At Our Lady of the Lake, the patient is our top priority. Our goal is to provide the best quality of care from the moment you enter until you leave the hospital.

Fulfilling that commitment requires that we operate openly and transparently, which means disclosing important quality measures of care. The Quality and Performance report puts current quality performance at your fingertips.

We improve quality results by listening to patients, studying clinical outcomes, analyzing our processes, and adopting evidence-based treatments and best practices. Quality improvement is a priority for all of our providers and team members throughout the organization.

2015 Highlights

- Patients report better experiences in patient satisfaction than other hospitals our size nationwide.
- Our Lady of the Lake continues to achieve excellent results in national patient safety measures.
- Innovations such as robotic-assisted surgery are lowering risks and shortening recovery times.
- The share of patients readmitted to the hospital continues to improve.
- Mortality rates improved in cases of stroke and pneumonia, and for the second year remained at 0% in cases of chronic obstructive pulmonary disease.
- We reduced the rate of Hospital-Acquired Infections associated with colon and rectal surgery.
Understanding the Data

We use a broad range of data to track and improve performance. Each successful surgery, timely medical test, and productive checkup is the result of close collaboration among departments, much of which patients never see.

The data on the following pages is measured using standardized, consistent methods approved by independent organizations and agencies and is provided to help you make more informed decisions about your healthcare.
There are various measures of quality, including clinical quality metrics for disease treatments, processes, patient experience and outcomes.

According to the Institute of Organizational Management, there are six primary aims for quality healthcare:

1. **Effective**
2. **Safe**
3. **Efficient**
4. **Patient-Centered**
5. **Equitable**
6. **Timely**

Standard and accepted measurements of quality care include the use of evidence-based best practices, mortality (death rates), hospital readmissions (preventable returns to the hospital within 30 days of discharge), and complications.
Results
Every day, our team members collaborate to give our patients the best possible experience.

An effective way to gauge healthcare quality is by asking patients to evaluate their experience. The patient survey recognized as the national standard for reporting patient satisfaction is the Hospital Consumer Assessment of Healthcare Providers and Systems Survey, or HCAHPS. This survey, which measures patient perceptions of their hospital experience, is developed by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ).

Our Lady of the Lake ranks among the top 10 percent of hospitals nationwide in safety and quality in key areas including heart attack treatment, hip fracture repair and pneumonia. SOURCE: Comparion, December 2015

Patient Survey Results

The HCAHPS survey measures perceptions of patients’ hospital experience in eight categories. The data show Our Lady of the Lake’s satisfaction score, as well how the hospital compares nationwide to other hospitals with 600 or more hospital beds.

HCAHPS measures our overall hospital rating and our patients’ satisfaction levels in communication with doctors, communication with nurses, discharge information, the hospital environment, pain management, communication about prescriptions, and hospital staff response.

Hospital Rating

72.9%
600+ Bed Group

74.4%
Our Lady of the Lake

Communication with Doctors

81.1%
600+ Bed Group

85.1%
Our Lady of the Lake
Patient Survey Results, Continued

**Communication with Nurses**
- **80.7%**
  - Our Lady of the Lake
- **80%**
  - 600+ Bed Group

**Discharge Information**
- **89.6%**
  - Our Lady of the Lake
- **87.2%**
  - 600+ Bed Group

**Hospital Environment**
- **71.7%**
  - Our Lady of the Lake
- **72.8%**
  - 600+ Bed Group

**Pain Management**
- **70.3%**
  - Our Lady of the Lake
- **65.5%**
  - 600+ Bed Group

**Communication about Medicines**
- **65.5%**
  - Our Lady of the Lake
- **63.2%**
  - 600+ Bed Group

**Hospital Staff Response**
- **62%**
  - Our Lady of the Lake
- **63.6%**
  - 600+ Bed Group

*SOURCE: Press Ganey*
Innovation: Robotic-Assisted Surgery

Our Lady of the Lake is a pioneer in the area of robotic-assisted surgery. Our surgeons use state-of-the-art systems that provide unprecedented precision, and allow for the most minimally invasive methods for performing various surgical procedures. Robotic surgery shortens hospital stays and reduces the rate of readmissions.
On-time Surgery Starts Improve in 2015

This chart shows the percentage of on-time surgery starts in our 34 operating rooms. In 2015, first case on-time starts rose from a low of 57 percent in January to a high of 71 percent in October. We exceeded our 70 percent goal in each of the first four months of 2016.

