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We are creating value through innovation.
Changing the game

At Parkland, we are transforming care. We are building a culture that stresses innovation, efficiency and an improved patient experience.

Why is this important? In the U.S., we are on a cost curve in healthcare that is unsustainable. The healthcare industry is heavily focused on the 90 percent of the population with insurance and a delivery model that emphasizes volume over value.

But we’re changing that model. By focusing on the needs of the entire population, we are changing how care is delivered, improving outcomes, improving the patient experience, making healthcare more affordable, accessible, efficient and effective.

Parkland’s Outpatient Antibiotic Therapy (OPAT) clinic is a good example. Patients are taught to self-administer long-term IV antibiotics at home, rather than staying at the hospital for weeks often at the expense of taxpayers when they would prefer to be at home in a more comfortable, lower cost setting.

This innovation challenges the traditional healthcare delivery system structure to emphasize the needs of the patient. We educate and empower patients. It turns out this approach is less expensive, makes patients happy and frees up critical hospital beds for acutely ill patients who need inpatient care.

We are making it easier for patients to access care, moving knowledge rather than people. In Parkland’s Gastroenterology e-Consult program not all patient test reviews require an in-person visit. Our GI experts can use the electronic medical records to make those consultations. As it turns out, over 30 percent of consults can be done this way, and most in less than 20 minutes. Helping patients avoid unnecessary visits to our facilities allows them to avoid taking valuable time off work, finding child care while they spend a day at the hospital or working through the transportation issues that are a struggle for many within our patient population.

We are also helping to address the vicious cycle in which many people with mental health issues find themselves in Dallas County.

For example, Dallas law enforcement agencies respond to thousands of mental health-related 911 calls every year. Despite their best efforts and their genuine desire to serve the public, these police officers are not trained mental health professionals. So, if officers arrive on a scene to find a person in the midst of a mental health crisis, the resulting exchange can put both the responding officer and the person in crisis in danger. In addition, lacking the appropriate mental health training or resources to aid them, officers must often take persons in mental health crisis to an emergency room or to jail. But a pilot program, called the Rapid Integrated Group Healthcare Team (RIGHT Care), is changing the way these calls are answered. Parkland psychiatric social workers are part of a multidisciplinary team composed of a law enforcement officer, a paramedic and a mental health clinician who are diverting mental health patients from busy emergency rooms and jails by stabilizing them on the scene and connecting them to the appropriate interventional or preventive services in the community.

In short, we are building a model that is more efficient and more convenient for patients. With programs like e-Consult and RIGHT Care, we are improving access and patient experience while lowering cost.

How has Parkland become a leader in terms of improving access, improving patient experience and lowering costs? As a public organization, we see a large need for services yet we know we do not have unlimited resources. We must think differently. Where is there overuse? Where can we simplify?

As the healthcare industry moves away from payment models that reward patient volumes and moves toward a model that rewards value and patient satisfaction, solutions such as the ones I have described will be adopted at health systems across the country. And the innovations pioneered at Parkland will have a resounding impact on how care is delivered in the U.S.—as they have throughout our history.

Frederick P. Cerise, MD, MPH
President and Chief Executive Officer
Innovation
Transformation by seeking new approaches to patient care
**Early mobility**

*Reducing debilitating impact of intensive care on patients*

When you think of a hospital intensive care unit, you probably envision bedridden, highly sedated patients breathing with the assistance of a ventilator and connected to a maze of tubes. But at Parkland that picture is changing.

A new program focused on early mobility aims to free intensive care patients from serious, sometimes permanent declines in physical and cognitive function resulting from the intensive care experience.

The Surgical Intensive Care Unit (SICU) at Parkland is one of just two ICUs in Texas selected for the national ABCDEF Bundle Improvement Collaborative, designed to improve patient care and outcomes in the ICU. The “E” component of the bundle is early mobility, which studies show can lower mortality, shorten ICU and hospital stays and reduce the incidence of post-discharge depression and dementia.

Early mobility in the ICU at Parkland is a collaborative effort among nurses, physical therapists, respiratory therapists, occupational therapists and physicians. Because of equipment, tubes and the severity of the patient’s illness or injury, it can take three to four caregivers to help a patient to simply sit up.

“Until very recently, no one in the SICU would have dreamed of trying to get an intubated patient (one whose breathing is assisted by a ventilator) walking,” said Emily Beffa, a physical therapist. “Now it’s becoming routine at Parkland. We start small, getting the patient to sit on the edge of the bed, then stand and move to a chair. Using a portable ventilator, we assist the patient to walk in the hallway – a pretty impressive feat that has a big impact on everyone who sees it.”
RIGHT Care

Healthcare issues should have a healthcare response

A unique partnership in Dallas County, called RIGHT Care, is helping to ensure that those in mental health crisis are getting the mental healthcare they need.

The first of its kind in Texas, the Rapid Integrated Group Healthcare Team (RIGHT Care) is a program aimed at finding a better way to respond to mental health 911 calls – a way that provides the needed mental health support, rather than responding to those mental health calls with law enforcement only.

This special response team provides multi-disciplinary support for calls involving persons in potential mental health crisis – specially-trained and equipped paramedics, police officers and mental health professionals. Together, they respond as a single-coordinated team to ensure those in a mental health crisis receive the appropriate level of care they need at the time of crisis.

Initiated in January 2018, the RIGHT Care Team will continue as a pilot program for two more years in the South Central Dallas police district. As part of the pilot program, Parkland provides two full-time social workers in the 911 call center to serve as a resource and expert for mental health 911 calls. They also help identify the correct mental health calls for the RIGHT Care Team.

In 2015, when more than 14,000 mental health calls were placed to the Dallas 911 system, Dallas Police Department protocol was to send five people – four police officers and one sergeant – to every mental health call. Average time spent on mental health calls was 70 minutes. Often, individuals ultimately were taken to the hospital emergency rooms.

The RIGHT Care Team hopes to respond to 10 percent of those calls, which would free up over 8,000 police hours so they can respond to other emergency calls.

During the first nine months of the RIGHT Care program, it logged nearly 1,900 mental health calls. Of those calls, only 3.5 percent ultimately resulted in arrest. Nearly 400 people were diverted away from busy ERs toward more appropriate facilities, explained Kurtis Young, MSSW, LCSW, Director of Social Work for Behavioral Health Services at Parkland.

