

House District(s) 46

Senate District(s) 22

THE TWENTY-NINTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"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.

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

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:

WAHIAWA GENERAL HOSPITAL
Dbas:

Street Address: 128 LEHUA ST.
WAHIAWA, HI 96786

Mailing Address:

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name BRIAN CUNNINGHAM

Title CHIEF EXECUTIVE OFFICER

Phone # 808-621-4210

Fax # 808-621-4451

E-mail

BRIAN.CUNNINGHAM@WAHIAWAGENERAL.ORG

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
 FOR PROFIT CORPORATION INCORPORATED IN HAWAII
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL
 OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

OPERATING FUND SUPPORT FOR WAHIAWA GENERAL HOSPITAL'S SUSTAINABILITY PLAN.

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2019: \$ 923,000

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 \$ _____

BRIAN CUNNINGHAM – CHIEF EXECUTIVE OFFICER

NAME & TITLE

DATE SIGNED

1/19/18
JAN 19 2018

[Handwritten signature]
11-20-18

Application for Grants

Please check the box when item/section has been completed. If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

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

Wahiawa General Hospital (WGH) is a community owned, private, nonprofit corporation under section 501-(c)-3 of the Internal Revenue Code. Wahiawa General Hospital is located in the city Wahiawa, Hawaii, on the island of Oahu. The Hospital was established in 1944 by the Department of Defense. A few years later a group of leaders in the Wahiawa Community agreed to assume operation of the Hospital in order to continue to provide healthcare services to the people of Central Oahu and the North Shore.

A volunteer Board of Directors governs WGH. The Directors represent a broad spectrum of professional, business and community leaders. The Board is dedicated to providing quality healthcare services for all people within the Hospital's service area.

WGH is currently licensed for 53 inpatient acute care beds, which includes 10 geriatric psych, and 107 skilled nursing beds. It provides excellent emergency services supported with radiology and laboratory services, inpatient intensive care, inpatient telemetry and medical surgical services. Key services at WGH include Emergency Services, Acute Care, Senior Behavioral Health and Long Term Skilled Nursing. Emergency Services are critically important to the community and are averaging 55/60 emergency visits per day and over 95% of all inpatients are admitted via Emergency Services.

WGH is a critical component of Oahu's island-wide emergency medical services (EMS) network. It serves a geographic area equivalent to one-third of the Island of Oahu, or 110,000 residents. Its Emergency Services, staffed by Board Certified Physicians, offers EMS coverage for the 30-mile contiguous area from Waialua to Kahuku on the North Shore through Wahiawa and Mililani. Most of this area is connected by a two-lane road.

WGH is part of Oahu's interdependent system of emergency services to respond to patients needs within the crucial medical "Golden Hour" of response time.

A Major Area Employer

WGH is a major employer in the Central Oahu area with approximately 520 total full-time and

part-time employees.

Approximately 90% of WGH's employees live in Kahuku, Haleiwa, Waialua, Wahiawa, Mililani and West Oahu- approximately 8% are from Honolulu and 2% from Kailua and East Oahu. Physicians providing services at WGH live in many areas of Oahu, including Kailua, Honolulu, Central Oahu, and the North Shore.

WGH is important not only for the community's medical health, but its economic health as well.

Community Outreach "Talk Story":

Beyond serving as a major employer and crucial to the emergency services critical "Golden Hour" of emergency response on the Island of Oahu, WGH is an active member of the community. On a near constant basis since the last Legislative Session, the hospital met with the community to educate and "talk story" about the hospital's activities, plans for the future, community support, and utilization of State funding for vital hospital projects. These "Talk Story" events include:

- 7/28/17 – Wahiawa General Open House: This event invited the community into the hospital to see first-hand the many services of the hospital, to meet the staff and to honor and thank State Senator Donovan Dela Cruz and State Representative Marcus Oshiro for their tremendous support of the hospital and its importance in the community. WGH staff enthusiastically provided tours of the facility to our Senator, Representative, Director of Health Dr. Virginia Pressler, and the many community members who celebrated with us.
- 9/18/17 – Wahiawa/Whitmore Neighborhood Board Meeting: WGH CEO Brian Cunningham participated in the Neighborhood Board Meeting and provided an update of the hospital's infrastructure projects to address deferred maintenance and repair needs of the physical plant. The community and board members asked questions about the projects and expressed appreciation for the opportunity to hear and update from the new CEO. He thanked them for their continued support of their community hospital.
- 9/27/17 – Mililani Neighborhood Board Meeting: 10/16/17 – WGH CEO Brian Cunningham participated in the Neighborhood Board Meeting and provided an update of the hospital's infrastructure projects to address deferred maintenance and repair needs of the physical plant. The community and board members asked questions about the projects and expressed appreciation for the opportunity to hear and update from the new CEO. He thanked them for their continued support of their community hospital.
- Wahiawa Rainbow Seniors Club – This is a senior citizens social club that engages in community service projects in the Wahiawa community. The Club welcomed CEO Brian Cunningham to share with them an update of the hospital including the status of major infrastructure projects, senior services, and emergency services. He thanked them for their continued support of their community hospital.
- 11/16/17 – Wahiawa Hospital Association, Annual Meeting: The Wahiawa Hospital Association is the "parent" Association of the hospital. The leadership team of the

hospital shared an update of ongoing WGH repair and maintenance projects, the implementation and accomplishments of the WGH Operations Assessment Action Plan, and answered multiple questions from the Association members.