We achieved improved efficiencies after team members and surgeons collaborated to alter the way we prepare operating rooms between procedures, and set new goals for first case on-time starts each day.

Average ER Wait Times to See a Provider

---

Baseline (46%)  Goal (70%)

---

Baseline (15%)  Goal (48.8%)

# of Patients  % in <20 minutes
Improved ER Visit Times

In the Emergency Department, we improved our processes in 2015 to shorten the time patients wait to see a doctor. As shown in the chart to the left, a far greater number of our patients now see a doctor within 20 minutes of arriving in the ER.

Improved ER Mental Healthcare

We created a new area within our Emergency Department in 2015 solely for mental and behavioral health emergencies. There, our psychiatric specialists are providing more specialized care to more patients.
Families of children treated at Our Lady of the Lake Children’s Hospital are surveyed about their perceptions of the care their loved one received as well as their overall experience. The survey looks at 10 quality measures shown, with a top score of 100.

Each bar represents a composite score for a single measure for the past two years. For example, the average two-year score for Admissions is 87.3. Our overall average score is 89.2.

Our Lady of the Lake Children’s Hospital is the premier provider of children’s healthcare services in Louisiana and the southern region. We provide an ever-expanding spectrum of comprehensive pediatric services with more than 60 pediatric specialists to serve our region’s need for specialized care.

We are Louisiana’s fastest growing children’s hospital, treating more than 100,000 young patients in 2015 from throughout Louisiana and beyond.

We created the Children’s Hospital Family Advisory Council (shown below), made up of parents of past and current patients. The group provides advice and input on everything from patient dining menus to the updated message boards in hospital rooms.
Pilot Study: Asthma Education Lowers ER and Hospital Visits

Because asthma affects many Louisiana children, treating and managing this disease is essential. Our Lady of the Lake has conducted a pilot study that shows how, by educating families of children with asthma, we can reduce future hospital and emergency room visits.

<table>
<thead>
<tr>
<th>Average Annual ER Visits</th>
<th>Average Annual Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Pilot: 45</td>
<td>Before Pilot: 21</td>
</tr>
<tr>
<td>Year 1: 36</td>
<td>Year 1: 9</td>
</tr>
<tr>
<td>Year 2: 24</td>
<td>Year 2: 10</td>
</tr>
<tr>
<td>Year 3: 21</td>
<td>Year 3: 3</td>
</tr>
</tbody>
</table>
Patient Safety Measures

According to the Institute of Medicine, a culture of safety in healthcare requires three elements:

- A belief that, although healthcare processes are high-risk, they can be designed to prevent failure;
- A commitment at the organizational level to detect and learn from errors;
- An environment that is perceived as fair because managers discipline only when an employee knowingly increases risk to patients and peers.

A healthy safety culture means an organization works to prevent errors by reporting near misses when they occur, and to learn from them. Medical staff and team members at all levels within our organization actively participate in our safety efforts, from studying opportunities for improvement, to developing and following safe procedures, to learning from previous errors.
In 2015, we held an inaugural Quality and Safety Day, an opportunity for team members to present scientific posters and share knowledge and best practices in improvements to patient care and safety. Our Lady of the Lake Regional Medical Center exceeded national quality benchmarks and earned a “Top Performer” designation for maintaining a low incidence of falls.

In 2015, a multidisciplinary team, including medical residents, developed a new process that uses text messages to alert incoming shifts of patient safety issues.
Reducing Hospital Readmissions

In a small percentage of cases, patients find themselves back in the hospital within 30 days for the same condition.

Our Lady of the Lake carefully tracks readmissions and works to reduce their occurrence. Among these, rates are measured and reported for five serious conditions: acute heart attacks, heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), and stroke.

These charts provide comparisons of the actual 30-day readmission rates for Our Lady of the Lake with what would be expected for patients. The goal is to have fewer actual readmissions than expected. Our Lady of the Lake has outperformed expected readmission rates for the past eight years.

Expected rates are comparison risk-standardization models that account for variables affecting mortality rates such as age, gender, and overall health status.

**SOURCE:** Comparison, January 2008 – December 2015

A tool we use to address unnecessary readmissions is a nurse navigator program.

