



2012 STRATEGIC PLAN

Lakeland Regional Health System

2012 STRATEGIC PLAN



TABLE OF CONTENTS

■ Our mission	6
■ Our vision	6
■ Our values	7
■ Strategic Imperatives	8
■ Multi-year goals	9
■ Strategic Plan Metric Dashboard	35
■ FY2012 Corporate Priorities	36

Please note: Within these pages, any bullet accompanied by a letter indicates a reference to the metric dashboards found at the end of this presentation.



OUR MISSION

Improving lives by delivering exceptional healthcare

“There are no adequate words to describe the wonderful care I received during my stay at LRMC. The staff was efficient, caring and courteous. I am so impressed with LRMC and will not hesitate to recommend to others. The level of care you provide is wonderful and a gift for your patients.”

— LRMC patient, B7

OUR VISION

Creating the best healthcare experiences



OUR VALUES



Care
Quality
Stewardship
Accountability
Integrity
Courtesy

“The values of Lakeland Regional have accented every aspect of my life, both professionally and personally. They are a constant guide in the way I treat others, approach difficult decisions and care for the patients we serve.”

—Julie Collins, RN, BSN,
LRMC Perioperative and
Endoscopy Services Manager





STRATEGIC IMPERATIVES

To **DEVELOP** a nationally recognized, fiscally strong and growing collaborative regional health system that improves lives by offering safe, high quality, equitable and affordable healthcare, while demonstrating an equal commitment to the promotion of individual and community health, wellness, and disease prevention.

To **INTEGRATE**, align and engage our medical staff to assure ease of access to care; the affordability and delivery of nationally recognized, evidence-based safe, reliable, and high quality healthcare; and the ongoing recruitment, retention, and development of a regionally and nationally recognized, robust medical staff.

To **ENGAGE** our workforce to promote their own health and wellness, and in so doing, promote the care and healing of the patients and families we serve.

To **DESIGN** and operate our facilities utilizing state of the art practices, advanced engineering, and information technology applications that promote overall safety, quality, efficiency, satisfaction, and sustainability.

MULTI-YEAR GOALS



DELIVERING exceptional healthcare

ENGAGING our team

GROWING our healthcare system

PROVIDING stewardship of our financial resources

EXPANDING, developing and transforming our infrastructure



multi-year goal

DELIVERING EXCEPTIONAL HEALTHCARE

STRATEGIC FOCUS

Endorse the Triple Aim Initiative of the Institute for Healthcare Improvement (IHI)

- Improve patient centered care according to the six aims enunciated by the Institute of Medicine (i.e. that care is safe, effective, patient-centered, timely, efficient, and equitable)
- Improve the health of our patient populations and communities
- Lower the per capita cost of healthcare

PRIORITY 1

Complete a two-year multi-phase performance improvement effort in Emergency Care Delivery, using industrial engineering and advanced simulation and queuing analyses.

OUTCOME

- A. The percentage of patients who leave without being seen will decrease from 3.0% to less than 0.5%.
- B. 80% of patients will be seen and discharged from the ED, or admitted to an observation or inpatient bed, in less than three hours.
- C. Successfully migrate 50% of the patient volume seeking primary care from our Emergency Department to a high quality primary care setting.
 - Open a hospital-based primary care center at LRMC by 9/30/12.



PRIORITY 2

By restructuring the Medical Staff Leadership and Quality Departments, and fostering an accountable care team delivery model, obtain Thomson Reuters Top 100 Hospital Status within 5 to 6 years (reported in 7 to 9 years). This priority will involve the following process:

- Formation of Strategic Analytics Department within the Division of Information Technology.
- Formation of Performance Engineering Department within the Division of Information Technology.
- Development of specific job descriptions, with yearly quantifiable objectives, for all Medical Staff leadership positions under the direction of the newly recruited EVP of Clinical Integration.
- Development of a dyad model (Nurse Administrator – Physician Leader) for clinical management oversight of key service line and relevant clinical departments.

OUTCOME

Obtain top 10 percentile performance over the next year. (CDC NHSN Database)

- A. Inpatient Risk Adjusted Mortality
- B. Risk Adjusted Complications
- C. Patient Safety Indicators
- D. Appropriate Care Measures
- E. Severity Adjusted Average Length of Stay
- F. 30-day readmission rate for AMI, HF, and PN
- G. HCAHPS (Inpatient Adult Patient Satisfaction)

multi-year goal

DELIVERING EXCEPTIONAL HEALTHCARE

PRIORITY 3 Conduct a continual, multi-phase process improvement effort, utilizing industrial engineering process improvement analyses and techniques, checklists for increased reliability and accountability, and technology assistance to eliminate hospital acquired device-related and surgical site infections.