- 12/4/17 – Soroptimist International Club: CEO Brian Cunningham was a guest speaker and the Club’s meeting and he presented an update of WGH plans and activities. He spoke of major infrastructure projects, State Grants-in-Aid funds, and the hospital’s importance to Oahu’s island-wide emergency services. He thanked them for their continued support of their community hospital.
- 12/20/17 – WGH Town Hall – The hospital held an internal Town Hall meeting which the WGH leadership team presented detail regarding the status of WGH including the status of major infrastructure projects and answered multiple questions from hospital staff.

Crucial Major Repair and Maintenance – Years of financial struggle lead to major deferment of maintenance and repair of the hospital’s physical plant. There are several significant infrastructure needs. Infrastructure needs that are core to the hospital.

The list of essential capital needs was generated via an analytic process which prioritized the most important maintenance and repair needs of the hospital. This analytic review was done in partnership with the expertise of the Community Hospital Corporation (CHC). WGH contracted with CHC in order to provide it with expertise and access to knowledgebase resources that are not possible in a small, stand-alone, rural hospital such as Wahiawa.

CHC was established by a group of not-for-profit and community-operated healthcare systems in 1996, and its team works diligently to preserve the not-for-profit status of community-based hospitals. This group of community organizations formed CHC to protect community hospitals from acquisition by investor-owned hospital systems. Contributing member organizations include:

- All Saints Health System
- Arlington Medical Center
- Baptist Health System, San Antonio
- Baptist Hospitals of Southeast Texas
- Baylor Health Care System
- Covenant Health System
- Hillcrest Health System
- Kings Daughters Hospital
- Memorial Hermann Healthcare System
- Richardson Regional Medical Center
- Trinity Mother Frances Hospitals and Clinics
- United Regional Health Care System
- Valley Baptist Health System, Harlingen

Since its inception, CHC remains a not-for-profit company whose sole mission is to help hospitals remain community-operated and governed. CHC owns, manages and consults with

hospitals across the United States.

CHC provides community hospitals with the resources and experience they need to improve the quality of treatment outcomes, patient satisfaction and financial performance.

Together, WGH and CHC developed the hospital's list of core capital needs. Here are highlights from that list:

- Roof -- The roof leaks in numerous areas. Over the years, band air repairs have not solved the problem and only served to kick the can down the road. Constant roof leaks create hygienic issues and also stretches personnel and financial resources. The roof must be replaced.
- ADA Compliance issues -- There is a need to renovate patient and public area bathrooms to be compliant with the requirements of the Americans with Disabilities Act (ADA).
- Fire Alarm system -- The fire alarm system throughout the hospital is at the end of its life and needs to be replaced to meet current day fire safety standards.
- Hot Water Tank -- The hot water tank is also at the end of its useful life.
- A/C infrastructure -- Air handling units are have outlived their life expectancy and are operating at a fraction of their capacity. On more than one occasion, the A/C for the operating rooms have ceased to work and this meant surgeries had to be cancelled and/or re-located to other facilities.
- HIPAA Compliance -- The admissions area must be renovated to protect patient privacy in order to be fully HIPAA compliant.
- IT Infrastructure -- The IT system is several generations behind current standards and this makes it difficult to have in place cost efficient hardware and software that can link all systems of the hospital together in a secure and consistent manner.
- Exterior Paint -- The exterior of the buildings have to be painted. No one can even remember the last time the buildings were painted. Paint protects the exterior integrity of the building to withstand the elements such as rain, sun, and UV rays.
- Generator -- the back-up generator, a basic necessity for all hospitals, needs to be replaced as do its transfer switches.
- Nurse Call System -- Repairs will not work for this system. It must be entirely replaced.

Causes of Maintenance and Repair Funding Deferment: Facilities, in all industries, when faced with financial difficulties often choose to defer repair and maintenance in an attempt to alleviate their budget problems. WGH is no different. It was faced financial problems stemming from the confluence of a number of unfortunate events.

Cost of Physician Shortages in Hawaii - WGH spends over \$1.6 million per year to hire hospitalists, on-call surgeons and anesthesiologist. This is because there is a significant

shortage of physicians throughout Hawaii and it hit WGH, as rural hospitals everywhere, very hard. WGH experienced a major outflow of specialist physicians serving its area to hospitals located in the core of Honolulu. The only solution to providing physicians was for the hospital itself to hire them.

Cost of State's UH Family Medicine Residency Teaching Program - At a cost to the hospital of over \$2 million per year, WGH supported the State's UH Family Medicine Residency Program for over 20 years. WGH's could not sustain underwriting its participation in this State university program as it significantly hurt the hospital's operating cash reserves. Recently, WGH decreased its participation in this worthwhile State program because the hospital simply cannot afford to contribute funds for this UH residency program any longer. Formerly, WGH supported twelve (12) Residents. Due to financial constraints, it reduced its support down to one (1) Resident.

Pension Plan Funding and Tax Liabilities - A defined benefit pension plan liability that could not be funded almost caused the hospital to close in FY 2006 but the hospital has worked out a reduced funding plan through the Pension Benefit Guarantee Corporation (PBGC). The hospital had defined benefit pension plan and excise tax liabilities of over \$27 million that could not be paid. The PBGC notified the Hospital in August 2012 that it had legally taken over the pension plan effective March 2010. A settlement term sheet has been agreed to and the PBGC is drafting the respective Legal Settlement Documents. The impact is estimated to decrease Wahiawa's pension related liabilities by approximately \$18 to \$20 million. The Final Settlement will reduce Wahiawa's pension related liabilities substantially but not provide a cash infusion. Due to operational losses, the hospital has unfunded pension amounts from FY2013-FY2016 that are estimated at \$2 million.

