



**UNC Health Care System  
Annual Report  
FY 2007-2008**

**Committee on Educational  
Planning, Policies, and Programs**

**UNC Board of Governors**

**Submitted  
September 11, 2008**

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# The University of North Carolina Health Care System

## Background

The University of North Carolina Health Care System was established on November 1, 1998 to integrate UNC Hospitals with the clinical patient care programs maintained by the UNC School of Medicine. The vision of the UNC Health Care System (UNC HCS) is to be the Nation's leading public academic health care system--leading, teaching, caring. Improving the health of our patients and meeting their needs remains our primary focus. We must deliver excellent service and operate leading programs. We must be deeply and broadly engaged with the people of North Carolina and the Nation to meet their health challenges. Throughout, we must maintain financial viability, with margins sufficient to support our missions.

The addition of Rex Healthcare in April 2000 is an example of how the UNC HCS has evolved in size and complexity. The current structure of the UNC HCS is illustrated in the organizational charts shown in Appendix 1A and 1B.

The authority granted in N.C.G.S. 116-37 subsection (d) personnel; subsection (h) purchases; subsection (i) property; and subsection (g) property construction has allowed the Board of Directors of the UNC HCS to approve the policies summarized below. The following report, depicting how this flexibility is utilized by the Chapel Hill component of the UNC HCS, will be sent to the Joint Legislative Commission on Governmental Operations on or before September 30, 2008, as required by statute.

## FLEXIBILITY IN PERSONNEL POLICIES AND PROGRAMS

Our strategic framework is guided by building a strong foundation in six pillars: People, Service, Quality, Growth, Finance and Innovation. Not by accident, PEOPLE is the first pillar. Our efforts to sustain the PEOPLE pillar are found within human resource management. The following section outlines programs we have developed under the flexibility legislation to attract and retain the best team members.

### Attracting and retaining the best team members



- FOCUS ON HIRING FOR EXCELLENCE
- FOCUS ON EMPLOYEE SATISFACTION
- FOCUS ON LOWERING TURNOVER
- FOCUS ON RECRUITMENT/SOURCING TALENT
- FOCUS ON REWARD AND RECOGNITION
- FOCUS ON WORKFORCE DEVELOPMENT
- FOCUS ON ENHANCED COMMUNICATION

## **Hiring for Excellence**

Last year, UNC Health Care adopted Hiring for Excellence, a structured behavioral interviewing and screening process. Managers and staff who interview candidates have been educated in these data-driven best practices. By recruiting the right team members, we are raising our skill level and reducing turnover. Well over 500 managers and staff have been trained and certified in the Hiring for Excellence techniques.

## **Employee Satisfaction and Turnover**

UNC Health Care strives to be the employer of choice in our highly competitive industry. To measure our progress toward this goal, we regularly measure co-worker satisfaction. In the survey conducted this spring, over 80% of staff participated. For nearly every survey question, our scores increased significantly. Measured against a national database, we improved to the 65<sup>th</sup> percentile from the 47<sup>th</sup> one year earlier.

The employment and retention strategies outlined in this report drove an approximate 18% decrease in voluntary turnover. Among many initiatives, the family health insurance supplemental pay program may have had the highest impact on turnover. This fixed dollar supplement for employees with family coverage varies by coverage type (i.e., family, spousal, parent, and child) but not plan option. Employees working more than 20 hours per week qualify for the program.

By making our insurance benefit comparable to other health care providers, we are better able to recruit and retain staff despite a national shortage in fields such as nursing and radiology technology. Equally important, by improving the affordability of dependent coverage for lower income employees, we have improved retention rates in many departments that customarily have high annual turnover. For instance, in hospital billing, our turnover last year was below five percent.

## **Recruitment/Sourcing Talent**

We have implemented many programs to recruit talented employees. These changes helped us reduce vacancy rates in many critical areas and enabled growth in employment to keep up with the growing demand for our services. In order to open additional operating rooms, we have successfully recruited operating room nurses. We also have developed international sources for recruiting nurses. We have implemented targeted recruitment/retention packages.

Last year, in an intense national campaign, we successfully hired 20 Operating Room RNs within a 70-day period. We additionally recruited Surgical Technicians, Anesthesia Technicians and Operating Room Attendants during the same campaign. At times when our need for operating room capacity spiked, we had not previously been able to increase staffing. Following this effort, we opened four additional operating rooms.

UNC Health Care has sourced over 80 foreign RNs through a series of international recruiting trips. This program will provide a flow of nurses to offset worsening domestic shortages. It also reduces our dependency on expensive agency staffing.

To assure stability in positions with national shortages and high vacancy rates, we have developed attractive employment packages. Employment incentives have been authorized for areas with at least 25% vacant positions. These packages include a sign-on payment paid 50% each at the first and thirtieth month of employment. Similarly, employees can earn a referral reward for referring qualified applicants for designated positions. The reward is paid 50% at the time of employment of the referred candidate with the balance paid once the new hire completes a probationary period.

Shift differentials for weekend and night shifts have stabilized staffing on these shifts. These differentials remain competitive within the local market.

To reduce the use of agency nurses, we have implemented a per diem option. The flexibility of the per diem option enables UNC Hospitals to match staffing to fluctuating census and acuity levels. It especially appeals to nurses not seeking health and other employment benefits. Per diem employees earn higher wages, enjoy greater scheduling flexibility, and have the option to work more or fewer shifts based on personal preference.

