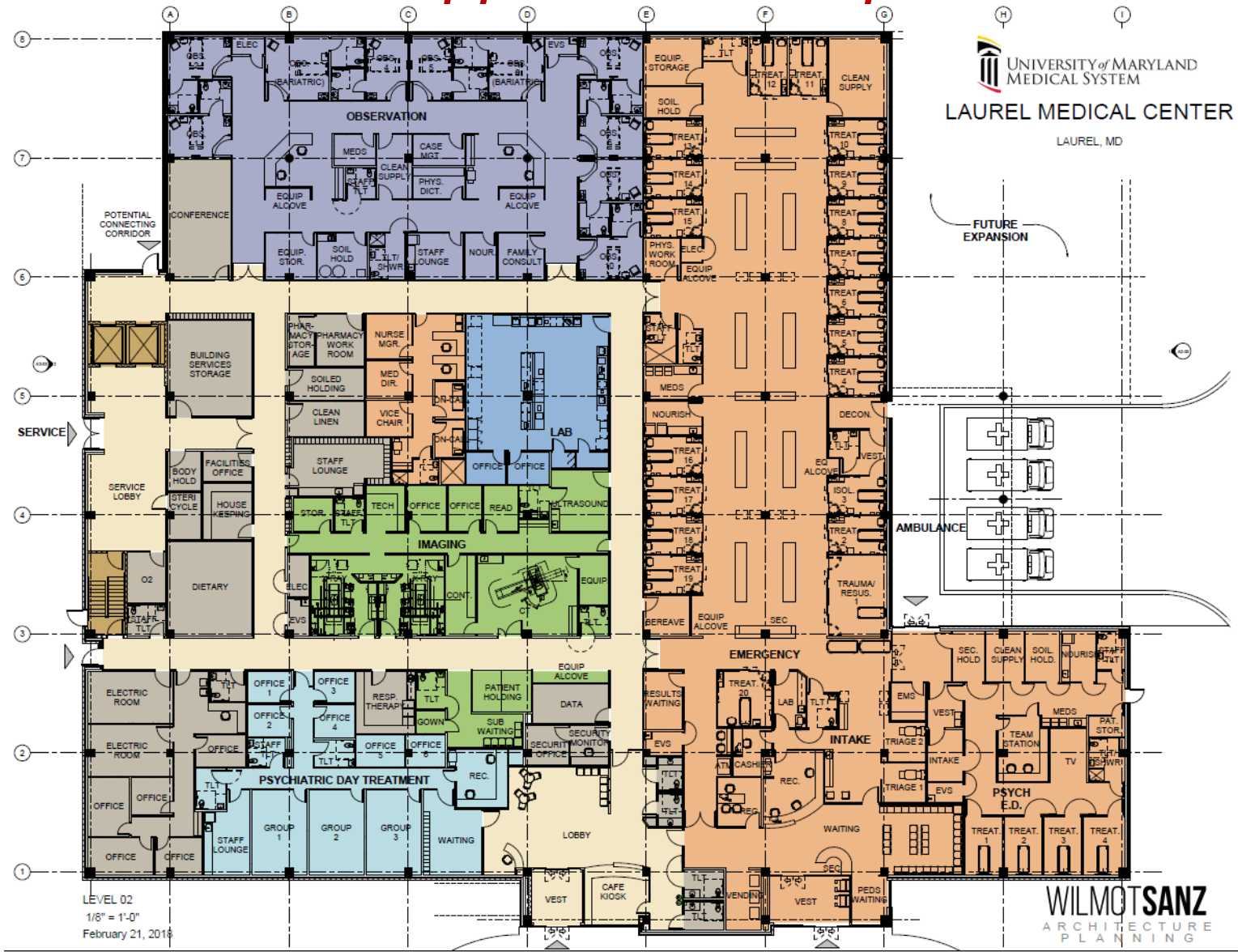
# *Proposed University of Maryland Laurel Medical Center*

