Pioneers Memorial Healthcare District

207 West Legion Road Brawley, CA 92227

LOCAL AGENCY FORMATION COMMISSION (LAFCO)

2015



MISSION STATEMENT

The mission of the Pioneers Memorial Healthcare District is to provide quality healthcare and compassionate service for families of the Imperial Valley.

VISION STATEMENT

A collaborative partnership of physicians and the organization, recognized nationally and by the community as the leader of quality healthcare and customer service.

VALUE STATEMENT

As community healthcare providers we are entrusted to

- give high quality care and service in a safe environment
- respect each individual's ethnicity and rights as a healthcare consumer
- preserve the individual's dignity and provide for their healthcare needs including the management of pain.

As an organization we are committed to

- follow our strategic plan, which establishes our growth and direction.
- open and clear communication
- an atmosphere of trust, high morale, and a well-balanced environment free of undue stress.

For our employees we are committed to ensure

- a sense of security and organization
- fair and competitive compensation
- safe working conditions
- just and ethical actions
- freedom to be creative, to make suggestions, to voice concerns, and
- equal opportunity for employment, growth, and advancement



DNV HEALTHCARE INC.

CERTIFICATE OF ACCREDITATION

Certificate No. 159713-2014-AHC-USA-NIAHO

This is to certify that

Pioneers Memorial Healthcare District

207 West Legion Road, Brawley, CA 92227

Complies with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to Det Norske Veritas Healthcare, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482). This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

Effective Date of Accreditation:

July 21, 2014

for the Accreditation Body:

DET NORSKE VERITAS HEALTHCARE, INC.

HOUSTON, TEXAS

Patrick Horine Chief Executive Officer

Yehuda Dror President

Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV HEALTHCARE INC

1400 Ravello Drive Katy, Texas 77449 (281) 396-1000 400 Techne Center Drive, Suite 100, Milford, Ohio 45150 (513) 947-8343



July 14, 2014

Lawrence Lewis Chief Executive Officer Pioneers Memorial Healthcare District 207 West Legion Road Brawley, CA 92227

Program: Hospital CCN: 050342

Survey Type: Medicare Recertification/DNV Reaccreditation

Certificate #: 159713-2014-AHC-USA-NIAHO

Survey Dates: June 3-4, 2014

Accreditation Decision: Full accreditation

Date Acceptable Plan of Correction Received: 6/26/2014 Method of Follow-up: Acceptable Plan of Correction

Effective Date of Accreditation: 7/21/2014
Expiration Date of Accreditation: 7/21/2017
Term of Accreditation: Three (3) years

Dear Mr. Lewis:

Pursuant to the authority granted to Det Norske Veritas Healthcare, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Pioneers Memorial Healthcare District is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482) and awarded full accreditation for a three (3) year term effective on the date referenced above. Det Norske Veritas Healthcare, Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Pioneers Memorial Healthcare District - 207 West Legion Road - Brawley, CA 92227
The Wound Care Center at Pioneers Memorial Healthcare District - 751 West Legion Road, Suite 205 - Brawley, CA 92227
Calexico Health Center - 450 East Birch Street - Calexico, CA 92231
Rehabilitation Services - 751 West Legion Road, Suite 101 - Brawley, CA 92227
The Cancer Institute at Pioneers Memorial Healthcare District - 205 West Legion Road - Brawley, CA 92227

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,

Patrick Horine

Chief Executive Officer

cc: CMS CO and CMS RO IX (San Francisco)



January 6, 2014

Lawrence E. Lewis, MBA, Health Admin CEO Pioneers Memorial Healthcare District 207 West Legion Road Brawley, CA 92227 Joint Commission ID #: 9767
Program: Laboratory Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 01/06/2014

Dear Mr. Lewis:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing

This accreditation cycle is effective beginning September 20, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 25 months.

Please visit <u>Quality Check®</u> on The Joint Commission web site for updated information related to your accreditation decision.

The following laboratory services have been surveyed under Joint Commission standards in accordance with the Clinical Laboratory Improvement Amendments of 1988:

CLIA# 05D0572029 for the specialties and subspecialties of Bacteriology, Mycology, Parasitology, Virology, Syphilis Serology, General Immunology, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, Andrology, Coagulation, Hematology, Blood Transfusion Services, Immunohematology(ABO Group and RH, Antibody Transfusion, Antibody Non-Transfusion, Antibody Identification, Compatibility Testing), Histopathology, Cytology and Tissue Banking.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

erk Gelletin

License: 090000087 Effective: 10/28/2014

Expires:

06/29/2015 107 **Licensed Capacity:**

State of California Department of Public Health

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Public Health hereby issues

this License to

Pioneers Memorial Healthcare District

to operate and maintain the following General Acute Care Hospital

Pioneers Memorial Healthcare District

207 W Legion Rd Brawley , CA 92227-7780

Bed Classifications/Services

107 General Acute Care

14 Perinatal

12 Pediatric

8 Intensive Care

7 Intensive Care Newborn Nursery

66 Unspecified General Acute Care

Other Approved Services

Basic Emergency Medical

Mobile Unit - MRI

Mobile Unit - PET

Nuclear Medicine

Outpatient Clinics - Rural Health at Calexico Health Center, 450 E. Birch Ave., Calexico

Outpatient Services - Oncology/Infusion at Cancer Institute at PMHD, 205 W. Legion

Rd., Ste. 1, Brawley

Outpatient Services - Primary Care at Pioneers Health Center, 751 W. Legion Rd., #103, Brawley

Outpatient Services - PT/OT at Therapy Solutions at PMHD, 751 West Legion Rd.,

#101, Brawley Outpatient Services - Wound Care at Wound

Care Center, 751 West Legion, Ste. 205, Brawley

Physical Therapy

Respiratory Care Services

Approved Other Certifiable Parts

Rural Health Clinic Calexico Health Center 450 E Birch St Calexico, CA 92231-2375

(Additional Information Listed on License Addendum)

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, San Diego District Office South, 7575 Metropolitan Drive Suite 211, San Diego, CA 92108, (619)688-6190

State of California Department of Public Health License Addendum

License: 090000087 Effective: 10/28/2014

Expires: 06/29/2015

Licensed Capacity: 107



This **LICENSE** is not transferable and is granted solely upon the following conditions, limitations and comments: None

Ron Chapman, MD, MPH

Director & State Health Officer

Donna Loza, R.N., District Manager

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, San Diego District Office South, 7575 Metropolitan Drive Suite 211, San Diego, CA 92108, (619)688-6190

Pioneers Memorial Healthcare District

207 West Legion Road Brawley, CA 92227

2015 OPERATIONAL PLAN

TABLE OF CONTENTS

STATEMENT OF PURPOSE MISSION STATEMENT.	3
MOION	3
VALUES	3
PIONEERS MEMORIAL HEALTHCARE DISTRICT HISTORY	4
STRATEGIC GOALS AND MANAGEMENT OBJECTIVES	5
CUSTOMER SERVICE	5
OBJECTIVES	5
CLINICAL AND OPERATIONAL EXCELLENCE	5
OBJECTIVES	5
MARKET SHARE	6
OBJECTIVES	6
RECRUITMENT AND RETENTION	6
OBJECTIVES	6
FINANCIAL VIABILITY AND FISCAL RESPONSIBILITY	6
OBJECTIVES	7

Pioneers Memorial Healthcare District STATEMENT OF PURPOSE

Mission Statement

The mission of the Pioneers Memorial Healthcare District is to provide Quality healthcare and compassionate service for families of the Imperial Valley.

Vision

A collaborative partnership of physicians and the organization, recognized nationally and by the community as the leader of quality healthcare and customer service.

Values

As community healthcare providers we are entrusted to:

- Give high quality care and service
- * Respect each individual's ethnicity and rights as a healthcare consumer
- Preserve the individual's dignity and provide for their healthcare needs including the management of pain.

As an organization we are committed to:

- Follow our strategic plan, which establishes our growth and direction.
- Open and clear communication.
- An atmosphere of trust, high morale, and a well-balanced environment free of undue stress

For our employees we are committed to ensure:

- → A sense of security and organization
- Fair and competitive compensation
- Safe working conditions
- Just and ethical actions
- Freedom to be creative, to make suggestions, to voice concerns, and

Equal opportunity for employment, growth, and advancement.

Pioneers Memorial Healthcare District HISTORY OF THE ORGANIZATION

Pioneers Memorial Hospital is a highly recognized, 107-bed, acute care district hospital facility accredited by DNV, which stands for Det Norske Veritas – the Nordic Truth, is a hospital accreditation organization approved by the U. S. Center for Medicare and Medicaid (CMS) and has some of the most strenuous standards in healthcare. We are committed to providing state-of-the-art healthcare and the highest quality of community education.

Located in Imperial Valley in southeastern California, Pioneers is the culmination of a dream. In the 1940s, many people worked together to plan and develop this hospital. Their hard work came to fruition when we opened our doors October 29, 1950, with 88 beds. The first patient was admitted at 7:30pm and the first baby was delivered on October 31st. From the very beginning, we have been committed to continually updating, upgrading and improving our facility and our care.

We have invested in technological advancements not commonly found in a hospital of our size, most notably in Nuclear Medicine, Computer Tomography and Ultrasound as well as in laboratory testing. Our 16-bed emergency department was opened in 1999. We are a level 4 trauma center with an excellent reputation and board-certified emergency physicians.

We offer specialized treatment through our Cancer Institute, Wound Care Center, Joint Replacement, and Physical Therapy Center.

The Phyllis Dillard Family Medical Center houses both the surgical and obstetrical services. The deliveries at PMHD routinely exceed 150 per month and averages between 49-51 percent of all deliveries in Imperial County.

Pioneers Rural Health Center in Calexico provides both primary and urgent care services to Calexico "after hours". Calexico Health Center opened in the summer of 2004 and has enjoyed a collaborative community relationship with the City of Calexico and the local Heffernan Memorial Hospital District Board. The tremendous growth of the business of this clinic speaks to the health care needs of this largely underserved community. Our newest Rural Health Center in Brawley will offer both primary care and specialty care and is expected to open in early 2015.

Pioneers Memorial Healthcare District STRATEGIC GOALS AND MANAGEMENT OBJECTIVES

Our mission guides the strategic goals and objectives to give an overall direction.

Customer Service

It is the strategic goal of Pioneers Memorial Healthcare District to ensure delivery of efficient services, building a foundation of satisfied customers.

Objectives

- 1) Maintain a customer service program that:
 - a. Demonstrates commitment to building positive relationships with all customers
 - i. In-patients
 - ii. Outpatients and ED patients
 - iii. Clinics
 - iv. Physicians
 - v. Staff
 - vi. Community
 - b. Identifies and prioritizes a process to train health district employees in the skills and attributes of excellence customer service.
 - c. Measure Success by:
 - i. Satisfaction surveys: HCAHPS, CEP survey
 - ii. Number of complaints and type trending
 - iii. Physicians and Staff satisfaction survey

Clinical and Operational Excellence

It is a strategic goal of Pioneers Memorial Healthcare District to address the healthcare needs of our community through practices that embrace safety and quality as a customer focus theme.

Objectives

- 1) Center of Excellence
 - a. Joint Program
 - b. Stroke Center
- 2) Update performance scorecard to enhance board participation in clinical and operational excellence

Market Share

It is a strategic goal of Pioneers Memorial Healthcare District to be the premier healthcare provider to the primary and secondary service area. The hospital will aggressively pursue an increased share of the healthcare market through development of a marketing program, strong relationships with physicians, employers and establishment of new programs

Objectives

- 1) Continuously improve premier status to promote market growth
- 2) Investigate opportunities to partner with physicians and joint venture groups to promote service specific growth
- 3) Build onto existing marketing program to include
 - a. Pain Management
 - b. Cancer Institute
 - c. Digestive and Liver disease

Recruitment and Retention

It is a strategic goal of Pioneers Memorial Healthcare District to recruit and retain well-trained and competent staff, building on foundation of pride in excellent care. The District works tenaciously with the medical staff and local healthcare provider organizations to ensure the primary and secondary service areas have access to an appropriate mix of providers and services.

Objectives

- 1) Initiate a medical staff development plan
- 2) Initiate a staff recruitment and retention plan

Financial Viability and Fiscal Responsibility

It is a strategic goal of Pioneers Memorial Healthcare District to ensure that the District's financial condition is financially viable and adequate to support, maintain and expand to responsibly meet the health care needs and desires of its patient, physicians and staff.

Objectives

PMHD Strategic Goals and Management Objectives

- 1) Develop and maintain financial controls to monitor safeguard Health District Assets.
- 2) Provide informed and timely financial guidance to the members of the Senior Management and the Governing Board.
- 3) Work collaboratively with Federal and State agencies to insure the Districts compliance with reporting requirements and to position the District to receive the entitlements earned through its compliance.
- 4) Provide timely and accurate financial reporting to all internal and external parties having financial dealings with the District.
- 5) Prepare and present an operational and capital financial plan to the Governing Board, annually.
- 6) Complete and annual financial audit with an "Unqualified Opinion".

Pioneers Memorial Healthcare District 2015 Budget Proposal

The Budget proposal for Fiscal year 2015 is the product of an intensive, but thoughtful review of current and future operations linked to key strategic initiatives designed to position PMHD to meet its foreseeable goals.

The 2015 Budget proposal reflects an improvement in "bottom line" performance achieved thru marginal revenue growth off-set by carefully planned spending reductions. The primary initiatives reflected in the 2015 Budget are the following: a return to annual merit pay increases, reduced expenditures for professional fees, purchased services and contract registry along with a renewed focus on capital replacement.



Pioneers Memorial Healthcare District 2015 Budget Proposal

TABLE OF CONTENTS

- 1. Budget Assumptions and Comments
- 2. Income Statement
 - a. Subsidiary Schedules
 - b. Productivity and Ratio Analysis
- 3. Balance Sheet
 - a. Subsidiary Schedules
 - b. Changes in Fund Balance
- 4. Budget Statistics by Department
- 5. Staffing Budget Report (Sorted by Executive)
- 6. Total Hospital FTE Comparison
- 7. Capital Budget FY 2015-2017
- 8. Modified Income Statement
 - a. Subsidiary Schedules
 - b. Productivity and Ratio Analysis

1. Workload Assumptions

Patient Days are expected to increase three percent while inpatient admissions will remain constant. The net effect will be an increase in the length of stay from 3.0 to 3.1 days. With the exception of the rural health clinics, outpatient ancillary volumes are not expected to increase.

		%		%		%	
	2015	Chg.	2014	Chg.	2013	Chg.	2012
Inpatient Admits	5,360	0.00%	5,360	-2.76%	5,512	-11.24%	6,210
Patient Days	16,608	3.10%	16,108	-2.03%	16,441	-18.05%	20,062
Emergency Visits	43,699	0.27%	43,583	-0.71%	43,894	0.74%	43,570
Outpatient Visits	42,259	0.05%	42,238	13.02%	37,372	-11.73%	42,337
Rural Clinic Visits	30,742	37.86%	22,299	17.93%	18,909	1.54%	18,623
Adjusted Pt Days	42,283	1.46%	41,673	1.14%	41,205	-9.63%	45,598
Ave. Length of Stay	3.1	3.10%	3.0	0.75%	3.0	-7.67%	3.2

2. Rate Increase and Patient Charges

No rate increases (prices), or new inpatient services, were planned for the 2015 fiscal year. Daily hospital service revenues along with inpatient ancillary revenues are projected to increase by 3% in line with in patient volume increases. Outpatient revenues are budgeted to increase just .3% over projected revenues.

3. Payer Mix (Patient Days)

Medicare will remain the largest payer class followed by Medi-Cal & Medi-Cal Managed Care. It is expected that Medi-Cal managed care enrollments will continue to grow as new beneficiaries are drawn into the MediCal plans. HMO\PPO enrollments are expected to decline.

	2015	% total	2,014	% total	2013	% total
Medicare	6,706	40.4%	6,456	40.1%	5,803	35.3%
M-Cal State	3,402	20.5%	3,602	22.4%	5,817	35.4%
MediCal MC	2,437	14.7%	1,726	10.7%	4	0.0%
Private Pay	1,173	7.1%	1,273	7.9%	924	5.6%
HMO\PPO	2,890	17.4%	3,051	18.9%	3,893	23.7%
	16.608	100.0%	16.108	100.0%	16.441	100.0%

4. <u>Deductions from Revenue</u>

The Deductible ratio is expected to increase slightly from 80.36% to 80.43% of budgeted revenues.

- a. Medicare Disproportionate Share Hospital payments for FY 2015 are expected to match FY 2014 payments. In FY 2014 DSH payments were reduced (\$1.098K) from FY 2013 as a result of the change in payment methodology mandated by the Affordable Care Act.
- b. Medicare inpatient reimbursement is expected to decline (1.5%) due to reduction in the CMS market basket rates.
- c. Medi-Cal reimbursement is expected to decrease approximately (2%) over the current year due to the transition to Managed Medi-Cal and a reduction in supplemental outpatient payments
- d. Charity Write-offs are expected to increase approximately \$1.1 mil as PMHD makes a concerted effort to identify charity care incompliance with CMS mandates. Seventy five percent (75%) of future Medicare DSH payments will be based upon recorded Charity care.
- e. Provision for Bad Debts are expected to decline in proportion to the increase in Charity Care as potential bad debt write offs will be re-classed to charity.
- f. Other deductions are expected to be consistent with current year levels.

5. Other Operating Revenues

Other Operating Revenues are comprised mainly of the following: cafeteria sales, child care revenue, and other miscellaneous rebates, which are expected to remain about the same as the current 2014 year.

6. Staffing

Staffing levels were reviewed and tested against reasonable productivity standards. The productivity of each department was trended using a workload unit (WLU) unique to that area. See the <u>Staffing Budget Report</u> separately attached. Nurse staffing "grids" were reviewed and revised to insure that patient care staffing levels were consistent with volumes and compliant with California Staffing ratios.

Total paid FTEs are budgeted at 671.89 against FY 2014 projected of 671.40. On a volume adjusted basis, paid FTEs budgeted is 5.80; whereas FY 2014 it was 5.88.

7. Salary and Wages

Salaries and Wages are budgeted to increase 3.8%. Below are the key assumptions assumed in the budgeting of salaries and wages?

- A. The Salary merit program was re-instituted with an overall increase of five percent (5%) allocated between equity adjustments (2%) and merit increases to average (3%).
- B Holiday supplemental pay of \$ 275,000 was reinstated.
- C. The budget includes \$-0- for the PMHD incentive plan.

8. Registry and Contract Labor

Registry and contract labor has decreased by 34.5% due primarily to the elimination of the Johnson Controls contract. The following are the major changes in contract labor:

	2015	2014	Diff.
Path Lab	О	80,000	80,000
Plant	0	403,061	403,061
Clinics	0	20,967	20,967
Resp Ther	0	18,868	18,868
Financial Serv	0	56,640	56,640

9. Employee Benefits

Benefit expenses for PMHD are linked to salaries and wages. The following are the current projections as a percentage of Salaries:

FICA Tax	2,916,460	7.30%
SUI Tax	190,355	0.47%
Health Ins.	4,700,000	11.58%
Life Ins.	80,204	0.20%
Pension	886,900	2.19%
Workers Comp	1,208,850	2.98%
Other Ben.	200,700	0.49%
	10.183.469	25.21%

10. Professional Fees

Total Professional fees are projected to decrease by 14.0% compared to FY 2014. The majority of the reduction is due to a change in Anesthesia Contractors, greater use of CRNAs and less reliance on Locums. The major changes in Physician's fees are for the following departments:

	FY 2015	FY 2014	Diff.
Womens Serv.	722,400	853,901	131,501
Surgery	1,272,500	1,683,246	410,746
Anesthesia	1,500,000	2,511,912	1,011,912

11. Supplies

Supply costs are projected to increase 3.09% in FY 2015. Blood products, pharmacy items and food were budgeted above the 3% range while most supply items remain between 2.5 to 3.0%.

