

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A SPECIAL MEETING
OF THE BOARD OF DIRECTORS**

June 11, 2015 - 6:00 o'clock p.m.
Assembly Rooms 2&3- Eugene L. Geil Pavilion
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056

**The Board may take action on any of the items listed below,
unless the item is specifically labeled "Informational Only"**

	Agenda Item	Time Estimate
1	Call to Order/Roll Call/Pledge of Allegiance	2 min.
2	Public Comments – Announcement Members of the public may address the Board regarding any item listed on the Agenda. Per Board Policy 14-018, members of the public may have three minutes, individually, to address the Board of Directors	
3	Approval of Agenda	
4	Open Session	
	1) Board of Directors Public Workshop for the purposes of review, discussion and possible action of the Operating and Capital Budgets for Fiscal Year 2016 and Strategic Plan Executive Summary	2 hours
5	Oral Announcement of Items to be Discussed During Closed Session	3 min.
6	Closed Session	30 min.
7	Reports Involving Trade Secrets (Authority: Health and Safety Code, Section 32106) Discussion Will Concern: Proposed new service or program Date of Disclosure: December 31, 2015	
8.	Motion to go into Open Session	
9	Report from Chairperson on any action taken in closed Session (Authority: Government Code, Section 54957.1)	
10	Comments by Members of the Public	5 min.
11	Adjournment	

Dated: June 5, 2015

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

Tri-City Healthcare District

Operating Budget

Capital Budget

July 1, 2015 – June 30, 2016



4002 Vista Way, Oceanside, CA 92056

**Tri-City Healthcare District
Fiscal Year 2016 Budget**

Table of Contents

	<u>Page</u>
<u>Budget Introduction and Summary</u>	1.1
<u>Key Indicators</u>	2.1
<u>Financial Statements</u>	
• Statement of Revenue and Expenses	3.1
• Balance Sheet	3.2
• Statement of Cash Flows	3.3
• Summary Explanations of Statement of Revenue and Expense, Balance Sheet and Statement of Cash Flows	3.4
<u>Capital Budget</u>	
• Capital Budget Executive Summary	4.1
• Capital Budget Summary	4.2
• Committed Capital Carry Forward	4.3
• Prioritized Capital Equipment & Renovations	4.4

Tri-City Healthcare District Fiscal Year 2016 Budget

Introduction

This Fiscal Year 2016 Budget presentation contains four components, each with a separate tab divider. The four components are:

- Budget Summary – The Summary provides an overview of the Operating Budget, as well as explanations of several material assumptions incorporated into the budget during preparation.
- Key Indicators – Includes a presentation of key inpatient and ancillary patient volume forecasts and other key metrics used to develop the Fiscal Year 2016 Budget.

Financial Statements – The Tri-City Healthcare District Budgeted Statement of Revenue and Expenses, Balance Sheet, and Statement of Cash Flows are presented in this section. The Statements are followed by a narrative summary.

- Capital Budget Summary – A brief explanation of the Capital Budget plan, followed by schedules of budgeted expenditures and prioritized requested capital are presented.

Tri-City Healthcare District Fiscal Year 2016 Budget

Operating Budget Summary

Overview

The Fiscal 2016 budget forecasts Excess Revenue over Expenses (EROE) of \$9.8 million. This projected EROE improvement of \$5.9 million over the projected Fiscal 2015 results is expected to be realized through a combination of revenue growth through strategic initiatives coupled with continued expense management. The budget anticipates capital acquisition and renovation investment of approximately \$15.0 million.

The Fiscal Year 2016 Budget anticipates stable inpatient volume with a focused effort on OB/GYN, Joint and Neurological business. Total hospital inpatient census is anticipated to average just over 200 patients per day. An increase in outpatient volume is expected as the Primary Care Physician Clinic business increases throughout the year.

