

S†David's HEALTHCARE

Synthesizing Organizational Data

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Division Vice President, Quality



Agenda

- 1 Overview of St. David's HealthCare
- 2 Our Baldrige Story
- 3 Measurement/Analysis
- 4 Focus on Service

Objectives

- Outline processes for establishing key organizational performance metrics
- Discuss mechanisms for communicating performance on key metrics through all levels of the organization
- Review tools and methods for displaying standardized data to leadership and front line staff



The Best is Here.

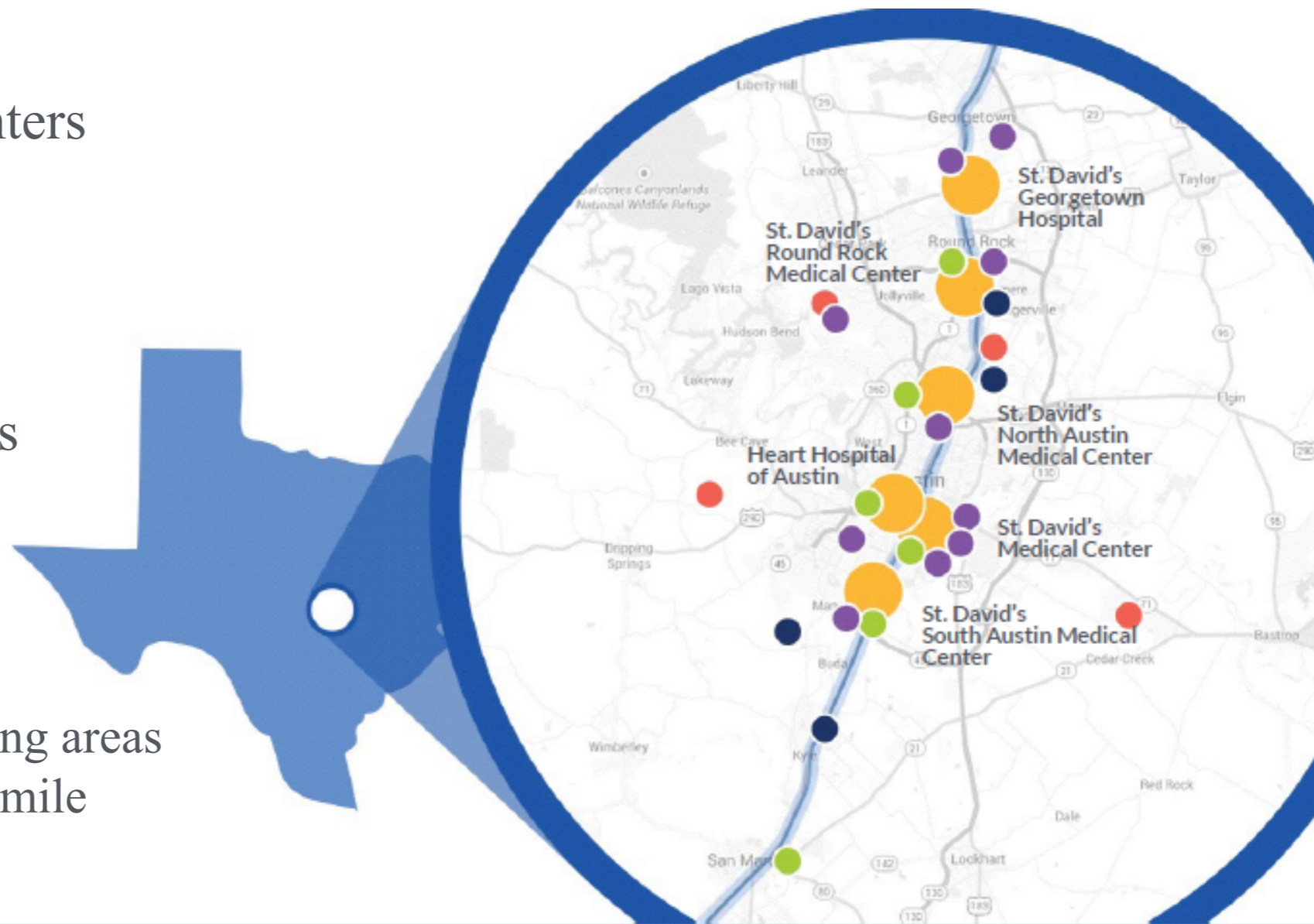
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St. David's HealthCare:

- 6 Acute Care Hospitals
- 6 Ambulatory Surgery Centers
- 4 Freestanding EDs
- 4 Urgent Care Centers
- 10 Outpatient Rehab Centers

Plus...

- 76 Physician Offices
- 7 Affiliated Hospitals in outlying areas
- Transfer Center serving a 180-mile radius



- St. David's HealthCare provides a valuable and sustainable benefit to the community

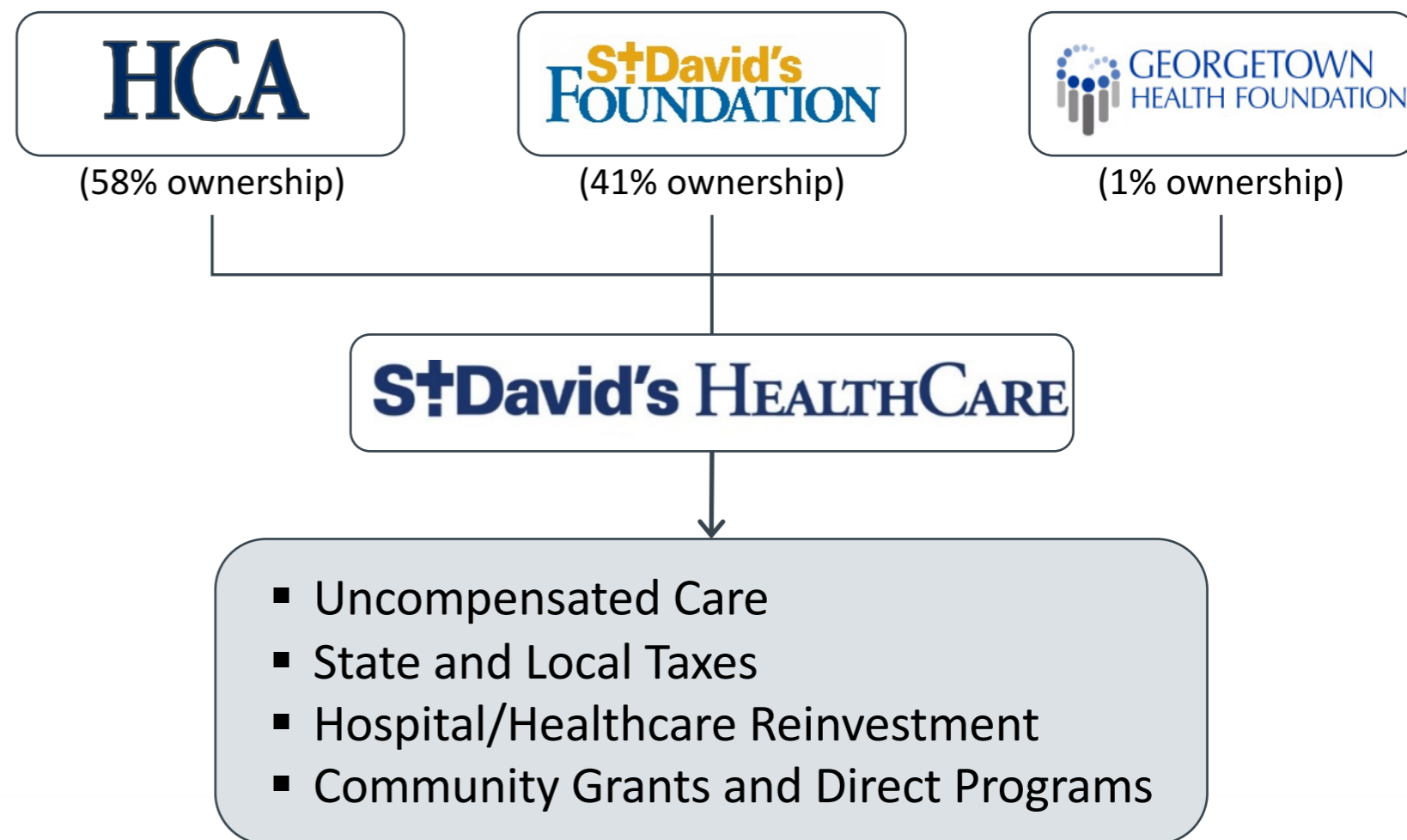
- SDH hospitals provide 40% of the uncompensated care in the area

- SDH uncompensated care = \$4.3 billion since 1996

- SDH pays \$36+ million per year in state and local taxes (property, sales, Texas Margin)

- Since inception, St. David's HealthCare has reinvested \$1.72 billion to expand and upgrade its facilities
 - Without incurring debt
 - Without financial contributions (philanthropy) from the community

- The Foundations returned \$68+ million directly to the community through grants and direct programs in 2016



Our Mission:

To Provide
Exceptional Care
to Every Patient,
Every Day with a
Spirit of Warmth,
Friendliness and
Personal Pride

Our Goals:

- Exceptional
Care
- Customer
Loyalty
- Financial
Strength

Our Values:

I ntegrity
C ompassion
A ccountability
R espect
E xcellence

Our Vision:

To be the Finest Care and Service
Organization in the World

Agenda

- 1 Overview of St. David's HealthCare
- 2 Our Baldrige Story**
- 3 Measurement, Analysis & Knowledge Management

Key Milestones

● Testing Organizational Fit

2005

- Identified Baldrige as opportunity to benchmark performance
 - Gained initial understanding of criteria

2007

- Benchmarked ourselves using state-level application
 - Addressed “low-hanging fruit” but primarily fit organization to application



● Raising the Bar

2009

- Benchmarked ourselves at the national level
 - Involved additional senior leaders to refine application



Key Milestones

● Establishing Commitment

2010

Deployed greater understanding of how to apply Baldrige Criteria

- Trained 60 senior leaders in Criteria



Submitted 2nd Malcolm Baldrige application

2011

Increased awareness and participation

- Enhanced and expanded training (~400 additional employees)
- Rolled out vision statement



Submitted 3rd Malcolm Baldrige application

● Blocking and Tackling

2012

Focused on substance, not application

- Integrated newly acquired hospitals and physician practices



Did not submit application

Key Milestones

2013 • Renewing Commitment System-Wide

Created focus on annual performance excellence priorities

- Included physician practices



2014 • Applying Operating Discipline

Structured ourselves to most effectively use feedback report

- Included surgery centers
- Built on momentum of site visit and cascaded knowledge



Why Baldrige?

