SCOTLAND COUNTY HOSPITAL

Mission Statement: *"To improve the health of our communities, with services close to home"*

CEO Report
Annual Report to Board of Directors
FYE (7/1/2015-6/30/2016)

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Randall Tobler MD, FACOG
CEO
8-25-16

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Exhibits

I. Executive Summary

Scotland County Hospital (SCH) is a 25 bed, Critical Access Hospital (CAH), located in Memphis, Missouri, celebrating its 46th year of operations in 2016. Serving remote, rural Northeast Missouri and Southeastern Iowa with a robust clinical staff of 12 employed primary care and specialist clinicians, 7 visiting specialists, over 200 full and part-time staff, serving an agricultural community. SCH provides a 24 hour fully staffed Emergency Department, Hospital based Advance Life Support-Licensed Ambulance Service, Medical Surgical Unit, Obstetrics Unit, Surgery Center, and operates 3 Rural Health Clinics. In FY '16, we served over 1000 Hospitalized patients, operated on 600 patients, completed 28,000 Rural Health Clinic encounters, delivered 127 babies, cared for over 3100 Emergency Department patients, and provided Urgent care for 170 patients in just one quarter of operation for the new Saturday Urgent Care Clinic. Around the clock Radiology/Ultrasound Department (9,600 procedures), Laboratory Services (65,000 tests), and Therapy Services (29,700 procedures) complete the talented patient care teams who daily live our mission. This year, full implementation of major structural and operational changes in our Financial Services Department provided needed account information and service to patients, resulting in a better experience for our constituents, while providing long term fiscal integrity for the Hospital and Clinics.

2016 found SCH continuing to make good on promises made previously and embodied in our 2015 "Covenant With the Community"-when we pledged making Access, Affordability, and Accountability the mainstays of our operation. 21st Century patients are becoming consumers: As they become more informed via internet and media health focus and resources, and as technology expands their ability to investigate and implement health and wellness activities outside of the traditional medical facility, patients are more engaged in their care. They have instant access to social connections, on-line shopping, and instant messaging; in their medical care, and are seeking **access** to clinical contact when they expect and need it. Moreover, with increasing out-of-pocket responsibility for medical costs, patients have transformed into *healthcare consumers,* becoming more price sensitive and value oriented; **affordability** is an ever stronger determinant of whether or not to proceed with elective or non-acute services. Value – the product of cost and quality - is the Holy Grail for payors, patients, and of course the organizations that serve them. In that pursuit, the SCH Board and Administration continues its "quest for best", holding ourselves **accountable** for the quality clinical and financial outcomes that our patients, families, team members and community deserve. In keeping with our Covenant's triad of operational commitments, here are FY 2016 highlights:

- ***Access-***
  - SCH Urgent Care Clinic: After extensive planning with input at all levels of the organization, we opened a Saturday Urgent Care Clinic, from 8 AM – 2 PM in March. It has garnered overwhelming approval from the community on our social media platforms and in-person comments. We met or exceeded goals for volume and financial performance, with a net positive income from project operations, surprisingly favorable payer mix, and high percentage of patients new to the Hospital and Clinics, and most importantly, improved access and affordability for patients who had limited options otherwise. Based on the positive Saturday experience, plans are underway to expand to Sundays for FY 2017.

- 340B implementation this year SCH deployed both arms of the 340B discount pharmaceuticals program, resulting in improved financial performance, and positioning us to continue to serve our patients even better in the future. The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. The 340B Program enables covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Specifically, eligible discounted drugs are delivered to patients when in the hospital outpatient department (predominantly Rheumatology and Oncology infusion), or through participating contracted pharmacies, who dispense eligible prescriptions to discharged or RHC patients, prescribed by our clinicians. The resulting savings offset significant reimbursement cuts incurred with healthcare reform, and provides more affordable prescriptions for uninsured or underinsured patients.

- Rural Health Clinic (RHC) Walk-in Hours: Our increasingly popular "walk-in" hours at Memphis Medical Services (MMS) were expanded from one hour most weekdays previously to morning session Monday through Friday, and 3 days a week all day. Jenna Williams, RN, FNP started providing walk-in early morning and late afternoon hours at Lancaster Medical Services in April, 2016. Access on demand remains a growth opportunity for SCH and its Rural Health Clinics.

- Specialists in Lancaster: Lancaster Medical Services (LMS) now has a SCH surgeon twice monthly and Womens' Health Services weekly, staffed by SCH WHNP and Ob/Gyn.

- Expanded Optometric Services: Kelly Sharpe, O.D., Optometrist with International Eye Care, expanded hours to twice weekly, on Tuesdays and Thursdays, at MMS

- Dietetics Expansion: Andrea Graham, R.D., L.D. joined SCH as full time dietetics director, providing more opportunities for patient education, evaluation and program breadth.

- New Ambulance: The Scotland County Hospital Emergency Medical Services Department, which is contracted by the Scotland County Ambulance District, acquired a new ambulance this year. Put into operation in April, it features a large, diesel chassis, power cot with power lift assist to reduce the risk of staff injury during pick up and transfer, and state-of-the-art communications and monitoring equipment. Taxes paid to the District are transferred to the Hospital to provide the major funding for the service. Ambulances remain titled to the District.

- Patient-Accessed Health Information: MMS and LMS installed iPads and patient information centers in all exam rooms providing Harvard Medical School health information content.

- Scotland County Farmers' Market: The Scotland County Farmers' Market Association approached SCH for a location change from the Memphis Square. SCH enthusiastically accepted their offer to hold a weekly Market on the east lawn of MMS, every Thursday from 2-6 pm during the growing season. The first Market was held on June 19th.

- Shane Wilson D.O. joined the staff in July, providing Internal Medicine services as the Hospital's first-ever hospitalist, and as consultant at Memphis Medial Services. This is an expansion in specialist capabilities that provides intensive inpatient surveillance and an enhanced ability for patients to continue care "close to home" with a higher acuity of illness.

- Orthopedic Services. John Bailey, D.O., Orthopedic Surgeon, began providing orthopedic services in our outpatient clinic in December on Mondays and Operating Room on Tuesdays and in emergent cases when needed. He completed the first ever knee replacement at SCH in December. This post-weekend access compliments the late week presence of our other Orthopedic Surgeon, Kathleen Weaver, MD. We now provide orthopedic surgeon access daily except Wednesdays.

- Emergency Department Staff Change: Neil Hoyal, D.O. transitioned from MMS ambulatory services to full time E.D. physician in September, and continues to provide coverage for Med/Surg, Ob and Pediatric Hospital patients. Stephen Terrill, M.D. joined the staff as E.D. Medical Director in February.

- Womens' Health Nurse Practitioner: Sonya See, RN, WHNP joined the staff in July, and collaborates with Randall Tobler, MD, FACOG. Patients have increased availability to triage and peri-partum services in the Womens' Center.

- Family Nurse Practitioner: Jessica Christen, RN, DNP joined the staff in August, adding another quality primary care clinician to the team at MMS. She also fills in for walk-in hours at LMS on occasion.

- New Anesthesia Services Contract: MB Anesthesia, LLC, received the contract for Anesthesia Services after being selected by an ad hoc Board Committee, with representation from Surgeons, Medical leadership, and Administration, after SCH released a request for proposal in July. A thorough vetting and selection process ensued, and the contract started in December. The primary CRNA for SCH from MB Anesthesia is Michael Browning, CRNA, who worked under the auspices of the previous contractor since 2010.

- Knox County Health Outreach: SCH partnered with the Knox County Health Department to provide periodic womens' and children's' screenings, starting in April.

- Parking Lot Enhancements: Physical accessibility was enhanced by adding additional concrete parking areas, posted for patients only and contiguous with existing surfaced lots. SCH Maintenance staff completed the work in late summer 2015, enabling easier transit for those accessing outpatient services over the fall and winter.

- Breastfeeding Area: A dedicated room with comfortable amenities and a refrigerator has been established to serve the needs of staff, patients and visitors whose babies are nursing.

❖ ***Affordability***

- Deeper Discounts: We enhanced the discount on self-pay, uninsured patients from 20-30%. Patients who hold an Immergrun card (a non-profit insurer for our Amish and Mennonite patrons), are now able to access SCH and RHC services at a deeper discount.

- Financial Assistance: Charity care through financial assistance for those eligible continues to be a significant commitment to the community. This year, we lowered thresholds for assistance, and increased the amount of assistance available at each level.

- Patient Financial Services: Adjustments in collections policies, improved patient accounts servicing, and optimizing the Financial Navigation program resulted in better *patient* understanding and utilization of available discounts, preventing unnecessary confusion and frustration when confronting a medical illness and the financial realities associated with modern medical services.

- Charges: Increases commensurate with the Medical Consumer Price Index were limited to room rates, therapy services and on-site laboratory testing. Physician fees and radiology charges remained unchanged from FY 2014

❖ ***Accountability***

- Financial Performance:
  Gross patient revenue for FY 2016 increased by $1,660,000 over FY 2015 Revenue, while net patient revenue increased $890,000 over the prior year. Expenses increased $950,000 from FY 2015 and the net loss from FY 2015 decreased $280,000 from FY 2015. Other revenue was a big factor in the improvement on the bottom line with the 340B program providing $308,000 in gross 340B revenues or $220,000 in net revenue. Another area to note is the decrease in bad debt from $1,600,000 in FY 2015 to $950,000 in FY 2016. This is due largely to the increase collection of self-pay funds. Collections of charges from self-pay individuals increased by 6.4% in FY 2016. This is equal to approximately $90,000 when comparing to the prior year's collection rate. We believe the improvements in out-of-pocket collections is a result of the revenue cycle re-engineering we initiated in Q3 FY 2015, including Financial Navigation, enhanced patient accounts servicing, and expanded early-pay incentives.

