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## AGENDA – BOARD OF DIRECTORS MEETING

**DATE:** Tuesday, July 23, 2024, at 5:30 p.m.  
**LOCATION:** BRH Boardroom and Zoom Videoconference  
Virtual attendees may access this meeting via the following link:  
<https://bartletthospital.zoom.us/j/94002208623>  
or call 1-888-788-0099 and enter meeting ID 940 0220 8623

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### I. CALL TO ORDER

### II. LAND ACKNOWLEDGEMENT – Gail Moorehead, Chief Quality and Compliance Officer

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

### III. ROLL CALL

### IV. APPROVAL OF AGENDA

### V. PUBLIC PARTICIPATION

### VI. CONSENT AGENDA (p. 3)

- A. June 25, 2024, Draft Board of Directors Meeting Minutes (p. 4)
- B. May 2024 Financials (p. 8)

### VII. OLD BUSINESS

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. CEO Search Update – Deb Johnston
- C. Organizational Design Update – Chad Brown, Executive Director of HR (p.22)

### VIII. NEW BUSINESS

### IX. MEDICAL STAFF REPORT – Alex Malter, MD, COS (p.23)

- A. Board Review and Approval of Medical Staff Policies (p.24)
- B. Medical Staff and Committee Meeting Attendance Policy – **ACTION ITEM** (p.27)

### X. COMMITTEE MEETING UPDATES (p.30)

- A. July 5, 2024, Draft Planning Committee Meeting Minutes – Deb Johnston (p.31)
- B. July 8, 2024, Draft Quality Committee Meeting Minutes – Lindy Jones, MD (p.33)
  - 1. Employee Wellness Group Presentation – Chad Brown (p.35)
  - 2. Home Care, Hospice, and WFC Scorecards – Kim Stout (p.43)
- C. July 12, 2024, Draft Finance Committee Minutes – Max Mertz (p.46)
  - 1. ED Renovation Project \$8.9M Appropriation – **ACTION ITEM** (p.48)

2.	Critical Access Designation – <b>ACTION ITEM</b>	(p.52)
3.	Contrast Enhanced Mammography Unit - <b>ACTION ITEM</b>	(p.53)
4.	ERP & HRIS System – <b>ACTION ITEM</b>	(p.74)
D.	July 18, 2024, Draft Compliance Committee Minutes – Hal Geiger	(p.103)
<b>XI.</b>	<b>ADMINISTRATION REPORTS</b>	(p.105)
A.	CEO and Executive Administration Report – Ian Worden, CEO	(p.106)
B.	Home Health/Hospice/Wildflower Court – Kim Stout, Administrator	(p.110)
C.	Legal Counsel – Robert Palmer	
<b>XII.</b>	<b>BRH FOUNDATION REPORT</b> – Maria Uchytel, Executive Director	(p.112)
<b>XIII.</b>	<b>CBJ LIAISON REPORT</b> – Wade Bryson	
<b>XIV.</b>	<b>PRESIDENT REPORT</b> – Kenny Solomon-Gross	
<b>XV.</b>	<b>BOARD CALENDAR</b> – August 2024	(p.114)
<b>XVI.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>	
<b>XVII.</b>	<b>EXECUTIVE SESSION</b>	(p.116)
A.	Credentialing Report – Alex Malter, MD	
B.	July 9, 2024, Medical Staff Meeting Minutes – Alex Malter, MD	
C.	Patient Safety Dashboard – Gail Moorehead, CQCO	
D.	Legal and Litigation – Robert Palmer	
E.	Union Negotiations – Chad Brown	
F.	CEO Performance Evaluation – Chad Brown	
<b>XVIII.</b>	<b>ADJOURNMENT</b>	
	<b>NEXT MEETING</b> – Tuesday, August 27, 2024, 5:30 p.m.	

### MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- The Board of Directors is being asked to approve the consent agenda.

### BACKGROUND

- There are two items on the consent agenda.
- Behind this cover memo are:
  - a. Draft minutes of the June 25, 2024, Board of Directors Meeting
  - b. May 2024 Financials

### OPTIONS

- Approve the consent agenda as presented to the board.
- Amend the consent agenda and approve the amended consent agenda.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the consent agenda as presented.

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## DRAFT MINUTES – BOARD OF DIRECTORS MEETING

**DATE:** June 25, 2024  
**LOCATION:** BRH Boardroom and Zoom Videoconference

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I. **CALL TO ORDER** –5:34 p.m. by Mr. Solomon-Gross, Board President

II. **LAND ACKNOWLEDGEMENT** –Joe Wanner read the land acknowledgement.

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

III. **ROLL CALL**

**Board Members Present:** *(Virtual attendees italicized)*

**President:** Kenny Solomon-Gross, **Vice-President:** Deb Johnston, **Secretary:** *Shelly Deering, Max Mertz, Hal Geiger, Lisa Petersen, John Raster, MD, and Lindy Jones, MD*

**Absent:** James Kohn

**Also Present:** *(Virtual attendees italicized)* Ian Worden, Joe Wanner, Kim McDowell, Gail Moorehead, Kim Stout, Chad Brown, Erin Hardin, Maria Uchtyl, Alex Malter, MD., Jennifer Carson, Nate Rumsey, and Anita Moffitt.

IV. **APPROVAL OF AGENDA** – MOTION by Ms. Johnston to approve the agenda as presented. Mr. Geiger seconded. There being no objection, MOTION approved.

V. **PUBLIC PARTICIPATION** – None

VI. **CONSENT AGENDA** – MOTION by Ms. Johnston to approve the consent agenda. Mr. Geiger seconded. There being no objection, MOTION to approve consent agenda consisting of May 28<sup>th</sup>, June 4<sup>th</sup>, and June 10<sup>th</sup>, 2024, BOD (Board of Directors) Meeting Minutes and April 2024 financials approved.

VII. **OLD BUSINESS**

Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. There are 6 employees out with Covid. Staffing has been challenging. Patient days in May: CCU – 99, Med Surg – 358, MHU – 245 with a current census of 6, OB – 91, Nursery – 59. The ED saw almost 1,200 patients in May. RRC currently has 15 patients.

Since its opening, Crisis has seen 41 patients. There are 11 patients in-house waiting for placement elsewhere.

CEO search update – Ms. Johnston provided a status update on CEO recruitment. Interviews by the staff screening committee are currently taking place for 11 applicants that have made it through initial screening. This committee will identify 5 candidates to present to the CEO Search Committee for the next round of interviews. Of those 5, the CEO Search Committee will identify the top 3 candidates for on-site interviews. Mr. Mertz initiated discussion about the vetting process and the BOD's participation in the process.

**VIII. NEW BUSINESS - None**

**IX. MEDICAL STAFF REPORT**

A medical staff update was provided by Alex Malter, MD. The June 11<sup>th</sup> Medical Staff meeting was business as usual.

**X. COMMITTEE MEETING UPDATES**

Finance Committee – Mr. Mertz reported that a broad discussion had been held at yesterday's finance meeting about the stabilization process BRH has been going through over the past month or so. He recognized leadership and staff for all of their hard work. He also reported BRH lost \$1.8M in April, \$8.5M for the year so far. Five resolutions had been presented, amended and approved by the committee. The proforma, included in the packet, for Home Health and Hospice services is a draft and a work in progress.

Action Item: MOTION from the Finance Committee that the Board of Directors of Bartlett Regional Hospital approve Resolution 01-2024: Bartlett Outpatient Psychiatric Services, Resolution 02-2024: Applied Behavior Analysis Therapy Services, Resolution 03-2024: Home Health and Hospice Services, Resolution 04-2024: Crisis Care Services, and Resolution 05-2024: Rainforest Recovery Center.

Mr. Geiger suggested a grammatical amendment to Resolution 03-2024.

Mr. Mertz suggested an amendment to Resolution 04-2024 regarding identified stakeholders. After Dr. Jones' objection and discussion among the BOD members, Mr. Mertz withdrew his amendment. There being no further discussion, Mr. Solomon-Gross requested a roll call vote. Roll call vote taken, MOTION to approve Resolution 01-2024: Bartlett Outpatient Psychiatric Services, Resolution 02-2024: Applied Behavior Analysis Therapy Services, Resolution 03-2024: Home Health and Hospice Services, Resolution 04-2024: Crisis Care Services, and Resolution 05-2024: Rainforest Recovery Center unanimously approved.

**XI. ADMINISTRATION REPORTS**

CEO and Executive Administration – Mr. Worden provided an overview of the CEO and Executive Administration report included in the packet. This report identifies 3 basic problems that must be fixed to ensure the sustainability of BRH as well as what has been and is being done to address these issues. Problems identified: 1) Improve the financial viability of the core operations of BRH. 2) Determine the disposition of public health services that have been added to BRH core operations over the years. 3)

Determine what services provide growth opportunities and analyze the competitive landscape of the healthcare market. Mr. Brown provided an overview of organizational structure principles to be used to ensure consistency and longevity in the organization. Principles identified: 1) Fiscal responsibility. 2) Layers of management. 3) Span of control. 4) Wearing multiple hats. 5) Decision making with key stakeholders. Mr. Worden stated if BRH wants to survive in a low volume environment, its fixed costs need to be as low as possible.

Home Health/Hospice/Wildflower Court (WFC) – Ms. Stout provided an update on Home Health and Hospice services and WFC. Home Health has received its license but continues to wait on its provider number. Home Health currently has 19 patients. Hospice average days census is 7 with the average length of stay for this quarter is 68.8 days. WFC census had dropped due in part to a Covid outbreak but will be 48 by the end of this week and 50 by the end of the month. Mr. Solomon-Gross initiated discussion about waitlists for WFC and Home Health.

Legal Report – None

**XII. BRH FOUNDATION REPORT**

Ms. Uchytel provided an overview of the BRH Foundation report included in the packet. The scholarship committee is reviewing the 31 applications received for the Edelman scholarship. 77 people attended the whale watching cruise last Saturday. The Foundation's appreciation pig roast dinner is scheduled for August 24<sup>th</sup>. Discussions continue with CBJ Tourism Manager and CLAA (Cruise Line Agencies of Alaska) to provide logistical support for cruise ship patients. The Foundation is housing a pre-med student participating in the RIIN (Rural Immersion Institute of the North) program from June 25<sup>th</sup> – 29<sup>th</sup>. Her focus is on OB.

**XIII. CBJ LIAISON REPORT - None**

**XIV. PRESIDENT REPORT**

President's report provided by Kenny Solomon-Gross. It's been a very busy month. He expressed appreciation for everyone's hard work and participation in the meetings to hear the public's feedback. He is looking forward to the organizational changes.

**XV. BOARD CALENDAR**

July 2024 calendar reviewed. MOTION by Dr. Jones to approve the July 2024 calendar. Dr. Raster seconded. There being no objections, MOTION approved.

**XVI. BOARD COMMENTS AND QUESTIONS**

Mr. Mertz asked if a follow-up joint meeting with the Assembly is to be held. Mr. Solomon-Gross responded there will be, date to be determined. Mr. Geiger suggested training for board members to gain an understanding of the legal decisions that have to do with organizations that are run by native organizations in Alaska, such as Ito vs. Copper River Native Association. He feels it's a very important topic for the board to understand the liabilities to BRH. Mr. Worden is working with Robert Palmer to understand the importance of sovereign nation decisions and how they might affect BRH's ability to compete with SEARHC. Dr. Jones expressed appreciation for Mr.

Worden and team for bringing transparency about BRH's financial problems and possible solutions to the BOD and the community.

Mr. Solomon-Gross called for a brief recess at 6:35 p.m. Meeting resumed at 6:50 p.m.

**XVII. EXECUTIVE SESSION**

MOTION by Mr. Geiger to recess into executive session to discuss several matters as noticed in the agenda:

- Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, patient safety dashboard, and union negotiations; and
- To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney.

Ms. Johnston seconded. There being no objection, MOTION approved. Mr. Solomon-Gross reminded virtual attendees to ensure they are in a secluded area where no one else can hear the confidential conversations of the executive session.

The Board entered executive session at 6:53 p.m. and returned to regular session at 7:20 p.m.

MOTION by Ms. Johnston to approve the credentialing report as presented. Dr. Raster seconded. There being no objection, MOTION approved.

Ms. Johnston reported that the Board of Directors, during executive session, provided direction to the Executive Director of Human Resources regarding negotiations.

**XVIII. ADJOURNMENT – 7:22 p.m.**

## MEMORANDUM

**DATE:** July 12, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Financial Officer  
**RE:** May Financial Performance

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### **Income Statement**

May inpatient revenues were higher month-over-month with positive variances in most every department. We saw an increased average daily census in Med/Surg (7.9%), CCU (16.8%), OB (66%), and MHU (6.3%). May outpatient revenue increased \$2M month-over-month with the largest increase being in Pharmacy and OR where we saw a combined increase of \$1.1M.

Contractual and bad debt write-offs were 46.8% of gross revenues, below the 12-month average of 47.8%. The large variance from the average was driven by a decrease in uncompensated care. Uncompensated care decreased to -1.5% in May due to increased collections on older accounts.

The result was net operating revenue totaling \$12.7M, which is above the 12-month rolling average of \$10.5M.

Major variations in expenses included Contract Labor, Employee Benefits, Medical Professional Fees, Physician Contracts, Non-Medical Professional fees, Supplies, and Other Operating Expenses. Contract Labor was \$246K over budget due to the ongoing use of contract employees in multiple departments, with the largest variance being in Crisis \$152K. Employee Benefits were \$627K below budget due to PERS adjustments related to retirement forfeitures. Medical Professional fees were \$39K over budget due to increased utilization of Sleep lab. Physician Contracts were \$225K over budget due to Anesthesia and Oncology not being budgeted. Non-Medical Professional fees were over budget by \$54K due to consulting fees associated with process improvement and cost reporting. Supplies were over budget by \$305K due to increased pharmaceutical costs, these additional costs had offsetting revenues. Other operating expenses were under budget by \$127K primarily due to credit card fees, licensing and association fees.

The Net Gain for the Hospital for the month of May was \$1.36M, and the rolling 12-month average monthly loss for the hospital is now **\$(704K)**.

### **Balance Sheet**

Unrestricted cash (Cash + Board Designated Cash) increased from the prior month from \$18.7M to \$21.4M. The increase in cash was driven by collections for the Hospital and WFC.

Net accounts receivable decreased month-over-month to \$31.8 from \$32.7M.

### **Wildflower Court (WFC)**

For the month of May, WFC had \$1.1M of net operating revenues on \$1.21M of gross revenues.

From an expenditure standpoint, Contract labor continues to drive costs, although we have seen this decrease from an average of \$350K for the first nine months of operation to \$280K over the last two months of operation. Management is focused on reducing that amount, first through negotiating lower rates and, over time, by increasing direct employment traditional hiring processes as well as growing our own initiatives.