OUTCOME Obtain top 10 percentile performance over the next year. (CDC NHSN Database)

- A. Ventilator Associated Pneumonia (critical care)
- B. Blood Stream Infections (critical care)
- C. Urinary Tract Infections (critical care)
- D. Surgical Site Infections

PRIORITY 4 As part of a two-year (FY2011-FY2012) multi-disciplinary, multi-phased clinical technology implementation, promote contemporary technology- assisted practices to promote patient safety.

OUTCOME

- January 2012 Implementation Goal – Eliminate mislabeled specimens.
- June 2012 Implementation Goal – Positively identify all patients for encounters.
- September 2012 Implementation Goal – Create a single patient chart for all caregivers.
- Accurately account for medication administration including IV medication (Completed – October 2011).
- Link bio-medical device to the digital chart (Completed – October 2011).

PRIORITY 5

Redefine and remodel our community benefit program, services, and report.

OUTCOME

In partnership with the Polk County Department of Health, complete a community needs assessment and develop and implement action plans with community partners as appropriate, with stated time frames and deliverables every three years.

- Assessment completed June 2011, identifying 9 areas of community health improvement focus.
- FY2012 Goals:
 - External and Internal Advisory Board established
 - Develop impact initiatives for three of the nine identified needs: (1) Lack of Primary Care Physicians, (2) Inadequate Cancer Prevention, Screening and Early Detection and (3) High Rate of Motor Vehicle and Pedestrian Deaths.
 - Emergency Care Policy to be revisited every three years, beginning with FY2012.



multi-year goal

ENGAGING OUR TEAM

STRATEGIC
FOCUS

The physician shortage is expected to increase from approximately 25,000 to about 150,000 by 2025.

- Association of American Medical Colleges

Even prior to the passage of healthcare reform, the number of nurses needed in 2020 was estimated to be 2.8 million – one million more nurses than the projected supply in 2020.

- American Hospital Association

multi-year goal

ENGAGING OUR TEAM: PHYSICIANS



PRIORITY 1 Complete a comprehensive, integrated and aligned medical staff development plan over the next two years.

- OUTCOME**
- Working with Watson Clinic, Clark and Daughtrey, University of South Florida Health, independent, and LRHS employed physicians, recruit, retain and develop regionally and nationally recognized medical staff leadership and teams to support Centers of Excellence for:
 - Maternal and Pediatric Care and Health
 - Heart, Lung and Vascular Care and Health
 - Minimally Invasive and Robotic Surgery
 - Diabetes Care and Health
 - Digestive Care and Health
 - Oncologic Care and Health
 - Trauma
 - Critical Care
 - Primary Care and Preventive Health
 - Neurosciences and Musculoskeletal Care and Health
 - Working with our physician groups to recruit, retain and develop regionally and nationally recognized medical teams to support all hospital-based physician specialties including hospitalists, radiology, pathology, emergency medicine, and anesthesiology.

multi-year goal

ENGAGING OUR TEAM: PHYSICIANS

PRIORITY 2 Over the next two years, explore an academic affiliation with USF Health.

OUTCOME Evaluate potential affiliation core programs.

- Clinical Program Development
- Physician and Physician Leadership Recruitment (FY2012 Initiative – Neurosurgical Department Recruitments)
- Graduate Medical Education
- Physician Performance/Credentialing – oversight opportunities through simulation capabilities

PRIORITY 3 Complete the analysis of a new physician engagement, or satisfaction tool, or assessment program.

OUTCOME

- Implement physician satisfaction survey in FY2012.
- A. Obtain top decile performance.

PRIORITY 4 Complete an internal and external review of the medical staff credentialing, privileging and oversight process, to assure a contemporary and effective approach to foster clinical integration, quality, and patient safety.

OUTCOME Complete review and compile a report with recommendation due to Board September 30, 2012.

PRIORITY 5 As part of the implementation of the Health Information Exchange, and for the possible development of an Effective Clinically Integrated Network (ECIO), create a physician governance council that establishes standards for report-ability, and evaluates analyses of the clinical repository.

