
Agenda

1. **6:00 – Call to Order**
 - a. Introductions as needed
 - b. Business from audience
2. **6:05 – Consent Agenda – See separate Consent Agenda – Action (vote)**
3. **6:08- Approval of Minutes – Action (vote)**
4. **6:10 - Patient Story – Tori Bernier – Info**
5. **6:15 – Financial Audit – DZA – Info**
6. **6:45 – Transport- Dr. Ken Dietrich– Info**
7. **Executive Reports**
 - a. **7:00** - Quality Report and Dashboard, Tori Bernier – *Info*
 - b. **7:15** - Finance Report, James Hansen – *Info*
 - c. **7:30** – Advocacy Committee, Josh Martin – *(as needed)*
 - d. **7:40** – Executive Report, Josh Martin – *Info*
8. **Commissioner Business**
 - a. **7:55** – Medical Staff Privileges – *Action (vote)*
 - i. Sophia Liu, MD- Emergency Medicine – Initial Appointment
 - ii. Timothy Jan, DO – Radiology – Initial Appointment
 - iii. Robert Rookstool, MD – Emergency Medicine - Initial Appointment
 - iv. Diane Brett, OT – Occupational Therapy – Initial Appointment
 - v. Jennifer Martin, PA – Emergency Medicine – Initial Appointment
 - vi. James Wallace, MD -Emergency Medicine- Initial Appointment
 - vii. Lindsey Brightman, DNP – Family Medicine -Initial Appointment
 - viii. Udayan Srivastava, MD – Radiology – Initial Appointment
 - ix. Jonathan Lee, MD – Radiology – Initial Appointment
 - x. Alexander Castiello, MD – Pathology – Initial Appointment
 - xi. Olivia Nicholls, DPT – Physical Therapy – Initial Appointment
 - xii. William Feldmann, MD – Radiology – Initial Appointment
 - xiii. Terra Grandmason, ARNP – Emergency Medicine- Secondary Privileges
 - xiv. Sean Cherry, PA – Emergency Medicine – Secondary Privileges
 - xv. Janelle Wortman, PharmD – Pharmacy – Reappointment
 - xvi. Kishan Patel, MD – Neurology – Reappointment
 - xvii. Stephen Burton, MD – Neurology – Reappointment
 - xviii. Lilith Judd, MD – Neurology – Reappointment
 - xix. George Lopez, MD – Neurology – Reappointment
 - xx. Sheila Smith, MD – Neurology – Reappointment
 - xxi. Kyle Ogami, MD – Neurology – Reappointment
 - xxii. Joseph Freeburg, MD – Neurology – Reappointment
 - xxiii. David Alexander, MD – Radiology - Reappointment
 - xxiv. James Bell, MD – Radiology – Reappointment
 - xxv. Mark Mayhle, MD – Radiology – Reappointment

- xxvi. David Johnson, MD – Radiology – Reappointment
- xxvii. Scott Vanderheiden, MD – Radiology – Reappointment
- xxviii. Carter Yeatman, MD – Radiology – Reappointment
- xxix. Daniel Susanto, MD – Radiology – Reappointment
- b. **8:00** – Resolution 2022-06 Surplus Property
- c. **8:05** – Hot Topic Discussion “Why American Teens are so Sad” – *Info*
- d. **8:15** – Upcoming Events, Andrew Hooper
- e. **8:20** – Meeting Evaluation, Andrew Hooper

9. 8:25 - Executive Session (g) review performance of public employee

10. 8:35– Adjourn – Action (vote)

Upcoming events: - **BOLD events indicate desired Commissioner attendance.**

- Annual Employee Drive In Movie Night | Shelton, WA | August 26, 2022
- Donor Appreciation Celebration | Wellness Center | August 31, 2022
- 5k Fun Run & Walk | Wellness Center | September 17, 2022
- Peak Health and Wellness Fair | Wellness Center | September 17, 2022
- Rural Advocacy Days | Washington DC | September 18-21, 2022
- Ladies Night Out | Wellness Center | October 6, 2022
- **WSHA Annual Member Meeting | Renton, WA | October 16-18, 2022**

Consent Agenda

A very useful technique involves the use of a consent agenda. The board agenda planners (usually the executive or governance committee, but occasionally the board chair with the CEO) divide agenda issues into two groups of items. The first are those items that must be acted on because of legal, regulatory, or other requirements, but are not significant enough to warrant discussion by the full board. Such issues are combined into a single section of the board agenda book; members review these materials prior to the meeting, and if no one has any questions or concerns, the entire block of issues is approved with one board vote and no discussion. This frees up a tremendous amount of time that would otherwise be squandered on minor issues. Any member can request that an item be removed from the consent agenda and discussed by the full board. The success of the consent agenda is predicated upon all board members reading the material in the consent agenda section of the board agenda book. If they do not, then the board becomes a veritable rubber stamp. The second group of agenda items are those important issues that require discussion, deliberation, and action by the board. These are addressed one by one.

Executive Session Justification

Executive Session is convened to discuss the following topics, as permitted by the cited sections of the Revised Code of Washington (RCW):

- Executive session (RCW 42.30.110)
 - a. (a) national security

- b. (b) (c) real estate
- c. (d) negotiations of publicly bid contracts
- d. (e) export trading
- e. (f) complaints against public officers/employees
- f. (g) qualifications of applicant or review performance of public employee/elective office
- g. (h) evaluate qualifications of candidate for appointment to elective office
- h. (i) discuss claims with legal counsel
 - i. existing or reasonably expected litigation
 - ii. litigation or legal risks expected to result in adverse legal or financial consequences
 - iii. presence of legal counsel alone does not justify executive session
- i. QI/peer review committee documents and discussions
- Final action must be in open meeting

For the Period:

July 2022

Description	Amount
Payroll	\$ 2,010,457
A/P Operations	\$ 4,010,801
A/P Construction	\$ -
Community Care	\$ 82,328
Bad Debt	\$ 42,208
Property Tax Credit	\$ 448
Total	\$ 6,146,214



BOARD OF COMMISSIONERS MEETING MINUTES

July 28, 2022

AGENDA	DISCUSSION/CONCLUSIONS	ACTIONS/FOLLOW-UP
CALL TO ORDER	<p>CALL TO ORDER The meeting of the Board of Commissioners of the Grays Harbor County Public Hospital District No. 1 was called to order by Andrew Hooper at 6:00 pm</p> <p>Commissioners present: Andrew Hooper, Gary Thumser, Carolyn Wescott, Georgette Hiles, Kevin Bossard</p> <p>Present: Josh Martin, James Hansen, Tori Bernier, Dr. Ken Dietrich, Jori Stott, Dr. Kevin Caserta, Brad Thomas, Blake Rose (virtual), Cecelia Tapp (virtual), Rachel Brown (virtual), Anna Taylor (virtual), Karla De La Cruz (virtual), David Salisbury (virtual), Lourdes Schoch (virtual), Skip Houser (virtual)</p>	<p><i>Commissioner Wescott made a motion to approve the Consent Agenda. Commissioner Thumser seconded the motion. All voted in favor.</i></p>
BUSINESS FROM AUDIENCE	<p><u>Business from Audience</u></p> <ul style="list-style-type: none"> CNO Bernier shared patient letter regarding dissatisfaction regarding ultrasound not being available. The Director and Manager followed up with the patient in-person and came to a resolution. 	
APPROVAL OF MINUTES		<p><i>Commissioner Thumser made a motion to approve the minutes. Commissioner Hiles seconded the motion. All voted in favor.</i></p>
PATIENT STORY	<ul style="list-style-type: none"> CNO Bernier shared patient story regarding care received by Sarah Bradford (see patient story for more details). 	
Welcome New EMPLOYEE	<ul style="list-style-type: none"> CMO Dietrich introduced Dr. Kevin Caserta, Senior Medical Director of Population Health. Welcome Dr. Caserta! 	
PRESENTATION	<ul style="list-style-type: none"> CEO Martin shared the Strategic Plan Mid-Year Review (see presentation for more details). CNO Bernier provided an update on the nurse residency program. CFO Hansen shared updates on financial targets. The Finance team is confident that the organization will be able to meet the 2022 financial goals. CFO Hansen provided an update on the EPIC implementation process. August 2nd Summit Pacific will be having a kick-off event. Summit Pacific is on track to select our ERP by the end of the year. CNO Bernier shared Summit Pacific selected Mahlum as the architect for the MFP project. 	



