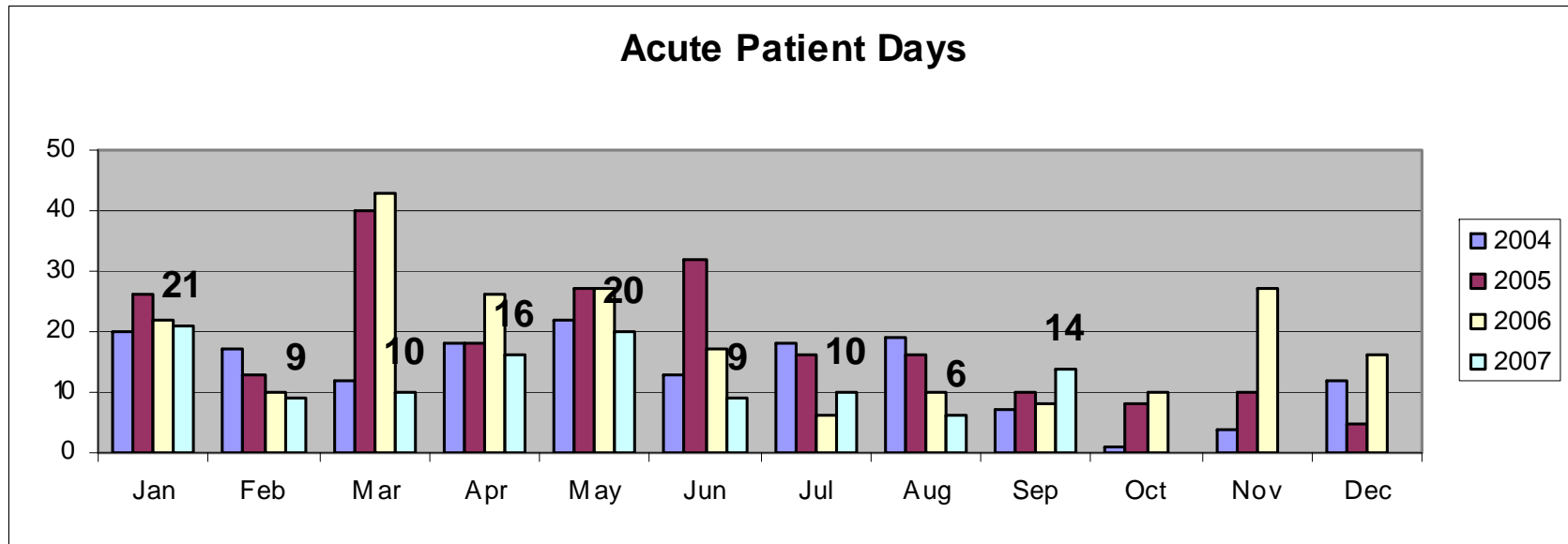


2007 Community Forum

October 25, 2007

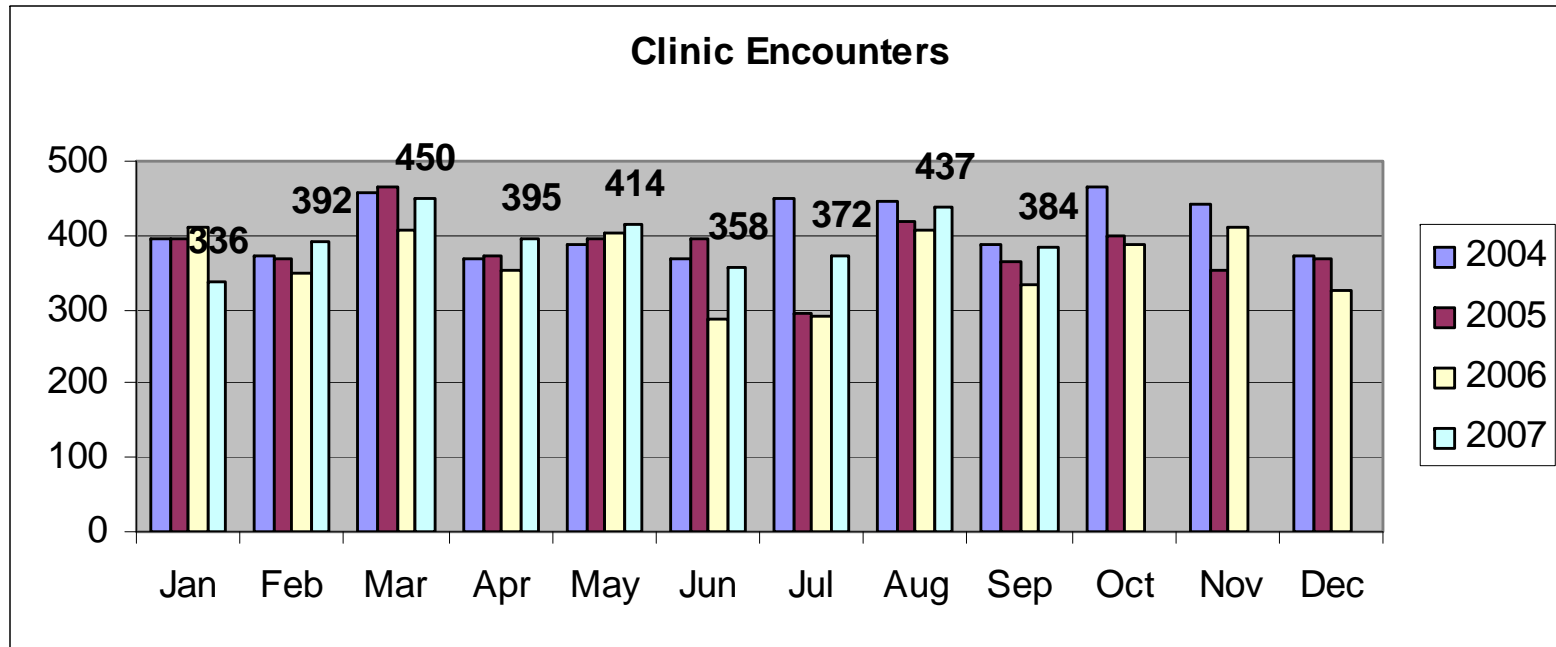
Pomeroy High School

Acute Care



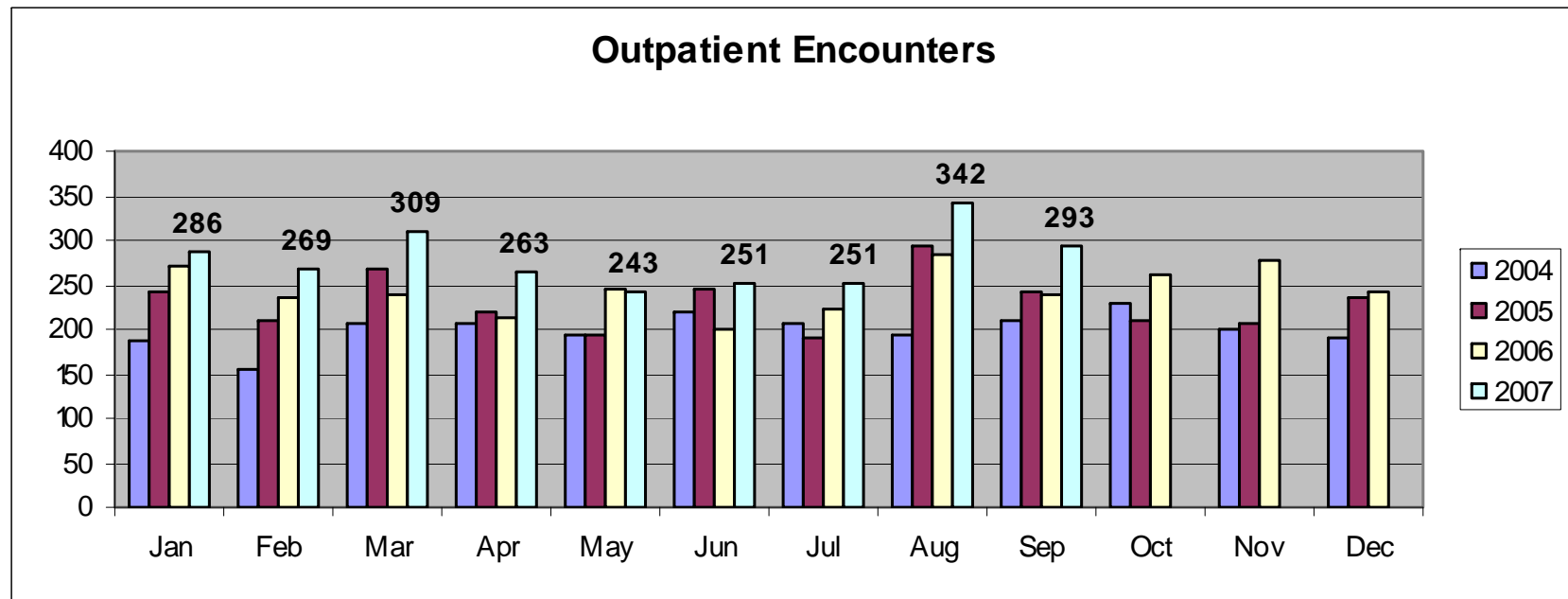
Goal 8 - Regained lost ground over prior month. Volume 57% gain over prior year. New physician joined organization in September. Will continue to work to help providers understand the appropriateness of admissions.