OUTCOME FY 2012 Goal – Council created and standards in place for a Performance-Focused Integration Platform.

PRIORITY 6 To develop an LRHS Physician Leadership Academy with national physician leaders as core faculty.

OUTCOME FY 2012-FY2013 Goal – All Clinical Chairs and Medical Directors will have attended Clinical Management and Clinical Governance (101) Quality and Patient Safety (101), and Managing Individuals and Teams (101).

PRIORITY 7 Remodel our onboarding and compensation strategy for LRHS employed physicians.

OUTCOME

- Create a consistent best practice for the recruitment(including background checks), contracting/hiring and on-boarding.
- Remodel physician compensation to be forward-thinking in nature and, in addition to individual and team productivity, include compensation for clinical quality and clinical management responsibilities to award top quality and efficient resource utilization.

multi-year goal

ENGAGING OUR TEAM: NURSES & ALLIED PROFESSIONALS

PRIORITY 1

Conduct collaborative human resource planning. Ensure the appropriate supply, distribution and utilization of nursing and allied health professionals at LRMC to 2020 and beyond; conduct comprehensive workforce planning through a strategic analysis of supply and demand of professions identified as critical to success; ensure alignment of key academic and institutional resources.

OUTCOME

- A. Vacancy rate of critical to success positions consistently below Florida Hospital Association (FHA) benchmarks
- B. 60% of all RNs nationally certified by 2016
- C. 40% of all RNs with a BSN degree by 2016

multi-year goal

ENGAGING OUR TEAM: EMPLOYEES

PRIORITY 1

Continue the creation of a work environment where all programs, policies, and practices foster a world-class, engaged workforce.

OUTCOME

- A. Utilizing the Gallup framework, achieve 'world class' engagement results by 2020.
- Seek out appropriate interactions with and involvement of the organized labor bargaining units to foster an engaged workforce.

PRIORITY 2

- Create a culture of health, wherein all LRHS employees understand and exhibit self-leadership in effectively managing and improving their personal health.

OUTCOME

- Redefine the health plan benefit to foster individual accountability and encourage employees' self-leadership of individual health outcomes. (Completed FY11)
- A. 60% of all employees receive the maximum premium discount or incentive award for participation, according to health plan, over four years.
- B. Decrease health plan expenditures by 1% within two years of implementation and an additional 2% over the next five years.
- Model our employee health plan and the initiation of our Health Information Exchange (HIE) as the first phases of developing a contemporary platform for an accountable care organization.

multi-year goal

ENGAGING OUR TEAM: EMPLOYEES

PRIORITY 3 Continue to refine and enhance employee capability, development, and engagement to assure employees are appropriately rewarded for individual and team competence, accountability, and performance.

OUTCOME Implement a comprehensive development and compensation strategy that provides appropriate rewards through base salary and variable incentive pay, achieved through both individual performance outcome measures and team accomplishments, appropriately based on one's role within the organization.

PRIORITY 4 Continue to refine and enhance our corporate compliance, integrity, and privacy program.

OUTCOME

- Review, modernize and streamline the organizational Compliance & Integrity Policies (completed FY11).
- Implement a contemporary Annual Work Plan risk assessment and monitoring system that correlates to an organization-wide compliance education plan and is also used as a "red-flag" communication tool to the Board of Directors.
- Board awareness and knowledge of compliance risks to the organization and the LRMC/LRHS strategies in place to mitigate and prevent them.
- Create a mission partnership with clinical staff centered on Professional and Virtue Ethics and the Quality Caring Model.
- Explore community/collegiate compliance and ethics education opportunities with Florida Southern College and Polk State College.

multi-year goal

GROWING OUR HEALTHCARE SYSTEM



STRATEGIC FOCUS

Hospital consolidation is accelerating nationwide and its rationale is clear. Marketplace pressures under the emerging value-driven business model will challenge organizations to a much greater extent than in the past. New competencies will be required, including close integration with physicians, information technology sophistication, balanced service distribution, and strong payer relationships.

- Michael J. Finnerty & Jared Langus, Kaufman Hall

multi-year goal

GROWING OUR HEALTHCARE SYSTEM

PRIORITY 1

Complete an analysis of hospital integration activities including affiliations and/or mergers that would lead to a value-added growth strategy and create opportunities for high quality affordable and efficient regional care delivery as part of on-going preparation for healthcare reform.

