DFWHC FOUNDATION

www.dfwhcfoundation.org

2012-2013 ANNUAL REVIEW

Making
Discoveries

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Embarking on a great journey

ALEXANDER GRAHAM BELL ONCE SAID, "Discoveries invariably involve the cooperation of many minds." Here at the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation), we are embarking on a great journey with the cooperation of many minds. Our path will be difficult, sometimes requiring a compass. Sturdy shoes always help. But the discoveries we make together could save lives.

Meriwether Lewis and William Clark began their journey in 1804 into a vast unknown wilderness as desolate as the surface of the moon, and what discoveries they made! Orville and Wilbur Wright began a journey of flight in 1903, and they're vision brought us a step closer to the moon. Perhaps our discoveries are not quite as dramatic as these legendary heroes, but at the DFWHC Foundation we are profiling communities, mining healthcare data and providing information to our hospital partners. These discoveries could save lives and improve the quality of life in North Texas.

> **We are profiling communities, mining healthcare data and providing information to our hospital partners.**

We are working on community assessments. We are acquiring information on the North Texas healthcare workforce. We have processed more than five million patient encounters from 81 facilities into our data warehouse. We are analyzing more than 35 million records for the approximately 25,000 cardiothoracic surgical patients. Where will the journey take us?

This year's annual report details the many projects within the DFWHC Foundation. Our theme, "Making Discoveries," is an appropriate one. We hope to discover paths for future innovation. We hope to discover ways to decrease adverse drug events, patient infections and birth trauma.

We decided to add a slice of history to this year's annual report, with detail about past discoveries improving our quality of life. We appreciate your support and the dedicated work of our dependable Board of Trustees. Working together, we hope to make future discoveries. ●

Trustes

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The DFWHC Foundation

- Established in **1968** as a **NON-PROFIT CORPORATION**

- Promotes safe, high quality, cost effective, accessible and equitable **HEALTHCARE**

- A **501(c)(3)** tax-exempt organization

- Works under the **Dallas-Fort Worth Hospital Council (DFWHC)** umbrella

- Established to answer the need in healthcare for **HIGH QUALITY DATA** to measure improvement

Departments

- The **COMMUNITY HEALTH DEPARTMENT** empowers healthcare organizations through the use of data to create health programs that benefit the community and provides the information and assistance that helps create positive action plans to improve population health.

- With a shortage of nurses in North Texas hospitals, the **WORKFORCE CENTER** is developing programs linking nurses and hospitals to fill these areas. These programs increase the number and quality of nurses in each hospital.

- The **QUALITY DEPARTMENT** provides representatives from area hospitals the opportunity to meet and collaborate in order to address regional hospital quality and patient safety issues. Participants seek to identify and maximize best practices as well as develop initiatives and education to address areas for improvement.

- Through the collaboration of area hospitals, patient visits are recorded in a data base. The **DATA CENTER** transforms this information into knowledge to improve the care patients receive.

- The **RESEARCH DEPARTMENT** works with stakeholders and researchers towards improving community health through research and knowledge dissemination. They utilize available resources to investigate community health practices. This department works with universities, health departments and hospitals.

- Created in 2010, the **NORTH TEXAS REGIONAL EXTENSION CENTER (NTREC)** provides assistance to primary care providers in overcoming the major barriers of "Meaningful Use" of Electronic Health Records. NTREC has assisted more than 1,500 providers to Meaningful Use over the last three years.

- **THE TEXAS QUALITY INITIATIVE'S (TQI)** mission is to improve the quality of cardiothoracic care, identify best practices, and reduce cost to the patient and healthcare system as a whole. TQI allows leaders to share detailed clinical information within a certified Society for Thoracic Surgery registry with one another in an un-blinded manner (as to hospital and physician), utilizing unique business intelligence tools.

Sir Isaac Newton

In 1668, Sir Isaac Newton invented the first **reflecting telescope**, used today for nearly all large astronomy research projects.

Data Assets

The Dallas-Fort Worth Hospital Council Foundation

Information and Quality Services Center	Texas Quality Institute	Healthy North Texas	Regional Extension Center	Healthcare Workforce Center	Hospital Engagement Network
Inpatient Claims Outpatient Claims Regional Enterprise Master Patient Index	Cardiology and Thoracic Surgery Clinical Data 800 clinical data points per encounter	Community Health Metrics Population Measures Best Practice outcome measures	Customer Relationship Management (sales force)	Regional Workforce Planning Collaboration Hospitals Partners Workforce Data for Allied Health and Nursing	Patient Safety and Quality Measures Regional Analyses and All-payor, All-cause Readmissions in North Texas