Benchmarking
ourselves against the
best of the best



Criteria provides:

- Discipline to refine processes and critical thinking
- Structure to measure and improve performance
- Platform to assess our performance against a proven management model
- External expertise to identify new opportunities for improvement

Critical Success Factors

1. Improved understanding of Mission, Vision, Values and Goals

- Developed vision statement in 2010
- Drove personal connection
- Assessed deployment every 2 years

2. Communicated commitment to performance excellence

- Round-ups
- Leadership meetings
- Employee forums
- Rounding
- Newsletters

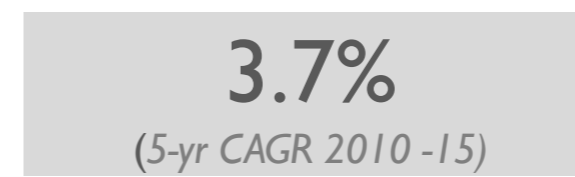
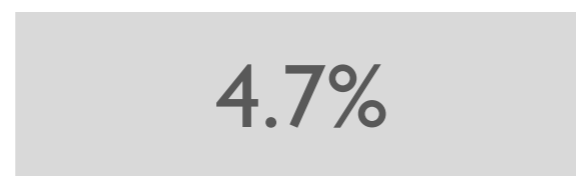
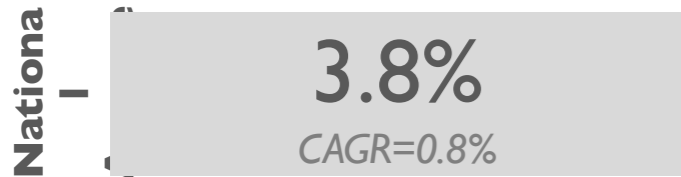
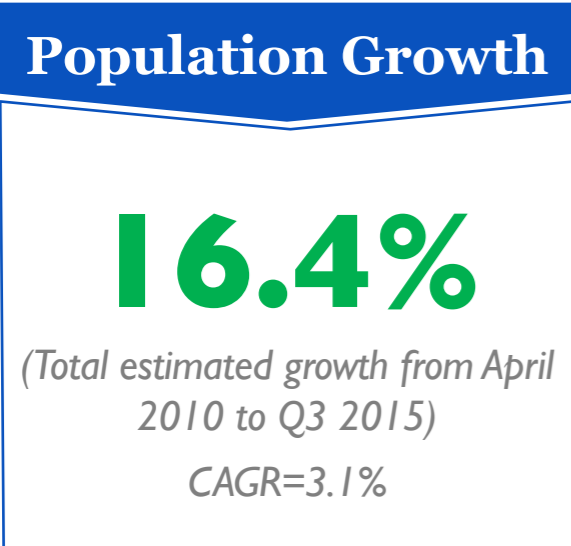
3. Expanded the circle

- Educated workforce on performance excellence
- Created internal “experts”

4. Ensured system-wide alignment in measurement and performance

- Created “line of sight” with department dashboards

Current Environment



Austin 5-year Forecast



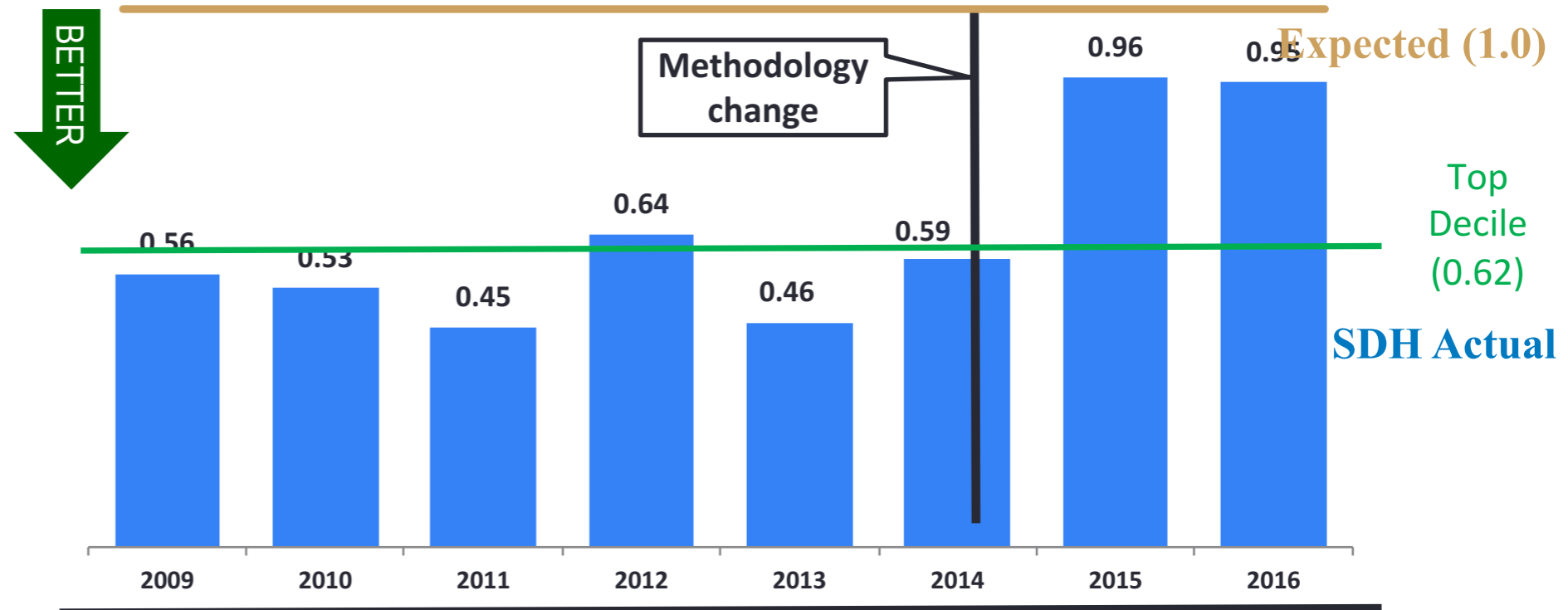
Outlook

The Austin economy is expanding at a rate that began decelerating in early 2015. This moderation likely stems from a stabilizing unemployment rate in recent months coupled with below average job growth of 2.1 percent year to date. Growth was mixed across industries and private sector industries related to technology slowed markedly over this time. Strong growth in construction & retail, moderate growth in hospitality and health services. – Dallas FED

► Exceptional Population Growth, unemployment rate & GDP

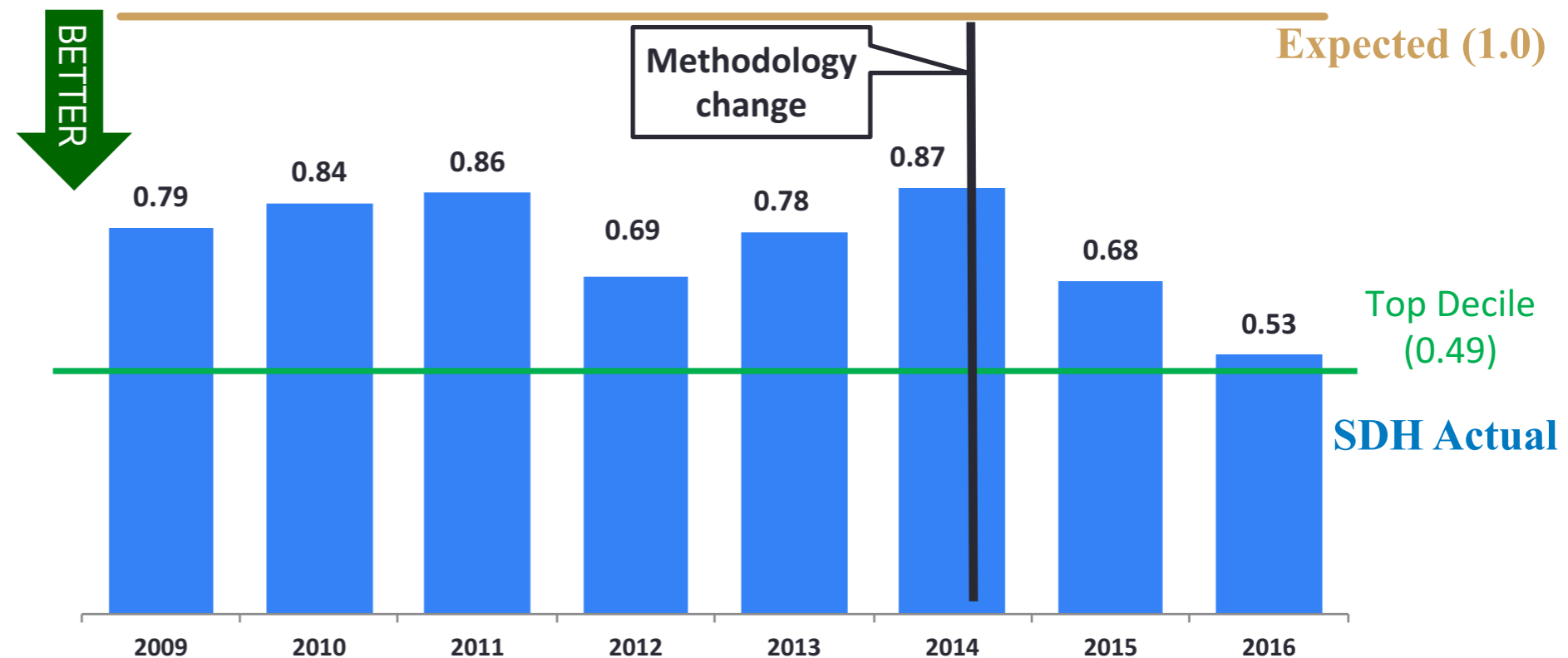
Mortality Index (Risk-Adjusted)

- ▶ Methodology change discontinued exclusion of patients on comfort care
- ▶ 2,471 mortalities prevented since 2009

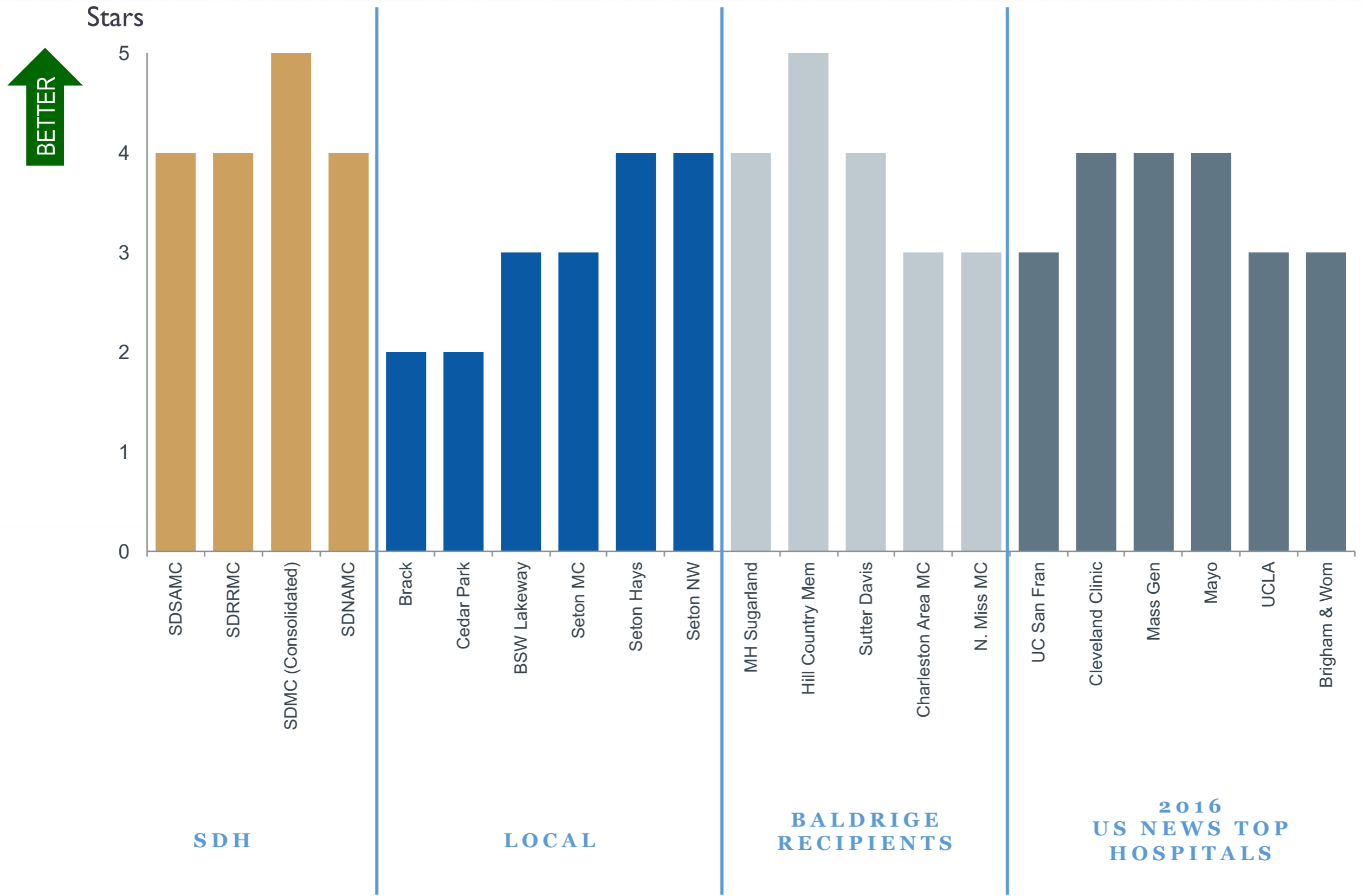


Complication Index (Risk-Adjusted)

