

House District 39
Attn: Puna Chai – Room 306

Senate District 22
Attn: Rodrick Becker – Room 215

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 100-C

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): _____

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dbn: **Wahiawa General Hospital**

Street Address: 128 Lehua Street

Mailing Address: Wahiawa, HI 96786

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name **R. DON OLDEN**

Title **CEO**

Phone # **808-621-4211**

Fax # **808-621-4451**

e-mail **rdolden@aol.com**

3. TYPE OF BUSINESS ENTITY:

NON PROFIT CORPORATION

FOR PROFIT CORPORATION

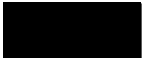
LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

EMERGENCY ROOM MODERNIZATION AND EXPANSION

4. FEDERAL TAX ID #: 

5. STATE TAX ID #: 

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2012-2014: \$ 1,250,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

NEW SERVICE (PRESENTLY DOES NOT EXIST)

EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

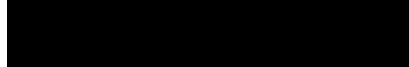
STATE \$

FEDERAL \$

COUNTY \$

PRIVATE/OTHER \$

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:



AUTHORIZED SIGNATURE

R. DON OLDEN, CEO

NAME & TITLE

JANUARY 31, 2012

DATE SIGNED

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary(ER Remodel)

1. A brief description of the applicant's background:

Wahiawa General Hospital, a 501(c)(3) tax exempt organization has served the healthcare needs of the Central Oahu and North Shore populations since 1944. Currently the hospital is licensed for 53 acute care beds and 107 skilled nursing beds with excellent emergency services supported with state-of-the-art radiology and laboratory services. What began as a basic OP clinic operation for plantation workers, military personnel and other Central Oahu residents has evolved into a complex emergency services, surgery, general acute care, senior behavioral health, OP clinics, Home Health, Family Practice Residency Teaching and long- term-care hospital. The hospital serves the needs of a diverse population of adults, seniors, military personnel and tourists. The hospital's emergency room is the nearest full-service emergency service for residents from Kahuku on the North Shore through Haleiwa, Wahiawa and Mililani—a distance of approximately 30 miles primarily on a two-lane road. The DOH considers WGH to be a critical link in the emergency services network for Central Oahu.

Wahiawa General Hospital is a major employer in the area with approximately 550 full time and part time employees and approximately 400 FTE's working on a weekly basis. The combination of annual employee payroll and professional fees paid to physicians of over \$32 million is reinvested many times over in the community and the State. Approximately 65% of the WGH employees live in Kahuku, Haleiwa, Waiialua, Wahiawa, and Mililani. Physicians providing services at WGH live in many areas of Oahu, including Kailua, Honolulu, Central Oahu and the North Shore.

In conjunction with the University of Hawaii's John A. Burns School of Medicine, Wahiawa General Hospital sponsors and supports the Family Practice Resident Training program on Oahu via an OP clinic in Mililani and Wahiawa General Hospital. Eighteen Family Practice Residents and approximately 8 FTE JABSOM faculty physicians provide education and training to the Family Practice Residents and the provision of patient services at both the hospital and the Physician Center Mililani (PCM). WGH provides approximately \$2.4 million in annual funding for the Residency program. The PCM OP clinic currently treats 13,000 outpatients per year and 900 inpatients at the hospital. Family Practice Residents and the Teaching Faculty average admitting and treating over 40% of the hospital's acute admissions in conjunction with the emergency physicians, private physicians and related hospital emergency support services. Wahiawa General Hospital has financially and operationally supported the Family Practice Residency Program for the benefit of the State of Hawaii. However, the Hospital's financial support exceeds patient revenues related to teaching services and the required subsidy has contributed to a decline in the financial condition of the Hospital. Unfortunately the required Hospital subsidy has been increasing and the University of Hawaii support through JABSOM has been declining.

Due to economic conditions in the area, Wahiawa General Hospital has experienced a fragile financial condition for over a decade and does not have access to adequate capital funds other than support through state funding combined with charitable funding. Unfortunately, charitable funding has been very hard to develop over the past decade due to the socio-economic conditions in the

Wahiawa service area. Patient revenues are primarily provided from treatment of Medicare and Medicaid patients which do not provide sufficient operating margins to modernize and replace the hospital's capital needs. Admissions to the acute hospital services consist of approximately 65% Medicare, 20% Medicaid, 12.5% private insurance and 2.5% uninsured. The financial characteristic of the Skilled Nursing services also includes 85% or more of Medicare and Medicaid patients.

