

# Oneida Business Committee Agenda Request

1. Meeting Date Requested:   1   /  24  /  18 

## 2. General Information:

Session:  Open  Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

Accept as Information only

Action - please describe:

## 3. Supporting Materials

Report  Resolution  Contract

Other:

1.

3.

2.

4.

Business Committee signature required

## 4. Budget Information

Budgeted - Tribal Contribution  Budgeted - Grant Funded  Unbudgeted

## 5. Submission

Authorized Sponsor / Liaison:

Primary Requestor/Submitter: \_\_\_\_\_  
Your Name, Title / Dept. or Tribal Member

Additional Requestor: \_\_\_\_\_  
Name, Title / Dept.

Additional Requestor: \_\_\_\_\_  
Name, Title / Dept.

**ONEIDA COMPREHENSIVE HEALTH DIVISION  
DR. RAVINDER VIR MEDICAL DIRECTOR  
DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR  
DIVISION UPDATE  
Quarter 1 - FY 2018  
October 2017- December, 2017**



**Executive Management Team:**

<b>Division Dir-Operations, Debra Danforth RN, BSN,</b>	869-4807
<b>Division Dir-Medical, Ravinder Vir, MD,</b>	869-4808
<b>Asst. Operations Director, Vacant,</b>	869-4809
<b>Executive Assistant, Mercie Danforth</b>	869-4810
<b>Business Operations Director, Jeff Carlson,</b>	869-4805
<b>Director of Nursing-OCHC, Sandra Schuyler,</b>	869-4906
<b>Behavioral Health Manager, Mari Kriescher,</b>	490-3737
<b>Employee Health Manager, Mary Cornelissen</b>	405-4492
<b>Public Health Officer, Eric Krawczyk,</b>	869-4812
<b>AJRCCC Continuum of Care Director, Dave Larson</b>	869-2797
	869-4820

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
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**THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:**

Oneida Community Health Center (OCHC)  
Anna John Resident Centered Care Community (AJRCCC)  
Oneida Behavioral Health (OBH)  
Employee Health Services (EHS)

**VISION:**

A progressive sustainable health system that promotes Tsi?niyukwaliho t^ (Our Ways).

**MISSION:**

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

**VALUES:**

**Responsive Leadership:** *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

**Culturally Sensitive:** *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

**Continuous Improvement:** *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

**Communication:** *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

**Safety:** *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

**Respect:** *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

**OUR 2015-2018 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:**

1. Improve Population Health Management
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

## OUR 2015-2018 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by December 2017 through team work, leadership and commitment. By accomplishing accreditation we will provide staff a sense of accomplishment, increase quality of care, enhance public validation for community/customer satisfaction, improve recruitment/retention of providers, and increase the probability of outside funding.
2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 30, 2017-**GTC has placed the Employment Law on hold.** By enhancing the recruitment, hiring, and retention processes we will have a lean hiring practice, improve our recruitment and retention, enhance our services from HRD (letters, market analysis), have improved collaboration/working relationship with HRD, fill all vacancies with qualified people in a timely manner, and improve our Supervisor/Director satisfaction with HRD processes.

### IMPROVE POPULATION HEALTH MANAGEMENT

#### Initiatives: Optimizing Staffing Processes and Accreditation

- We continue to have vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- We hired a new Lab Supervisor, Carrie, Blohowiak. Carrie had started in December 2017.
- Our no show rates have declined in the past year to 9.6 % in the Medical Clinic and 11.2 % at OBH

#### Medical

- Routine appointments are currently booking 4-8 weeks out for the Medical Clinic
- **See attachment A for Medical Clinic NO-SHOW data**

#### Behavioral Health

Improve our access to care, as of 1/2/18

- initial intakes are out
  - 5 weeks for Mental Health,
  - 6 weeks for Co Occurring,
  - 7 weeks for ATODA,
  - 8 weeks for Veteran Evaluation,