Inputs

Information and Quality Services Center	Texas Quality Institute	Healthy North Texas	Regional Extension Center	Healthcare Workforce Center	Hospital Engagement Network
Hospitals Texas Healthcare Information Collection	Hospitals Physicians	Federal Data Sources (CDC, BRFSS) State Data Sources (Texas Depart. of Health) Providers	Medicare Physicians Staff Observations	Hospitals	Hospitals

Characteristics

Information and Quality Services Center	Texas Quality Institute	Healthy North Texas	Regional Extension Center	Healthcare Workforce Center	Hospital Engagement Network
2006-present 80 facilities over 17 counties 31 million patient encounters 8.5 million unique individuals Track all -payor, all-cause readmissions	2008-present 94% participation of regional cardiac surgery programs Administrative and performance data 20,000 heart cases	Publically accessible online data warehouse for 12-county regional Used for needs assessment, surveillance and evaluation	Demographic and meaningful use Electronic Health Record status of 1,500 primary care physicians 42 counties Federal Cooperative Agreement	Five years of data 45-plus hospitals 58,000 health employees records Strategic planning for Allied Health and Nursing workforce	Federal contract from Centers for Medicare and Medicaid Services Monitors outcomes of eight adverse health events

The Dallas-Fort Worth Hospital Council Foundation has an extensive data warehouse and numerous resources available. The data is highly granular, electronic in format and in a constant state of renewal. The information involves more than 75 hospitals including public, private, urban, rural, large and small. The warehouse serves as a repository for meaningful research on all aspects of healthcare service and delivery.
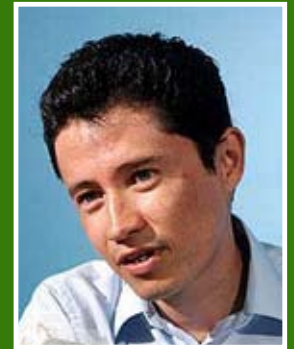
Community Health

Texas Scottish Rite Hospital for Children teams with the Foundation

UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, non-profit hospitals are required to conduct a community assessment every three years. Texas Scottish Rite Hospital for Children (TSRHC) has contracted with the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation) to conduct a community health needs assessment (CHNA) for TSRHC. Through this assessment, DFWHC Foundation will evaluate the existing healthcare landscape in TSRHC through appropriate methodologies including interviews, surveys and data analysis using statistical packages to identify best practices. This evaluation will help TSRHC in reviewing current practices and implementing the best health care practices for its organization.

The three phases of the project include community assessment, analysis of the care continuum and evaluation of systems and resources. The assessment phase includes a survey of patient families to gain a better perspective of their needs. Analysis of the care continuum will involve interviews with TSRHC partners, public officials and community leaders. During the summer of 2013 the DFWHC Foundation will continue its collection of data as it interviews informants and analyzes results. For phase three, the DFWHC Foundation will evaluate the health system and available resources. This evaluation will enable TSRHC to identify gaps in care and intervention methods. This should mitigate health disparities and improve quality of life, specifically for pediatric patients and their families.

The DFWHC Foundation will provide the TSRHC board and hospital leadership with a report of its findings and recommendations in August, 2013. The final report and strategies are expected to be reviewed and approved by the TSRHC board of directors in September, 2013. ●

Medicaid Waiver planning efforts

THE DALLAS-FORT WORTH HOSPITAL COUNCIL FOUNDATION (DFWHC Foundation) supported the efforts of three Medicaid Waiver Regional Health Planning (RHP) areas this year – RHPs 9, 10 and 18. Additionally, the Community Health Needs Assessment for RHP 9 was generated by the DFWHC Foundation's research and community health staff. Results of these studies revealed areas of great need within all regions for mental health treatment, substance abuse prevention and treatment, primary care access and chronic disease prevention and management.

Over the next three years, the DFWHC Foundation will support the programs hospital and community partners implement under the approved Waiver. Specifically, the DFWHC Foundation will use its business intelligence assets to measure the success of the programs specific to each RHP's needs. In next year's annual report, the DFWHC Foundation will include a section detailing the power of this collaboration and results of 1115 Waiver projects. We believe the numbers will demonstrate improved health and prosperity of the people of North Texas. This year of program development will be a busy one for all partners, and we look forward to working with you. ●

José Hernández-Rebollar

In 2003, José Hernández-Rebollar invented the **AcceleGlove**, an electronic glove which translates hand movements from the American Sign Language into spoken and written words.

Workforce
Supporting North Texas hospitals

EMPLOYEE OF THE YEAR LUNCHEON

The Dallas-Fort Worth Hospital Council Foundation's Workforce Center annually recognizes more than 100 hospital non-management employees, physicians, volunteers and students during the Employee of the Year Luncheon. These employees, nominated by their hospitals, were introduced for their outstanding contributions at the event held April 18 at the Irving Convention Center. This was the inaugural year for the Volunteer of the Year Award. Al Wexler, the 94 years young representative of Texas Health Harris Methodist Hospital Southwest Fort Worth, was this year's recipient. This was the 17th year for the luncheon, with 117 nominees, 13 winners and more than 50 hospitals participating. The theme was "The HeartBeat of Healthcare," with a musical presentation from the Drum Café (above photo).