A preliminary look at Parkland ER volume shows that while total volume of patients with mental health needs rose by 8.9 percent, mental health care visits from patients who reside in the ZIP codes where RIGHT Care is being piloted were actually down by 9.3 percent.

“Data is starting to indicate that arrests are decreasing, going from being the preferred disposition to one of the least used dispositions. This data is significant enough that we believe RIGHT Care is one of the primary factors that resulted in that decrease,” Young added.

This innovative program was born when a team from the Meadows Mental Health Policy Institute’s Caruth Smart Justice Project worked with Parkland, Dallas Fire-Rescue and Dallas Police Department to study trends driving emergency care and best practices around the country for responding to behavioral health emergencies.
Choosing wisely

Reducing unnecessary diagnostic tests

Several years ago the American Board of Internal Medicine developed an initiative that identified wasteful medical practices and published them in a document titled “Choosing Wisely.” The program focused on reducing the use of unnecessary treatments while creating efficiencies and cost savings.

Drawing from that idea, the Parkland Center for Healthcare Innovations and Clinical Outcomes (PCHICOS) focused on the provision of high-value, cost-effective care while also improving the experience for Parkland’s highly vulnerable patient population.

Physicians leading this effort developed four guiding principles for the PCHICOS mission. These guiding principles include: democratizing technology, diagnostic and therapeutic stewardship, development of innovative approaches to patient care and empowering patients.

PCHICOS operates within a framework that is similar to a think tank. Using rigorous evidence-based practice approaches and translational research strategies, the PCHICOS team has already demonstrated early success in developing and implementing value-based projects that improve quality while reducing unnecessary utilization and costs.

By choosing wisely, there have been several significant clinical advancements that dramatically impact the patient experience as well. They include:

• Identifying and eliminating five diagnostic laboratory tests and optimizing use of many others by decreasing unnecessary ordering, realizing more than $700,000 savings annually,

• Eliminating certain pre-operative visits and diagnostic testing, including chest radiographs, laboratory tests and electrocardiograms,

• Reducing non-essential post-operative imaging in select cases,

• Introducing hand-held ultrasound for use in bedside cardiac examinations and specialty services thus dramatically reducing the time to treatment,

• Implementing office hysteroscopy and

• Converting from use of a peripherally inserted central catheter to a midline catheter for select long-term intravenous therapies.

The PCHICOS team is dedicated to choosing wisely, that is, developing creative ideas aimed at improving quality and the patients’ experience of care while lowering costs.
Parkland Score for Adherence to Medication

Analyzing medication adherence to improve clinical outcomes

Parkland Score for Adherence to Medication, called PSAM, is a program that is changing the way providers care for patients in the clinics and is allowing population-based approaches to improve care for patients with chronic diseases.

“Medication adherence is not a new topic, but the way we’re bringing it to the point of care is. And the way we’re using that data is too,” explained Kristin Alvarez, Associate Director of Pharmacy.

Using algorithms and pharmacy data, a Parkland team developed a way to track patient adherence to taking their medication. In turn, that indicator of adherence is available in the electronic medical record for providers and care team members to access real-time while interacting with the patient during a healthcare visit.

“Now, instead of asking ‘Are you taking your medication?’ the provider can have a pointed conversation such as, ‘I see that you may be having trouble filling your medications, can you tell me about that?’” explained Alvarez.

Thanks to a multi-disciplinary effort among clinical providers, Enterprise Data Services and the Pharmacy department, medication data is now becoming available at the point of care so providers can know about problems with medications and help find solutions for the patient.

Data is compiled using variables, such as number of fills during a certain time period. The system can compare a patient’s “fill history,” meaning how often medication has been refilled, against how often it should have been refilled, which in turn helps show the patient’s adherence over time to a particular medication. The system also accounts for hospital stays, so that adherence is not underestimated.

“Pharmacists have been doing this for years by essentially eyeballing gaps in patient fill history. Frontline providers aren’t used to analyzing that data and making the calculations while caring for the patient. But now we are automating those calculations and putting it in the providers’ hands at the time of care,” Alvarez said.

The impact could be far reaching because a medication adherence dashboard allows a population-based approach. These scores could help inform enterprise-wide decisions, identifying patient groups who are not taking their medications and the barriers to doing so, Alvarez explained. Data can be paired with demographic information such as ZIP code, financial class, marital status, gender, ethnicity and race, among others.

What’s more, increasingly healthcare organizations are held to performance measures by insurance companies and other funding sources, meaning patient adherence to medication can directly impact reimbursement, explained Alvarez.

Still a pilot, the medication adherence data is rolling out one medication class at a time.

“In the end, we just simply want to identify who’s having trouble and figure out why so that we can better help them.”
Patients First

Ways in which we are putting patients first
The Toyota Production System can be applied beyond automobiles to everything from food banks to disaster relief and hospitals.
Teaming up with Toyota

Manufacturing experience fine tunes the delivery of care

It’s not often you hear about an international car company agreeing to help a public hospital improve the delivery of emergency medicine. But when Parkland teamed up with Toyota Production System, what resulted was a revamp in the way patients flow through the ER, reducing wait times and improving patient experience.

Parkland’s ER is one of the busiest in the nation with some 667 patients per day. At one point last year, demand reached 973 patients in a 24-hour period.

“As the only public hospital in Dallas County, one of our biggest challenges is the sheer volume of patients seeking care every day in our Emergency Department,” said Fred Cerise, MD, MPH, Parkland’s President and CEO.

So once Toyota relocated its North American headquarters to Plano, Dr. Cerise appealed to the car company. The automaker operates a foundation that shares its expertise in process management and mobility solutions.

Dr. Cerise’s hope was that Toyota’s process improvement knowledge could help evaluate how patients move through the ER and in turn improve how medical care is delivered.

“They agreed to help us find opportunities to improve patient flow to maximize the use of our resources to keep up with the ever-growing demand for emergency services,” he said.

Toyota’s lean methodology team recommended focusing on the discharge process. At the time, the average time from when a doctor provides discharge orders to when a patient leaves was more than 52 minutes.

“Put simply, Parkland needed to get patients out in order to get patients in,” Dr. Cerise added.