- 15 weeks for Adult Psychiatry,
  - 6 weeks for Child Psychiatry and
  - 1 week for Psychology.
- Ongoing individual sessions are out
  - 1-4 week for Mental Health,
  - 1-4 week for Co Occurring,
  - 1-4 weeks in ATODA,
- For our follow up medication check appointments,
  - 3 weeks for Adult Psychiatry,
  - 8 weeks for Child Psychiatry and
  - 1 week for Psychology.
- We continue to provide walk in services with a Triage Counselor and Daily Wellness Support Services.
- **See attachment B for Behavioral Health NO-SHOW data.**
- **Access to Care** ongoing evaluation to meet the needs of the patients without hiring of additional staff and maintaining full staff. The positions are posted until filled. **Recruitment is a concern and maintaining competitive within our professional market.** We are completing a market analysis on our professional positions.
- **Tele Health-** Behavioral Health is working on contracting with ReGroup Therapy to provide Tele Psych services on site at Behavioral Health. This will have to be added to our state license.

### Optical

- Routine exams are booking 4 months out for Optical
  - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
  - Optical also sees emergencies as needed
- The March Vision Contract is not finalized yet. The plan changed 1-1-18. Our work around process for patients with this insurance coverage is to offer them the Tribe Benefit and let them know who the participating providers are in our area.
- Recent issues involving property damage is a concern due to lack of security cameras in the proper areas.

### Dental

- For Routine exam and Filling appointments are booking out 3 months.
- Emergencies are still being seen on a daily basis
- Dental Cleaning and other Perio appointments are being scheduled out to May. A call list is still utilized for cancelations.
- We are short staffed five Dental Assistants. The hiring cap is impacting the shortage of staff and will begin to impact our access further out.
- Currently in negotiations with a full-time Dentist.
- Working at stabilizing the Dental care due to upcoming retirements.
- Dental currently is faced with space issues to try and resolve the access to care issue. Working to find different avenues to meet these space issues.

**ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC) UPDATE:**

The average daily census for 1st Qtr of the Fiscal Year 2018 is indicated in the chart below:

	OCT	NOV	DEC	TOTAL
<b>Total Resident Billable Days</b>	<b>1226</b>	<b>1151</b>	<b>1194</b>	<b>3571</b>
<b>Calendar Days</b>	<b>31</b>	<b>30</b>	<b>31</b>	<b>92</b>
<b>Oneida Enrolled</b>	<b>29</b>	<b>29</b>	<b>28</b>	<b>N/A</b>
<b>Other Tribe</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>N/A</b>
<b>Non Tribal</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>N/A</b>
<b>Number of Beds</b>	<b>48</b>			
<b>Capacity Percentage</b>	<b>82%</b>	<b>80%</b>	<b>80%</b>	<b>81%</b>
	OCT	NOV	DEC	QTR AVG
<b>Payment Source</b>	<b>76%</b>	<b>77%</b>	<b>77%</b>	<b>77%</b>
<b>Medicaid</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>5%</b>
<b>Medicare A</b>	<b>10%</b>	<b>10%</b>	<b>11%</b>	<b>11%</b>
<b>Private</b>	<b>3%</b>	<b>3%</b>	<b>5%</b>	<b>3%</b>
<b>VA</b>				

- Full Time Registered Dietician for AJRCCC was hired.
- The Harvest Supper was held on November 15, 2017 at 5 p.m. Family members and volunteers paid \$5 for their meal and the Oneida VFW Auxiliary volunteered to help AJRCCC staff serve the meal to the Residents and their guests
- The Christmas Party was held on December 20, 2017 at 2 p.m. Entertainment and gifts (bought by staff) were distributed to the Residents.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.
- The AJRCCC Board continues to meet on a regular basis.

**OPTIMIZE TECHNOLOGY**

**Initiatives: Advancing Technology and Accreditation**

**ELECTRONIC MEDICAL RECORD (EMR):**

- **The EMR Team** continues its work within the Oneida Comprehensive Health Division (OCHD) including Oneida Community Health Center (OCHC) and Oneida Behavioral Health (OBH).
  - The EMR Team continues ongoing review and updating of the system on a regular basis as new releases are available within the application and all additional software. Every software update or new release that is needed requires numerous hours of testing and coordination for implementation to assure that all the application and updates are tested before going live.
- The EMR team would benefit from having an Internal Program/Project Manager that oversees all the products to include Centricity Practice Management/Electronic Medical Record (PM/EMR), ePrescribe, Visualutions, Secure Messaging, Patient Portal, Biscom, Meaningful Use, PQRS, and CQR. This person would research to make sure that the enterprise is on the latest/appropriate versions of the various products and bring the

information to the team. The PM should be able to explain the various aspects of the newer versions and what enhancements are available with them.