WORKFORCE PLANNING COLLABORATIVE

North Texas Regional Workforce Planning Collaborative (RWPC) is acquiring information and future ideas are being considered. Understanding the region's talent pipeline of critical positions is being defined. Tactics are being implemented to improve the workforce landscape, with shortages expected to improve for all hospital partners. With UT Southwestern University Hospitals on board, the collaborative now includes five of the region's hospital systems. Partners include Baylor Health Care System, HCA North Texas Division, Parkland Health & Hospital System and

Texas Health Resources. The RWPC will continue to reach out to additional hospitals and hospital systems. The Regional Workforce Planning Collaborative is tracking 72 hospital jobs and more than 14 additional nursing specialties for regional benchmarks. Area collaboration includes aggregated data on over 59,000 hospital employees.

NORTH TEXAS NURSING RESOURCE CENTER

The North Texas Nursing Resource Center was created from grant funding from the Texas Team for the Future of Nursing Coalition to Advance the Health of Texans and the Perot Foundation. This is a tool for regional clinical placements. It also serves as a faculty resource center with detailed information on participation and recruitment. Check out the website at **www.texasnrc.org**. The North Texas region is unique due to its spirited collaboration between education and hospitals. An example of this is the North Texas Nursing Consortium. The Summer Institute is an event held every August for nurse educators that provides continuing education. A new event was added in 2013, the North Texas Preceptor Academy, set for June 27-28 at Texas Woman's University. In 2012, there were 9,724 Student Nurse Placements for North Texas hospitals and schools achieved through the North Texas Nursing Resource Center. More than 200 school and hospital nurse educators attended the North Texas Nursing Consortium Summer Institute Event. ●

Lewis Latimer

In 1881, Lewis Latimer invented the procees to produce **carbon filaments**, which were an improvement over Thomas Edison's paper filaments used in light bulbs of the time.

Quality

Education and safety opportunities

Three live events relating to patient safety and quality were provided by the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation) from 2012-2013.

2012 PATIENT SAFETY SUMMIT
The Fifth Annual Patient Safety Summit was held August 16-17. 2012 and exceeded prior attendance rates. There were many firsts for the event including live web-streaming, collaboration with Centers for Medicare and Medicaid Services Region 6 and free attendance thanks to the Hospital Engagement Network Contract. Robert M. Wachter, MD, keynote speaker and author of *Understanding Patient Safety*, was a big draw for the summit. More than 400 healthcare professionals attended, and more than 65 participated virtually.
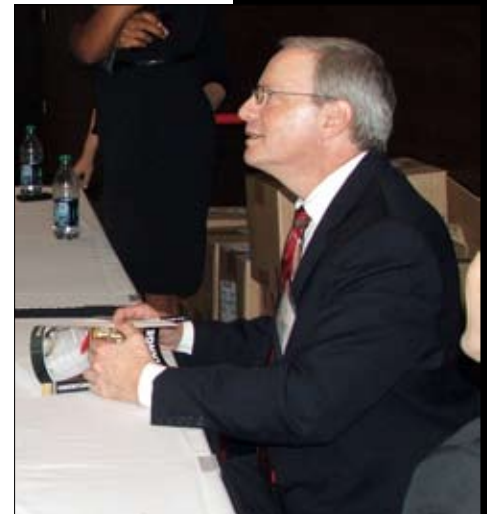
MARCH OF DIMES GRAND ROUNDS
Working with the North Texas March of Dimes, the DFWHC Foundation hosted the educational event, March of Dimes Grand Rounds, November 29, during 2012 National Prematurity Prevention Month. The event was held at The University of Texas at Dallas and was available two separate times for both live and web-streaming participation. Dr. Eugene Toy, who successfully implemented a campaign to reduce non-medically indicated deliveries before 39 weeks gestational age, presented valuable information for Early Elective Delivery Reduction. The event had 61 participants both live and via web streaming.

PATIENT SAFETY AWARENESS WEEK 2013
Patient Safety Awareness Week was March 4-10, 2013. The DFWHC Foundation sponsored an educational event, March 5 at Texas Scottish Rite Hospital for Children. Speakers included Jan Powers, PhD, RN, CCRN, CCNS, CNRN, FCCM presenting on Interventional Hygiene; and Karen Curtiss, sharing her book *Safe and Sound in the Hospital*. The book supports patient and family participation to reduce Hospital Acquired Conditions and readmissions, which is the focus of the Partnership for Patients and Hospital Engagement Network contracts. Nursing implementation content was presented by Mary Foley, RN, PhD, Director in the Center for Nursing Research and Innovation at the University of California, San Francisco School of Nursing. The event had 81 attendees participating both live and via web-streaming.