Safety Net -- Payor Mix in Rural Areas – All rural areas suffer from payor mixes that do not cover expenses. Throughout the United States, these areas are often served by public hospitals. Public hospitals whose missions always encompasses serving as a healthcare safety net for their communities. In Hawaii, public hospitals (a.k.a. Hawaii Health Systems Corporation/HHSC) operate acute care hospitals in rural areas statewide. Many of them are faced with financial challenges due to the payor mix in their service area. Similarly, WGH has a payor mix that makes it challenging to meet budget needs. WGH serves as a de facto safety net hospital for one-third of Oahu's geographic area and it is the only rural hospital in the state not affiliated with a larger healthcare system.

About 85% of Wahiawa's patients are from Medicare and Medicaid insurance programs which pay at rates below cost and therefore do not provide sufficient operating margins to create positive operating cash flows. Admissions to Wahiawa's acute hospital services consist of approximately 65% Medicare, 20% Medicaid, 12.5% private insurance and 2.5% uninsured. The financial distribution of the skilled nursing unit also is comprised of approximately 85% Medicare and Medicaid patients.

Safety Net -- Charity Care – Poor payor mix is often accompanied by a significant

percentage of uninsured, those with no ability to pay. In Wahiawa's service area, there are number of uninsured patients. This means that WGH incurs substantial uncompensated care costs. True to being our community's "safety net", we care for patients that have no ability to pay.

Here is a sample of charity care incurred by the hospital – FY15-- \$2.1 million, FY16-- \$1.0 million, FYTD17 (DEC)-- \$1.1 million.

Federal Designation as A Distressed Community - Wahiawa is designated by the federal government as a distressed community. It is designated as the "Wahiawa Neighborhood Revitalization Strategy Area (NRSA)". Many of Wahiawa's patients are from the Wahiawa Neighborhood Revitalization Strategy Area. A large number of them rely on support from both Med-Quest and Subsidized ACA insurance programs. Serving a distressed community means that Wahiawa General Hospital, more than most, has significant bad debts and charity care. This creates operating losses, and increases the inability to fund capital needs.

Loss of Purchase of Service Contract – The 2017 Legislature deleted WGH's Purchase of Service (POS) funding from the State Department of Health's budget. It had existed since 2007. It served the extreme needs of the Wahiawa community. The POS' Overview stated in part: "The Wahiawa community has some of the poorest health and socio-economic indicators in the State according to the Primary Care Needs Assessment Data Book published in July 2012 by the State of Hawaii, Department of Health. For example, between 2006 and 2010, approximately twelve point four percent (12.4%) of Wahiawa's population were below one hundred percent (100%) of the Federal Poverty Level. Further, between 2005-2010, approximately five point eight percent (5.8%) of its adult population were uninsured. The Wahiawa community also has a high Native Hawaiian population for whom the mortality rate associated with certain diseases far exceeds that of other United States populations. In 2010, approximately twenty-nine point seven percent (29.7%) of its population were Native Hawaiian (alone or in combination)

The POS's supported this Safety Net, community hospital's ability to provide "comprehensive medical and health care services." Examples include: inpatient care services, emergency room services, hospital-owned physician clinics, ancillary services (such as, but not limited to – imaging, laboratory, pharmacy, physical therapy, and respiratory services provided by qualified registered or licensed professionals and directed by a consulting radiologist, pathologist, pharmacist, physical therapist, and internist, respectively), other ancillary services (such as, but not limited to – dietetic and social services), and support to graduate medical education programs.

2. The goals and objectives related to the request;

In our 2017 GIA application, WGH shared that the turnaround of a hospital is a multi-year endeavor.

With CHC's assistance, we are implementing a three year Operations Assessment Action Plan that covers hospital operations including financial operations, Productivity, Supply Chain Management, Health Plan Contracts, Revenue Cycle, Human Resources, Perioperative Services, Post Acute Care Services, Case Management, Information Technology, Quality of Care, Risk Management, Nursing, and more. We just completed Year One of this Action Plan and diligently continue our progress toward accomplishing this multi-year Plan to stabilize WGH.

The Operations Assessment Action Plan's analysis was based, in part, on the continuance of the POS funds from the state to support this community, Safety Net hospital's costs of providing care for the at-risk, uninsured and under-insured populations it serves.

Goal: To provide comprehensive medical and health care services for

Objective:

To provide quality inpatient and ancillary healthcare services that comply with the Joint Commission on Accreditation of Healthcare Organizations and meet applicable state requirements for broad service hospitals as it relates to Performance and Quality Improvement.

Objective:

To provide quality outpatient healthcare services such as emergency room services and hospital-owned physician clinics that comply with the Joint Commission on Accreditation of Healthcare Organizations and meet applicable state requirements for broad service hospitals as it relates to Performance and Quality Improvement.

Objective:

To support graduate medical education programs as funding allows.

3. The public purpose and need to be served;

The public purpose of this grant request is to assure the financial viability and sustainability of WGH and the continued provision of Emergency and Acute Services to residents of Central Oahu, West Oahu and the North Shore – this represents approximately one-third of Oahu's land mass or approximately 110,000 residents. Operating funds are needed for this Safety Net, community hospital. Operating funds along with funds to repair its physical plant, are key to putting Wahiawa in a better position to develop long-term affiliations with other providers and transform its business model into a sustainable strategy.