Clinic



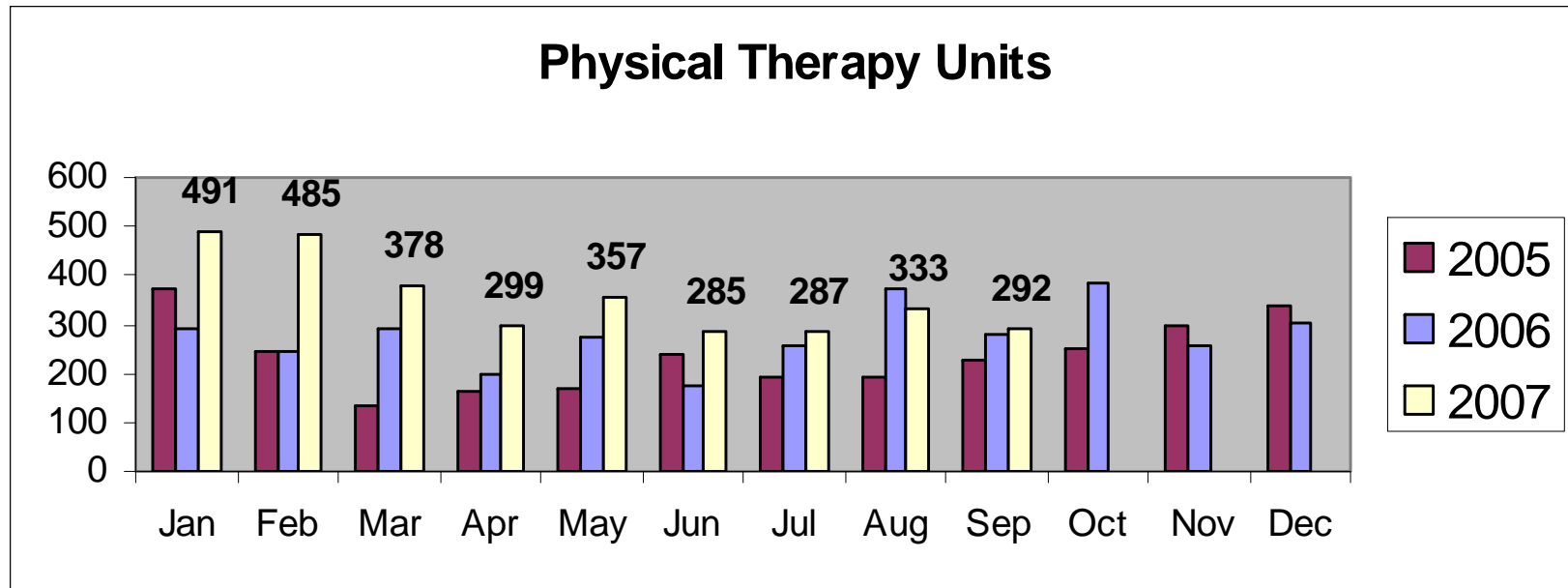
Goal 319 - Clinic encounters are 15% above last year. Good utilization, Both Lisa and Devin are beginning to develop a panel of loyal patients. Dr. Juma has joined the medical staff and should begin to see increasing number of patients in mid October.

Outpatient



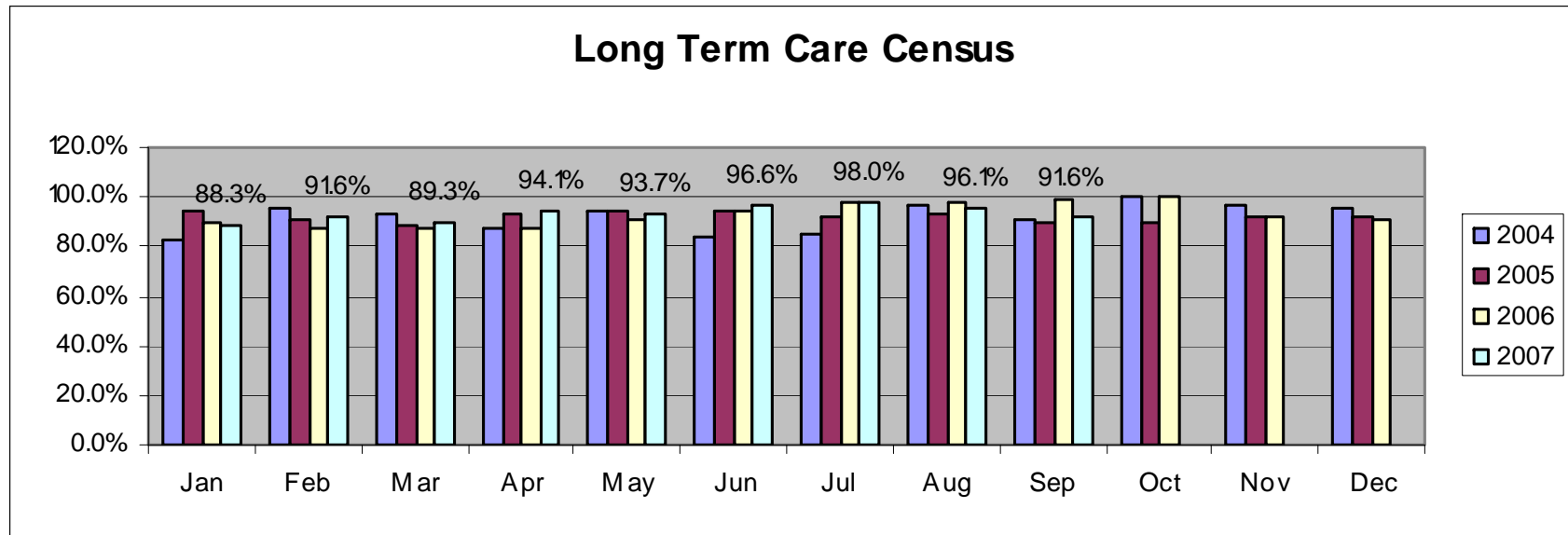
Goal 251 - Outpatient encounters are 23% above prior year. This reflects excellent utilization of outpatient services. We hope to maintain this trend.

Physical Therapy



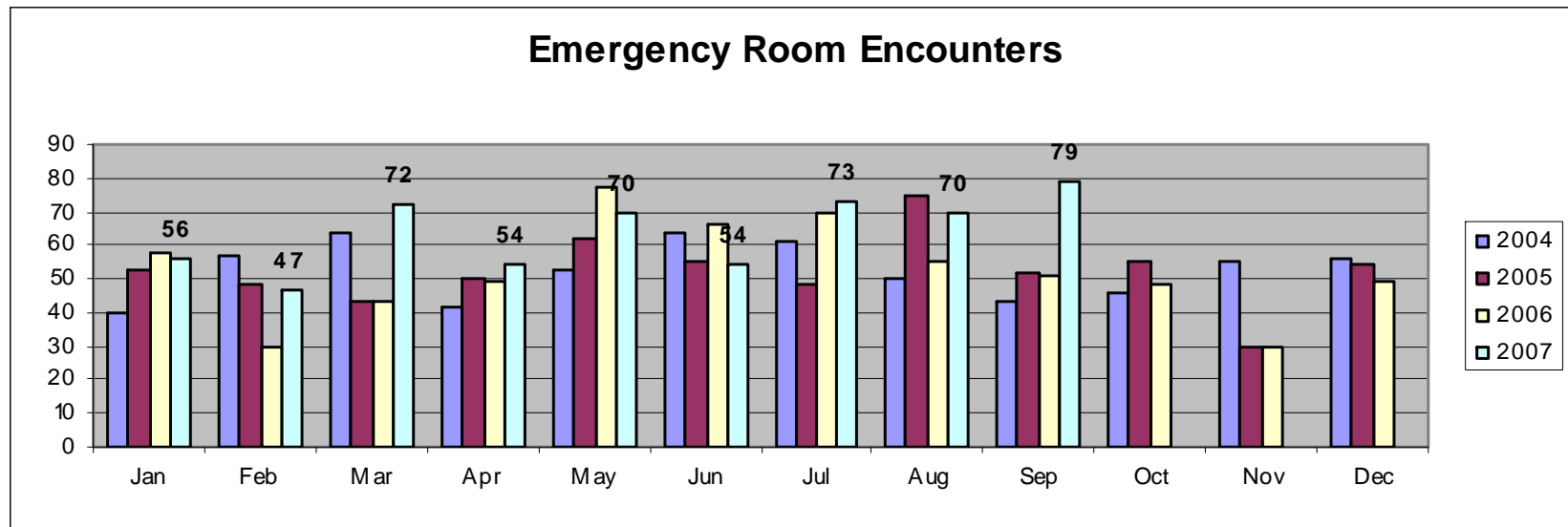
Goal 308 - PT growth 4% over prior year. We have replaced the PT aid and continue to recruit a full time PT Assistant. We hope the additional support will help PT regain the pace of growth we hope to achieve our new growth goal is 10%.