The Fiscal 2016 operating results are budgeted to be a \$5.0 million improvement over the expected Fiscal 2015 operating results. Net Income from Operations is budgeted at \$4.5 million. This projected improvement results from a number of sources, including:

- The budget anticipates a 16% increase in deliveries, along with an increase in gynecological surgeries. This increase is budgeted to contribute approximately \$2.3 million in Fiscal 2016.
- A 14% increase in joint surgeries is projected to result in an additional \$600 thousand to Income from Operations.
- Increased neurological surgeries during Fiscal 2016 are projected to result in an additional \$500 thousand to Income from Operations.
- A 10% increase in the inpatient Forensics business is projected to result in an additional \$400 thousand to Income from Operations.
- Acute Rehab admits are expected to increase 23%, resulting in an additional \$300 thousand in Fiscal 2016.
- The impact of the Primary Care Physician Strategy execution is budgeted to contribute \$300 thousand in Fiscal 2016.

- The Budget anticipates modest increases in reimbursement from Managed Care organizations. Reimbursement continues to be a major focus in light of the continued roll-out of the Patient Protection and Affordable Care Act and other healthcare reform initiatives.

Equipment acquisitions during Fiscal 2016 are budgeted to be funded partially from cash generated from operations, partially from new financing, and partially from Tri-City Hospital Foundation donations.

Salaries and Benefits are budgeted to increase by approximately \$7.3 million during Fiscal 2016 due to contracted collective bargaining increases, market adjustments and increased patient volumes.

Additional explanation of specific revenues and expenses is presented in the "Financial Statements" section.

**Tri-City Healthcare District
Fiscal Year 2016 Budget
Key Indicators Comparative**

	<u>Audited FY 2014</u>	<u>Projected FY 2015</u>	<u>Budget FY 2016</u>	<u>% Variance 2016 to 2015</u>
<u>Key Inpatient Indicators</u>				
Average Daily Census (ADC)	193.1	193.0	200.5	4%
Average Length of Stay (ALOS)	4.5	4.5	4.4	-1%
Patient Days	70,499	70,431	73,391	4%
Discharges	15,694	15,822	16,584	5%
<u>Key Ancillary Departments</u>				
ED Visits	69,357	70,594	70,970	1%
Deliveries	2,576	2,559	2,972	16%
IP Surgery Cases	3,756	3,679	3,889	6%
OP Surgery Cases	<u>2,756</u>	<u>2,931</u>	<u>3,001</u>	2%
Total Surgery Cases	6,512	6,610	6,890	4%
<u>Other Key Indicators</u>				
Adjusted Patient Days	111,838	112,395	115,995	3%
Adjusted Discharges	24,915	25,249	26,211	4%
Paid FTEs	1,840	1,871	1,927	3%
Paid FTEs per Adjusted Occupied Bed	6.0	6.1	6.1	0%

**Tri-City Healthcare District
Fiscal Year 2016 Budget
Statement of Revenue and Expenses
(Dollars in Thousands)**

	Audited FY 2014	Projected FY 2015	Budget FY 2016	Variance 2016 to 2015
Total Gross Patient Revenue	\$1,404,796	\$1,398,262	\$1,510,827	\$112,565
Deductions from Revenue	1,092,547	1,073,568	1,170,103	(96,535)
Deductions as a Percent of Revenue	77.77%	76.78%	77.45%	
Net Patient Revenue	312,249	324,693	340,723	16,030
Other Operating Revenue	7,494	7,236	6,735	(501)
Total Operating Revenue	319,743	331,929	347,458	15,529
<u>Expenses:</u>				
Salaries and Related Expenses	150,236	153,601	159,315	(5,714)
Benefits	32,634	34,339	35,956	(1,617)
Supplies and Pharmaceutical Expense	66,418	71,035	69,782	1,253
Purchased Services	19,864	18,204	17,893	311
Legal Fees	3,485	3,285	3,350	(65)
Physician Fees	9,522	10,253	12,809	(2,555)
Maintenance, Utilities and Rent	11,628	12,939	13,454	(516)
Other Operating Expense	18,246	17,017	17,466	(449)
Depreciation and Amortization	13,366	11,744	12,892	(1,148)
Total Operating Expenses	325,398	332,417	342,916	(10,499)
Income (Loss) from Operations	(5,655)	(487)	4,542	5,030
District Tax Revenue	8,021	8,241	8,333	92
Net Interest	(4,166)	(4,089)	(3,702)	388
Other Nonoperating Income & Expense	6,184	172	593	421
Total Nonoperating Income and Expense	10,040	4,324	5,224	900
Excess Revenue Over Expenses	\$4,385	\$3,837	\$9,767	\$5,930