- ▶ Methodology change excluded complications “present on admission”
- ▶ 4,263 complications prevented since 2009



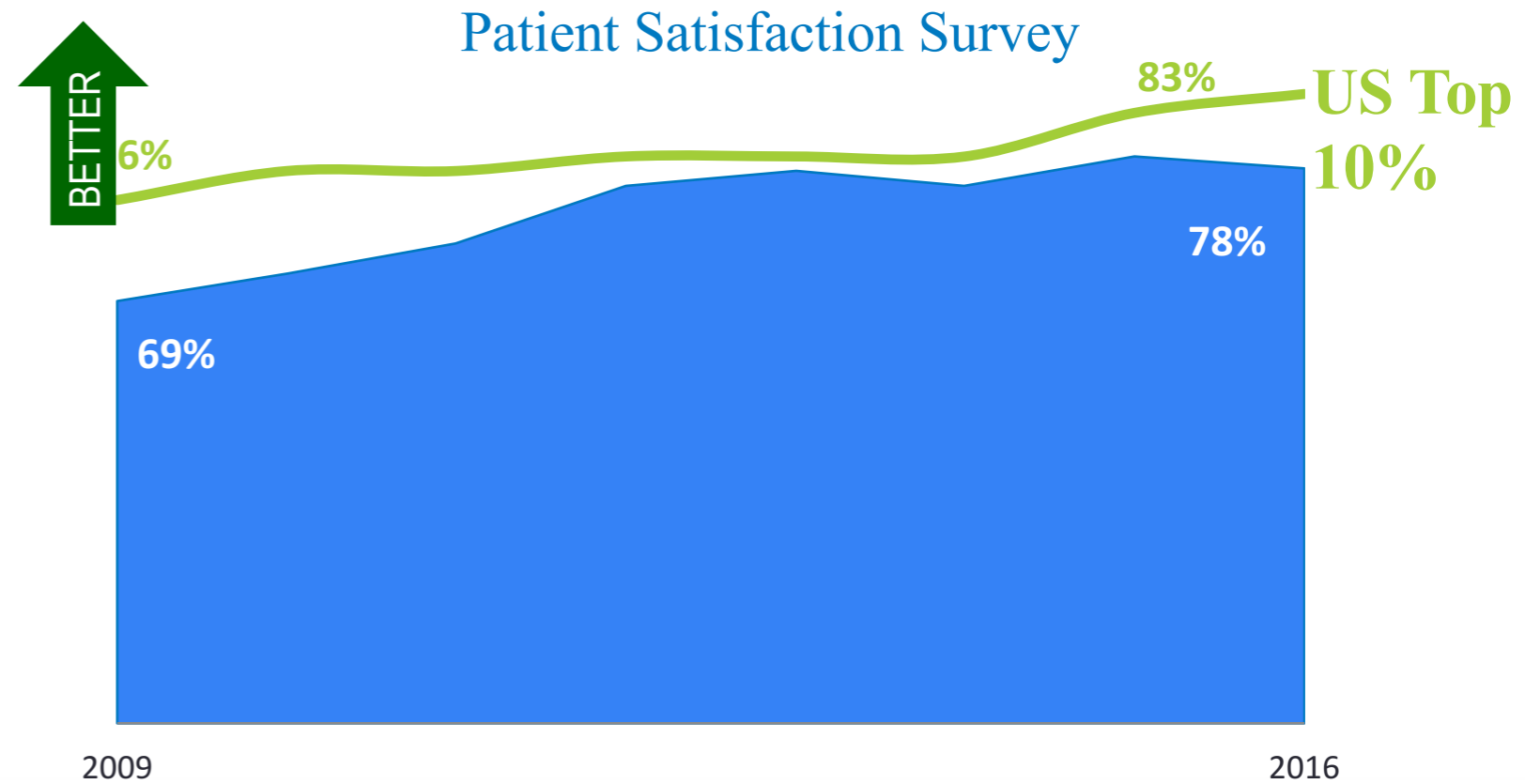
EXCEPTIONAL CARE: CMS STAR RATING



The CMS Star Rating summarizes data from 64 existing quality measures publicly reported on *Hospital Compare* into a single star rating for each hospital

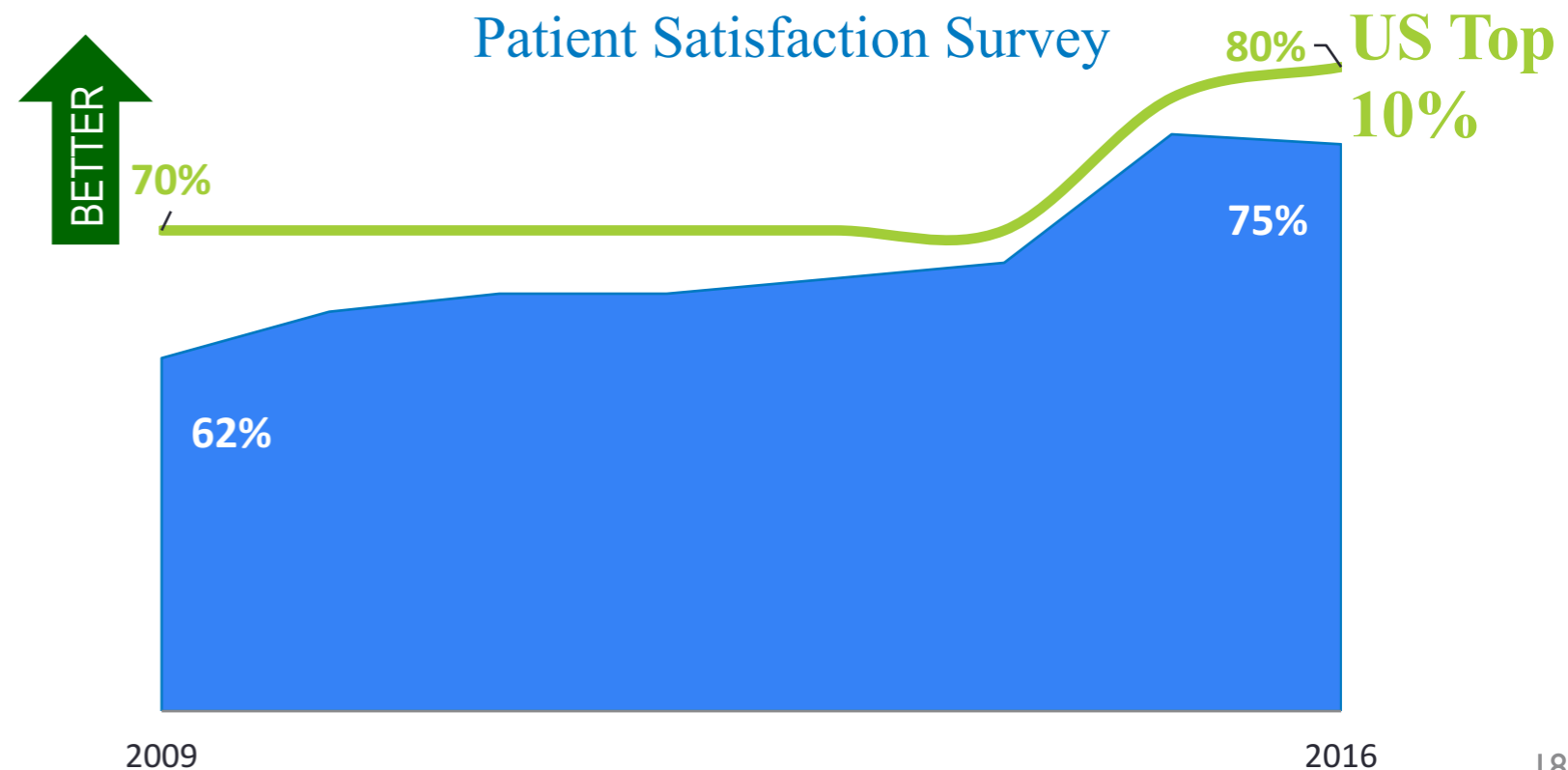
Inpatient HCAHPS Overall Rating

- ▶ #1 market in HCA (2016)
- ▶ #1 system in Austin
 - Seton 75%, BS&W 71%
- ▶ Actively executing plans to achieve top decile goal



Emergency Services

- ▶ #2 market in HCA

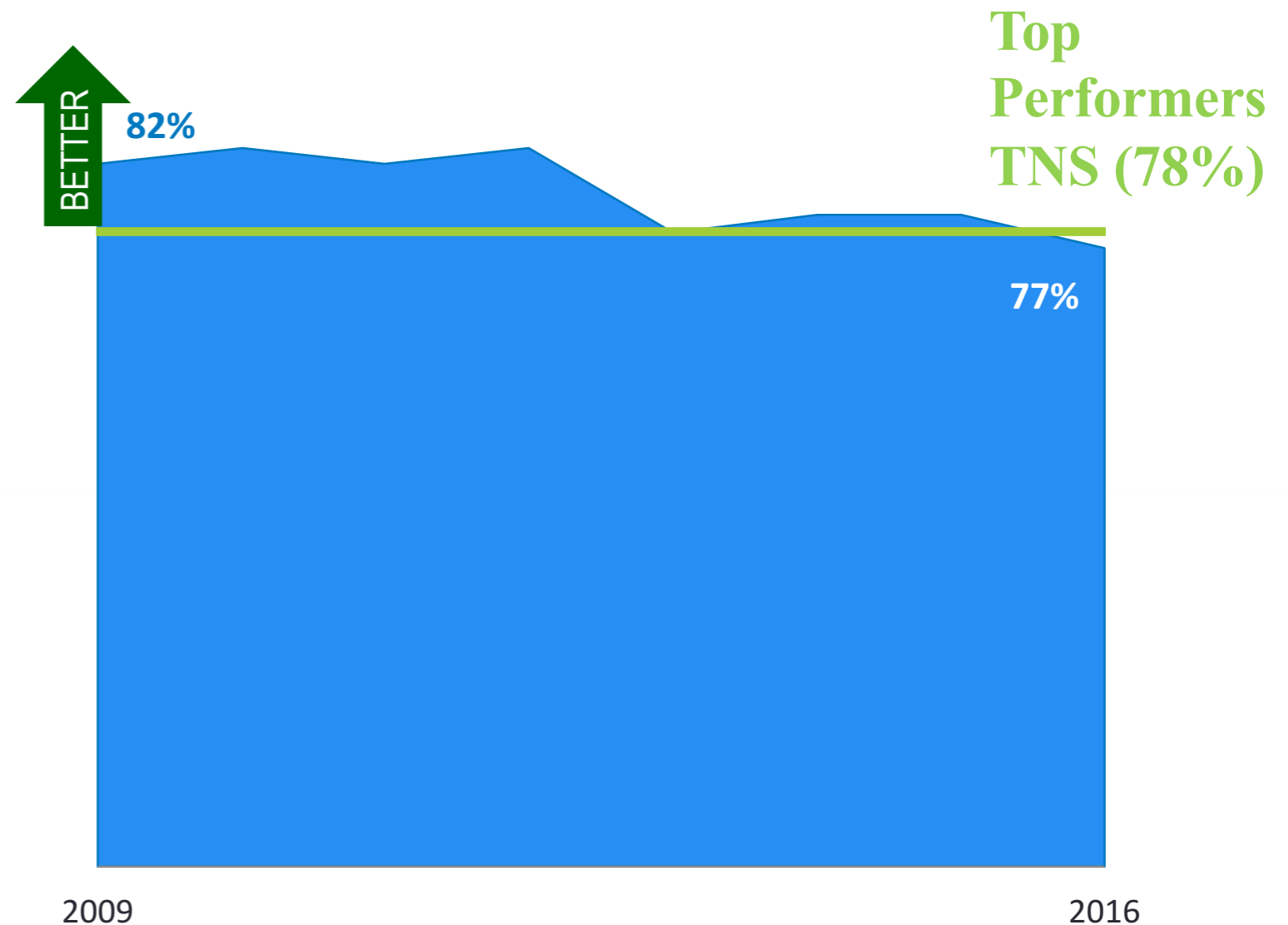


Employee Engagement

- ▶ 2016 survey decline reflected compensation inadequacies, driven by increased:
 - market compensation
 - competition
 - cost of living
 - employee turnover
 - contract labor usage

