Grays Harbor Public Hospital District No. 2
Board of Commissioners

DISTRICT BOARD
Meeting Agenda
Tuesday, October 23, 2018
(following the Hospital Board Meeting)
Conference Room C; West Campus

CALL TO ORDER

I. Excused Absences
II. Public Comment - Agenda Items (sign-in sheet at entrance; please limit comments to three minutes)

CONSENT AGENDA

I. District Board Minutes; September 20, 2018
II. September Checks/Warrants Voucher

COMMITTEE / CHAIRMAN REPORTS

I. Chairman's Report
   A. Nomination Committee Appointment

II. Board Finance
   A. 2019 Budget

OLD BUSINESS

NEW BUSINESS

I. Election of Board Secretary
II. Good of the Order

PUBLIC COMMENT

Public Comment – General (sign-in sheet at entrance; please limit comments to three minutes)

EXECUTIVE SESSION RCW 42.30.110(1)(i); Discuss legal risk of proposed action.

NEXT MEETING

Reminder: 2019 Budget Hearing **Tuesday, November 13, 2018 4:00p Room C**

Tuesday, November 27, 2018 following the Hospital Board Meeting

ADJOURNMENT

Grays Harbor Public Hospital District No. 2 does not discriminate against or exclude anyone from participation in public meetings. Requests for assistance should be made by contacting Administration at 360-537-5117, 48 hours in advance of the meeting. Thank you.

NOTE: This is an "open" agenda. The Commissioners or Recording Secretary of the Board may elect to add, delete, or change *items prior to or at the meetings. This does not include legally advertised public hearings.*

GRAYS HARBOR COMMUNITY HOSPITAL

Our Mission

Heal, Comfort and Serve
Our Community with Compassion.

Our Vision

To provide each patient superior service
and safety, exceptional by any standard.

Our Values

Respect ● Integrity ● Compassion ● Excellence

Our Standards

Communication ● Accountability ● Professionalism ●
Teamwork ● Ownership ● Safety ● Service

Our Desired Future State

"*We will be an integrated regional healthcare network,*
partnering in our communities to provide exceptional care
with an inspired healthcare team."

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GRAYS HARBOR COMMUNITY HOSPITAL

HOSPITAL BOARD
Meeting Agenda
Tuesday, October 23, 2018
6:00p
Conference Room C, West Campus

EDUCATION

Jackson Physician Search; Sharon Thompson, Business Development Manager

CALL TO ORDER

I. Excused Absences
II. Public Comment - Agenda Items (sign-in sheet at entrance; please limit comments to three minutes)

CONSENT AGENDA

I. Hospital Board Minutes; September 20, 2018

BOARD ACTION

I. Medical Staff Credentialing Report
II. Chairman's Report
    A. WSHA Annual Mtg / Governance Education Report

COMMITTEE REPORTS

I. Board Quality October Report – Committee Chair
    A. Appointment of Safety Officer
II. Board Finance October Report – Committee Chair
III. GHCH Foundation Board
    A. Appointment of Board Member

ADMINISTRATION

I. Executive Suite Summary Report – Tom Jensen, CEO
    A. HMG Recruiting Report

OLD BUSINESS

NEW BUSINESS

I. Election of Board Secretary
II. Board Education
    B. (Nov) Opioids – Anne Marie Wong, MD, CMO
III. Good of the Order

PUBLIC COMMENT

Public Comment – General (sign-in sheet at entrance; please limit comments to three minutes)

NEXT MEETING **Tuesday, November 27, 2018 1:00p Room C**

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GRAYS HARBOR PUBLIC HOSPITAL DISTRICT NO. 2
BOARD OF COMMISSIONERS REGULAR MEETING
October 23, 2018

COMMISSIONERS PRESENT
Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Becky Walsh, District 5 (via conf. line)
Maryann Welch, District 1

OTHERS PRESENT
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Attorney Brad Berg, Foster Pepper
Teresa Ramirez, Executive Assistant

Members of the Public

CALL TO ORDER

President Welch called the meeting to order at 2:16p.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

CONSENT AGENDA

Submitted under the Consent Agenda were:

- District Board Minutes; September 20, 2018
- September Voucher; $157,813.33

ACTION: A motion was made by Commissioner Longenbaugh, seconded by Commissioner Bickar, and unanimously carried to approve the Consent Agenda.