BOARD OF COMMISSIONERS MEETING MINUTES

July 28, 2022

	<ul style="list-style-type: none"> • CFO Hansen shared Summit Pacific is partnering with DZA to do the financial feasibility for the USDA application for the MFP project. • In May Summit Pacific completed its annual survey with DNV. There were a lot less findings this year and Summit Pacific was praised for improving previous findings. • CMO Dietrich shared updates on our clinical strategic plan • CMO Dietrich shared current progress on collecting learnings from the pandemic. • Discussion regarding concerns of out of our control circumstances and impacts to achieving our strategic plan including staffing shortages and industry challenges due to the pandemic impacting healthcare state and nationwide. 	
QUALITY	<ul style="list-style-type: none"> • CNO Bernier shared that Quality Report and Dashboard (see report and dashboard for more details). • There is a higher COVID transmission rate in in the county currently, but it is not the highest number of COVID cases statewide. • There is an increase in volumes and high acuity in the hospital and there are no beds to transfer patients. • Summit Pacific went into incident command this month due to crisis with capacity. • DOH visited July 7th about a potential EMTALA violation. • Congrats Food and Nutrition Services for their highest volumes since opening. • Andre Burton, Pharmacist is doing a good job of tracking 340b changes. • ED length of stay was three (30 hours and 45 minutes). • There were zero (0) 30 day readmissions in June. • Blood culture contamination has significantly decreased during the month of June due to the hard work of Tsu West, Lab Manager and team. • Discussion regarding decrease in staff injuries. 	
FINANCE	<ul style="list-style-type: none"> • CFO Hansen presented the Finance Report (see report for more details). • Gross operating revenue is up due to high volumes. • Operating expenses is over budget due to traveling staff and six-month financial review that needed to be recorded for this month. • Year to date we are almost on year to budget. • CFO Hansen shared update on 340b program lost revenues due to change of vendors. The pharmacy team is working to change vendors to capture lost revenue. • The increase in observation stays is largely due to trying to get patients transferred appropriately. • ED visits are exceedingly over budgeted volumes for the year. 	



BOARD OF COMMISSIONERS MEETING MINUTES

July 28, 2022

	<ul style="list-style-type: none"> Josh and Jim spoke with FEMA representatives this week regarding opening up different projects to get additional reimbursement due to staffing shortages. 	
ADVOCACY	<ul style="list-style-type: none"> Advocacy Committee will meet in August. Last month the team worked on Identifying community delegates for finance and quality. CEO Martin met with both potential delegates, and both are entertaining participation. There will be focus on legislative relationships with representatives over the next coming months. Discussion regarding September Rural Advocacy Days the week of September 18th. Commissioner Hiles committed to attending the Advocacy days. Traditionally the Board will postpone the regular Board meeting due to conflicts with the meeting and rural advocacy days. Jori Stott will add a vote to the August Board meeting to move the September meeting. 	
EXECUTIVE SUMMARY	<ul style="list-style-type: none"> CEO Martin reviewed the Executive Report (see report for more details). Thank you to Georgette for attending this year's Employee Awards event. Dr. Shawn Andrews celebrated 25 years on the District's Medical Staff this year. Robin Johnson, DI Manager received AHRA Excellence in Leadership Award. The Shoalwater tribe visited Summit Pacific this month and toured the facility. CEO Martin and CMO Dietrich were featured in a pandemic relief fund article that was sent out across the state. 	
COMMISSIONER BUSINESS	<p>Medical Staff Privileges</p> <ul style="list-style-type: none"> Robert Rookstool, MD – Emergency Medicine – Initial Appointment Diane Brett, OT – Occupational Therapy – Initial Appointment Rahkee Goel, MD – Radiology – Initial Appointment Mark Winkler, MD – Radiology – Initial Appointment David Gorrell, MD – Radiology – Initial Appointment Kaylyn Wayman, ARNP – Family Medicine – Reappointment Jennifer McEvoy, MD – Radiology – Reappointment Jigish Patel, MD – Radiology – Reappointment Brian Tryon, MD – Radiology – Reappointment Ryan Herde, MD – Radiology – Reappointment Harold Prow, MD – Radiology – Reappointment 	<p><i>Commissioner Hiles made motion to approve the Medical Staff privileges as presented. Commissioner Wescott seconded the motion. All voted in favor.</i></p>



BOARD OF COMMISSIONERS MEETING MINUTES

July 28, 2022

	<ul style="list-style-type: none"> Ben Harmon, MD – Radiology – Reappointment <p>Hot topic discussion</p> <ul style="list-style-type: none"> Discussion regarding article “WA hospitals are far over capacity” backlogs and staff shortages have created a lot of tension for hospital capacity. Over 700 patients are currently in hospitals now that do not need to be there. A large problem with the healthcare system is difficult discharges. Statistically, 20 patients could be seen per one of those 700 patients. <p>Board Retreat Prep</p> <ul style="list-style-type: none"> Chairman Hooper distributed questions for the Board retreat. CEO Martin reviewed the strategic planning agenda (see agenda for more details). <p>Upcoming Events, Andrew Hooper</p> <ul style="list-style-type: none"> Chairman Hooper reviewed upcoming events CEO Martin distributed invitations for the Donor Appreciation Luau Event. <p>Meeting Evaluation, Andrew Hooper</p> <ul style="list-style-type: none"> Chairman Hooper facilitated meeting evaluation. Commissioner Wescott shared she would like to discuss more topics regarding non-convention services provided in healthcare setting. 	
EXECUTIVE SESSION	<ul style="list-style-type: none"> Board Chair Hooper announced the Board will be going to executive session (RCW 42.30.110) (i) real estate and (o) potential litigation Board Chair Hooper announced the session was anticipated to last 15 minutes with no anticipated action. The board recessed the session at 8:10 pm. The executive session convened at 8:15 pm. The executive session ended at 8:30 pm. The regular session reconvened at 8:30 pm. 	
ADJOURNMENT	The regular session of the Board of Commissioner’s meeting adjourned at 8:31 pm.	<i>Commissioner Bossard made a motion to adjourn the meeting. Commissioner Wescott</i>



BOARD OF COMMISSIONERS MEETING MINUTES

July 28, 2022

		<i>seconded the motion. All voted in favor.</i>
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Recording Secretary

Board Secretary



“BUILDING OUR CULTURE OF SAFETY AND HIGH RELIABILITY”

Board of Commissioners
2022 Strategic Planning Retreat
Alderbrook Resort, Union WA
Aug 1-3, 2021

Day 1: Monday August 1st

Attendees: Drew Hooper, Carolyn Wescott, Gary Thumser, Georgette Hiles, Jori Stott, Josh Martin, Kevin Bossard

Guests: Medrice Coluccio, Matt Elsworth, Dr. Ken Dietrich, Tori Bernier

8:00	All	Group Breakfast
8:30	Drew	Welcome and Introductions <ul style="list-style-type: none">Josh welcomed the group and introduced the agenda.
8:35	Drew and Josh	Board Norm Review <ul style="list-style-type: none">Josh reviewed the Board Norms (see norms for more details).Commissioner Hooper shared the importance of board norms and the impacts it has in supporting a positive board culture even past the current commissioner's tenure.
8:45	Josh/Medrice	360 CEO Report Out <ul style="list-style-type: none">CEO Martin shared the 360 report (see presentation for more details).CEO Martin shared WHSA's women in leadership initiative.CEO Martin shared learnings from 360 review and six-month progress.
9:15	Medrice	Education / Working Session Driving a Culture of Safety and High Reliability <ul style="list-style-type: none">Discussion regarding safety stories:<ul style="list-style-type: none">Having children/ job- consideration and responsibilityChoking child incident- reaction and trainingFire incident - communication and knowledgeAirport experience – awareness, trust and follow through on instincts