12. Purchased Services

Purchased services are budgeted to decrease 7.98%. The majority of the decline is in the areas of: Anesthesia (Doc Med), Case Management (JA Thomas) and Plant Maintenance (Johnson Controls).

13. Repairs and Maintenance

Repairs and Maintenance consist mainly of maintenance contracts to cover equipment repairs, system support fees for software applications and general repair services. Most items are fixed and generally amortized over the life of the agreement. Repair and Maintenance costs are budgeted to decrease by 1.2% overall.

14. Other Expenses

Other includes utilities, licenses, dues, subscriptions and travel. This category is expected to increase 7.5% due to increases in utility costs, physician dictation software and training.

15. Depreciation & Interest Cost

Depreciation costs are calculated to decrease by \$149K despite the sizable increase in Capital Spending. The decrease is due to the large amount of capital equipment that has aged beyond its' depreciable life, but remains in use and therefore on the books. The average age of capital for FY 2015 is 14.9 years, up from 13.5 in FY 2014.

16. Balance Sheet Key indicators

Accounts receivable days are projected to improve from 41.4 days outstanding to 40.2 net. Days Cash on Hand (including settlements) are projected to decline from 142.1 to 126.2 as cash reserves will be used to purchase approximately \$ 3.2 mil of the 5.2 mil capital budget.

The current ratio will decline from 1.91 to 1.72

17. Non-Operating Revenue/Expense

District tax revenues are projected to be \$ 1,058,239 while the special tax assessment for the 1994 bonds debt service will be \$ 1,910,188.

The Hospitalist program expenses are expected to decline 20.3% under the new contract. Other non-Operating revenue (expenses) is expected to remain level with the current year.

18. Three Year Capital Plan

Capital Budget Detail for 2015 (Separate Worksheet Attached).

Pioneers Memorial Healthcare District Statement of Revenue and Expense <u>For the Budget Year ending June 30, 2015</u>

	Budget 2015	% Of Change	Bud vs Proj Difference	Projection 2014	% Of Change	Proj vs Act Difference	Actual 2013	% Of Change	Actual 2012
Operating Revenue Daily Hospital Service Revenue Inpatient Ancillary Revenue Outpatient Ancillary Revenue Total Patient Service Revenue	\$53,757,175 \$127,309,784 \$279,913,863 \$460,980,822	3.0% 3.0% 0.3% 1.4%	\$1,565,742 \$3,708,051 \$908,434 \$6,182,227	\$52,191,433 \$123,601,733 <u>\$279,005,429</u> \$454,798,595	7.1% 6.9% 12.7% 10.4%	\$3,444,291 \$7,993,177 \$31,441,697 \$42,879,165	\$48,747,142 \$115,608,556 \$247,563,732 \$411,919,430	1.6% -11.3% 9.1% 1.6%	\$47,985,106 \$130,318,109 \$226,951,561 \$405,254,776
Less: Allowances & Est. Uncollectib Net Patient Service Revenue	\$370,771,668 80.4% \$90,209,154	-1.4%	\$5,278,979 \$903,248	\$365,492,689 80.4% \$89,305,906	-13.9%	\$44,557,339	\$320,935,350 77.9% \$90,984,080	-5.1%	\$305,245,075 75.3%
Other Operating Revenue	\$944,930	5.6%	\$50,260	\$894,670	-25.7%	(\$310,163)	\$1,204,833	16.7%	\$1,032,861
local Operating Revenue	\$91,154,084	1.1%	\$953,508	\$90,200,576	-2.2%	(\$1,988,337)	\$92,188,913	-8.8%	\$101,042,562
Operating Expenses Salaries and Wages Benefits	\$40,577,280 \$10,183,469	3.8% 6.8%	\$1,477,808 \$651,825	\$39,099,472 \$9,531,644	-1.6% 5.6%	(\$651,332) \$503,353	\$39,750,804 \$9,028,291	4.0%	\$38,212,459 \$11.858.016
kegistry & Contract Professional Fees	\$953,230 \$6,852,059	-34.5% -14.0%	(\$502,239)	\$1,455,469	-30.5%	(\$637,418)	\$2,092,887	-42.9%	\$3,667,925
Physician Guarantees	\$259,751	7.0%	\$17,000	\$242,751	-65.3%	(\$457,776)	\$700,0527	-41.7%	\$5,308,231 \$1 190 717
Supplies Burghard Condens	\$15,179,268	3.1%	\$455,134	\$14,724,134	-1.3%	(\$191,402)	\$14,915,536	0.1%	\$14,905,465
Furchased Services Renaire & Maintenance	\$5,774,790	-8.0%	(\$500,552)	\$6,275,342	-6.3%	(\$422,029)	\$6,697,371	2.5%	\$6,534,241
Depreciation and Amortization	\$5,578,800 ⊕4 E4E 100	-1.2%	(\$42,592)	\$3,421,392	0.1%	\$1,858	\$3,419,534	18.2%	\$2,894,058
Insurance	\$2,152,000	4.0%	(\$149,439) \$83.522	\$4,695,722 \$2,068,478	-12.6%	(\$673,977) <177.14E	\$5,369,699	14.6%	\$4,685,060
Other	\$5,244,945	7.5%	\$364,084	\$4,880,861	2.2%	\$104,740	\$4,776,121	%Z'6-	\$5,290,804
Total Operating Expenses	\$95,101,875	0.8%	\$736,784	\$94,365,091	-0.8%	(\$807,075)	\$95,172,166	-1.3%	\$96,454,457
Income (Loss) From Operations Operating Margin %	-\$3,947,791 -4.33%	-5.2%	\$216,724	-\$4,164,515 -4.62%	39.6%	(\$1,181,262)	-\$2,983,253	-165.0%	\$4,588,105 4.54%
Non-Operating Revenue (Expense) Interest Expense District Tax Revenue District Tax - G.O. Bonds Hospitalist Program Other Non-Oper. Revenue (Expense)	(\$628,860) \$1,058,239 \$1,910,188 (\$1,207,992) \$248,150	9.4% 0.5% 2.3% -20.3% -3.3%	\$65,087 \$5,239 \$43,335 \$308,545 \$7,920	(\$693,947) \$1,053,000 \$1,866,853 (\$1,516,537) \$240,230	24.4% 1.1% 5.6% -12.9% -53.9%	\$223,767 \$11,851 \$99,538 \$225,372 (\$280,614)	(\$917,714) \$1,041,149 \$1,767,315 (\$1,741,909) \$520.844	20.7% 1.6% -2.4% 25.9% 142.4%	\$1,157,111) \$1,024,468 \$1,809,973 (\$1,384,065) \$214,888 \$508,153
Excess of Revenues over Expenses	-\$2,568,066	-20.1%	\$646,850	-\$3,214,916	39.0%	(\$901,348)	-\$2,313,568	-145.4%	\$5,096,258

Pioneers Memorial Healthcare District Subsidiary Schedule For the Budget Year Ending June 30, 2015

	Budget 2015	% Of Change	Projection 2014	% Of Change	Actual 2013	% Of Change	Actual 2012
Revenue Inpatient - Daily Hospital Servi Inpatient - Ancillary Total Inpatient Revenue	\$53,757,175 127,309,784 181,066,959	3.0% 3.0% 3.0%	\$52,191,433 123.601,733 175,793,166	7.1% 6.9% 7.0%	\$48,747,142 115,608,556 164,355,698	1.6% -11.3% -7.8%	\$47,985,106 130,318,109 178,303,215
Outpatient - Ancillary	279,913,863	0.3%	279,005,429	12.7%	247,563,732	9.1%	226,951,561
Total Patient Revenue	\$460,980,822	1.4%	\$454,798,595	10.4%	\$411,919,430	1.6%	\$405,254,776
Deductions from Revenue Medicare Medi-Cal Total Program Deductions	124,068,398 130,897,525	1.5%	122,234,875	25.3% 26.3%	97,529,752	6.5%	91,585,881
Provision for Bad Debts Charity Write-Offs Other Deductions	19,563,000 4,609,540 91,633,205	-6.1% 31.1% 1.1%	20,346,613 20,829,829 3,516,093 90,597,952	6.5% -12.7% -7.8%	199,127,050 19,553,818 4,026,887 98,227,595	-0.1% 4.9% -45.2% 22.9%	199,320,271 18,640,453 7,354,250 Z9,930,101
Total Deductions	\$370,771,668	1.4%	\$365,492,689	13.9%	\$320,935,350	5.1%	\$305,245,075
Expenses Salaries and Wages Registry and Contract Employee Benefits	40,577,280 953,230 10,183,469	3.8% -34.5% 6.8%	39,099,472 1,455,468 9,531,644	-1.6% -30.5% 5.6%	39,750,804 2,092,887 <u>9,028,291</u>	4.0% -42.9% -23.9%	38,212,459 3,667,925 11,858,016
Total Staffing Expense	\$51,713,979	3.2%	\$50,086,584	-1.5%	\$50,871,982	-5,3%	\$53,738,400

5/29/2014 1:48 PM

Pioneers Memorial Healthcare District Schedule of Operating Expenses Summarized By Natural Expense Classifications For the Budget Year Ending June 30, 2015

	Budget	% Of	Projection	% Of	Actual	% Of	Actual
	2015	Change	2014	Change	2013	Change	2012
Revenue Adjusted Patient days	42,283	1.5%	41,673	1.1%	41,205	%9·6·	45,598
Total Staffing Expense	\$51,713,979	3.2%	\$50,086,584	-1.5%	\$50,871,982	-5.3%	\$53,738,400
Per A.P.D.	\$1,223	1.8%	\$1,202	-2.6%	\$1,235	4.8%	\$1,179
Professional Fees	\$6,852,059	-14.0%	\$7,969,826	22.0%	\$6,530,063	21.6%	\$5,368,251
Per A.P.D.	\$162	-15.3%	\$191	20.7%	\$158	34.6%	\$118
Physician Guarantees	\$259,751	7.0%	\$242,751	-65.3%	\$700,527	-41.2%	\$1,190,717
Per A.P.D.	\$6	5.5%	\$6	-65.7%	\$17	-34.9%	\$26
Supplies Per A.P.D.	\$15,179,268 \$359	3.1% 1.6%	\$14,724,134 \$353	-1.3%	\$14,915,536 \$362	0.1%	\$14,905,465 \$327
Repairs and Maintenance	\$3,378,800	-1.2%	\$3,421,392	0.1%	\$3,419,534	18.2%	\$2,894,058
Per A.P.D.	\$80	-2.7%	\$82	-1.1%	\$83	30.8%	\$63
Purchased Services	\$5,774,790	-8.0%	\$6,275,342	-6.3%	\$6,697,371	2.5%	\$6,534,241
Per A.P.D.	\$137	-9.3%	\$151		\$163	13.4%	\$143
Depreciation and Amortization	\$4,546,283	-3.2%	\$4,695,722	-12.6%	\$5,369,699	14.6%	\$4,685,060
Per A.P.D.	\$108	-4.6%	\$113	-13.5%	\$130	26.8%	\$103
All Other Expenses	\$7,396,945	6.4%	\$6,949,339	4.2%	\$6,667,454	-6.6%	\$7,138,265
Per A.P.D.	\$175	4.9%	\$167	3.1%	\$162	3.4%	\$157
Total Operating Expenses Per A.P.D.	\$95.101.875 \$2.249	0.8%	<u>\$94,365,090</u> <u>\$2,264</u>	-0.8%	<u>\$95,172,166</u> <u>\$2,310</u>	-1.3% 9.2%	\$96,454,457 \$2,115

Pioneers Memorial Healthcare District Productivity and Ratio Analysis <u>Budget Year Ending June 30, 2015</u>

	Estimated 2015	% Change	Estimated 2014	% Change	Actual 2013	% Change	Actual 2012
Gross A/R Days	53.1	-1.3%	53.8	-18.4%	62.9	21.3%	54.3
Net A/R Days	40.2	-3.1%	41.4	0.3%	41.3	3.7%	39.8
Days Cash On Hand	126.2	-11.1%	142.1	-5.1%	149.7	4.6%	143.1
Current Ratio	1.72%	%6 '6-	1.91%	4.3%	2.00%	2.2%	1.95%
Debt Service Coverage	1.00	20.2%	0.84	-41.9%	1.44	-51.8%	2.98
Debt to Capital	32.4%	-1.7%	32.9%	-7.5%	35.6%	-3.1%	36.7%
Accounts Payable Days	59.5	%0.9	56.1	0.3%	55.9	11.7%	50.1
Average Age of Plant	14.9	10.7%	13.5	22.5%	11.0	-4.2%	11.5
Deductible Ratio	80.43%	0.1%	80.36%	3.1%	77.91%	3.4%	75.32%
Net Income Margin	-2.82%	-21.0%	-3.56%	42.0%	-2.51%	-149.8%	5.04%

3. Ratio analysis I

Pioneers Memorial Healthcare District Balance Sheets June 30, 2015 through 2012

	Estimated 2015	Estimated 2014	Actual 2013	Actual 2012
Current Assets:				
Cash For Third Party Repayments	\$19,986,000 11,552,233	\$23,238,231	\$24,594,157	\$23,841,615
Patient accounts receivable, less allowances for	67,023,500	67,027,325	74.376.451	11,099,957 60 140 706
uncollectibles & third-party contractual retentions Net patient accounts received.	(57,100,425)	(56,990,659)	(64,078,219)	(49,254,678)
	5/0,526,6	10,036,666	10,298,232	10,886,118
Other Accounts Receivable	(0.85)	(0.85)	COO	1
Estimated settlement from 3rd prty payors	458.000	411 100	960,098	1,320,454
Inventories	1,235,000	1,482,565	1.438.014	1 565 369
Prepaid Expenses	1,185,200	1,435,803	1,166,261	813,609
Total Current Assets	44,882,508	49,179,405	49,619,481	49,527,122
Assets Whose Use is Limited: Other Limited Use Assets	260 009	280 009		000 000
Bond Reserve/Debt Retirement Fund Total Non-Current Assets Whose Use is Limited	<u>562,963</u> 822,972	517,962 507,051	349.877	203,243
Property, Plant & Faminment - Not	275727	1/6/16/	//0/540	523,243
	77,300,001	21,896,716	25,567,873	30,248,511
Other Assets Unamortized Loan Costs	504.112	649,699	795 285	500 929
Assets Held for Future Use	0	0	0	0
Other Assets	1,243,115	1,410,112	1,439,453	1,381,051
Total Other Assets	1,747,227	2,059,811	2,234,738	2,018,036
TOTAL ASSETS	\$70,033,588	<u>\$73,933,903</u>	\$78,071,969	\$82,316,912
LIABILITIES AND FUND BALANCES				
Current Liabilities:				
Accounts raydote Cost Report Pavables and Reserves	\$8,249,614	\$7,926,310	\$7,810,988	\$7,488,473
Bonds payable	1.498,908	11,917,233	11,162,/38	11,099,957
Accrued Payroll & Benefits	4,185,000	3,922,080	3,880.479	4.039.684
Limited ECI Payable		0	0	0
Current portion of long-term debt	604,159	585,188	568,495	1,541,120
Total Current Liabilities	26,089,914	25,820,069	24,860,502	25,354,716
Deferred Revenue	462,937	449,844	349,877	203,243
Long-term bebt - Net Total Liabilities	14,083,087	15,698,274	17,680,958	19,264,753
	40,035,938	41,968,18/	42,891,337	44,822,712
Fund Balances	29,397,650	31,965,716	35,180,632	37,494,200
TOTAL LIABILITES AND FUND BALANCES	\$70,033,588	\$73,933,903	\$78,071,969	\$82,316,912

4.Balance Sheet Subsidiary sch Chg in Fund Bal

Pioneers Memorial Healthcare District Balance Sheet - Subsidiary Schedule June 30, 2015 through 2012

	ZTOZ HOORDI ZOTZ	ZTOZ IIGMOIII		
	Estimated 2015	Estimated 2014	Actual 2013	Actual 2012
Detail of Property, Plant and Equipment Land and Land Improvements	\$1,515,980	\$1,515,980	\$1,515,980	\$1,515,980
buildings and Improvements Fixed Equipment	45,335,677	45,055,677	45,055,677	45,055,677
Major Movable Equipment	9,234,134 <u>37,336,359</u>	6,219,154 32,460,911	5,967,141 32,168,606	5,448,744 31,696,717
	90,482,170	85,251,722	84,707,404	83,717,118
Less: Accumulated Depreciation	(67,901,289)	(63,355,006)	(59,139,531)	(53,872,307)
Construction in Progress	<u>0</u>	21,896,716 <u>0</u>	25,567,873 <u>0</u>	29,844,811 403,700
Property, Plant and Equipment - Net	\$22,580,881	\$21,896,716	\$25,567,873	\$30.248.511

Pioneers Memorial Healthcare District Statement of Changes in Fund Balances For the Years Ending June 30, 2015 Through 2012

•	Estimated 2015	Estimated 2014	Actual 2013	Actual 2012
Fund Balances, Beginning of Year	\$31,965,716	\$35,180,632	\$37,494,200	\$32,397,942
Excess of Revenues Over Expenses	-2,568,066	-3,214,916	-2,313,568	5,096,258
Fund Balances, End of Year	\$29,397,650	\$31,965,716	\$35,180,632	\$37,494,200
Cash from Operations Add back: Depreciation	(\$2,568,066)			
Total Cash From Operations	\$1,978,217			
Capital Requirements Cash over (Short	\$5,230,448 (\$3,252,231)			
Funding from Cash Reserves	\$3,252,231 \$0			