HOSPITAL ENGAGEMENT NETWORK
The DFWHC Foundation Hospital Engagement Network has shown significant improvements in eight of the 10 Adverse Event Areas. The areas in which aggregate membership met at least a 30 percent improvement include: Adverse Drug Events, Catheter Associated Urinary Tract Infections, Central Line Associate Blood Stream Infections, Falls, Birth Trauma, Pressure Ulcer prevention, Ventilator Acquired Pneumonia and Venous Thrombo-embolism. In addition, the aggregate has met the national benchmark for improvements in Pressure Ulcer Prevention and Venous Thrombo-embolism. ●

Dr. Robert Wachter signs copies of his book at the Patient Safety Summit.

Josephine Cochrane

In 1886, Josephine Cochrane invented the first **mechanical dishwasher**, starting a production company which eventually became Whirlpool.

Hospital Engagement Network chart

AEA	MEASURE NAME	DATA SOURCE	PERCENT REPORTING	PERCENT Improvement
ADE	CMS HAC 8: Manifestation of poor glycemic control/ acute patient discharges	HEN-CMS HAC	91%	100%
CAUTI	CMS HAC 7: Catheter associated urinary tract infection/1,000 patient discharges	HEN-CMS HAC	91%	80.1%
CLABSI	CMS HAC 6: Vascular catheter associated infections/1,000 patient discharges	HEN-CMS HAC	91%	90.9%
Falls	CMS HAC 5: Falls and trauma/1,000 patient discharges	HEN-CMS HAC	91%	91.7%
OB_OTH	Third and fourth degree perineal laceration/total deliveries	HEN-Admin/ claims/billing	100%	5.6%
OB_OTH	Birth trauma/total births	HEN-Admin/ claims/billing	100%	41.1%
OB_OTH	PSI 17	HEN-Dashboard	111%	34%
OB_OTH	PSI 18	HEN-Dashboard	122%	9.1%
OB_OTH	PSI 19	HEN-Dashboard	122%	1.7%
PrU	CMS HAC 4: Pressure ulcers, stage III, IV/1,000 acute patient discharge	HEN-Admin/ claims/billing	91%	99%
Readm	All payer, all cause readmissions for index admissions of HF, PN, AMI (%)	HEN-Admin/ claims/billing	91%	6.3%
Readm	CNS pts discharged to and readmitted from skilled nursing (%)	HEN-Admin/ claims/billing	91%	14.3%
Readm	CNS pts discharged to and readmitted from home (%)	HEN-Admin/ claims/billing	91%	12.5%
Readm	Medicare FFS 30-day all-cause readmissions	CMS (CMS file)	100%	3.6%
VAP	Incidence of VAP/1,000 acute patient days	HEN-Admin/ claims/billing	100%	29.6%
VTE	Incidence of VTE as secondary diagnosis /1,000 acute patient discharge	HEN-Admin/ claims/billing	91%	83.1%
VTE	PSI 12	HEN-Dashboard	91%	49%