Josh Martin, Chief Executive Officer

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		<ul style="list-style-type: none"> ○ Manufacturing plant – awareness, risk management, proactive ○ Hunting with child – training and education, real life scenario based, critical thinking, and pause ○ Spinning teacup- vocalize, assess and respond ● Discussion regarding personal definitions of HRO: <ul style="list-style-type: none"> ○ Patient experience/ meet and exceed ○ Patient outcomes and meeting needs ○ Administrative policies ○ Following through on meeting policies ○ Organization focused on consistent safe outcomes that prepares and designs predictable outcomes. ○ Adaptability and fine tuning ● Medrice facilitated discussion around developing a culture around high reliability. <ul style="list-style-type: none"> ○ STAR- Stop, think, act, review ○ CUS- concern, uncomfortable, stop ○ SBAR- Situation, background, assessment, recommendation ● Discussion regarding how organizations still innovate in a culture for safety. ● Discussion regarding how HRO (High Reliable Organization) can be a catalyst for innovation. ● CEO Martin facilitated dialogue around the question” What is our collective definition of HRO?” <ul style="list-style-type: none"> ○ Need to exceed patient’s expectations every time ○ Necessity to exceed patient and employee expectations ○ Need to move ahead, but it will be a long journey to ingrain into the entire facility ○ Summit Pacific is missing a lot of revenue ○ An entity that meets the needs of patients and employees ○ HRO makes sense but needs to be timed correctly for staff. There are a lot of other initiatives that may distract from this work I.e., EPIC implementation and DNV.
11:00	Matt	<p style="text-align: center;">State of the State</p> <ul style="list-style-type: none"> ● Matt Ellsworth, Executive Director of AWPHD (Association of WA Public Hospital Districts) provided a presentation on” PHD Outlook”

		and focused specifically on themes: trends, policy, elections and AWPHD.
12:00	All	LUNCH
1:00	Ken and Tori	<p>Clinical Strategic Plan</p> <ul style="list-style-type: none"> • CEO Martin introduced CNO Bernier and CMO Dietrich to present on the clinical strategic plan (see clinical strategic plan for more details). • Clinical leaders have had several meetings to develop a clinical strategic plan. • CEO Martin suggested combining objectives 1 and 5. • Discussion regarding a just culture program. A just culture categorizes errors as mistakes, choices with no intended harm and making a known choice that has associated risk. A just culture helps members of an organization speak transparently about errors without fear of retribution. • Discussion regarding verbiage for “shared vision” versus “shared purpose”. Discussion regarding intent of building a shared vision. • Discussion regarding what the quadruple aim is “provider, cost, quality and patient”. • Discussion to create our own” Summit Aim.” • The goal of this plan is to share with the board what the clinical staff is thinking about for goals for the 2023 strategic plan. • The Medical Director for ED, ACU, Urgent Care, Lab Manager, DI Manager, PT Manager, Pharmacy Manager, Marketing, and Pop Health took part in the planning.
2:00	Josh	<p>Review Articles- Board Education Topic</p> <ul style="list-style-type: none"> • CEO Martin and Commissioner Hooper facilitated dialogue about board education articles (See articles for more details). • Discussion about which CEO got it “right”. Focus on being agile and anticipating change instead of reacting. • Discussion about how you anticipate disruption. • Strategic planning is a regular practice we do to anticipate disruption. • Discussion about the effects of remote work. • Discussion about emergency preparedness and telemedicine. • Discussion about the future of artificial intelligence for healthcare.

		<ul style="list-style-type: none"> • Discussion about the learnings from COVID for rural healthcare and takeaways from Rural Alabama article. <ul style="list-style-type: none"> ○ Adding services instead of shutting down • Discussion about challenges with GI and starting a new service line.
2:45	Drew	<p style="text-align: center;">Board Dialogue- Building a Legacy</p> <ul style="list-style-type: none"> • In what ways can you continue to grow and develop as a leader? <ul style="list-style-type: none"> ○ GH- WSHA and AWPMD in person and online training resources and certification. Attend outside meetings to see how other boards operate. Learn from other similar organizations/ Field trips. ○ Walla Walla was not a helpful event. ○ CW- Desired feedback from executive team. More opportunities for participation and involvement in the organization. Recertification through WSHA (Washington State Hospital Association). More training and involvement above regular meetings. Discussion about certain types of topics i.e., hospital finances. Confidence in advocacy and finding voice. ○ KB- Finance understanding. Insurance payor education. Following at a depth. Leaning into advocacy and how it affects policy. WSHA classes. Desires feedback. ○ GT- A senior resource to other members of the board. Enforce the idea that it is ok to say no and disagree. ○ AH- Better understanding of other board members and CEO. Continue to push outside of the box thinking. Better support board members to get uncomfortable. • What barrier are getting in the way of your success? Where are you stuck? <ul style="list-style-type: none"> ○ Work life balance. ○ Continue the processes working on now. ○ Challenges due to external constraints that inhibit conversation and relationship building. ○ Time frames can be a barrier to scheduling. ○ Time restraints for meetings. ○ Concerns about what is acceptable and unacceptable for meeting topics.

		<ul style="list-style-type: none"> ○ Board leadership development and succession planning. ○ Maintaining board culture. ○ Forgetting in the moment questions for future topics. • What information/ training/ or development opportunities would help you grow as a board member? In the next 6 months? In the next year? <ul style="list-style-type: none"> ○ Building confidence and public speaking, note taking. ○ Finance ○ Community/staff forecasting where we need to grow to meet future needs. ○ Autonomy to learn together more frequently- simple meetings ○ Directed support for education. ○ More involvement with the district i.e., Blue Zones ○ Board advocacy and succession planning strategies ○ More present for function and involvement ○ Leadership development/ how to develop leaders • What would you like to accomplish or see happen within the board/ organization before the end of your elected term? What do you want as your legacy? <ul style="list-style-type: none"> ○ See the hospital addition built. ○ Board set up, build, and create a schedule of legal seminars to better equip other problems in the future/ mini retreats ○ Be an effective member that advanced mission and vision while staying fiduciary to the community and not just surviving. Serving in the Quality committee to round understanding of hospital operations. ○ Maximize the strengths of each leader and understand each other. ○ Support the implementation of serving needs to see marginal changes in community health. ○ Seeing marginalized individuals taken care of within the community. ○ Expansion to meet community needs i.e., dialysis etc.. ○ Succession planning. ○ Create Board infrastructures that maintain a healthy board culture. Process and procedures that do not prohibit but does
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		<p>not let disruption of the vision of building the healthiest community in the nation.</p> <ul style="list-style-type: none"> ○ Integrating wellness processes into our everyday within the organization. • If you were given a safe and” free speaking” space, what would you like to discuss with the board and/or leadership team? <ul style="list-style-type: none"> ○ How the group would define our board culture ○ Learn more about each other more deeply and strengths each other possesses. ○ Learn more about employee satisfaction, recruitment, and retention. Discussion with the challenges with employee survey data. Discussion on how to access good data for employee satisfaction. All staff summits board attend- listening sessions. ○ Retention and how we are supporting staff ○ Ask nurses/ staff to what their most pressing need is ○ How are we promoting health ○ Strategies to advance our vision among challenges with local leadership
3:30	TBD	<p>Feedback on the day -next steps</p> <ul style="list-style-type: none"> • Josh facilitated plus/ delta exercise: • Plus: <ul style="list-style-type: none"> ○ Medrice HRO questions ○ Dialogue on 360 ○ Easy to talk with Medrice ○ Matt’s political presentation ○ EVS Story ○ Food • Delta: <ul style="list-style-type: none"> ○ Too many carbs
6:00	All	Team Building Dinner



Day 2: Tuesday August 2nd

Attendees: Andrew Hooper, Carolyn Wescott, Gary Thumser, Georgette Hiles, Josh Martin, Jori Stott, Kevin Bossard

Facilitator: Tricia Roscoe

8:00	All	Group Breakfast
8:30	Josh	Welcome, Meeting Kickoff and Agenda Review <ul style="list-style-type: none"> • CEO Martin reviewed the agenda.
9:10	Josh	<p style="text-align: center;">Learning From Day One</p> <ul style="list-style-type: none"> • CEO Martin facilitated discussion about insights from the education day. <ul style="list-style-type: none"> ○ Appreciation of open dialogue about board questions ○ Organizational readiness for HRO ○ Better understanding of culture of safety and high reliability ○ Excitement for the organization moving into HRO ○ Mid-year 360 review, suggestion to add a component in the future. ○ Suggestion to add mid-year 360 review to the racetrack. ○ Matt's political presentation ○ Utilizing this education to review the performance of the board and CEO.
9:30	Tricia	<p style="text-align: center;">Hopes for our Retreat</p> <ul style="list-style-type: none"> • Tricia facilitated exercise about what the Board hopes to achieve over the next 2 days <ul style="list-style-type: none"> ○ Deeper understanding ○ Clarity of goals ○ Inspiration and focus on next development steps ○ Better understanding – perspectives ○ Generate the path for the future – momentum and nexus for what is next? ○ Uncover the “next great thing” for our community
9:45	Josh	<p style="text-align: center;">Year in Review</p> <ul style="list-style-type: none"> • CEO Martin reviewed mission review from last year's planning session. • CEO Martin gave presentation “CEO Update” (see presentation for more details).