*View from the Emergency Services Level*





# Upper Level Proposed Floor Plan





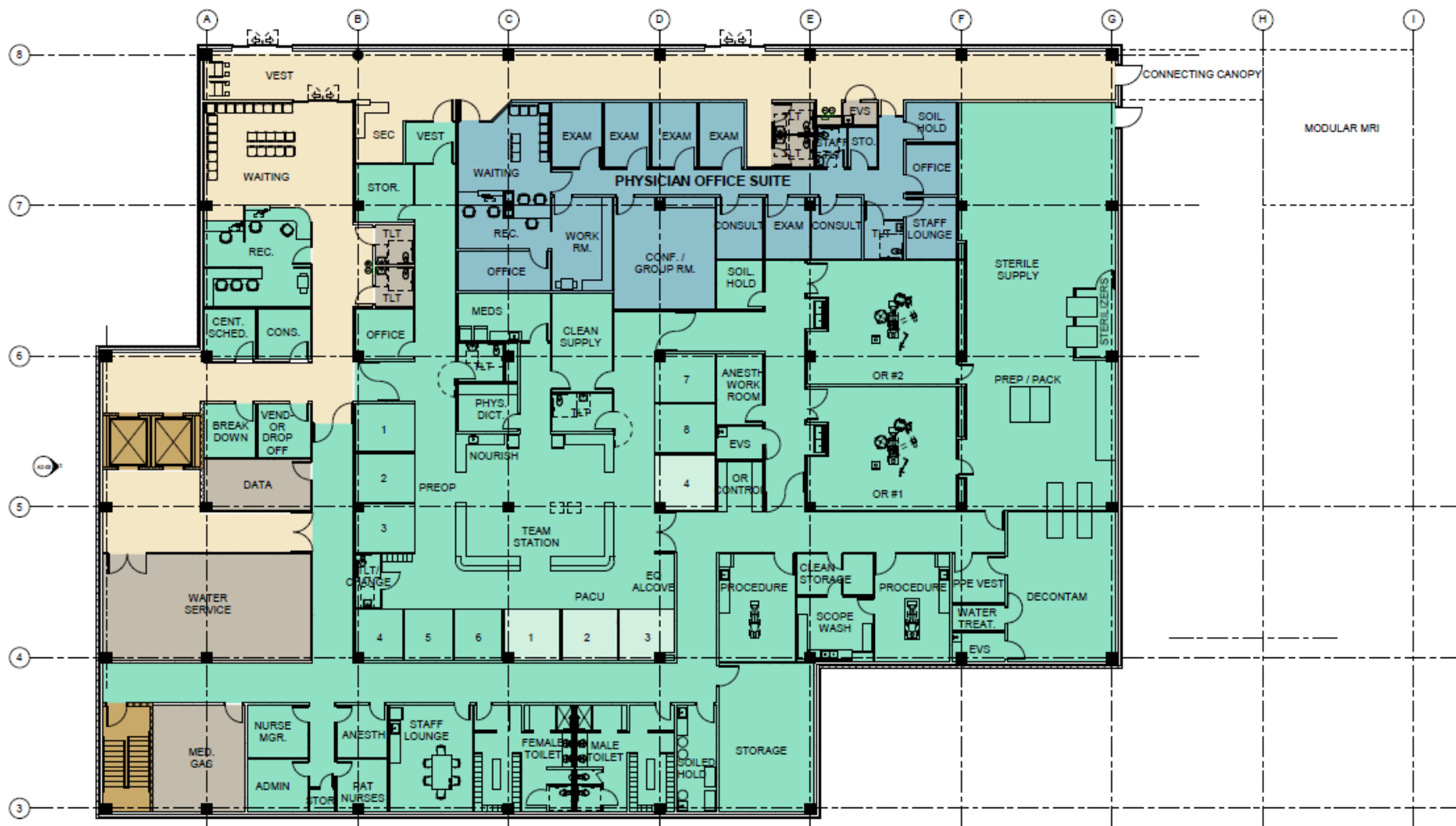
# *Proposed University of Maryland Laurel Medical Center*