The nurse navigator is a single point of contact with the patient before, during and after they are discharged from the hospital.
COPD Readmissions

Actual  | Expected
---|---
11.9% | 8.1%
8.1% | 5.9%
12.1% | 10.4%
13.4% | 8.7%
13.2% | 10%
12.8% | 11.6%
11.6% | 10.9%
7.4% | 8.2%


Pneumonia Readmissions

Actual  | Expected
---|---
4.9% | 3.8%
4.5% | 3%
4.9% | 3.5%
5.9% | 3.6%
6.2% | 4.2%
6.1% | 5.1%
5.6% | 5.1%
5.3% | 5.1%


Congestive Heart Failure Readmissions

Actual  | Expected
---|---
11.9% | 8.1%
8.1% | 5.9%
12.1% | 10.4%
13.4% | 8.7%
13.2% | 10%
12.8% | 11.6%
11.6% | 10.9%
7.4% | 8.2%


Stroke Readmissions

Actual  | Expected
---|---
3.3% | 2.5%
2.6% | 0%
2.7% | 0%
2.3% | 0%
2.1% | 0%
2.8% | 2.1%
5.3% | 4.5%
5.1% | 4.3%


Lower numbers are better.
Reducing Hospital-Acquired Infections

Hospital-acquired infections (HAI) are infections patients contract while they are receiving treatment for another condition in a healthcare facility. According to the U.S. Centers for Disease Control and Prevention, between five percent and ten percent of patients admitted to hospitals nationwide develop HAIs. In tracking these data, our goal is to better understand how HAIs happen and to develop appropriate preventive strategies.

Our Lady of the Lake continues to work hard to reduce Hospital-Acquired Infections.
Fighting Infection

In 2015, Our Lady of the Lake in collaboration with its surgeons launched the Colorectal Surgical Pathway to reduce surgical site infections. As part of this initiative, we mapped our patients’ surgical journey—from the first pre-surgery visit to the post-surgery visit with the surgeon. Improvements were made to ensure patients receive the appropriate pre-op antibiotics and preventative wound cleansing before the day of surgery. In addition, processes in the operating room were standardized.

These graphs show the percentage of colon or rectal procedures that were ultimately associated with an infection. By implementing the new, evidence-based practices, we were able to decrease colon and rectal surgical site infections from 2014 to 2015. In fact, there was a 100 percent decrease in rectal surgery infections with implementation of the Colorectal Surgical Pathway.

The most effective way to prevent device-related infection is to remove the device when it is no longer essential to patient care. Our focus on preventing central line-associated blood stream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) has centered on device removal. In 2015, Our Lady of the Lake implemented a best practice, nurse-driven “Ex-foley-ate” protocol to remove urinary catheters. This resulted in a four percent decrease in urinary catheter days per total patient days. This improvement generated a 41.5 percent decrease in hospital-acquired urinary tract infections from 2014 to 2015.

Central line infections have remained stable from 2014 to 2015. Using the improvements from the Ex-foley-ate protocol, we began to see a decrease in central line days in the 4th quarter of 2015. We anticipate a similar decrease in central line infections as our central line days continue to decrease.

Preventing the Spread of Flu

Each year in the United States, there are 30 million cases of influenza, resulting in more than 200,000 hospitalizations and associated increases in mortality. It is a highly contagious illness that can spread easily from person to person.

To protect our patients, visitors, the community and team members from influenza, we implemented a team member flu vaccination program in 2014. In 2015, 86 percent of team members received the flu vaccine.
Reducing Patient Mortality

Our Lady of the Lake has reduced patient mortality by half since 2008.

It’s a significant achievement, especially considering that we treat some of our community’s sickest, and most critically ill and injured patients.

Expected rates are comparison risk-standardization models that account for variables affecting mortality rates such as age, gender and overall health status.

SOURCE: Comparison, January 2008 – December 2015

Lowering Overall Mortality Rates

Heart Attack Mortality Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>4.4%</td>
<td>5.7%</td>
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</tr>
<tr>
<td>2013</td>
<td>4.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>2012</td>
<td>5.8%</td>
<td>8.1%</td>
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<tr>
<td>2011</td>
<td>5.1%</td>
<td>7.4%</td>
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<tr>
<td>2010</td>
<td>8.1%</td>
<td>9.3%</td>
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<tr>
<td>2009</td>
<td>12.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>2008</td>
<td>11.4%</td>
<td>12.2%</td>
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</tbody>
</table>