## **PATIENT MANAGEMENT SYSTEM (PMS)**

- **The RAVE Alert System** is an emergency notification system that can send a mass notification to our employees via text messages, e-mail message, and/or phone calls in the event of an emergency. i.e. Emergency closure. We have implemented the RAVE system to inform employees of building closures and other situations that need to go out.

## **CONTINUOUS QUALITY IMPROVEMENT**

### **Initiatives: Accreditation**

#### **Accreditation of the Health Division**

- Data tracking and collecting with all departments continues with the use of the data base, this will enable better reporting for QA studies as we move toward accreditation.
- An orientation video was recorded which is still in process but will become part of the Orientation process for all new employees of the Health Division.
- Departments continue to update their SOPs based upon the calendar schedule that has been developed Division Wide.
- All departments are meeting monthly, taking minutes, and storing them within the g:drive under Accreditation.
- The QA Coordinator and the Operations Division Director attended AAAHC Accreditation training for first time accreditation visits in Las Vegas, NV. The training helped to identify what specific things will be reviewed based upon the chapters of the Accreditation manual.

#### **Public Health Accreditation**

- The on-site visit was completed in October 2017 and we are expecting a final decision in mid-February 2018.

## **ENHANCE OUR WORKFORCE**

### **Initiative: Optimizing our staffing processes**

#### **HUMAN RESOURCE MANAGEMENT**

- The hiring freeze/cap that went into effect in December is adversely impacting our ability to provide services to our community. Within OCHD the freeze will result in service access deterioration and services being placed on hold. In the projected scenario of a longer term hiring freeze, service(s) elimination maybe a consideration due to lack of adequate staffing resources.
- We have staffing, space and financial constraints that prevent us from providing optimal access to care in our Division.

**Number As of 1/01/18 Comprehensive Health Division Employees: 328 FTE** (includes full-time, part-time, LTEs,) NOTE: The Work Force report is being worked on with HRD to confirm accuracy.

- Total # employees for the division is 351:
  - **118 Oneida Enrolled**

- **31 American Indian/Alaskan**
  - **3 Black/African American**
  - **1 Asian**
  - **6 Hispanic/Latino**
  - **188 Caucasian/other**
  - **4 Two or more Races**
- **Breakdown of # of employees by area:**
    - **AJRCCC: (70)**
      - 24 Oneida Enrolled
      - 6 American Indian/Alaskan
      - 1 Asian
      - 4 Hispanic/Latino
      - 1 Black/African American
      - 3 Two or more Races
      - 31 Caucasian/other
    - **Behavioral Health (44)**
      - 1 Hispanic/Latino
      - 6 American Indian/Alaska Native
      - 1 Black/African American
      - 7 Oneida Enrolled
      - 28 Caucasian/other
      - 1 Two or more races
    - **Employee Health Nursing (10)**
      - 1 American Indian/Alaska Native
      - 2 Oneida Enrolled
      - 7 Caucasian/other
    - **Medical (44)**
      - 5 American Indian/Alaskan
      - 12 Oneida Enrolled of WI
      - 27 Caucasian/other
    - **Operations (183)**
      - 1 Black/African American
      - 13 American Indian/Alaska Native
      - 73 Oneida Enrolled of WI
      - 95 Caucasian/other
      - 1 Hispanic/Latino
- **Current vacancies as of 1/1/18:**
    - **Certified Medical Assistant**
    - **Clinical Substance Abuse Counselor**
    - **Dental Assistant**
    - **Dental Systems Coordinator**
    - **Dual Diagnosis Therapist**
    - **Physician –Peds**
    - **Physician – Internal medicine**
    - **Psychiatrist**
    - **Psychotherapist**
    - **Certified Nursing Assistant**
    - **Dental Hygienist**



- Dietary Aide Cook LPN- AJRCC
- RN – AJRCCC
- Triage Supervisor
- Dental Assistant

## FINANCIALS

### Comprehensive Health Division

BUDGETED Funding Sources for FY-2018 (Total)