PIONEERS MEMORIAL HEALTHCARE DISTRICT

BUDGET STATISTICS BY DEPARTMENT

PROJECTED YEAR ENDING JUNE 30, 2014 AND ESTIMATED BUDGET YEAR 2015

·			Y-T-D Feb	2014		
Department	2012 Actual	2013 Actual	2014 Actual	Projected	Budget 2015	Var %
Occupancy	51.4%	42.1%	41.5%	41.2%	42.5%	3.0%
ADC	55.0	45.0	44.4	44.1	45.5	3.0%
Total Days	20,062	16,441	10,801	16,108	16,608	3.0%
Intensive Care Patient Days	2,008	1,644	1,126	1,720	1,772	2.9%
Neo-Natal Patient Days	307	423	252	368	409	10.0%
DOU Patient Days	2,187	1,687	1,149	1,694	1,745	2.9%
Med/Surg Patient Days	10,409	8,187	5,396	8,101	8,429	3.9%
Gyn Unit Patient Days	342	130	53	115	80	-43.8%
Pedriatics Patient Days	1,365	1,062	450	779	742	-5.0%
Obstetrics Patient Days	3,444	3,308	2,375	3,331	3,431	2.9%
LDRP Rev ADJ Deliveries	1,951	1,957	1,451	1,922	1,983	3.1%
Nursery Patient Days	2,619	2,519	1,790	2,685	2,574	-4.3%
Emergency Rooms						
99811 Total Visits	43,570	43,894	29,181	43,583	43,699	0.3%
99911 IP Visits	4,222	3,822	2,529	3,620	3,736	3.1%
99912 OP Visits	39,348	40,072	26,652	39,963	39,963	0.0%
S.A.R.T. Cases	14	20	8	19	19	0.0%
Rural Health						
99811 Total Visits	18,623	18,909	14,725	22,300	20,962	-6.4%
99912 OP Visits	18,623	18,909	14,725	22,300	20,962	-6.4%
Pioneers Health Ctr						
99811 Total Visits	0	0	0	0	9,780	100.0%
99912 OP Visits	0	0	0	0	9,780	100.0%
24 Hr Observation						
99811 Total Visits	918	1,210	968	1,576	1,348	-16.9%
99912 OP Visits	918	1,210	968	1,348	1,348	0.0%
Labor and Delivery Rev ADJ Deliveries	225	224	167	228	228	0.0%
Surgery						
99803 Total Minutes	2,345	2,238	1,273	2,045	2,073	1.4%
99903 IP Minutes	1,157	1,006	601	919	947	3.0%
99904 OP Minutes 99919 IP cases	1,188	1,232	672	1,126	1,126	0.0%
99920 OP Cases	1,924	1,615	1,091	1,637	1,686	2.9%
Recovery	2,843	2,724	1,564	2,571	2,571	0.0%
99803 Total Minutes	0.200	0.400	5.054	7.000		4.00/
99903 IP Minutes	9,290	8,402	5,064	7,982	8,060	1.0%
99904 OP Minutes	3,355 5,935	2,709	1,741	2,612	2,690	2.9%
Anesthesia	2,522	5,693	3,323	5,370	5,370	0.0%
99803 Total Minutes	2.005	2.722	2 4 2 4	2 450		
99903 IP Minutes	3,905	3,733	2,126	3,459	3,504	1.3%
	1,839	1,618	1,010	1,515	1,560	2.9%
99904 OP Minutes	2,066	2,115	1,116	1,944	1,944	0.0%
Central Supply Revenue						
99905 Rev Adj Days- IP	20,062	16,441	10,801	16,108	16,608	3.0%
99906 Rev ADJ Days- OP	25,539	24,765	16,753	25,169	25,675	2.0%
Clinical Lab						
99807 Total Procedures	4,073	4,256	2,986	4,488	4,552	1.4%
99907 IP Procedures	1,964	2,000	1,427	2,141	2,205	2.9%
99908 OP Procedures	2,109	2,256	1,559	2,347	2,347	0.0%

BUDGET STATISTICS BY DEPARTMENT PROJECTED YEAR ENDING JUNE 30, 2014 AND ESTIMATED BUDGET YEAR 2015

·			Y-T-D Feb	2014		
<u>Department</u>	2012 Actual	2013 Actual	2014 Actual	Projected	Budget 2015	Var %
Pathology						
99807 Total Procedures	8,297	6,988	4,612	7,260	7,325	0.9%
99907 IP Procedures	2,809	2,165	1,440	2,160	2,225	2.9%
99908 OP Procedures	5,488	4,823	3,172	5,100	5,100	0.0%
Blood Bank					·	
99813 Total Workload Units	3,003	3,237	3,029	4,646	4,759	2.4%
99913 IP Workload Units	2,403	2,474	2,533	3,800	3,913	2.9%
99914 OP Workload Units	600	763	496	846	846	0.0%
E.K.G.						
99807 Total Procedures	13,557	13,354	9,725	14,299	14,337	0.3%
99907 IP Procedures	1,645	1,349	865	1,298	1,336	2.8%
99908 OP Procedures	11,912	12,005	8,860	13,001	13,001	0.0%
Echo		•	·	ŕ	,	
99807 Total Procedures	3,939	3,504	2,402	3,569	3,575	0.2%
99907 IP Procedures	2,793	2,430	1,577	2,366	2,436	2.9%
99908 OP Procedures	1,146	1,074	825	1,203	1,203	0.0%
E.E.G	•	-,		-,233	_,	
99807 Total Procedures	1,013	1,076	587	878	887	1.0%
99907 IP Procedures	468	456	192	288	297	3.0%
99908 OP Procedures	545	620	395	590	590	0.0%
Radiology			-	333	330	0,0,0
99807 Total Procedures	40.741	39,008	27,214	41,146	41,342	0.5%
99907 IP Procedures	7,817	6,441	4,360	6,540	6,736	2.9%
99908 OP Procedures	32,924	32,567	22,854	34,606	34,606	0.0%
Oncology	,	,	,	3 1,000	54,000	0.070
99807 Total Procedures	0	635	2,348	2,983	2,983	0.0%
99908 OP Procedures	0	635	2,348	2,983	2,983	0.0%
Nuclear Medicine	· ·	000	2,540	2,505	2,505	0.070
99807 Total Procedures	1,001	983	986	1,484	1,498	0.9%
99907 IP Procedures	353	331	321	482	496	2.8%
99908 OP Procedures	648	652	665	1,002	1,002	0.0%
M.R.I.	0.0	032	005	1,002	1,002	0.070
99807 Total Procedures	2,096	1,763	1,110	1,734	1,750	0.9%
99907 IP Procedures	606	531	325	511	1,730 527	3.0%
99908 OP Procedures	1,490	1,232	785	1,223	1,223	0.0%
Ultrasound	2,400	1,232	703	1,223	1,223	0.070
99807 Total Procedures	10,359	11,815	8,568	12,819	12,862	0.3%
99907 IP Procedures	2,150	2,081	1,375	2,077	2,120	2.0%
99908 OP Procedures	8,209	9,734	7,193	10,742		0.0%
CT Scanner	6,203	3,734	7,193	10,742	10,742	0.076
99807 Total Procedures	13,103	11,813	8,925	12 674	13.755	0.6%
99907 IP Procedures	3,272			13,674	13,755	
99908 OP Procedures	9,831	2,580	1,809	2,714	2,795	2.9%
Pharmacy Revenue	3,031	9,233	7,116	10,960	10,960	0.0%
99905 Days- IP	20.062	16 441	10.004	46.400	46.500	2.00/
99906 Rev ADJ Days- OP	20,062	16,441	10,801	16,108	16,608	3.0%
Respiratory Therapy	8,130	10,852	8,238	12,253	12,253	0.0%
99817 Total Treatments	25.400	10 220	44.050	40.242	40.004	2.00/
99917 IP Treatments	25,490	19,328	11,950	18,348	18,831	2.6%
99918 OP Treatments	20,141	16,826	10,732	16,098	16,581	2.9%
33310 OF Headments	5,349	2,502	1,218	2,250	2,250	0.0%

BUDGET STATISTICS BY DEPARTMENT PROJECTED YEAR ENDING JUNE 30, 2014 AND ESTIMATED BUDGET YEAR 2015

			Y-T-D Feb	2014		
<u>Department</u>	2012 Actual	2013 Actual	2014 Actual	<u>Projected</u>	<u>Budget 2015</u>	Var %
Cardio Pulmonary						
99807 Total Procedures	72	92	53	85	85	0.3%
99907 IP Procedures	33	31	22	28	28	1.0%
99908 OP Procedures	39	61	31	57	57	0.0%
Acute Dialysis						
99817 Total Treatments	691	592	470	705	726	2.9%
99917 IP Treatments	691	592	470	705	726	2.9%
Physical Therapy						
99817 Total Treatments	24,787	18,494	11,784	17,792	17,869	0.4%
99917 IP Treatments	3,933	3,986	2,562	3,843	3,958	2.9%
99918 OP Treatments	20,854	14,508	9,222	13,949	13,949	0.0%
Occ Med			•		,	
99811 Total Visits	5,796	5,486	4,269	4,269	0	-100.0%
99912 OP Visits	5,796	5,486	4,269	4,269	0	-100.0%
Wound care						
99807 Total Procedures	4,648	5,078	3,576	5,458	5,458	0.0%
99908 OP Procedures	4,648	5,078	3,576	5,458	5,458	0.0%
Vascular Access Center						
99817 Total Treatments	0	0	267	403	403	0.0%
99919 IP Treatments	0	0	15	22	23	4.3%
99920 OP Treatments	0	0	252	380	380	0.0%
Speech Therapy						
99811 Total; Visits	0	0	323	487	487	0.0%
99911 IP Visits	0	0	104	155	156	0.6%
99912 OP Visits	0	0	112	331	331	0.0%
		-				/-

				;	2080 hrs FTE	1386.66 hrs FTE	1386.66 hrs FTE	
		Actual	Actual	Actual	Actual	8 Months	8 Months	Budget
		2010	2011	2012	2013	2013	2014	2015
Chief Nursing Officer						-		
3010 ICU	Worked Hours*	53,840	55,036	53,887	52,487	35,943	29,099	43,867
	Worked FTEs	25.88	26.46	25.91	25.23	25.92	20.98	21.09
	Patient Days	2,728	2,552	2,008	1,644	1,050	1,126	1,772
	Hrs/Stat	19.74	21.57	26.84	31.93	34.23	25.84	24.76
3070 NICU	Worked Hours*	3,223	6,810	6,706	6,148	4,405	2,744	4,451
	Worked FTEs	1.55	3.27	3.22	2.96	3.18	1.98	2.14
	Patient Days	295	338	307	423	307	252	409
	Hrs/Stat	10.93	20.15	21.84	14.53	14.35	10.89	10.88
3150 DOU	Worked Hours*	0	18,245	35,395	34,794	23,824	18,807	23,817
	Worked FTEs	0.00	8.77	17.02	16.73	17.18	13.56	11.45
	Patient Days	0	853	2,187	1,687	1,142	1,149	1,745
	Hrs/Stat	0.00	21.39	16.18	20.62	20.86	16.37	13.65
3170 Med/Surg	Worked Hours*	135,736	143,818	139,240	115,667	79,852	72,175	118 144
, •	Worked FTEs	65.26	69.14	66.94	55.61	57.59		118,144
	Patient Days	13,926	13,013	10,409			52.05	56.80
	OBS Days	252	1,294	918	8,187	5,466	5,396	8,429
	Hrs/Stat	9.57	10.05	12.29	1,210	771	968	1,348
	in of acut	5.57	10.05	12.29	12.31	12.80	11.34	12.08
3176 GYN	Worked Hours*	2,330	5,255	5,220	2,305	2,326	372	562
	Worked FTEs	1.12	2.53	2.51	1.11	1.68	0.27	0.27
	Patient Days	530	497	342	130	68	53	80
	Hrs/Stat	4.40	10.57	15.26	17.73	34.21	7.02	7.03
3290 Peds	Worked Hours*	19,682	20,880	20,847	18,081	12,549	10,098	16,660
	Worked FTEs	9.46	10.04	10.02	8.69	9.05	7.28	8.01
	Patient Days	1,310	1,590	1,365	1,062	733	450	742
	Hrs/Stat	15.02	13.13	15.27	17.03	17.12	22.44	22.45
3400 LDRP	Worked Hours*	91,303	92,191	96,713	102.002	67.052	70.714	25.424
2 12 22 11	Worked FTEs	43.90	44.32	46.50	103,992	67,853	70,714	96,491
	Deliveries	1,891			50.00	48.93	51.00	46.39
	Hrs/Stat	48.28	2,086 44.20	1,951 49.57	1,957 53.14	1,426 47.58	1,451 48.73	1,983 48.66
4010 ER	*** 4 155 *							
4010 EK	Worked Hours*	95,931	100,162	103,801	105,754	70,039	67,492	101,004
	Worked FTEs	46.12	48.15	49.90	50.84	50.51	48.67	48.56
	Visits	41,961	43,887	43,570	43,894	29,376	29,181	43,699
	Hrs/Stat	2.29	2.28	2.38	2.41	2.38	2.31	2.31
4015 SART	Worked Hours*	278	198	176	143	97	240	562
	Worked FTEs	0.13	0.10	0.08	0.07	0.07	0.17	0.27
	Cases	24	4	14	20	9	8	19
	Hrs/Stat	11.58	49.50	12.57	7.15	10.78	30.00	29.58
4420 Surgery	Worked Hours*	46,341	49,177	48,191	52,502	33,845	32,577	57,047
- ,	Worked FTEs	22.28	23.64	23.17	25.24	24.41	23.49	· ·
	Minutes	2,682	2,835	2,345	2,238		4	27.43
	Hrs/Stat	17.28	17.35	20.55	23.46	1,436 23.57	1,273 25.59	2,073 27. 5 2
				20,33	25.70	23.31	23.33	21.32
4427 Recovery	Worked Hours*	24,722	26,367	25,133	28,108	17,101	18,805	29,619
	Worked FTEs	11.89	12.68	12.08	13.51	12.33	13.56	14.24
	Minutes	10,442	11,010	9,290	8,402	5,479	5,064	8,060
	Hrs/Stat	2.37	2.39	2.71	3.35	3.12	3.71	3.67
							•	

		Actual <u>2010</u>	Actual <u>2011</u>	Actual <u>2012</u>	2080 hrs FTE Actual 2013	1386.66 hrs FTE 8 Months 2013	1386.66 hrs FTE 8 Months 2014	Budget 2015
7190 Breast Feeding	Worked Hours*	0	0	909	2,986	1,988	2,111	2,974
	Worked FTEs	0.00	0.00	0.44	1.44	-	- 1	1.43
8720 Nursing Admin	Worked Hours*	24,796	24,169	24,225	28,005	18,464	17,547	25,230
	Worked FTEs	11.92	11.62	11.65	13.46	13.32		12.13
	Nursing Paid FTEs	3,193	3,479	3,401	3,208	2,165	1,967	3,010
	Hrs/Stat	7.77	6.95	7.12	8.73	8.53	8.92	8.38
8730 Nursing Pool	Worked Hours*	3,912	3,797	3,208	2,545	2,369	460	687
	Worked FTEs	1.88	1.83	1.54	1.22	1.71	0.33	0.33
Chief Nursing Officer	Total Worked FTE's	241.39	262.55	270.99	266.11	267.30	247.53	250.54

* Includes Contract FIE's					2080 hrs FTE	1386.66 hrs FTE	1386.66 hrs FTE	
		Actual	Actual	Actual	Actual	8 Months	8 Months	Budget
		<u>2010</u>	2011	<u>2012</u>	2013	2013	2014	2015
Chief Operating Officer								
Chief Operating Officer 4500 Clin Lab	Worked Hours*	56,428	61,183	68,350	68,449	45,702	45,224	67.046
4500 CMI EED	Worked FTEs	27.13	29.41	32.86	32.91	32.96	43,224 32.61	67,046 32.23
	Procedures	3,518	3,980	4,073	4,256	2,816	į.	4,552
	Hrs/Stat	16.04	15.37	16.78	16.08	16.23	15.15	14.73
4520 Pathology	Worked Hours*	7,674	7,793	6,983	4,801	2,974	3,266	5,731
	Worked FTEs	3.69	3.75	3.36	2.31	2.14	2.36	2.76
	Procedures	10,171	8,584	8,297	6,988	4,288	4,612	7,325
	Hrs/Stat	0.75	0.91	0.84	0.69	0.69	0.71	0.78
4560 EKG	Worked Hours*	2,516	2,363	2,078	2,172	1,408	1,218	1,855
	Worked FTEs	1.21	1.14	1.00	1.04	1.02	0.88	0.89
	Procedures	12,879	13,460	13,557	13,354	8,850	9,725	14,337
	Hrs/Stat	0.20	0.18	0.15	0.16	0.16	0.13	0.13
4590 ECHO	Worked Hours*	1,856	1,889	1,846	1,764	1,078	1,165	1,789
	Worked FTEs	0.89	0.91	0.89	0.85	0.78	0.84	0.86
	Procedures	3,834	4,428	3,939	3,504	2,331	2,402	3,575
	Hrs/Stat	0.48	0.43	0.47	0.50	0.46	0.49	0.50
4620 EEG	Worked Hours*	259	225	213	219	145	143	229
	Worked FTEs	0.12	0.11	0.10	0.11	0.10	0.10	0.11
	Procedures	784	1,695	1,013	1,076	785	587	887
	Hrs/Stat	0.33	0.13	0.21	0.20	0.18	0.24	0.26
4630 Radiology	Worked Hours*	31,276	32,078	33,863	34,421	22,882	23,397	35,072
	Worked FTEs	15.04	15.42	16.28	16.55	16.50	16.87	16.86
	Procedures Hrs/Stat	39,447 0.79	41,838 0.77	40,741 0.83	39,008 0.88	26,187 0.87	27,214 0.86	41,342 0.85
ACCO NI LAN I								ſ
4650 Nuc Med	Worked Hours*	2,443	2,585	2,447	2,238	1,451	1,507	2,270
	Worked FTEs Procedures	1.17	1.24	1.18	1.08	1.05	1.09	1.09
	Hrs/Stat	2,121 1.15	1,340 1.93	1,001 2.44	983 2.28	487 2.98	986 1.53	1,498 1.52
4660 MRI	Worked Hours*	2,763	2,973	2,925	2,719	1,852	1,777	2.704
	Worked FTEs	1.33	1.43	1.41	1.31	1.34	1.28	2,794 1.34
	Procedures	1,782	2,265	2,096	1,763	1,126	1,110	1,750
	Hrs/Stat	1.55	1.31	1.40	1.54	1.64	1.60	1.60
4670 Ultrasound	Worked Hours*	9,281	9,899	12,210	11,785	7,815	7,655	11,504
	Worked FTEs	4.46	4.76	5.87	5.67	5.64	5.52	5.53
	Procedures	9,335	9,942	10,359	11,815	7,521	8,568	12,862
	Hrs/Stat	0.99	1.00	1.18	1.00	1.04	0.89	0.89
4680 CT	Worked Hours*	12,710	13,029	12,696	10,537	6,937	7,035	10,716
	Worked FTEs	6.11	6.26	6.10	5.07	5.00	5.07	5.15
	Procedures	16,347	17,945	13,103	11,813	7,856	8,925	13,755
	Hrs/Stat	0.78	0.73	0.97	0.89	0.88	0.79	0.78
4720 Respiratory	Worked Hours*	13,782	14,223	16,187	16,060	10,785	10,162	16,329
	Worked FTEs	6.63	6.84	7.78	7.72	7.78	7.33	7.85
	Treatments Hrs/Stat	29,608 0.47	30,233 0.47	25,490 0.64	19,328 0.83	12,649 0.85	11,9 5 0 0.85	18,831 0.87
4720 Condi-								
4730 Cardio	Worked Hours*	264	413	315	219	145	261	395
	Worked FTEs Procedures	0.13	0.20	0.15	0.11	0.10	0.19	0.19
	Hrs/Stat	88	89	72 4 20	92	60	53	85
	may atat	3.00	4.64	4.38	2.38	2.42	4.92	4.65