Heart Failure Mortality Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Expected</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>0.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2014</td>
<td>0.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>2013</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>2012</td>
<td>1.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2011</td>
<td>0.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2010</td>
<td>1.5%</td>
<td>2.2%</td>
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<tr>
<td>2009</td>
<td>2.1%</td>
<td>3%</td>
</tr>
<tr>
<td>2008</td>
<td>2.7%</td>
<td>3.4%</td>
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</table>
### Pneumonia Mortality Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>2014</td>
<td>0.2%</td>
<td>1%</td>
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<tr>
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<td>2.3%</td>
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</tbody>
</table>

*Lower numbers are better.*

### Stroke Mortality Rate

<table>
<thead>
<tr>
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<th>Expected</th>
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<tbody>
<tr>
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<td>2.4%</td>
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<tr>
<td>2014</td>
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<td>4.6%</td>
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<tr>
<td>2013</td>
<td>2.8%</td>
<td>4%</td>
</tr>
<tr>
<td>2012</td>
<td>0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>2011</td>
<td>0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2010</td>
<td>5.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2009</td>
<td>7.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2008</td>
<td>9.1%</td>
<td>11.1%</td>
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</table>

### COPD Mortality Rate

<table>
<thead>
<tr>
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<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2014</td>
<td>0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2013</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>2012</td>
<td>0%</td>
<td>0.6%</td>
</tr>
<tr>
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<tr>
<td>2009</td>
<td>0.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>2008</td>
<td>1.1%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
Honors + Awards
Our Lady of the Lake was honored in 2015 with a host of recognitions and awards. They provide objective evidence of the quality of care we provide, and show how our unflinching pursuit of better helps patients every day.

**Magnet Designation**

Our Lady of the Lake has been designated as a Magnet Hospital by the American Nurses Credentialing Center since 2010.

Magnet status is awarded to only the top eight percent of hospitals nationwide, and even fewer achieve re-designation, which we accomplished in 2014. The Magnet Recognition Program is based on research that demonstrates improved patient outcome results through the creation of a positive professional practice environment for nurses. The designation identifies healthcare organizations that demonstrate excellence in nursing and highlights leadership, nursing structure, professional practice, and quality improvement efforts.

**Best Hospital Designation by U.S. News & World Report**

Our Lady of the Lake is one of only 40 hospitals nationwide to be honored by *U.S. News & World Report* as a Best Hospital based on quality measures of five common procedures and conditions, which are hip replacement, knee replacement, heart bypass surgery, congestive heart failure, and chronic obstructive pulmonary disease (COPD).

Our Lady of the Lake ranks high-performing in quality in all five areas.

**Consumer Choice Recipient for the 17th Year**

For the seventeenth consecutive year, Our Lady of the Lake was selected by National Research Corporation as the Consumer Choice Award winner for the hospital with the highest overall quality and image in the Baton Rouge metropolitan area.

The Consumer Choice Award identifies the top hospitals nationwide that healthcare consumers have chosen as being the most-preferred hospitals throughout the United States.

**Hospital of the Year**

On March 5, 2015, the Louisiana Nurses Foundation named Our Lady of the Lake Regional Medical Center Hospital of the Year in the large hospital category. It was the sixth time Our Lady of the Lake has won the award.

**National Health Equity Initiative Participant**

Our Lady of the Lake was selected by the Alliance of Independent Academic Medical Centers to participate in a collaboration among hospitals across the country in which resident physicians lead local quality improvement teams to improve healthcare for patients.

The effort is called *National Initiative V: Improving Community Health and Health Equity through Medical Education*. Our Lady of the Lake was selected based on a demonstrated commitment to better understand and reduce health disparities in the Baton Rouge community.

**Stroke Gold Plus Quality Award**

The American Heart Association award has recognized Our Lady of the Lake’s commitment and success in ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines. In 2015, we received the Stroke Gold Plus Quality Achievement Award for the third consecutive year.
American College of Cardiology Award for Cardiac Care

Our Lady of the Lake has been recognized for its commitment and success in implementing a higher standard of care for heart attack patients with the American College of Cardiology’s National Cardiovascular Data Registry-Get With the Guidelines Silver Performance Achievement Award.

American Heart Association Fit-Friendly Worksite

Our Lady of the Lake was recognized as a Platinum-Level Fit-Friendly Worksite by the American Heart Association for helping employees eat better and move more. The designation identifies the hospital as a healthy workplace that has fulfilled key criteria and demonstrated a strong commitment to a healthy workplace culture.