Admin=Administrative, AEA=Adverse Event Area, ADE=Adverse Drug Event, CAUTI=Catheter Associated Urinary Tract Infection, CLABSI=Central Line Associated Blood Stream Infection, CMS=Centers for Medicare and Medicaid Services, FFS=Fee For Service, HEN=Hospital Engagement Network, HAC=Hospital Acquired Condition, OB=Obstetric, Oth=Other, PSI=Patient Safety Indicators, PSI 12=Postoperative Pulmonary Embolism or Deep Vein Thrombosis, PSI 17=Birth Trauma, PSI 18=Obstetric Trauma-Vaginal Delivery with Instrument, PSI 19=Obstetric Trauma-Vaginal Delivery without Instrument, PrU=Pressure Ulcer, Readm=Readmission, Pts=Patients, VAP=Ventilator Acquired Pneumonia, VTE=Venous Thrombo-Embolism
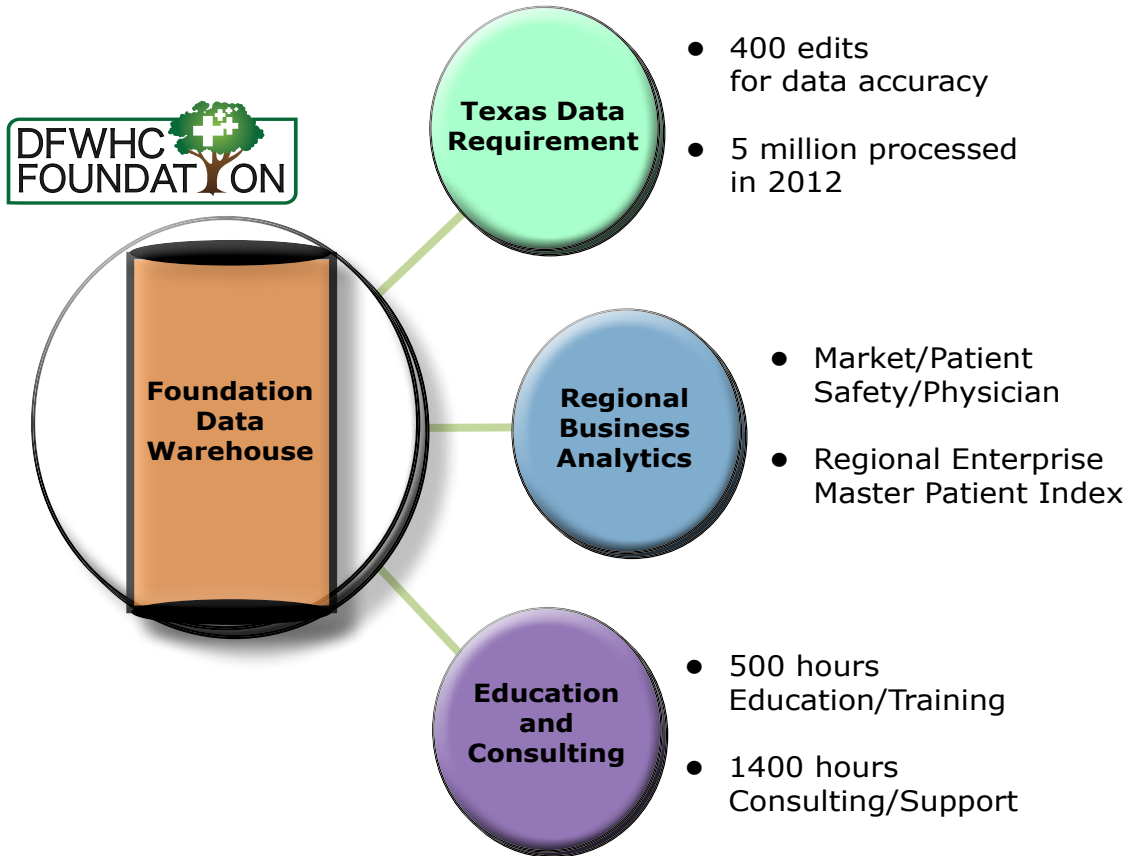
Patricia Bath

In 1981, Patricia Bath invented the **Laserphaco Probe**, a device which quickly and painlessly dissolves the cataract with a laser, irrigates and cleans the eye and permits the easy insertion of a new lens.

Information and Quality Services Center

Foundation Data Warehouse

Texas Data Requirement
- 400 edits for data accuracy
- 5 million processed in 2012

Regional Business Analytics
- Market/Patient Safety/Physician
- Regional Enterprise Master Patient Index

Education and Consulting
- 500 hours Education/Training
- 1400 hours Consulting/Support

EACH YEAR, THE INFORMATION AND QUALITY SERVICES CENTER (IQSC) is surprised by the collaboration and support it receives from the North Texas Health Information and Quality Collaborative (NTHIQC). The collaborative set goals and offered guidance. The NTHIQC is a committee of executive hospital leaders that volunteer their time to help the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation) achieve its mission and vision. The IQSC appreciates the feedback generated from these hospital leaders as it strives to be catalyst for continual improvement in community health and healthcare delivery.

In 2012, the IQSC processed more than five million patient encounters from 81 facilities into the data warehouse. That brings the DFWHC Foundation Data Warehouse to more than 33 million cases over 14 years. Due to the amount of data processed, IQSC requires all participating facilities to run

Louis Braille

Blinded by a childhood accident, Louis Braille invented **Braille** in 1824 at the age of 15, a writing system used by the blind to this day. Braille's system was the first digital and binary form of writing.

Hospital data at work - MyIQ Analytics

Physician Analysis
- Physician Splitter Reports
- Incorporated Specialty
- Product Line Analysis by Physician or Specialty

Patient Safety Analysis
- Patient Safety Indicators by regional and national rates
- Dashboards that focus on each Hospital Acquited Condition
- Hospital Engagement Network Dashboard

Regional Enterprise Master Patient Index (REMPI)
- Emergency Room Frequent Flyer Analysis
- Built-in National CMS Measures for Readmission Analysis
- Integrated Social Security Death Master

Improved Business Intelligence Tool
- Better graphics and able to go from Summary to Detail-level data
- Increased users/usage - 2000 usage hours, 3400 usage sessions
- Increased turnaround time and deployed **Monthly Reports**

its data through a cleansing process that applies more than 400 edits to ensure accuracy. IQSC can process this data through a proprietary matching algorithm that allows it to match patients across all 81 facilities, creating the Regional Enterprise Master Patient Index (REMPI). Out of the millions of encounters in the warehouse, IQSC has been able to indentify approximately 8.7 unique individuals consuming hospital services.