4. Describe the target population to be served;

WGH serves one-third the land mass of the Island of Oahu. This is an overall

population of approximately 110,000 residents of the Central Oahu and North Shore area, plus over two million tourists annually. The community includes a diverse population of adults, seniors, military personnel and tourists.

Wahiawa General Hospital serves the federally designated distressed community – the Wahiawa Neighborhood Revitalization Strategy Area (NRSA).

5. Describe the geographic coverage;

WGH's service area represents approximately one-third the land mass of Oahu and includes the communities of Kahuku, Haleiwa, Waialua, Wahiawa and Mililani with some overlap into Waipahu, Kunia and West Oahu. The State of Hawaii Department of Health considers WGH to be a critical link in the emergency services network for Oahu. WGH's emergency room is the nearest full-service emergency service for residents in a 30-mile radius primarily on a two-lane road. WGH is the hospital that receives many of the ambulance visits due to other area hospitals being on divert. WGH is essential for Oahu's emergency services being able to provide care within the "Golden Hour" response time.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

Scope of Work:

The 2017 Legislature deleted WGH's Purchase of Service (POS) funding from the State Department of Health's budget. It had existed since 2007. It served the extreme needs of the Wahiawa community. The POS' Overview stated in part: "The Wahiawa community has some of the poorest health and socio-economic indicators in the State according to the Primary Care Needs Assessment Data Book published in July 2012 by the State of Hawaii, Department of Health. For example, between 2006 and 2010, approximately twelve point four percent (12.4%) of Wahiawa's population were below one hundred percent (100%) of the Federal Poverty Level. Further, between 2005-2010, approximately five point eight percent (5.8%) of its adult population were uninsured. The Wahiawa community also has a high Native Hawaiian population for whom the mortality rate associated with certain diseases far exceeds that of other United States populations. In 2010, approximately twenty-nine point seven percent (29.7%) of its population were Native Hawaiian (alone or in combination).

The POS's supported this Safety Net, community hospital's ability to provide "comprehensive medical and health care services." Examples include: inpatient care services, emergency room services, hospital-owned physician clinics, ancillary

services (such as, but not limited to – imaging, laboratory, pharmacy, physical therapy, and respiratory services provided by qualified registered or licensed professionals and directed by a consulting radiologist, pathologist, pharmacist, physical therapist, and internist, respectively), other ancillary services (such as, but not limited to – dietetic and social services), and support to graduate medical education programs. The Scope of work remains the same as existed in the former POS.

Tasks:

- CHC, which started at WGH December 1st, has access to best practice models and resources. Prior to sending an interim CEO and CFO to Wahiawa, in November 2016, they generated a preliminary financial analysis. Detailed analysis was subsequently completed. Immediately thereafter, an “Operations Assessment Action Plan” was designed and is in implementation hospital-wide.
- This three year Operations Assessment Action Plan covers hospital operations including financial operations, Productivity, Supply Chain Management, Health Plan Contracts, Revenue Cycle, Human Resources, Perioperative Services, Post Acute Care Services, Case Management, Information Technology, Quality of Care, Risk Management, Nursing, and more. We just completed Year One of this Action Plan and diligently continue our progress toward accomplishing this multi-year Plan to stabilize WGH.
- The Operations Assessment Action Plan directly impacts all operations of the hospital and its ability to provide comprehensive medical and health care services.

2. **Provide a projected annual timeline for accomplishing the results or outcomes of the service;**

The timeline is continuous for accomplishing the results of this proposal. As the Safety Net, community hospital serving one-third of the land mass of the Island of Oahu, we provide all of these services on a continuous basis, every day of the year. As noted earlier in this application, we serve approximately 110,000 residents of the Central Oahu and North Shore area, plus over two million tourists annually.

3. **Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results;**

The WGH Board has a contract in place with CHC for the three year period that was initiated in November 2016. It is a performance based relationship with clear lines of accountability. There will be monthly progress reports to the Board based on specific benchmarks.

Quality assurance is further monitored and accomplished via periodic surveys by the State of Hawaii, Department of Health's Office of Health Care Assurance (OHCA) and the Joint Commission which accredits healthcare organizations.

4. **List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.**

The WGH Board will provide updates three times per State fiscal year. These updates will provide, at a minimum:

- Information regarding average daily census of inpatient units
- The number of emergency room visits
- Statistics regarding utilization of outpatient services

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2019.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
230,750	230,750	230,750	230,750	923,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2019.

The hospital developed an extensive list of organizations that provide grants to hospitals. We intend to apply for as many as possible in the coming fiscal year.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

WGH is a tax exempt organization. No state or federal tax credits have been granted within the prior three years and WGH has not applied for any such credits. WGH does anticipate applying for any such tax credits.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2019 for program funding. Attached
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2017. \$12,614,117

IV. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

WGH has maintained its license and operations as an acute care hospital with a skilled nursing facility meeting the quality standards of the State of Hawaii Department of Health licensure, federal Centers for Medicare and Medicaid (CMS) certification, and national Joint Commission accreditation.

The WGH Board retained Community Hospitals Corporation (CHC) to assist in this three year turnaround.

CHC was established by a group of not-for-profit and community-operated healthcare systems in 1996, and its team works diligently to preserve the not-for-profit status of community-based hospitals. This group of community organizations formed CHC to protect community hospitals from acquisition by investor-owned hospital systems.