Long term Care



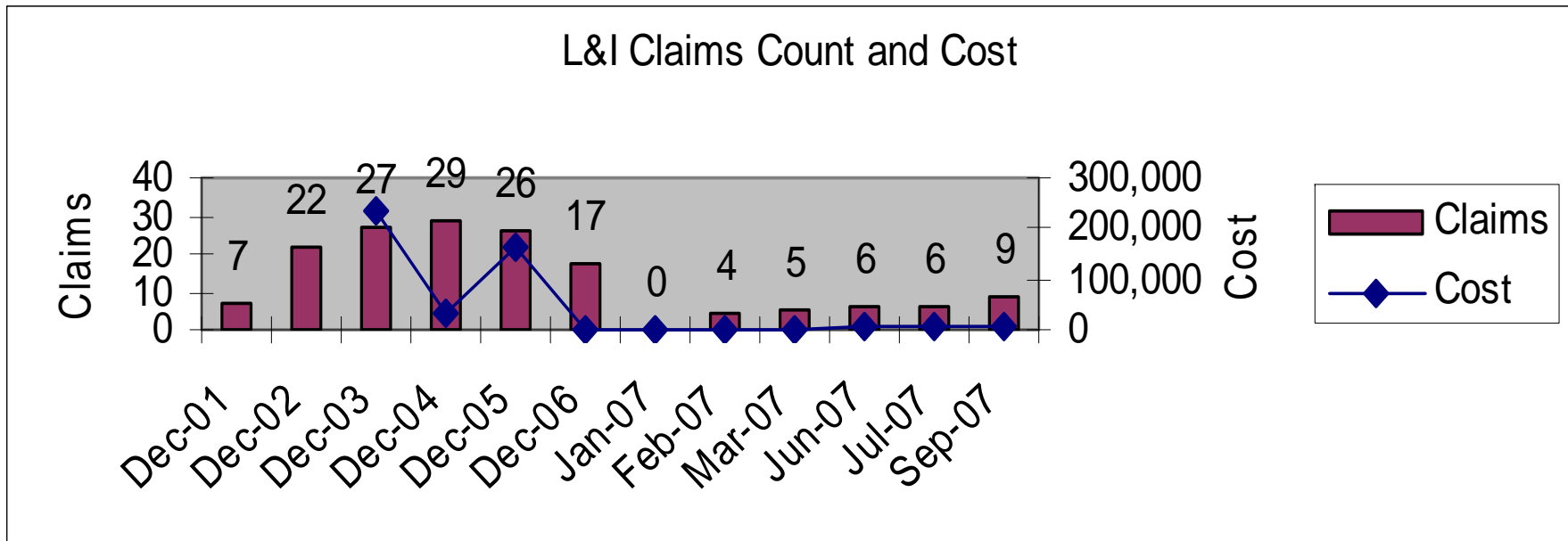
GOAL 95.0% - We had less than expected utilization in September, timing of new admissions was not optimal. We expect this to reverse in October and we should achieve our goal next month.

Emergency



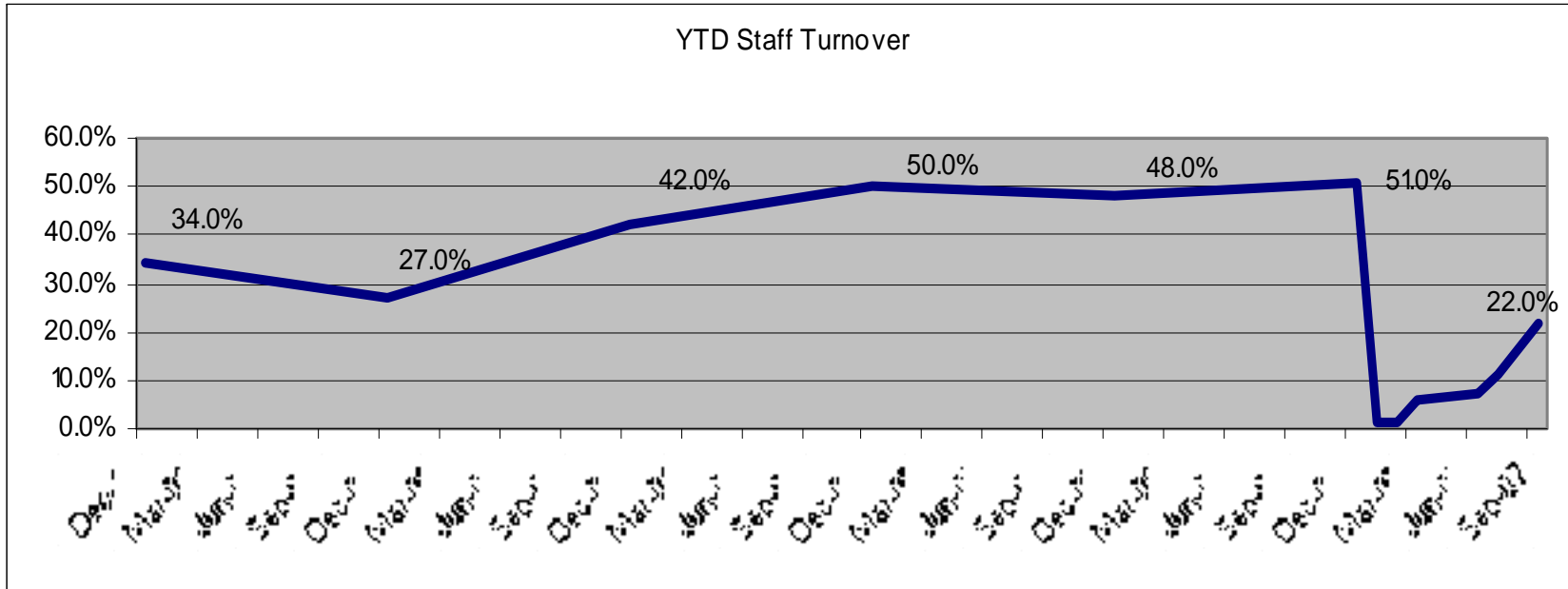
Goal 54 - We exceeded our goal for ER utilization for this month, achieving 55% growth over prior year. Good utilization of on-call provider staff. We have also started training the staff to key charges. This is the next step in the revenue cycle process improvement initiative.