In 2012 IQSC implemented the new business intelligence tool MyIQ Analytics. It is powered by the robust application Qlikview. Through this tool, IQSC has been able to create dashboards for executives, but still have detailed data available for research and market analysis. IQSC is continually looking for ways to put your data to work and is exploring other data resources, such as the Social Security Death Master, to add more value.

IQSC also wanted to spend more one-on-one time with customers this year so it could have a greater knowledge of how its applications are being used. It's an opportunity to enhance your experience with the DFWHC Foundation. Over the last year, IQSC had on-site educational meetings to make certain participants were aware of what tools were available and to receive valuable feedback. In addition, IQSC also provided overviews to educational institutions and other organizations interested in expanding research. The IQSC completed an estimated 50 special data extracts for research and the Medicaid 1115 Waiver. ●

In 2012, the IQSC processed more than five million patient encounters from 81 facilities into the data warehouse.

Katharine Blodgett

In 1935, Katharine Blodgett invented **Invisible Glass**, utilized in cameras for photography. The clear, non-reflective glass is due to a coating perfected by Blodgett which makes the surface 99% transmissive.

Texas Quality Initiative

Participating surgeons share outcomes to improve healthcare

IN 2012, NORTH TEXAS' CARDIOTHORACIC SURGEONS and the hospitals where they operate enjoyed the first full year of Texas Quality Initiative (TQI) work at the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation). TQI is a hospital-funded collaborative directed by physicians. It is designed to improve cardiovascular surgery for patients in North Texas. Participating hospitals and surgeons share a regional certified cardiovascular registry combined with a regional hospital all-payer claims data warehouse. The purpose is to identify and circulate best practice outcomes and value information to providers. TQI's goal is to make North Texas an example for innovative cardiac care worldwide. The National Quality Strategy's Triple Aim of better care, affordable care and better community health are served by this collaboration.

The TQI registry has been successfully "matched" to the DFWHC Foundation's all-payer claims data warehouse created by North Texas hospitals in 1999. More than 35 million records can be analyzed for the approximately 25,000 cardiothoracic surgical patients found in the TQI clinical registry. This work allows surgeons to identify best practices and best value in cardiothoracic care. Population studies for readmissions, mortality and disparity can be conducted based upon this unique clinical/claims information. On-site reviews of identified best practice hospitals are being conducted by TQI's leaders in an effort to share these practices in procedural and cultural conditions.

TQI will hold its annual meeting July 29, 2013 in Las Colinas. Participants will hear from national experts in cardiothoracic surgery and will be presented with performance information for local hospitals and surgeons. In addition, representatives of best practice sites will present their knowledge on successful outcomes and high value performance.

For information about TQI, please contact the DFWHC Foundation at foundation-info.dfwhcfoundation.org. ●

Sequohay

In 1821, Sequohay invented the **Cherokee syllabary**, making reading and writing in Cherokee possible. This was the only time in recorded history a member of a non-literate people independently created an effective writing system.

North Texas Regional Extension Center

NTREC logo

IN 2010, FOUR TEXAS REGIONAL EXTENSION CENTERS (RECs) were established by grants from the Department of Health and Human Services Office of the National Coordinator for Health Information Technology (ONC). The North Texas Regional Extension Center (NTREC) grant for four years was $9,418,318. Texas RECs are contracted to enroll and support 5,631 PCPs and 111 Critical Access and Rural Hospitals (CAHs/RHs) of 50 beds or less.

NTREC, based out of the Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation), serves Dallas, Fort Worth, Corsicana, Jacksonville, Longview, Texarkana and Tyler. NTREC's goals were to help 1,498 PCPs migrate to an Electronic Health Record (EHR) and achieve Meaningful Use. Three milestones were established - NTREC enrollment; live on an EHR; and demonstrate Meaningful Use (MU).