- ▶ 2016 Action taken:
 - Targeted compensation adjustments made in Fall of 2016

Percentage of Employees Engaged



Agenda

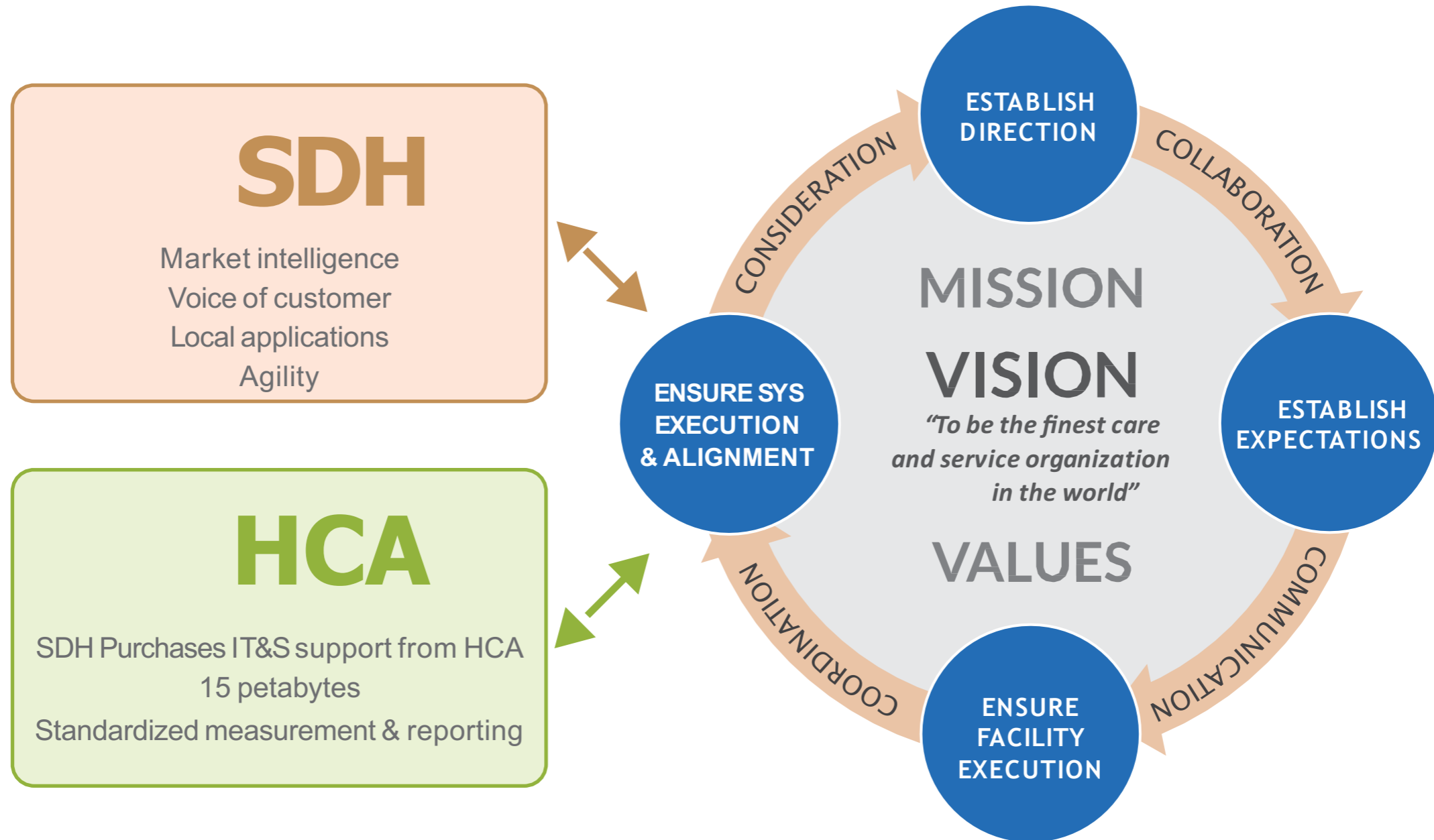
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SUPPORTING THE VISION

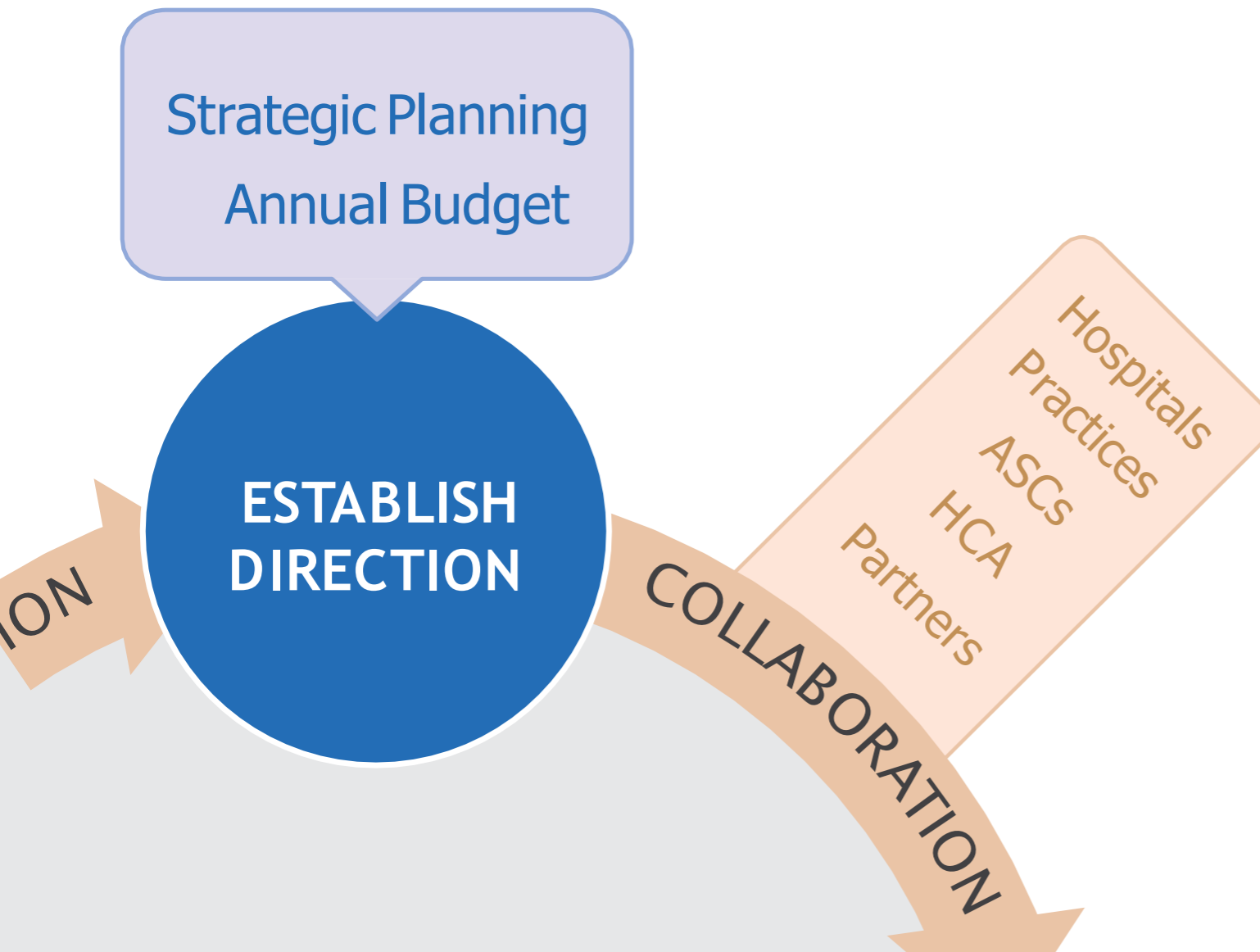


- ▶ ***Inspired by commitment to excellence***
- ▶ ***Operating discipline:***
 - Supported by measurement and analysis
 - Applied to use of data
- ▶ ***Overall goal – streamline and improve operations***

Data Sources



Establishing Direction



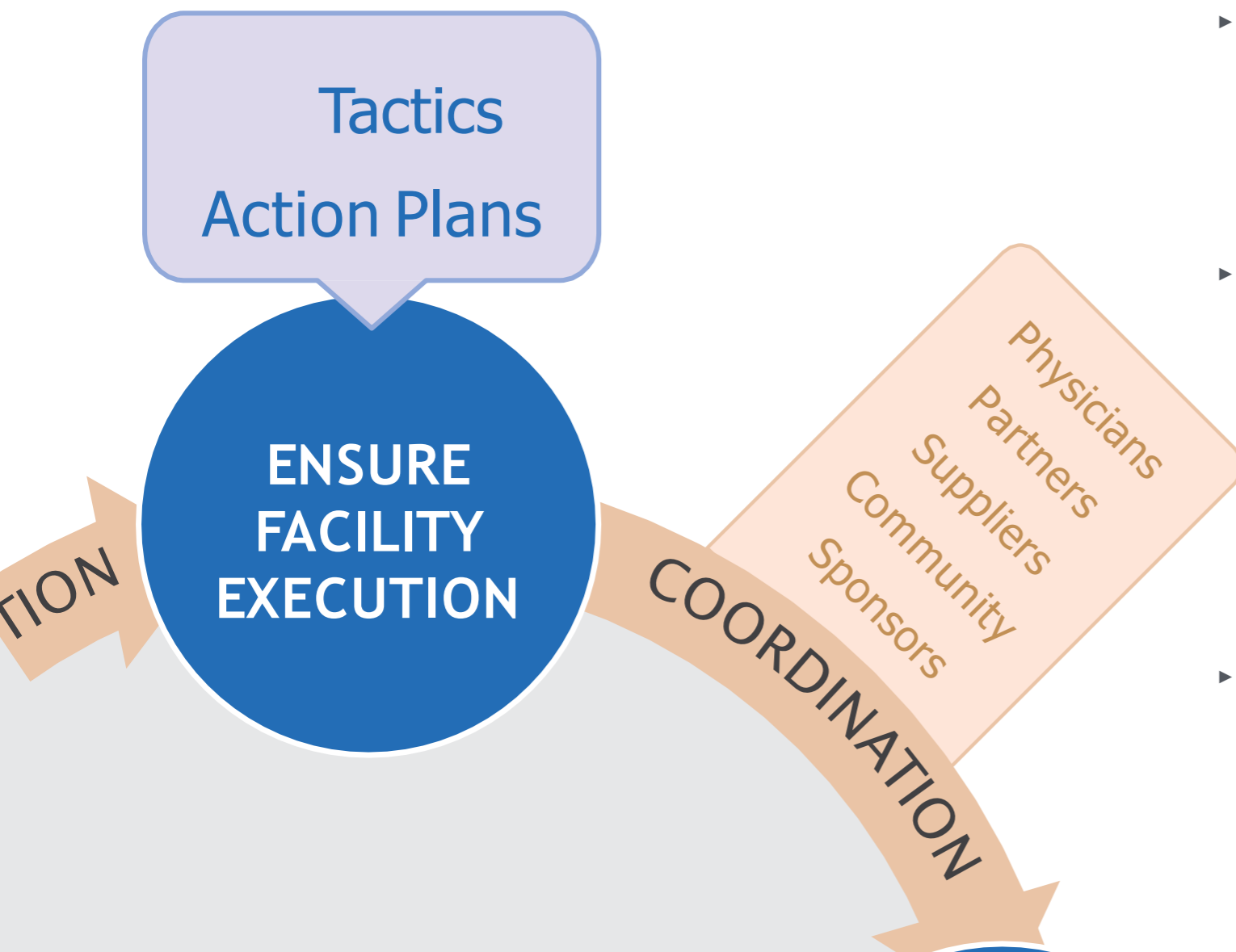
- ▶ *Data used for strategic planning*
- ▶ *Ongoing inputs*
- ▶ *Market share intelligence*
- ▶ *Environmental assessment*
- ▶ *Budget assumptions and forecasts*