*View from the Outpatient Surgery Center Level*





# Lower Level Proposed Floor Plan





# Laurel Campus Site Plan





# Patient- Focused Technology

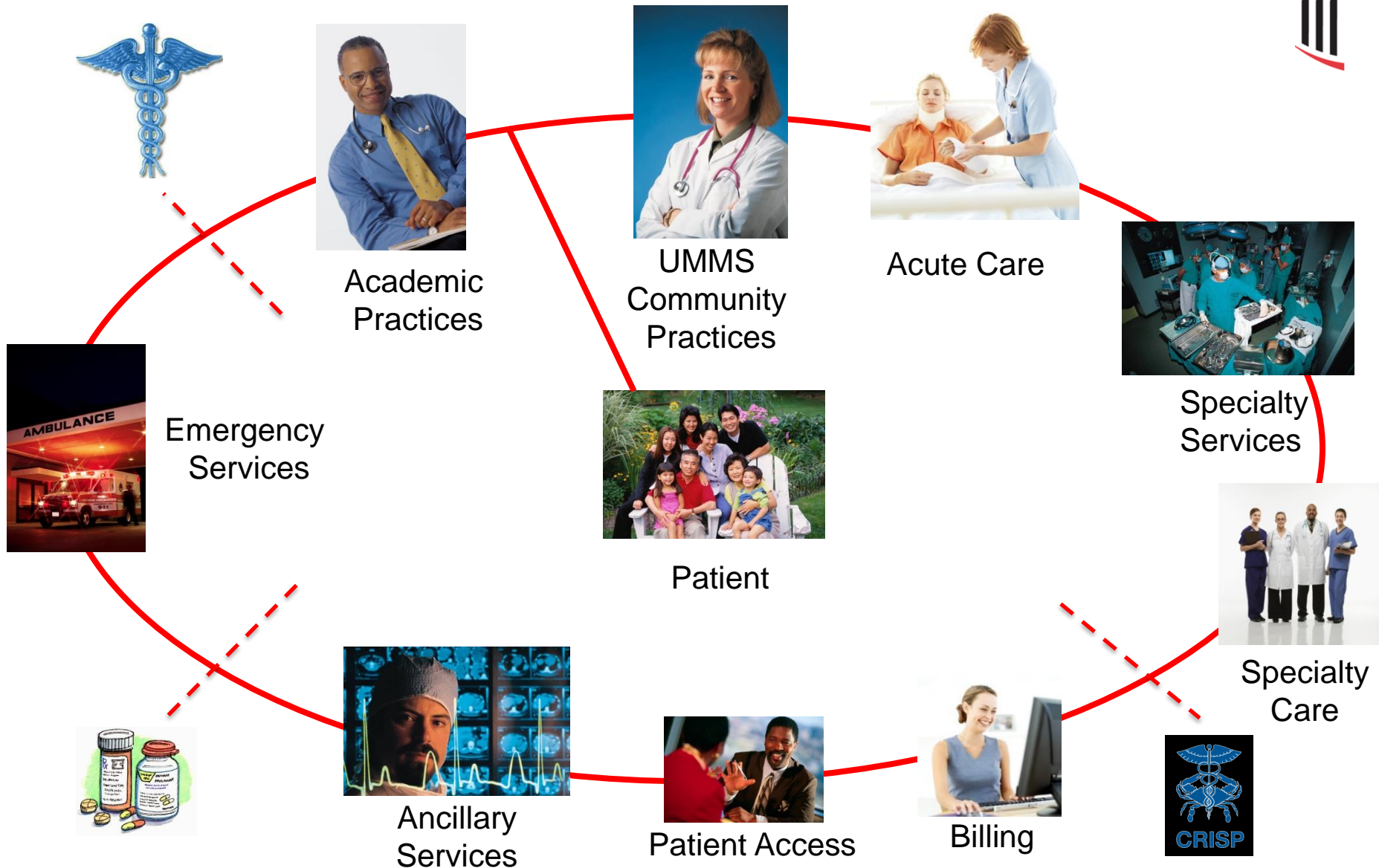




The new medical center will include state-of-the-art technology to improve the patient experience, including a new electronic medical record capability to improve patient care coordination throughout the entire University of Maryland Medical System.



# One Patient – One Medical Record





# HOW: Addressing the Needs of our Community





# *Responding to the health care needs of our community:* *“Right care, right time, right setting”*

- Focus resources on care that keeps people healthy in our community
- Maximize coordination with community health partners (EMS “base station,” mobile integrated health, telehealth, care providers, wellness services)
- Enhance inpatient staffing and bed capacity at primary receiving facility (UM PGHC)
- Improve transfer time and capabilities