***UNAUDITED**	FY 2016	FY 2015	FY 2016 Budget
Gross Revenues	$40,760,880	$39,102,950	$39,417,095
Net Patient Revenue	$20,290,370	$19,400,650	$20,256,238
Expenses	$22,166,410	$21,216,335	$21,115,595
Net Profit(Loss)	($579,190)	($858,016)	$16,460

Complete unaudited Financial and Statistical Reports are found in Exhibits A-1 & A- 2

- **Patient Satisfaction:** In Q4, SCH embarked on a huge initiative to discover how patients rate their experience in the Hospital and Clinic, then to develop and implement continuous performance improvement to address identified shortcomings. Though exempt from the mandatory reporting to the Center for Medicare and Medicaid Services because of our CAH status, the Board, Administration and Medical Staff recognize that in an era of patients as consumers, and as an organization with a goal of great outcomes, every time, everywhere, for every encounter on our campus, getting actionable and measurable feedback is important. Press-Ganey, a leader in this field has been retained, and the initial results are already being analyzed with our goals in mind.

- **Community Forums:** Every quarter, we get together with a group randomly selected patients who have returned satisfaction surveys (regardless of survey content), in order to receive feedback, share our newest happenings, and answer questions. These lunches with the CEO, Nursing Leaders and Communications Specialist always stimulate a dialogue that helps us understand what we need to do more or less of, recruit patrons' assistance in problems they identify, and ask for their help in our improvement efforts.

- **ICD-10 Implementation:** The Business Office, Informatics, Information Technology and clinical staff were hyper-focused on complying with the tsunami of new codes and descriptions accompanying ICD-10 platform change in October. Months of training and systems modification and exemplary teamwork avoided what was predicted by industry consultants to pose an existential threat to revenue cycle stability, and in turn organizational financial health. Instead, the hard work paid off with a relatively painless transition for all affected.

- **EMS Department Inspection:** The EMS Service was inspected by state surveyors in April and received license renewal as an Advanced Life Support service until 2021.

- **Memphis Medical Services State Survey:** MMS, our largest Rural Health Clinic, was surveyed by the state and received high marks, with only one minor adjustment in fire drill policy needed as a result.

- **Compliance Infrastructure:** Health care organizations are naturally extremely complex, and face an increasing obligation to demonstrate compliance to governmental entities and insurers and multiple levels. Our commitment to continuous compliance was borne of the February 2015 full licensure survey, and resulted in the launch this year of a complete review of all SCH and its clinics policies and procedures. Strategically this involves an initial transfer from paper (3 large 3 ring binders' worth) to electronic files with content review in the process, on a special platform identified by the IT department. Many were placed into a standardized format and revamped in the process, with the goal this year of completing the reformatting and content review for all P and P. The final stage will involve a review with consultant assistance of our Policies and Procedures from a global, best practices viewpoint.

- **ACA compliance:** New provisions of the Affordable Care Act provided a challenge for the payroll division of Human Resources. 2016 invoked more complex data gathering and reporting of our employee health insurance participation and ACA-related surcharges.

- **Employee Health Insurance:** After careful review and consideration of all alternatives, the Board continued the last few years' commitment to balance rising insurance costs with the high retention value of a quality and affordable health plan for our team members. The hybrid self-insured plan, which provides powerful financial incentives when employees obtain medical services at SCH facilities, did experience increases in costs, which are estimated to remain below the average plan inflation experienced nationwide.

- **Clinical Quality Compliance Reporting:** Ongoing governmental reporting requirements, requiring specialized reports on clinical quality metrics and demonstrating use of the Electronic Health Record launched in 2014 were met. This required the assistance of report writing consultants, training of Quality Assurance, Informatics and IT staff, and purchase of additional software. We expect the pace and scope of "Value Based Reimbursement" initiatives, both from governmental and commercial payers, to increase in pace, volume, and scope of reporting required to validate performance.

- **Financial Performance Intervention Plan:** In February, the Board approved a modified wage and hiring freeze, along with other operational strategies, announced to all our team members at a special Town Hall. We developed an ambitious goal of $600,000 deficit by end of FY, at a time when we were on track for a $1.8M loss, largely due to a 2 month span in the fall of extraordinarily low utilization. A process of intensive, department by department review resulted in significant process and personnel efficiencies. Wage increases were made only for those under a CAH-based floor and only if merit justified, those pursuant to contractual terms, and for new job descriptions. Hiring was only permissible to the extent that critical patient service (clinical or financial), administrative vacancies occurred, or if novel job positions resulted from efficiency-oriented department reorganization. In all cases, while under the plan, wage increases or hires require the approval of CEO and Controller.

Board of Directors: In a rare contested election for SCH's Board, the seat vacated by Vice President Barb Blomme, whose term ended in April, was won by Lori Fulk who assumed seats on the Finance and Quality Assurance and Safety Committees. Officers elected by the Board and committee assignments appointed by the President in April:

- President: Curtis Ebeling
- Vice President: Charlie Boyer
- Secretary: Judy Wilson
- Treasurer: Robert Neese
- Member: Dwight DeRosear
- Member: Lori Fulk

Quality Assurance and Safety Committee: Dwight DeRosear and Lori Fulk (as of April meeting; replaces Wilson)
Finance Committee: Curtis Ebeling and Lori Fulk (as of April meeting; replaces Barb Blomme)
Affiliation Committee: Curtis Ebeling, Charlie Boyer and Robert Neese

The Quality Assurance and Safety Committee meets monthly, with the Safety agenda added quarterly and as needed. Composed of representatives of the Board, the CEO, the CMO, Medical Director, Director of Nursing, HIM/Compliance Officer, Informatics Supervisor, Controller and chaired by the Quality and Risk Manager, it is charged with assessing the Quality Assurance Performance Improvement plan and its elements. Its recommendations are relayed to the various departments as focus areas are developed, improvements monitored, then either retired once "hardwired" into the system, or monitored ongoing. Activities and findings are communicated to the Board via quarterly reports from the Q/A and Risk Manager. This year saw improvements in medication errors, opioid use, initiating smoking cessation in hospitalized patients, establishing intervals for follow-up endoscopies among others.

The Finance Committee meets ad hoc and was created to assess and improve the Hospital's business operations, with the goal of maintaining financial health in light of reimbursement pressures and regulatory challenges. This year they were active in reviewing the Budget as it developed, and monitoring the 340B Contract Pharmacy implementation.

The Affiliation Committee meets ad hoc and was created to address the growing trend of alignment in a myriad of arrangements, between small rural hospitals and larger entities. It is the stated and public intent of SCH to remain independent while investigating all potential opportunities to partner with other entities in pursuit of our mission, when SCH's mission is served as a result.

This year, building on the affiliation agreement executed between SCH and the Blessing Health System in FY14, much time and effort was devoted to developing a deeper acquaintance and discussion of the opportunities available in our alliance with the Blessing Health System. Reciprocal visits at the Senior Leadership level started with a site visit to Blessing Hospital in February. Our Affiliation Committee learned about the intersection of each institution's missions and values, coupled with Blessing's experience with Illini Hospital, its CAH in Pittsfield, Illinois, could strengthen the alliance. In May, Blessing's Senior Leadership visited SCH for a tour and operational discovery day. Meetings to receive their findings and to launch discussions regarding further leveraging our long and valued relationship through project-based partnerships were planned for FY 2017, as a major initiative. We expect the SCH-Blessing Affiliation to gain momentum going forward.

Other Highlights

- Expansion of Laboratory space to accommodate a lease on state of the art master analyzer ("Architect")
- Servers Installed: To accommodate the Meditech EHR updates, and SharePoint Server to facilitate the Online Policy and Procedure Project. P and P now fully categorized and searchable.
- Windows 10 Upgrade: XP machines decommissioned and replaced. Windows 7 upgraded to Windows 10 with staff training on the new OS.
- EHR Meaningful Use: Met and reported Hospital Stage 2 Year 3 and Clinic Stage 1 Year 3 criteria, which enabled SCH to receive available incentive payments.
- Therapy Services: We continue to be one of the rare lymphedema therapy providers in the region. An after discharge (outpatient or inpatient) from insurance-covered services program was started. Patients pay a modest fee for service charge.
- Outpatient Services: Infusion services, including hydration, blood products, and medications continue to grow. Partnering with Ellis Fischel Cancer Center, University of Iowa Cancer Center, and Blessing Hospital, to provide symptomatic relief for residents receiving primary treatment at those distant facilities. The laboratory continues to bring more tests in house, decreasing turnaround time to facilitate better patient care.
- Personnel Highlights:
    - Jeff Davis, D.O., SCH CMO, was installed in April as President of the Missouri Association of Osteopathic Physicians and Surgeons.
    - Julia McNabb, D.O., SCH Chief of Staff, became EMS Medical Director in December.
    - Stephen Terrill, M.D., became Emergency Department Medical Director in February.
    - Ashley Harvey, RN, received certification in Wound Care from the National Alliance of Wound Care and Ostomy in June.
    - Ashley Tharp, RN, received certification as Lactation Counselor from the Academy of Lactation Policy and Practice

Community Benefit is a major criterion upon which our success as a non-profit CAH, district-chartered institution is judged. Accordingly, SCH continued to provide year-long, direct and valued services to our constituents. Nearly 4500 encounters involving education and patient care services occurred. Highlights include:

- Charity care (financial assistance, unbilled services): $163,870
- Kids' Safety Days: EMS with Ambulance District Support: 800 attendees
- Health screenings: 160 Free screenings *(see Exhibit I)*
- Sports physicals, serving Scotland, Clark, Knox and Schuyler counties with free sport screenings including medical and therapy evaluations for 537 students.
- Education: Smoking cessation, Life Extension, Orthopedics, Colonoscopy lectures for the public, Career days at 3 local school districts, Prenatal Classes.
- "Healthy U"-A weekly health and wellness program on Memphis based KMEM radio station, featuring SCH and National experts.
- Free influenza immunizations to 286 community recipients.

