
Regular Session Agenda
Wednesday, March 16, 2016

<u>Call to Order:</u>	3:30
<u>Patient Story:</u> Jackie Mossakowski	3:35
<u>Minutes:</u> Action Requested	3:40
• Mar 2 Regular Session (pages 2-3)	
• Mar 8 Special Session (pages 4-5)	
<u>Required Approvals:</u> Action Requested	3:45
• Medical Staff Policy (page 6-9)	
• Feb Warrants and Adjustments (pages 10-13)	
• Resolution 2016-11 Cancel Feb Warrants (page 14)	
• Resolution 2016-10 Surplus Equipment (page 15)	
<u>Public Comment:</u>	3:50
<i>(Alternative methods of providing public comment on any item on the agenda or any other hospital issue is through a letter addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368 or email to Commissioners at commissioners@jgh.org)</i>	
<u>Financial Report:</u> Hilary Whittington	3:55
• February (page 16)	
<u>Diagnostic Imaging:</u> Randy Holeman	4:10
• Presentation	
<u>Administrator's Report:</u> Mike Glenn	4:25
<u>Chief Medical Officer Report:</u> Joe Mattern, MD	4:35
<u>Board Reports:</u>	4:45
<u>Adjournment:</u>	4:55

This Regular Session will be officially audio recorded.

**Jefferson County Public Hospital District No.2
Board of Commissioners
Regular Session Minutes
March 2, 2016
Jefferson Healthcare Conf Room
2500 W. Sims Way suite 302**

Call to Order:

The meeting was called to order at 3:30 pm by Commission Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff and Ready. Also present were Mike Glenn, CEO, Jackie Mossakowski, CNO, Joyce Cardinal, CNO, Lisa Holt, CAO, Brandie Manuel, Executive Director Quality, Kate Burke, Marketing Director, Molly Hong, MD, and Suzy White, Administrative Assistant. This meeting is being officially audio recorded by Jefferson Healthcare.

Minutes:

- Feb 16 Special Session

Commissioner Kolff made a motion to approve Feb 16 special session minutes as amended, Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

- Feb 17 Regular Session

Commissioner Kolff made a motion to approve Feb 17 regular session minutes as presented. Commissioner Ready seconded the motion

Action: Motion passed unanimously.

- Feb 23 Special Session

Commissioner Buhler made a motion to approve Feb 23 special session minutes as amended. Commissioner De Leo seconded.

Action: Motion passed 4 to 1 Commissioner Kolff opposed.

Patient Story:

Jackie Mossakowski shared a story about the care and compassion a patient received from hospital staff.

Required Approvals:

- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy

Commissioner De Leo made a motion to approve Medical Staff Credentials/Appointments/Reappointments as presented, and medical staff policy as presented. Commissioner Dressler seconded the motion.

Action: Motion passed unanimously.

Inpatient Psychiatric Unit Opportunity:

- Project Overview

Mike Glenn summarized the opportunity for inpatient psychiatric services and gave a presentation on our current mental health services with local and state utilization and summarized today's presentations.

- Clinical Program

Joyce Cardinal gave a presentation on the clinical and staffing requirements for acute hospitals providing psychiatric services.

- Financial Analysis

Hilary Whittington gave a presentation on financial models for a 7 bed inpatient psychiatric unit and a 10 bed evaluation and treatment center based on key assumptions.

- Site Options

Mr. Glenn introduced Steve Rice of Rice Fergus Miller Architects who introduced his colleagues, Gena Lee, and Dustin Morgan. Mr. Rice gave a presentation on several site options with cost estimates for a behavior health facility at Jefferson Healthcare.

Public Comment:

Citizens commented on the different models, concerns and challenges of a mental health facility. Praise was also given to the Hospital for working on the mental health issue.

Mr. Glenn spoke about next steps including a short term option, a capital request and continue to explore options.

Board Reports:

Commissioner Dressler reported on Jean Baldwin's retirement party.

Commissioner Buhler distributed Jan 21 Board of Health minutes and reported on the Feb 18 Board of Health meeting.

Commissioner Kolff reported on organizing a meeting at Jefferson Healthcare with Sea Mar Community Health Center.

Adjourn:

Commissioner Dressler made a motion to conclude the meeting. Commissioner De Leo seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 5:40 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

**Jefferson County Public Hospital District No.2
Board of Commissioners
Special Session Minutes
March 8, 2016
Jefferson Healthcare Olympic Conf Room**

Call to Order

The meeting was called to order at 10:05 am by Chief Governing Officer Buhler. Present were Commissioners Buhler, De Leo, Dressler, Kolff and Ready. Also present were Bertha Cooper, facilitator, and Suzy White, Administrative Assistant. Mike Glenn was present from 10:30-12:30. The meeting was officially audio recorded by Jefferson Healthcare.