On a bottom-line basis, WFC had net operating income of \$168K. It is important to note that this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. As noted above, Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

BARTLETT REGIONAL HOSPITAL and WFC  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 2024

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,543,445	\$5,778,891	-\$1,235,446	-21.4%	\$4,225,508	1. Gross Patient Revenue:	\$47,013,728	\$62,449,368	-\$15,435,641	-24.7%	\$43,050,802	9.2%
\$2,452,513	\$2,123,683	\$328,830	15.5%	\$1,061,531	2. Inpatient Revenue	\$25,268,110	\$22,949,442	\$2,318,668	10.1%	\$11,402,782	121.6%
\$6,995,958	\$7,902,574	-\$906,616	-11.5%	\$5,287,039	3. Inpatient Ancillary Revenue	\$72,281,838	\$85,398,810	-\$13,116,973	-15.4%	\$54,453,584	32.7%
					4. Total Inpatient Revenue						
\$15,726,011	\$13,227,937	\$2,498,074	18.9%	\$12,507,831	5. Outpatient Revenue	\$141,016,639	\$142,947,055	-\$1,930,416	-1.4%	\$132,749,591	6.2%
\$22,721,969	\$21,130,511	\$1,591,458	7.5%	\$17,794,870	6. Total Patient Revenue - Hospital	\$213,298,477	\$228,345,865	-\$15,047,389	-6.6%	\$187,203,175	13.9%
\$435,031	\$332,341	\$102,690	30.9%	\$375,532	7. RRC Patient Revenue	\$3,980,160	\$3,591,444	\$388,716	10.8%	\$2,963,611	34.3%
\$240,999	\$191,720	\$49,279	25.7%	\$242,171	8. BHOPS Patient Revenue	\$2,494,756	\$2,071,816	\$422,940	20.4%	\$2,490,766	0.2%
\$1,756,062	\$1,153,951	\$602,111	52.2%	\$1,230,629	9. Physician Revenue	\$14,514,907	\$12,470,140	\$2,044,767	16.4%	\$11,845,627	22.5%
\$25,154,061	\$22,808,523	\$2,345,538	10.3%	\$19,643,202	10. Total Gross Patient Revenue	\$234,288,300	\$246,479,265	-\$12,190,966	-4.9%	\$204,503,179	14.6%
					Deductions from Revenue:						
\$4,294,069	\$3,843,212	-\$342,360	-8.9%	\$2,826,397	10. Inpatient Contractual Allowance	\$35,880,600	\$39,849,216	\$3,968,616	10.0%	\$27,380,618	31.0%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$3,850,000	-\$2,100,000	\$1,750,000		-\$308,333	
\$6,774,998	\$6,376,849	-\$398,149	-6.2%	\$5,132,514	11. Outpatient Contractual Allowance	\$60,582,909	\$68,911,128	\$8,328,219	12.1%	\$56,490,784	7.2%
\$952,258	\$561,935	-\$390,323	-69.5%	\$709,218	12. Physician Service Contractual Allowance	\$8,141,919	\$6,072,530	-\$2,069,389	-34.1%	\$7,164,970	13.6%
\$3,621	\$29,759	\$26,138	87.8%	\$30,282	13. Other Deductions	\$9,606	\$321,581	\$311,975	97.0%	\$296,747	0.0%
\$62,566	\$46,586	-\$15,980	-34.3%	\$83,234	14. Charity Care	\$1,369,535	\$503,430	-\$866,105	-172.0%	\$460,878	197.2%
-\$424,656	\$471,600	\$896,256	190.0%	\$663,739	15. Bad Debt Expense	\$5,668,081	\$5,096,329	-\$571,752	-11.2%	\$4,036,632	40.4%
\$11,312,856	\$10,979,941	-\$224,418	-2.0%	\$9,137,051	16. Total Deductions from Revenue	\$107,802,650	\$118,654,214	\$10,851,564	9.1%	\$95,522,296	12.9%
46.4%	47.3%			44.1%	% Contractual Allowances / Total Gross Patient Revenue	43.0%	46.6%			44.4%	
-1.4%	2.3%			3.8%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.0%	2.3%			2.2%	
45.0%	48.1%			46.5%	% Total Deductions / Total Gross Patient Revenue	46.0%	48.1%			46.7%	
\$13,841,205	\$11,828,582	\$2,121,120	17.9%	\$10,506,151	17. Net Patient Revenue	\$126,485,650	\$127,825,051	-\$1,339,402	-1.0%	\$108,980,883	16.1%
\$173,435	\$134,560	\$38,875	28.9%	\$226,256	18. Other Operating Revenue	\$1,623,376	\$1,454,116	\$169,261	11.6%	\$2,712,208	-40.1%
\$14,014,640	\$11,963,142	\$2,051,498	17.1%	\$10,732,407	19. Total Operating Revenue	\$128,109,026	\$129,279,167	-\$1,170,141	-0.9%	\$111,693,091	14.7%
					Expenses:						
\$5,175,037	\$5,193,256	\$18,219	0.4%	\$4,470,801	20. Salaries & Wages	\$55,632,828	\$56,120,587	\$487,759	0.9%	\$49,138,126	13.2%
\$292,964	\$372,595	\$79,631	21.4%	\$281,273	21. Physician Wages	\$3,139,166	\$4,026,414	\$887,248	22.0%	\$3,376,046	-7.0%
\$715,971	\$183,159	-\$532,812	-290.9%	\$559,311	22. Contract Labor	\$8,431,263	\$1,979,303	-\$6,451,960	-326.0%	\$6,828,779	23.5%
\$2,193,917	\$2,903,871	\$709,954	24.4%	\$2,245,914	23. Employee Benefits	\$26,774,894	\$31,380,579	\$4,605,685	14.7%	\$24,264,656	10.3%
\$8,377,889	\$8,652,881	\$274,992	3.2%	\$7,557,299	24. % Salaries and Benefits / Total Operating Revenue	\$93,978,151	\$93,506,883	-\$471,268	-0.5%	\$83,607,607	12.4%
59.8%	72.3%			70.4%		73.4%	72.3%			74.9%	
\$101,389	\$56,769	-\$44,620	-78.6%	\$38,897	25. Medical Professional Fees	\$841,213	\$613,472	-\$227,741	-37.1%	\$749,863	12.2%
\$525,989	\$404,349	-\$121,640	-30.1%	\$214,409	26. Physician Contracts	\$5,414,578	\$4,369,564	-\$1,045,014	-23.9%	\$3,181,563	70.2%
\$319,275	\$301,016	-\$18,259	-6.1%	\$257,239	27. Non-Medical Professional Fees	\$3,337,576	\$3,252,836	-\$84,740	-2.6%	\$2,705,812	23.3%
\$1,773,481	\$1,548,187	-\$225,294	-14.6%	\$1,587,203	28. Materials & Supplies	\$17,158,640	\$16,730,218	-\$428,422	-2.6%	\$14,943,496	14.8%
\$156,513	\$178,351	\$21,838	12.2%	\$150,532	29. Utilities	\$1,913,361	\$1,927,414	\$14,053	0.7%	\$1,889,171	1.3%
\$514,501	\$526,972	\$12,471	2.4%	\$348,717	30. Maintenance & Repairs	\$5,364,288	\$5,694,735	\$330,447	5.8%	\$5,153,138	4.1%
\$75,161	\$125,243	\$50,082	40.0%	\$49,304	31. Rentals & Leases	\$1,423,990	\$1,353,422	-\$70,568	-5.2%	\$706,764	101.5%
\$72,582	\$96,726	\$24,144	25.0%	\$78,804	32. Insurance	\$814,540	\$1,045,243	\$230,703	22.1%	\$829,078	-1.8%
\$509,967	\$619,683	\$109,716	17.7%	\$572,134	33. Depreciation & Amortization	\$6,014,511	\$6,696,576	\$682,065	10.2%	\$6,473,731	-7.1%
\$85,398	\$90,961	\$5,563	6.1%	\$0	34. Interest Expense	\$962,849	\$982,973	\$20,124	2.0%	\$900,522	6.9%
\$183,277	\$53,383	-\$129,894	-243.3%	\$238,157	35. Other Operating Expenses	\$1,492,639	\$576,939	-\$915,700	-158.7%	\$1,536,128	-2.8%
\$12,695,422	\$12,654,521	-\$40,901	-0.3%	\$11,092,695	36. Total Expenses	\$138,716,336	\$136,750,275	-\$1,966,061	-1.4%	\$122,676,873	13.1%
\$1,319,218	-\$691,379	\$2,010,597	-290.8%	-\$360,288	37. Income (Loss) from Operations	-\$10,607,310	-\$7,471,108	-\$3,136,202	42.0%	-\$10,983,782	-3.4%
\$2,747	\$84,931	-\$82,184	-96.8%	\$2,604	38. Non-Operating Revenue	\$1,461,355	\$917,808	\$543,547	59.2%	\$42,856	3309.9%
\$205,562	\$190,746	\$14,816	7.8%	\$98,333	39. Interest Income	\$2,295,827	\$2,061,285	\$234,543	11.4%	\$860,132	166.9%
\$208,309	\$275,677	-\$67,368	-24.4%	\$100,937	40. Other Non-Operating Income	\$3,757,182	\$2,979,093	\$778,089	26.1%	\$902,988	316.1%
\$1,527,527	-\$415,702	\$1,943,229	-467.5%	-\$259,351	41. Total Non-Operating Revenue	-\$6,850,128	-\$4,492,015	-\$2,358,113	52.5%	-\$10,080,794	32.0%
9.41%	-5.78%			-3.36%	Income from Operations Margin	-8.28%	-5.78%			-9.83%	
10.90%	-3.47%			-2.42%	Net Income	-5.35%	-3.47%			-9.03%	

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 2024

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,543,445	\$5,778,891	-\$1,235,446	-21.4%	\$4,225,508	1. Gross Patient Revenue:	\$47,013,728	\$62,449,368	-\$15,435,640	-24.7%	\$43,050,802	9.2%
\$1,243,342	\$1,065,266	\$178,076	16.7%	\$1,061,531	2. Inpatient Revenue	\$12,431,117	\$11,511,714	\$919,403	8.0%	\$11,402,782	9.0%
\$5,786,787	\$6,844,157	-\$1,057,370	-15.4%	\$5,287,039	3. Inpatient Ancillary Revenue	\$59,444,845	\$73,961,082	-\$14,516,237	-19.6%	\$54,453,584	9.2%
\$15,726,011	\$13,227,937	\$2,498,074	18.9%	\$12,507,831	4. Total Inpatient Revenue	\$141,016,639	\$142,947,055	-\$1,930,416	-1.4%	\$132,749,591	6.2%
\$21,512,798	\$20,072,094	\$1,440,704	7.2%	\$17,794,870	5. Outpatient Revenue	\$200,461,484	\$216,908,137	-\$16,446,653	-7.6%	\$187,203,175	7.1%
\$435,031	\$332,341	\$102,690	30.9%	\$375,532	6. Total Patient Revenue - Hospital	\$3,980,160	\$3,591,444	\$388,716	10.8%	\$2,963,611	34.3%
\$240,999	\$191,720	\$49,279	25.7%	\$242,171	7. RRC Patient Revenue	\$2,494,756	\$2,071,816	\$422,940	20.4%	\$2,490,766	0.2%
\$1,756,062	\$1,153,951	\$602,111	52.2%	\$1,230,629	8. BHOPS Patient Revenue	\$14,514,907	\$12,470,140	\$2,044,767	16.4%	\$11,845,627	22.5%
\$23,944,890	\$21,750,106	\$2,194,784	10.1%	\$19,643,202	9. Physician Revenue	\$221,451,307	\$235,041,537	-\$13,590,230	-5.8%	\$204,503,179	8.3%
\$4,185,572	\$3,843,212	-\$342,360	-8.9%	\$2,826,397	10. Total Gross Patient Revenue	\$34,848,519	\$41,599,216	-\$6,750,697	-16.2%	\$27,380,618	27.3%
-\$350,000	-\$350,000	\$0		-\$308,333	Deductions from Revenue:	-\$3,850,000	-\$3,850,000	\$0		-\$308,333	
\$6,774,998	\$6,376,849	-\$398,149	-6.2%	\$5,132,514	10a. Inpatient Contractual Allowance	\$60,582,909	\$68,911,128	-\$8,328,219	-12.1%	\$56,490,784	7.2%
\$952,258	\$561,935	-\$390,323	-69.5%	\$709,218	11. Rural Demonstration Project	\$8,141,919	\$6,072,530	\$2,069,389	34.1%	\$7,164,970	13.6%
\$3,621	\$29,759	\$26,138	87.8%	\$30,282	12. Outpatient Contractual Allowance	\$9,606	\$321,581	-\$311,975	-97.0%	\$296,747	0.0%
\$62,566	\$46,586	-\$15,980	-34.3%	\$83,234	13. Physician Service Contractual Allowance	\$1,369,535	\$503,430	\$866,105	172.0%	\$460,878	197.2%
-\$424,656	\$471,600	\$896,256	190.0%	\$663,739	14. Other Deductions	\$5,668,081	\$5,096,329	\$571,752	11.2%	\$4,036,632	40.4%
\$11,204,359	\$10,979,941	-\$224,418	-2.0%	\$9,137,051	15. Charity Care	\$106,770,569	\$118,654,214	-\$11,883,645	-10.0%	\$95,522,296	11.8%
48.3%	49.6%			44.1%	16. Total Deductions from Revenue	45.0%	49.6%			44.4%	
-1.5%	2.4%			3.8%	% Contractual Allowances / Total Gross Patient Revenue	3.2%	2.4%			2.2%	
46.8%	50.5%			46.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	48.2%	50.5%			46.7%	
\$12,740,531	\$10,770,165	\$1,970,366	18.3%	\$10,506,151	17. Net Patient Revenue	\$114,680,738	\$116,387,323	-\$25,473,875	-21.9%	\$108,980,883	5.2%
\$173,435	\$134,560	\$38,875	28.9%	\$226,256	18. Other Operating Revenue	\$1,623,376	\$1,454,116	\$169,261	11.6%	\$2,712,208	-40.1%
\$12,913,966	\$10,904,725	\$2,009,241	18.4%	\$10,732,407	19. Total Operating Revenue	\$116,304,114	\$117,841,439	-\$25,304,614	-21.5%	\$111,693,091	4.1%
\$4,793,346	\$4,889,822	-\$96,476	2.0%	\$4,470,801	Expenses:	\$52,134,602	\$52,841,533	-\$706,931	1.3%	\$49,138,126	6.1%
\$292,964	\$330,129	-\$37,165	11.3%	\$281,273	20. Salaries & Wages	\$3,139,166	\$3,567,510	-\$428,344	12.0%	\$3,376,046	-7.0%
\$429,230	\$183,159	-\$246,071	-134.3%	\$559,311	21. Physician Wages	\$4,710,510	\$1,979,303	-\$2,731,207	-138.0%	\$6,828,779	-31.0%
\$2,035,879	\$2,663,743	-\$627,864	23.6%	\$2,245,914	22. Contract Labor	\$25,353,167	\$28,785,654	-\$3,432,487	11.9%	\$24,264,656	4.5%
\$7,551,419	\$8,066,853	-\$515,434	6.4%	\$7,557,299	23. Employee Benefits	\$85,337,445	\$87,174,000	-\$1,836,555	2.1%	\$83,607,607	2.1%
58.5%	74.0%			70.4%	% Salaries and Benefits / Total Operating Revenue	73.4%	74.0%			74.9%	
\$101,389	\$56,769	-\$44,620	-78.6%	\$38,897	24. Medical Professional Fees	\$841,213	\$613,472	-\$227,741	-37.1%	\$749,863	12.2%
\$520,239	\$295,437	-\$224,802	-76.1%	\$214,409	25. Physician Contracts	\$5,357,078	\$3,192,613	-\$2,164,465	-67.8%	\$3,181,563	68.4%
\$313,728	\$259,485	-\$54,243	-20.9%	\$257,239	26. Non-Medical Professional Fees	\$3,284,757	\$2,804,028	-\$480,729	-17.1%	\$2,705,812	21.4%
\$1,729,310	\$1,424,807	-\$304,503	-21.4%	\$1,587,203	27. Materials & Supplies	\$16,586,498	\$15,396,919	-\$1,189,579	-7.7%	\$14,943,496	11.0%
\$138,135	\$178,351	-\$40,216	22.5%	\$150,532	28. Utilities	\$1,757,819	\$1,927,414	-\$169,595	8.8%	\$1,889,171	-7.0%
\$502,413	\$526,972	-\$24,559	4.7%	\$348,717	29. Maintenance & Repairs	\$5,284,363	\$5,694,735	-\$410,372	7.2%	\$5,153,138	2.5%
\$75,161	\$125,243	-\$50,082	40.0%	\$49,304	30. Rentals & Leases	\$1,420,466	\$1,353,422	-\$67,044	-5.0%	\$706,764	101.0%
\$72,582	\$83,137	-\$10,555	12.7%	\$78,804	31. Insurance	\$814,540	\$898,394	-\$83,854	9.3%	\$829,078	-1.8%
\$509,967	\$619,683	-\$109,716	17.7%	\$572,134	32. Depreciation & Amortization	\$6,014,511	\$6,696,576	-\$682,065	10.2%	\$6,473,731	-7.1%
\$85,398	\$90,961	-\$5,563	6.1%	\$0	33. Interest Expense	\$962,849	\$982,973	-\$20,124	2.0%	\$900,522	6.9%
\$162,825	\$35,042	-\$127,783	-364.7%	\$238,157	34. Other Operating Expenses	\$1,458,603	\$378,738	-\$1,079,865	-285.1%	\$1,536,128	-5.0%
\$11,762,566	\$11,762,740	\$174	0.0%	\$11,092,695	35. Total Expenses	\$129,120,142	\$127,113,284	-\$2,006,858	-1.6%	\$122,676,873	5.3%
\$1,151,400	-\$858,015	\$2,009,415	-234.2%	-\$360,288	36. Income (Loss) from Operations	-\$12,816,028	-\$9,271,845	-\$3,544,183	38.2%	-\$10,983,782	16.7%
\$2,747	\$84,931	-\$82,184	-96.8%	\$2,604	37. Non-Operating Revenue	\$1,461,355	\$917,808	\$543,547	59.2%	\$42,856	3309.9%
\$205,562	\$190,746	\$14,816	7.8%	\$98,333	38. Interest Income	\$2,295,827	\$2,061,285	\$234,543	11.4%	\$860,132	166.9%
\$208,309	\$275,677	-\$67,368	-24.4%	\$100,937	39. Total Non-Operating Revenue	\$3,757,182	\$2,979,093	\$778,089	26.1%	\$902,988	316.1%
\$1,359,709	-\$582,338	\$1,942,047	-333.5%	-\$259,351	40. Net Income (Loss)	-\$9,058,846	-\$6,292,752	-\$2,766,094	44.0%	-\$10,080,794	10.1%
8.92%	-7.87%			-3.36%	Income from Operations Margin	-11.02%	-7.87%			-9.83%	
10.53%	-5.34%			-2.42%	Net Income	-7.79%	-5.34%			-9.03%	