COMMITTEE / CHAIRMAN REPORTS

Nomination Committee
President Welch appointed Commissioner Walsh as the third Commissioner to participate on the Nomination Committee.

Rural Advocacy
President Welch accompanied Mr. Jensen to WA DC for the Rural Advocacy meeting, where time was spent meeting with legislative representative aids.

Daily World OpEd
Submitted for review was a draft OpEd for the Daily World on Grays Harbor Community Hospital and its role in the community, along with the role of Summit Pacific Medical Center, and the needed utilization and support from the community. Roundtable recommendations were made for revisions.

ACTION: A motion was made by Commissioner Bickar, seconded by President Welch, and unanimously carried to approve the OpEd, with revisions noted.

Budget Proviso
Mr. Jensen will be seeking Board signatures of support.

Board Finance
For advanced review, submitted was the 2019 Draft Budget. Mr. Foley brought forward that the budget was developed with a break-even calculation and net margin of 2.3%. The Budget also takes into consideration the initiatives that have been implemented with Navigant, as well as the RHC transition to cost based reimbursement, and the Medicaid increase becoming permanent over the next two years. FTE's are based on current FTE's, and assumes an increase in 2019 of approximately 15 FTE's.

The County is delayed in publishing the Assessed Values for the Levy. Mr. Foley will need to make an estimate of tax levy for 2019. The 2019 Budget and Resolutions will be submitted for recommended approval at the November 13th Budget Hearing to be held at 4:00p in Room C.

OLD BUSINESS

None

NEW BUSINESS

Board Secretary
President Welch solicited nominations for the position of Board Secretary. Commissioner Bickar nominated Commissioner Longenbaugh.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh and unanimously carried to approve the appointment of Commissioner Longenbaugh as Board Secretary.

GOOD OF THE ORDER

None

PUBLIC COMMENT – General
President Welch opened the meeting to members of the public for comment.

EXECUTIVE SESSION

President Welch announced at 2:43p that the Board of Commissioners will hold an Executive Session for no more 30 minutes under RCW 42.30.110(1)(i); Discuss legal risk of proposed action. There will be no action taken after the Executive Session.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Sturgeon, and unanimously carried to convene an Executive Session, followed by Commissioners reconvening in public session.

At 3:12p the Executive Session concluded.

ACTION: A motion was made by Commissioner Welch, seconded by Commissioner Sturgeon, and unanimously carried to reconvene the public meeting at 3:12p.

De-Annexation
Roundtable discussion held on the process of de-annexation.

ADJOURNMENT

The meeting adjourned at 3:26p.

APPROVED AND ADOPTED THIS 27th day of November, 2018.

ATTEST:

Teresa Ramirez
Recording Secretary

Commissioner

GRAYS HARBOR COMMUNITY HOSPITAL
BOARD OF DIRECTORS REGULAR MEETING
October 23, 2018

COMMISSIONERS PRESENT
Andrew Bickar, District 4
Michael Bruce, District 2
Miles Longenbaugh, District 3
Melanie Sturgeon, At Large 2
Becky Walsh, District 5 (via conf. line)
Maryann Welch, District 1

OTHERS PRESENT
Niall Foley, Executive Director Finance
Tom Jensen, CEO, GHCH
Teresa Ramirez, Executive Assistant
Members of the Public

GUEST
Becky Casias, Jackson Physician Search
Sharon Thompson, Jackson Physician Search

EDUCATION

A presentation was provided on the *Physician Recruitment Landscape* by Sharon Thompson, Business Development Manager, and Becky Casias, Senior Consultant, of Jackson Physician Search (reference presentation for details).

CALL TO ORDER

President Welch called the meeting to order at 1:31p.

Public Comment – Agenda Topics
President Welch opened the meeting to members of the public for comment regarding topics listed on the agenda.

CONSENT AGENDA

Submitted under the Consent Agenda were the Hospital Board Minutes of September 20, 2018.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Bruce and unanimously carried to approve the Consent Agenda.