Contributing member organizations include:

- All Saints Health System
- Arlington Medical Center
- Baptist Health System, San Antonio

- Baptist Hospitals of Southeast Texas
- Baylor Health Care System
- Covenant Health System
- Hillcrest Health System
- Kings Daughters Hospital
- Memorial Hermann Healthcare System
- Richardson Regional Medical Center
- Trinity Mother Frances Hospitals and Clinics
- United Regional Health Care System
- Valley Baptist Health System, Harlingen

Since its inception, CHC remains a not-for-profit company whose sole mission is to help hospitals remain community-operated and governed. CHC owns, manages and consults with hospitals across the United States.

CHC provides community hospitals with the resources and experience they need to improve the quality of treatment outcomes, patient satisfaction and financial performance.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

WGH is currently licensed for 53 inpatient acute care beds (including 10 geriatric psych beds) and 107 skilled nursing beds. It provides excellent emergency services supported with state-of-the-art radiology and laboratory services, inpatient intensive care, inpatient telemetry and medical surgical services. Key services at WGH include Emergency Services, Acute Care, Senior Behavioral Health and Long Term Skilled Nursing. Emergency Services are critically important to the community and are averaging 55/60 emergency visits per day and over 95% of all inpatients are admitted via Emergency Services.

WGH is a critical component of Oahu's island-wide emergency medical services (EMS) network. Its Emergency Services, staffed by Board Certified Physicians, offers EMS coverage for the 30-mile contiguous area from Waialua to Kahuku on the North Shore through Wahiawa and Mililani. Most of this area is connected by a two-lane road. It helps get emergency care to people within the crucial Golden Hour of response time.

Wahiawa General Hospital has been serving the community since 1944. Changes in reimbursement, physician shortages, the reopening of a west Oahu Hospital, unfunded liability, deferred maintenance and more resulted in the hospital's dire financial situation.

V. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

WGH is led by dedicated community members with a diverse and well balanced array of expertise including active and retired Board Certified community physicians, financial executives, military, a large land management executive, engineer, attorney, and community residents.

The WGH Board retained CHC to assist in management during this turnaround. CHC has a unique "checks and balances" system in place to appropriately report and inform the Board of Directors of the operations of WGH.

Since its inception, CHC remains a not-for-profit company whose sole mission is to help hospitals remain community-operated and governed. CHC owns, manages and consults with hospitals across the United States.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request. Attached

3. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

- Chief Nursing Office- \$150,009
- Pharmacy Manager- \$135,000
- Administrator WNRC- \$134,992

VI. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Currently pending suit related to malpractice, we have been notified that it will be dismissed.

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

Wahiawa General Hospital is licensed by the State of Hawaii Department of Health, certified by the Centers for Medicare and Medicaid (CMS), and accredited by The Joint Commission

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question. Not applicable

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2018-19 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2018-19, but
- (b) Not received by the applicant thereafter.

We have a three year plan in place with CHC, in which we are currently in the second year. Progress has been made over this past year with the hospital cutting expenses by \$2.5M compared to prior year. However, our success of that plan is dependent in part on continued state support. The hospital will be seeking out other grant opportunities. The CIP projects contained in this application are basic projects needed to ensure the structural integrity of the hospital building, comply with regulatory requirements, and ensure patient care is in line with current healthcare practices.

5. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2017.

6. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

7. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#)) No

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: Wahiawa General Hospital

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries (professional Fees)	300,000			
2. Payroll Taxes & Assessments				
3. Fringe Benefits	123,000			
TOTAL PERSONNEL COST	423,000			
B. OTHER CURRENT EXPENSES				
1. Airfare, inter-Island				
2. Insurance- Charity	500,000			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
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TOTAL OTHER CURRENT EXPENSES	500,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	923,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	923,000	<i>Aviane Traish-Castillo</i> 621-4281 Phone [Redacted] 1/19/18 Date <i>Brian Cunningham</i> CEO Name and Title (Please type or print)		
(b) Total Federal Funds Requested				
(c) Total County Funds Requested				
(d) Total Private/Other Funds Requested				
TOTAL BUDGET	923,000			

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
MED SURG	M/S UNIT MANAGER	0.83	100,533	1.37%	\$ 1,382.07
	NURSES AIDE	15.25	522,041	1.37%	\$ 7,176.71
	STAFF NURSE	20.71	2,268,322	1.37%	\$ 31,183.54
	TELE MONITOR TECH	4.07	149,733	1.37%	\$ 2,058.44
	UNIT CLERK II	2.85	113,217	1.37%	\$ 1,556.44
ICU	CLINICAL ASST MGR	1.00	109,546	1.37%	\$ 1,505.97
	STAFF NURSE	6.88	778,007	1.37%	\$ 10,695.58
	UNIT CLERK	-	-	1.37%	\$ -
WNRC	ADMIN SECRETARY	1.01	42,055	1.37%	\$ 578.15
	ASST DIR-WNRC	1.00	105,386	1.37%	\$ 1,448.78
	DIRECTOR OF NURSING	2.00	257,469	1.37%	\$ 3,539.53
	LPN I	10.13	511,672	1.37%	\$ 7,034.16
	LTC COORDINATOR	5.26	449,961	1.37%	\$ 6,185.80
	MDS COORDINATOR	2.78	222,341	1.37%	\$ 3,056.61
TOTAL:					77,401.78
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
	NURSING SUPERVISOR	3.50	364,093	1.37%	\$ 5,005.33
	NURSES AIDE	52.07	1,902,808	1.37%	\$ 26,158.67
	SOCIAL WORKER	2.00	132,912	1.37%	\$ 1,827.20
	TEAM LEADER- RN	5.38	455,115	1.37%	\$ 6,256.65
	UNIT CLERK II	2.14	79,923	1.37%	\$ 1,098.73
	WOUND CARE NURSE	1.12	105,660	1.37%	\$ 1,452.55
RT	LEAD CARD ULTRASON	0.84	63,723	1.37%	\$ 876.03
	MANAGER- CARDIO/PULMO	1.00	104,000	1.37%	\$ 1,429.73
	RESP THERAPIST	6.40	411,254	1.37%	\$ 5,653.68
	RESP RECEPTIONIST	0.63	23,312	1.37%	\$ 320.48
OR	MANAGER-OR	1.00	115,003	1.37%	\$ 1,580.99
	STAFF NURSE	2.45	401,068	1.37%	\$ 5,513.64
	SURGICAL ASSISTANT	2.22	163,152	1.37%	\$ 2,242.92
	UNIT CLERK I	0.39	14,818	1.37%	\$ 203.71
TOTAL:					59,620.31