L & I Claims



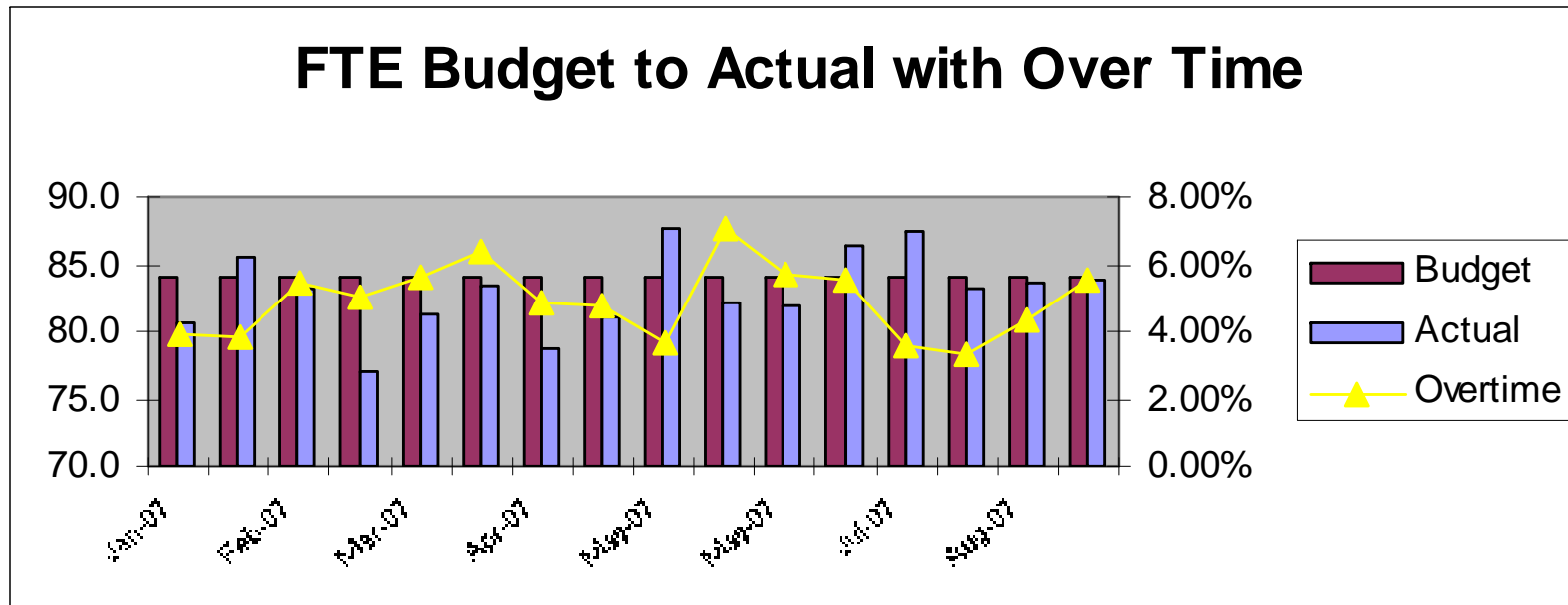
GOAL < 12 - Growth by 3 claims in September but not cost yet associated with these. We hope to maintain control over this. The team is doing a wonderful job working safely overall.

Staff Turnover



GOAL < 30% - Staff turnover has grown significantly over the past 3 months but still within goal. Improved standards and expectations has contributed to turnover increase but this is worthwhile and reasonable.

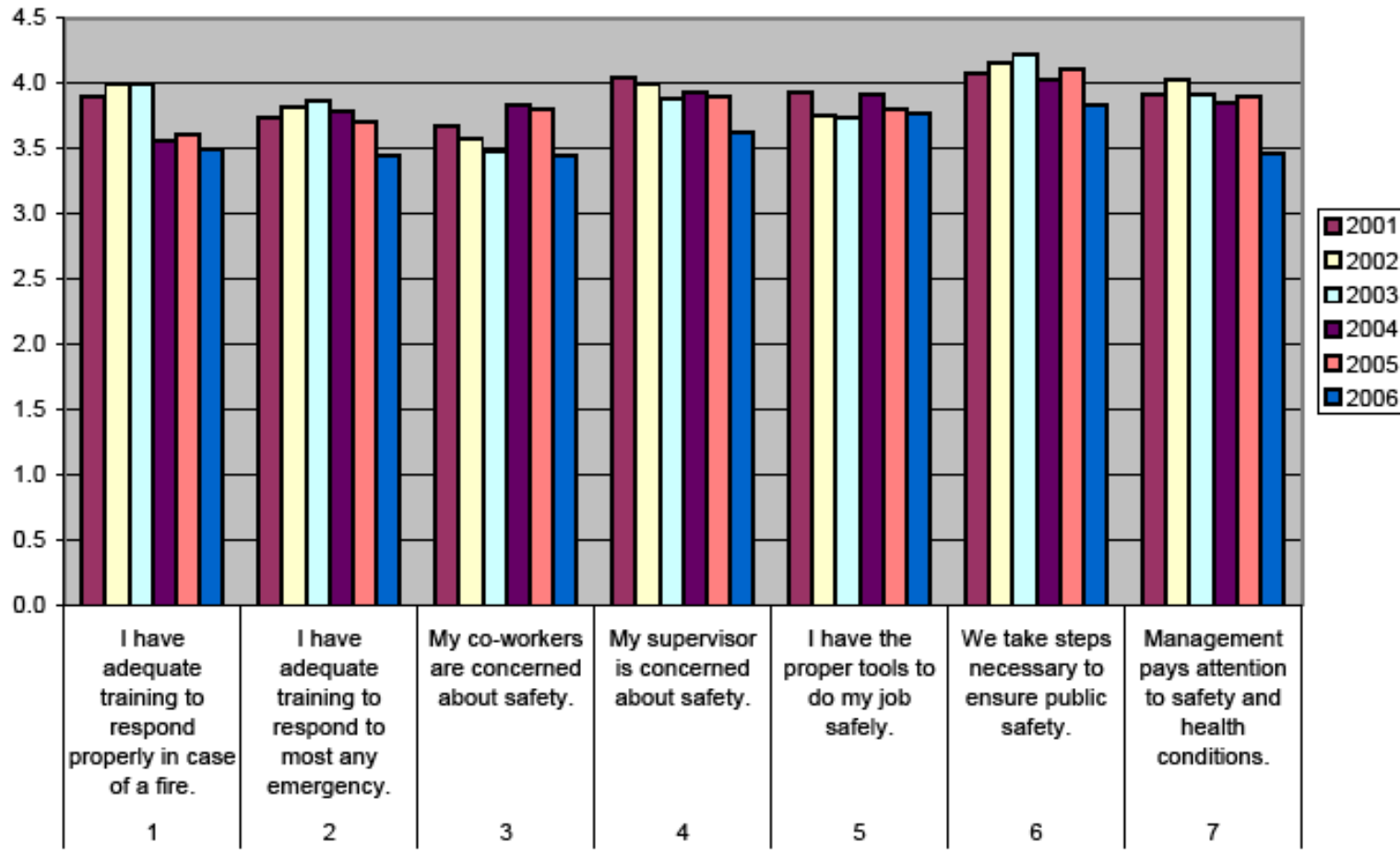
Labor Cost & Overtime



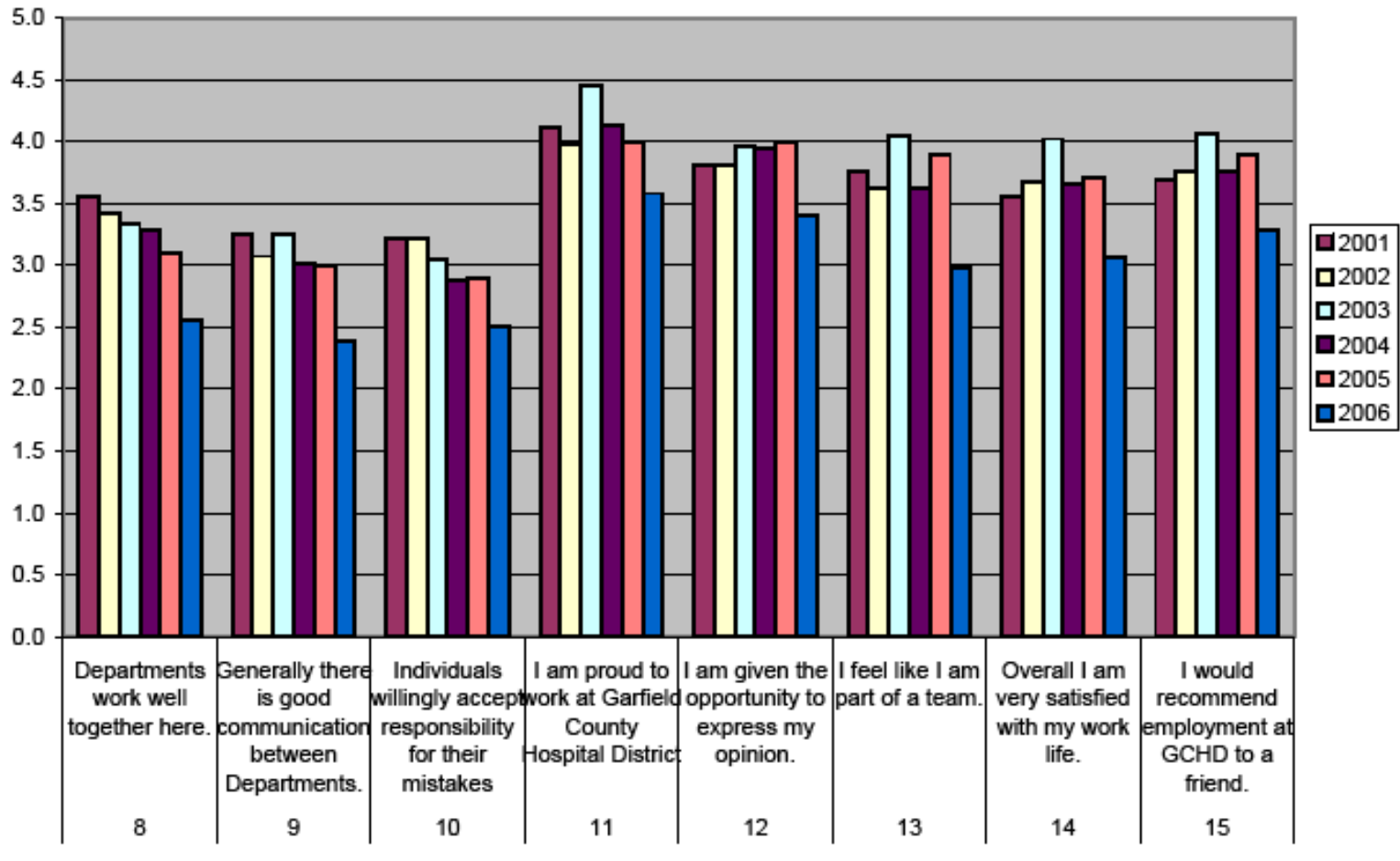
GOAL 84 - We have maintained control of total FTE's but staff shortage of NAC's is driving OT back above goal of under 3%. Teambuilding with nursing staff is expected to have a favorable influence on these numbers.