BOARD DISCUSSION AND ACTION

Medical Staff Credentialing

Submitted was the Medical Staff Credentialing Report for September.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Bruce, and unanimously carried to approve the appointment of Albert Bean, Jr, MD, as Provisional Staff for a period of one year in the Specialty of Emergency Medicine.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Anthony Guynes, MD, from Provisional to Active Staff for a period of two years in the Specialty of Emergency Medicine.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Bruce, and unanimously carried to approve the appointment of Ryder Olson, DO, from Provisional to Active Staff for a period of two years in the Specialty of Emergency Medicine.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Tonya Grissam, MD, from Provisional to Active Staff for a period of two years in the Specialty of Pediatrics.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Bickar, and unanimously carried to approve the reappointment of Philip Gibbs, MD, as Active Staff for a period of two years in the Specialty of Internal Medicine.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh, and unanimously carried to approve the reappointment of Francois Cady, MD, as Consulting Staff for a period of two years in the Specialty of Pathology.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Bruce, and unanimously carried to approve the reappointment of Nisreen Fidda, MD, as Consulting Staff for a period of two years in the Specialty of Pathology. It was noted that the application was no longer pending.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Walsh, and unanimously carried to approve the appointment of Thomas Degan, MD, from Locum to Provisional Staff for a period of one year in the Specialty of Orthopedic Surgery.

ACTION: A motion was made by Commissioner Bickar, seconded by Commissioner Bruce, and unanimously carried to approve the appointment of Mark Hansen, MD, as Locum Staff for a period of one year in the Specialty of Orthopedic Surgery.

ACTION: A motion was made by Commissioner Walsh, seconded by Commissioner Bickar, and unanimously carried to approve the appointment of Breanne Murray, PA-C, from Provisional to Allied Health Professional for a period of one year in the Specialty of Orthopedic Surgery.

ACTION: A motion was made by Commissioner Sturgeon, seconded by Commissioner Walsh, and unanimously carried to approve a change in status of Thomas Degan, MD, from Locum to Provisional Staff for a period of one year in the Specialty of Orthopedic Surgery.

An application withdrawal was noted for Mercedes Sayago, MD, in the Specialty of OB/GYN.

CHAIRMAN'S REPORT

WSHA Annual Mtg / Governance Education; President Welch announced that she and Commissioners Bruce and Walsh attended WSHA's Annual Meeting and Governance Education. Commissioners Bruce and Sturgeon reported that physician burn-out was a topic of focus this year. Sessions were also held on how to be a better board member, as well as strategic planning.

Employee Forums
Employee Forums are scheduled for November 14th, 15th, and 16th. Ms. Ramirez will send meeting invites to Commissioners.

Summit Pacific
Mr. Jensen and Mr. Martin, CEO of Summit Pacific, along with their respective Board Presidents, held their regularly scheduled quarterly meeting. During the meeting it was agreed that the Board of Commissioners of both organizations will meet together to discuss their Mission and Vision, where each organization meets the same healthcare needs and where there are differences, and to identify where there are opportunities to establish more defined roles.

Board Vacancy
Thus far, two candidates have submitted their letters of interest and Bio's. Commissioners Bruce, Longenbaugh, and Walsh, of the Recruiting Committee, will be conducting the interviews.

COMMITTEE REPORTS

Board Quality Report

Commissioner Sturgeon provided report on the October Board Quality Committee meeting. Of note:

- Ms. Long, Patient Advocate, shared a patient story regarding an opportunity for a patient's husband to meet with Respiratory staff to provide education and raise awareness of issues surrounding patients with Parkinson's.
- ED Operations; Left Without Being Seen is trending downward. It is anticipated that efforts addressing patient flow will also have a positive impact. Total Patients Transferred is as low as it has been in the past year. Door to ED Departures is beginning to trend down slightly. A workgroup consisting of providers and staff has been formed in order to address various discharge issues. ED Departure/Admitted Patients increased this past month. Another workgroup has been formed to address handoff communication to the floor, with a great deal of progress being made toward improvement. Ms. Gordon added that the ED policies are being updated to reflect best practices.
- Quality Report; Patient safety is of highest priority, with Quantros being the tool to report safety incidences and concerns. A Quantros representative is on site today and tomorrow in order to work with leaders on creating a more user friendly tool, in which more meaningful reports can be generated. Ms. Gordon brought forward a recommendation that Ms. Brandt, CNO, be appointed as Patient Safety Officer of the organization. One of the responsibilities of the Committee will be the development of a Patient Safety Plan for 2019, and annually thereafter. The Hospital's Insurance Broker will be taking the insurance plans out to bid, in an effort to try and acquire better premiums. Grievances have decreased dramatically.
  Ms. Gordon and Ms. Long are working on identifying and defining/differentiating between patient complaints and grievances. Utilization review functions that used to be handled in the Quality Dept. have now been transitioned to the Care Transitions Team. The accreditation applications are completed and Executives are nearing a final decision on which survey vendor we will be utilizing in the future. By December, Ms. Gordon hopes to have a revised Compliance Committee Charter to present to Board Quality
- Blood Use Report; No transfusion reactions have been reported over the past two years.
- EOC Report; A nursing group has formed to evaluate and address practices from a clinical perspective related to HCAHPS Quiet at Night scores. Security Reports have dropped dramatically from 100 YTD in 2017 to only six thus far this year. Thefts/Car Prowls are down 63% overall. Code Grays increased during 3rd quarter, with 44 calls being attributable to mental health/ behavioral patients. Overall, there have been 87 code grays YTD. An evaluation is being conducted on non-violent prevention programs received from WSHA. New instructors are being solicited for staff de-escalation training. A self-serve kiosk has

been installed in the Cafeteria, which is now open 24/7 for staff. 24/7 service will be expanded to visitors in the future. It is anticipated that Room Service will be re-established on November 6th.

- Workplace Safety Report; Strains are at 12 YTD, which is a 45% reduction from 2017. A great deal of focus has been put toward staff retraining and education related to lift equipment. YTD, there have been 10 workplace violence incidences reported, almost entirely involving behavioral health patients in the ED. Strategies include the development of a law enforcement hand-off form, relocation of monitoring and response, and organization-wide staff education on changes to the Code Silver policy. There have only been four needle sticks reported YTD, which is a 64% reduction from 2017. Strategies include better equipment selection via the Value Analysis Committee (VAC) and staff education
- HCAHPS; Two primary areas of focus are Overall Quality of Care and Would You Recommend. Directors have submitted their first round of 90-Day Plans that have incorporated initiatives to improve specific HCAHPS metrics.

  The Board was reminded that solicitation of patient satisfaction feedback changed from phone interviews to mailing of surveys. There was also a reduction in the number of questions.
- Infection Control; Thus far, 285 flu shots have been given to staff and providers. The Surgical Site Infection rate continues at below national average. Antibiotic management has decreased C-Diff cases, with only two cases being reported YTD. CAUTI's have been at zero for the majority of the year. Central Line Bundle Use continues to be at 100% compliance, with zero Central Line Infections over the last year. Ms. Chapman shared highlights published from the Nat'l Health and Safety Network.
- Family Birth Center; Rate of Elective Deliveries remains at the goal of 0%. The cesarean birth rate was down and non-medically indicated inductions are up.

ACTION: A motion was made by Commissioner Bruce, seconded by Commissioner Sturgeon, and unanimously carried to approve the appointment of Melanie Brandt, CNO as Safety Officer.

Board Finance Report

Commissioner Sturgeon volunteered to attend the November Board Finance meeting and President Welch volunteered to attend the December meeting.

September Financial Highlights

(-) Surgery Volumes
- IP surgery minutes 16% below budget
- OP surgery minutes 39% below budget

(-) Outpatient Volumes
- Clinic visits 18% below budget; 13% below prior year Sept
- Hospital outpt. registrations 11% below budget; 2% below prior year Sept
- ED visits 10% below budget; 5% below prior year Sept

(-) IP Volumes
- Acute Admits 5% below budget; 3% below prior year Sept
- Acute Patient Days 12% below budget; 5% below prior year Sept

Mr. Longenbaugh brought forward that a lack of anesthesia coverage and reduction in OR suites had a significant impact on financials.
President Welch questioned whether meaningful comparisons to budget could occur, given all the organizational cuts that have taken place. Mr. Foley indicated that the declining volumes are a trend and that efforts have been undertaken to find ways to decrease expenses to match the reduced volumes; however, significant reduction in surgeries has a greater impact than can be

adjusted for. Ms. Tschimperle has done a great job in securing anesthesia locums to fill future gaps in coverage.