Emergency services are the core services to the community. The hospital's emergency services provide the communities primary access to life saving healthcare and serves as the gate keeper to acute care services needed as a follow up to emergency care. In fiscal year 2011, the emergency room treated 17,757 patients, or an average of 49 patients per day, in a 7-bed emergency room remodeled in the 1970's for approximately 16 patients per day. After the closure of HMC-W, Wahiawa Hospital and Kapiolani Medical Center at Pali Momi became the only hospitals providing timely based emergency services within the West and Central Oahu areas. The closure of HMC-W increased demand for emergency services and increased stress on Wahiawa Hospital's emergency physicians and nursing personnel. The increase in emergency visits and inpatient admissions after closure of HMC-W helped Wahiawa avoid a temporary layoff or reduction in worked hours of 10% of its non nursing personnel.

Due to the emergency room having been developed based on 1970's design criteria, the emergency room does not have private treatment rooms, or the necessary space to provide patient privacy and physician/patient work space found in modern emergency rooms. Nevertheless, independent of the space limitations, superb emergency physicians and hospital staff have always provided excellent emergency care for the area residents. The emergency physician group is board certified in emergency medicine and cover Hilo Medical Center, North Hawaii Community Hospital, Castle Medical Center and Wahiawa General Hospital. Emergency services had been growing at a 4% rate for the last decade as a result of population growth and excellent emergency services at the hospital. Approximately 95% of the patients admitted to Wahiawa General Hospital acute care services are first treated in the emergency room. Wahiawa General Hospital has become an Emergency Services centric hospital with very few direct admissions from community physicians.

Emergency Room Renovation Project: Approximately two years ago, Wahiawa Hospital developed plans to modernize and double the existing space of the emergency room to meet current and future needs. In the "2011-legislative session", \$2,500,000 in capital funding was approved to assist Wahiawa General Hospital in remodeling its emergency room at a total cost of \$5,238,000 with the remainder to be raised through charitable or other funding vehicles.

To be protective of scarce capital funds, Wahiawa performed another design review and the architects developed a revised cost estimate for the remodel that decreased the total capital needs to \$3,750,000. The significant component of the capital cost reduction occurred due to construction companies and the architects reviewing the original architectural design and identifying cost savings.

After HMC's closure the number of emergency visits has increased from an average of 50 patients per day to an average of 60 PPD. Plus, acute inpatient admissions through the emergency room has increased by approximately 80% and the acute medical surgical census has increased from an average of approximately 20 patients per day to 40 PPD, plus increases in use of skilled nursing services. The Hospital has adapted to the increased patient utilization; however, the number of physicians needed to care for the patients has strained the hospital's medical staff and nursing personnel. The immediate need for additional emergency rooms to treat patients has increased and the hospital has put chairs and gurneys in the hallways to address the increased demand. When the emergency room is too full, or the acute census is beyond a safe level, the hospital has to go on divert or reroute and the ambulance services have to go to other hospitals, often in downtown Honolulu. Being on divert increases the risk to patients in obtaining timely emergency services and

causes the ambulances to be out of area for longer periods of time which increases the response times for patients needing ambulance services.

The hospital needs to accelerate starting the Emergency Room project due to the closure of HMC-W and needs to recruit Hospitalists to treat the increases in acute inpatients. It is not expected that charitable funding necessary to support the emergency expansion will occur in the near future due to the economic conditions in Wahiawa. Wahiawa is one of the lowest socio-economic areas on the island of Oahu.

Conclusion: The timeline for completion of the remodel became more critical after the closure of Hawaii Medical Centers. Wahiawa General Hospital needs additional capital support and is asking the legislature to approve a Grant In Aid of \$1,250,000 to supplement the \$2,500,000 approved in 2011. Upon approval, the Emergency Room Remodel can proceed immediately as soon as permitting and CON approval can be obtained.