In summary, in FY16 SCH consolidated the fiscal discipline and collaborative culture we implemented the prior year. Progress was proven by our improved bottom line and successful implementation of Urgent Care Clinic, expanded walk-in hours, and ICD-10 roll out, respectively. SCH is poised to meet the challenges of an increasingly complex health care delivery system, tighter budgets, and the charge to work towards population health in a value driven way going forward. We continue to be optimistic that we can remain a trusted, sustainable and independent healthcare facility for an underprivileged and relatively isolated population. By leveraging strategic partnerships with other institutions' expertise and resources, we will be able to embrace and implement innovation fulfilling our Mission and Vision.

II. Annual Program Review Framework

Critical Access Hospitals (CAHs) are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payments (42 CFR Part 485 Subpart F). In accordance with §485.641, Scotland County Hospital (SCH) presents in this report its annual evaluation of our total program, including the effectiveness of its quality assurance and ongoing performance improvement plan to ensure the appropriateness of diagnosis. The Hospital's Board of Directors has ultimate responsibility and oversight for the provision of services so as to provide quality health care in a safe environment, and regularly receives reports from administrative and departmental personnel regarding patient care quality and safety.

The CAH annual evaluation of Hospital is conducted on an annual basis based upon the Health System fiscal year. The fiscal year for Health System runs from July 1st to June 30th for each annual period. Information for the evaluation is obtained from various sources, including staff reports, financial reports, quality assurance reports, and committee minutes. While the evaluation of Hospital is ongoing and much of the information detailed in the CAH annual evaluation is reported throughout the year, the evaluation is conducted by a thorough review of the information obtained for the report in order to provide the Board of Directors of Hospital with an annual summary. The Chief Executive Officer of Hospital is responsible for completing the evaluation.

All hospital departments review the services they provide at least annually. Reviews include, but are not limited to, policy review, process outcomes review, patient satisfaction surveys, leadership evaluations, employee evaluations, employee surveys, quality assurance reviews, financial audits, and customer safety reports. In addition, contracted services are reviewed annually and reported to the Board of Directors.

Accordingly, summaries are offered to establish compliance with the following CoP's:

- Utilization of CAH Services (§485.641(a)(1)(i))
- Clinical Record Review (§485.641(a)(1)(ii))
- Policy Review and Evaluation (§485.641(a)(1)(iii)))
- Quality Assurance Program (§485.641(b))
- Patient Care Services Evaluation (§485.641(b)(1))
- Nosocomial Infections and Medication Therapy Evaluation (§ 485.641(b)(2))
- Mid-level Practitioner Evaluation (§485.641(b)(3))

III. Utilization of CAH Services

As healthcare transformation progresses, *where* and *how* services are delivered continues to shift from inpatient to outpatient venues, lower to higher inpatient acuity, and longer to shorter stays. SCH's trends mirror those realities, but also demonstrate the growth in outpatient services occurring nationally. Patient statistics and volumes are closely monitored throughout the fiscal year. A summary of core statistical data for FY 2016 is listed below:

Hospital Statistics

	FY 2016	FY 2015
Acute Care Admissions:	583	669
*Med/Surge/ICU	439	529
*Pediatrics	14	22
*Obstetrics	130	118
Swing Bed Admissions:	157	157
Total Admissions:	717	942
Acute Average Daily Census:	4.51	5.07
Swing Bed Average Daily Census:	5.57	5.83
Total Average Daily Census:	10.08	11.48
Acute Caverage Length of Stay:	75.97 hrs	68.57 hrs
Swing Average Length of Stay:	13.55 days	13.55 days
Medicare Average Length of Stay:	2.86 days	3.10 days
Total Length of Stay:	5.09 days	4.44 days

Outpatient/Ambulatory Statistics

	FY 2016	FY 2015
Radiology (Procedures)	9673	9542
Inpatient	1103	989
Outpatient	8570	8553
Lab (Procedures)	64949	58824
Inpatient	17522	13144
Outpatient	47427	45680
Therapy Services (Procedures)	20745	18757
Inpatient	7856	7788
Outpatient	12889	10969
Clinic Visits (Patients)	27799	26455
MMS	21939	20830
LMS	5308	5093
WMS	552	532

SCH did not exceed the maximum inpatient census of 25 patients during FY 2016. Also, SCH was compliant with regulations requiring acute admissions, unless under unexpected and documented circumstances, be at least between 48 and 96 hours.

**Additional statistical data is listed below in the Hospital Statistical Report (Exhibit A-1) and Revenue Source Report (Exhibit A-2).*

EXHIBITS A-1& A-2

SCOTLAND COUNTY MEMORIAL HOSPITAL
JULY 2015/JUNE 2016

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
DISCHARGES													
ACUTE CARE	70	44	36	51	49	47	41	47	53	48	47	54	587
NEWBORN	22	12	9	8	9	14	6	10	6	6	12	13	127
SNF/MEDICARE	11	5	9	9	10	5	11	14	13	17	9	10	123
SNF/OTHER	0	0	1	0	0	0	3	4	1	1	1	1	12
INTERMEDIATE	0	0	0	0	0	0	0	1	0	1	0	0	2
TOTAL	103	61	55	68	68	66	61	76	73	73	69	78	851
PATIENT DAYS													
ACUTE CARE	147	109	93	127	129	127	150	150	179	152	150	134	1647
NEWBORN	34	24	17	15	20	25	12	25	13	8	26	20	239
SNF/MEDICARE	153	122	143	55	147	104	224	205	187	209	182	139	1870
SNF/OTHER	0	0	15	0	0	11	42	55	24	2	7	8	164
INTERMEDIATE	0	0	0	0	0	0	0	2	25	21	0	0	48
TOTAL	334	255	268	197	296	267	428	437	428	392	365	301	3968
OBSERVATION	11	13	13	20	14	13	10	18	28	20	25	19	204
ACUTE DISMISSALS													
MEDICARE	30	20	18	31	27	24	21	27	31	29	23	26	307
MEDICAID	13	11	3	4	10	7	6	7	9	4	4	6	84
BLUE CROSS	7	3	6	4	3	2	6	3	2	5	4	10	55
INSURANCE	14	5	4	6	6	8	4	8	8	6	10	6	85
MANAGED MEDICARE/PPO	1	0	2	5	3	3	2	0	0	3	3	2	24
SELF PAY	5	5	3	1	0	3	2	2	3	1	3	4	32
TOTAL	70	44	36	51	49	47	41	47	53	48	47	54	587

ACUTE PATIENT DAYS	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
MEDICARE	73	64	49	74	84	59	25	91	106	92	89	73	879
MEDICAID	28	20	9	15	23	27	20	23	28	10	8	12	223
BLUE CROSS	14	6	16	7	5	6	20	5	2	13	13	17	124
INSURANCE	25	11	9	12	12	19	24	28	37	6	26	11	220
MANAGED MEDICARE/PPO	1	0	3	17	5	10	59	0	0	29	11	16	151
SELF PAY	6	8	7	2	0	6	2	3	6	2	3	5	50
TOTAL	147	109	93	127	129	127	150	150	179	152	150	134	1647
ACUTE DISMISSALS													0
SEMI-PRIVATE	44	30	28	40	39	32	34	36	42	41	35	39	440
ICU	1	0	0	1	1	0	0	0	0	0	0	0	3
PEDIATRICS	0	1	0	1	0	2	0	1	5	2	0	2	14
OB	25	13	8	9	9	13	7	10	6	5	12	13	130
TOTAL	70	44	36	51	49	47	41	47	53	48	47	54	587
ACUTE PATIENT DAYS													
SEMI-PRIVATE	103	81	75	102	103	88	133	116	137	140	123	108	1309
ICU	1	0	0	4	1	2	1	0	1	0	1	2	13
PEDIATRICS	0	1	0	4	0	9	0	6	19	2	0	4	45
OB	43	27	18	17	25	28	16	28	22	10	26	20	280
TOTAL	147	109	93	127	129	127	150	150	179	152	150	134	1647
ACUTE DISMISSALS													
B. CORMIER	5	2	0	3	2	4	0	2	1	2	2	3	26
J. DAVIS	18	5	8	3	4	8	4	6	11	3	1	2	73
N. HOYAL	24	2	1	1	1	5	1	5	6	1	4	2	53
H MARTIN	1	2	0	0	2	0	1	0	2	0	2	3	13
L ROLLISON	1	1	0	4	1	1	1	2	2	0	2	1	16
C MILLER-PARISH	3	0	0	1	1	1	0	0	1	0	0	1	8
R TOBLER	11	7	8	6	5	5	6	5	4	3	7	7	74
S WILSON	7	25	19	33	33	23	28	27	26	39	29	35	324
TOTAL	70	44	36	51	49	47	41	47	53	48	47	54	587