		Actual 2010	Actual 2011	Actual 2012	Actual 2013	8 Months 2013	8 Months 2014	Budget 2015
4770 PT	Worked Hours*	14,251	21,288	22,597	21,458	13,836	12,232	19,554
	Worked FTEs	6.85	10.23	10.86	10.32	9.98	8.82	9.40
	Treatments	18,398	24,852	24,787	18,494	12,409	11,784	17,869
	Hrs/Stat	0.77	0.86	0.91	1.16	1.11	1.04	1.09
4780 Speech Therapy	Worked Hours*							725
	Worked FTEs							0.35
	Treatments							487
	Hrs/Stat						Ì	1.49
4790 Occupational Therapy	Worked Hours*							01
	Worked FTEs							0.00
	Treatments						ł	143
	Hrs/Stat							0.00
8390 Pharmacy	Worked Hours*	23,795	32,644	33,716	31,157	20,561	19,668	30,212
	Worked FTEs	11.44	15.69	16.21	14.98	14.83	14.18	14.53
	Rev Adj Pt Days	21,906	22,360	20,062	16,441	11,118	10,801	16,608
	Hrs/Stat	1.09	1.46	1.68	1.90	1.85	1.82	1.82
8750 Case Mgmt	Worked Hours*	12,450	18,785	22,665	21,395	14,936	15,607	23,025
	Worked FTEs	5.99	9.03	10.90	10.29	10.77	11.26	11.07
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	0.27	0.40	0.50	0.52	0.54	0.57	0.54
8751 Infection Control	Worked Hours*	1,571	1,783	2,696	2,884	1,873	1,740	2,621
	Worked FTEs	0.76	0.86	1.30	1.39	1.35	1.25	1.26
	Tot Paid FTEs	7,604	8,015	8,286	8,355	5,577	5,399	8,177
	Hrs/Stat	0.21	0.22	0.33	0.35	0.34	0.32	0.32
8752 Risk Mgmt	Worked Hours*	2,009	1,851	0	13	13	24	٥
	Worked FTEs	0.97	0.89	0.00	0.01	0.01	0.02	0.00
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	0.04	0.04	0.00	0.00	0.00	0.00	0.00
8754 Quality	Worked Hours*	4,396	4,526	7,017	6,204	4,207	3,557	7,072
	Worked FTEs	2.11	2.18	3.37	2.98	3.03	2.57	3.40
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	0.10	0.10	0.15	0.15	0.15	0.13	0.17
8773 Community Hith	Worked Hours*	1,633	1,544	1,227	2,179	1,497	1,250	1,643
	Worked FTEs	0.79	0.74	0.59	1.05	1.08	0.90	0.79
	Tot Rev Adj Days	89	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	18.35	0.03	0.03	0.05	0.05	0.05	0.04
	Total Worked FTE's	96.81	111.09	120.21				

		4.61			2080 hrs FTE	1386.66 hrs FTE	1386.66 hrs FTE	
		Actual	Actual	Actual	Actual	8 Months	8 Months	Budget
		<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2013</u>	2014	<u>2015</u>
Asst Admin Clinic & Supp								
4083 Rural Health	Worked Hours*	45,581	49,237	61,438	69,179	45,937	46,213	57,583
	Worked FTEs	21.91	23.67	29.54	33.26	33.13		27.68
	Visits	15,733	16,262	18,623	18,909	12,672		20,962
	Hrs/Stat	2.90	3.03	3.30	3.66		3.14	2.75
4402 0: Ulu o								
4183 Pioneers Hith Ctr	Worked Hours*							14,504
	Worked FTEs							6.97
	Visits							9,780
	Hrs/Stat							1.48
4640 Infusion Therapy	Worked Hours*	0	0	0	8,400	4,344	0.100	12.527
	Worked FTEs	0.00	0.00	0.00	4.04		8,186	12,637
	Procedures	0.00				3.13	5.90	6.08
			0	0	635	0	2,348	2,983
	Hrs/Stat	0.00	0.00	0.00	13.23	0.00	3.49	4.24
4876 Occ Med	Worked Hours*	11,777	11,649	12,370	13,132	8,772	7,944	0
	Worked FTEs	5.66	5.60	5.95	6.31	6.33	5.73	0.00
	Visits	5,005	6,128	5,796	5,486	3,747	4,269	0
	Hrs/Stat	2.35	1.90	2.13	2.39	2.34	1.86	0.00
4878 Wound Care	587J 141 - +							
4676 Wound Care	Worked Hours*	12,494	12,610	13,638	14,475	9,093	9,670	14,601
	Worked FTEs	6.01	6.06	6 .56	6.96	6.56	6.97	7.02
	Procedures	3,834	4,428	4,648	5,078	3,196	3,576	5,458
	Hrs/Stat	3.26	2.85	2.93	2.85	2.85	2.70	2.68
7193 IVS Student Hith	Worked Hours*	1,534	1,325	1,391	1,326	757	922	1,470
	Worked FTEs	0.74	0.64	0.67	0.64	0.55	0.66	0.71
					***		0.00	
5321 Cafeteria	Worked Hours*	5,845	5,584	5,478	5,589	3,862	3,608	16,473
	Worked FTEs	2.81	2.68	2.63	2.69	2.79	2.60	7.92
	Meals	192,192	204,387	217,734	223,265	144,397	154,703	233,571
	Hrs/Stat	0.03	0.03	0.03	0.03	0.03	0.02	0.07
8340 Dietary	Worked Hours*	35,830	36,441	37,153	34,313	22.641	24.257	22 705
	Worked FTEs	17.23	17.52	17.86	16.50	22,641	24,257	23,795
	Dietary Meals	79,185	84,731			16.33	17.49	11.44
	Hrs/Stat	0.45	0.43	83,677 0.44	69,615	48,464	44,287	65,438
	1113/3000	0.43	0.45	0.44	0.49	0.47	0.55	0.36
8350 Laundry	Worked Hours*	1,943	1,863	1,922	1,967	1,293	1,259	3,536
	Worked FTEs	0.93	0.90	0.92	0.95	0.93	0.91	1.70
	Pounds	591,368	574,192	593,928	537,270	366,666	339,212	509,816
	Hrs/Stat	0.0033	0.0032	0.0032	0.0037	0.0035	0.0037	0.01
8410 Grounds	Mitagles of the						1	
9410 GIQUIQS	Worked Hours*	3,514	4,065	3,859	4,198	2,497	3,080	3,744
	Worked FTEs	1.69	1.95	1.86	2.02	1.80	2.22	1.80
	Sq Feet	2,100	2,100	2,100	2,100	1,400	1,400	2,100
	Hrs/Stat	1.67	1.94	1.84	2.00	1.78	2.20	1.78
8420 Security	Worked Hours*	10,735	9,931	11,359	10,866	7,140	7,176	10,296
	Worked FTEs	5.16	4.77	5.46	5.22	5.15	5.18	4.95
	Sq Feet	2,100	2,100	2,100	2,100	1,400	1,400	2,100
	Hrs/Stat	5.11	4.73	5.41	5.17	5.10		
		3.11	7.73	2.44	3.17	5.10	5.13	4.90

		Actual <u>2010</u>	Actual <u>2011</u>	Actual <u>2012</u>	2080 hrs FTE Actual 2013	1386.66 hrs FTE 8 Months <u>2013</u>	1386.66 hrs FTE 8 Months 2014	Budget 2015
8440 Housekeeping	Worked Hours*	55,783	54,936	56,172	\$5,532	37,125	35,664	52,526
	Worked FTEs	26.82	26.41	27.01	26.70	•		25.25
	Sq Feet	1,788	1,788	1,788	1,788	1,192	- 1	1,788
	Hrs/Stat	31.20	30.72	31.42	31.06	31.15		29.38
8460 Plant	Worked Hours*	26,681	26,745	27,097	27,058	18,020	18,602	35,241
	Worked FTEs	12.83	12.86	13.03	13.01	13.00	· 1	16.94
	Sq Feet	2,100	2,100	2,100	2,100	1,400		2,100
	Hrs/Stat	12.71	12.74	12.90	12.88	12.87	-,	16.78
8461 Minor Constr	Worked Hours*	3,348	9,769	7,858	7,940	4,909	5,068	0
	Worked FTEs	1.61	4.70	3.78	3.82	3.54	'	0.00
Asst Admin Clinic & Supp	Total Worked FTE's	103.40	107.77	115.26	122.10	119.99	123.79	118.46

		Actual <u>2010</u>	Actual <u>2011</u>	Actual <u>2012</u>	2080 hrs FTE Actual 2013	1386.66 hrs FTE 8 Months 2013	1386.66 hrs FTE 8 Months 2014	Budget 2015
Chief Financial Officer								
5700 Med Rec	Worked Hours*	39,778	36,399	34,433	33,564	22,230	22,975	33.98
	Worked FTEs	19.12	17.50	16.55	16.14	16.03	16.57	16.3
	IP OP & ER Admits	105,092	111.505	106,518	104,784		73,250	108,53
	Hrs/Stat	0.38	0.33	0.32	0.32	,	0.31	0.3
8380 Central Supply	Worked Hours*	10,898	10,854	13,578	13,851	8,983	7,791	7,540
	Worked FTEs	5.24	5.22	6.53	6.66	6.48	5.62	3.6
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,28
	Hrs/Stat	0.24	0.23	0.30	0.34	0.33	0.28	0.1
8400 Purchasing	Worked Hours*	9,117	9,463	7,140	7,468	4,972	5,229	9,279
	Worked FTEs	4.38	4.55	3.43	3.59	3.59	3.77	4.4
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	0.20	0.20	0.16	0.18	0.18	0.19	0.2
8470 Communication	Worked Hours*	10,076	5,838	5,590	5,656	3,790	2,517	3,70
	Worked FTEs	4.84	2.81	2.69	2.72	2.73	1.82	1.78
	IP OP & ER Admits	105,092	111,505	106,518	104,784	69,500	73,250	108,534
	Hrs/Stat	0.10	0.05	0.05	0.05	0.05	0.03	0.03
8480 Info Sys	Worked Hours*	20,021	19,292	23,192	24,342	16,123	13,897	20,363
	Worked FTEs	9.63	9.28	11.15	11.70	11.63	10.02	9.79
	Calendar Days	365	365	366	365	243	243	369
	Hrs/Stat	54.85	52.85	63.37	66.69	66.35	57.19	55.79
8510 Accounting	Worked Hours*	13,568	13,460	13,281	12,862	8,671	8,229	12,636
	Worked FTEs	6.52	6.47	6.39	6.18	6.25	5.93	6.08
	Calendar Days Hrs/Stat	365 37.17	365 36.88	366	365	243	243	369
	1113/3000	37.17	30.08	36.29	35.24	35.68	33.86	34.62
8530 Patient Acctg	Worked Hours*	47,932	47,169	29,534	27,925	17,836	18,946	31,117
	Worked FTEs	23.04	22.68	14.20	13.43	12.86	13.66	14.90
	IP OP & ER Admits	105,092	111,505	106,518	104,784	69,500	73,250	108,534
	Hrs/Stat	0.46	0.42	0.28	0.27	0.26	0.26	0.29
8550 Credit & Collect	Worked Hours*	5,245	4,869	5,540	5,602	3,655	3,730	5,429
	Worked FTEs	2.52	2.34	2.66	2.69	2.64	2.69	2.61
	IP OP & ER Admits	105,092	111,505	106,518	104,784	69,500	73,250	108,534
	Hrs/Stat	0.05	0.04	0.05	0.05	0.05	0.05	0.05
8560 Admiting	Worked Hours*	42,289	44,936	43,898	42,099	27,561	28,564	44,928
	Worked FTEs	20.33	21.60	21.10	20.24	19.88	20.60	21.60
	Registrations	84,354	89,115	82,099	80,389	53,081	54,256	81,564
	Hrs/Stat	0.50	0.50	0.53	0.52	0.52	0.53	0.55

		Actual 2010	Actual 2011	Actual <u>2012</u>	2080 hrs FTE Actual 2013	1386.66 hrs FTE 8 Months 2013	1386.66 hrs FTE 8 Months 2014	Budget <u>2015</u>
Chief HR Officer								
8650 Personnel	Worked Hours*	7,339	7,296	6,322	9,071	6,201	5,375	7,365
	Worked FTEs	3.53	3.51	3.04	4.36			3.54
	Total Paid FTEs	7,604	8,015	8,286	8,355	5,577		8,177
	Hrs/Stat	0.97	0.91	0.76	1.09	1.11	•	0.90
8660 EE Health	Worked Hours*	2,071	1,759	1,575	1,502	995	925	1,872
	Worked FTEs	1.00	0.85	0.76	0.72	0.72	0.67	0.90
	EE Health Visits	3,517	2,283	3,500	2,825	1,666	1,388	2,547
	Hrs/Stat	0.59	0.77	0.45	0.53	0.60	0.67	0.73
8665 Back to Work	Worked Hours*	1,079	2,139	984	1,901	1,011	1,376	1,972
	Worked FTEs	0.52	1.03	0.47	0.91	0.73	0.99	0.95
8670 Volunteers	Worked Hours*	1,818	1,692	1,771	1,775	1,179	561	1,872
	Worked FTEs	0.87	0.81	0.85	0.85	0.85	0.40	0.90
	Calendar Days	365	365	366	365	243	243	365
	Hrs/Stat	4.98	4.64	4.84	4.86	4.85	2.31	5.13
8740 Training & Dev	Worked Hours*	3,644	3,629	3,518	2,588	2,082	1,576	2,212
	Worked FTEs	1.75	1.74	1.69	1.24	1.50	1.14	1.06
	Tot Rev Adj Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	Hrs/Stat	0.08	80.0	0.08	0.06	0.08	0.06	0.05
8880 Day Care	Worked Hours*	8,115	7,558	8,187	8,525	5,447	5,307	7,758
	Worked FTEs	3.90	3.63	3.94	4.10	3.93	3.83	3.73
	Child Care Days	7,318	7,215	6,565	7,006	4,470	4,288	6,824
	Hrs/Stat	1.11	1.05	1.25	1.22	1.22	1.24	1.14
Chief HR Officer	Total Worked FTE's	11.57	11.57	10.75	12.19	12.20	10.90	11.08

					2080 hrs FTE	1386.66 hrs FTE	1386.66 hrs FTE	
		Actual	Actual	Actual	Actual	8 Months	8 Months	Budget
		2010	<u>2011</u>	2012	2013	2013	<u>2014</u>	<u>2015</u>
Chief Executive Officer								
8610 Administration	Worked Hours*	14,479	15,744	14,056	11,944	7,739	8,749	13,265
	Worked FTEs	6.96	7.57	6.76	5.74	-		6.38
	Calendar Days	365	365	366	365		1	365
	Hrs/Stat	39.67	43.13	38.40	32.72			36.34
	.,		10.20	55,40	02.72	32.03	30.00	30.54
8630 PR	Worked Hours*	4,092	1.960	1,774	1,044	318	768	1,872
	Worked FTEs	1.97	0.94	0.85	0.50		1	0.90
	Calendar Days	365	365	366	365			365
	Hrs/Stat	11.21	5.37	4.85	2.86	1.31	3.16	5.13
8710 Med Staff	Worked Hours*	3,660	2,908	4,421	5,386	3,437	3,183	3,744
	Worked FTEs	1.76	1.40	2.13	2.59	2.48		1.80
	Active Med Staff	987	1,096	1,043	826	540	I	883
	Hrs/Stat	3.71	2.65	4.24	6.52	6.36	I	4.24
Chief Executive Officer	Total Worked FTE's	10.69	9.91	9.74	9.39	9.11	9.17	9.08
GRAND TOTAL	Total Worked FTE's	561.04	595.33	611.64	608.86	606.14	585.21	586.07
	Patient Days	21,900	22,360	20,062	16,441	11,118	10,732	16,608
	Adjusted Pt Days	45,437	47,304	45,601	41,206	27,481	27,554	42,283
	FTE's/APD (wrkd)	4.51	4.59	4.91	5.41	5.36	5.16	5.07

2015 Budget

Total Hospital FTE Comparison

As of : 05/27/14

Dept #	Department	Budget 2015 Total Worked FTE's (Excl Contract)	Non Prod FTEs	Contract FTE's	Budget 2015 Total Paid FTE's (Incl Contract)		2014 Prod Rprt Total Paid FTE's (Incl Contract)	BUD 2015 & YTD Apr14 Paid FTE Var.
Nursing	1.0	-						<u></u>
6010	I.C.U.	21.09	3.16		04.05	H	04.70	(0.54)
6070	NEONATAL ICU	2.14	3, 10		24.25	╢	24.76	(0.51)
6150	D.O.U.	11.45	2.31		2.14 13.76	-	2.38	(0.24)
6170	MED/SURG	56.67	7.54	0.13	64.34	-	15.03 60.28	(1.27)
6176	GYNECOLOGY	0.27	7.54					4.06
6290	PEDIATRICS	8.01	1.31	-	0.27	L	0.25	0.02
6400	LDRP	45.94	8.18	- 0.45	9.32	-	8.27	1.05
7010	E/R	48.18		0.45	54.57	Н	59.16	(4.59)
7015	S.A.R.T	0.27	7.65	0.38	56.21	Н	57.23	(1.02)
7420	SURGERY	27.43		-	0.27	Н	0.14	0.13
7427	RECOVERY	14.24	5.00	-	32.43	Н	28.81	3.62
7190	BREAST FEEDING GRANT	1.43	2.59		16.83	Н	16.23	0.60
8720	NURSING ADMINISTRATION	12.13	- 0.07		1.43	-	1.49	(0.06)
8730	NURSING FLOAT POOL		2.37		14.50	Н	9.87	4.63
0730	NORSING FLOAT FOOL	0.33	2.39		2.72	Н	2.58	0.14
Total Nu	rsing Division: Total Worked FTE's + Contract	249.58 250.54	42.50	0.96	293.04	H	286.48	6.56
000								
7500	LABORATORY	32.23	4.70		20.00	-		0.04
7520	PATHOLOGY LAB	2.76	4.70 0.24		36.93	Н	36.92	0.01
7560	E.K.G.	0.89			3.00	Н	2.74	0.26
7590	ECHO	0.86	-		0.89		0.88	0.01
7620	E.E.G	0.86	-		0.86	-	0.88	(0.02)
7630	RADIOLOGY	16.86	2.52		0.11		0.10	0.01
7650	NUCLEAR MEDICINE	1.09	3.52		20.38	-	20.16	0.22
7660	M.R.I.	1.34	0.15		1.24	\blacksquare	1.24	-
7670	ULTRASOUND	5.53	0.08		1.42		1.34	0.08
7680	CT SCAN	5.15	0.37	-	5.90	_	5.89	0.01
7720	RESPIRATORY	7.85	0.14		5.29	-	5.30	(0.01)
7730	CARDIO LAB		1.15		9.00	-	8.43	0.57
7770	PHYSICAL THERAPY	9.40	1.61		0.19		0.20	(0.01)
7780	SPEECH THERAPY	0.35	1.01	-	11.01	4	10.29	0.72
8390	PHARMACY		4.50		0.35		-	0.35
		14.53	1.52	-	16.05	4	15.65	0.40
	CASE MANAGEMENT	11.07	1.49		12.56	4	12.79	(0.23)
	INFECTION CONTROL	1.26	0.23		1.49	_	1.48	0.01
	RISK MANAGEMENT	-	-	-	-	_	0.02	(0.02)
	QUALITY MANAGEMENT	3.40	0.60	-	4.00	4	2.95	1.05
3773	COMMUNITY HEALTH ED	0.79	0.21		1.00		1.11	(0.11)
Total Chie	ef Operatin Officer Division:	115.66	16.01	0.00	135.90	\dashv	134.52	1.38
	Total Worked FTE's + Contract	. 10.00	10.01	V.VV	100.00		1 77.72	1.00