WILDFLOWER COURT  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 2024

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR		YTD ACTUAL	YTD BUDGET	YTD \$ VAR
			Gross Patient Revenue:			
\$0	\$0	\$0	1. Inpatient Revenue	\$0	\$0	\$0
\$1,209,171	\$1,058,417	\$150,754	2. Inpatient Ancillary Revenue	\$12,836,994	\$11,437,728	\$919,402
\$1,209,171	\$1,058,417	\$150,754	3. Total Inpatient Revenue	\$12,836,994	\$11,437,728	\$919,402
\$0	\$0	\$0	4. Outpatient Revenue	\$0	\$0	\$0
\$1,209,171	\$1,058,417	\$150,754	5. Total Patient Revenue - WFC	\$12,836,994	\$11,437,728	\$919,402
\$1,209,171	\$1,058,417	\$150,754	9. Total Gross Patient Revenue	\$12,836,994	\$11,437,728	\$919,402
			Deductions from Revenue:			
\$108,497	\$0	\$108,497	10. Inpatient Contractual Allowance	\$1,032,080	\$0	\$1,032,080
\$0	\$0	\$0	10a. Rural Demonstration Project	\$0	\$0	\$0
\$0	\$0	\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	13. Other Deductions	\$0	\$0	\$0
\$0	\$0	\$0	14. Charity Care	\$0	\$0	\$0
\$0	\$0	\$0	15. Bad Debt Expense	\$0	\$0	\$0
\$108,497	\$0	\$108,497	16. Total Deductions from Revenue	\$1,032,080	\$0	\$1,032,080
9.0%	0.0%		% Contractual Allowances / Total Gross Patient Revenue	8.0%	0.0%	
0.0%	0.0%		% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%	
9.0%	0.0%		% Total Deductions / Total Gross Patient Revenue	8.0%	0.0%	
\$1,100,674	\$1,058,417	\$42,257	17. Net Patient Revenue	\$11,804,914	\$11,437,728	\$1,951,482
\$0	\$0	\$0	18. Other Operating Revenue	\$0	\$0	\$169,261
\$1,100,674	\$1,058,417	\$42,257	19. Total Operating Revenue	\$11,804,914	\$11,437,728	\$2,120,743
			Expenses:			
\$381,691	\$303,434	-\$78,257	20. Salaries & Wages	\$3,498,225	\$3,279,054	-\$219,171
\$0	\$42,466	\$42,466	21. Physician Wages	\$0	\$458,904	\$458,904
\$286,741	\$0	-\$286,741	22. Contract Labor	\$3,720,752	\$0	-\$3,720,752
\$158,038	\$240,128	\$82,090	23. Employee Benefits	\$1,421,727	\$2,594,925	\$1,173,198
\$826,470	\$586,028	-\$240,442		\$8,640,704	\$6,332,883	-\$2,307,821
75.1%	55.4%		% Salaries and Benefits / Total Operating Revenue	73.2%	55.4%	
\$0	\$0	\$0	24. Medical Professional Fees	\$0	\$0	\$0
\$5,750	\$108,912	\$103,162	25. Physician Contracts	\$57,500	\$1,176,951	\$1,119,451
\$5,547	\$41,531	\$35,984	26. Non-Medical Professional Fees	\$52,818	\$448,808	\$395,990
\$44,171	\$123,380	\$79,209	27. Materials & Supplies	\$572,142	\$1,333,299	\$761,157
\$18,378	\$0	-\$18,378	28. Utilities	\$155,542	\$0	-\$155,542
\$12,088	\$0	-\$12,088	29. Maintenance & Repairs	\$79,925	\$0	-\$79,925
\$0	\$0	\$0	30. Rentals & Leases	\$3,524	\$0	-\$3,524
\$0	\$13,589	\$13,589	31. Insurance	\$0	\$146,849	\$146,849
\$0	\$0	\$0	32. Depreciation & Amortization	\$0	\$0	\$0
\$0	\$0	\$0	33. Interest Expense	\$0	\$0	\$0
\$20,452	\$18,341	-\$2,111	34. Other Operating Expenses	\$34,036	\$198,201	\$164,165
\$932,856	\$891,781	-\$41,075	35. Total Expenses	\$9,596,191	\$9,636,991	\$40,800
\$167,818	\$166,636	\$1,182	36. Income (Loss) from Operations	\$2,208,723	\$1,800,737	\$407,986
			Non-Operating Revenue			
\$0	\$0	\$0	37. Interest Income	\$0	\$0	\$0
\$0	\$0	\$0	38. Other Non-Operating Income	\$0	\$0	\$0
\$0	\$0	\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0
\$167,818	\$166,636	\$1,182	40. Net Income (Loss)	\$2,208,723	\$1,800,737	\$407,986
15.25%	15.74%		Income from Operations Margin	18.71%	15.74%	
15.25%	15.74%		Net Income	18.71%	15.74%	

**BARTLETT REGIONAL HOSPITAL and WFC**  
**Selected Ratios**  
**FOR THE MONTH AND YEAR TO DATE OF MAY 2024**

	Moody's Not-for-profit Healthcare Medians	Desired Position	FY 2024
<b>Liquidity Ratios</b>			
Current ratio	2.00	Above	3.05
Days in accounts receivable	48.2	Below	81.20
Days in accounts payable	62.8	Below	28.49
Days cash on hand*	167.9	Above	74.2
<b>Profitability Ratios</b>			
Operating margin	2.7%	Above	-8.3%
Excess margin	5.6%	Above	-5.3%
<b>Activity Ratios</b>			
Average age of Plant	11.2	Below	18.52
<b>Capital Structure Ratios</b>			
Total debt-to-capitalization	34.9%	Below	61.6%
Total debt-to-total operating revenue	34.6%	Below	71.3%

\* Benchmark is BBB rated companies

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING INCOME STATEMENT  
FOR THE PERIOD JUNE 23 THRU MAY 24

May-24 adjusted represents a quality of earnings analysis. YTD adjustments in Bad debt and employee benefits were removed to give the board a better picture on how finances performed during the month of May.

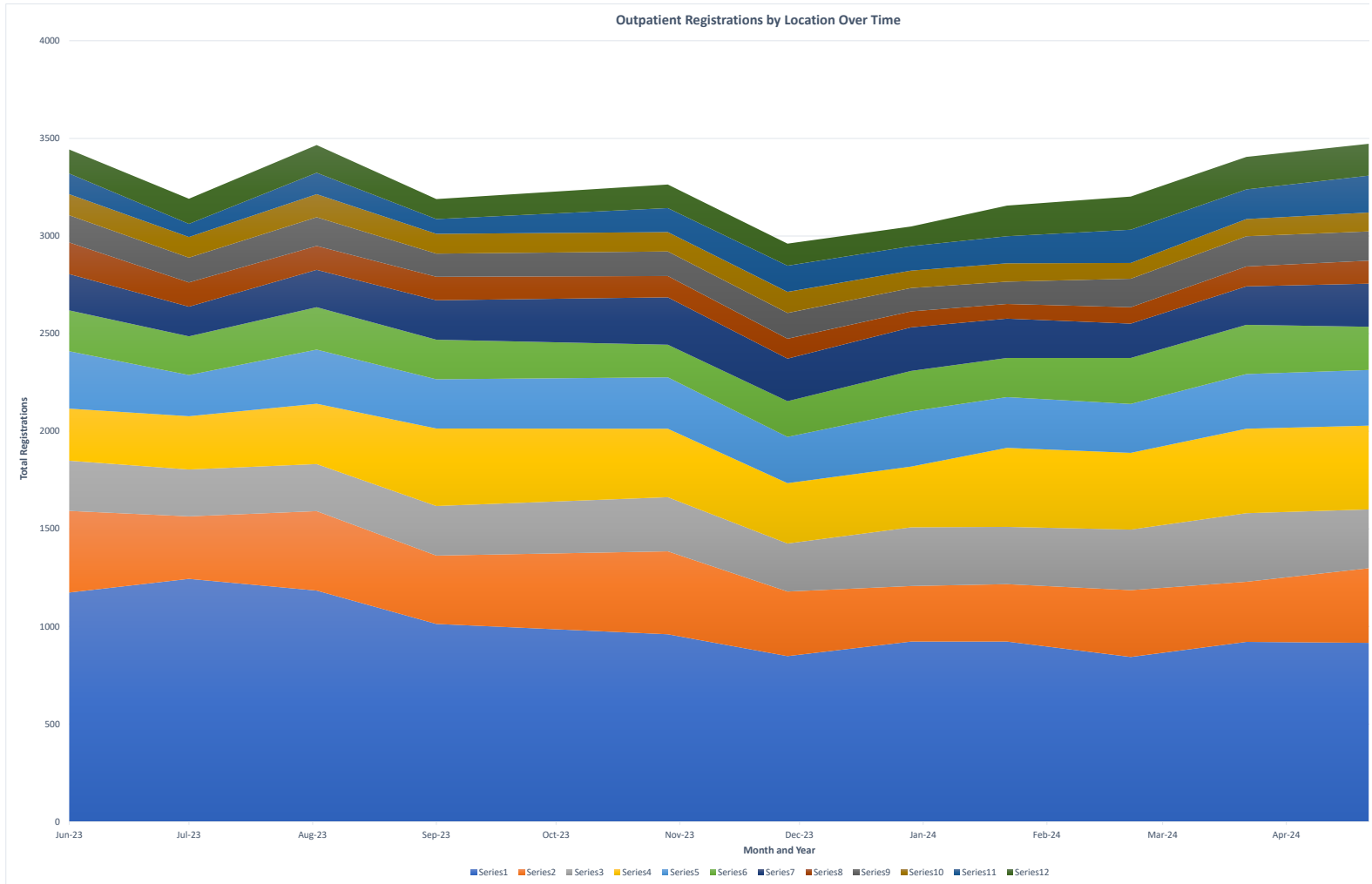
	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24	May-24 Adjusted
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,098,928	\$4,242,424	\$4,253,749	\$4,612,488	\$4,259,435	\$3,988,757	\$4,222,640	\$4,465,612	\$4,354,946	\$4,256,841	\$3,813,391	\$4,543,445	\$4,543,445
2. Inpatient Ancillary Revenue	\$1,175,099	\$1,213,356	\$1,295,265	\$1,207,835	\$1,218,991	\$980,859	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,243,342
3. Total Inpatient Revenue	\$5,274,027	\$5,455,780	\$5,549,014	\$5,820,323	\$5,478,426	\$4,969,616	\$5,226,858	\$5,736,801	\$5,292,449	\$5,236,400	\$4,892,391	\$5,786,787	\$5,786,787
4. Outpatient Revenue	\$13,744,438	\$13,102,559	\$14,182,989	\$12,359,514	\$11,719,376	\$10,707,445	\$12,266,492	\$11,555,507	\$12,705,864	\$13,064,453	\$13,626,429	\$15,726,011	\$15,726,011
5. Total Patient Revenue - Hospital	\$19,018,465	\$18,558,339	\$19,732,003	\$18,179,837	\$17,197,802	\$15,677,061	\$17,493,350	\$17,292,308	\$17,998,313	\$18,300,853	\$18,518,820	\$21,512,798	\$21,512,798
6. RRC Patient Revenue	\$270,145	\$246,267	\$310,499	\$296,483	\$355,172	\$391,055	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990	\$435,031	\$435,031
7. BHOPS Patient Revenue	\$242,232	\$236,340	\$342,612	\$161,515	\$224,099	\$227,052	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633	\$240,999	\$240,999
8. Physician Revenue	\$1,061,811	\$983,599	\$1,245,922	\$992,524	\$1,200,962	\$906,503	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,756,062
9. Total Gross Patient Revenue	\$20,592,653	\$20,024,545	\$21,631,034	\$19,630,359	\$18,978,035	\$17,201,671	\$19,109,740	\$19,316,415	\$20,374,751	\$20,294,892	\$20,754,977	\$23,944,890	\$23,944,890
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,353,583	\$3,190,077	\$2,286,274	\$2,677,511	\$3,430,104	\$3,853,034	\$2,805,127	\$3,437,685	\$2,904,313	\$2,392,963	\$3,714,725	\$4,185,572	\$4,185,572
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,552,589	\$5,651,316	\$5,447,660	\$5,336,016	\$5,150,505	\$4,572,434	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$6,774,998
12. Physician Service Contractual Allowance	\$682,788	\$523,629	\$710,207	\$748,903	\$570,520	\$615,091	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737	\$952,258	\$952,258
13. Other Deductions	\$28,884	\$27,898	\$28,145	\$35,555	\$30,096	-\$119,253	\$591	\$1,181	\$591	\$591	\$591	\$3,621	\$3,621
14. Charity Care	\$48,450	\$52,888	\$152,387	\$160,587	\$178,785	\$67,893	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257	\$62,566	\$62,566
15. Bad Debt Expense	\$515,314	\$995,105	\$1,080,279	\$589,461	\$615,584	-\$59,933	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686	-\$424,656	\$306,024
16. Total Deductions from Revenue	\$8,831,608	\$10,090,913	\$9,354,952	\$9,198,033	\$9,625,594	\$8,579,266	\$9,420,874	\$9,487,884	\$9,763,403	\$9,243,740	\$10,830,418	\$11,204,359	\$11,935,039
% Contractual Allowances / Total Gross Patient Revenue	40.0%	45.0%	37.4%	42.9%	46.4%	50.5%	43.5%	45.8%	43.2%	43.8%	49.8%	48.3%	48.3%
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	5.2%	5.7%	3.8%	4.2%	0.0%	5.8%	3.3%	4.8%	2.4%	1.7%	-1.5%	1.5%
% Total Deductions / Total Gross Patient Revenue	42.9%	50.4%	43.2%	46.9%	50.7%	49.9%	49.3%	49.1%	47.9%	45.5%	52.2%	46.8%	49.8%
17. Net Patient Revenue	\$11,761,045	\$9,933,632	\$12,276,082	\$10,432,326	\$9,352,441	\$8,622,405	\$9,688,866	\$9,828,531	\$10,611,348	\$11,051,152	\$9,924,559	\$12,740,531	\$12,009,851
18. Other Operating Revenue	\$845,504	\$64,574	\$66,281	\$320,220	\$63,173	\$62,521	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639	\$173,435	\$173,435
19. Total Operating Revenue	\$12,606,549	\$9,998,206	\$12,342,363	\$10,752,546	\$9,415,614	\$8,684,926	\$9,765,568	\$9,931,516	\$10,664,210	\$11,235,136	\$10,381,198	\$12,913,966	\$12,183,286
Expenses:													
20. Salaries & Wages	\$4,392,535	\$4,509,486	\$4,661,026	\$4,780,938	\$4,875,621	\$4,594,095	\$5,040,712	\$4,633,447	\$4,715,635	\$4,823,090	\$4,707,207	\$4,793,346	\$4,793,346
21. Physician Wages	\$258,161	\$285,907	\$284,305	\$278,815	\$281,043	\$297,570	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226	\$292,964	\$292,964
22. Contract Labor	\$570,995	\$416,754	\$461,504	\$395,611	\$370,037	\$326,325	\$507,401	\$428,819	\$402,520	\$414,246	\$558,063	\$429,230	\$429,230
23. Employee Benefits	\$2,054,678	\$2,198,682	\$2,339,061	\$2,286,966	\$2,331,343	\$2,286,725	\$2,409,083	\$2,422,623	\$2,260,625	\$2,448,007	\$2,334,173	\$2,035,879	\$2,333,311
	\$7,276,369	\$7,410,829	\$7,745,896	\$7,742,330	\$7,858,044	\$7,504,715	\$8,136,464	\$7,820,595	\$7,684,684	\$7,980,802	\$7,901,669	\$7,551,419	\$7,848,851
% Salaries and Benefits / Total Operating Revenue	57.7%	74.1%	62.8%	72.0%	83.5%	86.4%	83.3%	78.7%	72.1%	71.0%	76.1%	58.5%	64.4%
24. Medical Professional Fees	\$83,986	\$89,318	\$87,575	\$51,620	\$63,206	\$49,053	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096	\$101,389	\$101,389
25. Physician Contracts	\$472,150	\$391,878	\$365,250	\$371,953	\$357,944	\$461,340	\$601,382	\$591,140	\$605,990	\$582,082	\$507,880	\$520,239	\$520,239
26. Non-Medical Professional Fees	\$417,375	\$230,315	\$432,810	\$373,810	\$310,620	\$277,695	\$249,856	\$133,982	\$207,752	\$494,795	\$259,394	\$313,728	\$313,728
27. Materials & Supplies	\$1,767,300	\$1,526,291	\$1,845,858	\$1,680,600	\$1,436,674	\$1,294,488	\$1,222,074	\$1,345,411	\$1,461,026	\$1,342,442	\$1,702,324	\$1,729,310	\$1,729,310
28. Utilities	\$122,094	\$142,859	\$214,852	\$138,871	\$161,157	\$135,177	\$169,900	\$132,615	\$201,033	\$164,539	\$158,681	\$138,135	\$138,135
29. Maintenance & Repairs	\$428,196	\$449,955	\$713,878	\$470,513	\$426,520	\$410,319	\$469,640	\$453,927	\$417,718	\$532,531	\$436,949	\$502,413	\$502,413
30. Rentals & Leases	\$62,793	\$42,445	\$284,124	\$38,850	\$170,386	\$100,269	\$82,769	\$257,278	\$128,484	\$167,234	\$73,466	\$75,161	\$75,161
31. Insurance	\$72,992	\$117,103	\$71,963	\$46,525	\$71,733	\$75,969	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733	\$72,582	\$72,582
32. Depreciation & Amortization	\$574,504	\$563,321	\$562,018	\$550,118	\$494,721	\$499,760	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804	\$509,967	\$509,967
33. Interest Expense	\$100,000	\$35,000	\$90,900	\$90,900	\$130,992	\$86,938	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362	\$85,398	\$85,398
34. Other Operating Expenses	\$199,905	\$114,060	\$92,965	\$186,088	\$115,521	\$291,412	\$164,583	-\$187,251	\$264,894	\$146,770	\$106,736	\$162,825	\$162,825
35. Total Expenses	\$11,577,664	\$11,113,374	\$12,508,089	\$11,742,178	\$11,597,518	\$11,187,135	\$11,809,774	\$11,536,514	\$11,800,927	\$12,166,975	\$11,895,094	\$11,762,566	\$12,059,998
36. Income (Loss) from Operations	\$1,028,885	-\$1,115,168	-\$165,726	-\$989,632	-\$2,181,904	-\$2,502,209	-\$2,044,206	-\$1,604,998	-\$1,136,717	-\$931,839	-\$1,513,896	\$1,151,400	\$123,288
Non-Operating Revenue													
37. Interest Income	\$1,414	\$10,835	\$1,408	\$1,871	\$1,112	\$340,909	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843	\$2,747	\$2,747
38. Other Non-Operating Income	-\$207,144	\$232,452	\$205,690	\$217,509	\$212,011	\$199,504	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396	\$205,562	\$205,562
39. Total Non-Operating Revenue	-\$205,730	\$243,287	\$207,098	\$219,380	\$213,123	\$540,413	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553	\$208,309	\$208,309
40. Net Income (Loss)	\$823,155	-\$871,881	\$41,372	-\$770,252	-\$1,968,781	-\$1,961,796	-\$914,216	-\$1,233,235	-\$960,690	-\$661,599	-\$1,336,343	\$1,359,709	\$331,597