ESTABLISHING EXPECTATIONS



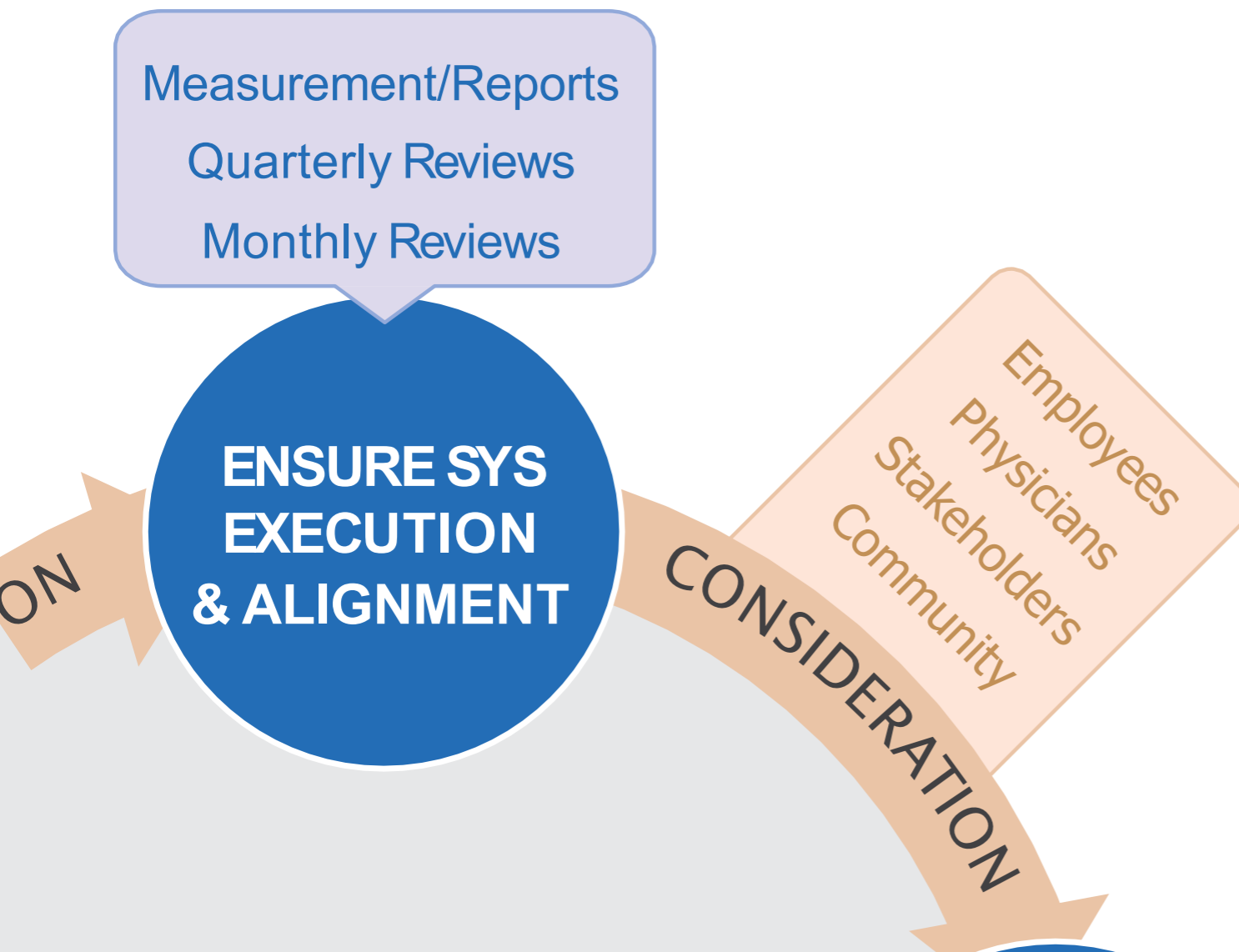
- ▶ *Review prior year results & trends*
- ▶ *Analyze market/ national data*
 - Benchmarking
 - Performance dashboard updates
- ▶ *Evaluate strategic areas of importance*

Ensuring Facility Execution



- ▶ **Monthly Operating Reviews**
 - Financial metrics
 - Operating performance
- ▶ **Quarterly reviews**
 - Strategic plan
 - Quality
 - Human resources
 - Service excellence
- ▶ **Productivity**
 - Labor management
 - Contract labor utilization

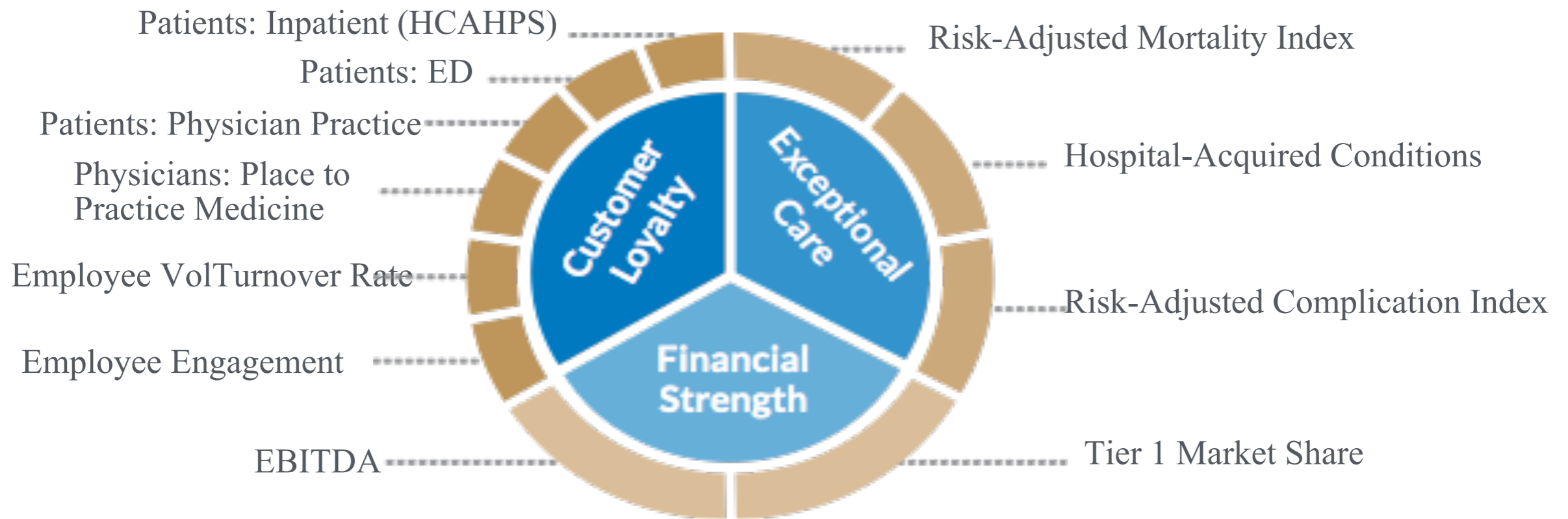
Establishing Alignment



- ▶ ***Cascading measures and actions***
- ▶ ***Performance dashboards***
 - Facility dashboards
 - Department dashboards
- ▶ ***Action plans***
 - Measurement alignment
- ▶ ***Knowledge management***
 - Shared learning across multiple entities

Performance Dashboard: A Balanced Approach

Goals and Performance Measures



PERFORMANCE DASHBOARD

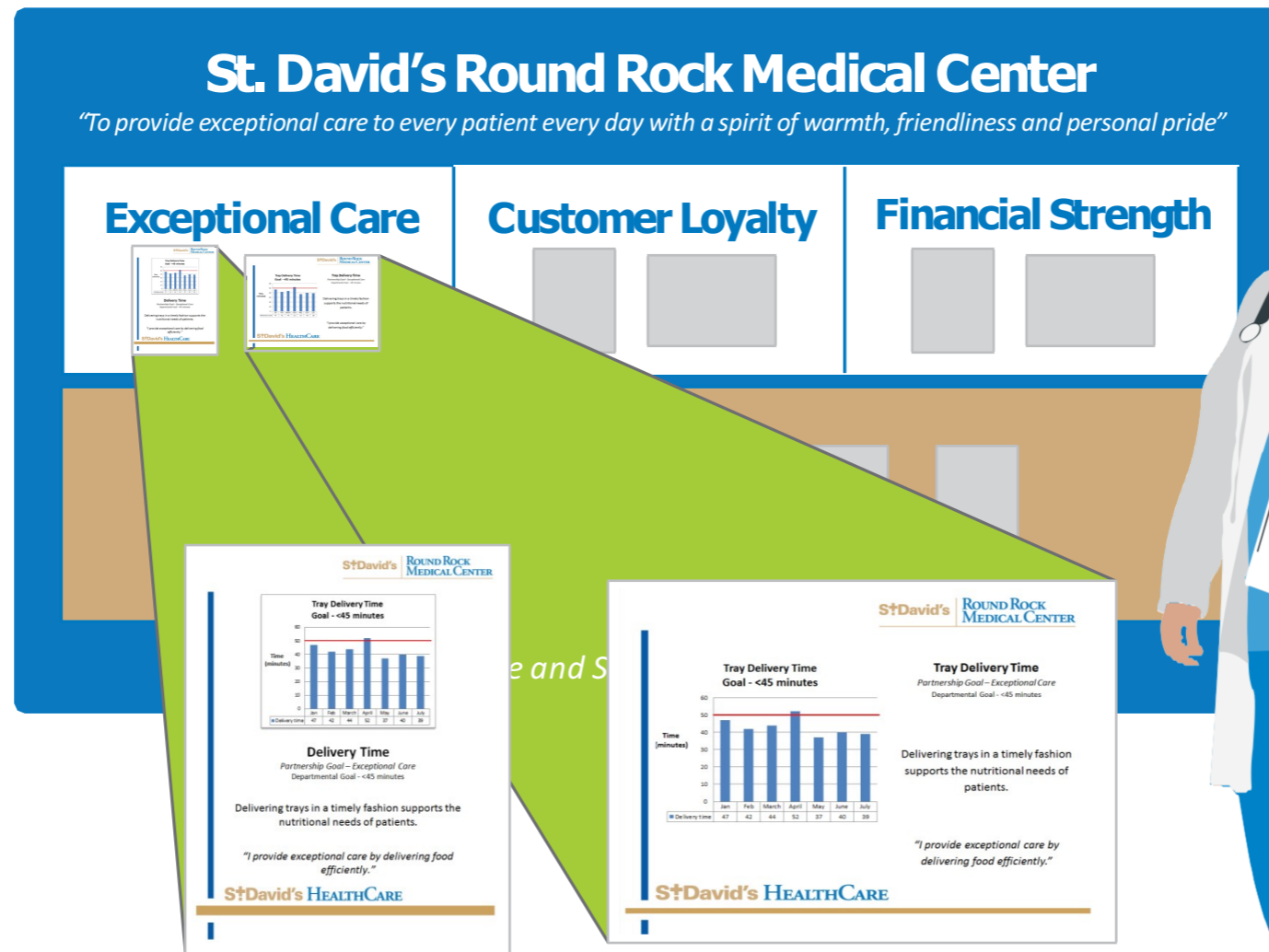
Performance Targets						StDavid's HEALTHCARE
Goals	Performance Measures	Current	Performance Targets			Benchmark
		Status	2015	2016	2017	
Exceptional Care	Risk Adjusted Mortality Index	0.46	0.48	0.48	0.48	US Top 5%
	Risk Adjusted Complication Index	0.84	0.56	0.56	0.56	US Top 10%
	✓ HACs	25	0	0	0	
Customer Loyalty	Patients: IP: Overall Rating	TBD	TBD	TBD	TBD	US Top 10% in '15; US Top 5% in '16 & '17
	✓ ED: Overall Satisfaction	67%	70%	73%	73%	Gallup Top 10% in '15; Top 5% in '16 & '17
	✓ MD Office: Would Recommend	4.81	4.87	4.90	4.90	M3 Top 10% in '15; Top 5% in '16 & '17
	Employees: Employee Engagement	79%	80%	81%	82%	Improving (HCA Top 5% = 75%)
	Voluntary Turnover Rate	15.3%	12%	12%	12%	HCA TX top performance
	Physicians: Place to Practice Medicine	56.1%	59%	65%	65%	PRC Top 10% in '15; Top 5% in '16 & '17
	Financial Strength	Tier 1 Market Share	48.1%	49%	50%	51%
Financial Strength	EBITDA (excl. Waiver and HITECH)	105%	105%	105%	105%	105% of Budget, grow by 5% a year