OUTCOME

- Analysis (Completed FY2011)
- Implement recommendations
 - FY 2011 – Polk County affiliations potential explored (Completed).
 - FY 2012 Goal – Explore affiliation opportunity with identified top-choice Tampa Bay regional partner .
 - FY 2012 Goal – Develop an easy to use transfer center for smaller hospitals within our region for tertiary care.

PRIORITY 2

Complete an analysis of physician-hospital integration activities, including affiliations and/or mergers, that would lead to a value-added growth strategy and create opportunities for high quality, affordable, and efficient regional care delivery as part of on-going preparation for healthcare reform.

OUTCOME

- Establish LRMC based primary care clinic – medical home in FY2012.
- Over next two years, establish two to three LRHS primary care centers (medical homes) within our secondary service area.
 - A. Increase market share in secondary market by 5% by 2020.
- Partnering with Watson Clinic and USF Health, explore creation of a Center of Excellence for Neurosciences.
 - B. 10% growth in sub-specialty achieved over three to five years.
- Working with the City of Lakeland and Watson Clinic, complete an integrated master facility plan for the combined Watson Clinic and LRMC campuses.
- Evaluate clinical quality and financial opportunities for a PHO/ECIO.

multi-year goal

GROWING OUR HEALTHCARE SYSTEM

PRIORITY 3

Complete an analysis of post-acute and ambulatory integration activities, including affiliations and/or mergers, that would lead to a value-added growth strategy and create opportunities for high quality affordable and efficient regional care delivery as part of on-going preparation for healthcare reform.

OUTCOME

- FY2011 – Peace River Affiliation analysis (Completed).
- FY2012 Goal – Inpatient Hospice program analysis with implementation of recommendation.
- FY2013-14 Goal – Hospital SNF, and Pediatric Unit affiliation analysis with implementation of recommendations.
- FY 2015 Goal – VNA/DME portfolio acquisition analysis with implementation of recommendations.

PRIORITY 4

Complete analysis of the implementation of a “geriatric-friendly” emergency room, hospital and other Centers of Excellence or services provided within the Health System.

OUTCOME

Implement recommendations

multi-year goal

PROVIDING STEWARDSHIP OF OUR FINANCIAL RESOURCES

STRATEGIC FOCUS

Those hospitals that can effectively change their business models and position their organizations for payment reform will be most prepared and able to adapt.

- *Moody's Investor Services*

America's health system will move away from fragmented fee for service structure toward value-based thinking and collaborative care delivery. The absolute requirement for hospitals to focus on quality, cost-containment, and coordinated delivery is here to stay.

- *Florida Hospital Association,
Healthcare TrendPoints – January 2011*

multi-year goal

PROVIDING STEWARDSHIP OF OUR FINANCIAL RESOURCES

PRIORITY 1

Create a “Medicare Margin” cost structure.

OUTCOME

By comprehensive house-wide labor productivity and redesign efforts, and supply chain improvements:

- A. By 2018, achieve Thomson Reuters Top Quintile Performance for Large Community Hospitals.
 - Decrease expense per CMI wage adjusted discharge 4.2% by FY2014

PRIORITY 2

To assure long-term viability, maintain the profitability of an A2 stable rated organization, as rated by Moody’s

OUTCOME

- A. Achieve LRHS operating margin of 4%.

PRIORITY 3

Implement a comprehensive performance improvement effort utilizing industrial engineering and simulation modeling for surgical services.

OUTCOME

- Improve clinical quality and safety in the surgical arenas.
- Improve overall house volume and volume predictability by smoothing techniques.
- Optimize capacity of the surgical suites at both LRMC and Lakeland Surgical & Diagnostic Center.
- Improve patient safety and clinical outcomes.
- Decrease unnecessary variation in supplies and continue to optimize cost reduction strategies.

PRIORITY 4

Evaluate and improve upon the oversight and management of our investment activities and outcomes.

OUTCOME

- Investment Advisor Task Force to meet regularly for FY2012.
- Evaluate and revise the Investment Policy.
- Oversee monthly the performance of the Investment Advisor/Managers.

multi-year goal

PROVIDING STEWARDSHIP OF OUR FINANCIAL RESOURCES

PRIORITY 5

To develop a proactive payer and business community strategy.