Josh Martin, Chief Executive Officer

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		<ul style="list-style-type: none"> • Discussion about challenges with mental health access and barriers to providing care. • Discussion about Public Health's CHA results.
10:45	All	BREAK
11:00	Tricia / Josh / Drew / Georgette / Jori	<p style="text-align: center;">Community Asset Mapping Work</p> <ul style="list-style-type: none"> • Tricia shared an update with the board on the progress and learnings of the CAM project. • Discussion about the listening tour learnings. <ul style="list-style-type: none"> ○ Conversations were good learning ○ Youth sports not tied to school or rec e.g., pro athlete camps, etc. ○ Better connections with schools (FFA (Future Farmers of America)) ○ ID Diff lens/ perspective; constructive feedback ○ Opportunity to understand what is important to stakeholder (e.g., chief of police --> shared need; mental health) created focus of what we can do --> crisis intervention. Now sees hospital as a partner – shared purpose ○ Manage data • Tricia facilitated discussion around the following questions: <ul style="list-style-type: none"> ○ Where did we make progress and where did we stall out? <ul style="list-style-type: none"> ▪ Better documenting consistently --> report ▪ Consistency in use of CRM ▪ COVID impact ▪ Leadership transition ▪ Communication around stall out – why; “waiting” ▪ Fell down as priority given circumstance of COVID ○ What else do we need to do to keep this moving forward? <ul style="list-style-type: none"> ▪ Focus; target “why” ▪ Resources ▪ Expand team ▪ Leverage each conversation for the next relaunch ○ CAM Focus: <ul style="list-style-type: none"> ▪ Youth impact: Big Goal ▪ BZ success or failure ▪ Comp capital campaign. Case: ○ Break down and establish goals <ul style="list-style-type: none"> ▪ Relaunch ▪ Org focus ▪ Shared goal with board

11:30	Josh / Tricia	<p>Unpacking Our Journey</p> <p>Toward Enhanced Culture of Safety and High Reliability</p> <ul style="list-style-type: none"> Tricia facilitated individual reflection time on the following questions: <ul style="list-style-type: none"> How can the board lean in around safety and high reliability? What does this mean to me? Sound like? Look like? Feel like? What might I do differently?
12:00	All	BREAK for Lunch
12:45	Tricia	<p>Unpacking Our Journey</p> <p>Toward Enhanced Culture of Safety and High Reliability</p> <ul style="list-style-type: none"> Discussion regarding What does the board need to do to help shape and support? <ul style="list-style-type: none"> Training for organization Developing peer support The board needs to be more visible to the doctors and the nurses Future state <ul style="list-style-type: none"> Board norms, integrate Make time on agendas to create awareness (view through the lens of HRO/ Culture of safety) questions to ask, etc. <ul style="list-style-type: none"> Board prep Packet agenda What does the board need to do more of / less of? <ul style="list-style-type: none"> More interest between Quality committee and the rest of the board More communication and support More questions asked and communication back Less reporting and more engagement More self-education of board and ask for info More ask for context and speak up and ask (even when not comfortable) More accountability systems More bring questions back More encourage transparency and support, not intimidate or solve More creative around questions that drive deeper dialogue Revisit decision making tools and process Trust, but validate; ask questions As an HRO, Summit Pacific is... <ul style="list-style-type: none"> We are focused on continually giving excellent care with integrity and innovation continually Consistent efficient predictable, effective and sustainable organization

		<ul style="list-style-type: none"> ○ Has a systems approach to healthcare, fiscally responsibility, strives for excellence, thrives on improvement and anticipates and is prepared for disruptions ○ Committed to creating consistent and predictably safe outcomes as a result of our culture of excellence where everyone's voice matters ○ Is a medical institution dedicated to providing the best care we can to meet or exceed the patient or parent's expectations every time ○ Repeatable and consistent care – everyone knows what to expect and risk of error is low ○ Safe and excellent care • As a board, our role in supporting Summit Pacific to be a HRO is... <ul style="list-style-type: none"> ○ As a board, we model a culture of safety and high reliability by promoting continuous training and education to increase awareness in potential future risk, ask thoughtful questions to improve communication and transparency and devote time to pause, think, act, and review ○ More thoughtful questions ○ Better communication, top down and bottom up ○ Transparency and accountability ○ Humble inquiry ○ Predictability – support development and sustained systems ○ Impact patient experience ○ Model standards around high reliability ○ Support and momentum ○ Process – how we do our work to achieve our mission and vision
1:45	All	BREAK
2:00	Tricia	<p>Review of Summit Pacific Strategic Priorities and Goals and Establish Priorities for the Next Year</p> <ul style="list-style-type: none"> • Current priorities & goals <ul style="list-style-type: none"> ○ <i>Where have we made progress and how do we continue to accelerate that?</i> ○ <i>Where have we hit barriers and how do we remove or get around them?</i> ○ <i>What are the most important things we need to get done <u>next year</u> in order to position for success and move toward our Big Goal and vision?</i> ○ <i>How do we align focus on words we've incorporated in prior years...how do we shape the emphasis for e-team</i>
4:00	Josh Martin	<p>Meeting Wrap Up and Final Day Agenda Review</p> <ul style="list-style-type: none"> • CEO Martin shared expectations for the final day. • Presenter: will be selected tomorrow.

		<ul style="list-style-type: none"> • Tricia facilitated plus delta exercise: • Plus <ul style="list-style-type: none"> ○ Reflect ○ Process ○ More board engagement ○ Relationships ○ Safe space ○ Good build up ○ State of SPMC (Summit Pacific Medical Center) • Delta <ul style="list-style-type: none"> ○ Defining HRO connector ○ Clarity of instructions
4:15	Tricia	Meeting Evaluation and Action Items
4:30	All	BREAK
6:00	All	Team Building Dinner

Day 3: Wednesday, Aug 3rd

Attendees: Andrew Hooper, Carolyn Wescott, Gary Thumser, Georgette Hiles, Kevin Bossard, Jim Hansen, Jori Stott, Josh Martin, Ken Dietrich, Tori Bernier
Facilitator: Tricia Roscoe

7:30	All	Group Breakfast
8:00	Tricia / Josh	<p>Opening Remarks and Prep for E-Team Hand Off</p> <ul style="list-style-type: none"> • Discussion about reflections from the previous day <ul style="list-style-type: none"> ○ Board to receive HRO training • Missing most proud of: <ul style="list-style-type: none"> ○ Verbiage around operating in scarcity • Discussion regarding presentation to the Board. • Tricia facilitated review of day two summary to share with E-team • Discussion about priorities and goals for E-team hand off.
9:45	All	BREAK
10:00	Board	<p>Board Report Out to E-Team</p> <ul style="list-style-type: none"> • Commissioners presented summary on planning session (see slides for more information). • Discussion about the Board's commitment to HRO.

		<ul style="list-style-type: none"> • Discussion about decreasing preventable and repeatable UORs (Unusual Occurrence Reports) and not just all UORs.
11:00	E-Team	<p>E-Team Response</p> <ul style="list-style-type: none"> • E-Team will be developing the objectives from feedback in a few short weeks. • Discussion about staff interviews about loving their colleagues. During interviews people want to feel like they are not just cogs. • Suggestion to gather what makes summit a great place to work: our mission and vision, our staff feel a sense of belonging • Finance is in a season of executing big initiatives. • Discussion about utilizing AI (Artificial Intelligence). • Discussion about the timing of new initiatives and balancing what is right for our community and organizational readiness. • CEO Martin shared questions that developed from board dialogue. • Discussion about communication challenges with the community and how open dialogue might be able to help improve challenges. • Billion-dollar loss across the industry. There is something wrong with the system volume is high, but there is loss. Summit has benefitted from cost based, payment dynamics and grant dollars. Payment systems need to change. • The E-Team encouraged the Board to ask questions. • Discussion about the challenges with meeting patient's expectations with the various payment regulations. • Discussion about challenges with GI and how this may be improved in an HRO. • Finance to provide updates on GI program progress at the board meeting.
11:30	All	Board/ E-Team Lunch
12:30	Board	BREAK- Commissioners Done for the Day

Financial Highlights – Monthly Dashboard

Summit Pacific Medical Center

Finance Dashboard

July 31, 2022

Key Financial Results used in review of Operational and Financial Performance

Favorable Variance = +
Unfavorable Variance = ()