**54 year old female**

- Type II Diabetic
- Increased thirst
- Elevated blood sugar on finger stick

### **Right Care**



### **Right Time**



### **Right Setting**





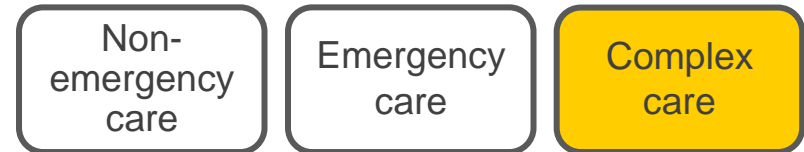


**60 year old male**

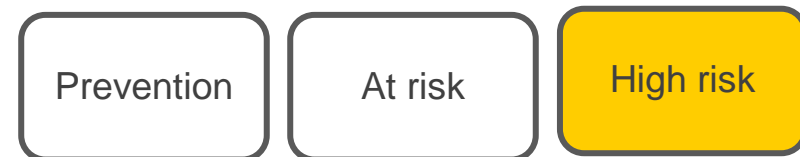
- Motor vehicle crash
- EMS determines if he needs to be flown out by helicopter to receive care\*

\*MIEMSS protocol and physician in charge determines appropriate site of care

### Right Care



### Right Time



### Right Setting







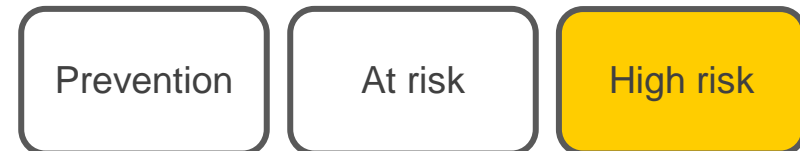
**27 year old female**

- Depression
- Substance abuse
- Requires psychiatric evaluation

### **Right Care**



### **Right Time**



### **Right Setting**







**30 year old male**

- Seizure disorder
- Experiencing a seizure

### **Right Care**



### **Right Time**



### **Right Setting**



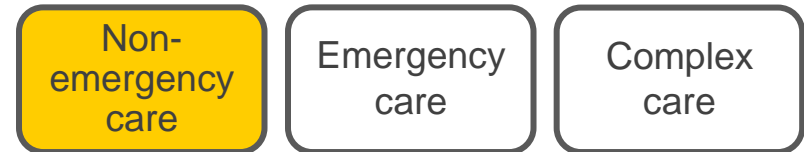




**20 year old female**

- Low-grade fever
- Persistent cough
- Sore throat

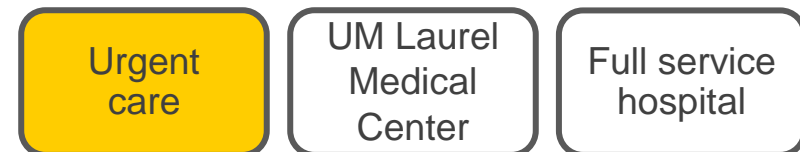
### **Right Care**



### **Right Time**



### **Right Setting**







**19 year old female**

- History of asthma
- Low-grade fever
- Shortness of breath

### **Right Care**



### **Right Time**

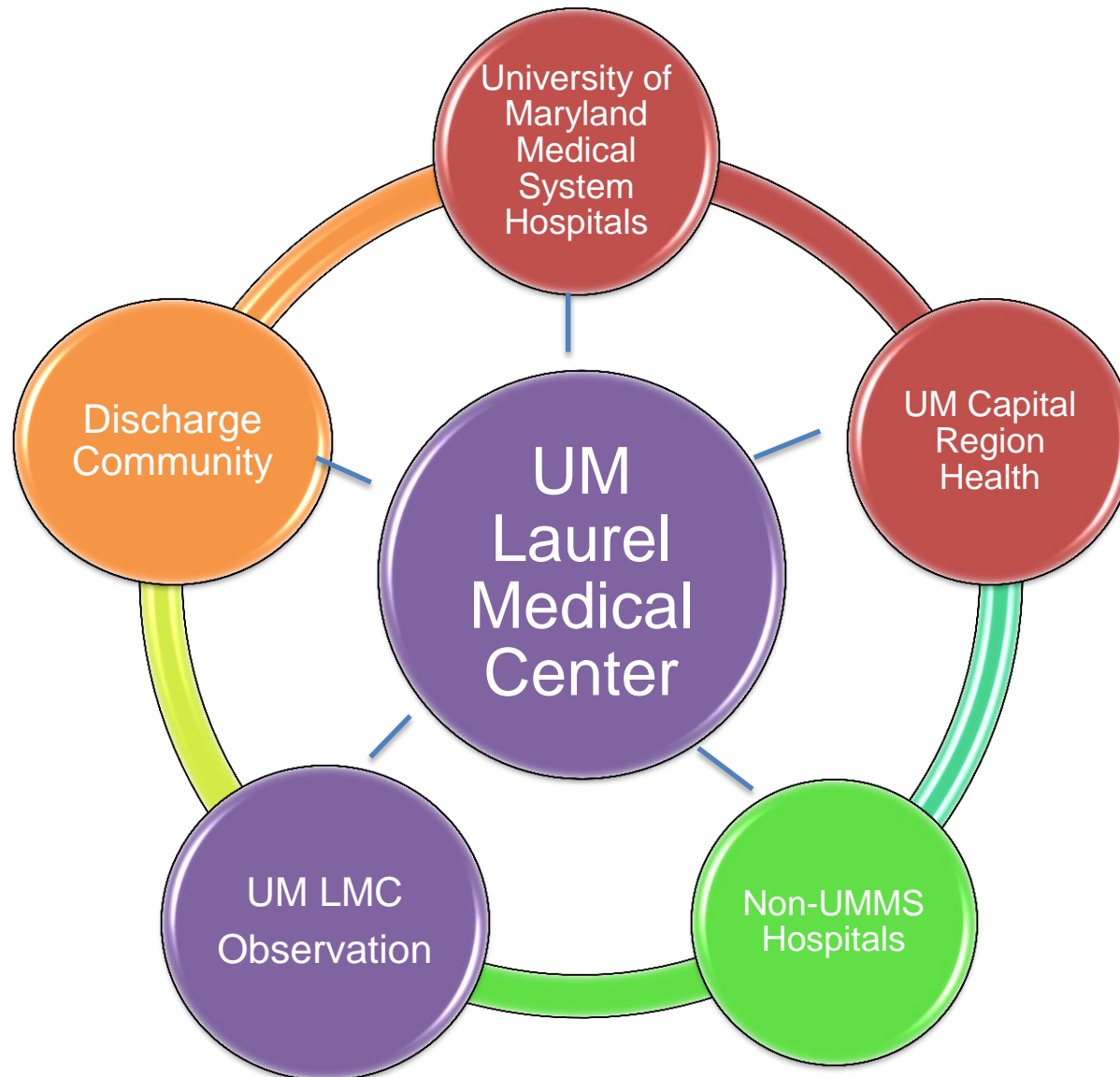