(Ave Gross Payroll \$100K + \$30K Taxes)

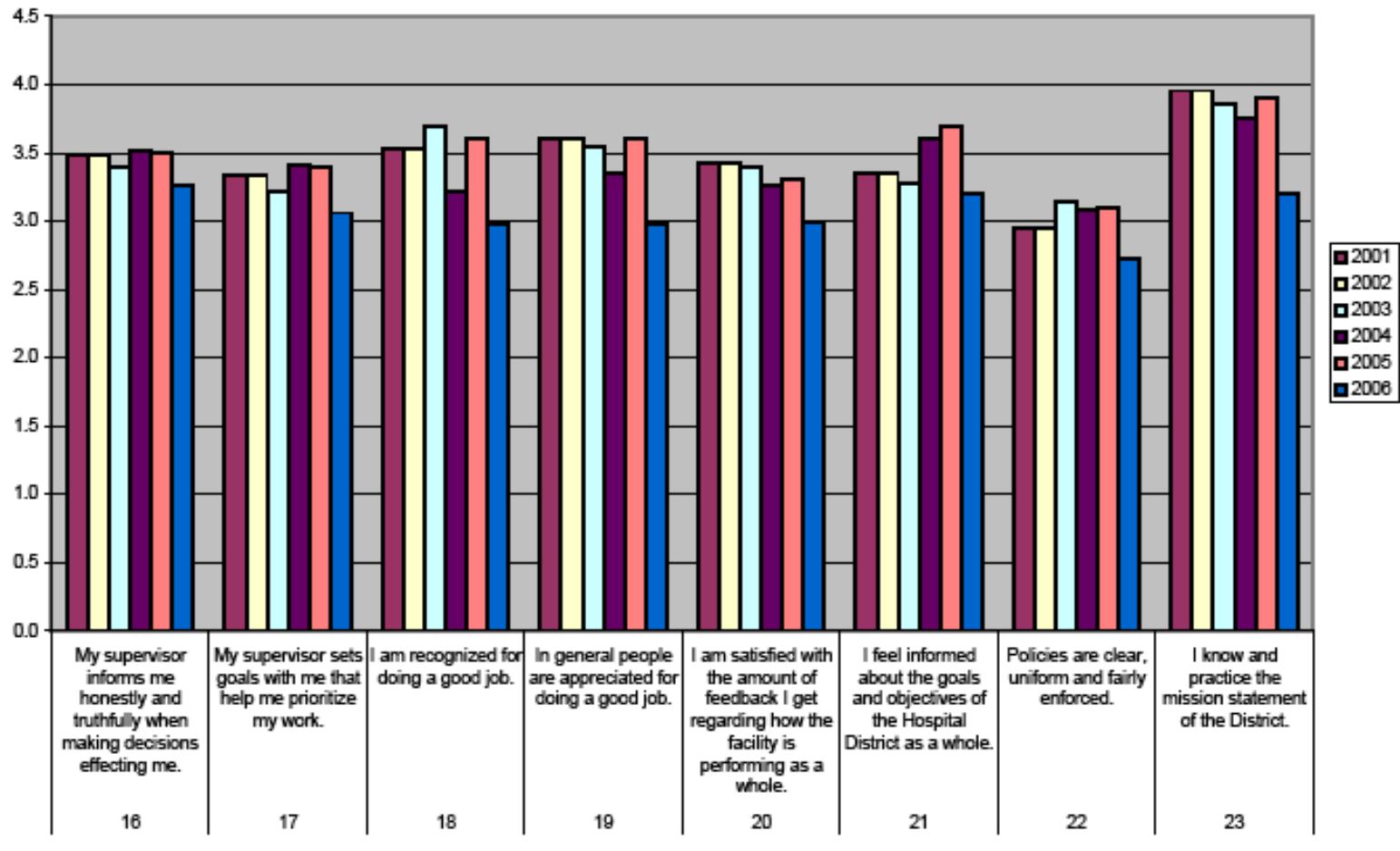
Work & Safety Conditions



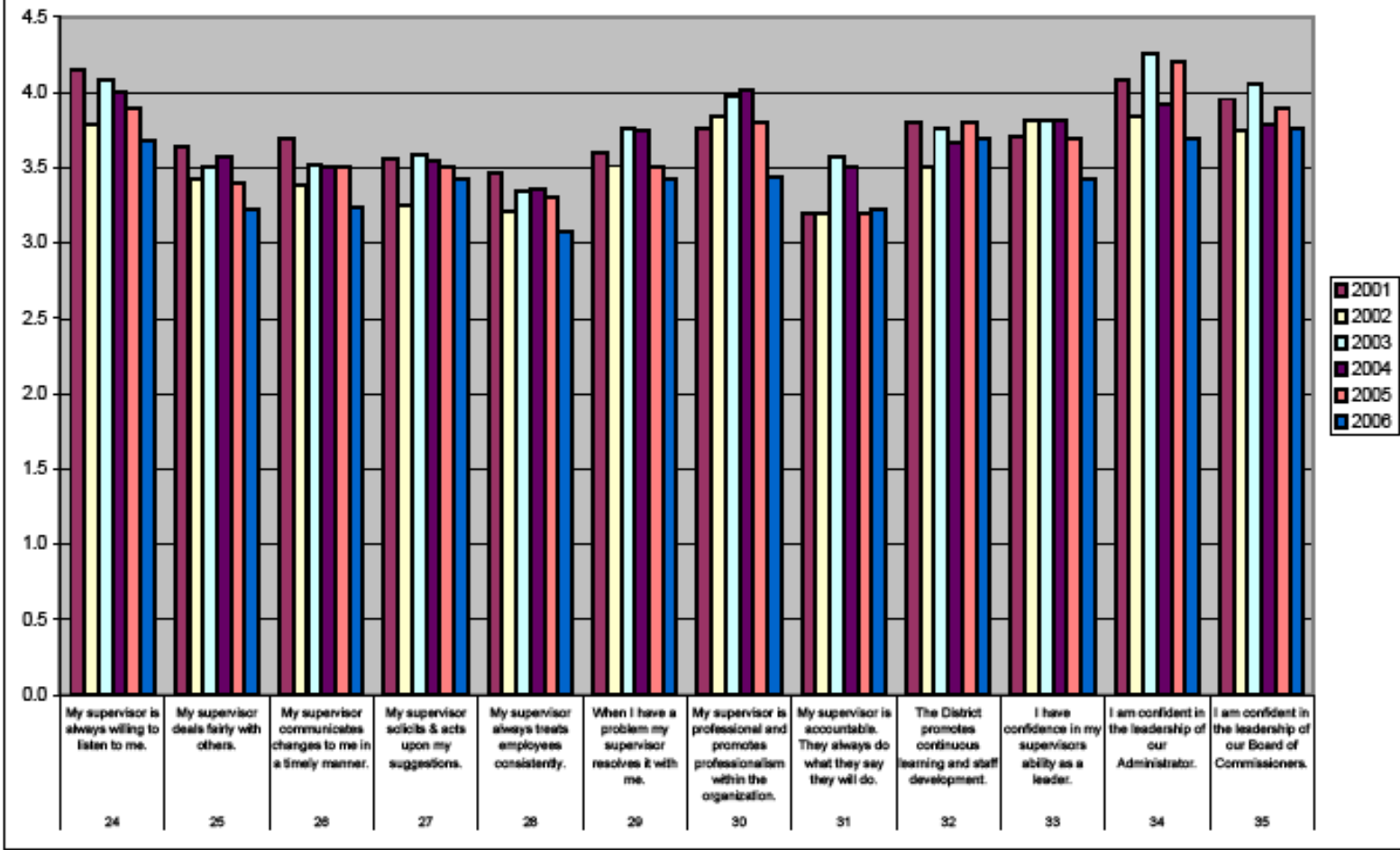
Work Environment



Communication & Recognition



Leadership



Employee Opinion Tend to Disagree

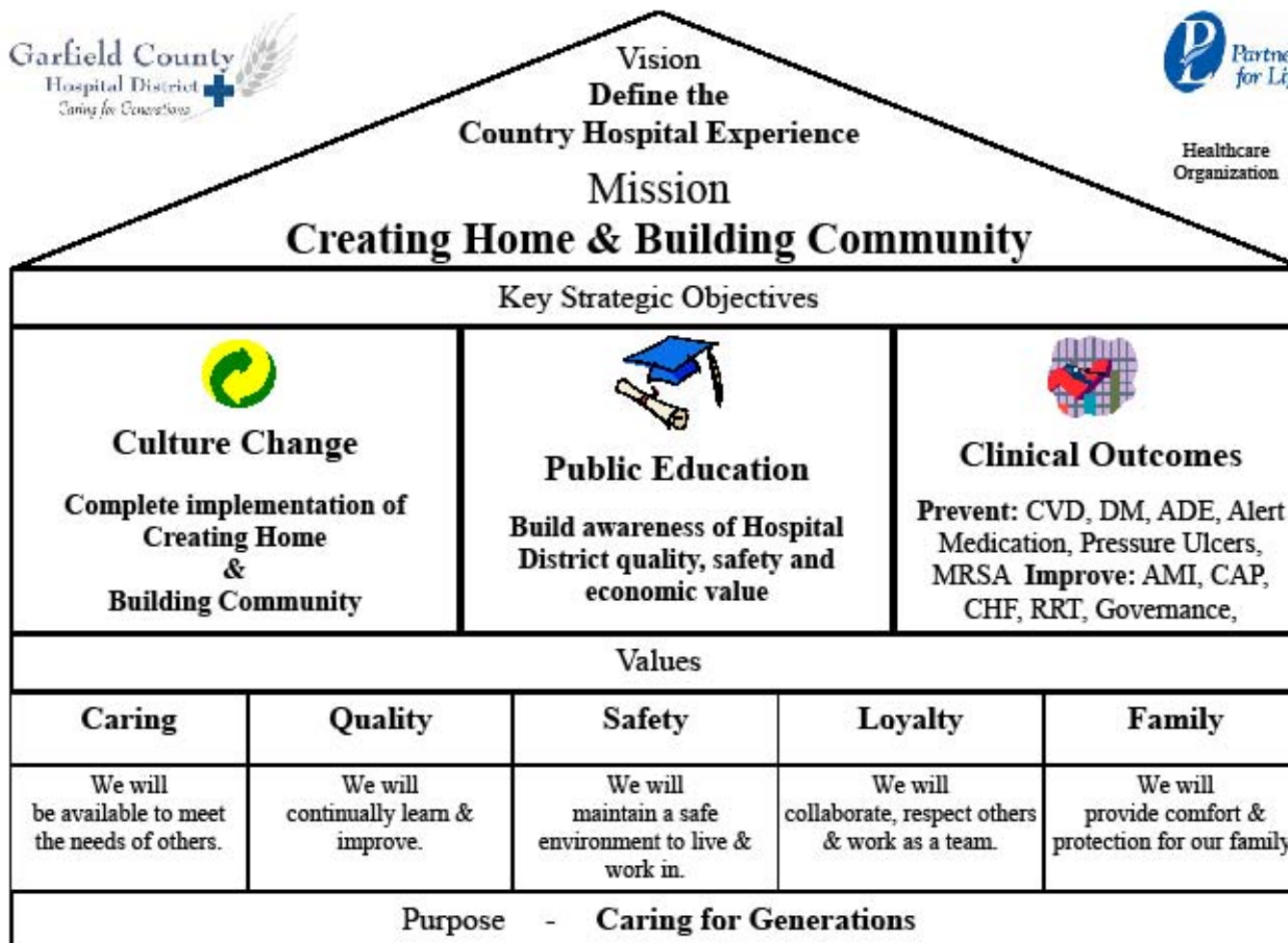
1. Generally there is good communication between departments (2.4)
2. Individuals willingly accept responsibility for their mistakes (2.5)
3. I am not overloaded or overworked (2.5)
4. Departments work well together here (2.6)
5. My pay & benefits meets the needs of myself & my family (2.7)
6. Policies are clear, uniform and fairly enforced (2.7)

Employee Opinion Tend to Agree

1. We take steps necessary to ensure public safety (3.8)
2. I have the proper tools to do my job safely (3.8)
3. I am confident in the leadership of our Board of Commissioners (3.7)
4. The District promotes continuous learning & staff development (3.7)
5. I am confident in the leadership of our Administrator (3.7)