DISCHARGE DAYS/DR.	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
B CORMIER	5	3	0	5	4	7	0	10	10	5	6	6	61
J DAVIS	37	12	13	3	5	36	5	18	93	4	2	20	248
N HOYAL	48	9	2	1	1	11	2	11	20	1	8	13	127
H MARTIN	6	10	0	0	2	0	1	2	3	0	3	11	38
L ROLLISON	3	1	0	8	2	2	1	4	9	1	6	1	38
C MILLER-PARISH	6	0	0	8	2	2	0	0	11	0	0	2	31
R TOBLER	21	15	18	12	18	10	13	11	10	6	14	9	157
S WILSON	21	59	60	90	95	59	128	94	23	135	111	72	947
TOTAL	147	109	93	127	129	127	150	150	179	152	150	134	1647
RADIOLOGYPROCEDURES													
IN-PATIENT	46	17	46	58	41	56	50	55	89	63	73	50	644
OUT-PATIENT	441	406	379	435	371	373	421	398	489	445	399	400	4957
SKILLED CARE	11	1	3	2	4	4	0	15	16	6	14	5	81
RHC-LANCASTER	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	498	424	428	495	416	433	471	468	594	514	486	455	5682
ULTRA SOUND													
IN-PATIENT	4	9	11	9	15	13	9	13	12	11	11	8	125
OUT-PATIENT	94	86	92	117	99	119	105	112	116	120	104	133	1297
SKILLED CARE	0	1	1	0	3	0	0	2	5	1	2	0	15
TOTAL	98	96	104	126	117	132	114	127	133	132	117	141	1437
CT SCANS													
IN-PATIENT	21	9	15	16	22	10	22	9	26	33	15	25	223
OUT-PATIENT	129	98	86	102	116	87	108	88	127	112	103	127	1283
SNF	1	0	0	0	1	0	0	0	2	0	0	0	4
TOTAL	151	107	101	118	139	97	130	97	155	145	118	152	1510
MRI													
IN-PATIENT	0	0	0	1	0	1	2	0	1	2	1	1	9
OUT-PATIENT	22	31	32	23	25	26	28	24	29	36	43	19	338
SNF	1	0	0	0	0	0	0	0	0	1	0	0	2
TOTAL	23	31	32	24	25	27	30	24	30	39	44	20	349

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
NUCLEAR MEDICINE	18	18	15	40	2	16	23	19	23	5	25	26	230
MAMMOGRAMS	34	30	25	67	45	54	37	38	33	30	32	41	466
LABORATORY													
IN-PATIENT	729	686	711	859	969	941	1046	1080	1355	1353	1269	1042	12040
OUT-PATIENT	4169	3910	3625	3923	3539	3902	4002	3665	4084	4356	4250	4002	47427
SKILLED CARE	278	143	471	140	533	316	754	970	741	313	485	338	5482
TOTAL	5176	4739	4807	4922	5041	5159	5802	5715	6180	6022	6004	5382	64949
BLOOD UNITS GIVEN	14	12	9	12	10	10	21	3	15	16	16	16	154
RESPIRATORY THERAPY													
IN-PATIENT	178	136	160	260	248	235	322	345	377	243	287	162	2953
OUT-PATIENT	111	134	131	83	77	30	66	68	74	140	153	71	1138
SKILLED CARE	220	66	232	52	196	77	398	503	495	248	270	407	3164
TOTAL	509	336	523	395	521	342	786	916	946	631	710	640	7255
HOLTOR MONITOR	5	9	6	5	6	7	3	3	5	7	4	7	67
STRESS TESTING	1	2	0	1	0	1	3	4	2	2	2	8	26
STRESS TESTING NUCLEAR	7	2	6	13	1	6	11	6	9	0	11	0	72
CARDIAC REHAB	68	80	93	82	41	33	55	35	47	93	114	107	848
RHEUMATOLOGY	9	13	5	5	10	9	12	7	12	13	12	9	116
ONCOLOGY	26	22	33	23	24	19	19	22	20	23	19	14	264
EKG'S													
IN-PATIENT	20	6	13	32	25	21	13	7	40	29	30	18	254
OUT-PATIENT	104	104	94	88	97	89	85	97	126	109	105	91	1189
SKILLED CARE	1	1	4	0	2	0	2	24	2	2	5	0	43
TOTAL	125	111	111	120	124	110	100	128	168	140	140	109	1486

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
SPECIAL PROCEDURE	21	21	27	23	27	33	26	23	27	20	20	22	290
SURGERIES													
MAJOR IN-PATIENT	6	8	5	9	4	5	6	3	5	4	5	4	64
MINOR IN-PATIENT	2	2	0	0	0	0	0	1	1	1	0	2	9
MAJOR OUT-PATIENT	8	4	5	9	8	9	6	9	8	12	8	9	95
MINOR OUT-PATIENT	11	10	5	7	17	8	7	9	6	7	9	9	105
TOTAL	27	24	15	25	29	22	19	22	20	24	22	24	273
DELIVERIES	19	13	8	8	10	13	6	12	5	5	13	12	124
EMERGENCY ROOM VISITS	283	293	274	246	245	264	251	244	257	248	277	251	3133
URGENT CARE	0	0	0	0	0	0	0	0	38	54	41	37	170
AMBULANCE RUNS													
LOCAL	27	18	16	13	10	11	10	11	17	21	16	14	184
LONG	16	12	21	16	14	15	16	18	18	22	21	18	207
TOTAL	43	30	37	29	24	26	26	29	35	43	37	32	391
SPEECH THERAPY													
IN-PATIENT	4	0	0	12	3	6	3	11	45	15	4	8	111
OUT-PATIENT	4	11	11	7	2	19	2	17	9	0	18	22	122
SKILLED CARE	38	0	0	3	20	1	24	40	12	13	10	25	186
FIRST STEPS	12	0	0	0	0	1	3	3	2	6	0	0	27
HOME HEALTH	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	58	11	11	22	25	27	32	71	68	34	32	55	446
PHYSICAL THERAPY PROC.													
IN-PATIENT	52	37	46	72	54	80	97	89	128	178	72	63	968
OUT-PATIENT	653	771	906	857	797	732	635	842	903	909	988	1042	10035
SKILLED CARE	207	227	248	86	262	207	423	437	310	435	289	213	3344

PT CONTINUED	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
HOME HEALTH	22	26	21	18	18	41	21	57	33	21	27	29	334
CARE CENTER	10	12	11	14	13	12	14	12	14	12	12	11	147
FIRST STEPS	8	9	16	8	10	8	9	9	7	7	7	6	104
SCHOOL	1	1	17	15	10	14	14	6	17	16	5	4	120
TOTAL	953	1083	1265	1070	1164	1094	1213	1452	1412	1578	1400	1368	15052
OCCUPATIONAL THERAPY													
IN-PATIENT	26	9	25	52	32	52	46	41	76	117	38	47	561
OUT-PATIENT	74	82	73	50	42	63	27	83	93	97	127	153	964
SKILLED CARE	195	163	217	63	204	187	342	320	235	340	236	184	2686
HOMEHEALTH	1	3	10	7	2	4	6	7	1	1	1	15	58
CARE CENTER	0	0	1	2	0	2	2	1	2	1	0	1	12
SCHOOL	11	17	102	106	79	76	100	84	93	88	117	18	891
FIRST STEPS	7	6	8	7	7	6	5	7	6	7	3	6	75
TOTAL	314	280	436	287	366	390	528	543	506	651	522	424	5247
RHC-MEMPHIS													
M. CORMIER	179	158	159	179	157	163	168	172	132	153	52	0	1672
J. DAVIS	247	187	246	228	224	175	253	215	229	151	215	194	2564
N HOYAL	109	147	0	0	0	0	1	1	2	0	0	3	263
J MCNABB	266	253	247	261	241	273	240	220	249	247	255	265	3017
C MILLER-PARISH	43	38	45	47	42	52	37	38	41	36	35	34	488
L ROLLISON	38	49	36	51	41	47	34	34	53	45	46	46	520
R TOBLER	109	75	64	76	38	86	85	73	78	93	86	81	944
K BURCHETT	0	11	0	10	0	9	0	8	0	12	0	14	64
D HOLT	8	20	15	16	11	15	20	10	20	18	15	15	183
M PRYOR	0	1	16	17	23	28	27	31	29	27	28	0	227
R JACKSON	40	26	40	36	36	26	32	35	27	40	41	21	400
K WEAVER	126	102	101	108	69	75	95	66	137	114	117	117	1227
S WILSON	16	61	72	75	61	36	56	64	29	57	40	41	608
J CHRISTEN	0	0	30	150	136	222	171	188	226	171	222	158	1674
M DAY	76	97	129	96	75	89	6	0	0	0	0	0	568
S HENLEY-PIPPERT	242	253	233	180	208	199	218	247	206	229	213	257	2685

RHC-MEMPHIS CONT'D.	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTAL
L QUENNEVILLE	8	57	47	53	41	64	88	145	155	113	118	147	1036
S SEE	0	36	72	77	74	84	63	46	84	58	85	93	772
J WHITMAN	98	82	97	100	53	73	84	75	110	95	59	88	1014
C EL-KHOURY	22	18	19	23	15	9	35	19	23	17	0	15	215
R SMITH	13	11	15	15	10	15	0	10	17	17	15	23	161
OTHER	1	0	0	0	0	0	1	0	0	1	0	0	3
NURSING VISITS	126	124	123	158	134	140	134	129	144	130	145	147	1634
TOTAL	1767	1806	1806	1956	1689	1880	1848	1826	1991	1824	1787	1759	21939
RHC-WYACONDA													
M. CORMIER	5	7	3	7	6	7	7	10	2	3	0	0	57
M. DAY	27	53	21	25	53	37	37	60	38	42	37	35	465
NURSING VISITS	1	2	0	3	11	3	2	2	3	0	1	2	30
TOTAL	33	62	24	35	70	47	46	72	43	45	38	37	552
RHC-LANCASTER													
J DAVIS	0	8	0	0	0	0	0	0	0	0	0	0	8
J MCNABB	3	3	5	0	5	4	0	8	7	7	6	7	55
C MILLER-PARRISH	0	0	0	0	0	0	0	0	0	3	2	1	6
L ROLLISON	0	0	0	0	0	0	5	0	3	0	2	3	13
R TOBLER	9	4	0	0	0	3	3	3	6	2	5	2	37
M WHITLOCK	179	172	195	214	181	183	191	193	223	166	103	248	2248
J CHRISTEN	0	0	0	0	0	0	0	0	0	0	2	17	19
S SEE	0	0	1	4	2	1	2	2	0	7	4	2	25
J WILLIAMS	139	111	146	181	159	179	178	181	199	209	221	166	2069
NURSING VISITS	76	81	71	25	74	62	66	58	78	65	79	91	826
TOTAL	406	379	418	424	421	432	445	445	516	459	424	537	5306