### **Right Setting**





# *Patient Care Flow*





# **WHEN and HOW: Timeline for Conversion and Plan for Transitioning Services**





# *Estimated Timeline for Conversion of Current UM LRH Facility*

## **Subject to Regulatory Approval**

### **Phase I – approved**

**Fall 2018**

**Relocate inpatient acute rehabilitation and chronic care services to UM PGHC**

### **Phase II – Receive approval from state regulators to convert services in existing hospital**

**Fall / Winter 2018**

**End inpatient medical/surgical services / increase observation beds, outpatient surgery and emergency services**

**Transition inpatient behavioral health and enhance outpatient programs and services**

**Operate as approved UM Laurel Regional Medical Center in current building**

### **Phase III – Transition to new building**

**Estimated Spring 2021**

**New UM Laurel Medical Center construction completed  
and demolition of current building**



# Workforce: The Plan for Employees





# *Workforce Educational & Training Opportunities*

- Partnering with Prince George's Community College (PGCC) and SEIU1199 to provide Learning and Development opportunities and career advancement to retain employees in the system
- Partnering with Prince George's County Economic Development Corporation
  - *Hosting job fairs connecting job seekers to open positions*
- Certified Nursing Assistant Certification Classes
  - *Classes offered at PGCC Laurel College Center*
  - *UM Capital Region Health covering the cost*
- Computer Skills Training Classes
  - *Classes offered at UM LRH at no cost to employees.*