Heart & Vascular Institute Recognized for Design Excellence

The International Interior Design Association-Delta Regional Chapter recently recognized the design of the Our Lady of the Lake Heart & Vascular Institute as an outstanding example of interior design for a large healthcare facility.

“These awards are independent recognition of our entire team’s commitment to providing excellent care, as well as our unending search to discover better ways to serve our patients.”

— Scott Wester
President and CEO, Our Lady of the Lake
Our Lady of the Lake Livingston Named Business of the Year

The Livingston Chamber of Commerce named Our Lady of the Lake Livingston its Large Business of the Year in 2015. The award distinguishes the Livingston campus as a trusted resource and integral part of the Livingston Parish community.

National Ranking for Quality Care

Our Lady of the Lake has been ranked among the top 10 percent of hospitals in the nation in nine patient safety or medical excellence measures of healthcare quality by CareChex, a division of Comparion.

The hospital ranked in the top 10 percent of all hospitals nationwide for the following measures:

- Patient Safety
  - Gastrointestinal Hemorrhage
  - Heart Attack Treatment
  - Hip Fracture Repair
  - Neurological Care
  - Stroke Care

- Medical Excellence
  - Gastrointestinal Hemorrhage (also ranked as one of the top 100 hospitals in the U.S.)
  - Pneumonia Care
  - Pulmonary Care
  - Stroke Care

National Honor Roll for Excellence in Preventing Patient Falls

Our Lady of the Lake Regional Medical Center exceeded national quality benchmarks and earned a place as a “Top Performer” on the VHA Honor Roll for successfully maintaining a low incidence of patient falls over the past three quarters.

VHA is a nationwide network of not-for-profit healthcare organizations that work together to improve performance and efficiency in clinical, financial and operational management.

NOVA Award from the American Hospital Association

Our Lady of the Lake Regional Medical Center was honored with the American Hospital Association’s NOVA Mayor’s Healthy City Initiative Award in 2015 for our collaborative work through the Mayor’s Healthy Cities Initiative in tackling the community’s most pressing health issues: HIV/AIDS, mental and behavioral health, obesity and emergency room overuse.

NICHE Designation for Quality Care for Seniors

Recognized by the Hartford Institute for Geriatric Nursing at New York University for outstanding quality of healthcare for the elderly, Our Lady of the Lake has been designated as a NICHE facility—Nurses Improving Care for Healthsystem Elders—since 2012.

NICHE is the leading nurse-driven program designed to help hospitals provide patients 65 and over with sensitive and exemplary care.

Heart & Vascular Institute’s Bed Unit Named Country’s Best Design

In 2015, the HVI’s 60-bed unit, uniquely patient- and family-focused, features a design that’s best in the country, according to the Society for Critical Care Medicine.
2015 Board of Directors

Daniel Montelaro, Chair
John Selser, Vice Chair
Donald Daigle, Secretary
Timothy G. Andrus, MD
William E. Balhoff, CPA, CFE
James Craven, MD
Yolanda Dixon
Charles Freeburgh
Luther Kissam
Richard Koubek, Ph.D
Sr. Lillian Lynch, FMOL
Van Mayhall, Jr.
Julio Melara
Ben Oubre, MD
James Rhorer, MD
Sr. Eileen Rowe, FMOL
Joel Silverberg, MD
Scott Wester

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James Rhorer, MD

Vice Chief of Staff
Denzil Moraes, MD

Secretary/Treasurer
P. Michael Davis, MD

Executive Member at Large
Louis Barfield, MD

Member at Large
Diane Kirby, MD

Member at Large
Robert Landry, MD

Surgical Division
Craig Greene, MD

Medical Division
Richard Slataper, MD

Pediatric Division
Jeffrey Deyo, MD

Immediate Past Chief of Staff
David Hanson, MD

In-House Physician Member
Michael Teague, MD

Achieving Everyday Excellence

Embedded within our mission is the responsibility for quality. Our team members, physicians, students, partner organizations and governing boards alike seek clinical excellence, support outstanding performance, and promote the continual improvement of care. We honor accomplishment without rest for what our teams have yet to achieve as an organization. Within our ministry we share the gifts and talents that have been given to each of us by God, considering it our privilege to be of service.

Mission

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need.

We call forth all who serve in this healthcare ministry to share their gifts and talents to create a Spirit of Healing — with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.

We are, with God’s help, a healing and spiritual presence for each other and for the communities we are privileged to serve.