EROE % of Total Operating Revenue	1.37%	1.16%	2.81%	
EBITDA	\$21,917	\$19,670	\$26,360	\$6,690
EBITDA % of Total Operating Revenue	6.85%	5.93%	7.59%	
TCMC Adjusted Pt Days	111,838	112,395	115,995	3,600
TCMC Patient Days	70,499	70,431	73,391	2,960
TCMC Average Daily Census	193	193	201	8
TCMC Total Paid FTEs	1,840	1,871	1,927	56

Tri-City Healthcare District
Fiscal Year 2016 Budget
Balance Sheet
(Dollars in Thousands)

	<u>Projected</u> <u>June 30, 2015</u>	<u>Budget</u> <u>June 30, 2016</u>
<u>Assets</u>		
Current Assets:		
Cash and cash equivalents	\$13,363	\$18,615
Net patient accounts receivable	44,887	49,273
Other receivables	1,859	2,247
Supplies inventories	7,071	7,577
Prepaid expenses and other assets	2,773	2,622
Estimated third-party payor settlements	1,900	2,133
Restricted funds	51,811	51,805
Total Current Assets	123,664	134,272
 Capital Assets - net	 108,863	 119,373
Other Assets:		
Notes receivable	5,892	7,888
Intangible & other assets	15,995	6,274
Total Other Assets	21,887	14,162
 Total Assets	 \$254,414	 \$267,808
<u>Liabilities and Net Position</u>		
Current Liabilities:		
Accounts payable and accrued liabilities	39,692	41,490
Accrued payroll and related expenses	16,637	16,726
Current maturities of long-term debt	3,382	1,945
Short-term Debt - net	59,000	59,000
Other current liabilities	1,053	1,048
Estimated third-party payor settlements	250	125
Total Current Liabilities	120,014	120,335
 Long-term Debt - net of current portion	 29,324	 33,778
 Workers' Comp & Professional Liability	 7,864	 7,726
 Total Liabilities	 157,202	 161,839
 Net position	 97,212	 105,968
 Total Liabilities and Net Position	 \$254,414	 \$267,808

**Tri-City Healthcare District
Fiscal Year 2016 Budget
Statement of Cash Flows
(Dollars in Thousands)**

	Projected FY 2015	Budget FY 2016
Cash Flows From Operating Activities		
Receipts from patients, insurers, and other payors	\$325,766	\$335,841
Payments to vendors	(131,153)	(133,310)
Payments for salaries, wages, and related benefits	(188,867)	(195,182)
Other receipts and payments	(3,166)	5,631
Net cash provided by operating activities	2,579	12,980
Cash Flows From Noncapital Financing Activities		
Minority interest distribution	(1,249)	(1,010)
District tax revenue	8,241	8,333
Other non-operating income & expenses	172	593
Net cash provided by noncapital financing activities	7,164	7,916
Cash Flows from Capital & Related Financing Activities		
Acquisition of capital assets	(5,835)	(14,960)
Proceeds from capital leases	2,250	7,370
Principal repayments on debt	(4,258)	(4,352)
Proceeds from revolving line of credit	360,979	348,000
Principal repayments on revolving line of credit	(359,354)	(348,000)
Interest payments on debt net of interest income	(4,089)	(3,702)
Net cash used in capital and related financing activities	(\$10,308)	(\$15,644)
Net Increase(Decrease) in Cash & Cash Equivalents	(565)	5,252
Cash and Cash Equivalents - Beginning of year	13,928	13,363
Cash and Cash Equivalents - End of year	\$13,363	\$18,615
<hr/>		
Income (Loss) from operations	(\$487)	\$4,542
Adjustments to reconcile Income (Loss) from operations to net cash provided by operating activities:		
Depreciation and amortization	11,744	12,892
Changes in assets and liabilities:		
Patient accounts receivable, net of provision	(1,801)	(4,385)
Other receivables	814	(389)
Other — net	(6,663)	(1,209)
Accounts payable and accrued liabilities	(592)	1,798
Accrued payroll and related expenses	(2,119)	89
Estimated third-party payor settlements	1,682	(358)
Net cash provided by operating activities	\$2,579	\$12,980

Tri-City Healthcare District Fiscal Year 2016 Budget

Summary Explanations of Statement of Revenue and Expense

Patient Revenue and Payor Mix

Gross Patient Revenue is budgeted at \$1.5 billion in Fiscal 2016 and represents an increase of 8.1% over Fiscal 2015. The increase in Gross Patient Revenue includes a 5.0% price increase, as well as growth focused primarily on specific service lines of business.