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
ER	ER DEPT ASST	7.98	303,195	1.37%	\$ 4,168.14
	ER MANAGER	2.63	329,800	1.37%	\$ 4,533.89
	STAFF NURSE	13.18	1,428,601	1.37%	\$ 19,639.56
LAB	LAB ASSISTANT	2.79	107,378	1.37%	\$ 1,476.17
	SUPERVISOR- LAB TECHNICIAN	1.00	36,400	1.37%	\$ 500.41
	MEDICAL TECHNOLOGIST	8.80	583,891	1.37%	\$ 8,026.99
XRAY	CERT RAD TECH I	1.43	112,077	1.37%	\$ 1,540.77
	CERT RAD TECH II & III	5.33	446,547	1.37%	\$ 6,138.86
	MANAGER-IMAGING	0.96	89,424	1.37%	\$ 1,229.35
	XRAY ASSISTANT	1.60	53,792	1.37%	\$ 739.50
	XRAY ASSISTANT II	0.96	34,334	1.37%	\$ 472.00
MAMMO	MAMMO TECH	1.01	79,550	1.37%	\$ 1,093.61
CT SCAN	CT TECH	2.52	211,125	1.37%	\$ 2,902.42
ULTRASOUND	DIAG MED SONOGRA I	0.86	74,448	1.37%	\$ 1,023.47
TOTAL:					53,485.13

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
	DIAG MED SONOGRA II	1.75	176,474	1.37%	\$ 2,426.06
NUC MED	NUCLEAR MED TECH	0.97	104,783	1.37%	\$ 1,440.49
PHARMACY	MANAGER-PHARMACY	1.90	248,490	1.37%	\$ 3,416.09
	PHARMACY TECHNICIAN	7.38	280,189	1.37%	\$ 3,851.87
	STAFF PHARMACIST	3.81	443,813	1.37%	\$ 6,101.28
PT	MANAGER REHAB	1.04	99,457	1.37%	\$ 1,367.28
	PHYSICAL THERAPIST	2.63	229,364	1.37%	\$ 3,153.16
	PT ASSISTANT	2.62	149,113	1.37%	\$ 2,049.92
	REHAB CLERK	0.99	33,863	1.37%	\$ 465.53
OT	COTA	0.96	53,495	1.37%	\$ 735.42
	OCCUPATIONAL THERAPISTS	1.63	135,774	1.37%	\$ 1,866.54
ST	SPEECH THERAPIST	0.17	14,440	1.37%	\$ 198.51
SPD	SPD TECHNICIAN	2.26	75,846	1.37%	\$ 1,042.69
	TRANSPORTER	2.87	88,759	1.37%	\$ 1,220.21
TOTAL:					29,335.04
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
	DIRECTOR OF NURSING	1.00	150,165	1.37%	\$ 2,064.38
	NURSE SUPERVISOR	3.62	403,009	1.37%	\$ 5,540.33
	STAFFING COORDINATOR	3.08	142,196	1.37%	\$ 1,954.83
INFECTION CTRL	INFECTION CONTROL RN	1.00	82,160	1.37%	\$ 1,129.49
U.R.	UR NURSE	1.00	69,752	1.37%	\$ 958.91
ACTIVITIES	ACTIVITY COORD	1.00	48,048	1.37%	\$ 660.54
	RECREATION ASSISTANT	4.57	154,143	1.37%	\$ 2,119.07
SOCIAL SERV	SOCIAL WORKER	1.00	68,452	1.37%	\$ 941.04
MEDICAL REC	CERT HLTH DATA ANA	3.98	293,019	1.37%	\$ 4,028.25
	MED RECORDS CLERK	0.99	33,289	1.37%	\$ 457.64
	MED RECORDS TECH	2.05	78,837	1.37%	\$ 1,083.80
MEDICAL STAFF	MEDICAL STAFF COORDINATOR	2.00	106,691	1.37%	\$ 1,466.72
DIETARY	DIETITIAN'S HELPER	2.05	65,941	1.37%	\$ 906.52
	FIRST COOK	2.06	76,212	1.37%	\$ 1,047.72
TOTAL:					24,359.22