6. My supervisor is always willing to listen to me (3.7)



Healthcare
Organization

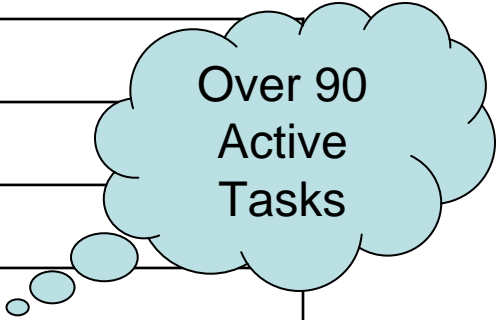


Quality Programs

Washington State Diabetes & Cardiovascular Disease Collaborative	Teleradiology Network
Personal Health Challenge	Long Term Care Electronic Medical Record Beta Test - Dairyland
RHIT Rural Health Information Technology Project	Medical Assistant Program
Organizational Restructuring	Rural Nurse Training Program
5 Million Lives Campaign	Information Technology Grant
Professional Development Program CNA	Diabetes Prevention & Control Program Grant

Key Strategic Objectives

WellPerson Project
Cardiovascular Collaborative
Adverse Drug Events
AMI (Heart Attack Care) Protocols
CAP (Community Acquired Pneumonia) Protocols
Rapid Response Teams
Central Line Infection
Diabetes Management
CHF (Congestive Heart Failure Care)
High Alert Medications
Governance Leadership
MRSA
Pressure Ulcers
Well person project