SCOTLAND COUNTY HOSPITAL
BALANCE SHEET
FOR PERIOD ENDING JUN 2016

	JUN 2016	JUN 2015
ASSETS		
CURRENT ASSETS		
CASH		
CASH	$ 731.96	$ 731.96
CASH ON HAND	$ 1,040,450.29	$ 1,619,014.19
CASH IN ESCROW	$ 0.00	$ 0.00
CASH INVESTMENTS	$ 819,523.74	$ 466,058.14
RESTRICTED FUNDS	$ 1,599,382.73	$ 1,690,206.70
TOTAL CASH	$ 3,460,088.72	$ 3,776,010.99
PATIENT RECEIVABLES		
PATIENT ACCOUNTS RECEIVABLE	$ 7,683,426.35	$ 7,306,375.58
LESS: ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS/D	$ (5,367,744.94)	$ (5,315,067.55)
NET PATIENT RECEIVABLES	$ 2,315,681.41	$ 1,991,308.03
RURAL HEALTH CLINIC RECEIVABLES		
RHC PATIENT ACCOUNTS RECEIVABLE	$ 1,134,701.57	$ 1,016,566.87
LESS: RHC ALLOWANCE FOR CONTRACTUAL/UNCOLLECT	$ (792,322.59)	$ (762,505.08)
NET RHC PATIENT RECEIVABLES	$ 342,378.98	$ 254,061.79
OTHER RECEIVABLES		
RECEIVABLE - MEDICARE	0.00	0.00
RECEIVABLE - MEDICAID	344,585.84	407,000.00
RECEIVABLE - TAX REVENUE	7,483.03	5,432.79
RECEIVABLE - MISCELLANEOUS	542,548.64	348,740.00
TOTAL OTHER RECEIVABLES	$ 894,617.51	$ 761,172.79
OTHER CURRENT ASSETS		
INVENTORY	$ 611,840.87	$ 695,111.73
PRE-PAID EXPENSES	$ 214,635.02	$ 118,030.48
OTHER ASSETS	$ 0.00	$ 0.00
TOTAL OTHER CURRENT ASSETS	$ 826,475.89	$ 813,142.21
TOTAL CURRENT ASSETS	$ 7,839,242.51	$ 7,595,695.81
OTHER ASSETS		
OTHER ASSETS	$ 0.00	$ 0.00
TOTAL OTHER ASSETS	$ 0.00	$ 0.00

EXHIBIT A-2

SCOTLAND COUNTY HOSPITAL
BALANCE SHEET
FOR PERIOD ENDING JUN 2016

	JUN 2016	JUN 2015
FIXED ASSETS		
LAND & IMPROVEMENTS	$ 331,948.80	$ 294,372.79
LAND & IMPROVEMENTS - LMS	$ 18,816.75	$ 18,816.75
BUILDING & IMPROVEMENTS	$ 11,597,227.01	$ 11,607,427.01
BUILDING - USDA RENOVATION	$ 47,511.00	$ 47,511.00
BUILDING WOMENS CENTER	$ 1,101,892.53	$ 1,101,892.53
MMS PHYSICIAN CLINIC	$ 705,589.72	$ 705,589.72
LMS PHYSICIAN CLINIC	$ 277,314.95	$ 277,314.95
EQUIPMENT	$ 4,935,388.15	$ 4,760,959.94
ELECTRONIC HEALTH RECORD	$ 979,766.74	$ 922,852.29
MEDITECH EHR	$ 1,444,535.74	$ 1,442,745.74
MMS EQUIPMENT	$ 261,325.78	$ 261,325.78
LMS EQUIPMENT	$ 120,451.65	$ 120,451.65
CAPITAL LEASE PROPERTY	$ 2,994,994.19	$ 2,953,868.51
CAPTIAL LEASE BUILDING	$ 350,000.00	$ 350,000.00
CAPITAL LEASE EHR	$ 1,700,000.00	$ 1,700,000.00
MEDITECH PHASE 2 EHR	$ 324,746.66	$ 324,746.66
TOTAL FIXED ASSETS	$ 27,191,509.67	$ 26,889,875.32
ACCUMULATED DEPRECIATION		
ACCUM DEPR - LAND/ IMPROVEMENT	$ (158,087.06)	$ (153,574.19)
ACCUM DEPR - LAND IMPROVE LMS	$ (0.28)	$ (0.28)
ACCUM DEPR - BUILDING IMPROVE	$ (4,900,181.63)	$ (4,293,014.92)
ACCUM DEPR - WOMENS CENTER	$ (634,400.42)	$ (573,367.57)
ACCUM DEPR - MMS PHY. CLINIC	$ (408,191.36)	$ (384,724.63)
ACCUM DEPR - LMS PHY. CLINIC	$ (127,036.24)	$ (116,008.46)
ACCUM DEPR -EQUIPMENT	$ (4,161,202.60)	$ (4,086,091.50)
ACCUM DEPR - EHR	$ (926,635.73)	$ (856,921.07)
ACCUM. DEPREC.-MEDITECH EHR	$ (961,244.52)	$ (509,682.48)
ACCUM. DEPR - MMS EQUIPMENT	$ (251,941.61)	$ (250,614.38)
ACCUM DEPR - LMS EQUIPMENT	$ (120,451.65)	$ (118,807.02)
ACCUM DEPR - LEASED EQUIPMENT	$ (2,246,976.98)	$ (2,143,838.29)
ACCUM DEPR - CAP. LEASE BUILD	$ (323,750.09)	$ (288,750.17)
ACCUM DEPR - LEASED EHR	$ (736,666.87)	$ (396,666.88)
ACCUM DEPR- MEDITECH PHASE 2	$ (79,481.06)	$ 0.00
TOTAL ACCUMULATED DEPRECIATION	$ (16,036,248.10)	$ (14,172,061.84)
NET FIXED ASSETS	$ 11,155,261.57	$ 12,717,813.48
TOTAL ASSETS	$ 18,994,504.08	$ 20,313,509.29

SCOTLAND COUNTY HOSPITAL
BALANCE SHEET
FOR PERIOD ENDING JUN 2016

	JUN 2016	JUN 2015
LIABILITIES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	$ 563,509.29	$ 703,402.52
ACCRUED SALARIES	$ 132,451.26	$ 446,341.97
PAYROLL TAXES & DEDUCTIONS	$ 127,419.24	$ 153,204.67
ACCRUED BEN. PAY & REL FICA	$ 925,285.63	$ 685,442.29
ACCRUED PAYABLES	$ 56,212.90	$ 61,212.90
SETTLEMENT DUE THIRD PARTY	$ 122,810.79	$ (23,500.21)
DEFERRED REVENUE - TAX	$ (0.36)	$ 13,655.00
TOTAL CURRENT LIABILITIES	$ 1,927,688.75	$ 2,039,759.14
LONGTERM LIABILITIES		
BONDS PAYABLE	$ 8,742,921.60	$ 8,882,921.64
CAPITAL LEASE OBLIGATION	$ 775,393.01	$ 921,568.03
CAPITAL LEASE EHR	$ 653,091.80	$ 994,672.13
TOTAL LONGTERM LIABILITIES	$ 10,171,406.41	$ 10,799,161.80
TOTAL LIABILITIES	$ 12,099,095.16	$ 12,838,920.94
EQUITY/FUND BALANCE		
OPERATING FUND BALANCE	$ 6,895,408.92	$ 7,474,588.35
NET PROFIT/(LOSS)	$ 0.00	$ 0.00
TOTAL LIABILITIES & FUND BALANCE	18,994,504.08	20,313,509.29

SCOTLAND COUNTY HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD OF JUN 2016