The group helped Parkland develop a standardized discharge process that created a set sequence of tasks for ER staff. They also suggested re-configuring the existing light signal system outside each exam room so that staff instantly knows room status. For instance, if the light is red, the room needs to be cleaned; if it’s purple, the room is ready for a patient.

In the first 10 months, the average time from entering the ER to leaving has been reduced by 9.2 percent. Parkland reduced the order-to-discharge time by 40 percent, down from 52 minutes to 31 minutes.

“We’re grateful to Toyota for their assistance. By expanding access in our ER, we’re able to help even more patients receive the treatment they need,” Dr. Cerise added.
Our mission is to educate, support and encourage a healthy lifestyle free of disease complications for people with diabetes.

Luigi Meneghini, MD
Beating diabetes

Patient-centered care requires multidisciplinary approach

Dallas has the highest rate of diabetes of any big city in Texas. Eleven percent of Dallas County residents have diabetes, an alarming statistic that health professionals say has reached epidemic proportions.

It’s estimated that 660,000 people in Texas don’t know they have diabetes and 37 percent of Texans have prediabetes.

What’s more, diabetes is a complex disease and therefore can be difficult to manage. Patients often need frequent interaction with medical providers. But the average patient spends less than six hours a year with a provider for diabetes management.

To address these challenges, Parkland has developed the Global Diabetes Program, an innovative program that aims to provide a comprehensive approach to clinical care and improve access. The program addresses not just medical care for diabetes, but also social, psychological and financial barriers that get in the way of patients receiving the care they need.

A team of physicians, nurses, psychologists, dietitians, pharmacists, social workers and financial experts “rotate around the patient, instead of making the patient adjust to the needs of the care providers,” explained Luigi Meneghini, MD, Executive Director of the Global Diabetes Program.

The team includes educators who teach diabetes self-management, from basic survival skills to insulin replacement with injections or insulin pumps. A clinical pharmacist helps patients with medication management and

dietitians provide nutrition counseling. Psychosocial support helps patients deal with mental health issues, including depression, which can be associated with this chronic disease. Spanish-speaking staff and interpreters ensure that language does not become a barrier for patient care.

While patients can attend traditional visits with a provider, the program’s innovations include the launch of virtual visits. A phone consult can alleviate barriers to care such as child care and transportation. Shared medical appointments also give diabetic patients the chance to interact in a group setting, sharing their concerns and best practices with each other and the multidisciplinary team, while receiving treatment and medical advice in the process.

“What is good for patients is also good for Parkland, which will benefit from reduced hospital admissions and lower cost of care,” Dr. Meneghini added.

Parkland also launched a public health awareness campaign last year to educate area residents about the risks of diabetes and ways to prevent and manage the disease. The campaign includes public health messaging that encourages people to know their risk of developing the disease, calls to action to learn how to prevent the disease and a new public-facing website with resources for helping to manage the illness. Learn more at www.ParklandDiabetes.com.
Value-based care is emerging as a way to address rising healthcare costs, inefficiencies like duplication of services and improve quality.
vCare

Closing gaps in patient care to reduce ER dependency

Some patients have visited Parkland’s ER more than 80 times in a six-month period. They are people with a variety of difficult medical and social problems who visit the ER for care that often could be provided more efficiently in a primary care setting or through social services.

But an innovative Parkland program aims to change that by filling in the gaps to meet patients’ medical and social needs outside of the ER.

Called vCare, short for value-based care, the program provides customized care for highly vulnerable patients while also lowering utilization of more costly acute care.

A multidisciplinary team at each of Parkland’s community-based clinics identifies patients with high rates of ER utilization and works to meet their medical and social needs in order to reduce their dependency on the ER. The team provides preventive care, episodic care, disease management and health maintenance services. The team also provides a critical link to community-based support services, including homeless shelters, food pantries and job training, for instance.

“High numbers of avoidable ER visits pose a significant challenge to health systems. We developed vCare to identify and work with existing patients who are using ER services at a high rate. The idea is to link them to the medical and social services they need in an individualized and patient-centered way,” said Esmaeil Porsa, MD, Executive Vice President and Chief Strategy and Integration Officer.

Each team includes a primary care physician, registered nurse, social worker and medical assistant who closely monitor each patient to ensure their medical needs are being met.

Patients eventually move to a surveillance model of care but are still closely monitored and assisted as needed.

The program has shown dramatic reductions in ER utilization among the patients targeted – a 66 percent reduction in ER visit ratio with the latest patient cohort. In fact, one super-utilizer patient who sought care at Parkland’s ER more than 200 times in one year, later had visited the emergency room only once in a six month period thanks to vCare assistance.
“e-Consults has enabled us to provide faster answers for patients about their care.”
e-Consult

Using a shared electronic health record to expedite service, improve experience

As the safety-net public hospital for a major urban area, one of Parkland’s challenges is the high demand for services. Telemedicine offers a promising solution when there are not enough resources available to meet demand.

Such was the case at Parkland’s Gastroenterology (GI) Clinic. The clinic receives more than 400 referrals every month from physicians at Parkland’s community-based health centers. The wait list has at times reached more than six months long.

“We were struggling to see patients in a timely fashion and knew we needed to expand access and cut wait times. But with limited resources, the question was how?” said Christian Mayorga, MD, Clinical Chief of Digestive and Liver Diseases and Senior Medical Director, Medical Specialty Services at Parkland.

With a GI telemedicine program called e-Consult, the program eliminates unnecessary clinic appointments to ensure patients seen in clinic are those who will most benefit from face-to-face visits.

“Often the reason for referral is very simple and requires only a review of data in the patient’s medical chart,” he said. “For example, a primary care doctor may want to verify whether it’s safe to start a patient with fatty liver disease on a cholesterol-lowering drug. Rather than making the patient wait three to four months for a GI clinic appointment, a specialist could answer the question almost immediately with a simple ‘yes’ or ‘no’ response via an e-Consult.”

The GI e-Consult involves the asynchronous, or “store and forward,” transfer of images to another site for consultation, allowing the primary care physician to get a quick consult with a specialist via secure email about a question or concern rather than requiring the patient to have a face-to-face visit with the specialist every time.

The GI team identified broad categories of patients whose reason for referral could be answered satisfactorily by an e-Consult. The GI team collaborated with Parkland’s IT experts to build a new user-friendly e-Consult platform into the existing Parkland electronic health record that required no additional training for physicians.