### **Reward and Recognition**

UNC Health Care's employees received an incentive payment in the fall of 2007 as a reward for contributing to quality, patient satisfaction, employee satisfaction, and financial metrics. This third consecutive annual award was the greater of \$1,000 or 3% of each employee's annual salary. We also have instituted employee recognition programs such as awarding a \$7 gift card in our cafeteria for co-workers who provide exceptional service.

### **Workforce Development**

In an era of staffing shortages, improving the skills of our workforce is increasingly important. UNC Health Care, under the flexibility legislation, has enhanced several programs to help co-workers gain the skills, certifications, or educational degrees needed to meet our staffing needs.

- In January 2008, we enhanced our academic assistance policy to allow employees to participate in programs outside their primary job category.
- Our e-learning library makes coursework available on line around the clock. This enables staff to meet their educational needs at their convenience.
- UNC Hospitals sponsors educational loan and stipend support programs that fund tuition in exchange for a time-related work commitment. These funds are available for students pursuing baccalaureate, community college, certification, or bachelor degrees.
- We have begun planning for a "Corporate University" to align training and development with business strategies. This virtual entity will organize the staff training and education within the health care system.

## Enhanced Communication

In a large and complex organization, sharing important messages can be challenging. We have implemented several exciting communication tools to enhance communication across the system.

“Glad You Asked” is a new communication program that allows employees to address questions directly to HCS leaders. Responses are posted on the intranet for all employees to view. In three months, the program has generated over 700 questions and responses.

Leadership Rounding is a technique used by all levels of management to interact with employees at their worksite. Leaders regularly visit departments to learn first-hand from employees. Rounding has greatly enhanced the visibility of our leaders.

Regular communication is an integral part of the Commitment to Caring. To facilitate consistent communication, approximately 150 new communications boards are now primarily displayed in departments and on units. These displays organize materials under the six Commitment to Caring pillars.

## FLEXIBILITY IN PURCHASING

Flexibility in purchasing has been critical to our Purchasing Department. This flexibility allows for optimal use of contracting options, raises the productivity of staff, and widens our latitude when negotiating purchase terms.

## Documented Savings

Again in FY08, the Purchasing Department documented substantial savings:

- \$2.7 million in operational expense savings
- \$1.2 million in capital acquisition savings

Our savings trend remained strong despite falling slightly from a fourth consecutive record year in FY07.

FISCAL YEAR	DOCUMENTED SAVINGS (MILLIONS)
FY 00	\$ 1.1
FY 01	\$ 2.0
FY 02	\$ 1.6
FY 03	\$ 1.4
FY 04	\$ 2.9
FY 05	\$ 3.4
FY 06	\$ 3.8
FY 07	\$ 4.1
FY 08	\$ 3.9

Collaboration with two partners has been central to achieving these savings: our physicians and our Group Purchasing Organization, MedAssets. Collaborating with our physicians in two services yielded in excess of \$1 million annual savings (Cardiac Rhythm Management \$450,000; Joint Replacement \$600,000). These savings were accomplished without reducing the quality or range of products available to our patients. The MedAssets relationship remains very strong and we continue to find products that better meet our needs, often at reduced prices.

### **High Dollar Purchase Orders & Staff Efficiency**

Prior to gaining flexibility, purchase orders totaling over \$10,000 total cost were sent to the State of North Carolina's Department of Administration's Purchase and Contracts Division in Raleigh for approval before awarding the purchase order. A complicated series of steps involved bids, justifications and approvals took an average of 90 days to complete.

These high volume purchase orders represent 8% of orders, but 75% of expense. High dollar purchase orders have increased from 2,828 in FY00 to 3,704 in FY08. (Appendix III) The Purchasing Staff actually has decreased over the same timeframe. Without increased flexibility, this marked increase in productivity would not have been possible.

<b>CHANGE IN VOLUME FROM FY00 TO FY08</b>	<b>% INCREASE</b>
Staff Level	-11%
Dollar Volume	40%
Number of Purchase Orders	6%
Number of Purchase Order Lines	45%
Average \$ per Purchasing Agent	57%
Average \$ per Purchase Order	31%
Average # of Purchase Orders per Agent	20%
Average # P/O Lines per Agent	63%
Average \$ per Purchase Order Line	-3.4%
Average # Lines per Purchase Order	36%

### **Other Purchasing Flexibility Highlights**

Flexibility is second nature to how we function on a daily basis and presents unexpected opportunities. The following are several recent examples:

- we joined a class action settlement with Hill-Rom, Inc (Hillenbrand Industries), resulting in the payment of \$290,000 to UNC Hospitals;
- we provided procurement services to UNC Physicians and Associates, permitting the use of Flexibility for 24 separate requests; and,
- we supported Chatham Hospital in their market research of technologies and subsequent capital purchases.

## **FLEXIBILITY IN PROPERTY MATTERS**

### **Property Involving Leased Space for Clinical Programs**

The UNCHCS Property Committee reviews new leases and also renews existing leases. The following leases have been established since September 2007:

1. A new lease was developed accommodating clinical services for UNC Hospitals' growing Surgery Oncology program. The 8,000 square feet of space is conveniently located by the I-40/Route 54 interchange.
2. A new lease was established to accommodate the School of Medicine's Rheumatology Clinic. The new clinic space is located in Durham County and includes 8,000 square feet of space.
3. A new lease was established to accommodate the School of Medicine's Dermatology Clinic. The clinic relocation from the ACC is designed to consolidate Dermatology services in a location convenient to the public. This space is located in Orange County and includes 8,500 square feet of space for clinical programs.
4. A new lease was established to expand the Chatham Crossing Clinic in Chatham County. This is a primary care clinic, and the expansion allows for 5 additional exam rooms and support space. The clinic was expanded by 1,500 square feet. The clinic has experienced significant growth, and the extra exam rooms were required to begin to meet that need.
5. A new lease was established to accommodate UNC Hospitals' Pediatric Specialty Clinic. This 10,144 square feet of space will be used for the first comprehensive sub-specialty pediatric clinic in Raleigh.
6. A new lease for a community-based clinic for the UNC Health Care System was created to expand primary care services into Hillsborough. This 5,545 square feet of space is located in Orange County.
7. An existing lease for the UNC School of Medicine's Clinical Research Program was renewed for one additional year. This program is located in Wake County.
8. An existing lease for the UNC School of Medicine's Division of Pediatric Cardiology (Department of Pediatrics) was renewed. This space is located in Wake County near WakeMed Cary Hospital.
9. A new lease was established to provide radiology and laboratory services to support the new Rheumatology Clinic and provide other clinical services. This 3,000 square foot of space is located in Durham County.

## **FLEXIBILITY IN CONSTRUCTION MATTERS**

The Construction Bidding Oversight Committee uses approved criteria to determine when to utilize alternative forms of construction bidding (e.g., single-prime versus multi-prime). For the scale of our typical renovation project, single-prime contracting has proven effective. This method provides for public bidding of construction work as required while Project Managers more efficiently coordinate with a single entity. Therefore, the Construction Bidding Oversight Committee has approved the use of single-prime contracting for typical renovation projects. For non-typical projects, a formal presentation, review, and discussion of proposed alternative bidding methodologies is required.



During the past year, the following projects were approved and initiated using single-prime bidding:

- Patient Support Tower Inpatient Unit - Renovations will convert the 6<sup>th</sup> floor Patient Support Tower from office to patient bed space as part of the 68-bed Certificate of Need Project. This work includes several related projects to replace office space that will also involve Med School Wings E and F, 3 West Flooring, and the Nurse Station.
- 3 Women's Inpatient Unit - The 3<sup>rd</sup> floor Women's Hospital is being converted from office space to a 13-bed inpatient unit as part of the 68-bed CON Project. This project also includes four additional beds in the Pediatric Intensive Care Unit and related projects to accommodate displaced offices.
- Emergency Department Holding Expansion - Space vacated by Urgent Care will be converted to space for patients being admitted to an inpatient bed.
- Neurosciences Hospital Smoke Porch Enclosure – When UNC Hospitals became tobacco-free, these spaces became obsolete. The newly enclosed space will be inpatient rooms.
- MRI Addition - This project will add a sixth MRI unit in Anderson Pavilion.
- 1<sup>st</sup> Floor Women's Clinics – Reconfiguring the Women's Hospital clinics will improve patient flow.
- Admission and Discharge Unit - This renovated space creates a new unit for patients awaiting admission or discharge and will facilitate the efficient use of inpatient beds.
- Children's Day Hospital - This eight-bed unit houses pediatric outpatients who need to be monitored and otherwise would be placed in inpatient beds.
- Dispatch/Fire Command Center Expansion - The project expands the police dispatch center to provide capacity for growth and creates a command center conference room for the Chapel Hill Fire Department.
- OR 22 Angiography – OR 22 is being reconfigured for the addition of angiography equipment.
- CT Scanner Relocation – Existing scanners are being relocated to create space for an additional scanner.

Design contracts were approved for the following contracts in accordance with the designer selection procedures approved by the UNC HCS Board of Directors:

- Multi-lab Renovation - Outdated facilities are being modernized to utilize space efficiently.
- Children's Clinic Exam Rooms and Registration – Reconfiguring the registration area will add exam rooms, improve patient flow, and enhance patient privacy.
- Pharmacy Space Reconfiguration – Meeting new code requirements (United States Pharmacopoeia 797 standards) necessitates renovating outdated designs.
- 6BT Negative Pressure Rooms – Renovating these rooms creates additional capacity for patients requiring isolation.
- 5BT Nurse Stations - Upgrading outdated nurse stations will improve operational efficiency.
- Cystology – To install upgraded cystology equipment, procedure rooms must be renovated.
- Neurosciences Hospital Café Renovation - The space vacated by Wendy's will become a new retail food site operated by UNC Hospitals.

- ACC OR Project Development – Renovated space on the ground floor of the Ambulatory Care Center will become four additional operating rooms.
- Imaging and Outpatient Center - This off-campus space will be a radiology imaging center co-located with a spine center.

## **FLEXIBILITY IN OTHER AREAS**

The UNC HCS continues to benefit from the flexibility in ways that were not initially envisioned. The following represent ways in which this status has allowed us to significantly improve our operations and better serve the people of North Carolina.

### **Strategic Planning**

The UNC HCS developed a comprehensive strategic plan in FY07. This plan, for the first time, created a shared vision for UNC Hospitals and UNC P&A. The three-phase process covered an environmental scan, a capabilities assessment, and a service line strategy tailored to our clinical services. The recommendations stemming from these plans have been approved enthusiastically by the UNC HCS Board of Directors. Accomplishing these goals requires the integration of entities across our system and aligning our incentive to ensure that our efforts remain coordinated.

The plan takes full advantage of the integration created in the 1998 legislation. As an academic medical center, our capability to innovate distinguishes our clinical program from community-based providers. This requires enhancing our capability to translate research findings into clinical care, accelerating our development of a fully electronic data warehouse, and expanding the application of multi-disciplinary care. Our service levels distinguish UNC HCS from other academic providers. Improving the patient experience and easing access to our services are having a transformative impact on patient, employee, visitor, and referring physician satisfaction.