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
May 31, 2024

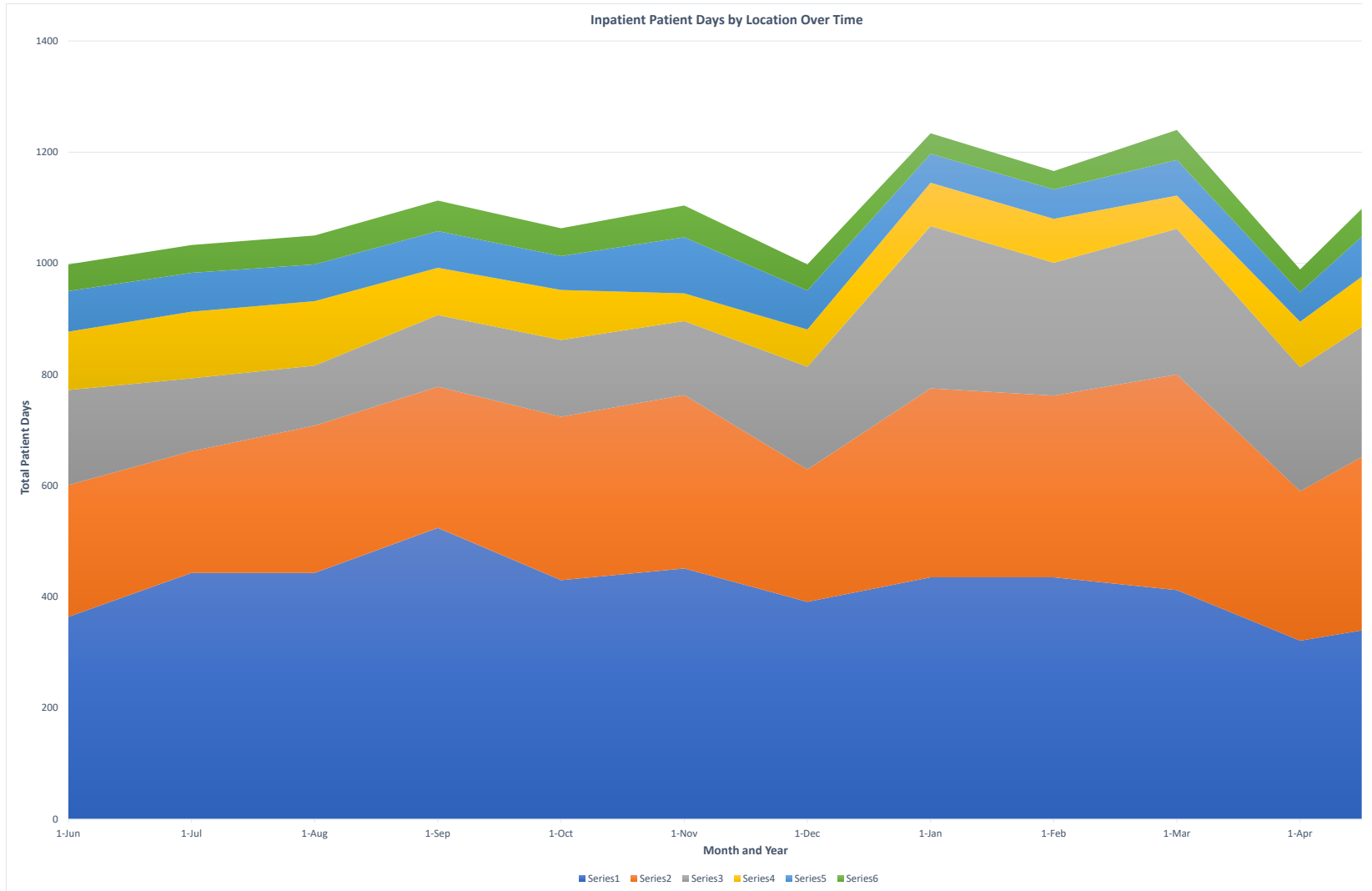
	<u>May-24</u>	<u>April-24</u>	<u>May-23</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	6,379,741	4,174,873	21,716,162	(15,336,421)
2. Board designated cash	14,986,650	14,495,980	18,787,517	(3,800,867)
3. Patient accounts receivable, net	31,832,445	32,762,890	19,629,284	12,203,161
4. Other receivables	2,174,474	1,722,080	(225,255)	2,399,728
5. Inventories	3,935,467	3,600,091	4,135,158	(199,691)
6. Prepaid Expenses	2,110,680	2,481,324	1,696,269	414,411
7. Other assets	3,017,177	3,039,100	750,044	2,267,133
8. Total current assets	64,436,634	62,276,338	66,489,179	(2,052,546)
Appropriated Cash:				
9. CIP Appropriated Funding	10,625,547	10,625,547	18,394,881	(7,769,334)
Property, plant & equipment				
10. Land, bldgs & equipment	160,275,129	160,275,129	156,716,305	3,558,825
11. Construction in progress	37,166,431	37,060,441	30,078,150	7,088,281
12. Total property & equipment	197,441,560	197,335,570	186,794,455	10,647,106
13. Less: accumulated depreciation	(121,497,410)	(121,006,740)	(115,283,337)	(6,214,072)
14. Net property and equipment	75,944,150	76,328,830	71,511,118	4,433,034
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,012,716	849,995
<b>16. Total assets</b>	<b>162,869,042</b>	<b>161,093,426</b>	<b>167,407,894</b>	<b>(4,538,851)</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	3,464,341	2,931,450	2,668,095	796,246
18. Accrued employee benefits	4,985,433	5,634,997	5,056,010	(70,577)
19. Accounts payable and accrued expenses	4,975,548	3,997,812	3,511,654	1,463,894
20. Due to 3rd party payors	1,202,163	1,202,163	1,999,056	(796,894)
21. Deferred revenue	190,667	357,334	320,870	(130,203)
22. Interest payable	625,455	520,278	408,246	217,209
23. Note payable - current portion	2,115,347	2,115,347	1,770,000	345,347
24. Other payables	3,135,806	3,655,928	1,220,730	1,915,075
25. Total current liabilities	20,694,760	20,415,309	16,954,661	3,740,097
Long-term Liabilities:				
26. Bonds payable	30,930,000	30,930,000	32,775,000	(1,845,000)
27. Bonds payable - premium/discount	1,932,121	1,953,133	2,522,472	(590,351)
28. Net Pension Liability	43,221,408	43,221,408	15,568,546	27,652,862
29. Deferred In-Flows	2,763,011	2,763,011	45,156,052	(42,393,041)
30. Total long-term liabilities	78,846,540	78,867,552	96,022,070	(17,175,530)
31. Total liabilities	99,541,300	99,282,861	112,976,731	(13,435,433)
32. Fund Balance	63,327,744	61,810,566	54,431,162	8,896,582
<b>33. Total liabilities and fund balance</b>	<b>162,869,042</b>	<b>161,093,426</b>	<b>167,407,894</b>	<b>(4,538,851)</b>

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING BALANCE SHEET  
FOR THE PERIOD JUNE 23 THRU MAY 24

	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24
<b>ASSETS</b>												
Current Assets:												
1. Cash and cash equivalents	25,702,351	23,792,203	23,273,745	19,591,946	16,888,905	12,734,272	9,392,647	9,642,805	3,192,115	5,658,916	4,174,871	6,379,741
2. Board designated cash	17,493,703	18,065,645	18,699,623	19,249,741	19,744,462	20,036,503	18,625,341	19,100,858	19,557,453	14,002,474	14,495,980	14,986,650
3. Patient accounts receivable, net	20,669,786	20,721,436	21,710,131	23,868,411	25,649,252	26,543,155	27,903,274	29,315,301	31,955,366	32,306,493	32,762,890	31,832,445
4. Other receivables	872,487	728,026	697,841	951,040	401,435	439,081	1,459,238	1,619,405	1,458,065	1,571,605	1,722,080	2,174,474
5. Inventories	3,895,961	3,730,523	3,973,048	4,058,163	4,024,829	4,037,249	4,212,926	4,091,013	3,740,723	3,815,240	3,600,091	3,935,467
6. Prepaid Expenses	1,418,167	1,730,916	3,611,522	3,587,587	3,385,598	3,485,451	3,377,805	3,236,536	3,067,093	2,774,768	2,481,324	2,110,680
7. Other assets	750,043	729,004	2,328,294	2,328,594	2,330,194	3,242,573	3,242,573	3,099,292	3,079,994	3,058,697	3,039,100	3,017,177
<b>8. Total current assets</b>	<b>70,802,498</b>	<b>69,497,753</b>	<b>74,294,204</b>	<b>73,635,482</b>	<b>72,424,675</b>	<b>70,518,284</b>	<b>68,213,804</b>	<b>70,105,210</b>	<b>66,050,809</b>	<b>63,188,193</b>	<b>62,276,336</b>	<b>64,436,634</b>
Appropriated Cash:												
9. CIP Appropriated Funding	13,022,949	13,022,949	13,231,716	13,231,716	13,022,949	13,022,949	11,127,357	11,127,357	11,127,357	10,625,547	10,625,547	10,625,547
Property, plant & equipment												
10. Land, bldgs & equipment	156,470,440	156,461,818	156,461,818	156,461,818	156,461,818	156,661,054	156,661,054	156,662,431	157,682,804	160,275,129	160,275,129	160,275,129
11. Construction in progress	32,542,171	32,616,618	32,848,142	32,892,082	34,490,817	34,337,859	37,075,935	37,204,711	37,897,950	36,773,284	37,060,441	37,166,431
12. Total property & equipment	189,012,611	189,078,436	189,309,960	189,353,900	190,952,635	190,998,913	193,736,989	193,867,142	195,580,754	197,048,413	197,335,570	197,441,560
13. Less: accumulated depreciation	(115,695,170)	(116,258,491)	(116,820,509)	(117,370,627)	(117,865,348)	(118,365,108)	(118,849,538)	(119,441,632)	(120,016,256)	(120,513,233)	(121,006,740)	(121,497,410)
<b>14. Net property and equipment</b>	<b>73,317,441</b>	<b>72,819,945</b>	<b>72,489,451</b>	<b>71,983,273</b>	<b>73,087,287</b>	<b>72,633,805</b>	<b>74,887,451</b>	<b>74,425,510</b>	<b>75,564,498</b>	<b>76,535,180</b>	<b>76,328,830</b>	<b>75,944,150</b>
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	11,012,716	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711
<b>16. Total assets</b>	<b>168,155,604</b>	<b>166,353,363</b>	<b>171,028,087</b>	<b>170,713,182</b>	<b>170,397,623</b>	<b>168,037,750</b>	<b>166,091,323</b>	<b>167,520,788</b>	<b>164,605,375</b>	<b>162,211,631</b>	<b>161,093,424</b>	<b>162,869,042</b>
<b>LIABILITIES &amp; FUND BALANCE</b>												
Current liabilities:												
17. Payroll liabilities	2,912,993	3,642,621	4,235,192	2,328,597	2,910,445	3,257,343	3,708,487	4,491,739	4,484,237	2,672,495	2,931,450	3,464,341
18. Accrued employee benefits	4,516,747	4,765,323	4,785,079	5,376,240	5,485,243	4,823,879	4,766,998	4,801,021	5,053,138	5,567,058	5,634,997	4,985,433
19. Accounts payable and accrued expenses	4,259,881	4,544,391	5,213,501	5,260,666	3,791,300	5,101,452	4,823,877	7,665,297	4,989,768	4,054,292	3,997,812	4,975,548
20. Due to 3rd party payors	1,999,056	1,798,682	1,798,682	1,798,682	1,546,212	1,394,450	1,394,450	1,394,450	1,394,450	1,394,450	1,202,163	1,202,163
21. Deferred revenue	277,703	111,037	1,944,370	1,777,703	1,611,037	1,190,667	1,024,000	857,334	690,667	524,000	357,334	190,667
22. Interest payable	182,385	182,385	204,462	429,154	539,881	658,556	209,890	312,477	309,989	415,207	520,278	625,455
23. Note payable - current portion	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	2,040,347	2,070,347	2,070,347	2,115,347	2,115,347	2,115,347	2,115,347
24. Other payables	1,803,637	1,893,547	2,660,724	2,886,957	2,991,426	3,313,689	3,409,128	3,337,816	3,358,250	3,605,362	3,655,928	3,135,806
<b>25. Total current liabilities</b>	<b>17,722,402</b>	<b>18,707,986</b>	<b>22,612,010</b>	<b>21,627,999</b>	<b>20,645,544</b>	<b>21,780,383</b>	<b>21,407,177</b>	<b>24,930,481</b>	<b>22,395,846</b>	<b>20,348,211</b>	<b>20,415,309</b>	<b>20,694,760</b>
Long-term Liabilities:												
26. Bonds payable	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	31,960,000	31,960,000	30,930,000	30,930,000	30,930,000	30,930,000
27. Bonds payable - premium/discount	2,451,804	2,451,804	2,451,804	2,380,478	2,356,689	2,062,554	2,038,766	2,016,167	1,995,156	1,974,144	1,953,133	1,932,121
28. Net Pension Liability	15,568,546	15,568,546	15,568,546	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408
29. Deferred In-Flows	45,156,052	45,156,052	45,156,052	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011
<b>30. Total long-term liabilities</b>	<b>95,951,402</b>	<b>95,951,402</b>	<b>95,951,402</b>	<b>81,139,897</b>	<b>81,116,108</b>	<b>80,821,973</b>	<b>79,983,185</b>	<b>79,960,586</b>	<b>78,909,575</b>	<b>78,888,563</b>	<b>78,867,552</b>	<b>78,846,540</b>
<b>31. Total liabilities</b>	<b>113,673,803</b>	<b>114,659,387</b>	<b>118,563,411</b>	<b>102,767,896</b>	<b>101,761,652</b>	<b>102,602,356</b>	<b>101,390,362</b>	<b>104,891,067</b>	<b>101,305,421</b>	<b>99,236,774</b>	<b>99,282,861</b>	<b>99,541,300</b>
32. Fund Balance	54,481,801	51,693,976	52,464,676	67,945,286	68,635,972	65,435,395	64,700,962	62,629,722	63,299,955	62,974,858	61,810,566	63,327,744
<b>33. Total liabilities and fund balance</b>	<b>168,155,604</b>	<b>166,353,363</b>	<b>171,028,087</b>	<b>170,713,182</b>	<b>170,397,623</b>	<b>168,037,750</b>	<b>166,091,323</b>	<b>167,520,788</b>	<b>164,605,375</b>	<b>162,211,631</b>	<b>161,093,424</b>	<b>162,869,042</b>