Commissioner Buhler announced the purpose of this special meeting is to revise Jefferson Healthcare Governance policies and Bylaws.

Commissioners agreed for today's meeting to use first names and to approve items by consensus.

Ms. Cooper reviewed the agenda for today's meeting.

Bylaws

Commissioner Dressler presented the revisions to the Board Bylaws prepared by Commissioners Dressler and De Leo. Minor revisions were suggested that will be incorporated into the new Board Book.

Strategic Plan

Commissioner Kolff distributed an example of a one page strategic plan. Commissioner Kolff provided an overview of the JHC Vision, Mission, Goals, and Strategic Planning Process and Strategic plan documents prepared by Commissioners Kolff and Ready. Commissioners along with Mike Glenn discussed the proposed strategic planning process and the Board's vision, mission and goals. Commissioners Kolff and Buhler will develop a second draft to incorporate today's discussion.

At 12:04 pm Commissioner Buhler announced a 30 minute recess. At 12:41 pm Commissioner Buhler reconvened the meeting.

Staff Interaction

Commissioners discussed the board role of reactive and proactive staff interaction and establishing a process to be better informed.

At 2:17 pm Commissioner Buhler announced a 15 minute recess. At 2:32 pm Commissioner Buhler reconvened the meeting.

Governance Process

Commissioner Buhler presented the revisions to the Governance Process 4.0-4.8 from the old policy manual. Commissioner Buhler will make the revisions suggested at today's meeting.

Commissioner De Leo will review the revised bylaws and revised governance process and eliminate the duplications to begin organizing the board book.

Administrative Committees

Commissioners discussed participation on administrative committees. Commissioner Ready will prepare an outline to develop a collaborative process for the Board's role in administrative committees.

Adjourn:

Commissioner Dressler made a motion to conclude meeting. Commissioner Ready seconded the motion.

Action: Motion passed unanimously.

Meeting concluded at 4:02 pm.

Approved by the Commission:

President of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

FROM: Barbara York – Medical Staff Services
RE: 2-23-2016 Medical Executive Committee annual policy review recommendations for Board approval 3-16-2016

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Annual review of policy with minor changes highlighted:

MEDICAL STAFF PEER REVIEW

POLICY:

To ensure that the healthcare organization through the activities of its medical staff assesses on an ongoing basis the quality and appropriateness of patient care and the clinical performance of individuals granted privileges and uses the results of such assessments to identify opportunities to improve care.

PURPOSE:

The medical staff is accountable for the quality of care provided to patients **through ongoing quality reviews.**

SCOPE:

Representative members of the active medical and allied health staff will fairly and consistently assess quality performance of medical staff members including allied health staff. The results of those evaluations will be used to improve patient care, educate medical staff and service committees through regular feedback and provide outcomes and conclusions to the Medical Executive Committee and the Board.

DEFINITIONS:

PPEC: Professional Practice Excellence Committee operating as a committee pursuant to RCW 70.41.200.

Peer review: The evaluation of an individual practitioner's professional performance for all relevant competency categories using multiple sources of data and the identification of opportunities to improve care. Through this process, practitioners receive feedback for potential improvement or confirmation of personal achievement related to the effectiveness of their professional practice in all practitioner competencies. During this process, the practitioner is not considered to be "under investigation" for the purposes of reporting requirements under the Healthcare Quality Improvement Act.

Peer review body: The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the medical staff. The peer review body will be the Professional Practice Excellence Committee as described in the PPEC Charter. Members of the peer review body may render assessments of practitioner performance based on information provided by individual reviewers with appropriate subject matter expertise.

Peer review composition: The PPEC will be composed of members who are active members of the medical and allied health staff from the following specialties: Obstetrics, Surgery, Medicine/Hospitalists, Ambulatory Care Services, Emergency Services... Others as requested by PPEC. Any member of the active medical staff can be called to do an **initial** review of a case and will be asked to sign the Statement of Confidentiality.

Ex officio members: As determined by Chair of Professional Practice Excellence Committee

Appointment and Terms:

Voting members will be appointed for a staggered 3 year term.

Members may serve up to (2) consecutive terms and are eligible for reappointment to the committee after one (1) year after their last term is completed.

The Professional Practice Committee chair will be appointed by the chief of staff and approved by the MEC. To be eligible for appointment as chair, the individual must be a current voting PPEC member and have served as a voting PPEC member for at least one year. The chair will serve for a term of 1 year and may have an unlimited number of consecutive terms as long as the chair is eligible to be a PPEC member.