JUN 2016 CURRENT YEAR	JUN 2015 PRIOR YEAR		06/30/16 CURRENT YTD	06/30/15 PRIOR YTD	BUDGET FY 2016 YTD	$ VARIANCE ACT - BUDGET	PERCENT VARIANCE
		REVENUES					
$ 473,635.11	$ 573,483.56	INPATIENT REVENUE	$ 6,017,831.29	$ 6,045,322.08	$ 5,935,892.00	$ 81,939.29	1.38%
$ (211,709.48)	$ (92,529.49)	LESS:CONTRACTUAL ADJUSTMENTS IP	$ (2,885,857.05)	$ (2,337,880.51)	$ (2,535,840.00)	$ (350,017.05)	13.80%
$ 261,925.63	$ 480,954.07	ADJUSTED INPATIENT REVENUE	$ 3,131,974.24	$ 3,707,441.57	$ 3,400,052.00	$ (268,077.76)	(7.88)%
$ 2,301,020.81	$ 2,238,443.57	OUTPATIENT REVENUE	$ 26,422,020.18	$ 25,456,325.61	$ 25,697,667.00	$ 724,353.18	2.82%
$ (1,275,870.83)	$ (1,234,758.16)	LESS: CONTRACTUAL ADJUSTMENTS OP	$ (13,634,237.53)	$ (13,650,886.35)	$ (13,144,708.00)	$ (489,529.53)	3.72%
$ 1,025,149.98	$ 1,003,685.41	ADJUSTED OUTPATIENT REVENUE	$ 12,787,782.65	$ 11,805,439.26	$ 12,552,959.00	$ 234,823.65	1.87%
$ 322,045.27	$ 218,675.57	SKILLED/ICF REVENUE	$ 4,047,575.75	$ 3,756,375.55	$ 3,824,155.00	$ 223,420.75	5.84%
$ (113,045.82)	$ (4,517.84)	LESS: CONTRACTUAL ADJUSTMENT SKILLED/ICF	$ (1,377,455.30)	$ (857,907.45)	$ (951,212.00)	$ (426,243.30)	44.81%
$ 208,999.45	$ 214,157.73	ADJUSTED SKILLED/ICF REVENUE	$ 2,670,120.45	$ 2,898,468.10	$ 2,872,943.00	$ (202,822.55)	(7.06)%
$ 371,193.50	$ 291,187.50	RURAL HEALTH CLINIC REVENUE	$ 4,276,452.50	$ 3,844,927.00	$ 3,959,382.00	$ 317,070.50	8.01%
$ (41,231.24)	$ 3,508.25	LESS: CONTRACTUAL ADJUSTMENT RHC	$ (625,849.40)	$ (575,092.35)	$ (661,358.00)	$ 35,508.60	(5.37)%
$ 329,962.26	$ 294,695.75	ADJUSTED RURAL HEALTH CLINIC REVENUE	$ 3,650,603.10	$ 3,269,834.65	$ 3,298,024.00	$ 352,579.10	10.69%
$ 1,826,037.32	$ 1,993,492.96	ADJUSTED PATIENT REVENUE	$ 22,240,480.44	$ 21,681,183.58	$ 22,123,978.00	$ 116,502.44	0.53%
$ (140,329.55)	$ (504,911.87)	BAD DEBT	$ (948,093.52)	$ (1,611,524.47)	$ (993,430.00)	$ 45,336.48	(4.56)%
$ (20,262.03)	$ (5,428.41)	CHARITY CARE	$ (163,870.52)	$ (142,305.32)	$ (234,740.00)	$ 70,869.48	(30.19)%
$ (66,082.11)	$ (49,332.81)	OTHER DEDUCTIONS	$ (838,145.16)	$ (526,701.35)	$ (639,570.00)	$ (198,575.16)	31.05%
$ (226,673.69)	$ (559,673.09)	TOTAL OTHER DEDUCTIONS	$ (1,950,109.20)	$ (2,280,531.14)	$ (1,867,740.00)	$ (82,369.20)	4.41%
$ 1,599,363.63	$ 1,433,819.87	TOTAL NET PATIENT REVENUE	$ 20,290,371.24	$ 19,400,652.44	$ 20,256,238.00	$ 34,133.24	0.17%
$ 290,695.57	$ (23,307.80)	OTHER REVENUE	$ 453,316.51	$ 141,092.49	$ 172,313.00	$ 281,003.51	163.08%
$ 78,817.88	$ 36,540.00	OTHER GRANT/INCENTIVE REVENUE	$ 291,129.26	$ 233,307.13	$ 171,000.00	$ 120,129.26	70.25%
$ 369,513.45	$ 13,232.20	TOTAL OTHER REVENUE	$ 744,445.77	$ 374,399.62	$ 343,313.00	$ 401,132.77	116.84%
$ 1,968,877.08	$ 1,447,052.07	TOTAL OPERATING REVENUE	$ 21,034,817.01	$ 19,775,052.06	$ 20,599,551.00	$ 435,266.01	2.11%

EXHIBIT A-2

SCOTLAND COUNTY HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD OF JUN 2016

JUN 2016 CURRENT YEAR	JUN 2015 PRIOR YEAR		06/30/16 CURRENT YTD	06/30/15 PRIOR YTD	BUDGET FY 2016 YTD	$ VARIANCE ACT - BUDGET	PERCENT VARIANCE
		EXPENSES					
$ 857,959.21	$ 573,741.62	SALARIES	$ 7,662,884.26	$ 7,107,305.88	$ 7,385,657.00	$ 277,227.26	3.75%
$ (96,895.11)	$ 185,665.13	PHYSICIAN SALARIES	$ 2,218,493.74	$ 2,438,286.97	$ 2,514,432.00	$ (295,938.26)	(11.77)%
$ 51,673.25	$ 52,286.88	PAYROLL TAXES	$ 662,158.65	$ 637,234.29	$ 614,095.00	$ 48,063.65	7.83%
$ 143,207.66	$ (146,009.64)	EMPLOYEE HEALTH INSURANCE	$ 1,278,391.26	$ 845,253.28	$ 1,045,746.00	$ 232,645.26	22.25%
$ 13,542.24	$ 13,762.39	EMPLOYEE BENEFITS	$ 209,688.51	$ 260,205.92	$ 262,577.00	$ (52,888.49)	(20.14)%
$ 111,720.63	$ 83,826.31	PHYSICIAN FEES	$ 1,134,197.27	$ 914,279.60	$ 1,135,560.00	$ (1,362.73)	(0.12)%
$ 55,816.27	$ 74,369.04	PROFESSIONAL/CONSULTING FEES	$ 602,017.55	$ 640,717.12	$ 626,772.00	$ (24,754.45)	(3.95)%
$ 248,391.90	$ 153,302.11	MEDICAL SUPPLIES	$ 2,674,583.00	$ 2,711,964.02	$ 2,204,327.00	$ 470,256.00	21.33%
$ 16,674.94	$ (170,140.83)	OTHER SUPPLIES	$ 407,725.84	$ 382,028.83	$ 325,896.00	$ 81,829.84	25.11%
$ 142,906.08	$ 54,741.86	PURCHASED SERVICES	$ 1,561,929.43	$ 1,441,854.96	$ 1,367,381.00	$ 194,548.43	14.23%
$ 36,832.40	$ 39,116.28	UTILITIES	$ 439,189.33	$ 475,968.42	$ 487,090.00	$ (47,900.67)	(9.83)%
$ (39,456.85)	$ (36,137.30)	INSURANCE	$ 348,821.56	$ 288,630.55	$ 331,881.00	$ 16,940.56	5.10%
$ 33,178.84	$ 35,505.64	INTEREST EXPENSE	$ 400,224.82	$ 423,595.00	$ 394,571.00	$ 5,653.82	1.43%
$ 23,706.79	$ 67,332.57	OTHER EXPENSE	$ 300,230.09	$ 348,431.89	$ 238,782.00	$ 61,448.09	25.73%
$ 1,599,258.25	$ 981,362.06	TOTAL OPERATING EXPENSE	$ 19,900,535.31	$ 18,915,756.73	$ 18,934,767.00	$ 965,768.31	5.10%
$ 369,618.83	$ 465,690.01	NET OPERATING PROFIT (LOSS)	$ 1,134,281.70	$ 859,295.33	$ 1,664,784.00	$ (530,502.30)	(31.87)%
$ 29,584.55	$ 28,216.47	TAX REVENUE OPERATING	$ 342,062.30	$ 332,252.03	$ 329,185.00	$ 12,877.30	3.91%
$ 15,664.43	$ 21,830.58	TAX REVENUE AMBULANCE	$ 172,692.43	$ 166,427.78	$ 147,312.00	$ 25,380.43	17.23%
$ 4,708.99	$ 32,034.00	DONATION	$ 10,363.99	$ 37,434.00	$ 7,200.00	$ 3,163.99	43.94%
$ 1,863.53	$ 3,288.48	INTEREST INCOME	$ 27,293.22	$ 47,154.21	$ 48,802.00	$ (21,508.78)	(44.07)%
$ 51,821.50	$ 85,369.53	TOTAL NON OPERATING REVENUE	$ 552,411.94	$ 583,268.02	$ 532,499.00	$ 19,912.94	3.74%
$ 421,440.33	$ 551,059.54	NET PROFIT (LOSS) BEFORE DEPRECIATION	$ 1,686,693.64	$ 1,442,563.35	$ 2,197,283.00	$ (510,589.36)	(23.24)%
$ 200,193.99	$ 383,172.94	DEPRECIATION EXPENSE	$ 2,265,873.07	$ 2,300,580.04	$ 2,180,826.00	$ 85,047.07	3.90%
$ 221,246.34	$ 167,886.60	NET PROFIT (LOSS)	$ (579,179.43)	$ (858,016.69)	$ 16,457.00	$ (595,636.43)	$ 19.34

IV. Clinical Record Review

Interpretive guidelines §485.641(a) (1) (ii) require, periodic review of patient charts, utilizing "A representative sample of both active and closed patient records' means not less than 10 percent." SCH-specific and CMS-directed quality indicators are reported monthly or quarterly and typically published in a calendar year format.

10% Medical Charts-I.P.
10% Surgical Charts–I.P.
10% Obstetrical Charts-I.P.

Hospital

10% CHARTS/48 CHARTS REVIEWED BY DR. WILLIAM DIXON 9-26-2015

MEDICAL EXECUTIVE COMMITTEE	10-12-2015
MEDICAL STAFF	10-26-2015

10% CHARTS/43 CHARTS REVIEWED BY DR WILLIAM DIXON 3-5-2016

MEDICAL EXECUTIVE COMMITTEE	4-11-2016
MEDICAL STAFF	4-25-2016

Rural Health Clinics

350 RHC primary care charts were reviewed to monitor completeness of documentation in several areas: Demographics, Treatment consent and HIPPA forms, Social History, Medical History, Family History, Surgical History, Health Maintenance, Health Needs Assessment, Summary of Illness, Problem List, Plan of Care, Instruction for Follow-up, Physical Exam, Physician Orders, Reports of Treatment, Medications Updated, Chart Completed On Time. Our 4 Nurse Practitioners and Physician Assistant have collaboration agreements with SCH physicians, who routinely monitor charts and provide consultations as needed.

All clinical departments reviewed the services they offer through supervisory documentation reviews and suggest changes or additions, approved by Medical Director and monitored through the Quality Assurance/Performance Improvement program.