The largest population of patients will continue to be Medicare recipients, and when combined with the Senior HMO and Capitated Senior HMO patients, this group is expected to generate approximately 46% of the budgeted gross patient revenue. Increases in HMO and PPO gross patient revenue are expected due to the volume generated by additional physicians in the community.

Patient financial class mix is expected to change slightly compared to Fiscal 2015 due to volumes anticipated from strategic initiatives.

Deductions from Revenue are budgeted to be \$1.2 billion in Fiscal 2016, a rate of 77.5% of Gross Patient Revenue, as compared to 76.8% projected for Fiscal 2015. These deductions represent the difference between gross charges and reimbursement the hospital expects to receive based on contractual arrangements with federal and state programs (Medicare, CHAMPUS and Medi-Cal) as well as arrangements with private insurers. Budgeted Deductions from Revenue excluding the impact of the price increase is 76.5%. Net reimbursement is expected to improve in Fiscal 2016 as a result of contract increases and changes in payor mix resulting from strategic initiatives.

Total Operating Revenue is budgeted to increase by \$15.5 million, or 4.7% over Fiscal 2015. The increase is the net result of the expected gross revenue increases and deductions from revenue changes outlined above.

Operating Expenses

The following expense categories are budgeted to incur significant changes in Fiscal 2016. Categories not specifically mentioned are budgeted to increase or decrease by moderate amounts as a result of normal operations.

Salaries and Related Expenses

Salaries and Related Expenses are budgeted to increase \$5.7 million, a 3.7% increase over Fiscal 2015. While salary dollars are expected to increase with increases in volume, salary expense as a percentage of net revenue is expected to decrease. The dollar increase is due to contracted collective bargaining increases, market adjustments and increased patient volumes.

Employee benefit changes are tied to expected FTEs and salaries budgeted in Fiscal 2016, and are expected to increase by \$1.6 million, compared to Fiscal 2015. The projected Benefits expense increase is primarily due to a budgeted 5.0% increase in health insurance premiums beginning in January 2016.

Supplies and Pharmaceuticals

Total Supplies and Pharmaceutical expense is budgeted to decrease by \$1.3 million compared to Fiscal 2015 projections primarily due to cost saving initiatives throughout the organization. Cost savings initiatives are partially offset by Pharmaceutical cost inflation projected at 4.0%.

Physician Fees

Physician Fees are budgeted to increase \$2.6 million during Fiscal 2016. This increase is due to market increases and costs related to a full year of operations of the Primary Care Physician Clinic.

Maintenance, Utilities and Rent

The increase in Maintenance, Utilities and Rent is primarily due to a \$500 thousand increase in Utilities expense due to expected rate increases.

Other Operating Expense

Other Operating Expenses are budgeted to increase by \$449 thousand from Fiscal 2015. Included in Fiscal 2016 Other Operating Expense is an increase in software maintenance expense and an increase in professional liability expense, offset partially by a budgeted decrease in advertising.

Depreciation and Amortization

The increase of \$1.1 million in Depreciation and Amortization expense is related to equipment and projects currently approved, as well as the estimate for capital expenditures expected to occur in Fiscal 2016.

Other Nonoperating Income and Expenses

Other Nonoperating Income and Expense is budgeted to improve by \$900 thousand in Fiscal 2016. The improvement is primarily related to a reduction in net interest expense.

Balance Sheet – Significant items

The budgeted Fiscal 2016 year-end Balance Sheet includes the impact of the budgeted \$9.8 million Excess of Revenue over Expenses, as well as the following major assumptions:

- Net Patient Accounts Receivable is budgeted at 52 days of Net Patient Revenue.
- Inventories are budgeted to increase minimally along with the projected increase in business. Inventory is projected at 41 days supplies on hand. While cost reduction efforts are largely expected to offset the impact of inflation on medical supplies, a 4.0% cost increase for pharmaceutical expense has been budgeted.
- Approximately \$7.4 million of equipment is projected to be acquired through capital leases, \$6.4 million is projected to be funded through operations and \$1.2 million is expected to be funded by the Foundation in Fiscal 2016.
- The budget assumes the Campus Medical Office Building will be placed into service in January 2016.
- The Revolving Line of Credit is assumed to remain at \$8.0 million outstanding during the year.