Peer: An individual practicing in the same profession who has the expertise to evaluate the subject matter under review. The level of subject matter expertise required will be determined on a case-by-case basis.

Practitioner: An active medical staff member including allied health staff.

Peer review data: Data sources may include case reviews and aggregate data based on review, rule, and rate indicators in comparison with generally recognized standards, benchmarks, or norms. The data may be objective or perception-based as appropriate for the competency under evaluation. Peer review cases may be identified via the following non-inclusive sources:

1. Outcomes indicators
2. Issues identified by members of the patient care team
3. Cases identified by Risk Management and/or patient advocates
4. Issues referred by any medical staff member or committee
5. Practitioners may self refer

The PPEC will also make recommendations at time of reappointment for MEC.

Practitioner competencies: The general or core practitioner competencies for evaluation as described are:

1. Patient care
2. Medical knowledge
3. Interpersonal and communication skills
4. Professionalism
5. System based practice
6. Practice based learning and improvement

Conflict of interest:

A member of the medical staff requested to perform peer review may have a conflict of interest if he/she may not be able to render a fair and constructive opinion. Review of a family or household member will constitute a conflict of interest as may a direct economic competitor.

Peer Review Procedures:

Information Management:

All peer review information is privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws, regulations, and accreditation requirements pertaining to confidentiality and non-discoverability.

The involved provider will receive provider-specific feedback on a routine basis as indicated in the Care Review Process and Timelines.

The medical staff will use the peer review results in making its recommendations to the hospital regarding the credentialing and privileging process and, as appropriate, in its performance improvement activities.

Any written documents the medical staff determines should be retained related to provider specific peer review information will be kept in a secure, locked file. This may include:

- Individual case findings
- Aggregate performance data for all competencies

Peer review information in a practitioner's quality file is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities (refer to Access Policy).

Internal Peer Review

- **Circumstances:** Internal Peer Review is conducted by the Professional Practice Excellence

Committee using its own members as the evaluation source of practitioner performance. Its findings are reported to the appropriate committee for review and action.

- **Participants:** All participants will sign a statement of confidentiality prior to participating in peer review activities. Professional Practice Excellence Committee members will sign the statement on appointment and at least annually. Reviewers who are not committee members will sign a statement for each requested review.
- **Educational Case Review:** Individual departments may carry out educational case reviews as part of their departmental activities but will report adverse findings to the PPEC for further review.
- **Conflict of Interest procedure:** In the event of a conflict, it is the obligation of the reviewer to disclose to the Professional Practice Excellence Committee the potential conflict. When the reviewed provider declares a conflict of interest, his/her concern will be brought to the Professional Practice Excellence Committee whose responsibility is to determine on a case-by-case basis if a potential conflict is substantial enough to prevent the individual from participating. Examples of conflict of interest include reviews of family members, direct competitor, etc... When either an absolute or substantial conflict is determined to exist, the individual may not participate in or be present during peer review body discussions or decisions other than to provide specific information requested as described in the peer review process.

In the event of a conflict of interest or circumstances that would suggest a biased review beyond that previously described, the PPEC or the MEC will replace, appoint, or determine who will participate in the process.

Procedures and timelines:

Please refer to addendum "Case Review Process and Timelines"

The PPEC chair communicates the review decision that **deviates** from the standard of care to the provider **in writing**. The provider has the option to submit supplemental information or request an appearance at the next scheduled meeting to discuss his/her case.

External Peer Review:

Circumstances that merit external peer review may include, but are not limited to, the following:

- Lack of internal expertise
- Ambiguity: dealing with vague or conflicting recommendations from internal reviewers or medical staff committees
- Legal concerns: when medical staff needs confirmation of internal findings or an expert witness for potential litigation or fair hearing.
- Credibility: when one of the medical staff or board needs to verify the overall credibility of the Internal Peer Review process, typically as an audit of Internal Peer Review findings.
- Benchmarking: when an organization is concerned about the care provided by its providers relative to best practices and wishes to better define its expectations and as future quality monitoring to determine whether improvement has been achieved.
- Un-resolvable conflict of interest.

The MEC or governing board may require external peer review in any circumstances deemed appropriate by either of these bodies.

Authorization: The PPEC, the MEC, Risk Management or the governing board will determine the need for external peer review. No practitioner can require the hospital to obtain external peer review if these determining bodies have not deemed it appropriate.

Review: Once the results of the external peer review are obtained, the report will first be reviewed by the PPEC at its next regularly scheduled meeting unless an expedited process is requested by the MEC or the board. The PPEC will determine whether any potential improvement opportunities are present. If so, they will be handled through the same mechanism as internal peer review unless the issue has already been addressed in the corrective action process.