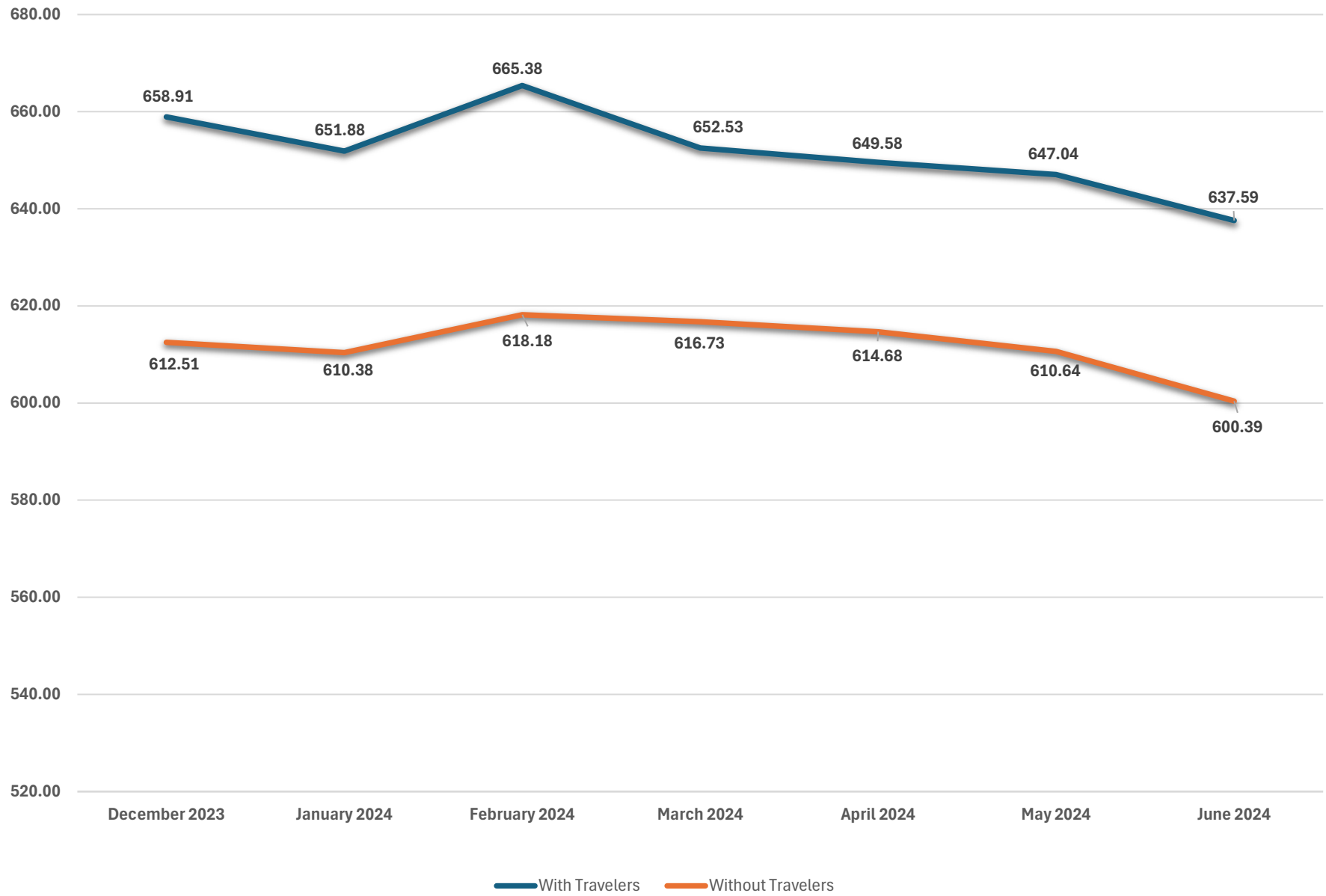
Group/Location	FY2024 Month and Registrations											
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Emergency Room	1174	1244	1,184	1013	960	848	923	923	844	921	916	1169
Physical Therapy Outpatient	418	320	407	350	425	331	284	294	342	308	383	359
Ultrasound	257	240	241	254	277	246	301	293	310	351	301	308
Laboratory Outpatient	267	273	309	397	351	309	311	405	393	433	429	452
Same Day Surgery	294	211	277	252	263	237	283	260	251	280	285	277
Infusion Center Outpatient	209	198	217	203	167	183	207	200	235	252	221	210
Mammography	186	152	192	202	243	218	223	202	176	197	221	209
Xray	162	124	122	120	109	102	82	75	84	102	118	98
Computerized Tomography	139	127	147	119	126	132	120	114	146	155	150	172
Occupational Therapy OutPt	108	106	118	101	99	108	89	94	81	88	97	82
Speech Therapy Outpatient	106	67	110	76	123	134	125	139	170	152	189	173
Magnetic Resonance Imaging	123	129	142	102	121	113	101	157	170	166	163	113



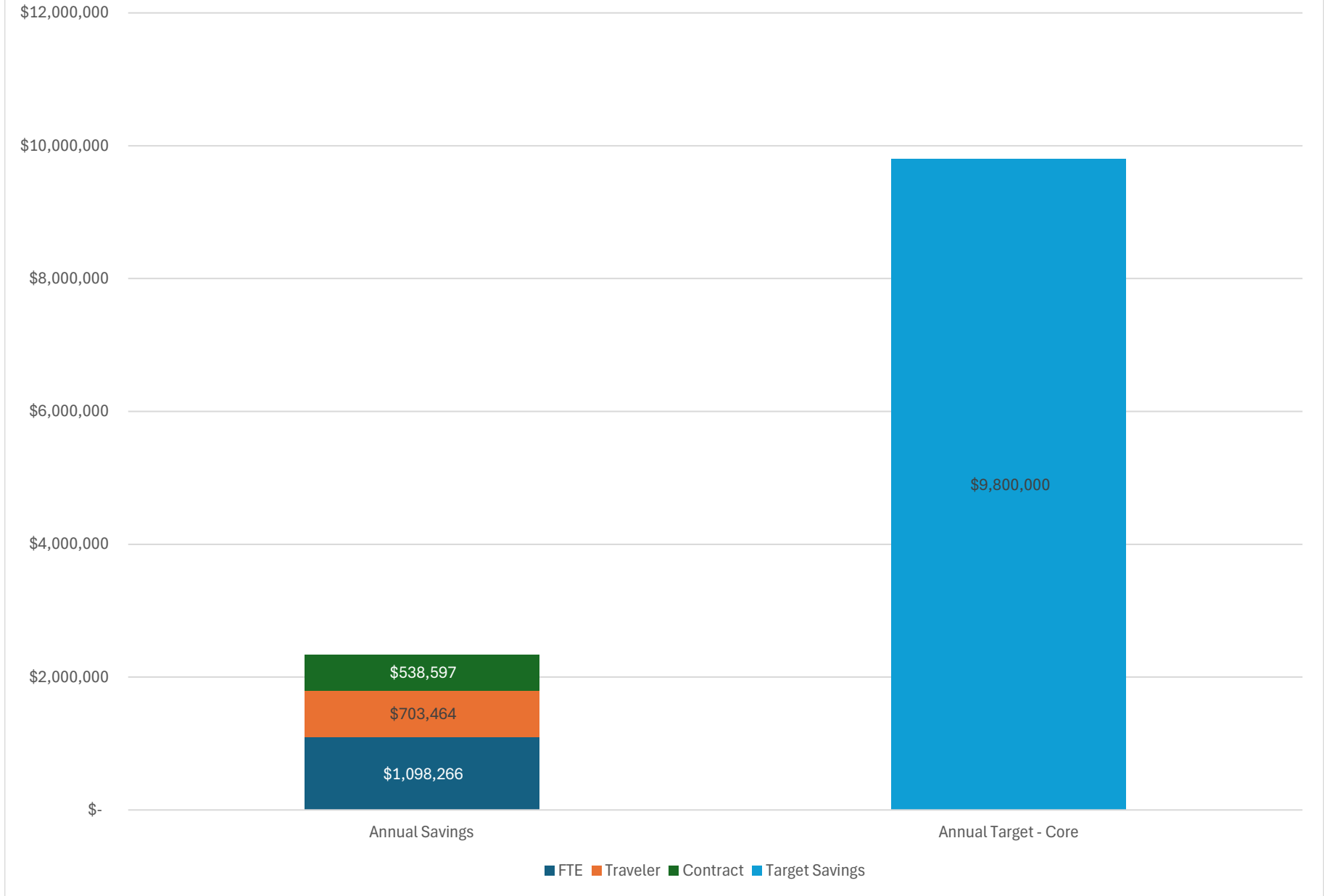
Group/Location	FY2024 Month and Patient Days												
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Medical/Surgical Unit	364	443	443	524	430	451	391	435	435	412	321	358	
Chemical Dependency InPt	237	219	265	254	294	312	238	340	327	388	269	355	
Mental Health Unit InPt	171	131	108	129	138	133	185	292	239	262	223	245	
Critical Care Unit InPt	105	120	116	85	90	50	67	78	79	60	82	99	
Obstetrics Unit InPt	73	70	66	66	61	101	70	52	53	64	53	91	
Newborn Nursery InPt	48	50	52	55	50	57	47	37	33	54	41	59	

	Enterprise Fund	SNF	Healthcare Ancillary		Public Health		
	Hospital	WFC	Home Health	Hospice	ABA	Crisis	RRC
Gross Patient Revenue:							
1. Inpatient Revenue	\$47,013,728	\$0	\$0	\$0	\$0	\$0	\$0
2. Inpatient Ancillary Revenue	\$12,431,116	\$12,836,994	\$0	\$0	\$0	\$0	\$0
3. Total Inpatient Revenue	\$59,444,844	\$12,836,994	\$0	\$0	\$0	\$0	\$0
4. Outpatient Revenue	\$139,645,486	\$0	\$465,729	\$440,620	\$0	\$464,804	\$0
5. Total Patient Revenue - Hospital	\$199,090,330	\$12,836,994	\$465,729	\$440,620	\$0	\$464,804	\$0
6. RRC Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$3,980,160
7. BHOPS Patient Revenue	\$1,854,704	\$0	\$0	\$0	\$640,052	\$0	\$0
8. Physician Revenue	\$14,514,907	\$0	\$0	\$0	\$0	\$0	\$0
9. Total Gross Patient Revenue	\$215,459,941	\$12,836,994	\$465,729	\$440,620	\$640,052	\$464,804	\$3,980,160
Deductions from Revenue:							
10. Inpatient Contractual Allowance	\$30,998,520	\$1,032,080					
11. Outpatient Contractual Allowance	\$58,249,897				\$221,424		\$2,111,588
12. Physician Service Contractual Allowance	\$8,141,919						
13. Other Deductions	\$9,606						
14. Charity Care	\$1,332,808	\$0			\$4,623	\$3,357	\$28,747
15. Bad Debt Expense	\$5,471,680	\$0			\$24,721	\$17,952	\$153,728
16. Total Deductions from Revenue	\$104,204,430	\$1,032,080	\$0	\$0	\$250,768	\$21,309	\$2,294,063
% Contractual Allowances / Total Gross Patient Revenue	45.2%	8.0%	0.0%	0.0%	34.6%	0.0%	53.1%
% Bad Debt & Charity Care / Total Gross Patient Revenue	3.2%	0.0%	0.0%	0.0%	4.6%	4.6%	4.6%
% Total Deductions / Total Gross Patient Revenue	48.4%	8.0%	0.0%	0.0%	39.2%	4.6%	57.6%
17. Net Patient Revenue	\$111,255,512	\$11,804,914	\$465,729	\$440,620	\$389,284	\$443,494	\$1,686,097
18. Other Operating Revenue	\$1,014,651	\$0	\$0	\$152,974	\$19,650	\$235,399	\$200,702
19. Total Operating Revenue	\$112,270,162	\$11,804,914	\$465,729	\$593,595	\$408,934	\$678,893	\$1,886,798
Expenses:							
20. Salaries & Wages	\$48,694,941	\$3,498,225	\$348,304	\$373,890	\$542,633	\$629,695	\$1,545,140
21. Physician Wages	\$2,823,589	\$0	\$0	\$0	\$0	\$315,577	\$0
22. Contract Labor	\$3,886,183	\$3,720,752	\$11,434	\$0	\$17,693	\$786,561	\$8,640
23. Employee Benefits	\$23,462,826	\$1,421,727	\$171,207	\$178,425	\$312,982	\$459,244	\$768,484
% Salaries and Benefits / Total Operating Revenue	70.2%	73.2%	114.0%	93.0%	213.6%	322.7%	123.1%
24. Medical Professional Fees	\$841,213	\$0	\$0	\$0	\$0	\$0	\$0
25. Physician Contracts	\$5,322,852	\$57,500	\$0	\$34,226	\$0	\$0	\$0
26. Non-Medical Professional Fees	\$3,248,230	\$52,818	\$819	\$4,715	\$0	\$30,994	\$0
27. Materials & Supplies	\$16,440,903	\$572,142	\$21,592	\$33,437	\$3,743	\$29,229	\$57,593
28. Utilities	\$1,747,212	\$155,542	\$470	\$1,174	\$0	\$600	\$8,364
29. Maintenance & Repairs	\$5,284,363	\$79,925	\$0	\$0	\$0	\$0	\$0
30. Rentals & Leases	\$1,384,446	\$3,524	\$14,077	\$14,265	\$3,120	\$4,558	\$0
31. Insurance	\$809,741	\$0	\$0	\$4,799	\$0	\$0	\$0
32. Depreciation & Amortization	\$5,794,950	\$0	\$0	\$0	\$27,530	\$45,883	\$146,148
33. Interest Expense	\$714,509	\$0	\$0	\$0	\$124,170	\$124,170	\$0
34. Other Operating Expenses	\$1,365,252	\$34,036	\$30,595	\$27,817	\$19,659	\$1,403	\$13,877
35. Total Expenses	\$121,821,211	\$9,596,191	\$598,498	\$672,748	\$1,051,530	\$2,427,914	\$2,548,245
36. Income (Loss) from Operations	\$ (9,551,048)	\$ 2,208,723	\$ (132,769)	\$ (79,153)	\$ (642,596)	\$ (1,749,020)	\$ (661,447)
Non-Operating Revenue							
37. Interest Income	\$1,461,355	\$0	\$0	\$0	\$0	\$0	\$0
38. Other Non-Operating Income	\$2,295,827	\$0	\$0	\$0	\$0	\$0	\$0
39. Total Non-Operating Revenue	\$3,757,182	\$0	\$0	\$0	\$0	\$0	\$0
40. Net Income (Loss)	(5,793,866)	2,208,723	(132,769)	(79,153)	(642,596)	(1,749,020)	(661,447)
	(3,585,143)		(211,922)		(3,053,063)		
	(6,850,128)						

### Change in Total FTE December 2023 - June 2024



### Actual Savings to Target Savings (\$\$)



## MEMORANDUM

**DATE:** July 19, 2024  
**TO:** Bartlett Regional Hospital  
**FROM:** Chad A. Brown, Executive Director of Human Resources  
**SUBJECT:** **Organizational Design Update**

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The current organizational design project is one of the most important projects this organization can undertake, and we've made a conscious decision to adjust its pace. This decision has not been made lightly; it stems from a commitment to thoughtfulness, stability, and clarity throughout the process.

**Reflective Approach:** We have embarked on a reflective approach to ensure that every aspect of the organizational redesign is considered with the utmost care. This deliberate pace is essential to avoid overlooking critical factors that could impact our long-term success

**Inclusive Decision-Making:** We're taking the time to involve key stakeholders in the decision-making process. Their insights and experiences are invaluable to shaping an organizational structure that is both efficient and meets our foundational principles.

**Reducing Confusion:** A slower transition allows for clear communication and better understanding among all stakeholders. This approach helps to minimize confusion and resistance, facilitating a smoother integration of new structures and processes.

**Risk Mitigation:** A rushed organizational design can lead to gaps between strategy and implementation. By proceeding judiciously, we mitigate risks and set the stage for a more successful reorganization.

**Stability and Continuity:** By slowing down, we aim to maintain stability to ensure our organization continues to function effectively while we implement necessary changes.

In conclusion, this intentional deceleration is a strategic move to ensure that this project is comprehensive, inclusive, and ultimately successful. We seek your support and understanding as we continue to navigate this complex but vital endeavor.

## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Alex Malter, MD - Chief of Staff

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### ISSUE

- The Board of Directors will be briefed on Medical Staff matters by Chief of Staff, Alex Malter, MD.