Initially available at three pilot clinics, it has since expanded system-wide. The proportion of e-Consult to in-person consultations grew to 45 percent within six months. Guaranteeing a turnaround-time of three business days for e-Consults, the GI specialists were able to reduce the wait list for in-clinic consultations, expediting treatment for patients most in need of one-on-one specialty care.

In fact, two-thirds of all e-Consult cases required less than 15 minutes for electronic consultation. A total of 642 clinic visits were avoided resulting in estimated savings of more than $200,000.

“The program has enabled us to provide faster answers for patients about their care, free up clinic slots for patients needing in-person visits and improve provider satisfaction,” Dr. Mayorga said.
Community Impact

A healthy community begins outside the hospital walls
We are partnering with our local faith congregations to do all that we can together to improve the health of our patients and our community.
Faith and health

Coming together to nurture community health

Often a primary part of a patient’s support network is the community of faith that surrounds them. That’s why Parkland is leading a collaborative network to partner healthcare providers with faith communities and congregations to better assist those in illness.

Parkland has joined efforts with Children’s Health, Methodist Health System and Baylor Scott & White Health to create the DFW FaithHealth Collaborative. By combining the strengths, the health system can better connect faith communities to nurture the health of those we serve.

Now in its second year, the group has identified more than 80 congregations that have signed a sacred promise agreement that develops partnerships with faith leaders in targeted ZIP codes of high need to support the medical care and needs of patients and their families. This agreement defines the shared responsibilities of the clergy, the faith body and Parkland (or other participating DFW FaithHealth Collaborative partners).

The collaborative offers faith communities training for health ministry volunteers who care for the recently hospitalized, provide health education to congregations and support for health ministry volunteers, which is another way for faith groups to connect to their neighboring communities.

Faith-health partnerships have been found to reduce use of the ER for non-emergent reasons, connect more patients with a primary care provider, reduce admissions after a hospitalization and lower the cost of care for partnered patients.

The faith-health program follows four core principles to guide patients and faith communities navigate the sometimes complex health systems:

• **Right door** – Too often, patients find themselves at the wrong door – the Emergency Room. With preventive steps, we can help patients find the right door and find their way around a sometimes hard-to-understand healthcare system.

• **Right time** – Fear, confusion or finances cause health issues to go on for far too long. DFW FaithHealth Collaborative helps recognize symptoms and issues early.

• **Ready to be treated** – Anxiety and stress can make it hard to interact with a large healthcare system. DFW FaithHealth Collaborative can help patients and congregants prepare for their visit, whether at the hospital or healthcare provider’s office.

• **Reassured (not alone)** – The DFW FaithHealth Collaborative will help patients navigate the sometimes overwhelming hospital system.
Some community members struggle with social determinants of health. Sometimes they don’t have a voice.
Ripple effect

How a pilot health disparity program could be a tipping point of change

What is beginning as a pilot project to address breast cancer in an underserved area of Dallas County, just might be a step toward larger change to address health disparities on a broader scale.

How? By talking to the community first.

“Too often, an organization comes in to a community and decides what’s best without input from or discussion with the community, but often that misses the mark,” explained Charles Horne, MMA, Director of Diversity, Inclusion & Health Equity at Parkland.

Parkland was one of only 10 hospitals across the country selected to take part in a pilot project by the American Hospital Association to develop a program aimed at addressing healthcare disparities.

Called the American Hospital Association National Healthcare Equity Program, it is a pilot project in which each participating hospital selects a health disparity in its own community to correct.

Based on a needs assessment and health data, Parkland will focus on breast cancer. In particular, the Parkland team will focus on two ZIP codes in the southern area of Dallas County where residents have higher rates of end-stage breast cancer.

The three-year plan, currently in the development stage, includes epidemiological analysis and geocoding, two-way communication with these communities, inventory of social determinants that impact breast cancer occurrence and outcomes in those areas. Ultimately, the goal is to determine solutions and implement them in collaboration with other Dallas County stakeholders and the community members themselves.

“We want to hear the narrative of the community. What do you experience that’s impacting you and your health? We want to allow them to be part of what’s happening and what Parkland is doing in their community. We’ll hear their voice, understand why and develop the right initiatives based on what they tell us. With that transformation can happen. It’s a real partnership,” he said.

But the program potentially has more impact than two ZIP codes or one disease. The hope is that this is a pilot to develop a template of sorts that can be a mechanism for collaboration and resources while also bringing the community to the table as well.

“That’s transformational,” Horne added. “At the end of the day, it’s going to change lives.”
Accountable Health Communities

PCCI serves as hub to help solve impact of social factors on health

The Parkland Center for Clinical Innovation (PCCI) was named a recipient of the CMS Accountable Health Communities (AHC) grant by the Centers for Medicare & Medicaid Services.

PCCI was one of 32 organizations, and one of only three in Texas, selected to work on solutions that better link medical services and community services.

The AHC model was established to test innovative service delivery models and seeks specifically to test whether uniform screening of Medicaid and Medicare beneficiaries at risk for emergency department visits will reduce expenditures and enhance quality of care.

The grant aims to better address the largest cost drivers that extend beyond the scope of healthcare but impact healthcare outcomes. Often referred to as social determinants of health, unmet health-related social needs such as food insecurity and unstable housing can increase the risk of chronic conditions, reduce ability to manage these conditions and lead to avoidable healthcare utilization.

The Accountable Healthcare Communities model aims find innovative solutions to healthcare issues within the communities by reaching beyond the walls of conventional medicine to address those social determinants of health.

Critical knowledge about the social and economic needs of vulnerable patients can be lost as they move between different points of medical care and social assistance agencies.

The results can be tragic and costly because of the lack of information necessary to make the best care decisions for those patients. Consequences can include early mortality, hospital readmission, low birth weight and chronic disease complications.

As part of the CMS grant, PCCI was awarded the Alignment Track, which includes screening, education, referral, navigation and alignment of community resources to ensure responsiveness to high risk beneficiaries needs.

PCCI will partner with five healthcare providers in the area (Parkland, Methodist, Children’s, Baylor and Dallas Metrocare), 289 community-based organizations and Texas Medicaid to design, implement and evaluate the Accountable Healthcare Communities model over a five-year period.