OUTCOME

- Develop a Top Performing Cost Structure achieving Thomson Top Quintile Performance.
- Redesign Rate Structure.
- Actively communicate Top Performing Cost Structure to business and broader community.
- Encourage business to choose LRMC as a Preferred Provider, based on favorable cost and rate structures.

PRIORITY 6

Remodel our fundraising program to emphasize community giving and a culture of philanthropy

OUTCOME

- A. Complete \$10 million capital campaign by 2015.
- B. Increase donor relations to achieve 1,000 new donors yearly.
- C. Increase annual giving to \$500,000 upon completion of capital campaign.

multi-year goal

EXPANDING, DEVELOPING, AND TRANSFORMING OUR INFRASTRUCTURE

STRATEGIC FOCUS

Whether you are discussing allocating funds to invest in an electronic medical record system, or building an addition, when patients' interests are at the center of all your board discussions the organization and the community benefit.

- Randall D. Oostra, D.M, FACHE, ProMedica Health System

multi-year goal

EXPANDING, DEVELOPING, AND TRANSFORMING OUR INFRASTRUCTURE

PRIORITY 1

Implement our comprehensive clinical and business information technology plan (Completion in total June 2012).

OUTCOME

- Paper-free environment using digital patient charts
 - Electronic prescribing (Completed).
 - Operating Room, Emergency Department (Completed).
 - September 2012 Goal – Cardiology Enterprise Imaging (Radiology Enterprise Imaging Completed).
 - September 2012 Goal – Ambulatory Electronic Health Record.
- Acute Care Clinical Systems
 - September 2012 Goal – Inpatient documentation
 - Point of care medication administration with bar coding (Completed)
 - Bedside device connectivity (Completed)
- Exceed Meaningful Use Goals
- Create Unified Communication Strategy
- Business and Operating Systems
 - Decision Support, Cost Accounting, and Contract Management
 - Time and Attendance (Completed)
 - Staff Scheduling (Completed)
 - ICD-10
 - Lawson (Purchasing, Finance, Payroll, Human Resources) – Business Intelligence Reporting
 - Registration and Patient Accounting
 - Upgrades and Enhancements – Complete
 - Patient Portals

PRIORITY 2

Create a Community Health Information Exchange (completion in total by 2014).

OUTCOME

- June 2012 Goal:
 - Digital Community Patient Chart.
 - Exchange of critical patient record for all caregivers.
 - Proactively provide hospital results to primary care physicians.
 - Proactively send ED discharge notifications to primary care physicians.
 - Provide a Patient Health Record for all patients.
 - Provide electronic prescribing to all community physicians.
 - Provide Electronic Health Record capability for all non-digital physician offices.
- Current Goal – Create secure access to patient charts from hospital, physician offices and virtually anywhere.
- 2013 Goal – Connect Watson Clinic and Clark & Daughtrey to HIE.
- 2014 Goal – Accept electronic orders from physicians to the hospital.

multi-year goal

EXPANDING, DEVELOPING, AND TRANSFORMING OUR INFRASTRUCTURE

PRIORITY 3

Explore a partnership with USF Polytechnic to “grow and mature our own” information systems, employees, and gain the entrepreneurial advantage to make LRMC a “national standard” for a digital hospital.

OUTCOME

- Explore the possibility of scientific development and an intern program with USF Polytechnic to:
 - Create an LRMC/USF Polytechnic user area at the hospital for researchers of USF Polytechnic (Completed/ faculty and interns currently on site).
 - Introduce simulation modeling and tracking technology to our patient flow process and/or for positive patient identification.
 - Facilitate the analysis and/or co-development of mobile devices for physicians, nurses, and other caregivers to facilitate the use of the digital patient chart.
 - Develop joint knowledge and technical entrepreneurial “inventions” to facilitate our current operational issues, such as patient flow, medication administration, patient registration, etc.
 - Develop joint knowledge and technical entrepreneurial “inventions” to facilitate our community telemedicine initiatives.

PRIORITY 4

Develop a comprehensive patient-centered master facility plan that promotes safety, access, growth, stewardship, and partnerships.

OUTCOME

Year End 2012 Goal – Implementation of a formal facility master planning process.

- Elements of the facility master plan are clearly linked to the LRHS strategic plan, and include the vision of a private bed hospital, to assure patient safety along with patient and family satisfaction.

multi-year goal

EXPANDING, DEVELOPING, AND TRANSFORMING OUR INFRASTRUCTURE

PRIORITY 5

Develop a comprehensive sustainability strategy, with action plans, time frames and deliverables.