Our plan also focuses on growing tertiary services. Community providers effectively care for the primary and secondary needs of most patients. We strive to help these providers care for more patients close to home. UNC Health Care, conversely, is best able to care for patients with the most complex medical needs. In particular, this means enhancing our cardiac and vascular programs, solid organ transplantation, neurology and spine care, and cancer research, treatment, and outreach.

### **University Cancer Research Fund (UCRF)**

With the goal of accelerating cancer research in the UNC School of Medicine, Lineberger Comprehensive Cancer Center and the North Carolina Cancer Hospital, the University Cancer Research Fund was created in 2007 by the North Carolina General Assembly. The fund, \$25 million in 2007 and \$40 million in 2008, will increase to \$50 million per year beginning in 2009.

Fund priorities are ambitious, with emphasis on innovation and dissemination. They include:

- creating new knowledge that improves understanding of the causes and course of cancer;

- using that knowledge to develop new and better ways to prevent, find, and treat cancer; and,
- partnering with North Carolina communities and community health care providers to improve cancer care, screening, and prevention across the state.

In its first year, UCRF awarded 18 grants to support peer-reviewed innovative clinical and laboratory research by UNC faculty. Nurse navigators have been hired to work with patients and families at UNC and in Dare County, and a new clinical collaboration with East Carolina University's Brody School of Medicine will increase and speed the conduct of clinical trials. The Fund supported enhancing the staff and data collection capabilities of the NC Central Cancer Registry which will enable more hospitals to identify additional cancer cases and increase research collaboration.

The Cancer Research Fund Committee, charged with oversight and approval of Fund expenditures is headed by UNC President Erskine Bowles, two national cancer experts from the prestigious Dana-Farber Cancer Institute and M.D. Anderson Cancer Center, and UNC Health Affairs leaders, including Dr. William L. Roper, dean of the UNC School of Medicine and CEO of UNC Health Care.

To learn more about the UCRF, visit: <http://ucrf.unc.edu/>

## **UNC Physicians & Associates**

UNC P&A is the clinical service component of the UNC School of Medicine. Approximately 1,000 faculty members in 17 clinical departments comprise the clinical functions of UNC P&A. Most services are rendered on the UNC campus; however, a growing range of services are provided at clinics in the community and across the state. The performance of any hospital depends on the physicians who comprise its medical staff, our system is no exception. UNC P&A faculty provide nearly all of the medical services of UNC Hospitals.

The goals for the management team at P&A are to improve clinical care, reduce administrative costs, and align the interests of our physicians with those of the UNC HCS. Developing a shared strategic plan has helped forge a common vision across the health care system and target investment to key service lines.

In addition to sustaining strong growth in clinical programs in FY08, research funding increased sharply as well. Other important accomplishments include implementing a new patient registration and scheduling system, increasing the availability of physician appointment slots, and increasing access to care for underserved populations.

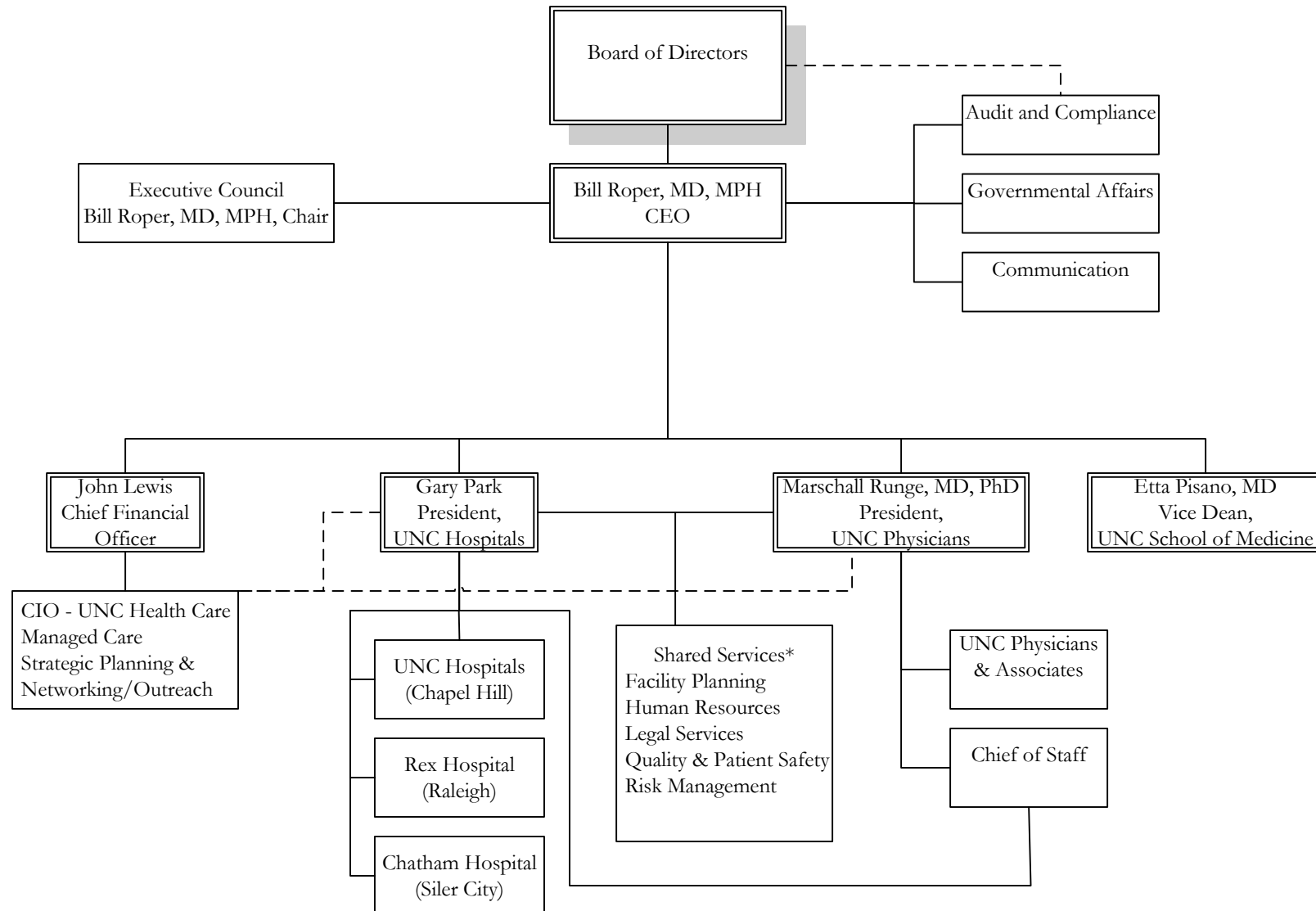
The new scheduling and registration system, GE Centricity, went live in June and replaced the front-end systems for both UNC P&A and UNC Hospitals. Patient demographics are shared now in an integrated system. GE Centricity also integrates appointment scheduling, a function previously executed across multiple systems. On September 1, the P&A will implement the physician billing component of GE which will result in an enhanced platform for billing services that is integrated into the registration and scheduling components.