TRIBAL CONTRIBUTION: 4.50% (\$2,699,903)

GRANTS: 3.42% (\$2,053,885)

OTHER SOURCES:

External Sales/Third Party Revenue/other income 58.45% (\$35,072,745)

Indian Health Services: 33.63% (\$20,177,282)

**Total Budget for FY 2018: \$60,003,815**

Actuals as of 12/31/17

1<sup>st</sup> Quarter Total Actuals as of 12/31/17 (Oct-Dec 2017): \$12,309,348

Consolidated Health (OCHC & OBH) has not been utilizing Tribal Contribution to provide services to the Community.

Tribal Contribution is utilized within the Comprehensive Health Division at AJRCCC (Budgeted \$1,478,742), EHN (Budgeted \$877,126), and Case Management/COP (Budgeted \$343,381 Grant matching requirement), and WIC (Budgeted \$654, Grant matching requirement).

### LONG TERM CARE:

- The issue related to the proposed 1115 Medicaid Waiver and it's impact on the Tribes in Wisconsin continues to be the focus of our discussions during this past quarter. The Tribes continue to discuss the 1915B and 1915C waivers and the impacts to the Tribal communities. There has been active involvement of Tribal leadership and the law office as we continue to work to an amicable solution to the issues that will impact all Tribes in WI but more specifically Oneida and Menominee.

### Celebrations and Successes:

- Celebrated and recognized our OCHC staff for their service to the Community. The Yaw^ko event was sponsored and supported by Employee fund raising and organized by OCHC Booster Club. Kudos to the Booster Club for an excellent program that celebrated the dedication and passion that our staff have for the services we provide to our community.
- Behavioral Health staff have been voluntarily reaching out and supporting the community fire-several ATODA groups have spent time there in the month of December.
- Employee Health Nursing (EHN) has completed 1,626 Health Risk Assessments for employees and spouses out of 1,900 that are eligible to have the assessment done.
- 473 employees, Nation wide, have completed their points for the Reasonable Alternative Standard (RAS) out of 550 that signed up through EHN.
- The Public Health Accreditation Board site visit was October 4th & 5th 2017. Staff did great!
- The Craft Sale held on December 2<sup>nd</sup> was a success. We had 51 vendors expected to attend with 49 showing-up. Each year we have more vendors that want to participate.
- Successful implementation of the Exercise at Work Policy on the Programs side and Gaming has implemented a pilot within the Custodial area which will be evaluated after 90 days. At that time, it will be decided how to proceed.

- The percentage of Oneida WIC Infants and mothers who successfully initiate breastfeeding, increased from the original baseline of 78.4% to 82.1%. Note: Target Goal was: 79%. Oneida WIC Breastfeeding rates continue to exceed all State and WI Tribe averages in all categories (initiation through 12 months).
- The Cultural Awareness team's (CAT) work is being recognized and valued by other divisions in the Nation and external from the Nation. Other departments would like to have a similar policy as we do. We have been asked by other divisions (Oneida Nation School System and Oneida Headstart) in the Nation about our CAT policy and implementation of the Oneida culture education. At this time, the School System has requested our power points. We also have the Green Bay School System requesting us to work with them to incorporate into their teacher's personal knowledge of culture. The Cultural Heritage Staff and the Oral Speakers we receive the teachings from have approved to share the e-Learnings we have completed to this point. However, they prefer not to have the pictures or the Medicine Society e-Learning shared at this time. Further direction/guidance from the Division Directors on how to handle these requests will be requested.
- The 2017 Annual Cultural Awareness event with Blackwolf Jones as the speaker was held at the Radisson with 3 different sessions for employees to attend. Out of the 366 employees expected to attend, we had 302 or 82.5 % attend the third annual event.