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
	FOOD SERVICE WORKER	12.60	398,991	1.37%	\$ 5,485.09
	THIRD COOK	2.05	68,898	1.37%	\$ 947.17
FACILITIES	FACILITIES CLERK	1.00	40,435	1.37%	\$ 555.88
	MAINTENANCE ENGINEER	5.98	249,255	1.37%	\$ 3,426.61
	MAINTENANCE LEAD	2.13	134,516	1.37%	\$ 1,849.25
HOUSEKEEPING	HOUSEKEEPING AIDE	9.63	294,274	1.37%	\$ 4,045.50
	HOUSEKEEPING SUPERVISOR	1.00	47,476	1.37%	\$ 652.67
	HOUSEPERSON	6.19	191,947	1.37%	\$ 2,638.77
ACCOUNTING	ACCOUNTANT	1.10	79,546	1.37%	\$ 1,093.55
	ACCOUNTING CLERK	2.00	85,177	1.37%	\$ 1,170.96
PT ACCT	CASHIER	1.84	64,068	1.37%	\$ 880.77
	PATIENT ACCOUNTS REP	6.47	251,838	1.37%	\$ 3,462.12
	MANAGER PT FIN SV	1.00	79,996	1.37%	\$ 1,099.74
	SR PATIENT ACCTS REP	3.00	154,077	1.37%	\$ 2,118.16
TOTAL:					29,426.24
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
MIS	HELP DESK ANALYST	1.00	41,641	1.37%	\$ 572.46
	SYS SUPP ANALYST I	1.00	85,490	1.37%	\$ 1,175.27
	SYS SUPP ANALYST II & III	1.00	42,758	1.37%	\$ 587.81
ADMITTING	MANAGER- PT ACCESS	1.00	74,100	1.37%	\$ 1,018.68
	PATIENT SVCS CLERK	10.09	372,513	1.37%	\$ 5,121.09
	PT ACCESS SUPERVISOR	1.00	60,465	1.37%	\$ 831.24
	SR PATIENT SVCS CLRK	1.00	49,920	1.37%	\$ 686.27
ADMIN	EXECUTIVE ASST	1.79	89,741	1.37%	\$ 1,233.71
EDUCATION	CLINICAL EDUCATOR	0.87	94,757	1.37%	\$ 1,302.66
	PATIENT EDUCATOR	0.50	45,899	1.37%	\$ 630.99
PURCHASING	BUYER	1.00	54,995	1.37%	\$ 756.04
	MANAGER-PURCHASING	1.00	72,800	1.37%	\$ 1,000.81
	PURCHASING CLERK	0.98	34,118	1.37%	\$ 469.03
	STOREROOM CLERK	2.01	64,816	1.37%	\$ 891.05
TOTAL:					16,277.11
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: WAHIAWA GENERAL HOSPITAL

POSITION TITLE		FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
SWITCHBOARD	SWITCHBOARD OPERATOR	2.73	94,899	1.37%	\$ 1,304.61
HR	BENEFITS COORDINATOR	1.00	54,995	1.37%	\$ 756.04
	DIRECTOR-HR	1.00	110,152	1.37%	\$ 1,514.30
	EMPLOYEE COORDINATOR	2.91	176,765	1.37%	\$ 2,430.06
QA	CLINICAL OUTCOMES COOR	1.00	102,332	1.37%	\$ 1,406.80
	ASST ADMIN QUALITY	0.05	228	1.37%	\$ 3.13
	QI/RM SPECIALIST	0.51	19,222	1.37%	\$ 264.25
	REG COMPLIANCE COORD	0.40	50,011	1.37%	\$ 687.52
	RN PATIENT ADVOCATE	1.00	102,960	1.37%	\$ 1,415.43
SP CLINIC	SPEC CLINIC CLERK	0.63	22,769	1.37%	\$ 313.01
				1.37%	\$ -
				1.37%	\$ -
				1.37%	\$ -
				1.37%	\$ -
TOTAL:					10,095.17
JUSTIFICATION/COMMENTS:					

BUDGET JUSTIFICATION

Period: July 1, 2018 to June 30, 2019

Applicant: Wahiawa General Hospital

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	36,681
Unemployment Insurance (Federal)	As required by law	As required by law	-
Unemployment Insurance (State)	As required by law	As required by law	518
Worker's Compensation	As required by law	As required by law	10,065
Temporary Disability Insurance	As required by law	As required by law	3,857
SUBTOTAL:			51,121
FRINGE BENEFITS:			
Health Insurance			62,284
Retirement			8,346
Other			1,249
SUBTOTAL:			71,879
TOTAL:			123,000
JUSTIFICATION/COMMENTS:			

BUDGET JUSTIFICATION

Period: July 1, 2018 to June 30, 2019

Applicant: Wahiawa General Hospital

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
Charity	500,000	
Total:	500,000	

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: WAHIAWA GENERAL HOSPITAL

Contracts Total: 3,709,492

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	TRAUMA SYSTEM SPECIAL FUND	07/01/17-06/30/18	DOH	STATE	50,000
2	COMP MEDICAL & HEALTH CARE SVC	07/01/17-06/30/21	DOH	STATE	3,659,492
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**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) 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 is awarded;
 - b) Complies 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;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant 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.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