Over 90
Active
Tasks

Quality Improvement Projects

Revenue Cycle Process
Improvement

Materials Management Rapid
Cycle

Pharmacy Inventory Control

Organizational Restructure

Patient Friendly Billing

Budget

Compliance Tracking

Staffing

Removal of old X-rays

State Auditors Office Plan of
Correction

Personal Health Challenge

Documentation Standards


Restorative Programs

Trauma Committee

Lab order Processing UA

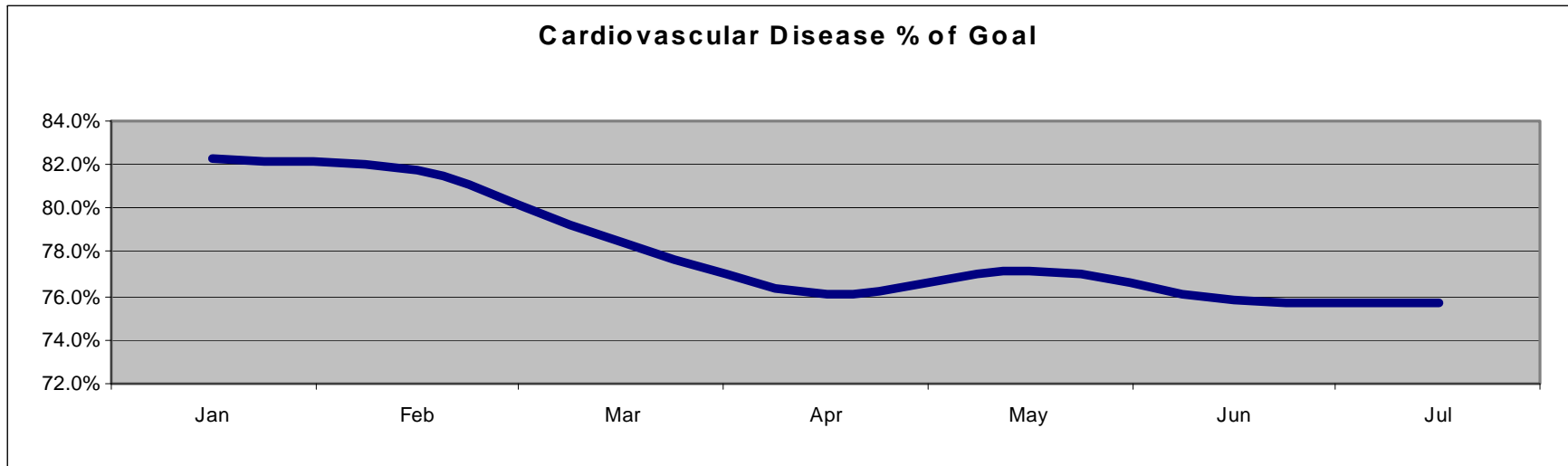
Soapware Grant

Incident Command



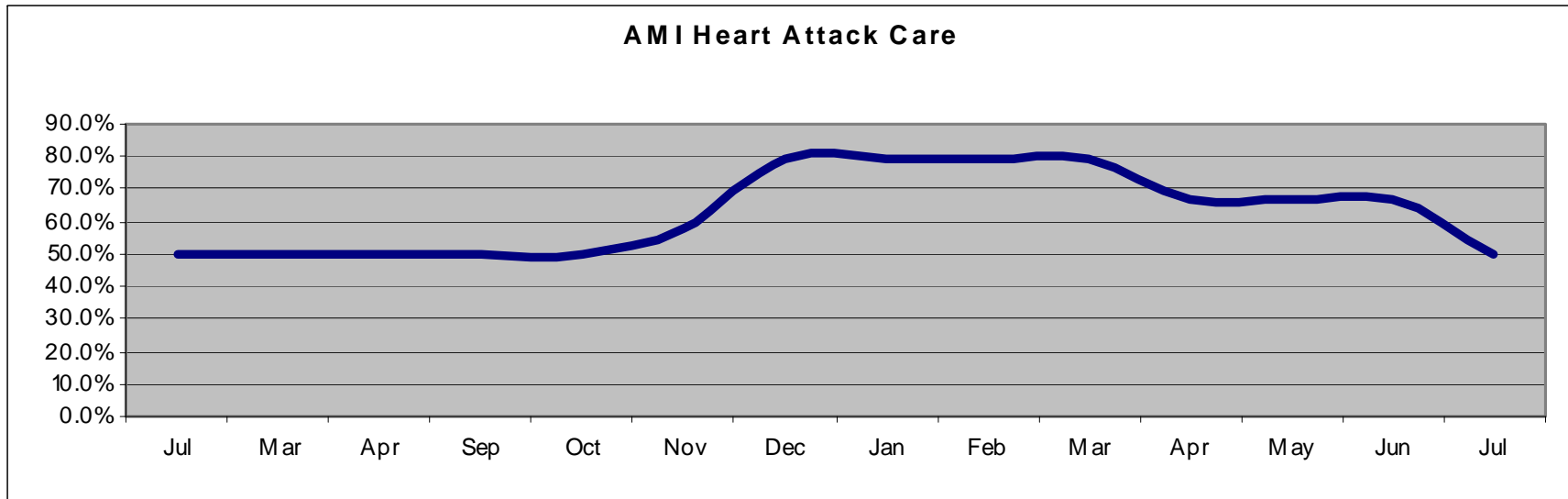
Over 135
Active
Tasks

Cardiovascular Disease



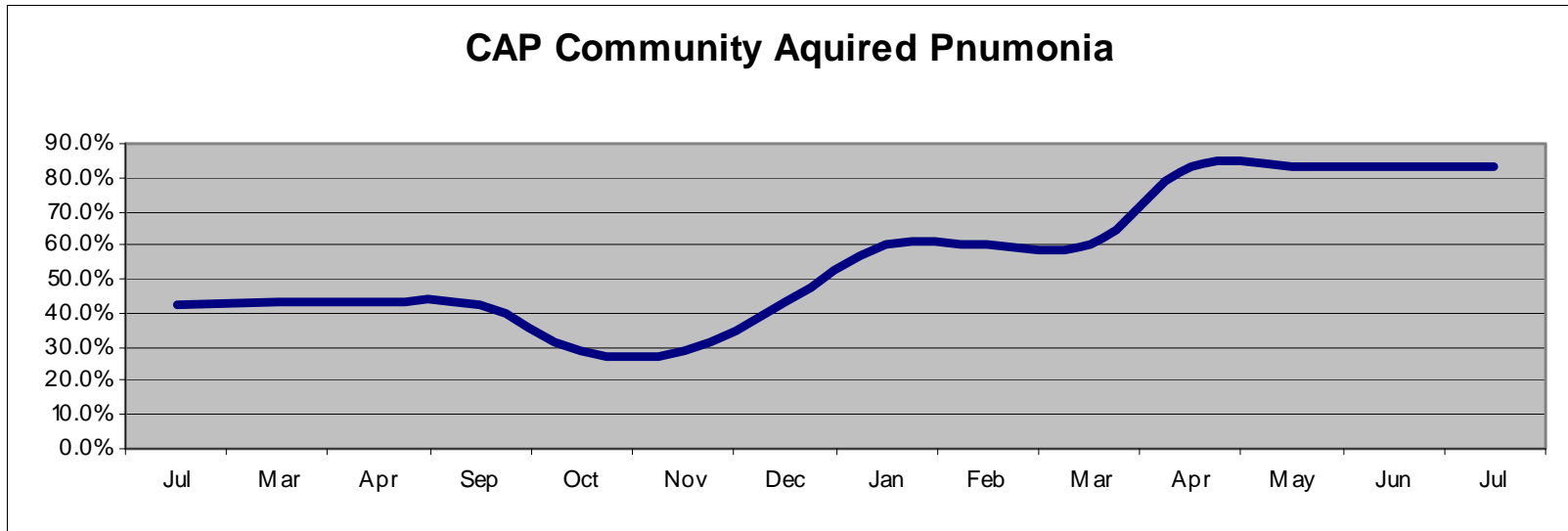
Learning Session 3 is here! We are glad as we need to have some fresh ideas. The notebook project has certainly taken much longer to get off the ground than we anticipated, taking up a great deal of time getting all the info organized. New ideas...here we come!

AMI Heart Attack Care



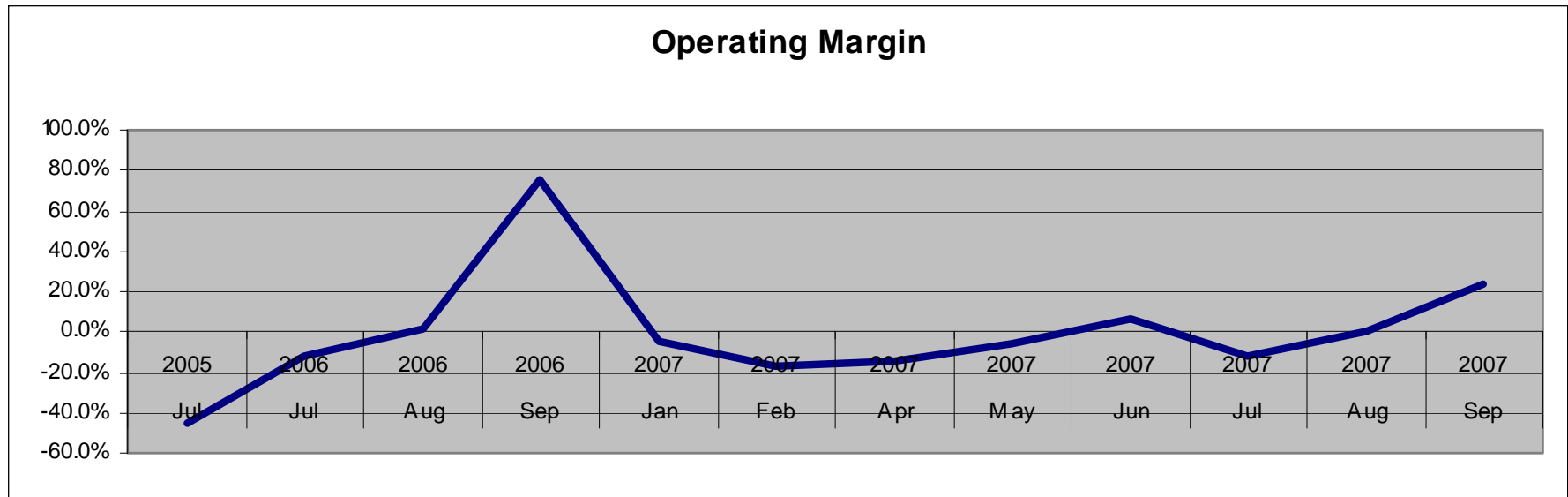
Goal 100% - The team is using the protocol consistently now. There are some problems with rule outs and timing of assessments. Jorie is going to work on how we tabulate this score to give a more accurate reflection of the work that is being done.