UNC HCS initiated a project titled “PACe” to improve patient access to outpatient services. This project is being phased in across clinic sites. Through April 2008, PACe drove a 37% reduction in average days patients must wait for a scheduled appointment. The improvement required unprecedented collaboration between physicians and clinic staff to change processes and share best practices.

UNC P&A continues to improve access to care for all North Carolinians. The uninsured discount was increased from 25% to 35%, and we implemented a new program for catastrophic charity care for patients with balances above \$10,000. These policy changes reflect our compassion for our patients that extends beyond medical care. The cost of the uncompensated care UNC P&A provides exceeded \$26 million. The increased cost of providing uncompensated care contributed to a \$7.4 million net loss for the year. This loss occurred despite a 3.3% increase in physician productivity and volume growth in excess of 5%.



**Organizational Chart**  
**August 1, 2008**

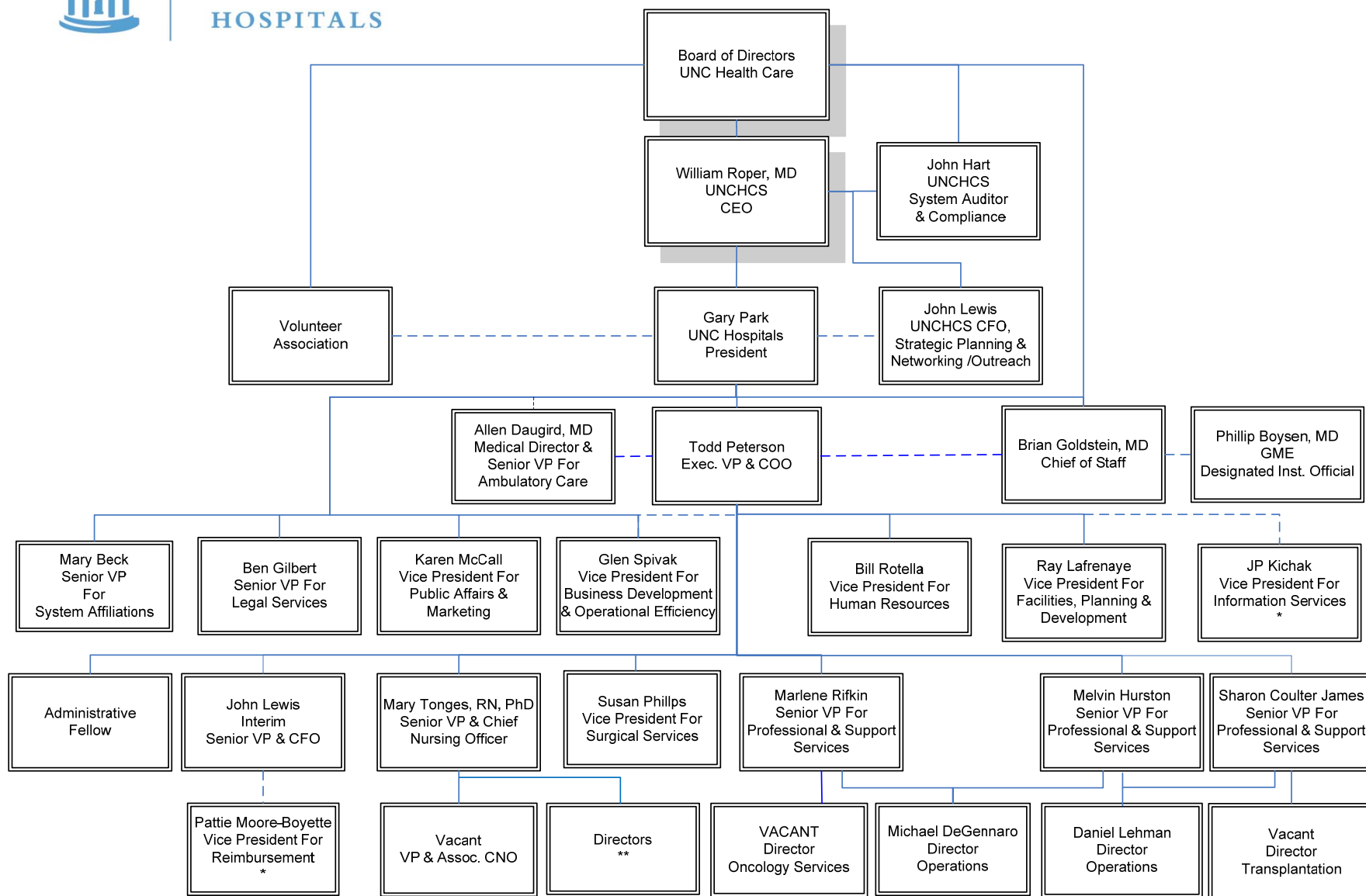


\*The shared services components work collaboratively across the UNCHCS, and Mr. Park and Dr. Runge will work in partnership in these areas.



**UNC**  
HOSPITALS

## Table of Organization



\* Mr. Kichak's & Ms. Moore-Boyette' primary reporting is to UNCHCS CFO.

\*\* Ms. Madigan – Heart Center & Oncology Services; VACANT – Surgery Services; Ms. Merryman – Medicine Services; Ms. Spahl – Psych & Rehab Services; Mr. Strickler – Emergency Services; Ms. Viall - Women's & Children's Services

## Purchase Order Statistics

<u><i>FY00</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	46,554	2,858
Total Dollars*	\$143,774,707	\$87,507,181
Average Dollar Per PO	\$3,088	\$30,618
<u><i>FY01</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	45,939	3,079
Total Dollars*	\$167,908,964	\$111,976,967
Average Dollar Per PO	\$3,655	\$36,368
<u><i>FY02</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	48,807	3,592
Total Dollars*	\$174,469,663	\$114,703,994
Average Dollar Per PO	\$3,575	\$31,933
<u><i>FY03</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	50,968	4,558
Total Dollars*	\$239,028,570	\$174,444,765
Average Dollar Per PO	\$4,690	\$38,272
<u><i>FY04</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	49,953	4,444
Total Dollars*	\$230,014,333	\$165,902,468
Average Dollar Per PO	\$4,605	\$37,332
<u><i>FY05</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	48,841	3,673
Total Dollars*	\$251,120,363	\$191,778,602
Average Dollar Per PO	\$5,142	\$52,213
<u><i>FY06</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	47,957	3,872
Total Dollars*	\$247,779,579	\$188,369,248
Average Dollar Per PO	\$5,167	\$48,649
<u><i>FY07</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	49,552	4,143
Total Dollars*	\$329,523,349	\$263,266,258
Average Dollar Per PO	\$6,650	\$63,545
<u><i>FY08</i></u>	<u><i>All Purchase Orders</i></u>	<u><i>Purchase Order Totals Over 10K</i></u>
Number of Purchase Orders	48,679	3,704
Total Dollars*	\$254,056,644	\$189,659,270
Average Dollar Per PO	\$5,219	\$51,204
* Total Dollars includes all PO costs (i.e., Goods, Services, Tax, Freight, Handling Fees, etc.)		

# University of North Carolina Hospitals

Analysis of Uncompensated Care(Charges) by County for the period July 1, 2007 through June 30, 2008