“We are very proud that CMS has entrusted PCCI with an Accountable Health Communities Model Grant. This award recognizes the great work PCCI and the Pieces Technologies, Inc. teams have done over the last few years and is a great opportunity for PCCI, Parkland and the Dallas community to expand our mission of creating a world of connected communities where every health outcome is positive,” said Steve Miff, PhD, president and CEO of PCCI.
The most important objective for any healthcare system is to continuously improve the quality and safety of the care it delivers. This is certainly true at Parkland. Healthcare is a dynamic field that changes rapidly and health systems must make every effort to stay current with the latest developments and training to maintain a commitment to quality.

Quality measures help Parkland determine whether the steps we are taking to ensure quality are effective. They also help us identify best practices in the delivery of healthcare so we can standardize those practices across the health system.

As a public health system, we believe transparency is important. That is why we make these measures available to the public on our website [www.parklandhospital.com/QualityAndSafety](http://www.parklandhospital.com/QualityAndSafety).

In 2018, Parkland had many quality improvements for which our employees and community stakeholders can be proud. For instance, in 2018, the 35-bed Medicine ICU marked a full year without a single catheter-associated urinary tract infection. We believe we can drive hospital-acquired conditions down to zero and this is one example of where that is working.

Our efforts to deliver high quality, safe patient care will continue to be a priority for Parkland.
Shining example

Regulatory survey creates opportunity to share innovations

During the most recent accreditation survey by The Joint Commission, Parkland far exceeded the surveyors’ expectations for a public health system.

Parkland was recognized for having a culture that encourages self-reporting, transparency and a focus on safety for patients and staff.

In fact, the surveyors requested that Parkland submit a number of its processes to their online library of best practices made available to health systems across the country. The five most notable include the following:

1. **BERT Team** - Parkland’s program for Behavioral Emergency Response Team (BERT). This team de-escalates potentially dangerous situations with patients who have behavioral health issues within the acute care facility.

2. **RIGHT Care Program** - The Rapid Integrated Healthcare Team is dedicated to finding a better way to respond to mental health 911 calls in partnership with the Dallas Police Department and Dallas Fire-Rescue.

3. **vCare** - Short for value-based care, the vCare program provides customized care for patients to reduce dependency on Parkland’s emergency services by focusing on preventive care, disease management, and other health maintenance services.

4. **OPAT** - Parkland’s Outpatient Antibiotic Therapy (OPAT) teaches patients to self-administer IV antibiotics at home in order to improve their well-being and reduce hospital stays.

5. **e-Consult** - A population health effort that reduces wait times for patients to see specialists and helps them avoid unnecessary face-to-face appointments. A total of 642 clinic visits were avoided last year resulting in estimated savings of more than $200,000.

The Joint Commission accredits hospitals and healthcare organizations across the country. To maintain its accreditation, an organization undergoes an on-site survey every three years. The Joint Commission accreditation reflects a healthcare organization’s commitment to meeting performance standards regarding patient safety and quality medical care.
Nursing excellence

Developing nurses to enhance patient satisfaction and quality of care

Parkland reached the first stop on the journey toward designation as a premier center for nurses and the delivery of high-quality nursing care.

In July, Parkland became the first public, safety-net system with a correctional health component to achieve the Pathway to Excellence designation by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. The Pathway to Excellence designation recognizes healthcare workplaces where nurses flourish and are empowered.

“This designation is not easy to attain for a complex system like ours. We have blazed a new trail and one that speaks to the excellence of nursing practice at Parkland,” said Karen Watts, MSN, RN, NEA-BC, Executive Vice President and Chief Nursing Officer.

This designation affirmed that Parkland has embedded the six ANCC practice standards in our nursing culture: shared decision-making, leadership, safety, quality, well-being and professional development.

Next on nursing’s journey to excellence is Magnet designation, the highest award a healthcare organization can receive for fostering an environment of growth for nurses who are committed to providing the highest quality patient care.

A Parkland Center for Nursing Excellence was created to focus on furthering the pursuit for nursing excellence and implementing Parkland’s nursing strategic plan. The center is a home base for nurses as they advance their professional practice.

“Few organizations around the nation have physical space and centers for excellence dedicated for nurses. We are blessed to be able to offer this structural environment for our nurses. It’s a central hub to give nurses the visibility and support they need so that they may thrive in their profession. We are building our future here and leaving a legacy of our efforts to advance nursing research, innovation, education and practice,” said Jakki Opollo, PhD, RN, MSN, MPH, NEA-BC, Director of Professional Practice and Nursing Research.

The center’s staff provides a wide range of consultation services to nurses, including research assistance, mentorship, leadership training, continuing education and professional development, career coaching and certification guidance, among others.

“Focusing on nursing as a profession and developing current and future nurses is essential for the continuation of positive patient outcomes and retention of skilled staff. A designated nursing center symbolizes the commitment of the health system to advance professional nursing practice which is essential for short and long-term success,” explained Watts.

Data analysis and research will become a key function within the center. To achieve Magnet, several nursing sensitive outcomes must be benchmarked and tracked on a continual basis, such as hospital-acquired pressure ulcers, nursing vacancy rates and retention rates, among others.

Nurses at Parkland are building a culture that supports each other and promotes an environment of learning and growth.
Stewardship
Responsibility for our community’s resources

Dallas County has one of the highest uninsured rates in the nation so it is not surprising that Parkland is one of the largest urban safety-net health systems in the nation. Dallas County also faces challenges associated with a high level of income disparity. Even with Medicaid coverage, many low-income patients have limited options when it comes to accessing health services. These factors combined are the reason so many Dallas County residents rely on Parkland for health services.

Demand for Parkland’s services is increasing and the funding programs that support those services are becoming more unpredictable. That is why Parkland invests much time and effort in improving efficiency and discovering innovations that help us ensure every dime entrusted to us is used wisely. We are always looking for ways to reduce the cost of care so we can safely and effectively treat more patients.

Parkland’s Outpatient Antibiotic Therapy (OPAT) clinic is a good example. Patients are taught to self-administer long-term IV antibiotics at home, rather than staying at the hospital for days or weeks at a time. To date, this program has saved Dallas County over $70 million. The program saved 27,666 patient days at Parkland during the four years of its initial study – the equivalent of adding 26 beds. That, in turn, creates access for more patients who need Parkland’s services. (For more on this program visit www.parklandhospital.com/OPAT).