**Please follow us on our Oneida Comprehensive Health Division Facebook page!**

**Cultural Awareness training (December 2017)**



**Yaw^ko Event (December 2017)**

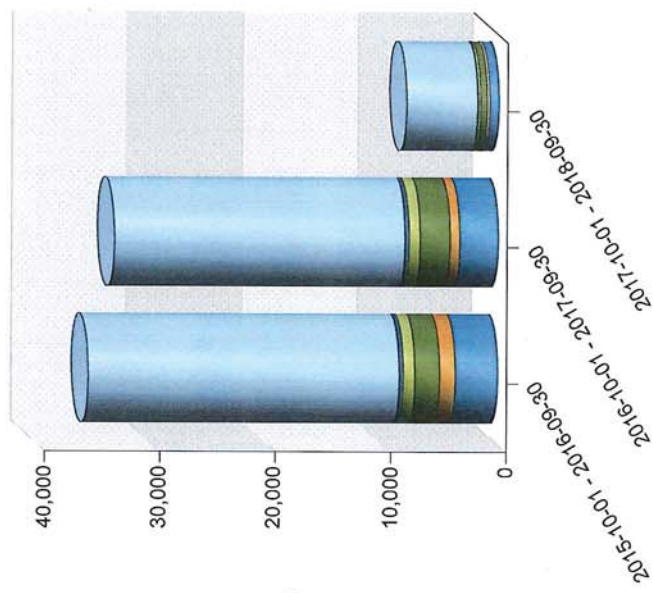


**Public Health Accreditation (PHAB) (October 2017)**



# Three Year By Quarter No Show/Cancellation Summary

## Oneida Health Center Medical Clinic



- No Show
- No Show Patient Called < 24 Hours
- Cancel by Patient
- Cancel by Provider
- Cancel by Clinic
- Completed Office Visit

Range	FY QTR	No Show	No Show Patient Called < 24 Hrs	Cancel by Patient	Cancel by Provider	Cancel by Clinic	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2017-10-01 - 2018-09-30	Qtr01	795	217	593	174	76	1,800	6,131	7,931	5,811	4,326
2017-10-01 - 2018-09-30		795	217	593	174	76	1,800	6,131	7,931	5,811	4,326
2016-10-01 - 2017-09-30	Qtr04	705	182	552	249	76	1,738	5,445	7,183	5,445	4,004
	Qtr03	799	153	791	229	58	2,009	6,063	8,072	6,065	4,197
	Qtr02	834	226	685	234	137	1,991	6,681	8,672	6,694	4,459





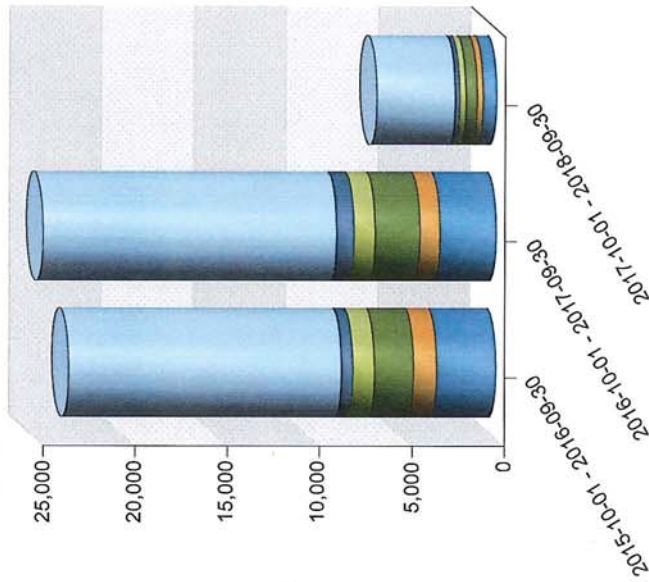
# Three Year By Quarter No Show/Cancellation Summary

## Oneida Health Center Medical Clinic

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2016-10-01 - 2017-09-30	Qtr01	977	10.8%	267	2.9%	583	6.4%	256	2.8%	100	1.1%	2,136	6,917	9,053	6,917	4,808
2016-10-01 - 2017-09-30		3,315	10.1%	828	2.5%	2,611	7.9%	968	2.9%	371	1.1%	7,874	25,106	32,980	25,121	8,182
2015-10-01 - 2016-09-30	Qtr04	939	11.0%	292	3.4%	565	6.6%	185	2.2%	59	0.7%	2,002	6,545	8,547	6,545	4,622
	Qtr03	861	9.9%	353	4.0%	550	6.3%	192	2.2%	109	1.2%	2,027	6,710	8,737	6,712	4,502
	Qtr02	777	9.0%	338	3.9%	548	6.4%	285	3.3%	115	1.3%	2,038	6,576	8,614	6,578	4,464
	Qtr01	1,059	11.2%	370	3.9%	522	5.5%	337	3.6%	81	0.9%	2,361	7,061	9,422	7,065	5,031
2015-10-01 - 2016-09-30		3,636	10.3%	1,353	3.8%	2,185	6.2%	999	2.8%	364	1.0%	8,428	26,892	35,320	26,900	8,663
Summary		7,746	10.2%	2,398	3.1%	5,389	7.1%	2,141	2.8%	811	1.1%	18,102	58,129	76,231	57,832	10,808