	1	2	3	4 = 2+3	4 / 1	4 / Total of 4
County Name	Charges	Charity	Bad Debt	Total Uncomp Care	Pct of Charges	Pct of Uncomp Care
ALAMANCE	129,658,537	12,241,631	4,989,710	17,231,341	13.29%	12.98%
ALEXANDER	660,521	4,398	6,472	10,870	1.65%	0.01%
ALLEGHANY	66,227	3,078	30	3,108	4.69%	0.00%
ANSON	1,874,326	232,412	64,494	296,906	15.84%	0.22%
ASHE	426,423	32,462	4,217	36,680	8.60%	0.03%
AVERY	362,170	57,680	958	58,638	16.19%	0.04%
BEAUFORT	3,555,689	217,287	39,917	257,204	7.23%	0.19%
BERTIE	955,467	39,892	9,921	49,813	5.21%	0.04%
BLADEN	8,008,788	674,966	252,222	927,188	11.58%	0.70%
BRUNSWICK	11,923,910	725,284	237,893	963,177	8.08%	0.73%
BUNCOMBE	4,961,859	56,425	38,671	95,097	1.92%	0.07%
BURKE	2,110,934	82,453	8,682	91,135	4.32%	0.07%
CABARRUS	4,103,136	30,508	15,586	46,094	1.12%	0.03%
CALDWELL	902,519	52,177	6,204	58,382	6.47%	0.04%
CAMDEN	51,710	2,271	26,905	29,176	56.42%	0.02%
CARTERET	6,812,060	233,761	126,237	359,998	5.28%	0.27%
CASWELL	10,332,482	781,157	392,139	1,173,296	11.36%	0.88%
CATAWBA	2,613,653	49,595	31,979	81,574	3.12%	0.06%
CHATHAM	101,232,445	5,069,510	2,879,511	7,949,021	7.85%	5.99%
CHEROKEE	172,366	1,236	604	1,840	1.07%	0.00%
CHOWAN	1,337,641	4,848	10,132	14,980	1.12%	0.01%
CLAY	163,936	343	773	1,116	0.68%	0.00%
CLEVELAND	1,751,104	47,395	16,197	63,592	3.63%	0.05%
COLUMBUS	10,301,025	159,780	169,158	328,939	3.19%	0.25%
CRAVEN	11,038,360	115,338	89,982	205,319	1.86%	0.15%
CUMBERLAND	81,374,342	3,321,331	1,926,077	5,247,407	6.45%	3.95%
CURRITUCK	581,581	30,829	12,614	43,443	7.47%	0.03%
DARE	2,697,636	162,634	103,551	266,185	9.87%	0.20%