	July				Month	Year-to-Date				
	Actual	Budget	Variance	Var%		Actual	Budget	Variance	Var%	YTD
Gross Operating Revenue	\$ 13,042,758	\$11,495,957	\$ 1,546,801	13.5%	●	\$ 88,843,130	\$ 81,424,324	\$7,418,806	9.1%	●
Total Operating Expenses	\$ 5,505,330	\$ 4,941,873	\$ (563,457)	(11.4%)	●	\$ 33,781,148	\$ 33,380,704	\$ (400,444)	(1.2%)	●
Payment %	44.6%	45.6%	-1.0%	-1.0%	●	45.2%	45.0%		0.2%	●
EBITDA Margin	19.1%	10.3%		8.8%	●	21.7%	13.2%		8.5%	●
Operating Margin	12.9%	2.0%		10.9%	●	14.7%	4.8%		9.9%	●
Net Income Margin	13.1%	3.4%		9.7%	●	16.8%	7.2%		9.6%	●
Days in AR						53	47	(6)	(13.6%)	●
DCOH						277	260	17	6.5%	●

	July				Year-to-Date			
	Actual	Budget	Variance	Var%	Actual	Budget	Variance	Var%
Gross Operating Revenue								
Medicare Revenue	\$ 5,567,071	\$ 4,081,456	\$ 1,485,615	36.4%	\$ 35,645,704	\$ 30,849,869	\$ 4,795,836	15.5%
Medicaid Revenue	\$ 3,647,516	\$ 3,601,536	\$ 45,980	1.3%	\$ 25,280,074	\$ 24,455,354	\$ 824,720	3.4%
Other Revenue	\$ 3,828,171	\$ 3,812,966	\$ 15,205	0.4%	\$ 27,917,351	\$ 26,119,101	\$ 1,798,251	6.9%
Total Gross Operating Revenue	\$ 13,042,758	\$ 11,495,957	\$ 1,546,801	13.5%	\$ 88,843,130	\$ 81,424,324	\$ 7,418,806	9.1%
Revenue Deductions								
Medicare Contractual	\$ 3,284,381	\$ 2,616,564	\$ (667,817)	(25.5%)	\$ 21,156,296	\$ 19,857,427	\$ (1,298,869)	(6.5%)
Medicaid Contractual	\$ 2,130,341	\$ 2,053,749	\$ (76,592)	(3.7%)	\$ 14,167,715	\$ 13,962,615	\$ (205,100)	(1.5%)
Other Contractual	\$ 1,345,689	\$ 1,050,473	\$ (295,216)	(28.1%)	\$ 8,985,759	\$ 7,205,277	\$ (1,780,483)	(24.7%)
Bad Debt Expense	\$ 324,780	\$ 306,946	\$ (17,835)	(5.8%)	\$ 2,897,895	\$ 2,179,106	\$ (718,789)	(33.0%)
Community Care	\$ 82,328	\$ 166,770	\$ 84,443	50.6%	\$ 1,053,132	\$ 1,183,957	\$ 130,825	11.0%
Administrative Adjustments	\$ 59,605	\$ 60,512	\$ 907	1.5%	\$ 459,078	\$ 429,593	\$ (29,486)	(6.9%)
Total Revenue Deductions	\$ 7,227,123	\$ 6,255,013	\$ (972,110)	(15.5%)	\$ 48,719,876	\$ 44,817,975	\$ (3,901,901)	(8.7%)
Net Patient Revenue	\$ 5,815,635	\$ 5,240,945	\$ 574,690	11.0%	\$ 40,123,254	\$ 36,606,349	\$ 3,516,905	9.6%
Other Revenue								
COVID Relief Income	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%
Other Operating Income	\$ 988,129	\$ 266,299	\$ 721,830	271.1%	\$ 3,028,677	\$ 1,864,096	\$ 1,164,581	62.5%
Total Other Revenue	\$ 988,129	\$ 266,299	\$ 721,830	271.1%	\$ 3,028,677	\$ 1,864,096	\$ 1,164,581	62.5%
Net Operating Revenue	\$ 6,803,764	\$ 5,507,244	\$ 1,296,520	23.5%	\$ 43,151,932	\$ 38,470,445	\$ 4,681,486	12.2%
Operating Expenses								
Salaries & Wages	\$ 2,347,582	\$ 2,868,225	\$ 520,643	18.2%	\$ 15,787,018	\$ 18,977,689	\$ 3,190,671	16.8%
Benefits	\$ 630,774	\$ 739,627	\$ 108,852	14.7%	\$ 4,136,257	\$ 4,890,008	\$ 753,751	15.4%
Professional Fees	\$ 105,678	\$ 25,403	\$ (80,275)	(316.0%)	\$ 609,669	\$ 296,783	\$ (312,887)	(105.4%)
Supplies	\$ 484,772	\$ 403,734	\$ (81,038)	(20.1%)	\$ 2,527,723	\$ 2,815,363	\$ 287,639	10.2%
Utilities	\$ 43,144	\$ 42,101	\$ (1,043)	(2.5%)	\$ 310,856	\$ 301,071	\$ (9,785)	(3.3%)
Purchased Services	\$ 1,603,357	\$ 554,215	\$ (1,049,143)	(189.3%)	\$ 8,099,722	\$ 3,901,897	\$ (4,197,825)	(107.6%)
Insurance	\$ 36,225	\$ 34,905	\$ (1,320)	(3.8%)	\$ 263,189	\$ 244,335	\$ (18,853)	(7.7%)
Other Expenses	\$ 214,597	\$ 227,848	\$ 13,251	5.8%	\$ 1,704,101	\$ 1,599,358	\$ (104,743)	(6.5%)
Rentals & Leases	\$ 39,200	\$ 45,816	\$ 6,616	14.4%	\$ 342,613	\$ 354,201	\$ 11,588	3.3%
Total Operating Expenses	\$ 5,505,330	\$ 4,941,873	\$ (563,457)	(11.4%)	\$ 33,781,148	\$ 33,380,704	\$ (400,444)	(1.2%)
EBITDA	\$ 1,298,434	\$ 565,371	\$ 733,064	129.7%	\$ 9,370,783	\$ 5,089,741	\$ 4,281,042	84.1%
Interest & Depreciation Expenses								
Interest	\$ 143,570	\$ 143,570	\$ (1)	(0.0%)	\$ 1,012,473	\$ 1,012,470	\$ (3)	(0.0%)
Depreciation	\$ 280,159	\$ 312,963	\$ 32,804	10.5%	\$ 1,997,083	\$ 2,226,316	\$ 229,233	10.3%
Total Interest & Depreciation Expenses	\$ 423,729	\$ 456,532	\$ 32,803	7.2%	\$ 3,009,556	\$ 3,238,786	\$ 229,230	7.1%
Operating Income (Loss)	\$ 874,705	\$ 108,838	\$ 765,867	(703.7%)	\$ 6,361,227	\$ 1,850,955	\$ 4,510,272	243.7%
Non-Operating Revenue/(Expenses)								
Tax Revenue	\$ 20,949	\$ 7,500	\$ 13,449	179.3%	\$ 584,799	\$ 420,000	\$ 164,799	39.2%
Misc Revenue/(Expenses)	\$ (6,141)	\$ 71,983	\$ (78,124)	(108.5%)	\$ 323,152	\$ 503,881	\$ (180,729)	(35.9%)
Total Non-Operating Rev/(Expenses)	\$ 14,808	\$ 79,483	\$ (64,675)	(81.4%)	\$ 907,951	\$ 923,881	\$ (15,930)	(1.7%)
Net Income (Loss)	\$ 889,514	\$ 188,321	\$ 701,192	(372.3%)	\$ 7,269,178	\$ 2,774,836	\$ 4,494,342	162.0%
Net Income (Loss) w/out PPP+PRF	\$ 889,514	\$ 188,321	\$ 701,192	(372.3%)	\$ 7,269,178	\$ 2,774,836	\$ 4,494,342	162.0%