Through efforts such as our partnership with Toyota’s efficiency experts, our development of telehealth solutions and innovations in the delivery of care like the OPAT program, Parkland is establishing itself as a model of how to deliver care safely to the most patients at the lowest cost.
As a safety-net healthcare system for the uninsured of Dallas County, Parkland plays a critical role in ensuring all Dallas residents get the healthcare services they need.

While Parkland is known for taking care of indigent patients, in fact, most of our patients are employed individuals who simply lack health insurance. In fiscal year 2018, Parkland provided approximately $1.02 billion in uncompensated care.

Less than one-third of Parkland’s total revenue came from property taxes in fiscal year 2018.

### Ad Valorem Taxes (thousands)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Base</td>
<td>$208,525,289</td>
<td>$224,543,899</td>
</tr>
<tr>
<td>Tax (per $100 valuation)</td>
<td>0.279</td>
<td>0.279</td>
</tr>
<tr>
<td>Net Tax Revenue(^1)</td>
<td>$575,745</td>
<td>$620,998</td>
</tr>
<tr>
<td>Cost of Uncompensated Care</td>
<td>$879,735</td>
<td>$1,020,698</td>
</tr>
<tr>
<td>Cost of Uncompensated Care Over Tax Revenue</td>
<td>$303,990</td>
<td>$399,700</td>
</tr>
</tbody>
</table>

\(^1\)Net tax revenue includes adjustments for actual collection performance.

### Sources of Revenue (thousands)

- **Patient services (49%)**
- **Property taxes (30%)**
- **Other (8%)** (parking, café sales, gain on sale, etc.)
- **Grants and contributions (1%)**
- **Government programs (12%)**
- **$171,078**

### Uses of Revenue (thousands)

- **Salaries & benefits (53%)**
- **Supplies & purchased medical services (31%)**
- **Pharmaceuticals (9%)**
- **Depreciation, amortization (5%)**
- **Interest expense (2%)**
- **$102,911**

### Payor Mix

- **Charity (27.5%)**
- **Self-pay (11.9%)**
- **Medicare (16.6%)**
- **Medicaid (31.8%)**
- **Commercial insurance (7.7%)**
- **Other (4.5%)**

1Net tax revenue includes adjustments for actual collection performance.
Summary Statement of Net Position

YEARS ENDED SEPTEMBER 30, 2018 AND 2017

(in thousands)

<table>
<thead>
<tr>
<th>Parkland Health &amp; Hospital System</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient services</td>
<td>$1,017,559</td>
<td>$866,868</td>
</tr>
<tr>
<td>Government programs</td>
<td>247,772</td>
<td>173,293</td>
</tr>
<tr>
<td>Premiums</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>150,045</td>
<td>138,879</td>
</tr>
<tr>
<td><strong>Total operating revenues</strong></td>
<td>1,415,376</td>
<td>1,179,040</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages, and benefits</td>
<td>1,109,700</td>
<td>1,038,970</td>
</tr>
<tr>
<td>Purchased medical services</td>
<td>241,532</td>
<td>110,131</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>419,800</td>
<td>344,736</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>179,695</td>
<td>167,175</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>102,911</td>
<td>105,401</td>
</tr>
<tr>
<td>Claims</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>2,053,638</td>
<td>1,766,413</td>
</tr>
<tr>
<td><strong>Operating income (loss)</strong></td>
<td>(638,262)</td>
<td>(587,373)</td>
</tr>
<tr>
<td><strong>Nonoperating Revenues (Expenses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ad valorem tax support</td>
<td>620,998</td>
<td>575,745</td>
</tr>
<tr>
<td>Gain on sale/transfer of asset</td>
<td>888</td>
<td>2,387</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>28,894</td>
<td>29,172</td>
</tr>
<tr>
<td>Build America Bonds Subsidy and</td>
<td>20,145</td>
<td>15,436</td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest expense</td>
<td>(40,126)</td>
<td>(40,862)</td>
</tr>
<tr>
<td><strong>Total nonoperating revenues and expenses</strong></td>
<td>630,799</td>
<td>581,878</td>
</tr>
<tr>
<td><strong>Net income (loss) before capital contributions</strong></td>
<td>(7,463)</td>
<td>(5,495)</td>
</tr>
<tr>
<td>Capital contributions</td>
<td>3,147</td>
<td>16,899</td>
</tr>
<tr>
<td><strong>Change in net position</strong></td>
<td>(4,316)</td>
<td>11,404</td>
</tr>
<tr>
<td>Net position – beginning of year</td>
<td>867,547</td>
<td>856,143</td>
</tr>
<tr>
<td>Net position – end of year</td>
<td>$863,231</td>
<td>$867,547</td>
</tr>
</tbody>
</table>
# Statements of Revenues, Expenses and Changes in Net Position

**YEAR ENDED SEPTEMBER 30, 2018**

(*in thousands*)