The Medical Staff has proximate responsibility for the quality of medical services, and its committees regularly monitor and recommend appropriate policy or personnel remediation where appropriate. Medical Staff Bylaws and Hospital Policies define the appropriate chain of command for review and communication of recommendations.

V. Policy Review and Evaluation

All policies and procedures are reviewed and/or revised at least each year. This year, a major policy initiative involving standard formatting, digitalizing, and major additions and/or updates was begun and completed. In the next phase, slated for FY 2017, detailed review, content revision, and retiring of outdated or redundant policies is planned. Dates of the review or revision will be indicated on the policies. Retired policies will be noted and archived. Departmental and Clinical policies are generated within departments, approved by the appropriate authority, and presented for Board validation.
All facility wide policies, and those involving major clinical or business office changes as recommended by the Administration and Policy Subcommittee of the Compliance Committee, are reviewed and specifically approved by the Board. A signed copy of all hospital wide policies and procedures is maintained in the administrative offices of Hospital. **The Policy Review is located below in Exhibit B; Board of Directors Meeting Calendar located below in Exhibit C.*

EXHIBIT B

Scotland County Hospital
Annual Review of

Hospital Wide Policy and Procedure Manual

Hospital Wide Policy and Procedure Manual was reviewed, content updated and transferred to be referenced and viewed on SharePoint.

Presented July 28, 2016

Approved by:

_____ _____
Randall Tobler, MD CEO Date

_____ _____
Curtis Ebeling, Chairman Date
SCH Board of Directors

This institution is an equal opportunity provider and employer

EXHIBIT C

Board of Directors Calendar-Regular Meetings
7/1/15 – 6/30/16

July 30, 2015
August 31, 2015
September 24, 2015
October 22, 2015
November 23, 2015
December 21, 2015
January 28, 2016
February 25, 2016
March 4, 2016 Special Executive Session
March 15, 2016 Special Executive Session
March 24, 2016 Regular Mtg.
April 28, 2016
May 26, 2016
June 6, 2016 Special Executive Session
June 23, 2016 Regular Mtg.

VI. Quality Assurance Program

The purpose of the Quality Improvement Plan is to drive quality and safety through continuous process analysis and improvement facility-wide. The process for improving the performance and outcome is accomplished in a systematic, ongoing, and timely manner. The plan has as its aim, the incorporation of the performance-improvement cycle components that connect the actions of hospital leaders, physicians, supervisors, and other clinicians and support staff who design, measure, assess, and improve the work processes. The Quality Assurance and Performance Improvement Plan emphasizes continual improvement and patient safety.

In addition to the quality indicators listed in this report, SCH monitors CMS core measures and reports the data to multiple sources internally and at the state and federal level. Regular reports to the Medical Staff and Board include the identification, implementation, and evaluation of corrective action for any indicators which indicate improvement measures. **A summary of QAPI activity for FY16 is submitted below in Exhibit D. In addition, a safety report, including the licensure survey and workmen's compensation site visit is located below in Exhibit E.*

EXHIBIT D

Quality Improvement Program
7/1/15-6/30/16

Scotland County Hospital has been compliant with reporting of data for CMS core measure according to the specification manual. The core measures in which we are reporting to CMS include: Emergency Department (Admitted and Discharged), Immunizations, Acute Myocardial Infarction (Inpatient and Outpatient), Venous Thromboembolism, Stroke (inpatient and outpatient), Chest Pain, Sepsis Bundles and Pain Management.

At this time Critical Access Hospitals are not penalized according to the scores of measures passed in regards to CMS. Some of these measures are now included with Meaningful Use. With the hospital being in Stage II more of these measures are required for reporting. We are required to submit outpatient and inpatient core measures to satisfy our eligibility for the Flex Grant.
We have started HCAHPS and GCAHPS using grant funding through Press Ganey. The surveys began with April 1st discharges.

The Healthcare Engagement Network 2.0 (HEN 2.0) project ends in September 2016. However, the Missouri Hospital Association has applied for a grant to continue with the program but rename it as HIIN. In the meantime the data below continues to be collected and submitted on HIDI with MHA.

- Central line associated blood stream infections in patients with the central venous line inserted outside the OR. Our facility has a small number of patients who qualify. Scotland County Hospital has not had any occurrences this last fiscal year.
- Hypoglycemia in patients receiving insulin. The study looks at the number of patients who are receiving insulin to the number of those patients who receive treatment for blood glucose of 50 or below. This past fiscal year we only had four cases.
- Preeclampsia patient ICU days. This study is looking at the number of days a preeclampsia patient spends in the ICU. Our facility did not have any patients in the ICU with preeclampsia diagnosis.
- Excessive maternal blood loss of four or more units in OB. This study looks at the number of OB inpatients who delivered to the number of OB patients who receive four or more blood product transfusions. Our facility did not have any patients whom received four or more units during the past fiscal year.
- All maternal transfusion in the OB department. This study looks at the number of OB inpatients who delivered that required a blood product transfusion to the number of units transfused. It includes packed red blood cells, platelets, fresh frozen platelets, etc. This year we only had two patients whom received transfusions.

The project began in late 2012 which included the measures:

- Catheter associated urinary tract infections
- Readmissions: heart failure patients within 30 days of discharge, pneumonia patients within 30 days of discharge, and all 30 day readmit of discharge.
- Falls: Risk assessment on admit, number of falls per month, and number of falls with injuries requiring medical treatment beyond first aide per month.

- Pressure Ulcers: Skin risk assessment on admit, number of Stage II decub hospital acquired, and number of Stage III to IV hospital acquired per month.
- Medications: Medication Reconciliation on admit, Number of patients receiving Warfarin who had an INR of 6 or greater requiring Vitamin K
- Surgical: Number of surgery site infections within 30 days after surgery
- Early Elective Deliveries

EXHIBIT E

Health and Safety Customer Report
2015-2016

❖ The following Fire Drills occurred at Scotland County Hospital for Fiscal Year 2015-2016:
- Fire Drills held monthly per day/night shift on the following dates: 7/25/15; 8/29/15; 8/30/15; 9/27/15; 9/29/15; 10/30/15; 10/31/15; 11/26/15; 11/30/15; 12/26/15; 1/23/16; 2/27/16; 2/28/16; 3/28/16; 3/30/16; 3/31/16; 4/29/16; 4/30/16; 5/21/16; 6/18/16; 6/19/16.
- Tornado Drill 3/17/2016

❖ Arthur J. Gallagher Loss Control Visit on December 2015:

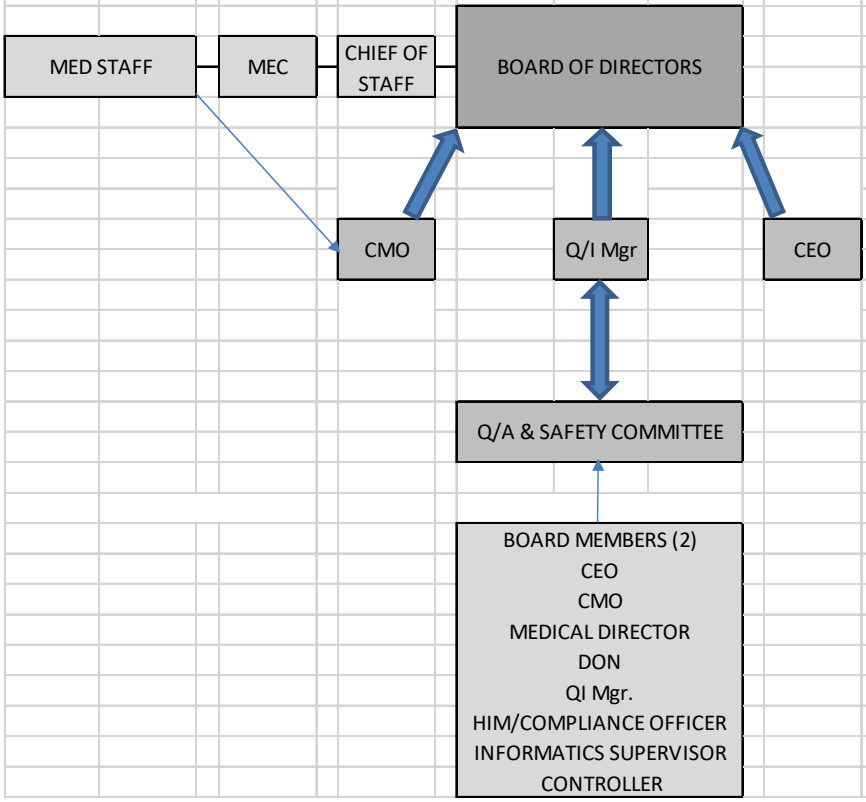
1. Tom Shults, Loss Prevention Consultant, recommendations:
    a) At time of the inspection some custodial closets were not secured or occupied. All closets need to lock when not in use.
    b) A safe operating zone of 3 feet must be maintained in front of electrical panels.
    c) A breaker cap needs to be installed in the electrical box at Outpatient Services.

VII. Patient Care Services Evaluation

All patient care services and other services are continually evaluated at SCH as evidenced by quality assurance reviews, contracted service reviews, and departmental committee minutes. The evaluation of patient care services is conducted by administration, management, and staff and is reported to the Quality Improvement Committee, the Medical Executive Committee and Medical Staff, and the Board of Directors *(*see Exhibit F below)*. Nursing supervisors of Hospital and the Medical Directors/CMO/Medical Staff are responsible for the evaluation of patient care services, with ultimate responsibility resting with the Chief Executive Officer and the Board of Directors.

EXHIBIT F

PATIENT SERVICES EVALUATION STRUCTURE



VIII. Nosocomial Infections and Medication Therapy Evaluation

The overall responsibility for monitoring and evaluating the Infection Control Program is the chairman of the Infection Control Committee, who reports to the Medical Staff and the Board of Directors. The CEO designates the Infection Control Coordinator the responsibility for the supervision and coordination of the program through surveillance of infections in patients and cooperation with occupational medicine personnel.