2. Goals and objectives related to request

Wahiawa General Hospital critically needs to renovate and expand its emergency department to meet demands of the current patient case load, provide enclosed treatment rooms for patient care, provide a patient/visitor waiting room with sufficient space, provide a registration area that meets patient confidentiality needs, provide storage space for supplies and equipment, provide adequate bathrooms, provide staff with a lounge area and to generally meet the needs of modern regulatory requirements. The current emergency room space is significantly too small: curtains are used to separate patients, private/confidential discussions with patients cannot occur, department staff do not have rest areas, bathrooms are too small and limited, the admitting and triage area are inadequate and staff have to be careful to not bump their heads on storage cabinets when treating patients—in general, the emergency room is outdated by 30 years, plus the closure of HMC-W has exacerbated the situation.

a. The proposed renovation is planned in three phases. Phase I is a small interim space enhancement involving patient waiting areas and additional storage and Phase II is a major expansion that provides a modern based space plan. Phase II will more than double the size of the emergency room. It is believed that a Certificate of Need will be required for Phase II but not for Phase I. The C.O.N. applications will be submitted in the near future when funding is secured. It should be noted that most hospitals on Oahu have expanded their emergency rooms over the last ten years. Updated copies of the architect's drawings and cost estimates submitted in the prior GIA request are attached as Exhibit I.

- o Phase I: A minor renovation that encloses a breezeway as an expanded waiting room, enhances a staff work area, adds new furniture and an expanded storage area with a total estimated cost of \$62,000 versus a previous estimate of \$340,000. This phase makes use of existing space and minimizes adding new construction. The women's auxiliary group of the hospital has donated approximately \$180,000 for the project and a portion of the donation will be used for Phase I. The hospital desires to start and complete this phase within 12 months.

There will not be a disruption of existing emergency services during Phases I, Phase II or Phase III.

- o Phase II: Is a major expansion and renovation at an estimated cost of \$3,750,000 versus an original estimate of \$5,239,000. This phase includes a renovation of 2,472 square feet in the existing ER and development of new work space of 3,162 square feet. Fifteen treatment rooms will be developed along with supporting space for a waiting room, separate patient and ambulance entrances, a new clean room, plus an isolation room and

other critical space. Phase II will require fund raising by the Wahiawa Hospital Foundation and/or GIA CIP support funding from the State of Hawaii. The start date for Phase II will be deferred until sufficient funding is developed from charitable contributions and State funding as necessary. Also, Phase II will be developed while emergency services are being provided in the existing space and the new space created by Phase I. Phase II includes the construction aspects of the renovation only. The Hospital hopes that GIA funding will be approved by the legislature since development of charitable funding development has been so difficult in the Wahiawa area.

- Phase III: Includes transitioning all emergency services to the new space created during development and construction aspects of Phase II. The costs related to Phase III will primarily be operational costs and not require any significant capital costs.

3. State the public purpose and need to be served:

The public purpose of this grant request is to assure the continued provision of Emergency Services to residents of Central Oahu, West Oahu and The North Shore in a modern emergency room equipped with appropriate equipment, excellent emergency physicians and emergency hospital staff. The existing facility is old and inadequate to meet community needs for emergency services and has been inadequate for over a decade. Continued population development in the area and increased emergency visits are stressing the existing facility's capacity to meet community needs. Plus, the increased demand due to HMC-W's closure increased the need to treat patients from West Oahu.

4. Describe the target population to be served

The overall population served by Wahiawa General Hospital is approximately 110,000 residents of the Central Oahu and North Shore area. These areas include the communities of Kahuku, Waialua, Haleiwa, Wahiawa and Mililani with some overlap into Waipahu and Kunia, plus, over two million tourists annually. The number of people from this area that use Wahiawa General Hospital's emergency services equates to approximately 55,000 to 60,000 based on normal emergency visits per 1,000 residents in the population, or over a 50% market penetration. The Kaiser population should be excluded from Wahiawa Hospital's market potential as well as most of the military personnel and their dependents. However, both Kaiser Members and military affiliated personnel frequently use the emergency services. Without considering Kaiser Members and the Military personnel, the market penetration of Wahiawa General Hospital is a much larger percentage. All North Shore and Central Oahu community members will benefit from the project. A new modern emergency room will provide better access to emergency care in the area and improve access due to the expanded services available. The small existing emergency room at the hospital is over taxed due to having been designed for a smaller population. An expanded emergency room will also reduce the number of times the hospital has to go on divert due to overcrowding and reduce the risk to patients needing prompt emergency attention. Plus, ambulances having to travel into Honolulu causes undesirable delays in picking up the next emergency patients in the area.

HMC closure impact: The fragile condition of emergency services in West and Central Oahu was highlighted with the closure of HMC-W. Suddenly and almost without notice, the emergency services at HMC-W were closed in three days. HMC-W was treating 70 to 90 emergency patients per day and the ambulance network and other hospitals in the area and in Honolulu had to immediately respond. Wahiawa responded through the superb efforts of the hospital's nurses, emergency physicians and private medical staff, plus the efforts of the ambulance network that responded in an outstanding manner. Independent of when HMC-W reopens, continuing to support the citizens in and around the Central Oahu Area requires a remodeled emergency room at Wahiawa General Hospital.