Communication of Peer Review Determination:

Will be conducted according to our Peer Review Process and Timelines

Appeals process:

The reviewed practitioner has the right to appeal a negative, final decision by the Professional Practice Excellence Committee at the Medical Executive Committee level.

REFERENCES:**Statutory Authority:**

This policy is based on that statutory authority of the Health Care Quality Improvement act of 1986, 42 U.S.C. 11101, and RCW 4.24.250 and RCW 70.41.200. All minutes, reports, recommendations, communications, and actions made taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities and will not be subject to subpoena or discovery proceedings in any civil action.

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2016 WARRANT SUMMARY**

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	\$6,659,883.42	(Provided under separate cover)
Bad Debt / Charity	\$387,736.27	(Attached)
Canceled Warrants	\$1,702.38	(Attached)

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2016 GENERAL FUND WARRANTS & ACH
FUND TRANSFERS**

Submitted for your approval are the following warrants:

GENERAL FUND:

222830 - 223986	\$3,725,089.25
ACH TRANSFERS	<u>\$2,934,794.17</u>
	<u>\$6,659,883.42</u>
YEAR-TO-DATE:	<u><u>\$14,983,185.28</u></u>

Warrants are available for review if requested.

**JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368**

**TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2016 BAD DEBT, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS**

Submitted for your approval are the following:

	February	February YTD	FebruaryYTD BUDGET
Bad Debts:	\$177,836.31	\$486,969.24	\$681,230.12
Charity Care:	\$88,023.34	\$139,599.08	\$195,833.18
Other Administrative Adjustments:	\$121,876.62	\$227,730.57	\$33,879.76
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TOTAL FOR MONTH:	\$387,736.27	\$854,298.89	\$910,943.06
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JEFFERSON HEALTHCARE
834 SHERIDAN AVENUE
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2016 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT	AMOUNT
2/2/2015	213029	\$ 180.14
2/5/2015	213114	\$ 2.24
2/5/2015	213194	\$ 20.00
2/12/2015	213397	\$ 1,500.00

TOTAL: \$1,702.38

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2016-11

A RESOLUTION CANCELING SAID WARRANTS IN
THE AMOUNT OF \$1,702.38

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body.

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of \$1,702.38 be canceled.

Date of Issue	Warrant #	Amount
02/02/2015	213029	180.14
02/05/2015	213114	2.24
02/05/2015	213194	20.00
02/12/2015	213397	1,500.00
Total		\$1,702.38

APPROVED THIS 16th day of March 2016.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission President – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

RESOLUTION 2016-10

**A RESOLUTION TO DECLARE CERTAIN ITEMS SURPLUS TO THE NEEDS OF
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND
TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT**

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the needs of the District, and

WHEREAS said equipment now creates a storage problem and represents an unnecessary cost to the District to retain it,

NOW, THEREFORE BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the immediate needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with appropriate State laws:

Description	Asset #	Serial #	Model #
Site Rite Ultra Sound	07-00088	DYR17016	Site Rite 6
Endoscopy Camera Unit	N/A	1288010000	1288HD Stryker
Endoscopy Camera Head	N/A	1288210105	1288HD Stryker
Laparoscope	N/A	502539010	HD 5MMOA Stryker
Laparoscope	N/A	502539030	HD 5MM30A Stryker
Laparoscope	N/A	502859010	HD10MM0A Stryker
Laparoscope	N/A	502859030	HD 10MM30A Stryker
Exam Room Table	CLIM 6511	N/A	Ritter 304 by Midmark
Stim Machine	02-00058	5932	Intelect Legend Stim
Video Monitor	N/A	2011424	Sony PVM-20M2MDU
Light Source	N/A	00F017444	Stryker 220-180-521
Insufflator	N/A	0408CE026	Stryker 40L
Camera, Controller	N/A	04J010964	Stryker 988
General Tower	N/A	96087834C97	Stryker 24097000
Printer	N/A	82044	Sony UP55MD

APPROVED THIS 16th day of March, 2016.