2015 Budget

Total Hospital FTE Comparison

As of: 05/27/14

7083 Rt 7183 PI 7640 C, 7876 O0 7878 W 7193 IV 8330 C, 8340 DI 8350 LA 8410 GF	Department APITAL PROJ. URAL HEALTH CLINIC IONEERS HLTH CTR ANCER INSTITUTE CC MED PROGRAM IOUND CARE IC STUDENT HEALTH AFETERIA IETARY SERV.	Budget 2015 Total Worked FTE's (Excl Contract)	Non Prod FTEs 3.74 0.70 0.93 0.05	Contract FTE's	Budget 2015 Total Paid FTE's (Incl Contract) - 31.42 7.67 7.01	2014 Prod Rprt Total Paid FTE' (Incl Contract	BUD 2015 8 YTD Apr14 Paid FTE Va
1250 C, 7083 RR 7183 PI 7640 C, 7876 O 7878 W 7193 IV 8330 C, 8340 DI 8350 LA 8410 GF	URAL HEALTH CLINIC IONEERS HLTH CTR ANCER INSTITUTE CC MED PROGRAM OUND CARE C STUDENT HEALTH AFETERIA IETARY SERV.	6.97 6.08 - 0.71 0.71 7.92	0.70 0.93 -		31.42 7.67	37.3	38 (5.96 7.67
7083 Rt 7183 PI 7640 C, 7876 OC 7878 W 7193 IV 8330 C, 8340 DI 8350 LA 8410 GF	URAL HEALTH CLINIC IONEERS HLTH CTR ANCER INSTITUTE CC MED PROGRAM OUND CARE C STUDENT HEALTH AFETERIA IETARY SERV.	6.97 6.08 - 0.71 0.71 7.92	0.70 0.93 -		7.67	-	38 (5.96 7.67
7183 PI 7640 C, 7876 OO 7878 W 7193 IV 8330 C, 8340 DI 8350 LA 8410 GF	IONEERS HLTH CTR ANCER INSTITUTE CC MED PROGRAM OUND CARE C STUDENT HEALTH AFETERIA IETARY SERV.	6.97 6.08 - 0.71 0.71 7.92	0.70 0.93 -	1.00	7.67	-	38 (5.96 7.67
7640 C/ 7876 OO 7878 W 7193 IV 8330 C/ 8340 DI 8350 LA 8410 GF	ANCER INSTITUTE CC MED PROGRAM COUND CARE C STUDENT HEALTH AFETERIA IETARY SERV. AUNDRY & LINEN	6.97 6.08 - 0.71 0.71 7.92	0.70 0.93 -		7.67	-	7.67
7876 OC 7878 W 7193 IV 8330 CA 8340 DI 8350 LA 8410 GF	CC MED PROGRAM COUND CARE C STUDENT HEALTH AFETERIA JETARY SERV. AUNDRY & LINEN	0.71 0.71 0.71 7.92	0.93 - -	_		6.9	
7878 W 7193 IV 8330 CA 8340 DI 8350 LA 8410 GF	OUND CARE C STUDENT HEALTH AFETERIA ETARY SERV. AUNDRY & LINEN	0.71 0.71 0.71 7.92	-				99 0.02
7193 IV 8330 CA 8340 DI 8350 LA 8410 GF	C STUDENT HEALTH AFETERIA ETARY SERV. AUNDRY & LINEN	0.71 7.92	0.05		-	6.3	
8330 CA 8340 DI 8350 LA 8410 GF	AFETERIA IETARY SERV. AUNDRY & LINEN	7.92	0.05	6.31	7.02	7.0	
8340 DI 8350 LA 8410 GF	ETARY SERV. AUNDRY & LINEN			-	0.76	0.7	
8350 LA 8410 GF	AUNDRY & LINEN		1.08	-	9.00	3.0	
8410 GF		11.44	1.56	-	13.00	19.4	
		1.70	0.30	-	2.00	1.0	
8420 CE	ROUNDS	1.80	0.20	-	2.00	2.5	
0420 36	CURITY	0.95	0.05	4.00	5.00	5.3	
8440 HC	OUSEKEEPNG	25.23	3.77	0.02	29.02	29.5	
8460 PL	ANT MAINT.	16.94	1.81	0.00	18.75	14.6	
8461 MI	NOR CONSTR.	-	-	-	-	3.7	
							(311)
8700 ME	EDICAL RECORDS	16.34	2.66	- 1	19.00	19.2	2 (0.22
8380 CE	NTRAL SUPPLY	3.63	0.60	-	4.23	6.1	
8400 PL	JRCHASING	4.46	0.53	-	4.99	4.5	
8470 CC	OMMUNICATIONS	1.78	0.22		2.00	2.0	
8480 IN	FO SYSTEMS	9.79	1.21		11.00	11.1	
8510 AC	COUNTING	6.08	0.68	- 1	6.76	6.8	
8530 PA	TIENT ACCOUNTING	14.96	2.04	-	17.00	15.8	
8550 CR	REDIT & COLLECTIONS	2.61	0.39	-	3.00	3.0	
8560 AD	MITTING	21.60	2.11		23.71	22.4	
	JMAN RESOURCES	3.54	0.59		4.13	4.5	0 (0.37
	IPLOYEE HEALTH	0.90	0.10	-	1.00	3.0	
	CK TO WORK	0.95	0.02	-	0.97	1.0	
	LUNTEERS	0.90	0.10	-	1.00	0.6	
	AINING & DEVELOPMENT	1.06	0.10	-	1.16	1.4	
8880 DA	Y CARE	3.73	0.77	-	4.50	4.7	
	MINISTRATION	6.05	0.70	0.33	7.08	7.4	1 (0.33
	BLIC RELATIONS	0.90	0.10	-	1.00	0.5	
3710 ME	DICAL STAFF	1.80	0.20	-	2.00	2.6	
Fotal Suppor	rt Division: al Worked FTE's + Contract	208.21 219.87	27.31	11.66	247.18	252.	94 (5.76
Total Hospita	al FTE's	573.45	85.82	12.62	671.89	671.4	10 0.49
	al Worked FTE's + Contract	586.07					

Capital Equipment FY 2015 3 Year Capital Plan

	\mid			2	3 Year Capital Plan	Plan				
Dept #		Project Name	Equipment needed	equipment less tax and freight (I'll add those)	Cost * 10%	Quantity	Justification with Priority	FY 2015	FY 2016	FY 2017
6150		DOU Monitoring System adding 2 monitors + 1 Central Station	GE MONITORS	\$60,000	\$66,000	-	Open up the DOU to 10 beds,	\$66,000		
6150	0	SONOSITE	ULTRASOUND	\$45,567	\$50,123	-	This would halp Dr. Krutzik perform more on time better guided procedures.		\$50,123	
47 [6150	Critical Care Beds		\$36,000	\$39,600	Ø	Total Care patients would benefit greatly from these beds	\$39,600		
	6010	Bladder Scanner		\$21,000	\$23,100	-	This is an item that should be used much more often to avoid more invasive procedures on patients	\$23,100		
	6010	Critical Care Stryker Beds		\$74,000	\$81,400	2		\$81,400		
	6170	Couch's	Hill-Rom	\$1,914	\$2,105	4	Need to replace our couches in the visitor waiting from. There are tears in the couches and holes from constant use.		\$8,422	
	6170	New Construction on Med/Surg	Construction	\$39,100	\$43,010	-	Plan is to remove closet doors in all rooms to utilize this space for hampers and trash cans. To build shelves and get rid of the bedside drawers. This remodel is in efforts to give	\$43,010		
	6170	Call and patient tracking	Vocera	\$27,500	\$30,250	+	New call system and patient tracking that has key functions to make the units run more efficiently.	\$30,250		
	6170	EarlySense System		\$109,500	\$120,450		Continous and Contract-free monitoring of heart rate, respitory rate and motion. Aids in fall prevention and pressure ulcer prevention			\$120,450
	0219	IV Pumps		\$867,550	\$954,305	-	Replace existing IV Pumps. This is the total cost and can be split by all nursing departments and pharmacy		\$477,152.50	\$477,153
	6170	Patient Beds		\$37,500	\$41,250	4	Replace old beds that do not function properly	\$41,250		
	4740	CIC Monitor		\$30,000	\$33,000	2	Two monitors needed for patients being dialyzed. Will be installed in new dialysis room once completed	\$33,000		
	6290	Dash Monitors		\$81,923	\$90,116	4	CIC Monitors as requested by pediatricians for continuous O2 monitoring	\$45,116		
									7	

Capital Equipment FY 2015

Not Approved rom prior year	710									02	<u> </u>	1		
Not Approved Yellow is left from prior year	FY 2017									\$13,270				
Yellow is	FY 2016	\$11,931	\$6,600		\$56,654.40				\$125,000	\$13,270			\$15,400	
	FY 2015		· 20	\$100,000	\$42,490.80	\$60,000	\$40,150	\$11,000	\$125,000	\$13,270	\$7,188.72	\$110,000		\$38,500
	Justification with Priority	Stryker bed	The current playroom is not set up to accommodate the children and the storage of the toys. We will be taking out the existing cabinets and outfling new rabinets in with	Figure put out to 2015 but if funded in 2014 by foundation then move to fy 2014	Current monitors are aged and no longer supported - in addition to purchase of FY 2013 monitors	New NICU beds. Current beds range up to 25 yrs of age. Repair parts limited	Infant warmer for LDRP's. We currently have	Infusion device with microchip capability	Beds are unsupported and biomed is no longer able to repair them	Need to replace old gurneys that no longer work.	Nelson would like to have these available for safety when concious sedation is performed	To increase the availability to provide service to multiple physicians. Without compromising patient care. To provide the staff with a back up tower if it breaks down.	Measures bladder volume noninvasively assessing postoperative urinary retention, decreasing CAUTI and improves efficiency by reducing cost and saving staff time.	To keep of all fluid during a procedure.
FY 2015 3 Year Capital Plan	Quantity	-	-		1	5	7	74	14	ဖ	2	-	1	-
FY 2015 3 Year Capital Plan	Cost * 10%	\$11,931	\$6,600	\$100.001	\$14,164	\$60,000	\$40,150	\$11,000	\$249,388	\$6,635	\$3,594	\$110,000	\$15,400	\$38,500
n	Total cost of equipment loss tax and freight (I'll add those)	\$10,846	\$6,000	\$90.910	\$12,876		\$36,500	\$10,000	\$226,716	\$6,032	\$3,268	\$100,000	\$14,000	\$35,000
	Equipment needed		Playroom Remodel		GE Core Fetal Monitors					Big wheel gurney		Endoscopy tower bundle with software, hardware, electrocaudery and	Bladder Scan BVI 9400	Hysteroscopy fluid Management
	Project Name	Crib	New Construction on Med/Surg	Perinatal	Fetal Monitors	Babytherm Infani Beds	Panda Bedded Warmers	Medfusion IV Pumps	L&D Beds	Gurney replacement 2 per year	Capnography	New Equipment primary - 10+ year old equipment retained as backup	Bladder Scan	Fluid Management
	Dept #	6290	6290	6400	6400	6400	6400	6400	6400	7010	7010	7420	7420	7420
	Dept	PEDS	Peds	80	80	80	OB	88	90	8	Œ	Surgery	Surgery	Surgery

Capital Equipment FY 2015

FY 2017 \$220,000 FY 2016 \$24,200 \$440,000 \$143,000 \$55,000 \$27,500 \$132,000 \$44,000 FY 2015 \$44,000 \$104,500 \$440,000 \$132,000 \$38,500 Provide increase volume suction and accurate outputs, decrease cost in waste and risk infection Increase storage for trays and helps decrease wrapping costs Increase use of machine to accommodate all physicians Replace with hand free sinks old ones keep No EMR system used. Increase regulatory requirements Help keep surgical scrubs available to the department (OR and OB) Replace obsolete equipment provide and increase surgical visualization Replace and upgrade to system that can interace, decrease risk to waste Increase Ortho trays with extra drill to increase efficiency of surgical cases Replace the obsolete and upgrade with current one Providing a less invasive approach for surgical patients with same outcome Replacement of old gurneys Justification with Priority Replace old one Quantity 3 Year Capital Plan (r) N N 9 9 w _ _ Cost * 10% \$104,500 \$440,000 \$44,000 \$220,000 \$440,000 \$24,200 \$132,000 \$55,000 \$27,500 \$38,500 \$132,000 \$143,000 \$44,000 equipment less tax and freight (PI) add those) Total cost of \$200,000 \$22,000 \$400,000 \$40,000 \$95,000 \$400,000 \$120,000 \$25,000 \$35,000 \$50,000 \$120,000 \$130,000 \$40,000 Equipment needed Suction System (Neptune/Dornoch) EMR Software and installation Hand Drill (Orthopedic Power) New PROP (Sentinode locator) Instrument Storage Coffins Big Wheel Gurneys Medivator Processor Midas Rex System Project Name Scrub Machine Video Towers Genesys HTA Scrub Sinks Gyrus Dept # 7420 7420 7420 7420 7420 7420 7420 7420 7420 7420 7420 7420 7420 Surgery Dept

Capital Equipment
FY 2015
3 Year Capital Plan

FY 2016 FY 2017			\$38,500	1,500	333.33	333.33	333.33					
FY 2015 FY 20		\$27,500		8								
Justification with Priority		Have an extra ERCP scope available, only have one in house	Have an extra ERCP scope available, only have one in house Provide patient salisfaction while waiting for surgery procedure									
Quantity	-		'n									
Cost " 10%	\$27,500	_	\$38,500	\$38,500	\$38,500	\$38,500 \$242,000 \$22,000	\$38,500 \$242,000 \$22,000 \$11,000	\$38,500 \$242,000 \$22,000 \$11,000 \$374,000	\$38,500 \$242,000 \$22,000 \$11,000 \$374,000 \$352,000	\$38,500 \$242,000 \$22,000 \$374,000 \$371,500	\$38,500 \$242,000 \$22,000 \$374,000 \$371,500 \$71,500	\$38,500 \$242,000 \$22,000 \$374,000 \$371,500 \$15,180 \$13,750
equipment less tax and freight	\$25,000		\$35,000	\$35,000	\$35,000	\$35,000	\$35,000 \$220,000 \$20,000 \$10,000	\$35,000 \$220,000 \$20,000 \$340,000	\$35,000 \$220,000 \$20,000 \$340,000 \$320,000	\$35,000 \$220,000 \$20,000 \$340,000 \$320,000 \$65,000	\$35,000 \$220,000 \$20,000 \$340,000 \$320,000 \$65,000 \$9,000	\$35,000 \$220,000 \$20,000 \$340,000 \$320,000 \$65,000 \$9,000
Equipment needed									Ultrasound Machine	Ultrasound Machine	Ultrasound Machine PFA-100 Instrument	Ultrasound Machine PFA-100 Instrument Replacement
Project Name	ERCP Scope	Pre op TV Installation		Anesthesia Machine Upgrade	Anesthesia Machine Upgrade	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module PACU monitors and central station EUS	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module PACU monitors and central station EUS	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module EUS EUS Platelet Function	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module EUS EUS Witrasound Machine Microscope	Anesthesia Machine Upgrade IV dock warmers for IV solutions Co2 detection module EUS EUS Witrasound Machine Microscope
Dept #	7420	7420	†	7420	7420	7420	7420	7420 7420 7420 7420				
Dept	Surgery	Surgery		Surgery	Surgery	Surgery	Surgery Surgery Surgery	Surgery Surgery Surgery	Surgery Surgery Surgery Surgery	Surgery Surgery Surgery Surgery Lab	Surgery Surgery Surgery Surgery Lab	Surgery Surgery Surgery VAS Lab

Capital Equipment FY 2015

FY 2017 \$137,500 \$495,000 \$82,500 \$19,800 \$264,000 FY 2016 \$715,000 \$66,000 \$121,000 \$192,500 FY 2015 \$198,000 \$115,500 \$121,000 Includes blood bank, microbiology, general lab, positive patient ID, HW, SW, training, implementation, interfaces, tranfusion patient ID and FDA validation process for Blood Bank Includes HW, SW, Training, Implementation, FDA validation processes and interface. HiGHEST priority for tab with dwindling Dwindling lab staff, added improved systems will minimize replacements needed Dwindling lab staff, added improved systems will minimize replacements needed Justification with Priority 8 years old, replacement 10 years old Replacement 8 years old Quantity 3 Year Capital Plan -Cost * 10% \$198,000 \$715,000 \$66,000 \$495,000 \$115,500 \$137,500 \$19,800 \$82,500 \$264,000 \$121,000 \$192,500 \$121,000 equipment less tax and freight (l'il add those) Total cost of \$180,000 \$650,000 \$450,000 \$60,000 \$105,000 \$18,000 \$75,000 \$125,000 \$240,000 \$110,000 \$175,000 \$110,000 **Equipment needed** Replacement Replacement Replacement C-Arm replacement - one replaced in FY 2013 Blood Bank Information System DR retrofit San Diego Room x-ray Laboratory Information System ID and Antibiotic Automation Calexico x-ray room change DR retrofit Occ Med x-ray Microbiology Automation Blood Bank Automation Chemistry Analyzers Automated Urinalysis Project Name Microtoma Dept # 7500 7500 7500 7500 7500 7500 7500 7500 7630 7630 7630 7630 Imaging Imaging maging Imaging Dept g Lab Lab Lab Lab Lab Lab Lab

Capital Equipment
FY 2015

year		T	0		Т_	1	T	1945	1000				Т	T
renow is reit in oilli prior year	FY 2017	\$495,000	\$1,430,000		\$192,500		\$53,500	\$110,000	\$176,000		\$8.800	\$7,700		
2 4000	FY 2016			\$192,500	:	\$1,760,000	\$53,500			\$577,500			\$19,800	
	FY 2015						\$25,000	\$110,000						\$15,157
	Justification with Priority	Installed 09/11/2006	Installed 1/04/2010	Installed 11/04/1997	installed 11/04/1997	Installed 5/12/2008	We are currently renting 8 untis at an annual cost of approx \$50,000	Need 2nd unit to keep up with volume. Cutout aiready exists and current washer will need to be replaced in 4 years.	Advance budget - will need to replace in 5 years	Waiting for EMR interface	Store EVS Eq	Needed to seat more in the cafeteria	Current dishwasher will probably last only another year or so	Dated equipment, impacting test results and patient care
l Plan	Quantity	-	-	-	4	-	80	2	2	150	-	-	-	-
3 Year Capital Plan	Cost * 10%	\$495,000	\$1,430,000	\$192,500	\$192,500	\$1,760,000	\$16,500	\$110,000	\$176,000	\$3,850	\$8,800	\$7,700	\$19,800	\$15,157
3,	Total cost of equipment less tax and freight (I'll add those)	\$450,000	\$1,300,000	\$175,000	\$175,000	\$1,600,000	\$15,000	\$100,000	\$80,000	\$3,500	\$8,000	\$7,000	\$18,000	\$13,779
	Equipment needed						Focus BiPAP Machines	Washer	Sterilizer		Storage Shed 20wx40Lx12H			
	Project Name	Mammography Replacement	CT Replacement	Portable X-Ray	Portable X-Ray	MRI Replacement	None	Central Service washer went out one more year but must be replaced in FY 2015	Central Service stertlizer	IV Pumps	EVS	Cafeteria Furniture	Dishwasher	Sensilase
	Dept#	7630	7630	7630	7630	7630	7720	8380	8380	8380	8440	8340	8340	4878
	Dept	Imaging	lmaging	Imaging	Imaging	Imaging	Cardio	S	S	S	Security/EVS	Dietary	Dietary	Wound Care