METRICS

EBITDA Margin	19.1%	10.3%	8.8%	85.9%	21.7%	13.2%	8.5%	64.1%
Operating Margin	12.9%	2.0%	10.9%	550.5%	14.7%	4.8%	9.9%	
Net Income Margin	13.1%	3.4%	9.7%	282.3%	16.8%	7.2%	9.6%	133.5%
Days in AR	53							
DCOH	277							
Deduction %	55.4%	54.4%	(1.0%)	(1.8%)	54.8%	55.0%	0.2%	0.4%
NPSR %	44.6%	45.6%	(1.0%)	(2.2%)	45.2%	45.0%	0.2%	0.5%
Net Operating Revenue %	52.2%	47.9%	4.3%	8.9%	48.6%	47.2%	1.3%	2.8%
Benefits as a % Of SW	26.9%	25.8%	(1.1%)	(4.2%)	26.2%	25.8%	(0.4%)	(1.7%)
Benefits as a % of SWB	21.2%	20.5%	(0.7%)	(3.3%)	20.8%	20.5%	(0.3%)	(1.3%)
Paid FTEs (excludes Agency)	280.3	376.2	95.9	25.5%	291.53	371.1	79.6	21.4%
Salary per FTE	\$ 8,375	\$ 7,625	\$ (750)	(9.8%)	\$ 54,153	\$ 51,136	\$ (3,016)	(5.9%)
Hours	49,516	66,624	17,107	25.7%	352,058	450,957	98,900	21.9%
Avg Hourly Rate	\$ 47.41	\$ 43.05	\$ (4.36)	(10.1%)	\$ 44.84	\$ 42.08	\$ (2.76)	(6.6%)

Balance Sheet as of July 2022

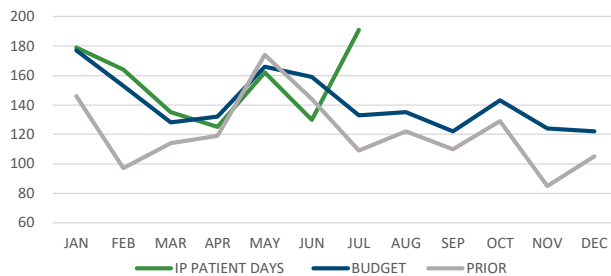
A S S E T S	7/31/2022	6/30/2022	1 Month Variance	07/31/2021	12 Month Variance
Current Assets					
Operating Cash	49,235,981	49,113,275	122,707	39,333,474	9,902,507
Covid Cares Restricted	782,270	782,270	-	-	782,270
Debt Reserve	2,016,008	2,016,008	-	2,016,008	-
Accounts Receivables	22,514,653	20,809,082	1,705,571	20,305,942	2,208,710
Less Allow for Uncollectables	(4,241,624)	(3,911,866)	(329,758)	(3,343,697)	(897,927)
Less Contractual Adjustments	(9,932,457)	(9,169,394)	(763,063)	(9,320,081)	(612,376)
Accounts Receivable - Net	8,340,572	7,727,822	612,750	7,642,164	698,407
Taxes Receivable	37,210	28,621	8,589	24,830	12,380
Other Receivables	1,812,422	1,693,892	118,530	1,261,511	550,912
Inventory	776,441	762,711	13,730	534,129	242,312
Prepaid Expenses	687,726	678,195	9,531	662,215	25,511
Total Current Assets	63,688,630	62,802,793	885,837	51,474,332	12,214,298
Property, Plant and Equipment					
Land	1,652,029	1,652,029	-	1,652,029	-
Land Improvements	4,440,695	4,440,695	-	4,407,786	32,910
Buildings	43,842,103	43,842,103	-	43,387,314	454,789
Equipment	14,548,386	14,541,886	6,500	12,640,577	1,907,809
Construction In Progress	2,607,015	1,677,041	929,974	274,620	2,332,394
Less Accumulated Depreciation	(26,133,084)	(25,852,925)	(280,159)	(22,712,519)	(3,420,565)
Property, Plant and Equipment - Net	40,957,144	40,300,828	656,316	39,649,807	1,307,337
TOTAL ASSETS	104,645,774	103,103,621	1,542,152	91,124,139	13,521,635

Balance Sheet as of July 2022

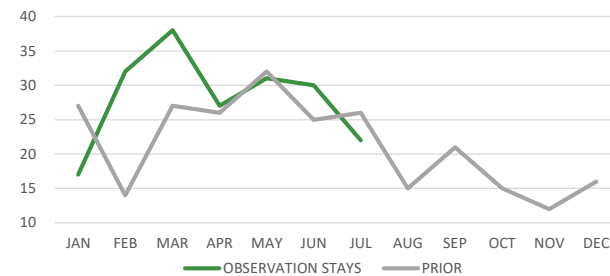
LIABILITIES	07/31/2022	06/30/2022	1 Month Variance	07/31/2021	12 Month Variance
Current Liabilities					
Accounts Payable	1,651,047	1,870,335	(219,287)	1,027,205	623,843
Other Payables	773,860	294,014	479,846	359,360	414,501
Payroll and Related Liabilities	3,360,632	3,013,302	347,331	2,903,676	456,956
Interest Payable	142,465	93,613	48,852	204,131	(61,666)
Third Party Settlement Payable	(356,363)	(356,363)	-	165,003	(521,365)
Other Current Liabilities	1,776,330	1,735,910	40,420	5,263,368	(3,487,038)
Current Maturities of LTD	1,192,955	1,192,955	-	1,192,955	-
Total Current Liabilities	8,540,927	7,843,765	697,162	11,115,697	(2,574,771)
Non Current Liabilities					
Current Maturities of LTD	(1,192,955)	(1,192,955)	-	(1,192,955)	-
Long Term Debt	46,526,369	46,570,892	(44,523)	52,348,923	(5,822,554)
Total Non Current Liabilities	45,333,414	45,377,937	(44,523)	51,155,968	(5,822,554)
Total Liabilities	53,874,341	53,221,702	652,639	62,271,665	(8,397,325)
Net Assets					
Unrestricted Fund Balance	43,502,255	43,502,255	-	23,192,257	20,309,998
YTD Excess of Revenues	7,269,178	6,379,665	889,514	5,660,217	1,608,961
Total Net Assets	50,771,433	49,881,919	889,514	28,852,473	21,918,959
TOTAL LIABILITIES & NET ASSETS	104,645,774	103,103,621	1,542,152	91,124,139	13,521,635