### BACKGROUND

- Behind this cover memo are:
  1. A memo regarding board review and approval of medical staff policies
  2. Medical Staff and Committee Meeting Attendance Policy – **ACTION ITEM**

---

## MEMORANDUM

**DATE:** April 12, 2024

**TO:** Kenny Solomon-Gross, BRH Board of Directors

**CC:** Medical Staff Executive Committee 

**FROM:** Alex Malter, MD – Chief of Staff, Medical Staff Executive Committee (MSEC)

**SUBJECT:** BRH Board of Directors Review/Approval of Medical Staff Policies

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The Medical Staff receives occasional legal advice from Horty-Springer regarding various issues. We believe that this advice helps keep the Medical Staff and the Board on optimal legal footing and appreciate the BRH Board of Directors support of these services.

Horty Springer recommended to us that all Medical Staff policies be additionally ratified by the Board (see attached). That said, Senior Leadership has indicated less substantive policies do not typically require the Board of Directors level approval. From our lay perspective this Senior Leadership Team position seems reasonable.

Please advise the Medical Staff Executive Committee if the Board wants to review/approve all Medical Staff policies, and if not, what criteria you'd like us to use to determine which deserves to be sent up.

Feel free to contact me at [chiefofstaff@bartletthospital.org](mailto:chiefofstaff@bartletthospital.org) or any member of the MSEC in the event you have any questions or need additional information.

### MEDICAL STAFF OFFICE

Direct Line: (907) 796-8150

Web Site: [www.bartletthospital.org](http://www.bartletthospital.org)

Fax Line: (907) 796-8614

Y:\Chief of Staff and Other Documents\Physician Dictation (COS)\Chief of Staff\2024 Malter\2024 04 10 BRH BOD Regarding Policies for Review.docx

**From:** [Rachel Remaley](#)  
**To:** [Debbie K. Kesselring](#); [Mary Paterni](#)  
**Cc:** [Department Credentialing](#)  
**Subject:** RE: Policy Review by the Board  
**Date:** Thursday, December 16, 2021 12:17:01 PM  
**Attachments:** [image003.png](#)  
[image006.png](#)

---

## HORTY, SPRINGER & MATTERN, P.C.

20 STANWIX STREET, SUITE 405, PITTSBURGH, PA 15222

### CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION

Debbie,

I agree with the advice Susan previously gave. It is our recommendation that all Hospital and Medical Staff policies go to the Board for approval (based on the notion that the Board is responsible for all things in the hospital and, in turn, ultimately is responsible for approving all policy changes).

In most cases, the Board will rely on the expert recommendations of the Medical Staff with respect to Medical Staff policies. But, whenever there is a very important issue or one that has political or cultural consequences (e.g. creating a mandatory protocol for COVID treatment), the Board may wish to have more information and input. It might even disagree and disapprove of the policy or make edits prior to adoption. This is, of course, within the discretion of the Board (with a few exceptions for Medical Staff Bylaws matters, which cannot be unilaterally amended), which is the ultimate authority in the Hospital.

In practice, of course, most Boards are not busy poring over the policies of the Hospital and its Medical Staff. Rather, the Board largely relies on its administrators (e.g. the CEO and/or CMO of a Hospital) and the Medical Staff leaders to help it understand policies that are being recommended or revised. To that end, it's a lot like credentialing, where the Board has a list of names that it approves, while it expects to see the actual files and/or hear more information about an applicant only if there is something "of interest."

With respect to policies, the Board will thus generally approve those policies recommended by the CEO, CMO, or Chief of Staff. But, if there is something "of interest," the Board would expect those leaders to bring the matter to the attention of the Chair of the Board so that the matter could be placed on the agenda for discussion. Otherwise, the policies being adopted/revised would simply be a list, on the agenda for approval.

Please let me know if you would like to discuss this or if you have additional questions.

Sincerely,  
Rachel

Rachel Remaley

Horty, Springer and Mattern, P.C.  
20 Stanwix Street | Suite 405  
Pittsburgh, PA 15222  
Office: 412-687-7677



Celebrating Our 50<sup>th</sup> Year!

[Disclosure](#)

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**From:** Debbie K. Kesselring <dkesselring@bartlethospital.org>  
**Sent:** Wednesday, December 15, 2021 8:10 PM  
**To:** Rachel Remaley <RRemaley@hortyspringer.com>; Mary Paterni <mpaterni@hortyspringer.com>  
**Cc:** Department Credentialing <DepartmentCredentialing@bartlethospital.org>  
**Subject:** Policy Review by the Board

Hi Rachel,

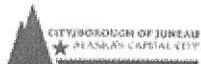
Some time ago, Susan Lapenta stated that it is best practice for all policies get reviewed/approved by the organizations Board of Directors since they are ultimately accountable. Currently, our policies do not go through the board. I would like to obtain some addition information on this, what the process would look like, what type of policies, etc. Is that something you can assist with?

Thank you so much

Debbie Kesselring, CPCS, CPMSM  
Director of Medical Staff Services

**Bartlett Regional Hospital**

3260 Hospital Drive  
Juneau, AK 99801  
(907) 796-8672 Phone  
(907) 796-8614 Fax  
[dkesselring@bartlethospital.org](mailto:dkesselring@bartlethospital.org)  
[www.bartlethospital.org](http://www.bartlethospital.org)



*Bartlett Regional Hospital — A City and Borough of Juneau Enterprise Fund*

# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 19, 2024

From: Alex Malter, MD Chief of Staff

---

## ◆ ISSUE

The board is being asked to approve the updated 8460.115 Medical Staff and Committee Meeting Attendance Policy.

## ◆ BACKGROUND

- The current policy's purpose is to provide accountability for Active Medical Staff members and to encourage engagement and participation in the Medical Staff meetings and committee(s) they are assigned to. The Medical Staff Executive Committee added Item F to account for Active Medical Staff members who work in a .25 or less FTE equivalent position, exempting them from the requirement.
- The Medical Staff Executive Committee (MSEC) approved the updated changes at their July 9, 2024, meeting.
- The Medical Staff approved the updated changes at their July 9, 2024, meeting.
- Behind this cover memo are:
  - 1) 8460.115 Medical Staff and Committee Meeting Attendance Policy – Clean Version
  - 2) 8460.115 Medical Staff and Committee Meeting Attendance Policy – Red Line
- Alex Malter, MD, Chief of Staff, will be present to brief the board.

## ◆ OPTIONS

Approve updated policy as presented to the board.  
Seek additional information.

## ◆ LEADERSHIP'S RECOMMENDATION

Approve the updated policy as presented to the board.

## ◆ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the updated Medical Staff and Committee Meeting Attendance policy as presented.

## **Bartlett Regional Hospital**

Title: Medical Staff and Committee Meeting Attendance

Department/s: Medical Staff Executive Committee

**PURPOSE:** To provide accountability for Active Medical Staff members and to encourage engagement and participation in the Medical Staff meetings and committee(s) they are assigned to.

### **POLICY:**

- A. Attendance will be taken at each Medical Staff meeting and at all Committee meetings. Attendance includes in-person, via Office 360/WebEx/Zoom, and/or conference call.
- B. Each Active Medical Staff member is required to attend six (6) Medical Staff meetings and at least 50% of their primary Committee meetings, assigned by the Chief of Staff during the calendar year. Only allowable excused absences include (1) a family emergency, (2) a personal health reason or (3) if a provider is seeing patients in the clinic, Emergency Department, Operating Room or another area of the hospital.
- C. Requests for an excused absence should be submitted in writing or via email/Tiger Text in advance to the Medical Staff Services Department. If the Medical Staff member is seeing patients and cannot attend their meeting and does not have time or opportunity to send a written message, a phone call will suffice.
- D. At the end of each year, if a Medical Staff member does not meet the minimum requirement, a mandatory contribution of \$250.00 dollars payable to the Bartlett Regional Hospital (BRH) Foundation will be levied. The mandatory contribution will be due 60 days after notification in writing by the Medical Staff Executive Committee (MSEC). If the mandatory contribution is not paid within 60 days, the member will be required to make the contribution before the Medical Staff Executive Committee will forward a member's application to the Board of Directors for reappointment.
- E. Payment should be given to the Medical Staff Services Department (MSSD) for tracking purposes. A member of the MSSD will track payment and forward it to the BRH Foundation.
- F. Active Medical Staff members who practice at Bartlett Regional Hospital in a casual/intermittent capacity and are working in a .25 or less FTE equivalent position are exempt from this requirement.

## **Bartlett Regional Hospital**

Title: Medical Staff and Committee Meeting Attendance

Department/s: Medical Staff Executive Committee

Original Date: 02/13/2018

Author: Debbie Kesselring, CPCS, CPMSM

**PURPOSE:** To provide accountability for Active Medical Staff members and to encourage engagement and participation in the Medical Staff meetings and committee(s) they are assigned to.

### **POLICY:**

- A. Attendance will be taken at each Medical Staff meeting and at all Committee meetings. Attendance includes in-person, via Office 360/WebEx/Zoom, and/or conference call.
- B. Each Active Medical Staff member is required to attend six (6) Medical Staff meetings and at least 50% of their primary Committee meetings, assigned by the Chief of Staff during the calendar year. Only allowable excused absences include (1) a family emergency, (2) a personal health reason or (3) if a provider is seeing patients in the clinic, Emergency Department, Operating Room or another area of the hospital.
- C. Requests for an excused absence should be submitted in writing or via email/Tiger Text in advance to the Medical Staff Services Department. If the Medical Staff member is seeing patients and cannot attend their meeting and does not have time or opportunity to send a written message, a phone call will suffice.
- D. At the end of each year, if a Medical Staff member does not meet the minimum requirement, a mandatory contribution of \$250.00 dollars payable to the Bartlett Regional Hospital (BRH) Foundation will be levied. The mandatory contribution will be due 60 days after notification in writing by the Medical Staff Executive Committee (MSEC). If the mandatory contribution is not paid within 60 days, the member ~~may have their medical staff privileges suspended until the mandatory contribution is paid~~ will be required to make the contribution before the Medical Staff Executive Committee will forward a member's application to the Board of Directors for reappointment.
- E. Payment should be given to the Medical Staff Services Department (MSSD) for tracking purposes. A member of the MSSD will track payment and forward it to the BRH Foundation.
- ~~E.F.~~ Active Medical Staff members who practice at Bartlett Regional Hospital in a casual/intermittent capacity and are working in a .25 or less FTE equivalent position are exempt from this requirement.

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## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- These are the draft minutes, presentations and action items from board committee meetings held since last month's Board of Directors meeting. A representative from each committee will be available to answer questions from board members.

### BACKGROUND

- Behind this cover memo are the minutes, presentations and action items from each committee meeting held.
  - A. July 05, 2024, Draft Planning Committee Meeting Minutes
  - B. July 8, 2024, Draft Board Quality Committee Meeting Minutes
    1. Employee Wellness Group Presentation
    2. Home Care, Hospice, and WFC Scorecards
  - C. July 12, 2024, Draft Finance Committee Meeting Minutes
    1. ED Renovation Project \$8.9 Million Appropriation – **ACTION ITEM**
    2. Critical Access Designation - **ACTION ITEM**
    3. Contrast Enhanced Mammography Unit - **ACTION ITEM**
    4. ERP & HRIS System - **ACTION ITEM**
  - D. July 18, 2024, Draft Board Compliance Committee Meeting Minutes

### OPTIONS

- Minutes, Employee Wellness Group presentation, and the Home Care, Hospice and WFC scorecards are for informational purposes only and do not require action.
- Each action item listed will be presented separately with options noted on its cover page.

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## DRAFT MINUTES – BOARD PLANNING COMMITTEE MEETING

**DATE:** Friday, July 5, 2024, at 12:00 p.m.  
**LOCATION:** BRH Boardroom & Zoom Videoconference

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- I. **CALL TO ORDER** – 12:01 p.m. by Deb Johnston, Committee Chair
- II. **ROLL CALL**  
**\*Committee and Board Members Present** (*Zoom attendees italicized*): \*Deb Johnston, \*Hal Geiger, and \*John Raster, MD\*  
  
**Also Present** (*Zoom attendees italicized*): Kim McDowell, Gail Moorehead, Joe Wanner, Nate Rumsey, *Jennifer Carson, Jeanne Rynne, Denise Koch,* and Anita Moffitt
- III. **APPROVAL OF AGENDA** – MOTION by Mr. Geiger to approve the agenda. Dr. Raster seconded. There being no objection, MOTION approved.
- IV. **PUBLIC PARTICIPATION** - None
- V. **APPROVAL OF MINUTES** – MOTION by Mr. Geiger to approve the May 3, 2024, minutes. Dr. Raster seconded. There being no objection, MOTION approved.
- VI. **OLD BUSINESS**  
**ED (Emergency Department) Renovation and Expansion Project** - Mr. Rumsey reported 35% completion of the schematic design has been achieved. The architectural firm (Architects Alaska) has now been placed on hold until the CMAR (Construction Manager at Risk) selection process is complete. Per CBJ policy, in order to solicit proposals for the CMAR construction contract, funding must be appropriated and set aside for this purpose. Although BRH is pursuing additional funding sources, the funding is not yet secured, and the timing of funding availability is not fully determined. Mr. Rumsey provided an overview of anticipated funds. Ms. Rynne reminded the committee of the cancellation of the CMAR contract in April 2023 and stressed the importance of not repeating that scenario. She stated if the Board of Directors makes a recommendation to move forward with the \$8.9M appropriation at their July 23<sup>rd</sup> meeting, the soonest the Assembly would be able to adopt the appropriation would be at the September 23<sup>rd</sup> meeting. This would put the construction start date in early June 2025. Further delay in securing funds would put the Spring 2025 construction start date in jeopardy, potentially by one year. Ms. Johnston initiated discussion about HRSA (Health Resources and Services Administration) grant funding disbursement. Mr. Geiger initiated discussion about where money for this project will come from.

**Appropriation of \$8.9M in BRH fund reserves for ED Renovation project** – Action Item MOTION by Mr. Geiger that the Planning Committee of Bartlett Regional Hospital advance the motion to appropriate the remainder of the Emergency Department Addition and Renovation project funding, in the amount of \$8.9 million, as presented. Dr. Raster seconded. This motion will go before the Finance Committee for approval before being presented to the full board at its July 23<sup>rd</sup> meeting. There being no objection, MOTION approved.

**BRH Project Updates** – Ms. Rynne provided an update on the following projects: Chiller #2 replacement, CT scanners/MRI infrastructure upgrade, underground fuel line replacement, ground floor asbestos abatement, WFC (Wildflower Court) life safety condition assessment, Juneau Medical Center oncology tenant improvement and the WFC fuel tank installation. She noted we have not yet received the CON (Certificate of Need) for the ED renovation project but expect to hear something by July 17<sup>th</sup>.

**VII. NEW BUSINESS**

**Aurora Behavioral Health Center (ABHC)** – Mr. Rumsey reported Administration had been directed to provide some planning for how space in the ABHC would be allocated should we start to move or minimize programs currently within that space. Alignment with BRH’s strategic priorities, feasibility and cost elements are among the factors to be considered when conducting an analysis to help determine the best use of this space. After alternatives are identified and conceptually approved, a consultant will be brought in to help flesh out the feasibility and cost considerations. An analysis for the RRC (Rainforest Recovery Center) space will also be conducted. Updates will be provided throughout the analysis. Dr. Raster stated, after listening to the community’s concerns, it would be ideal to keep it somewhat focused on behavioral health and psychiatry as much as possible. Ms. Johnston reminded everyone that there are still options in the works to save some of those programs before the October 31<sup>st</sup> deadline. Mr. Rumsey stated we don’t want to close any doors, but to share some insight on what lies within the realm of possible.

**VIII. COMMITTEE COMMENTS AND QUESTIONS – None**

Next meeting – Tentatively 12:00pm, Wednesday, August 7, 2024

**IX. ADJOURNMENT – 12:35 p.m.**

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## DRAFT MINUTES – BOARD QUALITY COMMITTEE MEETING

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**DATE:** Monday, July 8<sup>th</sup>, 2024, at 3:30 p.m.  
**LOCATION:** BRH Boardroom & Teams Videoconference

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**I. CALL TO ORDER – 3:30 p.m.**

**II. ROLL CALL**

**Board Members Present** (*Zoom attendees italicized, \*Committee members\**): Dr. Lindy Jones\* *Lisa Petersen\**, Shelly Deering\*, Hal Geiger, and Kenny Solomon-Gross

**Also Present** (*Zoom attendees italicized, \*Committee members\**): Ian Worden, Nathan Hardin, Gail Moorehead\* *Deb Koelsch, Chad Brown, Joe Wanner, Cassidy Habig, Robert Follett, Kim McDowell, Anita Moffitt,* and Sharon Price

**III. APPROVAL OF AGENDA –MOTION** by Ms. Deering to approve the agenda. Ms. Petersen seconded. There being no objection, MOTION approved.