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

APPROVED BY THE COMMISSION:

Commission President – Jill Buhler: _____

Commission Secretary – Marie Dressler: _____

Attest:

Commissioner – Anthony De Leo: _____

Commissioner – Kees Kolff: _____

Commissioner – Matt Ready: _____

	February 2016 Actual	February 2016 Budget	Variance Favorable/ (Unfavorable)	%	February 2016 YTD	February 2016 Budget YTD	Variance Favorable/ (Unfavorable)	%	February 2015 YTD
Gross Revenue									
Inpatient Revenue	2,515,652	3,297,625	(781,973)	-24%	5,041,684	6,595,249	(1,553,565)	-24%	6,163,244
Outpatient Revenue	10,859,313	11,360,563	(501,250)	-4%	22,264,994	22,721,126	(456,132)	-2%	19,490,436
Total Gross Revenue	13,374,965	14,658,187	(1,283,222)	-9%	27,306,677	29,316,375	(2,009,697)	-7%	25,653,680
Revenue Adjustments									
Cost Adjustment Medicaid	1,580,261	1,781,869	201,607	11%	3,292,911	3,563,737	270,826	8%	3,217,642
Cost Adjustment Medicare	4,493,234	4,345,370	(147,864)	-3%	8,801,044	8,690,740	(110,304)	-1%	7,658,663
Charity Care	88,023	97,917	9,893	10%	139,599	195,833	56,234	29%	256,216
Contractual Allowances Other	858,155	1,060,791	202,636	19%	1,756,055	2,121,582	365,526	17%	1,887,693
Administrative Adjustments	121,877	16,940	(104,937)	-619%	227,731	33,880	(193,851)	-572%	46,343
Adjust Bad Debt	177,836	340,615	162,779	48%	486,969	681,230	194,261	29%	806,758
Total Revenue Adjustments	7,319,387	7,643,501	324,114	4%	14,704,309	15,287,002	582,693	4%	13,873,316
Net Patient Service Revenue	6,055,578	7,014,686	(959,108)	-14%	12,602,368	14,029,373	(1,427,005)	-10%	11,780,364
Other Revenue									
340B Revenue	460,930	369,393	91,537	25%	821,797	738,787	83,010	11%	586,710
Meaningful Use Ehr Incentive	-	14,399	(14,399)	-100%	-	28,798	(28,798)	-100%	-
Other Operating Revenue	52,695	89,231	(36,536)	-41%	102,422	178,462	(76,040)	-43%	141,545
Total Operating Revenues	6,569,203	7,487,709	(918,506)	-12%	13,526,587	14,975,419	(1,448,832)	-10%	12,508,618
Operating Expenses									
Salaries And Wages	3,134,585	3,650,373	515,788	14%	6,482,048	7,300,747	818,698	11%	6,249,189
Employee Benefits	840,259	890,691	50,433	6%	1,658,764	1,781,382	122,618	7%	1,510,269
Professional Fees	378,610	264,334	(114,276)	-43%	632,214	528,668	(103,546)	-20%	476,918
Purchased Services	457,818	509,047	51,230	10%	880,609	1,018,095	137,486	14%	585,890
Supplies	894,206	1,054,033	159,828	15%	1,868,987	2,108,067	239,080	11%	1,749,365
Insurance	51,889	59,307	7,418	13%	112,753	118,613	5,860	5%	83,750
Leases And Rentals	112,984	120,268	7,283	6%	233,246	240,535	7,289	3%	185,825
Depreciation And Amortization	346,711	325,030	(21,681)	-7%	691,928	650,061	(41,867)	-6%	699,216
Repairs And Maintenance	55,136	74,528	19,392	26%	108,327	149,056	40,729	27%	156,850
Utilities	56,370	79,674	23,304	29%	126,558	159,348	32,790	21%	137,600
Licenses And Taxes	20,707	60,016	39,309	65%	81,293	120,032	38,739	32%	109,117
Other	147,083	157,549	10,466	7%	291,519	315,097	23,578	7%	213,413
Total Operating Expenses	6,496,358	7,244,851	748,493	10%	13,168,248	14,489,702	1,321,454	9%	12,157,401
Operating Income (Loss)	72,846	242,859	(170,013)	-70%	358,339	485,717	(127,378)	-26%	351,217
Non Operating Revenues (Expenses)									
Taxation For Maint Operations	15,453	21,516	(6,063)	-28%	29,361	43,032	(13,671)	-32%	29,291
Taxation For Debt Service	21,044	14,481	6,562	45%	42,213	28,963	13,250	46%	43,269
Investment Income	7,844	3,146	4,698	149%	16,526	6,291	10,235	163%	3,857
Interest Expense	(27,512)	(52,334)	24,821	47%	(61,258)	(104,668)	43,410	41%	(64,345)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	-
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	0	-	0%	-
Contributions	3,969	12,366	(8,397)	-68%	8,969	24,732	(15,763)	-64%	6,171
Total Non Operating Revenues (Expenses)	20,797	(825)	21,622	2621%	35,811	(1,650)	37,460	2271%	18,243
Change in Net Position (Loss)	93,643	242,034	(148,391)	-61%	394,150	484,068	(89,918)	-19%	369,461