# Three Year By Quarter No Show/Cancellation Summary

## Behavioral Health Services



- No Show
- No Show Patient Called < 24 Hours
- Cancel by Patient
- Cancel by Provider
- Cancel by Clinic
- Completed Office Visit

Range	FY QTR	No Show	No Show %	No Show Patient Called < 24 Hrs	No Show Patient Called < 24 Hrs %	Cancel by Patient	Cancel by Patient %	Cancel by Provider	Cancel by Provider %	Cancel by Clinic	Cancel by Clinic %	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2017-10-01 - 2018-09-30	Qtr02	80	11.2%	36	5.1%	74	10.4%	71	10.0%	35	4.9%	296	416	712	237	547
	Qtr01	650	11.3%	290	5.0%	534	9.3%	264	4.6%	214	3.7%	1,952	3,802	5,754	3,596	1,569
2017-10-01 - 2018-09-30		<b>730</b>	<b>11.3%</b>	<b>326</b>	<b>5.0%</b>	<b>608</b>	<b>9.4%</b>	<b>335</b>	<b>5.2%</b>	<b>249</b>	<b>3.9%</b>	<b>2,248</b>	<b>4,218</b>	<b>6,466</b>	<b>3,833</b>	<b>1,641</b>
2016-10-01 - 2017-09-30	Qtr04	765	13.8%	244	4.4%	547	9.9%	239	4.3%	307	5.5%	2,102	3,441	5,543	3,422	1,550
	Qtr03	784	12.9%	285	4.7%	567	9.3%	214	3.5%	159	2.6%	2,009	4,072	6,081	4,073	1,559



# Three Year By Quarter No Show/Cancellation Summary

## Behavioral Health Services

Range	FY QTR	No Show	%	No Show Patient Called < 24 Hrs	%	Cancel by Patient	%	Cancel by Provider	%	Cancel by Clinic	%	No Show Cancellation Total	Completed Office Visit	Total Appointments	Billed Visits	Total Clients
2016-10-01 - 2017-09-30	Qtr02	734	10.8%	271	4.0%	754	11.1%	408	6.0%	283	4.2%	2,450	4,342	6,792	4,341	1,599
	Qtr01	770	12.5%	286	4.7%	537	8.8%	262	4.3%	194	3.2%	2,049	4,087	6,136	4,087	1,535
2016-10-01 - 2017-09-30		3,053	12.4%	1,086	4.4%	2,405	9.8%	1,123	4.6%	943	3.8%	8,610	15,942	24,552	15,923	2,558
2015-10-01 - 2016-09-30	Qtr04	768	13.2%	268	4.6%	538	9.2%	281	4.8%	164	2.8%	2,019	3,810	5,829	3,808	1,481
	Qtr03	808	13.8%	314	5.4%	532	9.1%	207	3.5%	101	1.7%	1,962	3,892	5,854	3,657	1,496
	Qtr02	824	13.2%	339	5.4%	573	9.2%	307	4.9%	224	3.6%	2,267	3,980	6,247	3,658	1,501
	Qtr01	808	15.5%	331	6.4%	457	8.8%	362	7.0%	122	2.3%	2,080	3,126	5,206	3,129	1,377
2015-10-01 - 2016-09-30		3,208	13.9%	1,252	5.4%	2,100	9.1%	1,157	5.0%	611	2.6%	8,328	14,808	23,136	14,252	2,485
Summary		6,991	12.9%	2,664	4.9%	5,113	9.4%	2,615	4.8%	1,803	3.3%	19,186	34,968	54,154	34,008	3,760