**IV. PUBLIC PARTICIPATION - None**

**V. APPROVAL OF MINUTES – MOTION** by Ms. Deering to approve the minutes from the March 13<sup>th</sup>, 2024, meeting. Ms. Petersen seconded. There being no objection, MOTION approved.

**VI. OLD BUSINESS**

**Hospital Quality Dashboard** – Ms. Moorehead provided highlights of the Hospital Quality Dashboard included in the packet. These highlights included rates for Sepsis, falls (with and without injuries), hospital acquired infections, and hand hygiene observations. Brief question and answer session held about surgical sight infections, data accuracy, OR on-time start times, overall utilization of surgical block times. Ms. Moorehead suggested Courtney Tabor present the surgical services process improvement projects at the next Quality meeting.

**WFC (Wildflower Court) Dashboard** – Ms. Stout to provide full update at the July 23<sup>rd</sup>, Board of Directors Meeting. Ms. Koelsch reported WFC is working on occupancy by hiring more staff. Discussion was held about home grown nursing staff, the use of travelers and CMS (Centers for Medicare & Medicaid Services) star rating.

**Home Health / Hospice Dashboard** – Ms. Stout to provide full update at the July 23<sup>rd</sup>, Board of Directors Meeting.

**HCAHPS Patients Perspective Report** – Mr. Follett provided an overview of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) report included in the packet. This is a national, standardized survey that captures patients' perspectives of their hospital stay. Results are reported on the CMS Care Compare website and allow patients to compare BRH to other facilities.

Since these are relative rankings, if our competitors are improving at a faster pace, our rankings could go down. Discussion held about survey return rates and variabilities that an impact our scores.

## VII. NEW BUSINESS

**Regulatory Update – Laboratory CAP Accreditation** – Ms. Habig provided an overview the of CAP (College of American Pathology) inspection report from April 26, 2024. Twelve deficiencies were cited, two were corrected on site. Corrective actions submitted to CAP were all accepted, and accreditation was re-certified. The lab will perform a self-inspection in 2025 and will have their next CAP inspection in 2026. Input from inspector allowed a process change to the MTP (Mass Transfusion Protocol) and Emergent Release Guidelines for Blood Bank. Ms. Habig also provided an overview of some of the lab quality indicators required by CAP. Discussion was held about compromised specimens and blood contamination.

**Employee Wellness Group Presentation** – Mr. Brown provided an update on the work being done to support Strategic Goal number two: *Support the development and alignment of employees, providers, and partners. Cultivate a work environment that enables our employees, providers, and partners to thrive, aligning around our shared mission, vision, and values.* He reported the next wellness survey will be conducted in September. When asked his opinion, Dr. Jones stated he feels the staff is more comfortable than they were a year ago.

**Stroke Registry Updates** – Mr. Hardin provided an overview of Bartlett’s participation in the AHA (American Heart Association) Stroke Registry program. The AHA uses this data to study stroke care across the United States. BRH uses the data to measure its performance against national best care guidelines and against other hospitals in the US. Dr. Jones provided suggestions to help improve in some of the highlighted areas.

**Medication Administration Dashboard** – Ms. Moorehead provided an overview of the Medication Administration Dashboard.

**Workplace Safety Dashboard** – Ms. Moorehead provided an overview of the workplace safety dashboard. She noted with the new occurrence reporting system, we are able to gather more robust information. Discussion was held about the capture of wrong doses and near misses. Mr. Moorehead also provided an overview of the R3 report. This is a new report developed to meet the requirements of the Joint Commission and CMS to report on workplace safety at the board level. Dr. Jones would like to see the root cause analysis, particularly for physical incidents, to help prevent/predict them. Discussion held about sharing the report with staff to help encourage them to report more incidents.

**Risk Report / Grievances** – Ms. Moorehead reported on the number of complaints and grievances she has received through June. Communications was identified as the biggest issue.

## VIII. COMMITTEE COMMENTS AND QUESTIONS – None

IX. **Next Meeting** – September 19<sup>th</sup>, 3:30 p.m.

X. **ADJOURNMENT** – 5:03 p.m.



# Wellness & Engagement

**Bartlett**  
Regional Hospital

## Coming Together for Your Care

- Bartlett provides quality, patient-centered care to over 55,000 people in more than 35 rural communities in the northern part of Southeast Alaska.
- Bartlett is licensed for a total of 57 inpatient beds, 16 residential substance-abuse treatment facility beds in the Rainforest Recovery Center, and 61 residential beds in the Wildflower Court long-term care facility.

Quality in Community Healthcare





# Our Mission

To provide our community with quality, patient-centered care in a sustainable manner.

At Bartlett, we C.A.R.E.

- Courtesy
- Accountability
- Respect
- Excellence

Quality in Community Healthcare

# Our Strategic Goals

2024-2027

## **Deliver seamless continuity of care**

Deliver quality, cost effective medical care, meeting patients where they are with the services they need.

## **Support the development and alignment of employees, providers, and partners**

Cultivate a work environment that enables our employees, providers, and partners to thrive, aligning around our shared mission, vision, and values.

## **Improve infrastructure to meet community needs**

Develop and maintain the physical and technological infrastructure needed to meet the growing health care services, access, and convenience needs of our patients.

## **Optimize and drive strategic clinical growth**

Achieve long term sustainability through optimization of operations and selective investment in service line growth.

## **Promote a distinct identity and brand**

Strengthen community engagement and increase awareness of the range and quality of services offered, elevating the reputation of the organization within Southeast Alaska.

# Successes

---

## Access to Food

- Cafeteria back open for Breakfast, Lunch & Dinner
- Cafeteria – New Grab & Go program

## FY 25 Health Yourself

- 15 points for attending 8 Wellness Workgroup Meetings

Working on securing ~ 30k in grant funding for wellness initiatives

## Leadership Rounding Expectations



# Focus Areas

## In Person Connections

This group is dedicated to creating more opportunities for staff to connect in person. This includes both on campus and off campus.

### Initial Activities

- Potluck

### Future ideas include

- BRH teams (volleyball, softball, etc.)

## Digital Connections

This group is focused on using our existing technology to create connection opportunities. This includes online communities for a variety of activities.

### Initial communities

- Housing Resources
- New to Bartlett
- Surplus Items

### Future ideas

- Employee Resource Group Communities
- Bartlett Buy Sell Trade
- Activity Groups (running, hiking, etc.)

## One on One Connections

This group has committed to developing one on one relationships with new staff. Particularly those new to Juneau, to help with the transition.


Connecting current staff volunteers with new staff to answer questions


# A3's


30+ A3's focused on Engagement / Wellness


- Disconnecting from Work
- Increasing interdepartmental communication
- Hiring for attitude with willingness to train
- Emphasis on ensuring staff have adequate time for breaks
- Discuss results regularly in department meetings to identify opportunities to address
- Starting meetings with Value stories
- Increased Rounding with KPI's
- Departmental Needs Assessment – Training
- Peer to Peer Recognition
- Personal Thank you cards / notes
- Empowering staff to offer feedback in decision making
- Team Building Activities



Chad A. Brown 

(907) 796-8618 

[cabrown@bartlethospital.org](mailto:cabrown@bartlethospital.org) 

[bartlethospital.org](http://bartlethospital.org) 

Top Decile / or 100%	At or Exceeding Goal	Worse than Goal, Improving	Worse than Goal and not Improving	Based upon FY (7/1/2023-6/30/2024)								
Metric/Objective - (*) Denotes Licensure Survey item	Desired Trend	State Rate	National Rate	BRH Home Health Rate	FY 2024	Goal	Cumulative 2023	QTR 1	QTR 2	QTR 3	QTR 4	
	How often patients experienced one or more falls with major injury	↓	1.4%	0.9%	0.5%	0.50%	0.9%	0.46%	0.0%	0.57%	0.9%	0.4%
<b>CMS REPORTABLE QUALITY MEASURES (CLAIMS BASED)</b>												
How often patients got better at walking or moving around	↑	79.8%	84.6%	70%	55%	84.6%	82.4%	100%	60%	45%	75%	
*How often the home health team began their patients' care in a timely manner <i>(Per CMS regulations, admissions are to occur within 48 hours of referral or facility discharge.)</i>	↑	91.1%	96.1%	69.5%	63.0%	91.1%	59.1%	50.0%	65.1%	75%	88.0%	
How often home health patients had to be admitted to the hospital	↓	14.5%	14.1%	10.8%	10.8%	14.1%	3.6%	3.8%	3.3%	4%	16%	
How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room - without being admitted to the hospital.	↓	14.6%	11.9%	5%	5%	11.9%	3.6%	0%	6.7%	0.7%	11%	
How often patients were admitted to the hospital for a potentially preventable condition while receiving home health care	↓		3.9%	unk	unk	3.9%	unk	unk	unk	unk	unkown	
<b>Financial</b>												
Home Health will have a continual growth in admission volume	↑	---	---	14	14	20	13.2	5.59	13.0	21.3	16.3	
How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally.			1.0	unk	unk	< 1.0	unk	unk	unk	unk	unk	
*Individualized Plan of Care Checklist reviewed by primary clinician and Clinical Manager (Begin FY24Q4)						100%					100.0%	

Top Decile / or 100%	At or Exceeding Goal	Worse than Goal, Improving	Worse than Goal and not Improving	Based upon FY (7/1/2023-6/30/2024)										
Metric/Objective				Desired Trend	State Rate	National Rate	BRH Hospice Rate	FY 2024	Goal	Cumulative 2023	QTR 3	QTR 4	QTR 1	QTR 2
				Fall Rate will be +/-below National/State Rate (whichever is lowest)				↓			0.0%	0%	<= State/National Avg.	0%
<b>CMS REPORTABLE QUALITY MEASURES (CLAIMS BASED)</b>														
Hospice Care Index				↑	9.4%	8.8%	N/A	N/A	9.4%	N/A	N/A	N/A	N/A	N/A
Hospice Visits in the Last Days of Life (patient will receive at least 2 days with visits from an RN or social worker during last 3 days of life)				↑	58.6%	49.2%	54%	54%	58.6%	78%	25%	36%	100%	56%
Patients who got an assessment of all 7 HIS quality measures at beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements				↑	85.6%	91%	98.0%	97.7%	91%	98%	100%	100%	100%	93%
Pain will be effectively managed and controlled				↑			100%*	100%	100%	100%	100%	100%	100%	100%
Constipation will be effectively managed and controlled				↑			100%*	100%	100%	100%	100%	100%	100%	100%
<b>Financial</b>														
Hospice will have a continual growth in admission volume				↑			9.5	9.5	20	4	9	7	3	5
Hospice will become a 3+ Star Agency				↑	3.33	3.4%	N/A	N/A	3.4	N/A	N/A	N/A	N/A	N/A
Hospice will have an increased growth in average length of stay				↑	Unknown	92.1	33.7	33.7	45	19.6	27.6	68.9	6.3	32

Top Decile / or 100%	At or Exceeding Goal	Worse than Goal, Improving	Worse than Goal and not Improving	Based upon FY (7/1/2023-6/30/2024)																
				Jan - Mar	April - June	July - Sep.	Oct - Dec	Desired Trend	State Rate	National Rate	WFC Rate (2022)	FY 2024	Goal	QTR 3	QTR 4	QTR 1	QTR 2			
Metric/Objective																				
				↓	37.7%	43.7%	51.8%		37.7%	40.0%		43.5%	43.6%							
				↑	3.8		2		3	1		3	1							
				↓	9.0%	9.1%	2.9%		<State/ National	0%	2.2%	0%	0%							
				↓	4.2%	2.5%	1.8%		<State / National			0%	2.1%							
				↑			9%	100%	100%	100%	n/a	84%	84%						completed	
				↑			0%	Goal Met	95%	0%	Goal met	0%	0%							
				↑	76.3%	74.60%	53.80%	80%	76.30%	n/a	n/a	80%	80%						CMS froze this measure 4/2024	
				↓	21.2%	18.9%	27.8%	n/a	21.2%		n/a	22.2%	25%						CMS froze this measure 4/2024	
				↑			47.08	48.22	55	47.2	45	49.67	51						48.2175	

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## DRAFT MINUTES – BOARD FINANCE COMMITTEE MEETING

**DATE:** Friday, July 12<sup>th</sup>, 2024, at 12:00 p.m.  
**LOCATION:** BRH Boardroom & Zoom Videoconference

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- I. **CALL TO ORDER** – 12:02 p.m.
- II. **ROLL CALL**  
**Board Members Present** (*Zoom attendees italicized*): Kenny Solomon-Gross, Deb Johnston\*, Shelly Deering\*, Hal Geiger, Max Mertz\*  
  
**Also Present** (*Zoom attendees italicized*): Joe Wanner, Gail Moorehead, Chad Brown, Kim McDowell, Sharon Price, *Erin Hardin, Jenn Carson, Noelle Derse, Paul Hawkins, Brunis Soto, Kris Muller.*
- III. **APPROVAL OF AGENDA** – MOTION by Ms. Johnston to approve the agenda. Ms. Deering seconded. There being no objection, MOTION approved.
- IV. **PUBLIC PARTICIPATION** - None.
- V. **APPROVAL OF MINUTES** – MOTION by Ms. Deering to approve the June 24, 2024, meeting minutes. Ms. Johnston seconded. There being no objection, MOTION approved.
- VI. **MAY 2024 FINANCIAL STATEMENT REVIEW AND DISCUSSION**  
A financial update was provided by Joe Wanner, CFO. Brief question and answer session held.
- VII. **ED RENOVATION ADDITIONAL FUNDING**  
An appropriation request of \$8.9M for the ED renovation project was presented. Ms. Johnston provided additional information supporting this request. Brief question, answer and comment session held.
  - **ACTION ITEM** – Ms. Johnston made the motion that the Finance Committee of Bartlett Regional Hospital advance the motion to appropriate the remainder of the Emergency Department Addition and Renovation project funding, in the amount of \$8.9 million, as presented. Ms. Deering seconded the motion. Mr. Mertz noted an error on the cover memo, Finance Committee should replace Planning Committee. There being no objection to that amendment, motion approved.

## VIII. CRITICAL ACCESS

Mr. Wanner presented a recommendation to move forward with changing Bartlett's designation to Critical Access Hospital. Making this switch would be a big financial benefit since all Medicare reimbursements for hospital services would be based on costs. Brief question, answer and comment session held.

- **ACTION ITEM** – Ms. Johnston made the motion to move the Finance Committee of Bartlett Regional Hospital to advance for consideration, the change to a Critical Access Hospital designation with the Centers for Medicare and Medicaid Services to the full board at the July 23, 2024, meeting. Ms. Deering seconded the motion. There being no objection, motion approved.

## IX. MAMMOGRAPHY

Ms. McDowell presented a request to approve the purchase of a Contrast Enhanced Mammography GE Pristina Unit. Mr. Hawkins provided additional information supporting this request. Brief question, answer and comment session held.

- **ACTION ITEM** – Ms. Deering made the motion to move the Finance Committee of Bartlett Regional Hospital to approve the purchase of a Contrast Enhanced Mammography GE Pristina Unit and move to the full Board of Directors for full approval. Ms. Johnston seconded the motion. There being no objection, motion approved.

## X. ERP (Enterprise Resource Planning) & HRIS (Human Resources Information System)

Mr. Wanner presented a proposal for implementation of a new ERP and HRIS system. This system will help automate processes in finance, human resources, materials management and payroll. Mr. Brown provided an overview of the UKG Pro HRIS system and the advantages of having an integrated ERP and HRIS system. Brief question, answer and comment session held.

- **ACTION ITEM** – Ms. Johnston made the motion to move the Finance Committee of Bartlett Regional Hospital to approve management's plan to implement a new ERP system in conjunction with UKG Pro, and to forward it to the full Board of Directors for approval at its July 23, 2024, meeting. Ms. Deering seconded the motion. There being no objection, motion approved.

## XI. COMMITTEE COMMENTS AND QUESTIONS

Ms. Deering stated her confidence in the leadership team and how they are moving things forward has increased a lot in the last 6 months. She expressed appreciation for all of the hard work and clear communications. Mr. Mertz initiated discussion with Mr. Wanner about year-end close and his interactions with CBJ on their timeliness with their books and records.

**XII. NEXT MEETING:** Friday, August 16<sup>th</sup>, 2024, at 12:00 p.m.

**XIII. ADJOURNMENT** – 1:17 p.m.

## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Nate Rumsey, Executive Director of Business Development and Strategy

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### ISSUE

- The Board of Directors is being asked to approve of the appropriation of \$8.9M in Bartlett fund reserves for the execution of the Emergency Department Addition and Renovation project.