2022	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
INPATIENT STATISTICS													
IP DISCHARGES	35	45	33	38	39	30	55						275
PRIOR	42	25	29	35	43	37	20	20	31	37	30	29	231
IP PATIENT DAYS	179	164	135	125	162	130	191						1,086
BUDGET	177	153	128	132	166	159	133	135	122	143	124	122	1,048
PRIOR	146	97	114	119	174	144	109	122	110	129	85	105	903
IP EMERGENCY ADMITS	35	45	33	38	42	37	54						284
PRIOR	41	25	29	35	43	37	20	19	30	37	30	29	230
IP AVERAGE LENGTH OF STAY	5.1	3.6	4.1	3.3	4.2	4.3	3.5	-	-	-	-	-	3.9
PRIOR	3.5	3.9	3.9	3.4	4.0	3.9	5.5	6.1	3.5	3.5	2.8	3.2	3.9
OUTPATIENT STATISTICS													
OBSERVATION HOURS	751	1,428	1,892	1,219	1,302	5,433	859						12,884
PRIOR	1,830	481	773	935	938	1,039	1,086	643	786	467	396	729	7,082
OBSERVATION STAYS	17	32	38	27	31	30	22						197
PRIOR	27	14	27	26	32	25	26	15	21	15	12	16	177
EMERGENCY DEPT VISITS	1,433	1,264	1,509	1,549	1,785	1,789	1,694						11,023
BUDGET	1,153	947	1,190	1,269	1,457	1,411	1,489	1,444	1,475	1,437	1,375	1,353	8,916
PRIOR	1,159	957	1,214	1,281	1,487	1,423	1,443	1,461	1,474	1,450	1,350	1,321	8,964
MHC CLINIC VISITS	831	805	948	770	772	705	617						5,448
BUDGET	902	873	1,085	945	875	1,036	911	797	986	890	1,015	813	6,627
PRIOR	761	745	939	825	789	928	811	704	867	777	835	713	5,798
SPRES CLINIC VISITS	160	150	257	224	205	201	379						1,576
BUDGET	133	124	105	174	146	118	224	320	364	294	294	204	1,024
PRIOR	61	57	48	80	66	49	56	55	105	127	127	93	417
SPMAT CLINIC VISITS	184	180	205	188	195	194	188						1,334
BUDGET	205	204	249	221	188	227	228	192	198	198	205	237	1,522
PRIOR	203	203	232	218	186	224	218	190	198	207	192	233	1,484
SPWC CLINIC VISITS	2,935	2,832	2,977	2,509	2,679	2,629	2,733						19,294
BUDGET	2,369	2,396	2,377	2,444	2,759	2,906	2,969	2,932	3,079	3,083	3,125	3,131	18,220
PRIOR	2,833	2,534	3,162	2,885	2,745	2,981	2,986	3,376	3,066	3,364	3,165	3,053	20,126
ALL CLINIC VISITS	4,110	3,967	4,387	3,691	3,851	3,729	3,917						27,652
BUDGET	3,609	3,597	3,816	3,784	3,968	4,287	4,332	4,241	4,627	4,465	4,639	4,385	27,393
PRIOR	3,626	3,289	4,067	3,711	3,630	4,190	4,075	4,308	4,191	4,368	3,916	3,842	26,588
PACC CLINIC VISITS	4	5	6	1	1	2	11						30
PRIOR	6	4	9	7	2	6	5	7	14	9	4	2	39
URGENT CARE VISITS	1,206	1,043	1,106	1,154	1,371	1,257	1,087						8,224
BUDGET	868	817	997	1,119	1,340	1,209	1,376	1,806	1,324	1,168	1,274	1,202	7,726
PRIOR	893	829	1,016	1,144	1,352	1,233	1,362	1,808	1,333	1,184	1,248	1,175	7,829
PACC + URGENT CARE VISITS	1,210	1,048	1,112	1,155	1,372	1,259	1,098						8,254
BUDGET	874	821	1,006	1,126	1,342	1,215	1,381	1,813	1,338	1,177	1,278	1,204	7,765
PRIOR	899	833	1,025	1,151	1,354	1,239	1,367	1,815	1,347	1,193	1,252	1,177	7,868
ANCILLARY STATISTICS													
LAB BILLABLE TEST	15,376	14,561	16,892	15,253	16,049	15,628	16,426						110,185
BUDGET	15,113	13,348	15,866	15,014	15,551	16,437	15,930	15,753	15,520	16,065	16,051	14,870	107,260
PRIOR	14,805	13,076	15,543	14,708	15,234	16,102	15,605	15,432	15,204	15,737	15,724	14,567	105,073
ALL XRAY EXAMS	1,371	1,391	1,495	1,390	1,553	1,530	1,333						10,063
BUDGET	1,177	1,102	1,366	1,348	1,354	1,448	1,287	1,451	1,341	1,499	1,398	1,312	9,083
PRIOR	1,161	1,087	1,348	1,330	1,336	1,428	1,270	1,431	1,323	1,479	1,379	1,294	8,960
XRAY EXAMS	1,145	1,142	1,244	1,207	1,338	1,312	1,169						8,557
PRIOR	964	890	1,104	1,148	1,192	1,168	1,077	1,202	1,111	1,242	1,177	1,130	7,543
MAMMO EXAMS	177	199	197	148	170	168	125						1,184
PRIOR	135	150	193	133	124	212	159	182	178	195	169	130	1,106
DXA EXAMS	49	50	54	35	45	50	39						322
PRIOR	62	47	51	49	20	48	34	47	34	42	33	34	311
CT EXAMS	504	455	562	529	596	553	592						3,791
BUDGET	512	401	516	510	536	529	542	524	486	555	520	478	3,547
PRIOR	476	373	479	474	498	492	504	487	452	516	483	444	3,296
ALL ULTRASOUND EXAMS	389	364	433	390	385	369	294						2,624
BUDGET	309	316	357	342	338	383	385	390	330	412	355	337	2,429
PRIOR	304	311	352	337	333	377	379	384	325	406	350	332	2,393
ULTRASOUND EXAMS	344	313	372	325	321	314	239						2,228
PRIOR	265	274	309	302	289	328	327	332	301	349	299	290	2,094
ECHO EXAMS	45	51	61	65	64	55	55						396
PRIOR	39	37	43	35	44	49	52	52	24	57	51	42	299
MRI EXAMS	43	54	54	35	52	45	34						317
BUDGET	98	87	108	108	87	101	87	131	114	84	107	35	679
PRIOR	56	50	62	62	50	58	50	75	65	48	61	20	388
THERAPY EXAMS	709	626	790	863	889	816	788						5,481
BUDGET	891	834	994	860	835	834	912	873	985	931	951	779	6,160
PRIOR	899	842	1,003	868	843	842	921	881	994	940	960	786	6,218
PT EXAMS-OUTPATIENT	648	566	698	778	785	713	658						4,846
PT EXAMS-INPATIENT	17	12	7	18	16	7	25						102
OT EXAMS-OUTPATIENT	32	41	81	53	76	74	60						417
OT EXAMS-INPATIENT	12	7	4	14	12	6	24						79
ST EXAMS-OUTPATIENT	-	-	-	-	-	16	20						36
ST EXAMS-INPATIENT	-	-	-	-	-	-	1						1
AR & CASH STATISTICS													
DAYS IN AR	57	56	60	56	52	50	53						55
GOAL	47	47	47	47	47	47	47	47	47	47	47	47	47
PRIOR	53	54	52	47	49	52	57	52	58	59	59	59	59
DAYS CASH ON HAND	323	328	307	281	289	287	277						299
GOAL	260	260	260	260	260	260	260	260	260	260	260	260	260
PRIOR	255	256	262	254	259	257	249	249	245	241	269	293	256
FTEs TOTAL PAID	285.5	303.4	305.1	293.9	294.2	278.3	280.3						291.5
FTEs TOTAL INCLUDING AGENCY	298.2	311.6	320.3	321.4	325.0	303.0	304.7	-	-	-	-	-	312.0
BUDGET	370.4	370.4	370.4	370.4	374.2	374.2	376.2	376.2	376.2	376.2	376.2	376.2	372.3
PRIOR	313.6	310.9	314.8	329.8	308.6	306.6	305.4	314.6	315.5	315.0	325.9	319.6	312.8