5. Describe the geographic coverage

Described or covered in item 4 above

II. Service Summary and Outcomes

Wahiawa General Hospital will contract with licensed architect and construction firms to finalize the design construction and construction management of the project. The planning study in Exhibit I was developed by Architects of Hawaii who have extensive experience in design and development of emergency services in Hawaii.

III. Financial Budget: Includes three phases (see schedules enclosed)

Phase I: planned for fiscal year 2012-2013.

Phase II: the estimated start date is in fiscal year 2013-2014 and is contingent upon the Wahiawa Hospital Foundation's ability to raise the necessary funds, or approval of the GIA request in this application.

	<u>Fiscal Year 2012-2013</u>
<u>Phase I</u>	
Construction Cost	\$62,000

<u>Source of Funding</u>	
Hospital Auxiliary: funding is currently available	<u>\$62,000</u>

	<u>Fiscal Year 2013-2014</u>
<u>Phase II</u>	
Construction Cost	\$2,850,000
Equipment and Furniture	<u>900,000</u>
	<u>\$3,750,000</u>

<u>Funding</u>	
GIA Funding request submitted: 2012 legislative session	\$1,250,000
State CIP funding: approved by 2011 legislature	<u>2,500,000</u>
	<u>\$3,750,000</u>

The GIA funding is being requested in the third and fourth quarter of FY 2013 due to permitting and CON issues.

Quarterly State Funding			
Q1	Q2	Q3	Q4
0	0	\$500,000	\$750,000

The \$2,500,000 previously approved will be sequenced through the DOH based on construction phasing.

IV. Experience and Capability

A. Necessary Skills and Experience

Wahiawa General Hospital will contract with licensed architect and construction firms to finalize the design construction and construction management of the project. The planning study in Exhibit I was developed by Architects of Hawaii who have extensive experience in design and development of emergency services in Hawaii.

B. Facilities

Wahiawa General Hospital is a 53-bed general acute care hospital with emergency services and a 107 bed skilled nursing unit. The Hospital has been in operation since 1944. The Hospital meets ADA requirements and is licensed by the State Department of Health and accredited by the Joint Commission.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

Wahiawa General Hospital's Emergency Services are staffed by Board Certified Physicians, Registered Nurses, Certified Nurse Assistants and clerical personnel per State Licensing requirements for hospitals. The existing staffing currently providing services will continue to do so after the remodel and renovation is completed. Increased or decreased staffing is based on standard hours per patient visit.

B. Organization Chart

Wahiawa General Hospital's Emergency Room is run as a department of the hospital. The ER Manager reports to the Director of Nursing and the Emergency Physicians, who are independent contractors. All report to the hospital CEO and through the Organized Medical Staff to the Board of Directors of the hospital. An organizational chart is provided as Exhibit III.

VI. Other

A. Litigation

Wahiawa General Hospital is involved in litigation concerning the original Koa Ridge Project which was being pursued by the Wahiawa Hospital Association, the Parent Company of the Hospital. A project consultant to the Association initiated a claim for unpaid reimbursement related to services provided several years ago. The Hospital and The Association are both named in the litigation and a counter claim has been filed by the Association and the Hospital. The Hospital anticipates a positive outcome.

Wahiawa General Hospital is involved with an investigation by the US Attorney's Office concerning improper billing by the Family Practice Residency Faculty. The US Attorney has permitted the hospital to investigate the improper billing charges in conjunction with the Medicare and Medicaid Programs and self report any improper billings. The ultimate outcome, or any payback to Medicare and Medicaid programs, is uncertain at this time.

B. Licensure or Accreditation

Wahiawa General Hospital is licensed by the State of Hawaii and Accredited by The Joint Commission. Copies of the license and accreditation notice are enclosed in Exhibit II.