September Consolidated Financial Summary

Total Revenue:	$28,038,583
Revenue Deductions:	$21,277.745
Net Operating Revenue:	$ 7,032,653
Total Expenses:	$ 7,888,463
Net Income:	$ (866,796)

Financials Report

- Moss Adams provided a presentation on the Audited Financial Statements. There were no adjustments made or disagreements raised with management.
- Savings continues in salaries and FTE's.
- Amerigroup reimbursed a back-log of claims in the amount of approximately $600K. Medicaid Traditional and CHPW are still working through challenges with RHC claims. Another approximate $800K in reimbursement is anticipated.
- The hospital recently renegotiated contracts with Aetna and CIGNA. Both payors have agreed to provide a needed increase in inpatient reimbursement over the next three years, and both insurances will provide an increase in outpatient reimbursement. Negotiations are underway with Premera and Regence.
- LTGO Bonds; The Forbearance letter has been signed, and an RFQ has been sent to four investors, with a November 7th deadline.
- The opportunity with the USDA is no longer a viable option at this time.
- Navigant continues to facilitate and provide support on ED Throughput and Clinical Documentation initiatives.

With volumes anticipated to increase in the 4th quarter, a question was raised as to whether all the OR suites will be operational now that the hospital has secured locum anesthesia providers. Ms. Brandt, CNO, reported that all three OR suites will be re-opened.

Foundation Board

Commissioner Bruce reported that the Foundation Board meeting was canceled this month. Given Commissioner Torgerson's resignation, Commissioner Bruce brought forward the nomination of Commissioner Bickar to serve as a member on the Foundation Board.

ACTION: A motion was made by Commissioner Bruce, seconded by Commissioner Sturgeon, and unanimously carried to approve the appointment of Commissioner Bickar to serve as a member on the Foundation Board.

ADMINISTRATION

Executive Suite Summary Report

Submitted was the Executive Suite Summary for October, which included the updated HMG Recruiting Report.

- Mr. Jensen complimentarily raised the issue of Ms. Tschimperle's hard work in her role as HMG Executive Director, as well as physician recruiting.
- CardioSolution; Mr. Jensen reported that meetings are being held to secure a relationship with CardioSolution for diagnostic cardiac services, with a move toward interventional services in the future. A cardiologist would be on-site seven days a week.

OLD BUSINESS

None

NEW BUSINESS

Board Secretary
President Welch solicited nominations for the position of Board Secretary. Commissioner Bruce nominated Commissioner Longenbaugh.

ACTION: A motion was made by Commissioner Bruce, seconded by Commissioner Bickar and unanimously carried to approve the appointment of Commissioner Longenbaugh as Board Secretary.

Board Education
November; Opioids – Anne Marie Wong, MD, CMO

GOOD OF THE ORDER

None

PUBLIC COMMENT – General
President Welch opened the meeting to members of the public for comment.

ADJOURNMENT

The meeting adjourned at 2:16p.

MINUTES AND ATTACHMENTS APPROVED AND ADOPTED THIS 27th day of November, 2018.

ATTEST:

Teresa Ramirez
Recording Secretary

Commissioner Longenbaugh
Board Secretary

GRAYS HARBOR
COMMUNITY
HOSPITAL

FINANCIAL STATEMENTS

October 2018

GHCH Consolidating Balance Sheet—Assets
10/31/18

GRAYS HARBOR COMMUNITY HOSPITAL

	Total 10/31/18
CURRENT ASSETS:	
Cash	911,540
Temporarily Restricted Cash-Peds	0
Patient Receivables:	
Gross Patient Receivables	73,504,575
Less Allowance for Uncollectibles	(47,209,956)
Net Patient Receivables	26,294,619
Other Receivables	2,376,936
Third Party Receivables	0
Inventories	1,862,748
Prepaid Expense	487,021
Temporarily Restricted Curr Assets	353,665
Other Current Assets	1,323,233
Total Current Assets	33,609,762
Board Designated Assets	232,730
Property, Plant & Equipment	
Land & Land Improvements	2,185,947
Building & Improvements	68,099,979
Medical Office Building	1,317,699
Equipment	38,555,054
CIP--First Step	0
CIP	706,138
Total CIP	706,138
Total Fixed Assets	110,864,817
Accumulated Depreciation	(75,948,615)
Net Property, Plant & Equipment	34,916,202
Other Assets:	
Project Fund	33
Reserve Fund	2,245,494
Phys Loans/Guarantees (after 2001)	0
Other Non current Assets	2,350,078
Intangible--Pension	740,624
Investments	0
Deferred Pension Outflows	1,781,739
Permanently restricted Assets	5,324,782
Total Other Assets	12,442,750
TOTAL ASSETS	81,201,444

GHCH Consolidating Balance Sheet—Liabilities 10/31/18

GRAYS HARBOR COMMUNITY HOSPITAL

	Total 10/31/18
CURRENT LIABILITIES	
Short Term Notes Payable	3,013,806
Accounts Payable	14,002,925
Due to Third Parties	866,715
Payroll & Related	3,459,620
Other Current Liabilities	3,050,659
Current Portion -LT Debt	2,178,784
Total Current Liabilities	26,572,508
Long Term Liabilities	2,927,631
Total Long Term Liabilities	2,927,631
LONG TERM DEBT	
Notes Payable	943,143
Bonds Payable	24,236,646
Total Long Term Debt	25,179,789
Total Liabilities	54,679,928
EQUITY	
Fund Equity	33,068,084
Equity--Prior Year	(7,993,433)
Permanently Restricted Assets	5,324,782
Reserve for Pension/Other	1,497,903
Net Income(Loss)--Current Year	(5,375,821)
Total Equity	26,521,516
TOTAL LIAB & FUND EQUITY	81,201,444

Grays Harbor Community Hospital
Consolidated Income Statement
10/31/2018

GRAYS HARBOR COMMUNITY HOSPITAL

	Month	Month Budget	Variance	% Variance
Revenues				
Inpatient Revenue	9,140,825	11,125,815	(1,984,990)	-17.84%
Outpatient Revenue	15,070,722	14,810,217	260,505	1.76%
ER Revenue	6,412,717	6,622,934	(210,217)	-3.17%
Physician Revenue	562,979	1,324,271	(761,292)	-57.49%
Total Revenue	31,187,243	33,883,237	(2,695,994)	-7.96%
Revenue Deductions				
Bad Debt	542,207	511,927	30,280	5.91%
Charity	170,298	73,321	96,977	132.26%
Other Deductions	22,701,350	24,900,706	(2,199,356)	-8.83%
Total Revenue Deductic	23,413,855	25,485,954	(2,072,099)	-8.13%
Net Patient Revenue	7,773,389	8,397,283	(623,895)	-7.43%
Other Revenue	586,669	278,627	308,042	110.56%
Net Operating Revenue	8,360,057	8,675,909	(315,853)	-3.64%
Expenses				
Salaries	3,025,737	3,423,131	(397,394)	-11.61%
Benefits	1,008,717	1,181,562	(172,845)	-14.63%
Professional Fees	1,363,415	1,108,286	255,129	23.02%
Supplies	934,156	1,045,816	(111,660)	-10.68%
Utilities	74,967	94,273	(19,306)	-20.48%
Purchased Services	1,277,855	975,278	302,577	31.02%
Agency	75,565	118,396	(42,831)	-36.18%
Depreciation	264,500	324,204	(59,704)	-18.42%
Rent/Lease	85,679	122,272	(36,593)	-29.93%
Other	249,731	402,999	(153,268)	-38.03%
Insurance	63,484	95,834	(32,350)	-33.76%
Interest	135,369	147,528	(12,159)	-8.24%
Total Expenses	8,559,173	9,039,579	(480,404)	-5.31%
Net Operating Income	(199,116)	(363,670)	164,551	-45.25%
Operating Margin %	-2.38%	-4.19%		
Non-Operating	(304,360)	230,417	(534,777)	-232.09%
Net Income	(503,476)	(133,253)	(370,223)	277.83%
Net Income Margin %	-6.02%	-1.54%		