Capital Equipment FY 2015

\$4,930,173 \$440,000 FY 2017 \$110,000 \$70,000 \$6,250,916 \$440,000 FY 2016 \$44,000 \$715,000 \$450,000 \$365,000 \$125,000 \$44,000 \$2,922,399 FY 2015 \$50,000 \$375,000 \$335,000 \$80,000 \$70,000 \$50,000 Replacing 2 existing chambers and adding a 3rd chamber for new facility Exam chairs for 6 exam rooms in new wound care facility West, South and PMC Parking areas require overlay as well as minor parking expansion Two phase project to put HVAC and CT on Emergency Power (include electrical circuits/switches/etc.) Furniture, fixtures and equipment for new wound care facility Phase 1 of a 2 phase replacement project South Wing Roof, Pediatrics and ICU, roof coating project AIR HANDLER system improvements Remodel to OP service area PT Justification with Priority Water softners-hospital wide Convert Old OR to Storage Non Eng and IS totals Less foundation/Aux Quantity 3 Year Capital Plan c, 9 N N - ~ Ψ. Cost * 10% \$440,000 \$50,000 \$715,000 \$825,000 \$700,000 \$44,000 \$110,000 \$70,000 \$275,000 \$44,000 \$50,000 equipment less tax and freight (FIL add those) Total cost of \$400,000 \$750,000 \$40,000 \$45,455 \$650,000 \$100,000 \$250,000 \$45,455 \$40,000 Equipment needed South Wing Roof, Pediatrics and ICU Space Planning/Remodel Old PT Space Planning/Remodel Old OR Wound Care Suite Re-Location AIR HANDLER NORTH WING Water softners-hospital wide Podiatric Exam Chairs Resurface Parking Lots Hyperbaric Chambers Emergency Generator Boiler Replacement Project Name Dept # 4878 4878 4878 8460 8460 8460 8460 8460 8460 8460 8460 Wound Care Wound Care Wound Care Dept ENG ENG ENG ENG ENG ENG ENG ENG

Capital Equipment FY 2015 3 Year Capital Plan

			T	-						-				
	FY 2017			\$24,200								\$100,000	\$27,500	\$100,000
	FY 2016	\$38,500	\$29,000		\$20,900	\$16,500	\$220,000		\$27,500	\$22,000		\$10,000		\$100,000
	FY 2015		\$15,000					\$40,000						\$130,000
	Justification with Priority	Conversion of play area to nursing storage	Replacement of various facility signs and Legion/86 Monument Sign	ICU, medical vacuum pump	Replacement of old door	Reduce Set Old Plans	Upgrade Nurse Call Management System	Expand nurse call to ER over-flow	Refurbishment of North Wing Air Handler components	Expansion Joint Clinical Addition ER - NW	Hallway Showers Med/Surg - CIP	NPC/SPC Project	Replacement of existing unit	Upgrade of equipment servicing ER and Womens Center
Plan	Quantity	_	-	-))))))	-	-	(*)	-	4	-	-	-	4
3 Year Capital Plan	Cost * 10%	\$38,500	\$44,000	\$24,200	\$20,900	\$16,500	\$220,000	\$40,000	\$27,500	\$22,000	80	\$110,000	\$27,500	\$330,000
3	equipment less tax and freight (I'll add those)	\$35,000	\$40,000	\$22,000	\$19,000	\$15,000	\$200,000	\$36,364	\$25,000	\$20,000		\$100,000	\$25,000	\$300,000
	Equipment needed													
	Project Name	Pediatrics Play area/storage	Exterior Signage	Medical vacuum pump	Auditorium separation door	Reduce Set Old Plans	Upgrade Nurse Call Management System	Expand nurse call to ER over-flow	Penthouse Air handling Units refurbishment	Expansion Joint Clinical Addition ER-NW	Haliway Showers Med/Surg - CIP	NPC/SPC Project	AIR CONDITIONER, MEG HOUSE	Electrical Circuit and Transfer Switch Upgrades
	Dept #	8460	8460	8460	8460	8460	8460	8460	8460	8460	8460	8460	8460	8460
	Dept	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG O	ENG	ENG	ENG

Capital Equipment FY 2015

ioi yea	017							Ţ		000	8	1		
caron is roundling parol year	FY 2017									\$165,000	\$596,700			
	FY 2016	\$50,000				ļ	\$15,400		\$38,500	\$55,000	\$2,342,300			
	FY 2015	\$302,000	\$99,000	\$80,000	\$13,750	\$29,150	\$15,400	\$19,250	iii _		\$1,653,550		\$192,500	\$38,500
	Justification with Priority	Replace panels in old hospital, panels are obsolete	Create second procedure room in CDC Space	Create additional licensed beds/space	Required to maintain our current system	Replacement of current system, significant limitations and maintenance	Two-Phase improvement project	Necessary software and equipment upgrades	Increase save capacity	Proper evaluation of facility systems and expansion capabilities	Eng Totals		Upgrade	Virtual Memoriy
Plan	Quantity	74	-	-	-	-	-	-	.	-			+	-
3 Year Capital Plan	Cost * 10%	\$352,000	\$99,000	\$80,000	\$13,750	\$29,150	\$30,800	\$19,250	\$38,500	\$220,000			\$192,500	\$38,500
က	Total cost of equipment less tax and freight (Pill add those)	\$320,000	\$90,000	\$72,727	\$12,500	\$26,500	\$28,000	\$17,500	\$35,000	\$200,000			\$175,000	\$35,000
	Equipment needed													
	Project Name	Fire Alarm Panel replacements	Space Planning/Remodel PACU	Space Planning/Remodel NICU	NEXUS Voicemail & Phone system Software Upgrade	NEXUS Phone System - Calexico	Landscaping	Milestone Camera System Improvements	Milestone Camera Server Expansion	Facility Master Plan			Hardware Upgrade	Virtual Memory Upgrade
	Dept#	8460	8460	8460	8460	8460	8460	8460	8460	8460			8480	9480
	Dept	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG			ñ	S

DRAFT Not Approved Yellow is left from prior year FY 2016 80 \$654,500 FY 2015 \$11,000 \$137,500 \$275,000 Time clock system replaced due to end of life Systems and implementation for 2 clinics Justification with Priority DATA CLOSET ß Total cost of equipment less tax and freight (I'll add those) Capital Equipment FY 2015 3 Year Capital Plan -က \$275,000 \$137,500 \$11,000 \$125,000 \$250,000 \$10,000 Equipment needed eClinical Works DATA CLOSET Project Name APi Dept # 8480 8480 8480 Dept 8 $\overline{\infty}$ Ø

FY 2017

\$5,526,873

\$8,593,216

\$5,230,448

Hospital Totals

\$0

Modified Income Statement

The following financial statement is the Proposed Operating Budget for FY 2015 with the following Modifications:

1.	5% merit pay reduced to 2%.	Savings	\$969K
2.	Delay the hiring of open Director Position	Savings	\$ 85K
3.	Reduce three non-bedside nursing positions:	Savings	\$275K
4.	Discontinue Neuro Surg on call	Savings	\$360K
5.	Discontinue Earth Quake Insurance	Savings	\$400K
6.	Reduce 10 FTEs thru attrition	Savings	\$ 606K

Total Savings expected \$2,695K

Pioneers Memorial Healthcare District Statement of Revenue and Expense For the Budget Year ending June 30, 2015

Modified

'	Budget 2015	% Of Change	Bud vs Proj Difference	Projection 2014	% Of Change	Proj vs Act Difference	Actual 2013	% Of Change	Actual 2012
Operating Revenue Daily Hospital Service Revenue Inpatient Anciliary Revenue Outpatient Ancillary Revenue Total Patient Service Revenue	\$53,757,175 \$127,309,784 \$229,913,863 \$460,980,822	3.0% 3.0% 0.3% 1.4%	\$1,565,742 \$3,708,051 \$908,434 \$6,182,227	\$52,191,433 \$123,601,733 \$279,005,429 \$454,798,595	7.1% 6.9% 12.7% 10.4%	\$3,444,291 \$7,993,177 \$31,441,697 \$42,879,165	\$48,747,142 \$115,608,556 \$247,563,732 \$411,919,430	1.6% -11.3% 9.1%	\$47,985,106 \$130,318,109 \$226,951,561
Less: Allowances & Est. Uncollectib	\$370,771,668 80.4%	-1,4%	\$5,278,979	\$365,492,689 80.4%	-13.9%	\$44,557,339	\$320,935,350	-5.1%	\$305,245,075
Net Patient Service Revenue Other Operating Revenue	\$90,209,154 \$944,930	1.0%	\$903,248 \$50,260	\$89,305,906	-1.8%	(\$1,678,174)	\$90,984,080	-9.0%	\$100,009,701
Total Operating Revenue	\$91,154,084	1.1%	\$953,508	\$90,200,576	-2.2%	(\$1,988,337)	\$92,188,913	-8.8%	\$101,042,562
Operating Expenses Salaries and Wages Remofite	\$38,921,919	-0.5%	(\$177,553)	\$39,099,472	-1.6%	(\$651,332)	\$39,750,804	4.0%	\$38,212,459
Registry & Contract	\$953,230 \$953,230	3.9% -34.5%	\$372,575 (\$502,239)	\$9,531,644 \$1,455,469	5.6% -30.5%	\$503,353 (\$637,418)	\$9,028,291	-23.9%	\$11,858,016
Professional Fees Physician Granamtees	\$6,492,059	-18.5%	(\$1,477,767)	\$7,969,826	22.0%	\$1,439,763	\$6,530,063	21.6%	\$5,368,251
Supplies	\$439,/51 415,170,269	7.0% 3.4%	\$17,000	\$242,751	-65.3%	(\$457,776)	\$700,527	-41.2%	\$1,190,717
Purchased Services	\$5,774,790	%0.8-	\$455,134 (\$500,552)	\$14,724,134	-1.3%	(\$191,402)	\$14,915,536 ** 607 274	0.1%	\$14,905,465
Repairs & Maintenance	\$3,378,800	-1.2%	(\$42,592)	\$3,421,392	0.1%	\$1.858	\$3,419.534	18.2%	\$0,534,241 <2 804 058
Depreciation and Amortization Insurance	\$4,546,283	-3.2%	(\$149,439)	\$4,695,722	-12.6%	(\$673,977)	\$5,369,699	14.6%	\$4,685,060
Other	\$5,244,945	7.5%	\$315,478) \$364,084	\$2,068,478 \$4,880,861	9.4% 2.2%	\$177,145 \$104,740	\$1,891,333 \$4,776,12 1	2.4% -9.7%	\$1,847,461 \$5,290,804
Total Operating Expenses	\$92,407,264	-2.1%	(\$1,957,827)	\$94,365,091	%8.0 -	(\$807,075)	\$95,172,166	-1.3%	\$96,454,457
Income (Loss) From Operations Operating Margin %	-\$1,253,180 -1,37%	-69.9%	\$2,911,335	-\$4,164,515 -4.62%	39.6%	(\$1,181,262)	-\$2,983,253 -3.24%	-165.0%	\$4,588,105 4.54%
Non-Operating Revenue (Expense) Interest Expense District Tax Revenue District Tax - G.O. Bonds Hospitalist Program Other Non-Oper. Revenue (Expense)	(\$628,860) \$1,058,229 \$1,910,188 (\$1,207,992)	9.4% 0.5% 2.3% -20.3% -3.3%	\$65,087 \$5,229 \$43,335 \$308,545 \$7,920	(\$693,947) \$1,053,000 \$1,866,853 (\$1,516,537) \$240,230	24.4% 1.1% 5.6% -12.9% -53.9%	\$223,767 \$11,851 \$99,538 \$225,372 (\$280,614)	(\$917,714) \$1,041,149 \$1,767,315 (\$1,741,909)	20.7% 1.6% -2.4% 25.9%	(\$1,157,111) \$1,024,468 \$1,809,973 (\$1,384,065)
Total Non-Operating Revenue (Expe	\$1,379,715	45.3%	\$430,116	\$949,599	41.8%	\$279,914	\$669,685	31.8%	\$508,153
Excess of Revenues over Expenses	\$126,535	-103.9%	\$3,341,451	-\$3,214,916	39.0%	(\$901,348)	-\$2,313,568	-145.4%	\$5,096,258

Pioneers Memorial Healthcare District Subsidiary Schedules For the Budget Year Ending June 30, 2015

Modified

1	Budget	% Of	Projection	% Of	Actual	% Of	Actual
	2015	Change	2014	Change	2013	Change	2012
	\$53,757,175	3.0%	\$52,191,433	7.1%	\$48,747,142	1.6%	\$47,985,106
	<u>127,309,784</u>	3.0%	<u>123,601,733</u>	6.9%	115,608,556	-11.3%	130,318,109
	181,066,959	3.0%	175,793,166	7.0%	164,355,698	-7.8%	178,303,215
	279.913.863	0.3%	279,005,429	12.7%	247.563,732	9.1%	226,951,561
	\$460,980,822	1,4%	\$454,798,595	10.4%	\$411,919,430	1.6%	\$405,254,776
	124,068,398	1.5%	122,234,875	25.3%	97,529,752	6.5%	91,585,881
	130,897,525	2.0%	128,313,940	26.3%	101,597,298	-5.7%	107,734,390
	254,965,923	1.8%	250,548,815	25.8%	199,127,050	-0.1%	199,320,271
	19,563,000	-6.1%	20,829,829	6.5%	19,553,818	4.9%	18,640,453
	4,609,540	31.1%	3,516,093	-12.7%	4,026,887	-45.2%	7,354,250
	<u>91,633,205</u>	1.1%	90,597,952	-7.8%	<u>98,227,595</u>	22.9%	79,930,101
	\$370,771,668	1.4%	\$365,492,689	13.9%	\$320,935,350	5.1%	\$305,245,075
	38,921,919	-0.5%	39,099,472	-1.6%	39,750,804	4.0%	38,212,459
	953,230	-34.5%	1,455,468	-30.5%	2,092,887	-42.9%	3,667,925
	10,183,469	6.8%	<u>9,531,644</u>	5.6%	9,028,291	-23.9%	11,858,016
	\$50,058,618	-0.1%	\$50,086,584	-1.5%	\$50,871,982	-5.3%	\$53,738,400

Pioneers Memorial Healthcare District Schedule of Operating Expenses Summarized By Natural Expense Classifications For the Budget Year Ending June 30, 2015

Modified

	Budget	% Of	Projection	% Of	Actual	% Of	Actual
	2015	Change	2014	Change	2013	Change	2012
Revenue Adjusted Patient days	42,283	1.5%	41,673	1.1%	41,205	-9.6%	45,598
Total Staffing Expense	\$50,058,618	-0.1%	\$50,086,584	-1.5%	\$50,871,982	-5.3%	\$53,738,400
Per A.P.D.	\$1,184	-1.5%	\$1,202	-2.6%	\$1,235	4.8%	\$1,179
Professional Fees	\$6,492,059	-18.5%	\$7,969,826	22.0%	\$6,530,063	21.6%	\$5,368,251
Per A.P.D.	\$154	-19.7%	\$191	20.7%	\$158	34.6%	\$118
Physician Guarantees	\$259,751	7.0%	\$242,751	-65,3%	\$700,527	-41.2%	\$1,190,717
Per A.P.D.	\$6		\$6	-65,7%	\$17	-34.9%	\$26
Supplies Per A.P.D.	\$15,179,268 \$359	3.1%	\$14,724,134 \$353	-1.3%	\$14,915,536 \$362	0.1% 10.7%	\$14,905,465 \$327
Repairs and Maintenance	\$3,378,800	-1.2%	\$3,421,392	0.1%	\$3,419,534	18.2%	\$2,894,058
Per A.P.D.	\$80		\$82	-1.1%	\$83	30.8%	\$63
Purchased Services	\$5,774,790	-8.0%	\$6,275,342	-6.3%	\$6,697,371	2.5%	\$6,534,241
Per A.P.D.	\$137	-9.3%	\$151	-7.4%	\$163	13.4%	\$143
Depreciation and Amortization	\$4,546,283	-3.2%	\$4,695,722	-12.6%	\$5,369,699	14.6%	\$4,685,060
Per A.P.D.	\$108		\$113	-13.5%	\$130	26.8%	\$103
All Other Expenses	\$6,996,945	0.7%	\$6,949,339	4.2%	\$6,667,454	-6.6%	\$7,138,265
Per A.P.D.	\$165	-0.8%	\$167	3.1%	\$162	3.4%	\$157
Total Operating Expenses Per A.P.D.	<u>\$92.686.514</u> <u>\$2.192</u>	-1.8%	\$94,365,090 \$2,264	-0.8%	<u>\$95.172,166</u> <u>\$2,310</u>	-1.3%	<u>\$96,454,457</u> <u>\$2,115</u>

Pioneers Memorial Healthcare District Productivity and Ratio Analysis <u>Budget Year Ending June 30, 2015</u>

1 odified	
Mo	

	Estimated 2015	% Change	Estimated 2014	% Change	Actual 2013	% Change	Actual 2012
Gross A/R Days	53.1	-1.3%	53.8	-18.4%	62.9	21.3%	54.3
Net A/K Days	40.2	-3.1%	41.4	0.3%	41.3	3.7%	39.8
Days Cash On Hand	130.1	-8.4%	142.1	-5.1%	149.7	4.6%	143.1
Current Katio	1.72%	%6.6-	1.91%	-4.3%	2.00%	2.2%	1.95%
Debt to Control	2.04	144.4%	0.84	-41.9%	1.44	-51.8%	2.98
	32.4%	-1.7%	32.9%	-7.5%	35.6%	-3.1%	36.7%
Accounts Payable Days	2.09	8.3%	56.1	0.3%	55.9	11.7%	50.1
Average Age of Plant	14.9	10.7%	13.5	22.5%	11.0	-4.2%	11.5
Deductible Ratio	80.43%	0.1%	80.36%	3.1%	77.91%	3.4%	75.32%
net Income Margin	0.14%	-103.9%	-3.56%	42.0%	-2.51%	-149.8%	5.04%

Title: Hospital Plan for the Provision of Patient Care	Policy No. ADM - 00158
	Page 1 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

Collaborating Depa Ancillary	artments: Nurs	9	eywords: Care, Trea lission, leadership	tment, Scope of Service,
	Арр	proval Route: List	all required approva	al
MARCC 7/29/2014 PSQC Other		Other: Admir	istrative Team	
Clinical Service		MSQC	MEC	BOD 8/2014

1.0 Purpose:

- 1.1 Mission/Visions/Values
 - 1.1.1 Mission Statement:
 - 1.1.1.1 Quality healthcare and compassionate service for families of the Imperial Valley.
- 1.2 Vision Statement:
 - 1.2.1.1 A collaborative partnership of physicians and the organization, recognized nationally and by the community as the leader of quality healthcare and customer service.
- 1.3 Value Statement:
 - 1.3.1 As community healthcare providers we are entrusted to:
 - 1.3.1.1 Give high quality care and service
 - 1.3.1.2 Respect each individual's ethnicity and rights as a healthcare consumer
 - 1.3.1.3 Preserve the individual's dignity and provide for their healthcare needs including the management of pain.
 - 1.3.2 As an organization we are committed to:
 - 1.3.2.1 Follow our strategic plan, which establishes our growth and direction.
 - 1.3.2.2 Open and clear communication
 - 1.3.2.3 An atmosphere of trust, high morale, and a well-balanced environment free of undue stress.
 - 1.3.3 For our employees we are committed to ensure:
 - 1.3.3.1 A sense of security and organization
 - 1.3.3.2 Fair and competitive compensation
 - 1.3.3.3 Safe working conditions
 - 1.3.3.4 Just and ethical actions
 - 1.3.3.5 Freedom to be creative, to make suggestions, to voice concerns, and
 - 1.3.3.6 Equal opportunity for employment, growth, and advancement.
- 2.0 Scope: Hospital-wide
- 3.0 Policy: Not applicable
- 4.0 **Definitions:** Not applicable
- 5.0 Procedure:
 - 5.1 Scope of Care, Services, and Treatment