BUDGET REQUEST BY SOURCE OF FUNDS
 (Period July 1, 2012 to June 30, 2013)

Applicant: Wahiawa General Hospital

BUDGET CATEGORIES		Total State Funds requested (a)	(b)	©	(d)
A.	PERSONNEL COST				
	1. Salaries				
	2. Payroll Taxes & Assessments				
	3. Fringe Benefits				
	TOTAL PERSONNEL COSTS				
B.	OTHER CURRENT EXPENSES				
	1. Airfare, Inter-Island				
	2. Insurance				
	3. Lease/Rental of Equipment				
	4. Lease/Rental of Space				
	5. Staff Training				
	6. Supplies				
	7. Telecommunication				
	8. Utilities				
	9.				
	10.				
	11.	NOT APPLICABLE			
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	TOTAL OTHER CURRENT EXPENSES				
C.	EQUIPMENT PURCHASES				
D.	MOTOR VEHICLE PURCHASES				
E.	CAPITAL				
TOTAL (A=B+C+D+E)					
SOURCES OF FUNDING			Budget Prepared By:		
	(a) Total State Funds Requested		Name (Please type or print)		Phone
	(b)		Signature of Authorized Official		Date
	(c)				
	(d)				
TOTAL BUDGET			Name and Title (Please type or print)		

**BUDGET JUSTIFICATION
PERSONNEL – SALARIES AND WAGES**

Applicant: **Wahiawa General Hospital**

Period July 1, 2012 to June 30, 2012

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A+B)
				\$
NOT APPLICABLE				
TOTAL:				
JUSTIFICATION/COMMENTS				

BUDGET JUSTIFICATION – EQUIPMENT AND MOTOR VEHICLES

Applicant: **Wahiawa General Hospital**

Period: July 1, 2012 to June 30, 2012

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$	
NOT APPLICABLE				
			\$	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$	
NOT APPLICABLE				
			\$	
TOTAL:				
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: **Wahiawa General Hospital**

Period: July 1, 2012 to June 30, 2012

FUNDING AMOUNT REQUESTED PHASE II						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2010-2011	FY: 2011-2012	FY: 2012-2013	FY: 2012-2013	FY: 2013-2014	FY: 2013-2014
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION		(1) \$2,500,000	(2) \$350,000	\$2,850,000	0	0
EQUIPMENT			(2) 900,000	900,000		
TOTAL:		(1) \$2,500,000	(2) \$1,250,000	\$3,750,000	0	0
JUSTIFICATION/COMMENTS: Wahiawa Hospital Emergency Room Modernization and Expansion is critically needed due to old, small Emergency Room						

(1) 2011 Legislature approved \$2,500,000 in funding. The amount has not been released by Executive Branch.

((2) GIA request for 2012 Legislative Session

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.


Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Wahiawa General Hospital
(Typed Name of Organization)


(Signature)

1/31/2012
(Date)

R. Don Olden
(Typed Name)

Chief Executive Officer
(Title)

EXHIBIT I

The Wahiawa Hospital Association and Affiliates

Consolidated Statements of Unrestricted Revenues and Expenses Fiscal Years Ending June 30, 2011 and June 30, 2010

	Internal Twelve Months FY 2011 6/30/2011 YTD	Internal Twelve Months FY 2010 6/30/2010 YTD	Change 2011 vs 2010 inc (dec)
Unrestricted revenues, gains, and other support			
Patient Revenue	86,215,924	84,450,640	1,765,284
Less: Deductions from revenue	(40,905,747)	(39,781,639)	(1,124,108)
Net Patient Revenue	45,310,177	44,669,001	641,176
Hospital snack bar	287,492	319,101	(31,609)
Rental income	508,262	372,860	135,402
Investment income	22,432	36,361	(13,929)
State Support	960,000	960,000	-
Contributions	6,407	2,461	3,946
Gain on disposal of PP&E		60,722	
Miscellaneous	65,740	69,277	(3,537)
Total revenues, gains, and other support	47,160,511	46,489,783	731,450
Expenses			
Salaries and benefits	28,164,865	28,528,381	(363,516)
Professional fees	4,166,427	3,916,661	249,766
Other purchased services	3,125,333	3,129,812	(4,479)
Drugs and supplies	5,002,382	5,104,896	(102,514)
Utilities	1,411,742	1,331,050	80,692
Repairs maintenance rentals	2,361,980	2,031,373	330,607
Depreciation and amortization	957,509	841,773	115,736
Insurance	946,831	889,630	57,201
Provision for bad debts	1,854,624	1,894,599	(39,975)
Interest	294,952	417,176	(122,224)
Other expenses	441,409	187,845	253,564
Total expenses	48,728,054	48,273,196	454,858
Operating Income (Loss)	(1,567,544)	(1,783,413)	215,869
Less: Defined Benefit Pension Expense	(1,490,129)	(1,155,408)	(334,721)
IRS Excise Tax	(1,500,000)	(1,816,677)	316,677
Unrestricted revenues over expenses (net income)	(4,557,673)	(4,755,498)	197,825