NTREC achieved 100 percent of its enrollment target, 100 percent of its implementation target and 58 percent of its attainment MU target. NTREC expects 65-75 percent of eligible providers (EPs) will achieve Meaningful Use by the end of 2013.
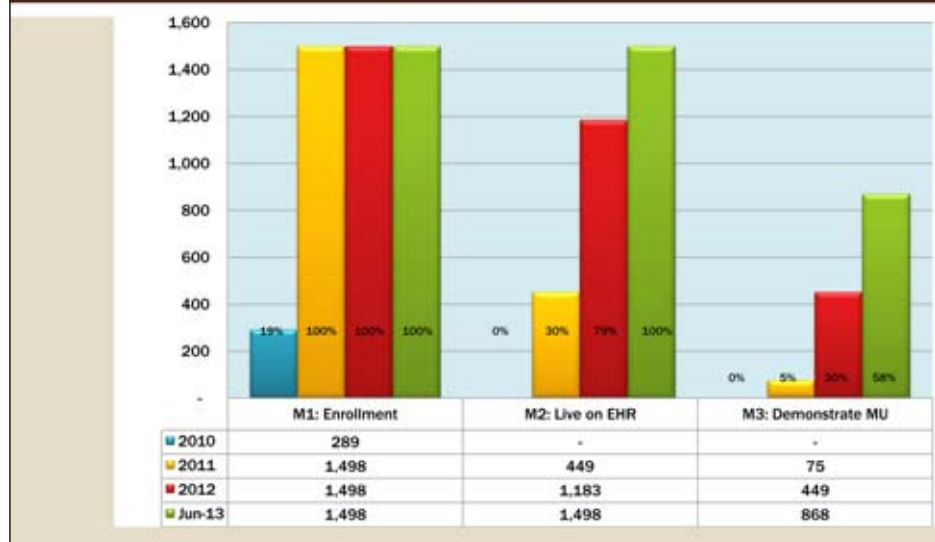
PHYSICIAN DATA PROJECT

NTREC is developing a physician data analytics project. The DFWHC Foundation operates data analytic capabilities for 95 percent of the hospitals in North Texas, including a data warehouse of inpatient claims complete with a proprietary Regional Enterprise Master Patient Index (REMPI).

NTREC will develop a physician claims database and apply analytical tools to the data to compare financial and clinical practice parameters. This allows physicians to compare their performance to others in the same area using blinded data.

The DFWHC Foundation wants to expand the program to all physicians served by NTREC, as well as adding other physician groups in the area.

Phase I will involve the implementation of the Proof of Concept (POC) physician data analytics project to be implemented in the summer of 2013.

Phase II will include feedback from participants in preparation of 2014 implementation.

To participate in the project, physicians must include claims from 2011 and 2012 and attend review sessions regarding outcomes.

This will help NTREC create the first data analytics tool that follows a patient across all areas of care, allowing physicians to develop best practices within their organization. The data will allow researchers to identify health disparities and design prevention programs. It will also help in cost estimations for financial planning. ●

NTREC Milestone Achievement by Number of PCPs
(As of June 13, 2013)

	M1: Enrollment	M2: Live on EHR	M3: Demonstrate MU
2010	289	-	-
2011	1,498	449	75
2012	1,498	1,183	449
Jun-13	1,498	1,498	868