System

▼
Hospital

▼
Department

Department Performance Dashboard



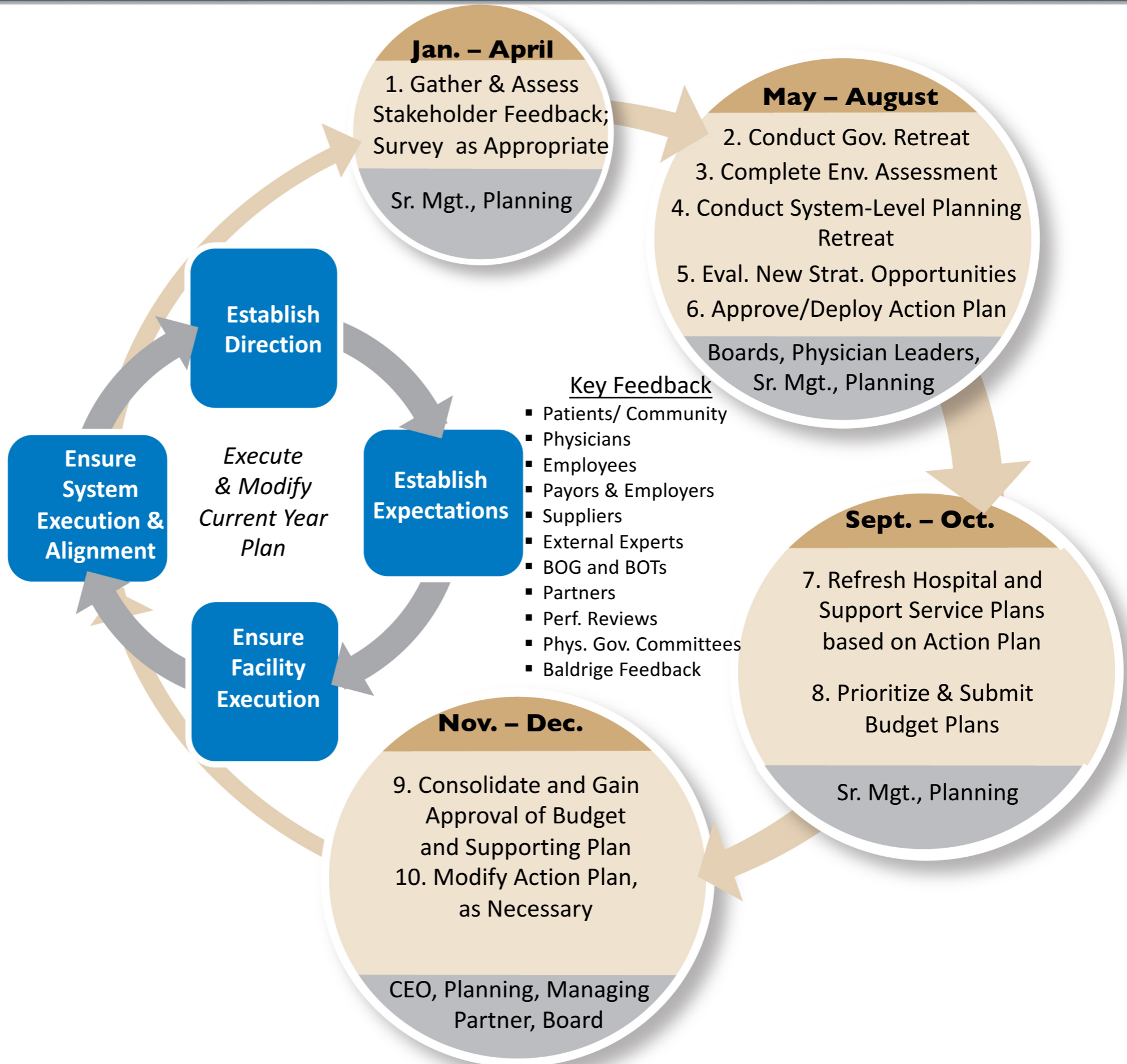
Knowledge Management

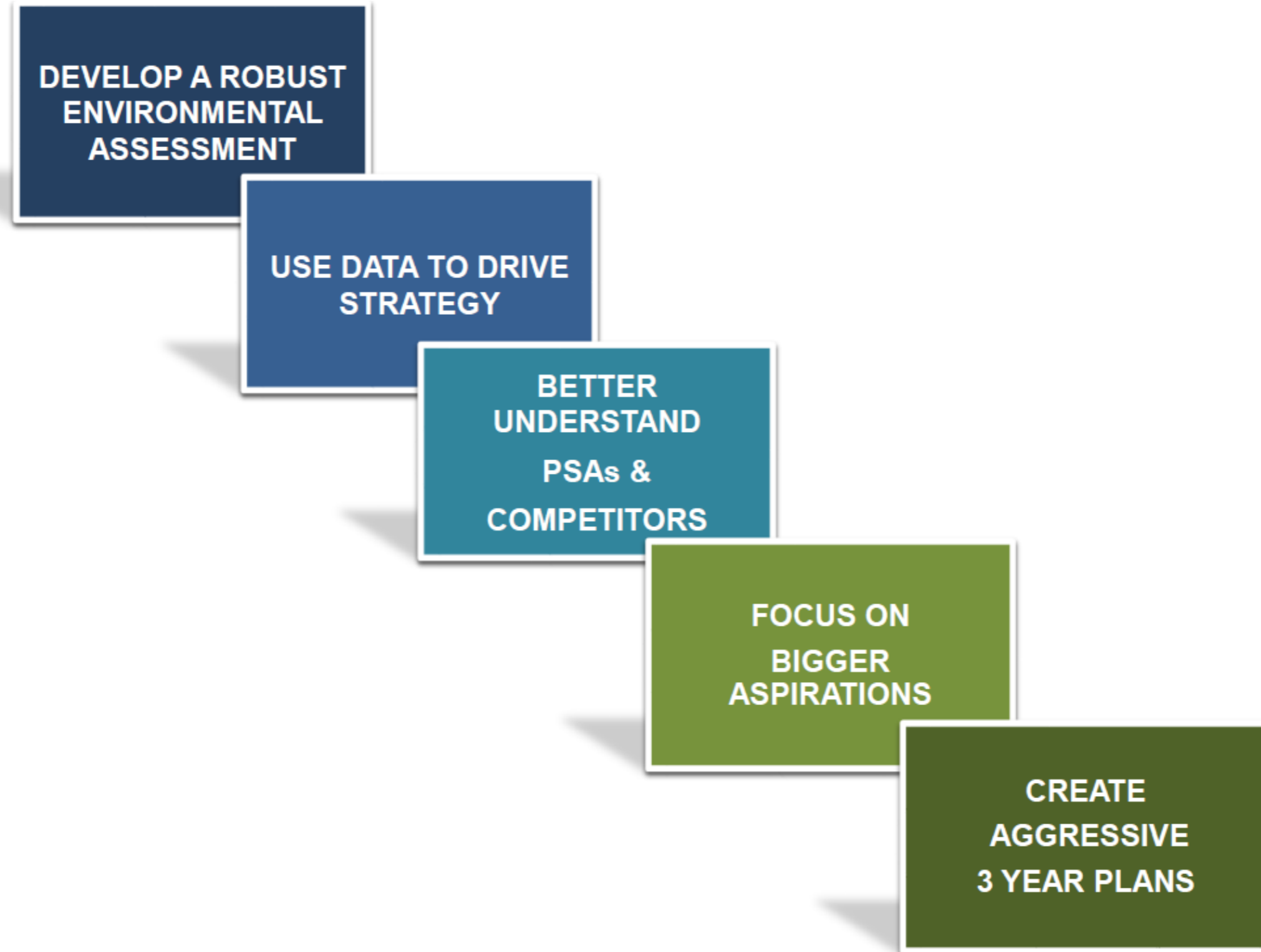


- *Similar roles meet on a regular basis to share best practices*
- *Groups collaborate and set standards for shared work processes and applications*
- *Meetings held and outcomes shared across the enterprise for consistency*
- *Unrelated issues discussed with other communities as needed — cross functional sharing*

Sample Tools

- 3 year rolling time frame
- Driven by our 3 Goals
 - Exceptional Care
 - Customer Loyalty
 - Financial Strength
- Accountability/ Execution Mechanism
 - CEO Council (twice monthly)
 - Monthly Operating Reviews (MORs)
 - Quarterly Reviews
 - Strategic Plan
 - Quality
 - HR
 - Patient Experience
 - Service Line





Strategies to Achieve Goals




Exceptional Care

- **Ensure Superior Clinical Outcomes**
 - Reduce Mortalities, Complications and Readmissions
 - Eliminate Hospital Acquired Conditions
 - Implement Clinical Excellence Initiatives
 - Implement Service Line-Specific Initiatives
 - Improve Performance on Publically Reported Measures



Customer Loyalty

- **Create a Superior Patient Service Experience**
- **Recruit, Retain and Develop Engaged Employees**
- **Drive Greater Physician Alignment**



Financial Strength

- **Grow & Protect High Margin Service lines**
- **Expand Access Points**
- **Manage and Enhance Margins**

Quality Review – Agenda Items to Review

Clinical Excellence

1. Mortality Index
2. Complication Index
3. Sepsis
 - a. Mortality Rates
 - b. Bundle Compliance
 - c. Sepsis Core measure results
4. Blood Utilization
5. ICU/Vent Performance
6. Supply Chain Initiatives (NEW)
7. Cardiac Outcomes
 - a. Cath-PCI (NCDR)
 - b. CV Surgery (STS)
 - c. TAVR (NEW)
8. Trauma Program Survey status update
9. Transplant program UNOS/CMS status update
10. Core Measures (CMS)
 - a. Inpatient
 - b. HBIPS
 - c. Outpatient

Preventing Harm

11. Hospital Acquired Infections (NHSN)
12. SSI / MRSA / C. diff Infections (NEW)
13. Hospital Acquired Conditions (Coded)
 - a. Never Events and HACs
14. PSI 90
15. 30 Day Readmission Rate (CMS)
 - a. AMI, HF, PN, COPD, TKA/THA, STK (NEW)
16. Medication Scan rates
17. Nursing – % of Vitals taken with Vitals now

18. Radiation Safety – Dose Watch Alerts – CV and IR (NEW)
19. Leapfrog Summary
20. Risk Prevention Program Progress against Plan

Regulatory Compliance

21. Summary of Survey Findings
22. QRS Survey Findings
23. E&C Findings
24. CPC Red Flag Approvals (NEW)

Patient Experience

25. HCAHPS Overall Satisfaction
26. HCAHPS Comparison to Competition
27. Outpatient Tests /Treatment Overall Satisfaction