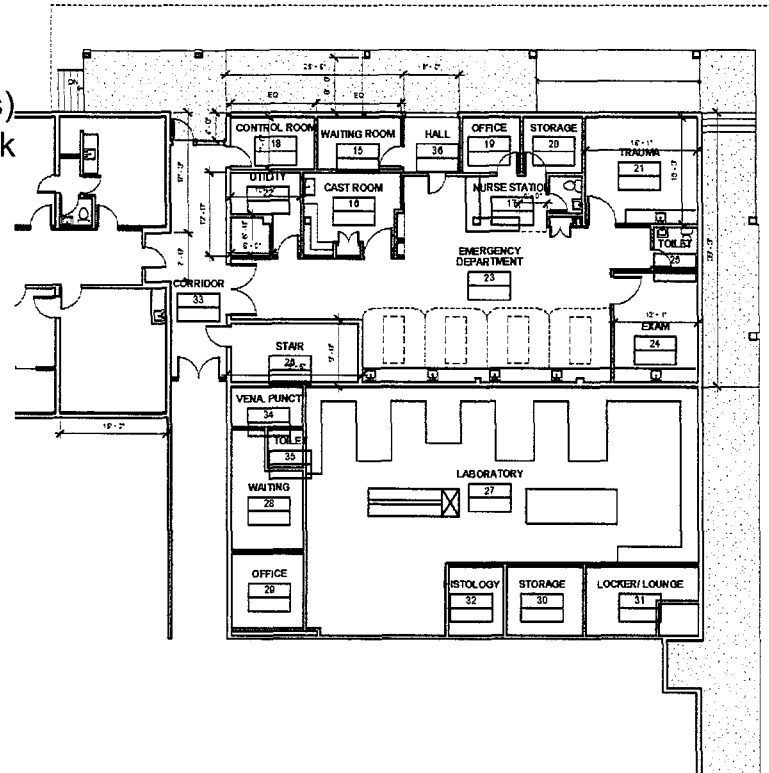
WAHIAWA GENERAL HOSPITAL

EMERGENCY DEPARTMENT SPACE PLANNING STUDY



Current

- 17,000 ER visits/ year
- Seven (7) treatment stations total (4 cubicles)
 - Treatment stations at capacity during peak hours, patients are over capacity
- Waiting is too small
 - sometimes people wait outside
- Lack of privacy
 - sometimes people with minor injuries are treated in waiting room
- No Triage room
- Inadequate staff break area
- Entry not friendly or welcoming



Wahiawa General Hospital
"Never Out Of Touch"

WAHIAWA GENERAL HOSPITAL
EXISTING PARTIAL SITE PLAN



ARCHITECTS-HAWAII

WAHIAWA GENERAL HOSPITAL

EMERGENCY DEPARTMENT SPACE PLANNING STUDY

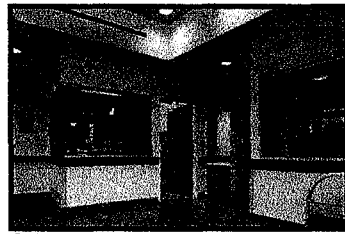


Planning Goals

- Plan for 21,000 to 28,000 patients/ year
- Double size of Emergency Department
 - plan for 15 rooms
- Separate patient and ambulance entrances
- Larger waiting
- Staff break room
- Consultation room
- Office space for manager
- More storage
- Clean Utility Room
- Observation Room for Psychiatric patients
- Designated OB/Gyn Room
- Isolation Room