Pneumonia



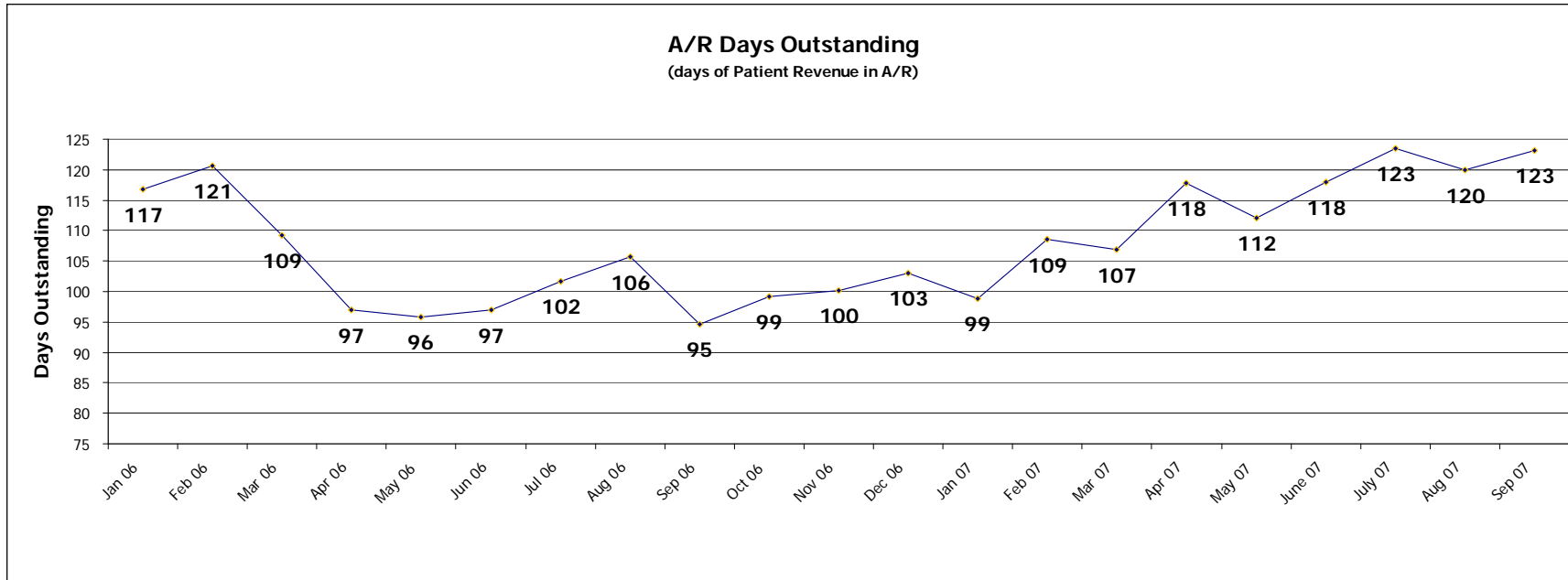
Goal 100% - Wonderful improvement in this measure. The protocol is being used consistently. Like the AMI measure there are some questions about relevant data points and accurate data collection that Jorie is working to resolve such as smoking cessation counseling.

Operating Margin



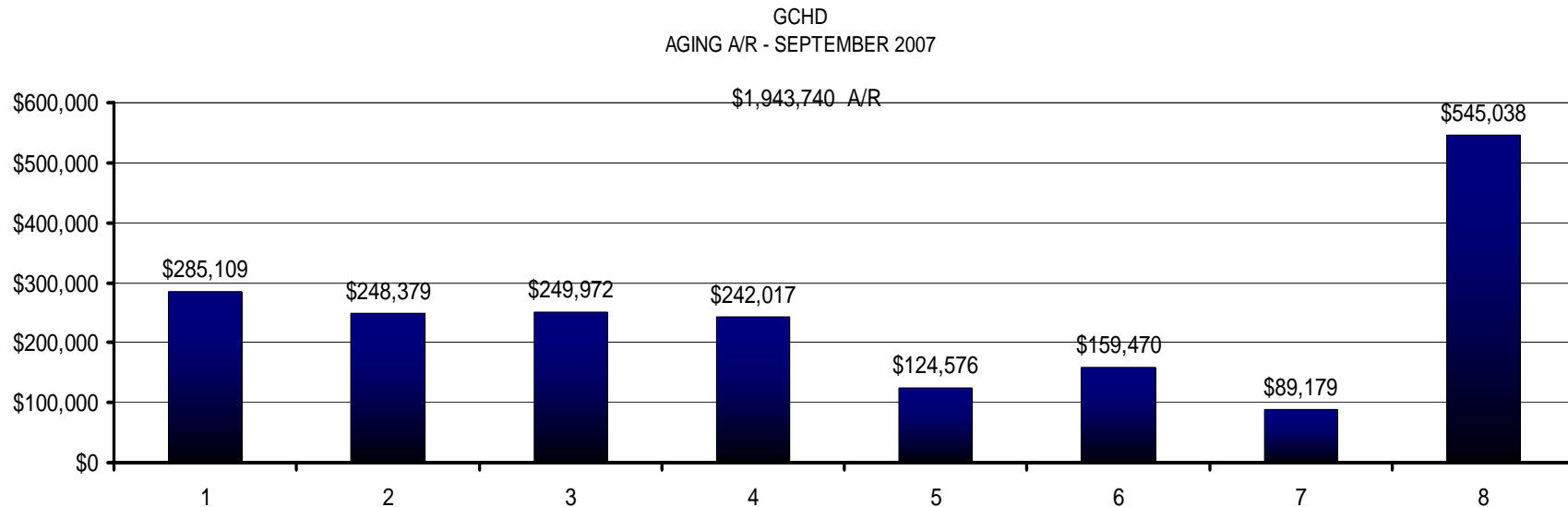
Goal +5% - We ended September with a 24% positive operating margin due to favorable contractual adjustments from Medicare. We don't anticipate this trend to continue through the end of the year.

Accounts Receivable



Goal < 60 Days- A/R days has moved down from a high of 123. New staff is onboard and keying claims, shift in AR days - 180+ is continuing to decline as a percent of total AR. We expect our AR days to continue to decline. All "at risk" claims will be keyed to Medicare by the end of October.

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Reimbursement

- Complex
- Varies by Payer
- Slow & Labor Intensive Process
- Revenue is Unpredictable
- Changes Every Year

Private Pay

1. Bill full amount
2. Patient pays
3. Balance workout, collection, charity care or bad debt

Commercial Insurance

1. Negotiated rate or Allowed Charges
2. Collect co-pay / co-insurance
3. Bill balance of full charges to insurance
4. Ins. Pays % of allowable charges
5. Bill balance of allowable charges to patient
6. Balance workout, collection, charity care or bad debt

Medicare

1. Determine cost – retrospectively (past years)
2. Establish rate – prospectively (future year, rate 101% of allowable cost)
3. Bill Medicare
4. Pays % of “allowable cost” - RCC
5. Bill secondary insurance or individual
6. Balance workout, collection, charity care or bad debt
7. Cost Report – True up payment (18 months later)

Medicaid - LTC

1. Per diem rate determined by state budget (cost experience basis usually several years behind)
2. Rate calculated based on medical complexity of patient case mix
3. Bill Swing beds at state average rate
4. Bill LTC beds at case mix rate
5. Write off balance (contractual adjustment)