Statement of Cash Flows

Net cash provided by Operating Activities of \$13.0 million is projected for Fiscal 2016.

Net cash provided by Noncapital Financing Activities is projected at \$7.9 million.

Net cash used in Capital and Related Financing Activities is budgeted at \$15.6 million and includes the impact of projected debt service payments and financing.

The net increase in Cash and Cash Equivalents generated during Fiscal 2016 is forecasted to be \$5.3 million.

**Tri-City Healthcare District
Fiscal Year 2016 Budget**

Capital Budget Executive Summary

The Fiscal 2016 proposed Capital Budget for Board of Directors consideration totals approximately \$15 million.

The \$15 million includes the following components:

1. Carryforward expenditures in FY 2016 for construction projects that were approved and commenced prior to Fiscal 2016.
2. Carryforward expenditures in FY 2016 for capital equipment items that were approved prior to Fiscal 2016.
3. Additional capital requests for equipment and renovations.

Prioritized lists of equipment and renovations are included, however priorities are expected to change throughout the year as operational needs change and/or critical circumstances arise.

Tri-City Healthcare District
Fiscal Year 2016 Capital Budget Summary
(Dollars in Thousands)

	<u>FY 2016</u>
Committed Capital Carryforward	\$5,760
Prioritized Capital Equipment & Renovations	7,700
Contingency	1,500
Total Planned Expenditures	<u>\$14,960</u>
Equipment Financing	\$7,370
Funded by Foundation	1,200
Funded through Operations	6,390
Total Funding	<u><u>\$14,960</u></u>

**Tri-City Healthcare District
Fiscal Year 2016 Capital Budget
Committed Capital Carry Forward
(Dollars in Thousands)**

<u>Description</u>	<u>Approved Amount</u>	<u>Projected Expenditures as of June 2015</u>	<u>Remaining Balance Carry Forward To FY16</u>
<u>Construction In Progress (CIP)</u>			
Angio Lab Renovation	\$748	\$176	\$572
Airstrip Year 1	340	-	340
Hand Held Specimen Collect/Readmission	570	236	334
South Tower Renovation	500	267	233
Nurse Call System- Phase1	300	98	202
Histology Grossing Station replacement	194	96	98
PowerChart Touch	84	7	77
3M hardware and implementation for ICD10	34	-	34
Total CIP Carry Forward	\$2,770	\$880	\$1,890
 <u>Capital Items Approved, to be Leased in FY16</u>			
CT Scanner	2,094	-	2,094
IR Angiography System	1,438	-	1,438
Nuance VM Radiology Dictation System	338	-	338
Total Leased Equipment Carry Forward	\$3,870	\$0	\$3,870
Total Carry Forward to FY 2016			<u><u>\$5,760</u></u>

**Tri-City Healthcare District
Fiscal Year 2016 Capital Budget
Prioritized Capital Equipment & Renovations
(Dollars in Thousands)**

<u>Department</u>	<u>Capital Item Description</u>	<u>Expected Cost</u>
Surgery	OR Lights and Integrated Flat Screens (5)	\$1,250
Projects Construction	Renovation of NICU and L&D incl. temporary move	1,431
Plant Engineering	Replacement of Generators/ATS	1,000
Projects Construction	Traffic Mitigation Vista Way	900
Projects Construction	Master Plan Development	700
Sterile Processing	Evolution Prevac Steam Sterilizer 42" including renovation	383
Building	Signage	300
Surgery	OR Tables (4)	260
Laboratory	Cellavision DM1200 System	223
Ultrasound	Ultrasound Machine IU22	198
Information Technology	Surginet Optimization Implementation Fees	187
Projects Construction	Nurse Call System Replacement (ED Station D)	150
2P Oncology	New Patient Beds	139
Information Technology	Security and Network Software Monitors and Systems	100
Mother Baby	Infant Security System	93
Cardiac Cath Lab	Electrophysiology Fluoroscopy Suite	89
Multiple Departments	Items under \$50,000 each	298
		<u>\$7,700</u>