Robert Fulton

In 1800, Robert Fulton invented the first **submarine**, a craft that remained underwater for 17 minutes in 25 feet of water in the River Seine in France. It was commissioned by Napoleon Bonaparte.
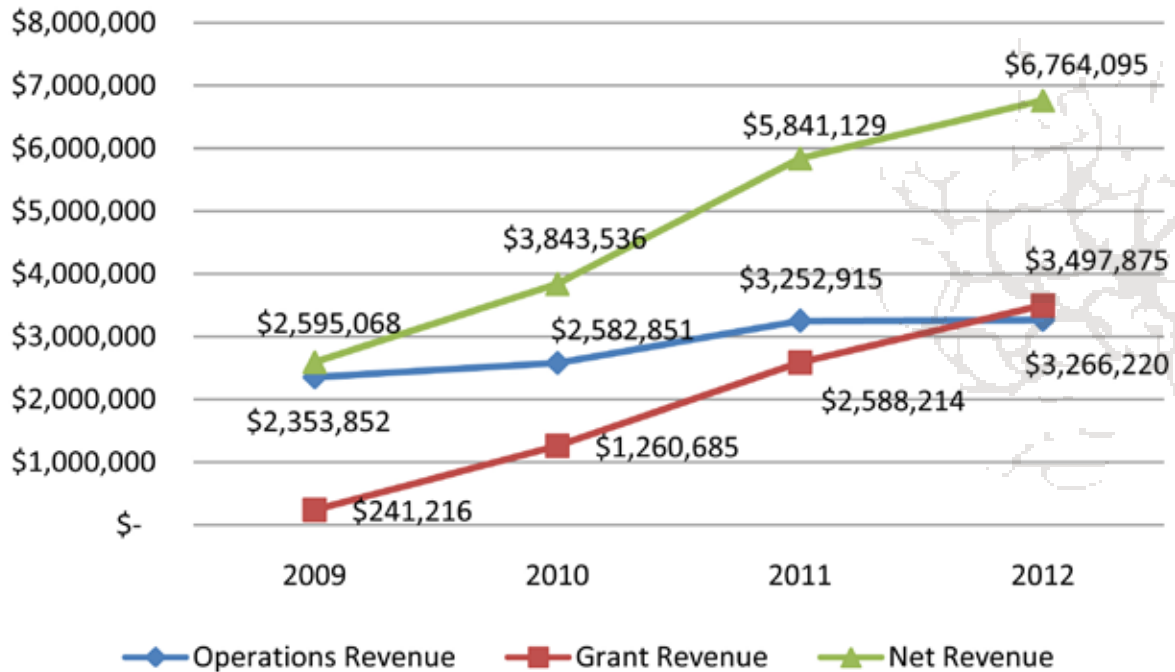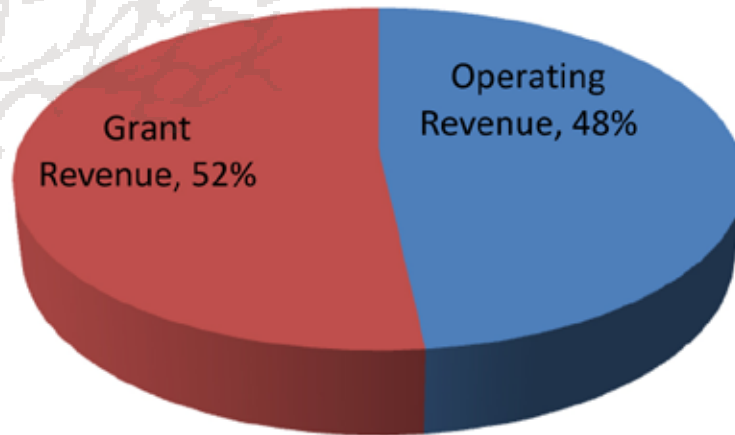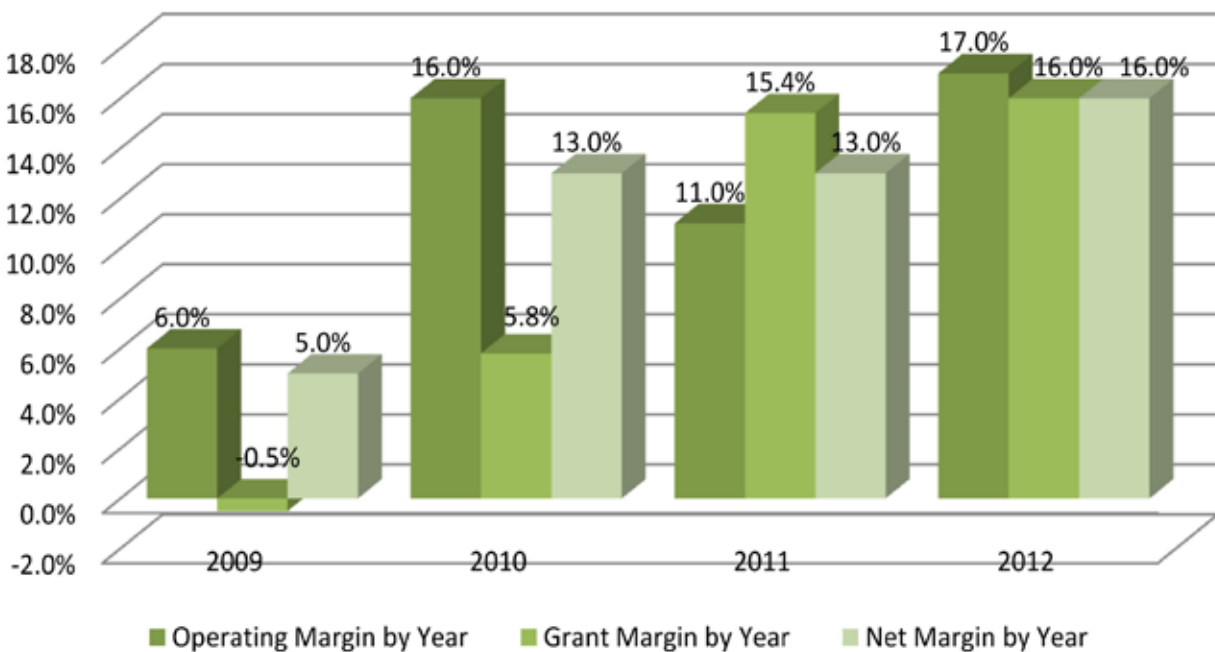
Making
Discoveries

DFWHC FOUNDATION

Financials

Revenue Growth - CY 2009 to 2012

	2009	2010	2011	2012
Net Revenue	$2,595,068	$3,843,536	$5,841,129	$6,764,095
Operations Revenue	$2,353,852	$2,582,851	$3,252,915	$3,497,875
Grant Revenue	$241,216	$1,260,685	$2,588,214	$3,266,220

◆ Operations Revenue   ■ Grant Revenue   ▲ Net Revenue

2012 - Percentage of Revenue from Grants and Operations

Operating Revenue, 48%

Grant Revenue, 52%

Margin Comparisons CY 2009-2012

Operating Margin by Year   Grant Margin by Year   Net Margin by Year

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