Departmental Focus

Emergency Department Review

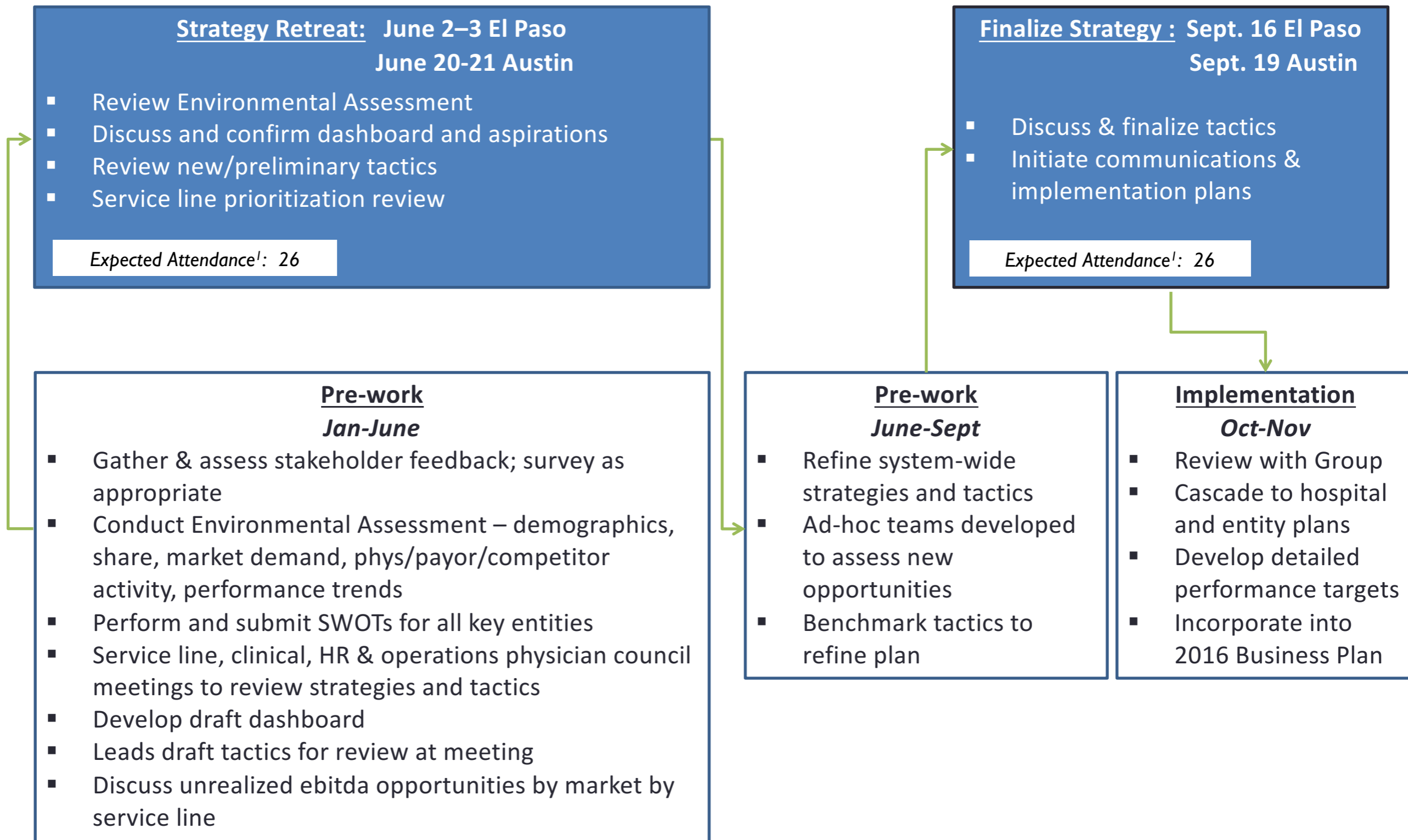
28. Emergency Room Volume
 - a. Volume: Total, Adult, Peds, FSER – budget/YTD/ YoY performance;
 - b. Strategic discussion on growth
29. ER & FSER Process Measures
30. Outpatient Core Measures (ED1 and ED2)
31. ER & FSER Satisfaction Metrics

Surgical Services Review

32. Surgical Volume:
 - a. IP, OP, ASC, vs. budget/YTD/YoY performance
 - b. Strategic discussion on growth
33. Efficiency Metrics: First Case on Time Starts, Physician Turnaround Time (Minutes)
34. Quality: IUSS
35. Same Day Surgery Overall Satisfaction
36. ASD Measures – ASC Dashboard Metrics

<input type="checkbox"/> 2016 AUSTIN BUSINESS PLAN RESULTS	2
<input type="checkbox"/> AUSTIN MARKET COMPETITIVE LANDSCAPE	7
– Competitor Activity	
– Market Share	
– Opportunities & Headwinds	
<input type="checkbox"/> 2017 AUSTIN BUSINESS PLAN	
– Financial Strength (Growth)	14
• Service Line Development	
• Emergency Services	
• Access Points & Outreach	
• Patient Migration	
• Medical Staff Development	
• Marketing	
– Exceptional Care (Clinical Quality)	26
– Customer Loyalty (Stakeholder Experience)	28
• Patient Experience	
• Employee Engagement	
– Financial Plan	31
• Volume Statistics and Financial Plan	
• Margin Improvement (PI Initiatives)	
• Planned Capital Expenditures	
<input type="checkbox"/> APPENDIX	65





¹ Austin Market Meeting Attendees:

Division President and CFO, Hospital CEOs, DCMO, DCLO, DHR, DECO, Division Clinical Innovation, CIO, SPA, Division VPs: Physician Relations/Marketing, Quality, Strategic Planning, PSG, Physician Recruitment, Corporate Services, PI, ASC & Service Line VPs.

Initiatives	Trend 2016 Performance	2017 Target	2017 Plan
Sepsis Mortality	<ul style="list-style-type: none"> ↓ 6% severe sepsis ↓ 31% septic shock 	<ul style="list-style-type: none"> • < 10% • < 30% 	<ol style="list-style-type: none"> 1. ED Physician-level bundle compliance reporting. Bundle compliance currently 63% 2. Focus on fluid resuscitation 1-6 hours 3. Monthly sepsis call including all Sepsis Coordinators, CMOs and Quality Directors 4. Palliative Care initiative
Blood Utilization	<ul style="list-style-type: none"> ↑ 57% 	<ul style="list-style-type: none"> • >50% units given for Hgb<7 	<ol style="list-style-type: none"> 1. Expand review of all transfusions of Hgb>7 to oncology patients (SAMC and RRMC)
Pitocin Compliance	<ul style="list-style-type: none"> ↑ 92.9% 	<ul style="list-style-type: none"> • >95% 	<ol style="list-style-type: none"> 1. Deploy best practices across market
Vent Management	<ul style="list-style-type: none"> ↓ 3.9 vent days (new - baseline) 	<ul style="list-style-type: none"> • <3.5 	<ol style="list-style-type: none"> 1. Palliative Care 2. Sedation protocols 3. Delirium prevention
Antimicrobial Stewardship	<ul style="list-style-type: none"> ↓ YTD \$6.30/APD 	<ul style="list-style-type: none"> • \$4.97/APD 	<ol style="list-style-type: none"> 1. Expand antibiotic de-escalation using Vigilanz

Sample Business Plan Update

Action Plan	Owner	Due
1. Mortality and Complications		
a. Provide physicians individualized complications reports and education on documenting complications	Benesh	Q2 2017
b. Review all CHOIS complications and mortality in <30 days to ensure accuracy of coding and develop individualized action plans (by facility)	Benesh	Q1 2017
c. CDI and coders to conduct pre-bill review of all mortalities to ensure accurate DRG and severity of illness	Knight	Q1 2017
2. Palliative Care Program		
a. Implement criteria based daily assessment tool (ICU only) to identify eligible patient	Knight/Benesh	Q1 2017
b. Expand palliative care assessments for comfort care patients on all units (Med-Surg)	Knight/Benesh	Q3 2017
3. Readmissions		
a. Establish facility HF physician leader and hold regular meetings to improve performance	Rice	Q2 2017
b. Track med rec by pharmacist and establish follow-up appointments prior to discharge	Rice	Q2 2017
c. Redesign care coordination and programs for HF, COPD, PHT, THA/TKR, CABG and AMI by leveraging best practices from large local physician groups	Rice/Jones	Q3 2017
4. Hospital Acquired Conditions and Hospital Acquired Infections		
•CAUTI		
a. Create a process to ensure all urine cultures meet NHSN criteria before ordered	Knight/Benesh	Q1 2017
b. Develop Foley reports that provide CNR/CMO real-time metrics (Foleys >2 days, usage of Foley removal protocol, etc.)	Benesh	Q1 2017
c. Conduct daily IP rounds on units to evaluate clinical necessity of Foley catheters	Benesh	Q1 2017
•CLABSI		
a. Develop live central line report that drill down on key metrics (purpose of central line)	Benesh	Q3 2017
b. Conduct daily IP rounds on units to evaluate clinical necessity of central line	Benesh	Q2 2017
•C.DIFF		
a. Implement automatic stop order if specimen is not obtained within 48 hours	Knight/Benesh	Q1 2017
b. Modify Meditech screens to ensure patient meets criteria for C.Diff order	Knight/Benesh	Q1 2017

Sample Strategic Plan Update

Agenda

- 1 Overview of St. David's HealthCare
- 2 Our Baldrige Story
- 3 Measuring our Progress
- 4 **Focus on Service**
 - Service Excellence
 - Voice of the Customer

Leveraging Baldrige to assess and improve service excellence

Benchmarking
ourselves against the
best of the best

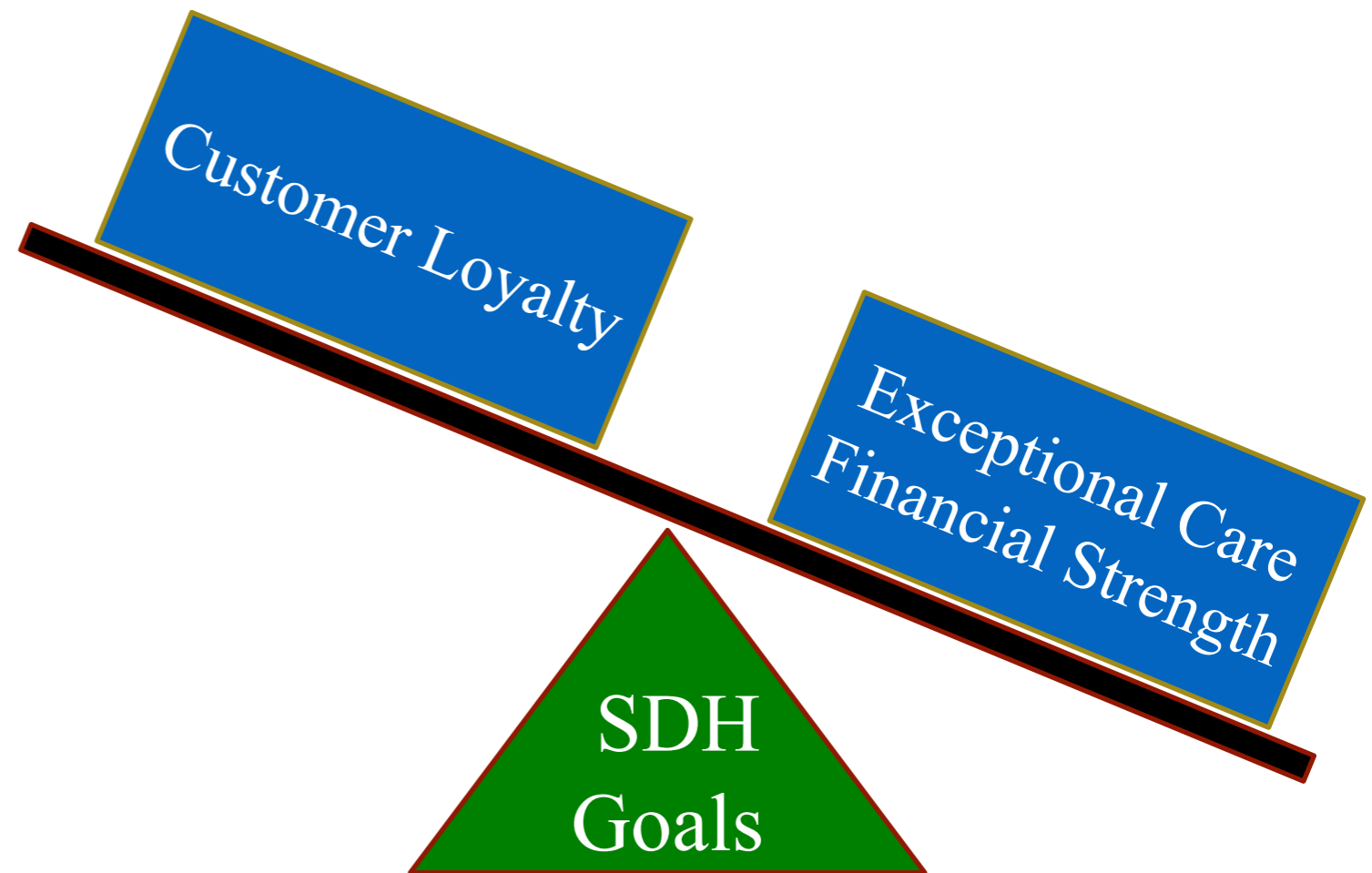


Criteria provides:

- Discipline to refine processes and critical thinking
- Structure to measure and improve performance
- Platform to assess our performance against a proven management model
- External expertise to identify new opportunities for improvement

Positioned Service as a key element of success

- Expectations on par with clinical quality & financial strength
 - Regular reinforcement at system- and facility-level
- Culture of service
- System-wide scorecard
 - Tracking outcomes on goals
- Incorporated into annual strategic planning process



Engaged Studer Group

- Studer supported our Mission and Goals
- Consistent with efforts to continuously improve performance
- Provided external perspective and expertise
- Offered benchmarks to and practices from the country's top-performing organizations

Evolution of Service Excellence

LEARNING

EXECUTION ACCOUNTABILITY

2005

- Introduction to Studer
 - 2-Day LAQ with Jay Kaplan
- Formal Coaching initiated

2006 – 2007

- Studer Must Have's
- LEM Model
- Routine LAQs
- Employee Forums

2008

- Must-Have Accountability Matrix
- Quarterly Service Reviews
- Monthly Meeting Model

2009

- Focus on Execution
- Consistency
- Standardized Behavioral standards
- Standardized uniforms

2010 - 2014

- Focus Specific Must- Have's (2X2's)
- Hired Internal Coaching Capability
- Provided skills labs to front line

Set Expectations \ Accountability

- Behavioral Standards
- Embedded in initial employment application process
- Reviewed at orientation
- Consistently promoted through communications
- High performing staff teams use standard guides for peer interviewing
- 30, 90 Day conversations during on-boarding

Must-Have Matrix

Must Have Metrics	Ja n	Fe b	Ma r
Monthly Meeting Model (MMM)			
Monthly Report Card Up-to-date			
90 Day Action Plan Up-to-date			
Stoplight Report Completed			
Employee Rounding			
a) # due			
b) # completed			
c) % completed (b/a=c)			
# of improvements identified			
# improvement resolved			
# recognitions received			
# recognitions delivered			
Support Leaders Rounding on Units Served (Dept. to Customer Dept.) (4 - 6 per week)			
a) # should round			
b) # completed			
c) % completed (b/a=c)			
Senior Leader Rounding			
scouting report submitted			
Physician Rounding			
# of Physician Rounds			
Leader Rounding on Inpatients			
a) # should round			
b) # completed			
c) % completed (b/a=c)			
Leader Rounding on Outpatients			
a) # should round			
b) # completed			
c) % completed (b/a=c) Goal = 90%			

23 Components Measured

- Consistent Application of:
 - Monthly Meeting Model
 - Action Plans
 - Stoplight Reports
- Effective Rounding
 - Employees
 - Leaders
- Patient Rounding
- Thank You Notes
- AIDET Audits
- Pre\post Calls
- HR Components
 - Peer interviews
 - 30 and 90 day
 - H-M-L

Building Leadership

- High, Solid, Low
- Starts with leaders
- Administrative review of ratings
- Leadership evaluation tool
- Goals cascaded and aligned
- Individualized goals and action plans

Monitoring and Supporting

- Leadership meetings at facility and market level
- Stakeholder engagement champion meetings
- Monthly Meeting Model – standardized
- Formal standardized quarterly reviews with division
- Action plans to identify cause and effect
- “Must Have Accountability Matrix” tool

A Pursuit of Excellence

- › Pleased that performance resulted in Baldrige award
- › More work to do to realize our vision
- › Our patients expect the best — and they deserve the best
- › Stakes and expectations are increasing
- › Performance improvement never ends
 - Continuing to raise the bar
 - Maintaining focus on vision
 - Using the Baldrige process to improve

We are what we
repeatedly do.
Excellence, then
is not an act, but a
habit.

- Aristotle

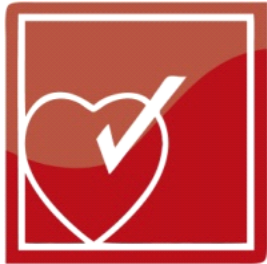
The St. David's HealthCare Partnership

Community Impact	1996-2016	2016 Change
<ul style="list-style-type: none"> Does not raise funds <u>from</u> the community; distributes funds <u>to</u> the community 	<ul style="list-style-type: none"> \$395.7 million in community grants via Foundations 	<ul style="list-style-type: none"> ↑ \$65.8M
<ul style="list-style-type: none"> Provides indigent care 	<ul style="list-style-type: none"> \$4.8 billion in uncompensated care 	<ul style="list-style-type: none"> ↑ \$10.6M
<ul style="list-style-type: none"> Contributes to regional economy 	<ul style="list-style-type: none"> \$364.8 million in state and local taxes 	<ul style="list-style-type: none"> ↑ \$37.8M
<ul style="list-style-type: none"> Reinvests in hospital infrastructure w/o incurring debt 	<ul style="list-style-type: none"> \$1.6 billion in capital 	<ul style="list-style-type: none"> ↑ \$230M
<p>Total Benefit</p>	<p>\$7.2 billion</p>	<ul style="list-style-type: none"> ↑ \$344.2M

The Foundations collaborate with 60+ nonprofit partners in these focus areas:

HEALTHY PEOPLE

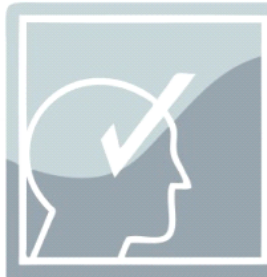
Investing in Primary and Specialty Care



AIDS Services of Austin • Any Baby Can • Austin Community Foundation • Breast Cancer Resource Center • CommuniCare Health Centers • Community Health Centers of South Central Texas-Luling • Easter Seals-Central Texas • El Buen Samaritano • Immunization Partnership • Lone Star Circle of Care • People's Community Clinic • Planned Parenthood • SafePlace • Samaritan Health Ministries • Tandem Project • UT School of Nursing • Volunteer Healthcare Clinic

HEALTHY MINDS

Supporting Behavioral Health Programs



Any Baby Can • Austin Child Guidance Center • Austin Children's Services • Austin Clubhouse • ATC Integral Care • Center for Child Protection • CommuniCare • Communities In Schools of Central Texas • El Buen Samaritano • Family Crisis Center • Foundation Communities • Hays-Caldwell Women's Center • Hope Alliance • Interagency Support Council of East Williamson County • LifeWorks • Lone Star Circle of Care • People's Community Clinic • Safe Alliance • SafePlace • Samaritan Counseling Center • SIMS Foundation • Spirit Reins • Waterloo Counseling

HEALTHY LIVING

Promoting Health and Wellness



A Legacy of Giving • Austin Parks Foundation • Boys & Girls Clubs of the Austin Area • Foundation Communities • Marathon Kids • Sustainable Food Center • YMCA (MEND program)

HEALTHY SMILES

Mobilizing the St. David's Dental Program



Austin ISD • Del Valle ISD • Hays Consolidated ISD • Manor ISD • Pflugerville ISD • Round Rock ISD • Capital Area Dental Foundation • AIDS Services of Austin • CommuniCare Health Center • El Buen Samaritano • People's Community Clinic • Volunteer Health Clinic • Health Alliance for Austin Musicians • Lone Star Circle of Care • Manos de Cristo

HEALTHY AGING

Serving Aging Populations



AGE of Central Texas • Area Agency on Aging • Austin Speech Labs • Bastrop County Emergency Food Pantry • Capital Area Food Bank of Texas • The Care Communities • Drive a Senior Network • Family Eldercare • Helping the Aging, Needy and Disabled • Hospice Austin • Meals on Wheels and More • Texas Ramp Project • UT School of Social Work • Williamson-Burnet County Opportunities

HEALTHY FUTURES

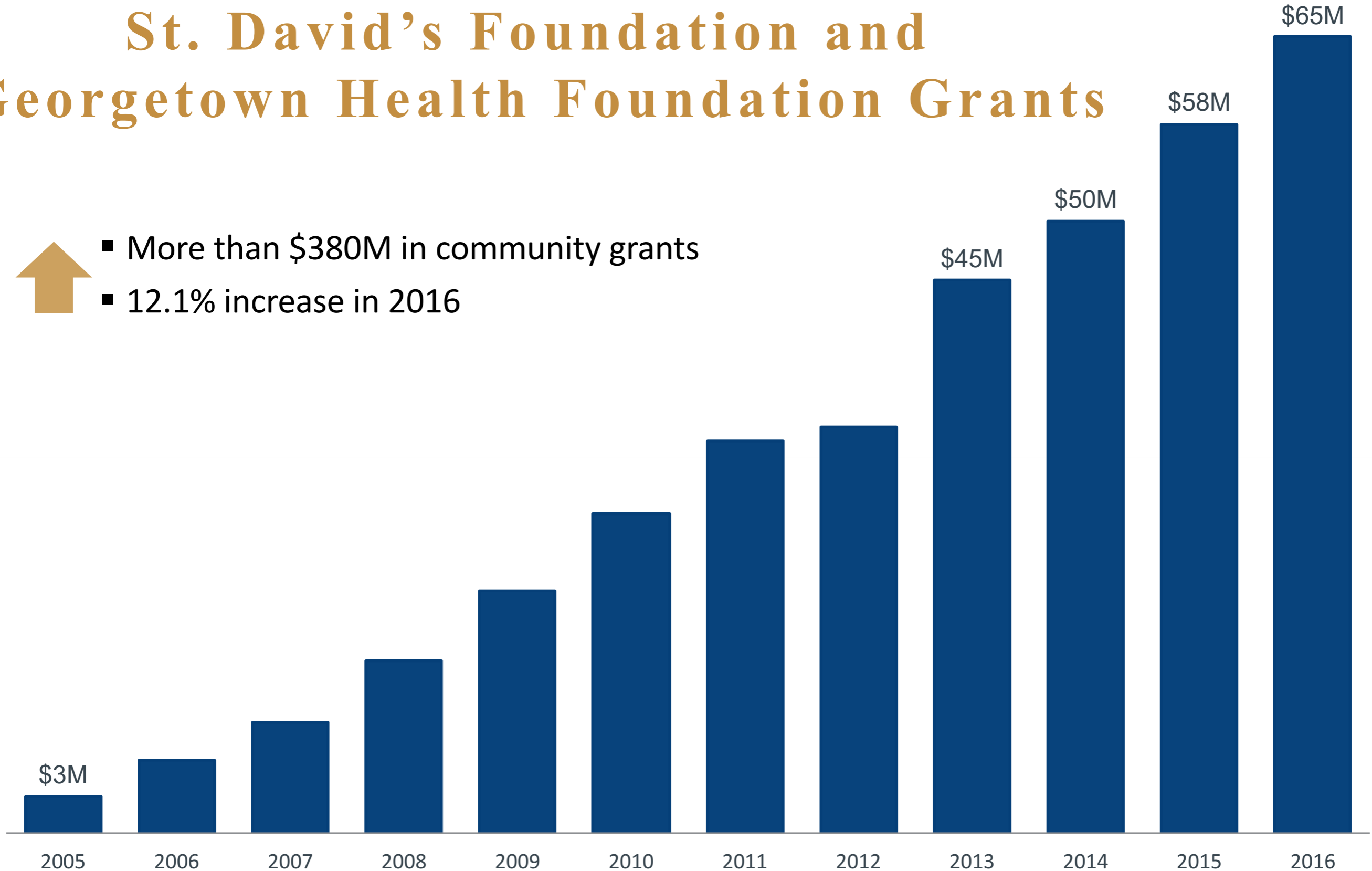
Advancing Health Education and Research



Capital IDEA • Huston-Tillotson College • Texas A&M • Texas Higher Education Coordinating Board • Texas State University • UT School of Nursing • UT School of Social Work

St. David's Foundation and Georgetown Health Foundation Grants

- ▲ More than \$380M in community grants
- ▲ 12.1% increase in 2016



Thank you



Questions?