	Completed
	On Schedule
	Behind Schedule
	No Progress / Past Due
	Abandoned
	Have Not Started

Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Month												Expected Complete Date	Progress / Comments								
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15		
I. HCAHPS Strategic Initiatives																							
	Establish Task Force																					6/1/15	
	Increase HCAHPS Scores																					4/30/15	
Sharon/Kapua/Tim	a) "Overall Rating of Hospital"																					5/5/15	
Sharon/Kapua/Tim	b) "Recommend The Hospital"																					4/30/15	
Sharon/Kapua/Tim	c) "Communication with Nurses"																					6/1/15	
Sharon/Kapua/Tim	d) "Communication with Doctors"																					4/30/15	
Sharon/Kapua/Tim	e) "Response of Hospital Staff"																					6/30/16	
Sharon/Kapua/Tim	f) "Hospital Environment"																					4/30/15	
Sharon/Kapua/Tim	g) "Pain Management"																					6/30/16	
Sharon/Kapua/Tim	h) "Communication about Medicines"																					6/30/16	
Sharon/Kapua/Tim	i) "Discharge Information"																					6/30/15	
EB/SS/Patient Exp Comm	j) Create and develop a customer service training protocol																					6/30/15	
EB/SS/Patient Exp Comm	k) Implement and train employees on customer service																					6/30/15	



Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Monthly Scorecard												Expected Complete Date	Progress / Comments						
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
III. Primary Care Based Strategies																					
WK	Open Dr. Penvose-Yi practice																			3/16/15	
WK	Onboard Drs. Adib and Dillon-Thomas (OB)																			5/7/15	
TM/WK	Identify opportunities for PCP collaborations																				
DB/Marketing	Continue onboarding, physician media/social media																			7/31/15	

	Completed		No Progress / Past Due
	On Schedule		Abandoned
	Behind Schedule		Have Not Started

Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Month												Expected Complete Date	Progress / Comments													
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15							
WK	5. Outpatient Infusion Center Review payer mix and opportunities for Growth																											
TM/WK	6. Cardiac Services Develop long-term strategy for CT surgery																											
TM/WK	Assess referral relations with cardiologists																											
KC	7. Forensics Identify new prisons as a potential referral source																											
TM/SS	8. OP Cardiac & Pulmonary Rehab Develop plan to ensure self-sustainability																											

	Completed		No Progress / Past Due
	On Schedule		Abandoned
	Behind Schedule		Have Not Started

Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Monthly Progress												Expected Complete Date	Progress / Comments												
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15						
WK/JR	9. Orthopaedic Surgery Identify surgical case growth opportunities																										
WK/TM	10. Inpatient Neurosurgery Evaluate outreach																										
WK/TM	11. Oncology Identify areas for more surgical growth																										
WK/TM	12. Outpatient Rehabilitation Services Prepare market and SWOT analyses																										

	Completed		No Progress / Past Due
	On Schedule		Abandoned
	Behind Schedule		Have Not Started

Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Monthly Scorecard												Expected Complete Date	Progress / Comments													
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15							
JR/Bus Dev Team	IV. Physician Services Development Identify primary care and specialty providers within 5 years of retirement by June 30, 2015																											
	V. Physician Recruitment																											
WK/TM/BOD	Create an overall 3 year physician recruitment plan																											



Alt + 7 (Numeric Keypad) will create a bullet

Responsible Person(s)	Key Growth Strategy	Month												Expected Complete Date	Progress / Comments							
		Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	
	VI. Ventures / Institutes																					
	Assess opportunity and necessity for development of Institute for Clinical Effectiveness																					
	VII. Campus Development																					
WK/TM	Wellness MOB: Develop Timeframe for build out																					
WK/TM	Campus MOB onsite: traffic mitigation, build-out, purchase																					
WK/TM	Proceed with design considerations for ED & Parking Struc																					
WK/TM	Prepare detailed Master Plan and submit to BOD																					
WK/TM	Prepare cost analysis for TCHD to meet 2030 Seismic																					
GN/Facilities Team	Begin planning for NICU/Womens' Services Renovation																					
WK/TM/GN	Select Architect and Interior Designer for NICU Project																					
GN/WK/Facilities Team	Begin Construction of NICU/Womens' Services Project																					
DB	Increase Wellness Center memberships to 4,000																					