Title: Hospital Plan for the Provision of Patient Care	Policy No. ADM - 00158
	Page 2 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

- 5.1.1 Pioneers Memorial Healthcare District's (PMHD) license includes a hospital with 107 acute care beds, a full complement of ancillary services, and out patient clinic settings. Approximate annual volumes within the District include 5,500 inpatient admission, 43,000 emergency visits, and nearly 25,000 outpatient clinics visits.
- 5.1.2 Patient services at PMHD are accomplished through an organized and systematic process designed to ensure the delivery of safe, effective, and timely care and treatment. Providing patient services and the delivery of patient care requires specialized knowledge and judgment derived from the principles of biological, physical, behavioral, psychosocial, nursing and medical science.
 - Patient services are planned, coordinated, provided, delegated, and supervised by professional health care providers that recognize the unique physician, emotional, and spiritual needs of each person. Patient care encompasses the recognition of disease and health, patient teaching, patient advocacy, spirituality and research.
 - 5.1.2.2 Under the auspices of the Medical, Nursing and Allied Healthcare professionals along with the Administrative Representatives, the needs of patients and referral sources are discussed, reviewed, and addressed in a collaborative manner or as part of a multidisciplinary team to achieve optimal patient outcomes.
- 5.1.3 Each patient care service department has a defined scope of care document available which is completed during the annual process improvement activities.
 - 5.1.3.1 The departmental scopes of care include:
 - 5.1.3.2 Staff needs, mix, and necessary skills as appropriate
 - 5.1.3.3 Scope of care, treatment, and services needed by patients reflecting the needs and expectations of patients and as appropriate of the families and referrals sources
 - 5.1.3.4 Types and ages of patients served
 - 5.1.3.5 Types of services most frequently provided
 - 5.1.3.6 Hours of operation and method using for ensuring that those hours meet the needs of the patients served
- 5.1.4 Definition of Patient Focused Services (care) and Organization Focused Services (support)
 - 5.1.4.1 PMHD defines Patient Services (care) as those departments focused on patient care through direct contract with patients/clients in outpatient or inpatient settings:
 - 5.1.4.2 Patient care professionals are those who are responsible for the assessment of patients/clients; provide patient care, and the planning of care based on findings from those assessments.
 - 5.1.4.3 Licensed staff supervises patient service and patient care.
 - 5.1.4.4 Departments focused on patient services/care include:
 - 5.1.4.4.1 Calexico Health Center (CHC- outpatient rural health clinic)
 - 5.1.4.4.2 Definitive Observation Unit (DOU) Emergency Department (ED)
 - 5.1.4.4.3 House Supervisors

Title:	Policy No. ADM - 00158
Hospital Plan for the Provision of Patient Care	Page 3 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

- 5.1.4.4.4 Imaging Services
- 5.1.4.4.5 Infection Control
- 5.1.4.4.6 Intensive Care Unit (ICU)
- 5.1.4.4.7 Medical Staff
- 5.1.4.4.8 Medical/Surgical Unit
- 5.1.4.4.9 Nutritional Services
- 5.1.4.4.10Oncology -
- 5.1.4.4.11Peri-operative Services
- 5.1.4.4.12Pathology and Laboratory Services
- 5.1.4.4.13Pediatrics
- 5.1.4.4.14Pharmacy
- 5.1.4.4.15 Rehabilitation Services
- 5.1.4.4.16Respiratory Therapy/Cardiopulmonary
- 5.1.4.4.17Sexual Assault Response Team (SART)
- 5.1.4.4.18Social Services
- 5.1.4.4.19Volunteers
- 5.1.4.4.20 Women's Services
- 5.1.4.4.21 Wound Care
- 5.1.5 PMHD defines Organizational Services (support) as those provided by a variety of individuals and departments, which may or may not have direct contact with the patients, but who support the care provided by the direct care provider.
 - 5.1.5.1 Department focused on organizational/support services:
 - 5.1.5.1.1 Administration
 - 5.1.5.1.2 Bio-Medical Engineering
 - 5.1.5.1.3 Case Management and utilization
 - 5.1.5.1.4 Continuing Education
 - 5.1.5.1.5 Environmental Services
 - 5.1.5.1.6 Facilities Services
 - 5.1.5.1.7 Finance Services
 - 5.1.5.1.8 Health Information Management
 - 5.1.5.1.9 Human Resources
 - 5.1.5.1.10Information Services
 - 5.1.5.1.11 Materiel Management
 - 5.1.5.1.12Patient Registration (Admitting) and Patient Financial Services
 - 5.1.5.1.13 Public Relations
 - 5.1.5.1.14Quality Resource
 - 5.1.5.1.15Risk Management
 - 5.1.5.1.16Security
 - 5.1.5.1.17Volunteers
- 5.2 Staffing Needs and Plans
 - 5.2.1 For many departments, in addition to a brief description of staffing in their individual Scopes of Service, staffing plans are developed based on the level and scope of care that needs to be provided, the frequency of the care to be provided, and a

Title:	Policy No. ADM - 00158
Hospital Plan for the Provision of Patient Care	Page 4 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

determination of the level of staff that can most appropriately provide the type of care needed. It is the responsibility of management to ensure that all staff is competent to provide care to assigned patients in each department service.

- 5.3 Integration of Patient Services/Care and Support Services
 - 5.3.1 A collaborative multidisciplinary team approach, which takes into account the unique knowledge, judgment, and skills of a variety of disciplines in achieving desired patien outcomes, serves as a foundation for integration. Open lines of communication exist among all departments providing patient services and support services, and as appropriate, with community agencies to ensure efficient effective and continuous patient care.
 - 5.3.2 The CEO, COO, CFO, CHRO, CNO, and Associate Administrator for Clinic and Support Services actively participate and/or collaborate with Board members, facility leadership, and Medical Staff leadership in developing the strategic direction and the plan for patient care. The COO acts as a liaison between the Medical Staff, administration, and clinical services. The CNO acts as a direct liaison between nursing staff and the Medical Staff.
 - 5.3.3 To facilitate effective interdepartmental relationships, problems solving is encouraged at the lowest levels possible within the organization. Managers have the authority to mutually solve problems and seek solutions within their spans of control; positive interdepartmental communications are strongly encouraged as a part of our philosophy. This is accomplished through meetings such as; Nurse Executive Council, Leadership Council, Continuous Survey Readiness, and Patient Safety Quality Council.
 - 5.3.4 When identified problems/issues involve two or more areas providing patient care and patient services, managers may elect to establish a team of personnel from the areas involved for the purpose of identifying mutually acceptable solutions. The Patient Safety Quality Council reviews and prioritizes existing teams or formation of new teams based on a patient-centered care approach.
- 5.4 Departments and Services Overview
 - 5.4.1 Administration:
 - 5.4.1.1 The administrative team consists of CEO, COO, CFO, CHRO, CNO, and Associate Administrator for Clinics and Support Services. During normal business hours, there is a minimum of one of the administrative team onsite. The CEO is the highest officer. In his or her absence the COO, CFO, or other administrative team member is the designated authority. During off-hours and weekends an administrative team member is either on-site or on-call and available by cell phone. House Supervisors are the designated on-site administrators after hours and on weekends.
 - 5.4.2 Biomedical Engineer:
 - 5.4.2.1 The Department of Biomedical Engineering provides for a safe hospital environment 24 hours, 7 days a week. Clinical Engineers work within established standards for testing and servicing clinical and some non-clinical systems to insure against equipment failure. All newly purchased

Title:	Policy No. ADM - 00158
Hospital Plan for the Provision of Patient Care	Page 5 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

equipment is tested for compliance to the American Association of Medical Instrumentation Standards. Education is provided for the facility staff in operation, problem-solving and care of new equipment and on an ongoing basis for equipment already in use. This department also monitors and repairs communication equipment such as telephones. Biomedical is a sub-department of engineering, which is under the direction of the Associate Administrator for Clinic and Support Services.

5.4.3 Calexico Health Center (CHC):

5.4.3.1 The Calexico Health Center is a PMHD department and is designated a Rural Health Clinic. It is open 7 days a week. CHC provides Urgent Care and Primary Care services to patients aged newborn through geriatrics. Radiological Services and waived testing are available on site. The CHC is under the direction of an Assistant Administrator for Clinics and Support Services.

5.4.4 Community Education:

5.4.4.1 Within the community, we provide education for diabetics, prenatal and lactating mothers, cardiopulmonary resuscitation, as well as wellness and health promotion programs. Community Education is under the direction of the CHRO.

5.4.5 Continuing Education:

5.4.5.1 The Department of Training and Development provides in-service education to the PMHD staff, maintains an equipped classroom, and warehouses the competency program. Training and classes include: BLS, ACLS, PALS, in-service training, and continuing education for staff. Educational opportunities are based on the assessed needs of the staff and the leadership. Annual assessments of competency are maintained in an up-to-date electronic data file for all employees and for all educational opportunities provided at PMHD. The Training and Development Department acts under the direction of the CHRO.

5.4.6 Environmental Services:

5.4.6.1 The Department of Environmental Services works in collaboration with the Engineering and Infection Control to provide facility patients, guest and employees with a clean environment 24-hour, 7 days a week.

Environmental services aides are specifically trained in aseptic techniques, chemicals preparation for cleaning on a daily basis, terminal cleaning after discharge, and transporting or disposing of medical waste to holding area. The Environmental Services act under the direction of the Associate Administrator for Clinics and Support Services.

5.4.7 Facilities Services:

5.4.7.1 The Facilities Services Department provides for a safe facility environment 24 hours a day 7 days a week. Programs for testing and servicing non-clinical systems are in place to insure proper operation and emergency support should the occasion arise. Engineers provide education for the

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 6 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

hospital in operations, problem solving and care of new equipment as the opportunity presents itself. The Facilities Services department acts under the direction of the Associate Administrator for Clinics and Support Services.

5.4.8 Finance:

- 5.4.8.1 The Financial Services function is responsible for budgeting, accounting, and reporting all financial activities. The specific areas of accountability include:
 - 5.4.8.1.1 Development of operating, capital, and long term budgets in accordance with the District's Strategic Plan and the facility needs assessments, and in collaboration with all Department Managers based on input from Administration, the Medical Staff, and final approval from the Board;
 - 5.4.8.1.2 Monthly reporting of all financial activities via financial reports, departmental operating reports, productivity reports, and payroll reports.
 - 5.4.8.1.3 Preparation and submission of all regulatory financial reports, including Medicare, Medi-Cal, and County Medical Services Program, State Uniform Accounting (OSHPD) Reports, Tax, and miscellaneous reports;
 - 5.4.8.1.4 Maintaining and reconciliation of all the District's assets, including cash, bank accounts, property, plant, equipment, accounts payable, and disbursements
 - 5.4.8.1.5 Maintaining all insurance coverage and policies for the District, maintaining and negotiating all facility contracts
 - 5.4.8.1.6 The Financial Services departmental staff generally maintains working hours Monday through Friday, 8:00 A.M. TO 5:00 P.M.

5.4.9 Food and Nutritional Services:

5.4.9.1 The Food and Nutritional Service Department supply meals for patients, staff and visitors 7 days a week. Patient's meals are prepared, which support the assessed physiological needs and are delivered in a timely manner to meet not only our own standard of excellence but that of State and Federal governments. The Nutritional Service Director and the registered dietitians review the appropriateness of nutritional support. Highrisk patients are identified and are seen in consultation by a Registered Dietitian. Patient care providers may refer patients for consultation based on established guidelines. The department of Food and Nutritional Services reports to the Associate Administrator for Clinics and Support Services.

5.4.10 Health Information Management (HIM):

5.4.10.1 The Health Information Management Department provides physicians, hospital staff, and outside agencies, when authorized, with records to assist in patient assessment and treatment. The staff consists of a

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 7 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

Registered Health Information Technician, Health Information Clerical Staff, Health Information Coders, and Medical Transcriptionist. The Department is staffed from 8:30 a.m. to 5:00 p.m., Monday through Friday. During those times when the department is closed, the House Supervisor has access to the department to retrieve needed medical records. All patient records, including inpatient, emergency room, outpatient surgical and other outpatient services performed in the facility are collated and stored within the department. The Health Information Management Department works closely with the quality resource's staff in providing needed data to identify and support quality improvement efforts; this includes but is not limited to clinical pertinence, timely completion of medical records, and indicator data as identified by the facility and medical staff. HIM acts under the direction of the CFO.

5.4.11 Human Resources:

The Department of Human Resources is responsible for hospital wide 5.4.11.1 recruitment, hiring, and assistance in retention of employees. The hours of operation for this service are 8:00 a.m. to 5:00 p.m., Monday through Thursday and 7:00 a.m. to 4:00 p.m. on Friday. The Department of Human Resources provides screening of applicants and referral of qualified candidates to department managers and recordkeeping for hired personnel. They provide guidance and support to all department managers, supervisors and employees in regards to: writing policies for other related human resources issues; compensation; benefits and employee relations; consultation in the handling of unusual personnel issues. Human Resources assist in monitoring of employee competencies, reporting of employee activities to the board and assist in the Employee assistance Program participation. The Employee Health Nurse is staffed from 7:30 a.m. to 4:00 p.m., four days a week, in coordination with the Human Resources Department.

5.4.12 **Imaging Services**:

5.4.12.1 The Imaging Department supplies inpatients and outpatients of all ages with diagnostic imaging, using roentgenograms, fluoroscopy, computer tomography, ultrasound, magnetic resonance imaging, bone densitometry, and a full complement of nuclear medicine. Radiologist, nurses, radiology Technologists and support staff provide services. A patient's condition, or the type of exam ordered, may necessitate the procedure be done outside the Imaging department. This could occur on the patient unit, the operating rooms, nursery or any area where emergency imaging is ordered by a physician. Radiology services are available 24 hours a day, with routine procedures scheduled from 8:30 a.m. to 5:00 p.m. Nuclear Medicine technologist is on-call for emergency studies between 5:00 p.m. and 7:00 p.m. there is a contractual agreement for specific radiographic image readings after hours. Imaging services are under the direction of the COO.

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 8 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

5.4.13 Information Services:

5.4.13.1 Information Services provide oversight for the acquisition, installation and support for the hardware and software acquired by the hospital. The department helps ensure the proper functioning and design of the system needed to provide timely, reliable and valid information that supports effective patient care decision making. The department assists in planning for future application and technologies that will enhance care providers' usage of the system. The clinician usage will improve the clinical documentation efficiency and effectiveness. The Director of Information Services collaborates with the Leadership team, hospital staff and medical staff through a multidisciplinary team approach and other formal and informal communication. The Director of Information Services reports to the CFO.

5.4.14 Materiel Management:

5.4.14.1 The Department of Materiel Management is responsible for acquisition and distribution of all supplies and equipment, hospital-wide. The purchasing of supplies and the materiel used in the hospital is guided by mandates of the Det Norske Veritas (DNV), the California Department of Health Services, and Title 22. Central Supply functions as a part of the Department of Material Management. Central Supply personnel stocks inpatient supplies, which are replaced daily to a central location on each patient-care unit and reprocess surgical trays and equipment. Rental of specific medical equipment is coordinated through Materiel Management. The CFO is the division head for this department.

5.4.15 Medical Staff Services:

5.4.15.1 The Medical Staff organization and structure is directed by their Bylaws.

5.4.15.1.1 Clinical Services of the Medical Staff include:

5.4.15.1.1.1 Anesthesia

5.4.15.1.1.2 Emergency

5.4.15.1.1.3 Medicine

5.4.15.1.1.4 Obstetrics/Gynecology

5.4.15.1.1.5 Pathology and Clinical Laboratory

5.4.15.1.1.6 Pediatrics/Neonatology

5.4.15.1.1.7 Radiology

5.4.15.1.1.8 Surgery

5.4.15.1.2The scope of care of each practicing and licensed members of the medical staff is delineated through the Medical Staff.

5.4.15.1.3All departments providing patient care have established lines of communication with the medical staff. The CEO, COO, and CNO attend Medical Staff Committee meetings in order to facilitate administrative issues. Medical Staff serves as chairs for the Patient Safety Quality Council Committee and other facility committees.

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 9 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

5.4.15.1.4The Medical Staff is supported through the Medical Staff Office, which is open Monday through Friday 8:00 a.m. to 4:30 p.m. The division head for this department is the CEO.

5.4.16 Nursing Services:

- 5.4.16.1 Under the direction of the CNO, nursing is accountable and responsible for the provision of nursing care within the organization, provides care to inpatients from newborn to geriatrics, and outpatients from newborn to geriatrics, 24 hours a day. Nursing care is accomplished through the nursing process.
 - 5.4.16.1.1The Nursing Division includes at least the following
 - 5.4.16.1.1.1 Emergency Department
 - 5.4.16.1.1.2 Intensive Care
 - 5.4.16.1.1.3 Medical Surgical
 - 5.4.16.1.1.4 Women's Services
 - 5.4.16.1.1.5 Pediatrics
 - 5.4.16.1.1.6 Peri-operative Services
 - 5.4.16.1.1.7 Direct Observation Unit (DOU)
 - 5.4.16.1.2Those providing nursing care are Registered Nurses, Licensed Vocational Nurses, Certified Nursing Assistants and other caregivers.
 - 5.4.16.1.3Areas where nursing care is provided have a mechanism in place for determining requirements for care on the basis of demonstrated patient needs appropriate and necessary intervention and priority for care. The patient care requirements, staff expertise, regulatory requirements, and unit geography determine staffing for each patient area.
 - 5.4.16.1.4Management ensures a sufficient number of competent Registered Nurses are scheduled at all times to render nursing care requiring the judgment and specialized skill of a registered nurse. Staffing is sufficient to assure prompt recognition of an untoward change in the patient's conditions and to facilitate appropriate intervention. Core staff levels are designated to meet the needs of the patient's complied with state mandates for minimum staffing and have been developed by a number and staffing mix based upon historical requirements of the unit.
- 5.4.17 <u>Laboratory Services</u>: The Pathology and Laboratory Main Lab is where specimen processing and testing take place and is located on the first floor. The Laboratory draw Station area is also located on the first floor. The Laboratory provides services to both inpatients 24 hours and outpatients of all ages, Monday through Friday, excluding holidays. The services provided include routine chemistry, hematology, serology, bacteriology, Mycobacteriology, Mycology, Parasitology, Virology, Syphilis, General Immunology, Urinalysis, Endocrinology, Toxicology, ABO&RH Group, Antibody Transfusion, Antibody Non-Transfusion, Antibody Identification,

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 10 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

Compatibility Testing, Histopathology, and Cytology, therapeutic drug testing and toxicology screening. The professional staff providing services is clinical laboratory scientists, medical technician and medical laboratory assistants under the medical direction of the Medical Director. The department is accredited by The Joint Commission and is licensed by State and Federal agencies. This department acts under the direction of the COO.