<table>
<thead>
<tr>
<th></th>
<th>Parkland Health &amp; Hospital System</th>
<th>Parkland Community Health Plan, Inc. 12/31/2017</th>
<th>Parkland Center for Clinical Innovation</th>
<th>Parkland Foundation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient services</td>
<td>$1,017,559</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$1,017,559</td>
</tr>
<tr>
<td>Government programs</td>
<td>247,772</td>
<td></td>
<td></td>
<td></td>
<td>247,772</td>
</tr>
<tr>
<td>Premiums</td>
<td>555,270</td>
<td></td>
<td></td>
<td></td>
<td>555,270</td>
</tr>
<tr>
<td>Other</td>
<td>150,045</td>
<td></td>
<td>1,760</td>
<td>39,399</td>
<td>191,204</td>
</tr>
<tr>
<td><strong>Total operating revenues</strong></td>
<td>1,415,376</td>
<td>555,270</td>
<td>1,760</td>
<td>39,399</td>
<td>2,011,805</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, wages, and benefits</td>
<td>1,109,700</td>
<td>7,088</td>
<td></td>
<td></td>
<td>1,116,788</td>
</tr>
<tr>
<td>Purchased medical services</td>
<td>241,532</td>
<td></td>
<td></td>
<td></td>
<td>241,532</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>419,800</td>
<td>59,218</td>
<td>1,938</td>
<td>16,627</td>
<td>497,583</td>
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<tr>
<td>Pharmaceuticals</td>
<td>179,695</td>
<td></td>
<td></td>
<td></td>
<td>179,695</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>102,911</td>
<td></td>
<td></td>
<td></td>
<td>105,394</td>
</tr>
<tr>
<td>Claims</td>
<td>480,023</td>
<td></td>
<td></td>
<td></td>
<td>480,023</td>
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<tr>
<td><strong>Total operating expenses</strong></td>
<td>2,053,638</td>
<td>539,241</td>
<td>11,509</td>
<td></td>
<td>2,621,015</td>
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<tr>
<td><strong>Operating income (loss)</strong></td>
<td>(638,262)</td>
<td>16,029</td>
<td>(9,749)</td>
<td></td>
<td>(609,210)</td>
</tr>
<tr>
<td><strong>Nonoperating revenues (expenses)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ad valorem tax support</td>
<td>620,998</td>
<td></td>
<td></td>
<td></td>
<td>620,998</td>
</tr>
<tr>
<td>Gain(loss) on sale/transfer of asset</td>
<td>888</td>
<td></td>
<td></td>
<td></td>
<td>888</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>28,894</td>
<td></td>
<td>8,920</td>
<td></td>
<td>37,814</td>
</tr>
<tr>
<td>Build America Bond Interest</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Subsidy and investment income</td>
<td>20,145</td>
<td>1,070</td>
<td>(355)</td>
<td>413</td>
<td>21,273</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(40,126)</td>
<td></td>
<td>(391)</td>
<td></td>
<td>(40,517)</td>
</tr>
<tr>
<td><strong>Total nonoperating revenues and expenses</strong></td>
<td>630,799</td>
<td>1,070</td>
<td>8,174</td>
<td>413</td>
<td>640,456</td>
</tr>
<tr>
<td><strong>Net income (loss) before capital contributions</strong></td>
<td>(7,463)</td>
<td>17,099</td>
<td>(1,575)</td>
<td>23,185</td>
<td>31,246</td>
</tr>
<tr>
<td>Capital contributions</td>
<td>3,147</td>
<td></td>
<td></td>
<td></td>
<td>3,147</td>
</tr>
<tr>
<td>Income/(loss) from discontinued operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in net position</strong></td>
<td>(4,316)</td>
<td>17,099</td>
<td>(1,575)</td>
<td>23,185</td>
<td>34,393</td>
</tr>
<tr>
<td>Net position – beginning of year</td>
<td>867,547</td>
<td>81,857</td>
<td>(7,363)</td>
<td>26,748</td>
<td>968,789</td>
</tr>
<tr>
<td>Net position – end of year</td>
<td>$863,231</td>
<td>$98,956</td>
<td>$ (8,938)</td>
<td>$49,933</td>
<td>$1,003,182</td>
</tr>
</tbody>
</table>

**Operating income (loss):**

- Parkland Health & Hospital System: ($638,262)
- Parkland Community Health Plan, Inc.: $16,029
- Parkland Center for Clinical Innovation: ($9,749)
- Parkland Foundation: $22,772

Total operating income (loss): ($609,210)

**Nonoperating revenues and expenses:**

- Ad valorem tax support: $620,998
- Gain(loss) on sale/transfer of asset: $888
- Grants and contributions: $37,814
- Build America Bond Interest: $37,814
- Subsidy and investment income: $21,273
- Interest expense: ($40,517)

Total nonoperating revenues and expenses: $640,456

**Net income (loss) before capital contributions:**

- ($7,463)
- $17,099
- ($1,575)
- $23,185

Total net income (loss) before capital contributions: $31,246

**Change in net position:**

- ($4,316)
- $17,099
- ($1,575)
- $23,185

Total change in net position: $34,393

**Net position – beginning of year:**

- $867,547
- $81,857
- ($7,363)
- $26,748

Total net position – beginning of year: $968,789

**Net position – end of year:**

- $863,231
- $98,956
- ($8,938)
- $49,933

Total net position – end of year: $1,003,182
Five Year Statistics
Every Day at Parkland
FISCAL YEAR 2018

811 patients will be cared for in the hospital
2,842 will be cared for as outpatients
1,876 will receive primary care in our clinics
947 women will receive primary women’s or prenatal care in our clinics
73 babies will be cared for in the neonatal intensive care unit

1,450 radiology exams will be performed
31,540 laboratory tests will be performed
28,742 prescriptions will be filled
34 babies will be born
62 surgeries will be performed
## Hospital Discharges

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Adult</td>
<td>38,478</td>
<td>39,908</td>
<td>39,345</td>
<td>36,720</td>
<td>37,662</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>1,466</td>
<td>1,392</td>
<td>1,307</td>
<td>1,053</td>
<td>998</td>
</tr>
<tr>
<td>Inpatient Total</td>
<td>39,944</td>
<td>41,300</td>
<td>40,652</td>
<td>37,773</td>
<td>38,660</td>
</tr>
<tr>
<td>Observation / Short Stay</td>
<td>21,258</td>
<td>22,532</td>
<td>22,886</td>
<td>18,594</td>
<td>16,007</td>
</tr>
<tr>
<td>Total Hospital Adult and NNICU Discharges</td>
<td>61,202</td>
<td>63,832</td>
<td>63,538</td>
<td>56,367</td>
<td>54,667</td>
</tr>
</tbody>
</table>

## Inpatient Census Days

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>213,157</td>
<td>212,162</td>
<td>215,592</td>
<td>202,710</td>
<td>190,369</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>26,772</td>
<td>25,844</td>
<td>24,976</td>
<td>23,105</td>
<td>21,829</td>
</tr>
<tr>
<td>Total</td>
<td>239,929</td>
<td>238,006</td>
<td>240,568</td>
<td>225,815</td>
<td>212,198</td>
</tr>
</tbody>
</table>

## Average Length of Stay

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>5.5</td>
<td>5.3</td>
<td>5.5</td>
<td>5.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>18.3</td>
<td>18.6</td>
<td>19.1</td>
<td>21.9</td>
<td>21.9</td>
</tr>
<tr>
<td>ALOS Total</td>
<td>6.0</td>
<td>5.8</td>
<td>5.9</td>
<td>6.0</td>
<td>5.5</td>
</tr>
</tbody>
</table>