The Infection Control Program includes inpatients, outpatients, employees, and (in some cases) the community, for the purpose of prevention and control of infection occurrences and the spread of healthcare associated infections. Guidelines from the state Department of Health and Senior Services and CDC are monitored and implemented where appropriate. All departments and services are part of the Infection Control Program. **The 2016 Infection Control Summary may be found below in Exhibit G.*

EXHIBIT G

Scotland County Hospital
Infection Control Committee
7/01/2015 – 06/30/2016

Regular Members: Tim Grant, MT, Ruth Addison, ES, Dr Randall Tobler, CEO, Dr. Miller-Parish and Tammy Scearce, RN Ad-hoc Members: Valerie Bair, RN, Elizabeth Guffey, RN

- Staff and the Infection Control Team has implemented a Sepsis Protocol
- Conducted surveys of Staff and updated hand sanitizer. Now dispensing the preferred method of sanitizer throughout the facility.
- UV light inspections to detect protein based surfaces
- Flu Vaccination Program
    - Community Flu Clinic
    - Employee Flu Clinic
- Vidas3 test System brought in house for Procalcitonins and other disease states
- Hand Hygiene Project-universal education, monitoring and re-education
- All new hires have a hand hygiene mandatory training and demonstration process
- Initiated; in cooperation with other departments and Staff an Antibiotic Stewardship Program. This process will be ongoing through most of 2016 – 2017, too.
- Provided timely and updated information to Staff on emerging infection threats and will continue to provide these updates and other material as it becomes available.
- Continue to provide a variety of hand sanitizers to Staff, patients, and visitors. This includes the "food safe" towelettes that meet ours and the CDC standards, while all the while assisting the Nursing Staff with quick and time saving method of offering our patients and visitors a "good" hand washing alternative.

Timothy M Grant, MBA, MT (AMT/HHS)

The Quality Improvement/Medical Staff-Pharmacy and Therapeutics Committee (P & T) has a great appreciation for the consequences of medication errors. Patient safety is a primary core value of the P&T Committee and Pharmacy staff, and all undertakings are guided by those beliefs. An ongoing difficulty facing all hospitals, including SCH is the frequent, and often long term, shortage of important medications. The P & T committee monitors, then recommends alternatives for Medical Staff approval, solutions in these situations. Additionally, this year saw continued efforts to reduce the need to stock multiple medications in the same class by identifying and implementing automatic substitutions (which may be overridden by physician order), thereby reducing costs and potential errors. We continue to optimize the EHR through the coordinated efforts of the Nursing, Medical, Health Information Systems, Business Office, and Informatics staff in order to streamline ordering, eliminate errors, and ensure accurate coding and billing. **A sample of the 2016 medication administration summary may be found below in Exhibit H.*

EXHIBIT H

PHARMACY & THERAPEUTICS
SUMMARY
7-1-15 TO 6-30-16

There were a total of 14 medications added to the formulary ant 4 medications removed from the formulary.

Participation in Excessive Anticoagulation on Warfarin Therapy Prevention began in March of 2015. The goal is to reduce the incidence of Excessive Anticoagulation on Warfarin Therapy in hospitals nationwide by 40%. We are at 4.2 % the benchmark through the Healthcare Engagement Network guidelines is 3.6%.

Participation in Hypoglycemia on Patients Receiving Insulin. Benchmark through the Healthcare Engagement Network guidelines is 5. We are at 3.1.

IX. Mid-level Practitioner Evaluation

SCH utilizes the services of Certified Nurse Anesthetists (CRNA) for Anesthesia Services. CRNAs practice under the direct supervision of the surgeon. The Anesthesia program participates in the quality improvement program and is supervised by the operating surgeon. An Anesthesia Services Quality Review that evaluates and reports on quality and compliance, and is reported to the Medical Staff at least annually.

SCH also utilizes the services of physician assistant on the med/surg floor and clinic; along with nurse practitioners seeing patients in the clinic. A physician supervision agreement is completed with the physician assistant and the supervising physician. A collaborative practice agreement is completed with the nurse practitioner and the supervising physician.

As with Physicians, all Allied Medical staff including Surgical Assistants, Advanced Practice Nurses and CRNA's undergo rigorous Hospital Credentialing and Privileging through the Medical Executive Committee and Administration, with final approval by the Board of Directors.

X. Community Benefit Summary

Hospital gives back to the community in many ways. In addition to the countless hours that employees contribute to community service, the hospital developed a deeper discount structure to reduce out of pocket obligations for both insured and uninsured patients, routinely provides one on one financial counseling with our newly created Financial Navigator program, and direct assistance. Charity care was $163,870 and discounts were $838,145.16 respectively. The EMS service routinely attends sporting and other large community events as a public service.

**Other screenings, classes, educational events and career training, direct medical care in the form of sports physicals and influenza vaccinations, are shown below in Exhibit I.*

EXHIBIT I

SCOTLAND COUNTY HOSPITAL
OUTREACH ENCOUNTERS
FYE 7/1/15-6/30/16

DATE	SERVICES/SCREENINGS/OUTREACH	LOCATION	ENCOUNTERS
7/13/2015	INFORMATIONAL BOOTH	SCOTLAND COUNTY FAIR	25-35
9/10/2015	INFORMATIONAL BOOTH	DOWNING APPRECIATION DAYS	500
10/8/2015	FLU SHOT	HOSPITAL CONFERENCE	286
10/8/2015	FREE PSA BLOOD SCREENING	HOSPITAL CONFERENCE	46
10/21/2015	ANEMIA SCREENS	CLINICS	14
10/21/2015	FREE BREAST SCREENINGS	CLINICS	22
10/26/2015	INFORMATIONAL SEVICES -DR TOBLER	SCOTLAND COUNTY SCHOOL	70
10/27/2015	CARDIOLOGY INFORMATION - DR NISSENBAUM	HOSPITAL CONFERENCE	60
11/3/2015	INFORMATIONAL SERVICES - DR WILSON JESSICA CHRISTEN	SCOTLAND COUNTY ROTARY	20
11/12/2015	INFORMATIONAL SERVICES - DR WILSON JESSICA CHRISTEN	KNOX COUNTY ROTARY	25
1/12/2016	INFORMATIONAL SERVICES - DR. TOBLER	CITY OF MEMPHIS	21
1/25/2016	DISCOUNT POLICIES - DR TOBLER	BETA SORORITY	12
2/2/2016	INFORMATIONAL BOOTH	NEMO DAYS	25
2/9/2016	TOUR OF FACILITIES AT SCH	SCH AND MEDICAL CLINICS	35
2/21/2016	INFORMATIONAL SERVICES	CLARK COUNTY FARM/CITY NIGHT	300
4/8/2016	CLARK COUNTY SPORTS PHYSICALS	SPORTS PHYSICALS	281
4/8/2016	SCHUYLER COUNTY SPORTS PHYSICALS	SPORTS PHYSICALS	104
4/8/2016	SCOTLAND COUNTY SPORTS PHYSICALS	SPORTS PHYSICALS	152
5/3/2016	SCOTLAND COUNTY ROTARY	DR. MCNABB/BRIAN POLLARD	15
5/25/2016	SCOTLAND COUNTY HOSPITAL	DR NISSENBAUM - FREE EKG'S	25
6/2/2016	ROTARY CLUB	SONYA SEE PRACTICE	22
6/9/2016	LMS ROTARY CLUB	JENNA WILLIAMS PRACTICE	12
6/20/2016	WELL WOMEN'S CLINIC	KNOX COUNTY HEALTH DEPT	8
6/24/2016	WELL-CHILD CLINIC	KNOX COUNTY HEALTH DEPT	10

XI. Development Activities

SCH receives unrestricted and directed donations from individuals and other corporate entities. These help support staff education in the form of matching grants and scholarships, and patient care, physical plant, and program support. **See Exhibit J.*

EXHIBIT J

SCOTLAND COUNTY HOSPITAL
DONATIONS
FYE 7/1/15-6/30/16

DATE	FROM	AMOUNT	REQUEST
7/9/2015	HEALTHCARE SERVICES FOUNDATION	3,000.00	
8/24/2015	SCOTLAND COUNTY CARE CENTER	332.16	CONCRETE BUMBER FOR PARKING
11/5/2015	EMS BREAST CANCER SHIRTS	155.00	
12/21/2015	DR RANDALL AND HELIENE TOBLER	1,000.00	EMPLOYEE SCHOLARSHIPS
12/31/2015	HEALTHCARE SERVICES	1,000.00	EMPLOYEE SCHOLARSHIPS
1/5/2016	TREANOR ARCHITECTS MHA CONF	500.00	
3/25/2016	HEALTHCARE SERVICES	2,050.00	EMPLOYEE SCHOLARSHIPS
5/19/2016	SCH EMPLOYEES	517.00	SC RELAY FOR LIFE
	TOTAL	8,554.16	

We separately acknowledge the long time and ongoing support of the Scotland County Hospital and Care Center Auxiliary, whose dedicated members tirelessly donate their time and talents in behalf of both institutions' patients. The collective hours amounted to nearly one full-time position. Their directed donations provided new televisions for the Obstetric Unit. We commend and thank them for modeling a "servant's heart". **See Exhibit K below.*

EXHIBIT K

Scotland County Hospital/Care Center Auxiliary
Volunteer Hours
7/1/15-6/30/16

Volunteer Opportunity	*Total Hours*
Blood Drives	140
Meetings	24
Antique Fair	31
Bazaar	20
Gift Shop	255
Home Work	200.5
Misc.	874
Sewing	450
TOTAL	1994.5

Submitted by:
Bonnie Hayes, Auxiliary President