DAVIDSON	3,948,872	134,696	98,320	233,016	5.90%	0.18%
DAVIE	570,372	52,205	1,565	53,770	9.43%	0.04%
DUPLIN	7,953,726	378,703	251,822	630,525	7.93%	0.48%
DURHAM	98,921,136	6,928,255	3,289,459	10,217,714	10.33%	7.70%
EDGEcombe	6,719,583	145,767	132,681	278,448	4.14%	0.21%
FORSYTH	8,256,079	163,605	143,303	306,908	3.72%	0.23%
FRANKLIN	13,899,697	499,032	283,465	782,496	5.63%	0.59%
GASTON	5,322,486	25,021	25,719	50,740	0.95%	0.04%
GATES	843,132	22	606	628	0.07%	0.00%
GRAHAM	199,958	1,632	5,879	7,511	3.76%	0.01%
GRANVILLE	11,506,880	395,288	294,567	689,854	6.00%	0.52%
GREENE	1,174,907	10,868	6,375	17,243	1.47%	0.01%
GUILFORD	35,164,206	2,103,740	646,859	2,750,600	7.82%	2.07%
HALIFAX	16,128,317	531,417	352,120	883,537	5.48%	0.67%
HARNETT	37,778,298	2,939,882	1,055,081	3,994,964	10.57%	3.01%
HAYWOOD	1,491,564	7,587	34,962	42,549	2.85%	0.03%
HENDERSON	1,842,095	100,855	41,462	142,318	7.73%	0.11%
HERTFORD	1,239,805	27,570	1,592	29,161	2.35%	0.02%
HOKE	8,057,670	236,236	176,822	413,058	5.13%	0.31%
HYDE	269,634	19	44	64	0.02%	0.00%
IREDELL	1,984,566	21,269	27,028	48,297	2.43%	0.04%
JACKSON	603,428	9,213	10,050	19,263	3.19%	0.01%
JOHNSTON	37,160,873	3,232,709	1,225,872	4,458,581	12.00%	3.36%
JONES	1,933,769	63,743	50,890	114,633	5.93%	0.09%
LEE	63,868,678	4,387,188	2,296,836	6,684,025	10.47%	5.04%
LENOIR	6,639,214	186,812	203,747	390,559	5.88%	0.29%
LINCOLN	1,237,638	8,927	21,465	30,392	2.46%	0.02%



## University of North Carolina Hospitals

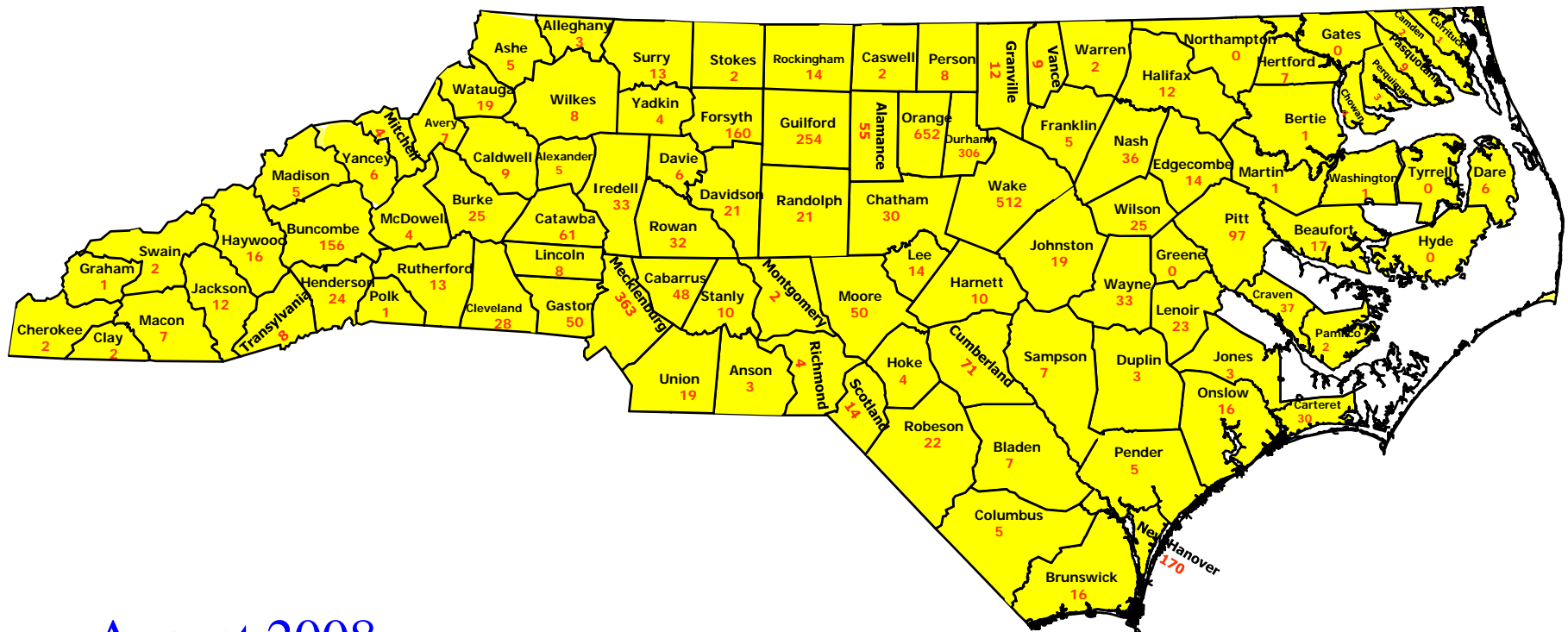
Analysis of Uncompensated Care(Charges) by County for the period July 1, 2007 through June 30, 2008