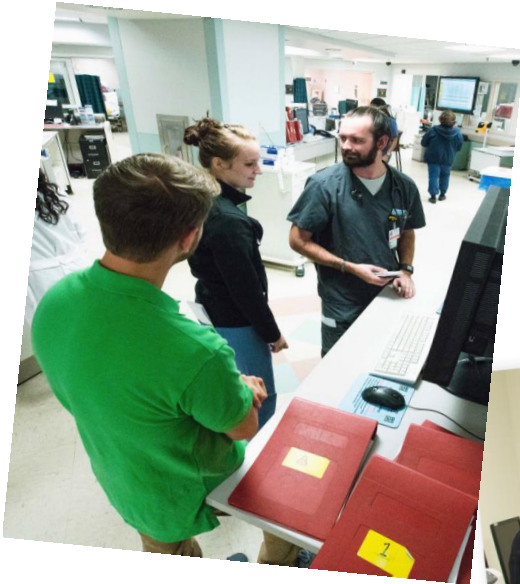


# *Job Mapping*





# *Workforce In Action*





# Campus Development: Plans for the hospital building and surrounding land





# *Laurel Campus Development*

**Objective: Create a 21<sup>st</sup> Century Health and Wellness Campus**

Success will:

- Boost community health and well-being
- Create a center of employment and commerce
- Produce an attractive and valued community asset