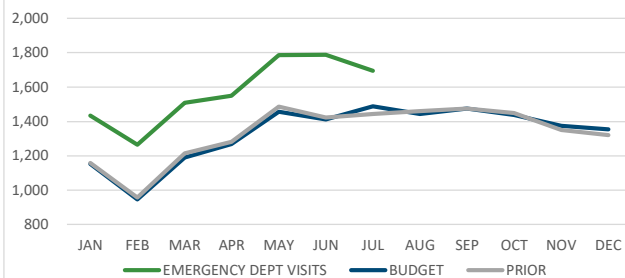
ACUTE CARE DAYS



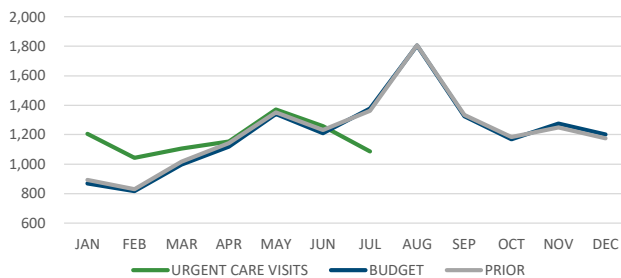
OBSERVATION STAYS



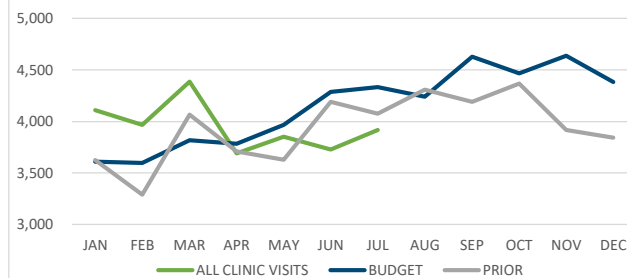
EMERGENCY DEPARTMENT VISITS



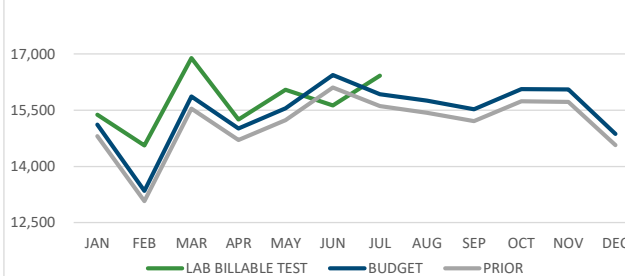
URGENT CARE VISITS



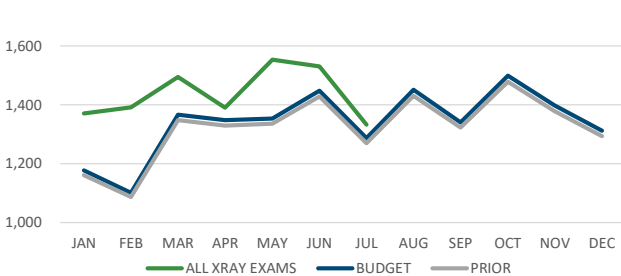
CLINIC VISITS



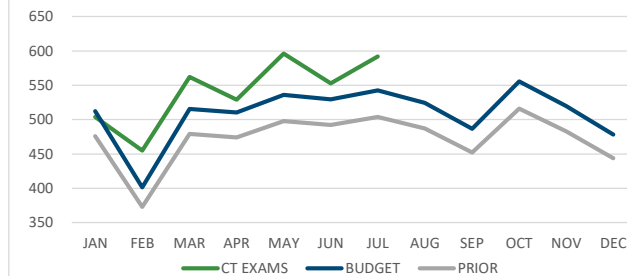
LAB TESTS



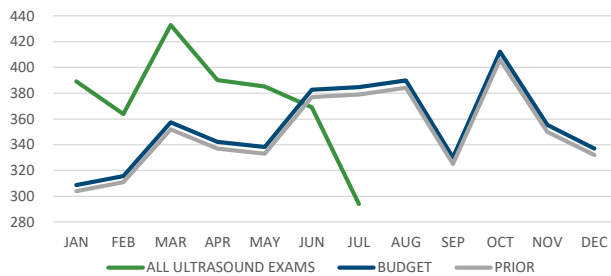
X-RAY EXAMS



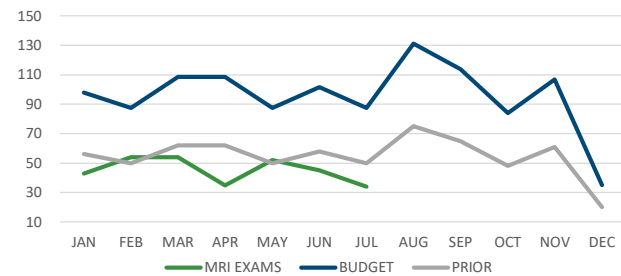
CT EXAMS



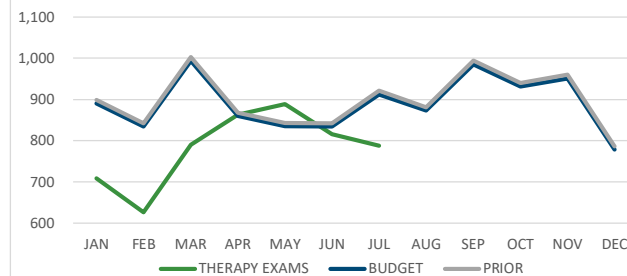
ULTRASOUND EXAMS



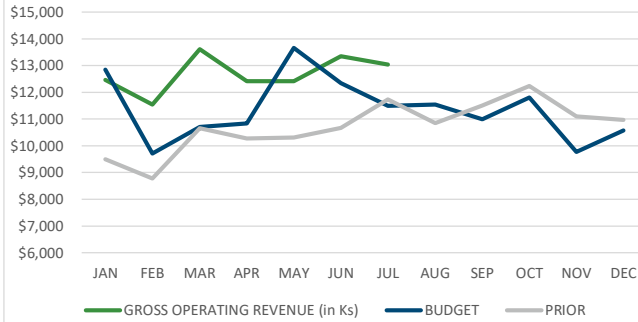
MRI EXAMS



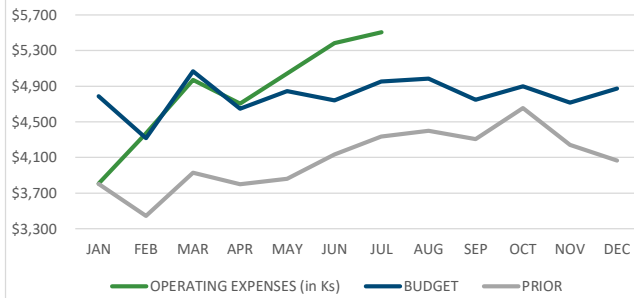
ALL THERAPY EXAMS



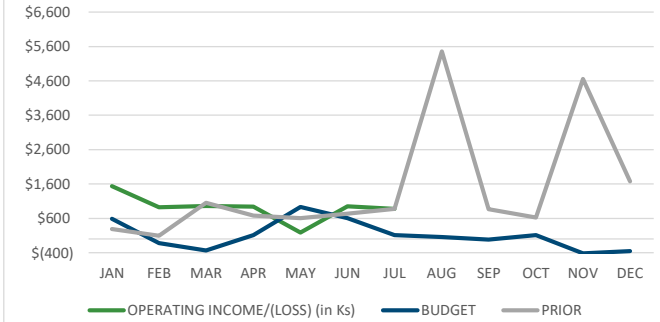
GROSS OPERATING REVENUE



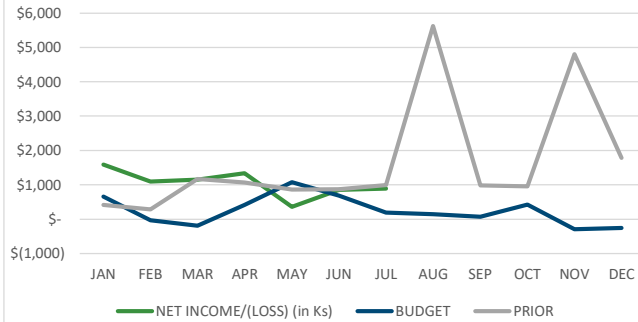
OPERATING EXPENSES



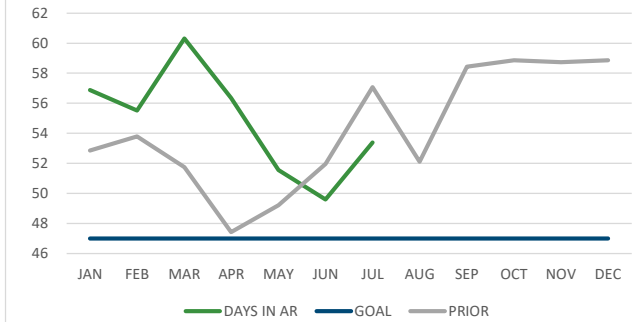
OPERATING INCOME/(LOSS)



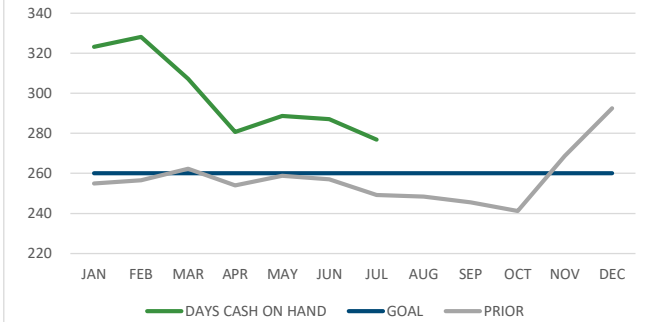
NET INCOME/(LOSS)



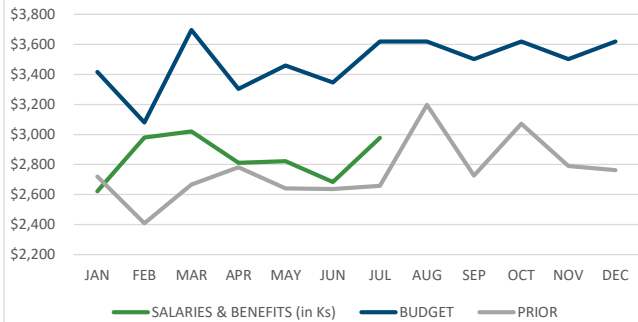
DAYS IN AR



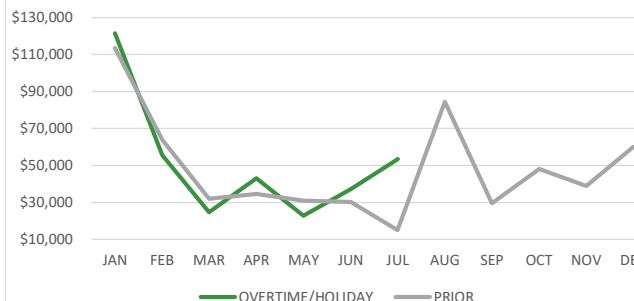
DAYS CASH ON HAND



SALARIES & BENEFITS



OVERTIME & HOLIDAY PAY



FTEs