## Available Beds

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (1)</td>
<td>728</td>
<td>725</td>
<td>728</td>
<td>752</td>
<td>741</td>
</tr>
</tbody>
</table>

## Equivalent Patient Days

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Census, NNICU, Obs / Short Stay Days</td>
<td>295,735</td>
<td>292,613</td>
<td>290,727</td>
<td>262,879</td>
<td>236,805</td>
</tr>
</tbody>
</table>

## Average Daily Census

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Adult</td>
<td>585</td>
<td>596</td>
<td>594</td>
<td>557</td>
<td>528</td>
</tr>
<tr>
<td>Neonatal ICU</td>
<td>73</td>
<td>70</td>
<td>67</td>
<td>61</td>
<td>53</td>
</tr>
<tr>
<td>Inpatient Total</td>
<td>658</td>
<td>666</td>
<td>661</td>
<td>618</td>
<td>581</td>
</tr>
<tr>
<td>Observation / Short Stay</td>
<td>153</td>
<td>136</td>
<td>133</td>
<td>102</td>
<td>67</td>
</tr>
<tr>
<td>Total Hospital Adult and NNICU ADC</td>
<td>811</td>
<td>802</td>
<td>794</td>
<td>720</td>
<td>649</td>
</tr>
</tbody>
</table>

## Labor and Delivery

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries</td>
<td>12,583</td>
<td>12,527</td>
<td>12,045</td>
<td>10,180</td>
<td>10,122</td>
</tr>
</tbody>
</table>

## Newborn Nursery

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery Discharges</td>
<td>11,139</td>
<td>11,145</td>
<td>10,856</td>
<td>9,218</td>
<td>9,203</td>
</tr>
<tr>
<td>Nursery Census Days</td>
<td>25,233</td>
<td>27,118</td>
<td>26,428</td>
<td>22,145</td>
<td>22,099</td>
</tr>
<tr>
<td>ALOS</td>
<td>2.3</td>
<td>2.4</td>
<td>2.4</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Available Beds</td>
<td>51</td>
<td>72</td>
<td>72</td>
<td>99</td>
<td>102</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>69</td>
<td>74</td>
<td>72</td>
<td>61</td>
<td>61</td>
</tr>
</tbody>
</table>

## Outpatient Volume

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkland Clinic Visits</td>
<td>352,442</td>
<td>345,681</td>
<td>338,960</td>
<td>322,229</td>
<td>328,403</td>
</tr>
<tr>
<td>COPC Visits</td>
<td>444,397</td>
<td>452,412</td>
<td>443,090</td>
<td>421,027</td>
<td>398,893</td>
</tr>
<tr>
<td>WISH Visits</td>
<td>240,481</td>
<td>248,713</td>
<td>238,584</td>
<td>223,254</td>
<td>223,076</td>
</tr>
<tr>
<td>Clinic Visit Total</td>
<td>1,037,320</td>
<td>1,046,806</td>
<td>1,020,634</td>
<td>966,510</td>
<td>950,372</td>
</tr>
<tr>
<td>ER Visits</td>
<td>177,781</td>
<td>177,615</td>
<td>171,390</td>
<td>158,717</td>
<td>159,679</td>
</tr>
<tr>
<td>Urgent Care Visits</td>
<td>64,859</td>
<td>66,582</td>
<td>63,644</td>
<td>65,661</td>
<td>69,366</td>
</tr>
<tr>
<td>ER / Urgent Care Total</td>
<td>242,640</td>
<td>244,197</td>
<td>235,034</td>
<td>224,378</td>
<td>229,045</td>
</tr>
</tbody>
</table>

## Average Outpatient Volume-Per Day

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Parkland Clinics</td>
<td>1,388</td>
<td>1,361</td>
<td>1,334</td>
<td>1,269</td>
<td>1,293</td>
</tr>
<tr>
<td>COPC Clinics</td>
<td>1,750</td>
<td>1,781</td>
<td>1,744</td>
<td>1,658</td>
<td>1,570</td>
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<tr>
<td>WISH Clinics</td>
<td>947</td>
<td>979</td>
<td>939</td>
<td>879</td>
<td>878</td>
</tr>
<tr>
<td>Clinic Visit Total</td>
<td>4,084</td>
<td>4,121</td>
<td>4,018</td>
<td>3,805</td>
<td>3,742</td>
</tr>
<tr>
<td>Emergency</td>
<td>487</td>
<td>487</td>
<td>470</td>
<td>435</td>
<td>437</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>178</td>
<td>182</td>
<td>174</td>
<td>180</td>
<td>190</td>
</tr>
<tr>
<td>ER / Urgent Care Total</td>
<td>4,749</td>
<td>4,790</td>
<td>4,662</td>
<td>4,420</td>
<td>4,369</td>
</tr>
</tbody>
</table>

## Ancillary Services

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Pathology Procedures</td>
<td>11,512,099</td>
<td>11,512,022</td>
<td>11,189,049</td>
<td>10,461,564</td>
<td>10,416,480</td>
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<tr>
<td>Prescriptions</td>
<td>10,490,650</td>
<td>10,540,652</td>
<td>9,727,833</td>
<td>8,938,341</td>
<td>8,531,477</td>
</tr>
<tr>
<td>Radiology Examinations</td>
<td>529,433</td>
<td>531,081</td>
<td>524,350</td>
<td>466,332</td>
<td>446,445</td>
</tr>
<tr>
<td>OR Cases</td>
<td>17,440</td>
<td>17,141</td>
<td>17,581</td>
<td>15,555</td>
<td>15,646</td>
</tr>
<tr>
<td>ASC Day Surgery Cases</td>
<td>3,731</td>
<td>3,961</td>
<td>4,064</td>
<td>4,062</td>
<td>4,514</td>
</tr>
</tbody>
</table>

(1) Adult beds is defined as total fiscal year-end hospital beds less Newborn Nursery, Neonatal ICU, and Observation Unit
(2) For annual values, formula uses Business Days (254) for Clinics, and Calendar Days (365) for Emergency
The helipad is where only the most ill and injured arrive at Parkland. When an air ambulance lands, our caregivers will be focused solely on that one patient. But the skyline in the distance reminds us why we stand ready.

Parkland is here for everyone.