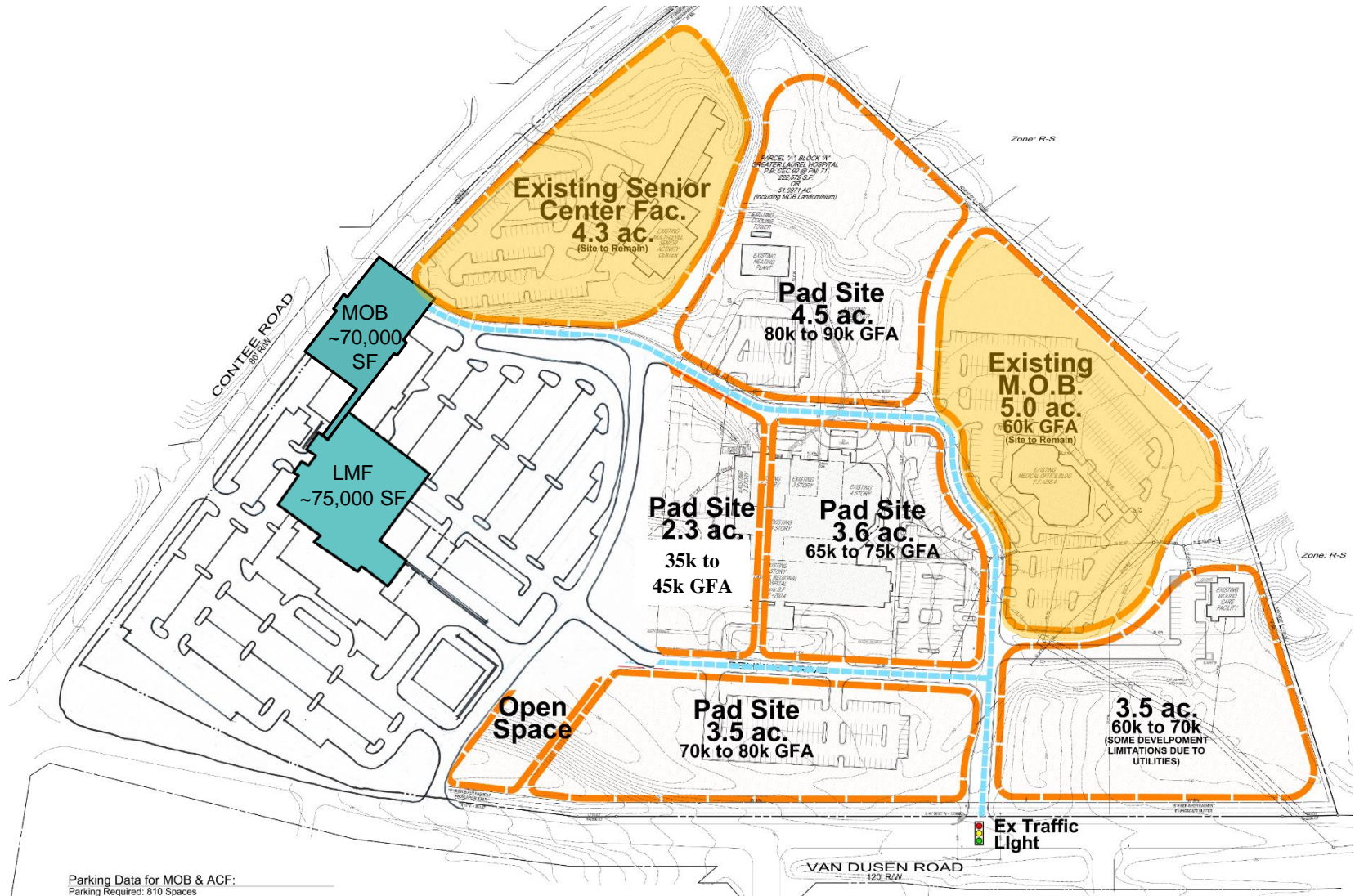


# *Key Factors Influencing Campus Development*

- UM Laurel Medical Center will occupy key site and intersection of Van Dusen and Contee Roads
- Timing will be a factor. Prime Development sites unavailable until new facility opens.
- Topography
- Expecting site to yield approximately 25 acres for development.



# Laurel Campus Site Plan





# *40+ Stakeholder Interviews*

## Including:

- Laurel Elected Officials
- Laurel Police Chief
- Prince George's County EMS
- Laurel Residents, Faith Based Leaders, Community Groups
- Prominent Business Leaders in the Laurel Community
- Laurel and PGC Administrators - Economic Development, Planning and Zoning
- UM LRH Physicians
- UM SOM Faculty Practice Leadership
- Maryland Health Care Commission
- LRH SPWG Planning Committee
- Immediate past LRH Board of Directors
- UMMS Leadership



# *UM LRH Community Campus Development Advisory Group Members*

<b>Advisory Group Members</b>	<b>Affiliation</b>
Mark Wasserman (Chairman)	SVP, External Affairs, UMMS
Kristin Jones Bryce	VP, External Affairs & System Integration, UMMS
Robert DiPietro	Former Mayor, City of Laurel
Honorable Fred Smalls	Councilman, Laurel
Honorable Jim Rosapepe	Maryland Senator
David Iannucci	PGC Executive
Rick Wilson	Laurel Resident and Former Laurel Councilman
Bill Goddard	Deputy Administrator, Laurel City
Darryl Mealy	VP, Construction and Planning, UMMS
Tiffany Sullivan	VP, Population Health, UM Capital Region Health
Dr. Trudy Hall	SVP, Interim President, UM LRH
Caleb Gould	Konterra Development
Perceval Bahado Singh	Director, System Integration, UMMS



# Community Outreach





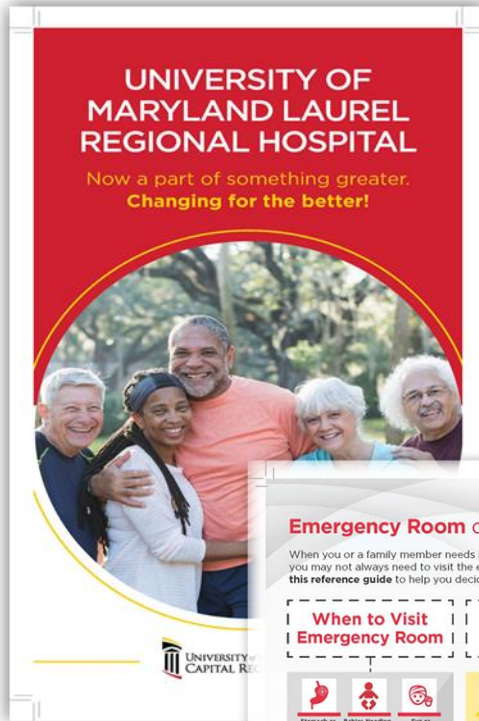
# *Community Engagement Work Group*

To optimize community interaction and transparent communication, UM Laurel Regional Hospital (UM LRH) and UMMS established a community engagement team, involving perspectives from across multiple disciplines, including:

- Marketing, Communications & Community Health
- Community Benefits
- Ambulatory Services/Population Health
- Volunteer/Auxiliary Services
- External Affairs



# In the Community



**Emergency Room or Urgent Care?**

When you or a family member needs immediate medical attention, you may not always need to visit the emergency department. Use this reference guide to help you decide your best choice for care.

