

To Nobles and Friends of the Hospital:

Greetings. The monthly board meeting of the Spokane Shrine Hospital was held yesterday, 1-19-09, and as before it was very much a learning experience for myself, with a lot of information I'd like to share with you.

One thing that has always caused confusion amongst us is the difference between an Outreach Clinic and a Screening Clinic.

Outreach Clinic is where the medical staff from the hospital comes to a remote location to see current patients of the hospital. An outreach clinic is fully funded by the hospital. The only requirements by the local Shriners is to come up with a medical facility to meet their needs. A couple of advantages of bringing doctors here is 1. To save the patient from having to take time off during the week to travel to Spokane. These clinics are always held on a Saturday to prevent disruption or inconvenience in our patients and families lives. 2. It greatly helps reduce expenses against Bagdads transportation fund. Hospital records indicate that Bagdad has not participated in an outreach clinic since July 2005. Folks, it's time to get another one scheduled. There is minimal amount of work for the temple during an outreach clinic because the hospital takes care of all the appointments, setting them up.

A screening clinic is put on by the local Shrine Temple with the aid of local medical personnel. Not only will doctors work, but also physical therapists can be called in to assist. The screening clinic is fully funded by the temple, and can be broken down and done numerous ways. Example: Going in and screening all the students of a particular elementary school, as Ill. Sir Phil Acuirre did in Butte in 2003. Or can be done in a community setting, or as we did, in 2004, as a tri-county screening clinic, that encompassed Deer Lodge, Powell and Granite Counties. This is something that Bagdad should be doing throughout their region 2-3 times a year.

As I had mentioned last month, our hospital in Spokane needs our help more than ever. The 2 fronts that are the most critical to us are the continued revenue of our hospital system and the number of kids treated.

As I said before, the hospital trust has been hammered in this economic downturn. The trust is down approximately 3.5 billion dollars in the last year, and also right now, with the rate of return on investments being minimal we are for the first time having to dip into the principal, while it had always been our hope to fund the hospitals with the interest only.

Another terrible statistic that we are dealing with is the underutilization of the hospital. Folks, we are just not getting enough kids. In 2007 Bagdad had 51 applications approved. In 2008, we were down to 48. To give you an idea, our sister Temple, Algeria, had 128 apps approved in 2007, and only 115 in 2008. One of the things our hospital has been doing to take up the slack is going to Mexico for children to fulfill the capacity. This a terrible and dangerous situation for us to be in, if we do not utilize all of our resources in a fiscal year, it's almost a certainty that the Board of Trustees in Tampa are going to start reducing the budget in Spokane. This downward spiral of admissions can have terrible consequences on our hospital.

As always, I'd like to take this time to remind you that the 3 reasons we wear our Red Fez are to raise money for our hospitals, have a solid transportation fund in place to ensure our patients can get there, and third, and of the utmost importance, we MUST find the children in our communities that can benefit from the great works of our hospital system.

If you have not sponsored a child before, and are intimidated by the process, please reach out to me and I will guide you through the system (it's quite simple). Also, attached to this email is a flyer intended for our local physicians, telling them the procedures Spokane performs. If you have a relationship with anyone in your medical community, please make copies of it for them.

Finally, with knowledge we will all become better Nobles, and I take it upon myself to share this knowledge with you and explain it to the best of my ability, so we all can find the children that can benefit from our great and glorious work.

Until next month, Yours in Faith,  
EG



**Shriners Hospitals  
for Children™**

**Spokane**

Pediatric Specialty Care  
Orthopaedics

## Helping Children Defy the Odds

### One-of-a-Kind Health Care System

Shriners Hospitals for Children is a one-of-a-kind international health care system of 22 hospitals dedicated to improving the lives of children by providing pediatric specialty care, innovative research and outstanding teaching programs. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care and receive all services in a family-centered environment at no charge – regardless of financial need.

### About the Spokane Hospital

Shriners Hospitals for Children—Spokane is a 30-bed state-of-the-art hospital specializing in providing expert care for kids with orthopaedic conditions.

### Medical Team

- Pediatric Orthopaedic Surgeons
- Anesthesiologists
- Staff Pediatrician
- Pediatric RN's, ARNP's, PAC's
- Rehabilitation Specialists OT, PT
- Respiratory Therapy
- Recreation Therapy/Child Life Specialists
- Motion Analysis Gait Lab Experts

We partner with over 20 consulting physicians and surgeons in the Spokane area in plastic surgery, rheumatology, thoracic, hand and other specialties.

### Accessing Care is Easy

To refer a patient to Shriners Hospital in Spokane, please call our hospital:

- Applications: 509.623.0431 or 888.895.5951
- Physician to Physician Referrals: 509.623.0428
- Urgent Referrals: 509.623.0428
- Patient Information Fax: 509.744.1223
- Physician Outreach Coordinator: 509.623.0424

More information can be accessed on our website  
[www.shrinershospitals.org](http://www.shrinershospitals.org)

911 W. 5th Avenue  
Spokane, WA 99204  
509.455.7844  
[www.shrinershospitals.org](http://www.shrinershospitals.org)



### Orthopaedic Expertise

- Amniotic Band Syndrome
- Amputation and Prosthetics
- Arthrogyposis
- Arthroscopic Surgery
- Bow Leg (Genu Varum)
- Brittle Bone Disease (Osteogenesis Imperfecta)
- Brachial Plexus
- Burn Reconstruction (Heeled)
- Cerebral Palsy (Orthopaedic Problems)
- Chest Wall Deformities (Pectus Excavatum, Pectus Carinatum)
- Clubfoot (Talipes Equinovarus)
- Overturn (Skeletal Dysplasia)
- Elbow Disorders (Congenital or Post-Traumatic)
- Foot Disorders
- Fractures (Non-emergent)
- Gait Analysis (Walking Disorders)
- Genetics
- Hand Deformities (Adactyly, Polydactyly, Syndactyly)
- Hand - Apart/Crouzon/Pfeiffer Syndrome
- Hip Disorders (Developmental Hip Dysplasia)
- In-toeing (Tibial Torsion, Femoral Anteversion)
- Juvenile Rheumatoid Arthritis
- Knee Injury - IACL, Meniscus, Arthroscopy
- Knock Knees (Genu Valgum)
- Leg - Blount's Disease
- Legg Calve Perthes Disease
- Limb Deficiencies and Prosthetics
- Leg Length Discrepancies
- Metabolic Bone Disease
- Muscular Dystrophy
- Myelodysplasia
- Myelomeningocele
- Neurofibromatosis
- Neuromuscular Disorders (Charcot Marie Tooth, Friedreich's Ataxia, MS)
- Osteomyelitis (Bone Infection)
- Poliomyelitis (Orthopaedic Conditions)
- Rickets
- Skeletal Growth Abnormalities
- Slipped Capital Femoral Epiphysis (SCFE)
- Spina Bifida
- Spinal Abnormalities (Scoliosis, Kyphosis, Lordosis, Spandylolisthesis/lysis)
- Sports Medicine (Non-emergent)