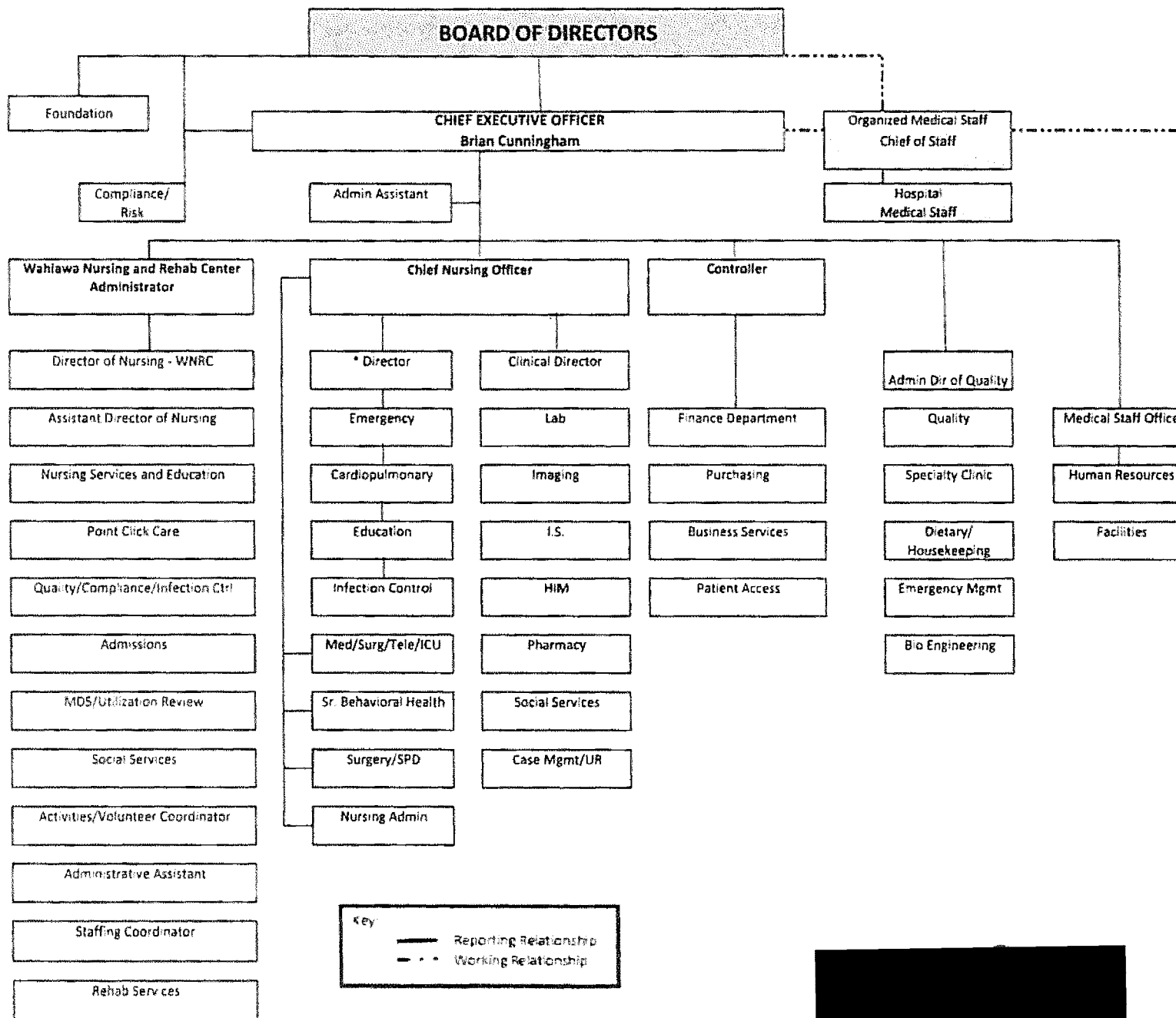
Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant 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.

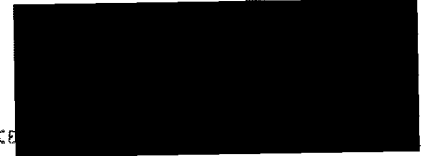
WAHIAWA GENERAL HOSPITAL
(Typed Name)  _____
(Signature)  _____
(Date) 11/19/18 _____
(Date)

BRIAN CUNNINGHAM _____ CHIEF EXECUTIVE OFFICER _____
(Typed Name) (Title)

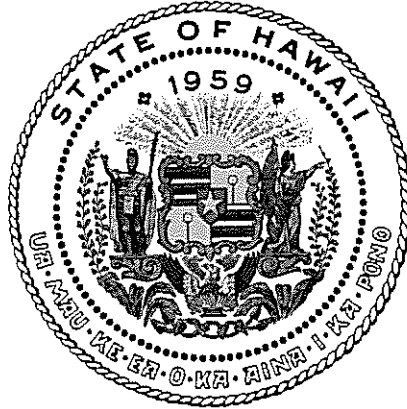
WAHIAWA GENERAL HOSPITAL ORGANIZATION CHART as of 1/1/18



Key
 — Reporting Relationship
 - - - Working Relationship



Date 1/10/18



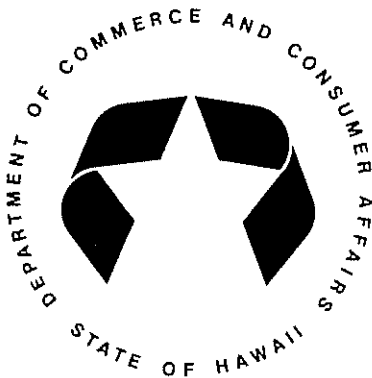
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

WAHIAWA GENERAL HOSPITAL

was incorporated under the laws of Hawaii on 11/21/1988 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 17, 2018

Director of Commerce and Consumer Affairs