When to Visit Emergency Room	When to Visit Urgent Care
Stomach or Chest Pain	Allergic Reactions
Babies Needing Immediate Care	Dental Pain
Eye or Head Injuries	Sprains & Strains
Burns	Minor Cuts
Stroke Symptoms (sudden weakness, numbness, speech problems)	Mild Fevers
Trouble Breathing	Minor Burns
Heart Attack Symptoms (chest pain, arm or jaw pain, sweating, dizziness, or nausea)	Pink Eye
Severe Cuts (deep, wide, or bleeding)	Animal or Insect Bite
Possible Drug Overdose or Poisoning	Cold & Flu Symptoms
Broken Bones	
High Fevers	

**When in doubt, dial 911**

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**Both inside  
and outside  
of the  
hospital we  
care for our  
community**



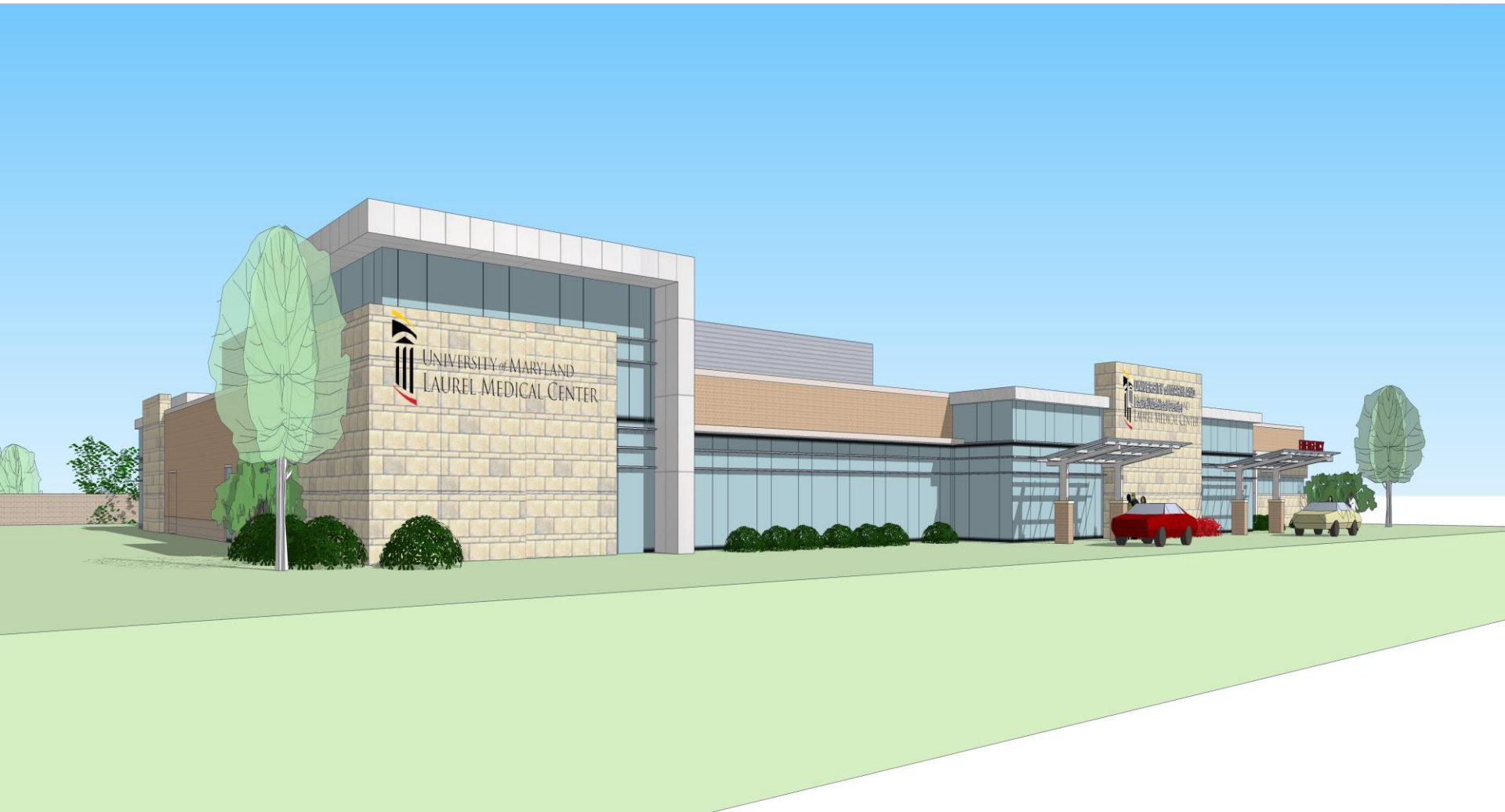


**15 Minute Break**  
**(Hand in question cards)**





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# Thank You