- 5.4.18 Patient Registration (Admitting) and Patient Financial Services: The Patient Registration Service assists patients in entering the hospital system and provides information about patients to the hospital and medical staff members who will be interacting with the patient. Patient Registration Services are available 24 hours, 7 days a week. Patient Financial Services provides insurance billing and follow-up for the billing of patient accounts. Patient Financial Services are available 5 days a week from 8:30 a.m. to 4:30 p.m. These two departments act under the direction of the CFO.
- 5.4.19 Pharmacy: The pharmacy provides service 7 days a week from 7:00 a.m. to 7:00 p.m. Pharmacist is on-call daily from 7:00 p.m. to 7:00 a.m. daily to patients ranging in age from premature newborns through geriatric patients. Licensed pharmacists are assisted by pharmacy technicians in a single location and assist in the preparation and delivering of medications. All pharmacy services are guided by the mandates of Det Norske Veritas, Inc. (DNV), California Department of Public Health and Pharmacists Standards of Practice. The pharmacy service routinely monitors select medications and prioritizes medications monitoring based on high volume, high-risk problem prone and high cost to promote increased patient safety and improve patient outcomes. Pharmacists are involved in appropriate committees to ensure the development, coordination and review of all professional standards, procedures, policies and controls relating to the procurement, storage, dispensing, and safe use of medications within the organization. Pharmacy reports to the COO.
- 5.4.20 Quality Resource: The Quality Resource Department provides direction for the organization's improvement activities and continuous survey readiness activities. Department staff includes licensed nurses and support staff that is available from 8:00 a.m. to 5:00 p.m., Monday through Friday. This department reports to the Director of Quality Resources, who in turn reports to the COO.
- 5.4.21 Rehabilitation/Physical Therapy Services: The Rehabilitation/Physical Therapy Department will have a Physical Therapist available at Pioneers Memorial Hospital, 7:00 a.m. to 7:00 p.m., Monday through Friday. There will be a Physical Therapist available on the weekends and holidays to see the inpatients as needed. The Physical Therapist will leave when all patients for the day have been seen. A speech language pathologist is available per diem, Monday through Friday 8:00 am to 5:00 pm and Saturday to Sunday 8:00 am to 12:00 pm. The therapists providing the service are registered and/or licensed in their respective disciplines. Physical therapy aides assist Therapist in the care of patients. The Rehabilitation Department reports to the COO.

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 11 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014	Manual: Administration		

- 5.4.22 Respiratory Therapy/Cardiopulmonary: The Department of Respiratory Therapy provides comprehensive services under medical supervision for the treatment of the neonate through the geriatric patient 24 hours, 7 days a week. An Echocardiogram Technician is available for emergency testing on an on-call basis between 7:00 a.m. and 7:00 p.m. Respiratory Care services and therapies provided are currently the accepted modalities of intervention, including the administration of nebulizer medication, ventilator support, nasal CPAP, mechanical and bronchial hygiene maneuvers, oxygen therapy and aerosol/humidity and pulses oximetry. Diagnostic services are performed for inpatient and outpatient needs and include pulmonary function studies and cardiac diagnostic studies. Respiratory therapists are assigned and respond to all code blue calls and are responsible for the patient's ventilator support. This department reports to the COO.
- 5.4.23 <u>Risk Management Program:</u> The Risk Management Program is a hospital wide program designed to identify risk factors within the facility and eliminate these exposures and/or to reduce the frequency and severity when risk events occur. A process is in place for prioritizing and disseminating the analysis, actions, plans of correction and follow-up. Risk Management is under the direction of the Quality Director.
- 5.4.24 Security: The Security Department provides surveillance and the crime prevention necessary to ensure a safe environment for patients, visitors and hospital staff. Security is considered a 24 hour, 7 days a week commitment and personnel are on duty continually. After hours security personnel are contracted. Security is a subdepartment of the Facilities Services Department that reports to the Associate Administrator for Clinics and Support Services.
- 5.4.25 Sexual Assault Response Team: PMHD is the designated acute-care hospital in Imperial County to provide forensic examinations to victims of sexual assault. Specially trained, Sexual Assault Nurse Examiners are on-call 24 hours a day, 7 days a week. This service is under the direction of the OB/GYN specialist/physician. Services provided are forensic examinations, evidence collection and expert witness testimony. The SART team members work in collaboration with local law enforcement agencies as well as the District Attorney's Office. The SART Advisory Committee consists of representatives from the County Board of Supervisors, PMHD board members, Victim/Witness Program, Rape Crisis Center, Sexual Assault Nurse Examiners, D.A.'s Office, PMHD Women's Auxiliary, and all local law enforcement agencies. SART is under the direction of the CNO.
- 5.4.26 <u>Utilization and Case Management:</u> The Case Management Department encompasses the following functions for patients placed in beds within Pioneers Memorial Healthcare District: care coordination, utilization review, transition/discharge planning, and psycho-social needs as they relate to the individual hospitalization and discharge plan. Case Managers screen all patients, except postpartum and well-baby nursery, for medical necessity and care planning needs. Between all members of the clinical team, all patients are screened for discharge planning needs within 24 hours of being placed in a bed. Medical Social

Title:	Policy No. ADM - 00158
Hospital Plan for the Provision of Patient Care	Page 12 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

Workers assess those patients identified as high risk and implement a discharge plar with the input from the physician, patient and/or patient's family/friends within 72 hours of admission. They also receive referrals from members of the clinical team for other patients with discharge planning needs. They also provide traditional social work services when there is an issue creating a barrier to a smooth transition through the care continuum.

- 5.4.26.1 The Case Management office hours are M-F 7am-5:00 pm. There is one Access Case Manager position that is covered 10am to 10pm 7 days/week. The Access Case Manager's primary responsibility is to ensure that the billing status of all patients is appropriate at the time of referral for admission or observation/outpatient services. They also develop discharge plans for patients who are being discharged from the Emergency Department who need services or placement. Case Management reports to the COO.
- 5.4.27 Volunteer Services: Comprised of trained volunteers who provide assistance to hospital staff, patients, family members and visitors throughout the day as assigned, including weekends. The volunteers range in age from 15 to 75 and bring their own diversity and unique contribution to the hospital. Volunteers are also assigned to assist in special projects to aid the hospital. The Volunteer services reports to the CHRO.
- 5.4.28 Wound Care: The Wound Care Center is a diagnostic and therapeutic center for acute and chronic problem wounds as well as non-wound related injuries such as Osteoradionecrosis and soft-tissue radio necrosis. Wound Care Center offers advanced wound care and hyperbaric oxygen therapy in an outpatient setting at PMHD. The office hours: Monday through Friday 8:00 a.m. 5:00 p.m. The Wound Care Center operates under the direction of the Associate Administrator of Clinics and Support Services.
- 5.5 Staff Recruitment, Retention, Development, and Continuing Education
 - 5.5.1 All employees receive a general orientation to the hospital which includes, but is not limited to an overview of the mission, vision and values, employee benefits, sexual harassment and violence in the work place, security and safety programs, Performance Improvement Program, infection control, and national patient safety goals. Employees receive a formalized orientation consistent with the scope and responsibilities defined by their job description and the patient population that they will be assigned to provide care. Each department is responsible to ensure competency is validated for each employee.
 - 5.5.2 Voluntary and mandatory in-services are offered on the main campus. A variety of topics are offered according to the direction of the Administrative Team, PSQC, and/or needs assessment. Each department holds in-services on an as needed basis. Nursing Educators coordinate educational programs with specific departments and with the Continuing Education department.

Title:	Policy No. ADM - 00158
Hospital Plan for the Provision of Patient Care	Page 13 of 14
Current Author: Stephen Campbell, COO	Effective: 3/1986
Latest Review/Revision Date: 07/2014	Manual: Administration

- 5.5.3 Recruitment and Retention is an on-going endeavor. Efforts are facilitated through the collaboration of key leaders in each division and on request for specific challenges.
- 5.6 Resource Management
 - 5.6.1 Financial Resources
 - 5.6.1.1 Annually each department leader is responsible for participation in the budgeting process for capital requests and staffing allocations.
 - 5.6.1.2 Monthly each department leader is responsible for reviewing and reporting on variances from the budget for capital purchases, staff, supplies, etc.
 - 5.6.2 Human Resources
 - 5.6.2.1 They provide assistance to each department leader in processes related to hiring; such as screening, compensation alternatives, benefits discussions, and reference checks.
 - 5.6.2.2 They provide guidance to each department leader specific to disciplining, promotions and handling of unusual personnel issues.
 - 5.6.2.3 Employee Assistance Programs are accessed through the HR department with collaboration with the department manager and the CHRO.
 - 5.6.2.4 Employee Health Nurse Services are available for all employees as well as her guidance in matters such as workplace ergonomics.
 - 5.6.3 Performance Improvement Processes and Outcome of Care
 - 5.6.3.1 Performance Improvement Model
 - 5.6.3.1.1 The organization utilizes the Plan Do Check Act (PDCA) methodology for process improvement
 - 5.6.3.1.2 Outside benchmarks are selected whenever possible through the Midas Datavision system or through industry references. Internal benchmarks are selected when necessary.
 - 5.6.3.1.3 The organization participates in the CMS and Inpatient/Outpatient Hospital Quality Measures (Core Measures) as well as required indicators as outlined in DNV standard.
 - 5.6.3.1.4 Departmental and hospital-wide indicators are designed to measure performance or process improvements with the ultimate goal of patient care outcome improvements.
 - 5.6.3.1.5 Data from each department/service is reported at least quarterly to the Quality Resource department with an analysis and actions for improvement.
 - 5.6.4 Affiliation with Educational Facilities:
 - 5.6.4.1 PMHD assists educational facilities to provide on-site clinical experiences for students based on a sense of commitment to community, patient-care education and research, but also as part of our recruitment effort.
 - 5.6.4.2 Formal written agreements are in place for each school with regular and on-going affiliations and special agreements. These agreements stipulate that PMHD will retain ultimate responsibility for the care of the patient.
 - 5.6.5 Patient Rights and Responsibilities:

Title:	Policy No. ADM - 00158		
Hospital Plan for the Provision of Patient Care	Page 14 of 14		
Current Author: Stephen Campbell, COO	Effective: 3/1986		
Latest Review/Revision Date: 07/2014 Manual: Administration			

5.6.5.1 Assuring patient rights is the responsibility of all hospital employees and members of the Medical Staff. The multidisciplinary Ethics Committee is accountable for assuring that appropriate policies, procedures and activities are in place to ensure all patient rights are met.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 1.1.1 Mission statement was revised.
- 8.2 1.2 Vision statement was revised
- 8.3 5.1.1 Revised the annual volumes and outpatient clinic visits
- 8.4 5.1.4.4 Added departments: Definitive Observation Unit (DOU) and Oncology
- 8.5 5.4.1.1 Removed HealthTech Management
- 8.6 5.4.4.1 Removed COO and added CHRO
- 8.7 5.4.13 Removed HealthTech Solutions Group (corporate information services
- 8.8 5.4.17 Removed Pioneers Occupational Health Center (POHC)
- 8.9 5.4.21 Removed Note: entire section.
- 8.10 5.4.26 Case Management updated hours of service. Deleted section where it states that Director of Case Management is available after hours and on weekends. Also removed staffing section
- 8.11 5.4.27 Added: The Volunteer services reports to the CHRO.
- 8.12 Retiring policy ADM-000166 Purpose Organization Structure An Overview Covered under this policy.



COMBINED NIAHO® AND ISO 9001 APPLICATION: INDIVIDUAL HOSPITAL WITH RELATED SERVICES AND/OR SITES

Applications must be completed electronically (Handwritten applications will not be accepted)

Type of Application: New Application Application Update* Renewal Application* Application Date: 08/28/2013 *If this is an application update or renewal, please highlight changes in yellow.					
Organization Contact Information					
		ial Healthcare Dist	rict		
Doing Business	As (DBA)	Pioneers Memori	ial Healthcare Dist	rict	
DBA Address	Jacob Zo, West Legion Road		Zip: 92227		
Name/Title of F (please list only	Primary Contact y one contact)	Gina Parker Quality Director			
Primary Contac	t Telephone	760 351 3484			
Primary Contac	t Email	gparker@pmhd.c	org	· ·	
Internet URL		http://www.pmh	d.org		
		Organization	Information		
Facility Type	Acute Care Hospit	al Psychiatr	ic Hospital 🔲 R	ehabilitatio	n Hospital
	☐ Critical Access Hospital w/Distinct P☐ LTAC ☐ Specialty Hospital (Care		Part Unit(s): Psychiatric Rehabilitation		
			diac, Orthopedic, Surgery)		
	Other (please define)				
Organization Type	Organization ☐ For-Profit ☐ Not-For-Profit ☐ Government				
Total number of FTEs at main campus only (not including off-site location employees if applicable)		609			
Average Daily	Census at main camp	ous only	45		
CMS Certification Number (CCN) (Medicare Provider Number)			050342		
Is this a Chanલ	ge of Ownership (CHC	OW)?	(please enter the OR	e current po current CC a new prov	rovider number (CCN) CN above) ider number (855

ICP-12-4-i1-f1 041913



Number of Licensed Beds	107		
	Please include a copy of the current application on file with CMS		
	(The organization should have documentation or other means to verify the notification from the FI/MAC regarding the status of the 855)		
If no CCN (New Medicare Enrollee) has an 855 application been submitted to the FI/MAC?	☐ Yes ☐ No If 'Yes" – has the FI/MAC declared the 855 application to be complete: ☐ Yes ☐ No		

Application Request

Please indicate Accreditation and/or Certification that you are requesting.	 NIAHO® ☐ ISO 9001:2008 only Comprehensive Stroke Center Certification Primary Stroke Center Certification
Please indicate any other type of Accreditation and/or Certification you currently hold.	☐ TJC ☐ HFAP ☐ CARF ☐ State ☐ ISO 9001:2008 (Quality Management System) ☐ ISO 14001 (Environmental Management System) ☐ Other (please define): If currently ISO certified, ISO certificates must be attached.
Has anyone representing DNV provided you with Accreditation/Certification related management system consultancy (generic sales presentations do not apply)?	☐ Yes ☐ No ☐ If yes, what was supplied and by whom?

	Organization Leadership	
Chief Executive Officer/President	Lawrence Lewis, MBA	
Vice President of Medical Affairs/CMO	Travis Calvin Jr, MD	Chief of STAFF
Nurse Executive	Robyn Atadero RN, BSN, MPH	
Director/Manager of Quality	Gina Parker RN, MS, PHN	

	Invoicing Information
Invoicing Contact Name	Gina Parker
Invoicing Contact Telephone	760 351 3484
Invoicing Contact Email	gparker@pmhd.org
Invoicing Address	207 West Legion Road
	City: Brawley State: CA Zip: 92227



Sei	vices Provided		
	Ambulance Service		Open Heart Surgery
	Alcohol-drug abuse or dependency inpatient unit		Palliative Care Program
	Alcohol-drug abuse / dependency outpatient services		Pediatric Intensive Care Services
	Burn Care Services		Physical Rehabilitation Services
	Cardiac Catheterization Laboratory		- Physical Therapy
	Diagnostic Radioisotope Facility		- Occupational Therapy
	Emergency Department		- Speech/Language Therapy
\boxtimes	Extracorporeal Shock Wave Lithotripter (ESWL)		- Audiology
\boxtimes	Hemodialysis		Psychiatric Partial Hospitalization Program
\boxtimes	Magnetic Resonance Imaging (MRI)		Radiation Therapy
\boxtimes	Neonatal Intensive Care Services		Substance Abuse Treatment Services
	Obstetric Services		Swing Beds
\boxtimes	Occupational Health Services		Transplant Services
\boxtimes	Oncology Services	\boxtimes	Urgent Care Center
	Our multi-site facilities are all under "corporate procedures apply to all while allowing some var at the site. Top management for all sites is at the same top level manual. Additionally, our procorrective/preventive action program are identition to corporate where it is reviewed and acted upon our multi-site facilities are all under "corporate"	iatior the co oced cal at on by	n at the site based on activities performed orporate sites and all locations adhere to ures for internal audits and our tall sites and all information is funneled top management.
	operated as autonomous units and are guided be has their own management system manual.	y the	e management at that site. Each site
	If one of the above scenarios does not match you Healthcare so we can help devise an accreditation	our o	rganization please contact DNV rategy that best suits your needs.
Exclu	ısion Dates Request - One week per month (M-F); 4 per calendar year
Pleas Healt	e enter requested exclusion dates (note: exclusio hcare will make reasonable efforts to accommodal	n dai te.	tes are not guaranteed, however, DNV

NOTE: DNV SURVEY PROCESS IS UNANNOUNCED



For renewal applications only - you must document your answer below:

Do you want ISO Certification or are you requesting Compliance only? (There is no difference in the Standards with which you must comply. There is no difference in the survey process. If you want to advertise that you are ISO 9001 Certification.)
□ Compliance Only
(If Certification is requested, there is a one-time additional fee of \$3,500, charged at the time of ISO Certification or Recertification)
If requesting ISO Certification please complete the section below:
Please select or list a scope of services statement – this is a brief description of the scope of service provided by the organization and will be printed on the ISO Certificate:
Provider of healthcare services including acute medical, surgical, intensive, coronary, rehabilitative, occupational health, obstetrical, pediatric and emergency care.
Acute care hospital provider of medical and surgical inpatient and outpatient services.
Provider of healthcare services including acute medical, surgical, critical care, rehabilitative, obstetrical, emergency care, laboratory and radiology services.
Other (please describe):
Provider of healthcare services including acute medical, surgical, intensive, rehabilitative, occupational health, obstetrical, pediatric and emergency care.



Off-Site Locations (Ambulatory Sites, Physician Offices, etc.)

All off-site locations that are <u>under the hospital's Medicare Provider Number</u> (CCN Number) are required to be surveyed and listed below. Any additional off-site locations <u>not under the CCN Number</u> may be included for ISO certification/compliance only as applicable.

An off-site location is a physician practice, clinic, service or other location that is identified with a separate address as the hospital. The off-site locations to be listed first are those that are recognized by CMS under the same CCN as the hospital. Such off-site locations will likely have a separate NPI number but may be under the same CCN as the hospital as indicated on the most current 855 application on file with CMS.

Note: If the off-site location is <u>not</u> under the same CCN as the hospital and is included under the hospital quality management system, you may choose for the site to be surveyed in accordance with ISO 9001. Please indicate "ISO-Only" for these sites.

Total number of off-sites: 5

Please enter information for each site on the following sheet. If this is an application update or renewal **please highlight** any sites which have been updated since the previous application.

ICP-12-4-i1-f1 041913

DNV Healthcare Inc.



Accreditation Application

	Change									
Unr-site under Same CCN? Yes/No	since since previous application? Add, Remove or No Change	Site Name	Description of Services Provided	Standard to Apply – NIAHO (incl. ISO) or ISO Only	Address	City State Zip Code	Number of FTEs	Number of Shifts	Days of Operation	Distance from Main Campus
Yes	No Change	The Wound Care Center at Pioneers Memorial Healthcare District	Wound Care Services	NIAHO	751 West Legion Road, Suite 205	Brawley, CA 92227	7	-	5	<.25 miles
Yes	Added	Pioneers Health Center	Rural Health Center	NIAHO	751 West Legion Road, Suite 103	Brawley, CA 92227	m	-	75	<.25 miles
Yes	No Change	Calexico Health Center	Rural Health Center and Urgent Care	NIAHO	450 East Birch Street	Calexico, CA 92231	37	m	7	25 miles
Yes	No Change	Rehabilitation Services	Out Patient Rehabilitation	NIAHO	751 West Legion Road, Suite 101	Brawley,	10	2	ru	<.25
Yes	No Change	The Cancer Institute at Pioneers Memorial Healthcare District	Out Patient Chemotherapy	NIAHO	205 West Legion Road	Brawley,	7	н	5	wiles <.25
										miles