	1	2	3	4 = 2+3	4 / 1	4 / Total of 4
County Name	Charges	Charity	Bad Debt	Total Uncomp Care	Pct of Charges	Pct of Uncomp Care
MCDOWELL	537,129	3,348	9,086	12,434	2.31%	0.01%
MACON	912,907	6,597	198	6,795	0.74%	0.01%
MADISON	83,007	929	545	1,474	1.78%	0.00%
MARTIN	2,175,304	3,116	11,469	14,585	0.67%	0.01%
MECKLENBURG	14,380,276	344,130	183,124	527,254	3.67%	0.40%
MITCHELL	395,230	7,714	1,626	9,339	2.36%	0.01%
MONTGOMERY	6,778,206	339,182	220,503	559,685	8.26%	0.42%
MOORE	36,657,786	1,471,383	870,429	2,341,812	6.39%	1.76%
NASH	19,347,445	748,996	234,654	983,650	5.08%	0.74%
NEW HANOVER	25,176,449	1,019,451	463,629	1,483,080	5.89%	1.12%
NORTHAMPTON	4,782,414	41,396	45,134	86,531	1.81%	0.07%
ONSLOW	20,982,101	409,983	238,048	648,031	3.09%	0.49%
ORANGE	288,029,154	14,965,293	8,838,454	23,803,747	8.26%	17.95%
PAMLICO	1,199,759	34,717	12,182	46,899	3.91%	0.04%
PASQUOTANK	1,621,636	15,857	16,628	32,484	2.00%	0.02%
PENDER	7,972,118	214,191	120,410	334,601	4.20%	0.25%
PERQUIMANS	744,002	73	6,936	7,009	0.94%	0.01%
PERSON	14,660,434	1,161,569	728,255	1,889,824	12.89%	1.42%
PITT	9,803,389	198,087	94,690	292,777	2.99%	0.22%
POLK	110,084	1,023	1,799	2,822	2.56%	0.00%
RANDOLPH	18,915,779	1,800,064	685,819	2,485,882	13.14%	1.87%
RICHMOND	11,982,561	1,299,454	256,984	1,556,437	12.99%	1.17%
ROBESON	35,077,580	1,389,632	1,062,153	2,451,785	6.99%	1.85%
ROCKINGHAM	6,568,669	518,282	72,761	591,043	9.00%	0.45%
ROWAN	2,986,937	109,435	23,164	132,599	4.44%	0.10%
RUTHERFORD	1,342,841	55,710	12,244	67,954	5.06%	0.05%
SAMPSON	23,475,539	1,737,585	893,095	2,630,680	11.21%	1.98%
SCOTLAND	10,101,787	562,074	323,402	885,476	8.77%	0.67%
STANLY	1,398,271	33,349	12,322	45,671	3.27%	0.03%
STOKES	964,243	15,413	6,771	22,184	2.30%	0.02%
SURRY	1,701,259	60,365	10,787	71,152	4.18%	0.05%
SWAIN	187,707	12,723	3,283	16,005	8.53%	0.01%
TRANSYLVANIA	647,737	16,330	129	16,459	2.54%	0.01%
TYRRELL	206,241	14,470	2,088	16,558	8.03%	0.01%
UNION	3,828,052	69,958	58,096	128,054	3.35%	0.10%
VANCE	13,649,052	401,451	399,610	801,061	5.87%	0.60%
WAKE	205,756,677	9,295,873	3,892,669	13,188,542	6.41%	9.94%
WARREN	4,630,843	294,582	208,384	502,966	10.86%	0.38%
WASHINGTON	1,373,252	19,571	42,751	62,321	4.54%	0.05%
WATAUGA	952,561	61,624	54,720	116,344	12.21%	0.09%
WAYNE	14,790,997	474,141	281,479	755,621	5.11%	0.57%
WILKES	829,052	146,396	5,384	151,780	18.31%	0.11%
WILSON	11,251,634	388,479	152,873	541,351	4.81%	0.41%
YADKIN	444,735	19,207	2,853	22,060	4.96%	0.02%
YANCEY	342,480	10,293	8,811	19,104	5.58%	0.01%
Out of State	49,585,572	1,029,184	2,167,344	3,196,528	6.45%	2.41%
	<u>1,654,088,316</u>	<u>87,845,624</u>	<u>44,877,198</u>	<u>132,722,822</u>	8.02%	<u>100.00%</u>
FY06 Totals	1,508,134,446	70,923,567	51,471,672	122,395,239	8.12%	
Net Change	<u>145,953,870</u>	<u>16,922,057</u>	<u>(6,594,474)</u>	<u>10,327,583</u>		
Percent Change	9.68%	23.86%	-12.81%	8.44%		

# UNC-CH School of Medicine Alumni and Former Residents, UNC Hospitals

(duplicates eliminated)

Total of unique individuals: 3890



August 2008