OUTCOME

- Targeted return on investment for the waste stream management project is achieved.
- Specific elements of the LRHS carbon footprint are targeted and reduced.
- LEED design techniques are incorporated into LRHS new construction where possible.
- LRHS and public communication plans are implemented so that employees and the public have an increased awareness and appreciation of sustainability efforts.

STRATEGIC PLAN METRIC DASHBOARD

Key:

Corporate Priority

Multi-Year Goal

Focus Area: Metric	Priority	FY09 Actual	FY10 Actual	FY11 Actual	FY12 Goal	FY13 Goal	FY14 Goal	FY2018-2020 Proposed Goal
Delivering Exceptional Healthcare								
Emergency Department Walk Out Rate	1 A	3.86%	3.51%	3.04%	2.19%	0.50%	0.50%	Decrease to less than .5%
80% of ED Patients Seen and Treated <3 hours	1 B		49.9%	43.8%	65.0%	80.0%	80.0%	Not Determined
50% of Patients Seeking Primary Care	1 C					50.0%	50.0%	Fully Functional Primary Care Clinic
Risk Adjusted Mortality Index	2 A	1.02	0.88	0.95	0.92	0.90	0.89	Top 100 Performer
Risk Adjusted Complications Index	2 B	0.99	0.77	0.68	0.65	0.62	0.58	Top 100 Performer
Risk Adjusted Patient Safety Indicator Index	2 C	1.03	0.89	0.89	0.89	0.88	0.87	Top 100 Performer
Appropriate Care Measures (CORE Measures Mean Percent)	2 D	93.2%	96.4%	97.8%	99.0%	100.0%	100.0%	Top 100 Performer
Severity Adjusted Average LOS Index	2 E	1.00	1.04	1.02	0.99	0.96	0.93	Top 100 Performer
30 Day Readmission - AMI,PN,CHF	2 F	20.7%	19.6%	16.9%	15.7%	15.0%	14.5%	Top 100 Performer
HCAHPS (Rating of Hospital 0-10 Question)	2 G	250	259	262	270	275	278	Top 100 Performer
Ventilator Associated Pneumonia	3 A	2.00	3.36	0.83	0.66	0.50	0.40	90% CDC NHSN
Central Line Associated Blood Stream Infection	3 B	1.43	1.56	0.73	0.55	0.41	0.30	90% CDC NHSN
Catheter Associated Urinary Tract Infection	3 C	4.91	2.23	1.35	1.00	0.75	0.65	90% CDC NHSN
Surgical Site Infections	3 D		1.18	0.86	0.77	0.68	0.59	90% CDC NHSN

Engaging Our People

Physicians: % of Physician Survey Participation								
Nurses & Allied Health: Vacancy Rate of Critical to Success Positions	3 A				>46.1%			Top Decile Performance
Nurses & Allied Health: % of RNs with National Certifications	1 A			43%	45%	50%	55%	Below FHA Benchmark Performance
Nurses & Allied Health: % of RNs with BSN degrees	1 C			27%	30%	33%	36%	Magnet Hospital Level Performance
Employees: Gallup Engagement Score	1 A		3.95	4.08	>4.21			Magnet Hospital Level Performance
Employees: % of Employees Receiving Maximum Premium Discount	2 A			15%	15%	15%	15%	World Class Organization
Employees: Health Plan Spending Decrease	2 B						1%	>3%

Growing Our HealthCare System

Market Share: Secondary Market	2 A		22.4%	22.7%	22.9%	23.4%	23.6%	5% increase From FY2010
Neuroscience Volume Growth	2 B			Base Year	5.0%	10.0%	11.0%	Center of Excellence for Neurosciences

Providing Stewardship of our Financial Resources

Case Mix- and Wage-Adjusted Inpatient Expense per Discharge	1 A	\$	5,909	\$	5,961	TBD	Budget	FY2012 less	FY2012 less	Thomson Top Quintile Performer
LRHS Operating Margin	2 A		-1.8%	0.4%	1.4%	1.1%	1.1%	3.3%	3.7%	A2 Stable Rating and a 4% Margin
Capital Campaign (Cumulative)	6 A								\$	10,000,000 To Be Determined
New Yearly Donors	6 B				930	1,000	1,050	1,100		To Be Determined
Annual Giving	6 C									\$500,000 / Year after Completion of Capital Campaign