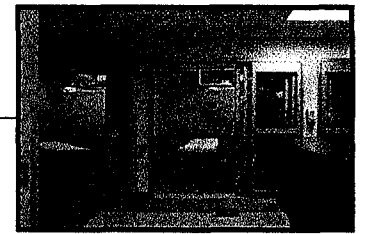
NEW WALK-IN ENTRANCE AND WAITING ROOM



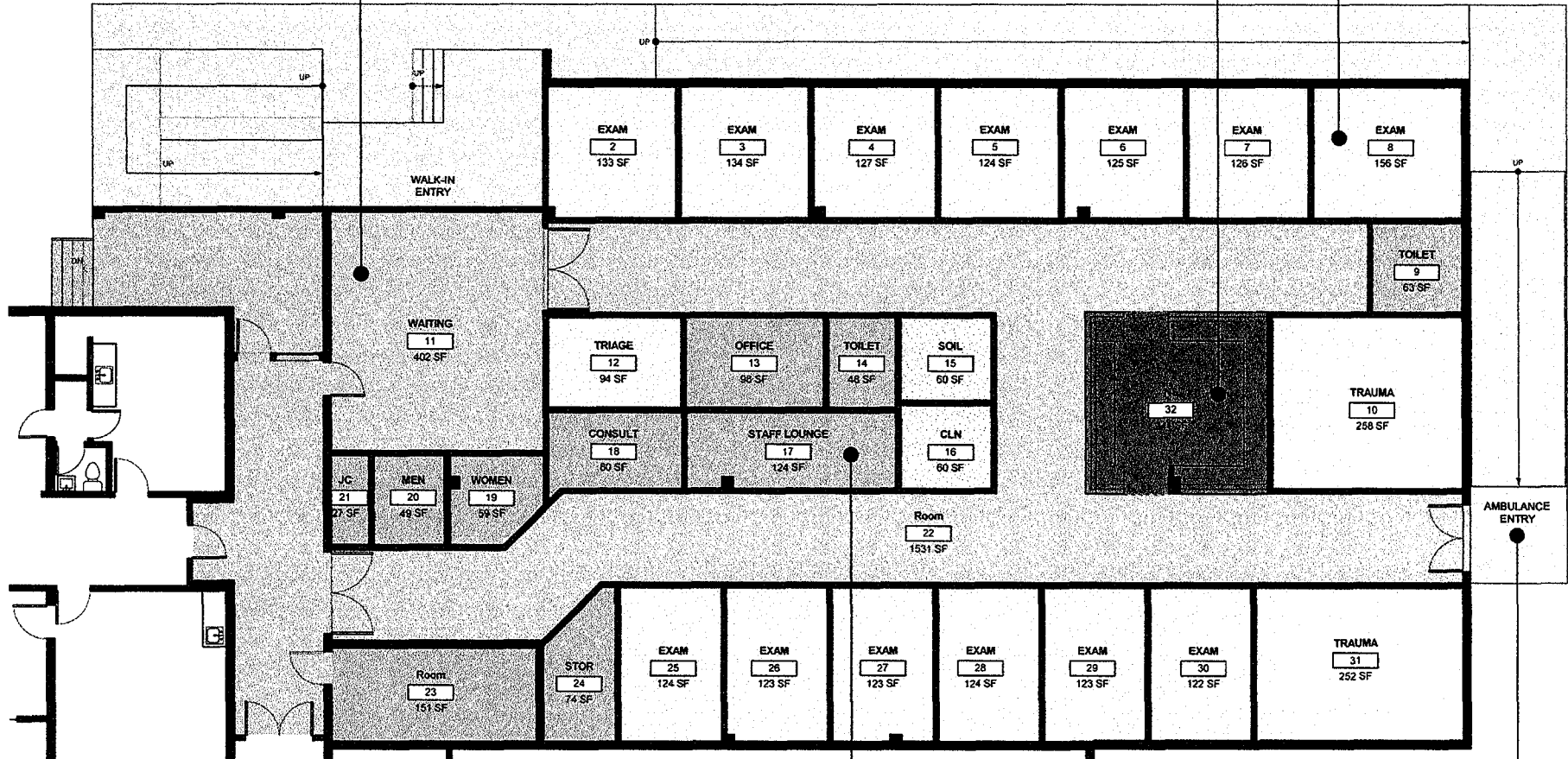
GOOD RELATIONSHIP TO LAB



GOOD FLOW / CIRCULATION AND VISUAL CONTROL FROM NURSE STATION

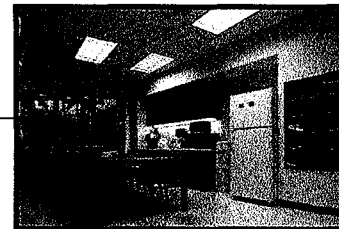


15 NEW EXAM ROOMS

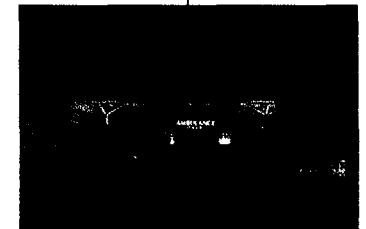


WAHIAWA GENERAL HOSPITAL
"Never out of Touch"

EMERGENCY DEPARTMENT
 UPGRADE AND EXPANSION OF
 EXISTING EMERGENCY DEPARTMENT



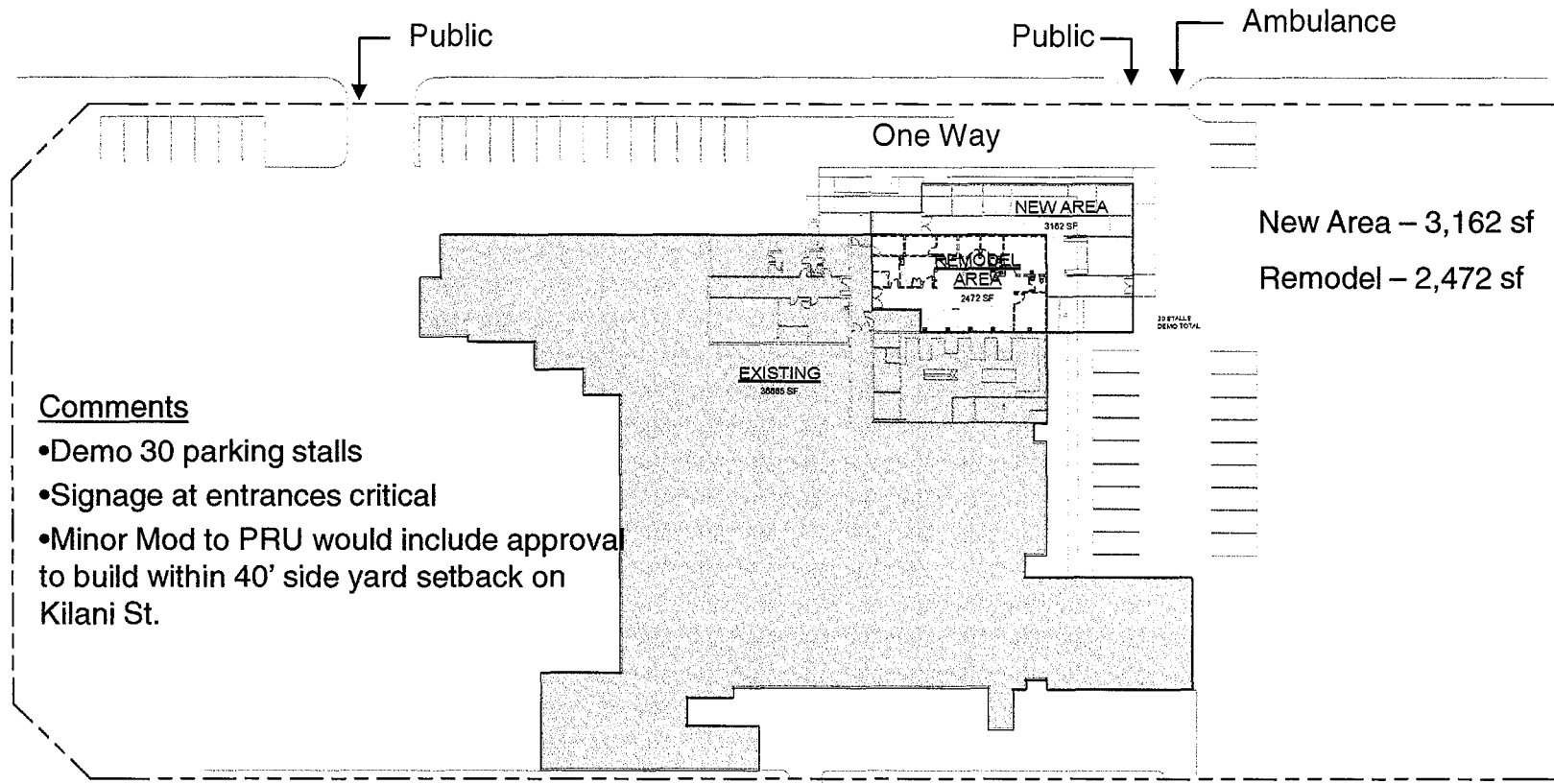
MEETS WGH PLANNING GOAL



SEPARATE WALK-IN AND
 AMBULANCE ENTRANCE

WAHIAWA GENERAL HOSPITAL

EMERGENCY DEPARTMENT SPACE PLANNING STUDY



Comments

- Demo 30 parking stalls
- Signage at entrances critical
- Minor Mod to PRU would include approval to build within 40' side yard setback on Kilani St.

SCALE: 1" = 20'-0"



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OPTION 2 - SITE PLAN



ARCHITECTS HAWAII