### BACKGROUND

- Per CBJ procurement policy, in order to solicit proposals for the CMAR construction contract funding must be appropriated and set aside for this purpose. Currently, Bartlett has appropriated \$3.45 million set aside for the project, while the total project cost is estimated at \$12.3 million. Congressionally Directed Spending funding in the amount of \$4 million have been authorized, but those funds have not yet been disbursed from HRSA. Additionally, Bartlett is awaiting a grant award decision on the \$2 million request from the Denali Commission. Bartlett was notified on June 19<sup>th</sup> that we would not be receiving State FY25 Legislative Capital Priorities funding.
- Behind this cover memo is a memorandum from Jeanne Rynne, CBJ Chief Architect, which provides additional background and details regarding anticipated project costs and CBJ procurement requirements.
- Nate Rumsey and will be present to brief the board.

### OPTIONS

- Approve the motion to appropriate the remainder of the Emergency Department Addition and Renovation project funding, in the amount of \$8.9 million, as presented.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the motion to appropriate the remainder of the ED Addition and Renovation project funding, in the amount of \$8.9 million, as presented.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the motion to appropriate the remainder of the Emergency Department Addition and Renovation project funding, in the amount of \$8.9 million, as presented.



DATE: June 20, 2024  
TO: BRH Senior Leadership Team  
FROM: Jeanne Rynne, Chief Architect  
SUBJECT: CIP B55-083 BRH ED Addition/Renovation (Reduced Scope) Funding Recommendation

### Executive Summary

Current project funding for Capital Improvement Project (CIP) B55-083 is \$1.4M. Projected total expenditures through completion of construction are \$13.1M.<sup>1</sup> We are at a point in the project where current funding limits continued progress. [CBJ Procurement Code 9.13](#) requires that obligations be made against appropriated funds. \$8.9M is needed to move the project forward now in order to meet the desired spring 2025 construction start date. (Please see Figure 1 for funding summary and timeline below.)

### Background

The project has currently completed the Schematic Design Phase, 35% completion. In the spring of 2022, BRH Board of Directors approved the use of the Construction Manager at Risk (CMAR) procurement method. This alternative procurement method was approved for use on this project by the Assembly via Ordinance 2022-51(am) in September of 2022. Industry best practice recommends that the CMAR be brought on no later than completion of the Schematic Design phase. Consequently, the architectural firm has been placed on hold until the CMAR selection is complete.

We have completed phase one of the selection process and have ranked the four submittals received for the Request for Qualifications (RFQ). The three shortlisted firms were posted 6/19/24.

During the RFQ process, we received the 35% Cost Estimate, which showed an increase to the construction estimate from \$6.5M (Concept Estimate 8/2023) to \$7.9M, yielding a total project cost of \$12.3M (previously \$10.5M). The first task for the CMAR, once selected, will be to evaluate the project and recommend cost saving measures. (Please see Figure 2 for Concept v. Schematic Design cost comparison.)

The next phase of the CMAR solicitation is the Request for Proposal (RFP) phase. The successful proposer would be awarded the contract for Pre-Construction Services and Construction, requiring a commitment of funds that exceed the current appropriation of \$1.4M.

BRH has been pursuing several avenues for additional funding that may address \$6M of the \$8.9M needed. However the timing of the funding is fluid and not all potential commitments have been confirmed.

At this time, CBJ Engineering is recommending that the project and the CMAR selection process be placed on hold until the needed funding of \$8.9M is appropriated to the project for the following reasons:

- CBJ Procurement Code 9.13 requires that obligations be made against appropriated funds.
- The RFP phase of the CMAR selection process is substantive and requires a significant commitment of resources on the part of the proposers.

<sup>1</sup> Total includes \$739,965 in expenditures from the cancelled larger project.

- Although BRH is pursuing additional funding sources, the funding is not yet secured and the timing of funding availability is not fully determined.
- When BRH cancelled the larger renovation project at 65% completion, the CMAR contract had just been awarded and was terminated shortly after. The contractor had been declining to propose on other projects, reserving their workforce for this project. Repeating this scenario would disincentivize contractors from proposing or bidding on other BRH and CBJ projects.
- If the BRH Board of Directors makes a recommendation to move forward with an \$8.9M appropriation at their 7/23/24 meeting, the soonest the Assembly would be able to adopt the appropriation would be at their 9/23/24 meeting. This would put the construction start date in early June 2025. Further delay in securing funds would put the Spring 2025 construction start date in jeopardy, potentially by one year.

**Action Recommended**

If after considering the programmatic needs that will be addressed with this project in the context of BRH's other organizational needs, it is determined that project should move forward in a timely manner, CBJ recommends that the additional \$8.9M be identified and recommended for appropriation to CIP B55-083 as soon as possible.

**BRH ED Renovation and Addition (Reduced Scope) Funding Timeline**

CIP No.	Fund Source	Funds Available Today	Potential Funding Available	Expected Date Available	Funding Status
B55-083	BRH Emergency Depart. Addition - Ph 2 Reduced Scope	\$660,035			
B55-087	RESTRICTED ED Addition	\$2,798,962		6/17/2024	CON not yet received as of 6/19/24 but expected soon.
	FY25 State Legislative Priority Request		\$0	6/19/2024	\$2M request was not funded.
	Denali Commission Grant Request		\$2,000,000	7/31/2024	Grant awards announced late July 2024.
	Federal Request		\$4,000,000	9/30/24?	Funding appropriated in Federal budget 3/26/24. HRSA Grant application required to receive funding. Application deadline: 6/12/14. Award date 9/30/24. Disbursement schedule unclear.
	Total	\$3,458,997	\$6,000,000		
	Phase 02 Total Project Cost	\$12,325,000			Based on \$7.9M MACC
	<b>Amount Needed Today</b>	<b>\$8,866,000</b>			
	B55-083 Expenditures Phase 01	\$739,965			Major project that was cancelled at 65% DD
	<b>Grand Projected Total Ph 01 &amp; Phase 02</b>	<b>\$13,064,965</b>			

<b>B55-083 BRH ED Addition - Current Fund Summary</b>	
BRH Emergency Depart. Addition - Ph 01 Cancelled Project Expenditures	\$739,965
BRH Emergency Depart. Addition - Ph 02 Reduced Scope	\$660,035
<b>Fund Total</b>	<b>\$1,400,000</b>

Figure 1: Funding Summary and Timeline

**BRH Emergency Department Reno & Addition - Reduced scope  
 Concept v. Schematic Design Cost Comparison**

<b>Design Phase:</b>	<b>8/14/23 Estimate Concept</b>	<b>5/17/24 Estimate (Rev 3) Schematic Design - 35%</b>	<b>Variance</b>
<b>Construction</b>	\$6,518,393	\$7,919,116	\$1,400,723
<b>Total Project Cost</b>	\$10,546,000	\$12,325,000	\$1,779,000
Ph 01 Expended Costs	\$739,965	\$739,965	\$0
<b>Projected Total CIP Expenditures</b>	<b>\$11,285,965</b>	<b>\$13,064,965</b>	<b>\$1,779,000</b>

*Figure 2: Concept v. Schematic Design Cost Comparison*

## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, CFO

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### ISSUE

- The Board of Directors is being asked to approve changing Bartlett Regional Hospital's (BRH) designation to a Critical Access Hospital (CAH).

### BACKGROUND

- BRH is currently paid based on costs for Medicare inpatients on a demonstration basis, and under the Outpatient Prospective Payment system for outpatients.
- Moving BRH to a Critical Access Hospital (CAH) designation would base all Medicare payments for hospital services (both inpatient and outpatient) on costs.
- Of Alaska's 26 hospitals, 13 are currently designated as critical access, including 4 in Southeast (Ketchikan, Petersburg, Sitka, and Wrangell).
- Based on the prior two filed cost reports, we estimate an increase of \$5.6 to \$5.7 million annually in Medicare compensation for services under CAH designation. The actual impact on Medicare payments would be affected by new programs brought on in the last year and changes to allocation methodology on the cost report.
- Other factors that would need to be considered are the cap on inpatient beds at 25, the cap on average length of stay of 96 hours for acute care, and a max of 10 inpatient beds on the Mental Health Unit (MHU). Management believes the impact of these factors can be mitigated through proper bed management. For example, in 2023, Bartlett exceeded the 25-bed cap only 15 days out of the year, following the CAH criteria.

### OPTIONS

- Approve the motion as presented.
- Amend the motion and approve the amended motion.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the motion as presented.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve changing Bartlett Regional Hospital's designation to a Critical Access Hospital with the Centers for Medicare and Medicaid Services.

### MEMORANDUM

**DATE:** July 15, 2024  
**TO:** Bartlett Regional Hospital Finance Committee  
**FROM:** Kim McDowell, Chief Nursing Officer/Chief Operating Officer

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### ISSUE

- The Board of Directors is being asked to approve the purchase of the Contrast Enhanced Mammography GE Pristina Unit.

### BACKGROUND

- Contrast-enhanced mammography (CEM) uses IV injection of a dye containing iodine (as is used in CT) in combination with a standard digital mammogram. CEM is FDA-approved for diagnostic breast imaging, and is proven effective in looking at the extent of cancer in women with newly diagnosed breast cancer, to check a cancer's response to chemotherapy before surgery, and to assess breast symptoms, or abnormalities seen on standard mammograms. CEM is also being evaluated for breast cancer screening, especially in women with dense breasts. After a "normal" mammogram, CEM detects about 10 cancers for every 1000 women screened, which is similar to MRI. Unlike standard mammography, dense breast tissue does not hide detection of cancers on CEM. Federal regulations in the near future will require hospitals to report on breast density.

The current system is no longer in production and will eventually be removed from service. Specimen analyzer purchased at the same time has also been discontinued from service and no longer functions. The current system is three generations behind.

- Cost: \$477,626.37 (including a \$53,000 trade-in value).
- GE Pricing Advantage: \$236,536.99 less than the Hologic CEM system and specimen analyzer.
- Additional Savings on Service Contracts with GE, \$60,000.00, Hologic is currently \$72,734.00 annually.
- Kim McDowell, Chief Nursing Officer/ Chief Operating Officer will be present to brief the board.

### **OPTIONS**

- Approve the purchase of the Contrast Enhanced Mammography GE Pristina Unit as presented.
- Amend the motion and approve amended motion.
- Seek additional information.

### **ADMINISTRATION'S RECOMMENDATION**

- Approve the purchase of the Contrast Enhanced Mammography GE Pristina Unit as presented.

### **SUGGESTED MOTION**

- I move the Board of Directors of Bartlett Regional Hospital approve the purchase of the Contrast Enhanced Mammography GE Pristina Unit.



# Digital Breast Mammography CEM

## Contrast Enhanced Mammography

**Bartlett**  
Regional Hospital

# DPD Digital Mammography/CEM Diagnostic Imaging

## Decision to be Made:

### Decision Document: BRH Diagnostic Imaging – CEM System Selection

#### Background

The BRH Diagnostic Imaging Department currently operates an existing Hologic system purchased in 2017. However, this system lacks the capability to receive updates and is not a brand-new service line.

**Funding Request: \$477,626.37**

#### Recommendation and Rationale:

Governing Agreement:	HealthTrust Diagnostic Imaging
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	NET 30
Sales and Use Tax Exemption	Certificate on File
Total Quote Net Selling Price	\$477,626.37

**RECOMMENDATION: Proceed with purchase of GE system.**

#### IMPACT/RISKS OF NOT PROCEEDING:

1. No growth.
2. Specimen Imager will still need to be purchased \$100,000.00
3. Patients will have to travel out of town for service unless SEARHC buys a system.

#### Leadership Team Authorization:

<input type="checkbox"/>	Approved as recommended
<input type="checkbox"/>	Approved with changes (appended to document)
<input type="checkbox"/>	Returned (reasons appended to document)

<input type="text" value="Approved by CEO, Ian Warden"/>
--

Date:

Decision Point Number:	<input type="text" value="2024-015"/>
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# Digital Breast Mammography CEM

## **DESCRIPTION:**

Current system is no longer in production and will eventually be removed from service, specimen analyzer purchased at the same time has already been discontinued from service and no longer functions. A loaner system is on site.

**CURRENT STATUS:** *The current system is 3 generations behind.*

- Contrast-enhanced mammography (CEM) uses IV injection of a dye containing iodine (as is used in CT) in combination with a standard digital mammogram.
- CEM is FDA-approved for diagnostic breast imaging, and is proven effective in looking at the extent of cancer in women with newly diagnosed breast cancer, to check a cancer's response to chemotherapy before surgery, and to assess breast symptoms, or abnormalities seen on standard mammograms.
- CEM is being evaluated for breast cancer screening, especially in women with dense breasts. After a "normal" mammogram, CEM detects about 10 cancers for every 1000 women screened, which is similar to MRI.
- Unlike standard mammography, dense breast tissue does not hide detection of cancers on CEM.

# Digital Breast Mammography CEM

## BRH Diagnostic Imaging – Contrast Enhanced Mammography System Selection

### Proposed Solutions

#### 1. New Hologic Unit with CEM:

**Cost:** \$552,908.00 (including \$22,000.00 trade-in value if both Mammography unit and specimen imager are purchased).

**Note:** This unit does not directly image specimens.

**Additional Investment:** \$128,000 for a separate specimen analyzer.

#### 2. New GE Pristina Unit with CEM:

**Cost:** \$477,626.37 (including a \$53,000 trade-in value).

**GE Pricing Advantage:** \$236,536.99 less than the Hologic CEM system and specimen analyzer.

**Additional Savings on Service Contracts with GE.**

# Digital Breast Mammography CEM

## Market Landscape:

- **Immediate Competition:** No other facilities in our vicinity offer CEM services.
- **Imaging Associates of Alaska:** Has a similar setup in their outpatient imaging clinic.
- **SEARHC:** Does not currently offer this service.

## Considerations:

### 1. Cost-Benefit Analysis:

- Evaluate the total cost of each system, including the specimen analyzer.
- Compare this with the trade-in value and potential long-term benefits.
- Consider the additional revenue from contrast-enhanced mammography (CEM) exams (220 new patients per year at \$500.00 per exam, totaling \$110,000.00).

### 2. Patient Care and Diagnostic Capabilities:

- Assess how CEM will enhance patient care and improve diagnostic accuracy.
- Consider the impact on patient outcomes.

### 3. Strategic Advantage:

- Lack of immediate competition provides an advantage.
- Position BRH as a leader in CEM services within the region.
- Stay ahead of pending federal regulations.

**Background**

BRH has been providing mammography services to the community of Juneau, AK and the surrounding area for the last 40 years. Our technology has evolved from using film to 3D tomosynthesis imaging.

As technology and medical recommendations have changed, so have the regulations and reporting requirements. We are seeing an increase in the number of patients in their 40's, who typically have denser breast tissue and more aggressive cancers. Disease can hide in dense breast tissue, and we need Contrast Enhanced Mammography to better detect obscured cancer lesions.

Radiologists are now required by the FDA and MQSA to include breast density in the lay letter sent to the patient and the final report sent to the provider. Patients with dense breast tissue are eligible for additional examinations to detect cancer.

**Current Conditions**

Current equipment can only perform 2D and tomosynthesis mammography and is not upgradeable to accommodate new technology that didn't exist in 2016. Replacement is needed to be able to perform more advanced exams.

**Target/Goals**

Replacement upgrade to new system that can support Contrast Enhanced Mammography (CEM).

**Analysis**

To detect cancers in dense breasts, a contrast enhanced mammogram (CEM) can be performed. This is done by injecting the patient with iodinated contrast and using high and low energy exposures to highlight hidden tumors. This technology can improve detection of lesions, and help visualize tumor characteristics, aiding in diagnosis and treatment planning.

We identify an average of 20 patients per month that could benefit from this new service, resulting in additional revenue of \$8300.00 per month.

Currently there are no places who offer CEM in Juneau or Southeast Alaska. This could help us retain patients, who may otherwise leave Juneau for this service.

**Proposed Countermeasures**

Purchase a new mammography unit with CEM that is also upgradeable so any new features will be readily available. Our current scanner (2016 purchase) was released in 2012, and by 2018 they had released a new model.

Be the first in Southeast Alaska to offer this service.

Re-enforce that BRH is here for our patients and will continue to support all ages of the patient population. Use the new purchase to inform the community of our services and role as a healthcare leader.

Maximize trade in value for our current equipment before it drops.

Make sure via advertising that patients and providers are aware of the new service available at Bartlett.

**Plan**

Action	Expected Results	Owner	Due Date
Purchase new equipment.	New equipment needed before new services.		July
Train staff	Improved Workflow	Renee Daniels	July/August
Market Services with radio, social media, and print media.	More patients chose BRH	BCA October	
Use our relationship with cancer connection to spread the news.	Demonstrate BRH has been a proven ally and will continue to be here.	BCA in October.	

**Follow-Up**

Track new monthly exams.

**Bartlett Regional Hospital**



**Bartlett**  
Regional Hospital  
Quality Network

Paul Hawkins

(907)796-8808

phawkins@bartlethospital.org

www.bartlethospital.org



**ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:  
 GE PRECISION HEALTHCARE  
 TAX ID (83-0849145)**

Bartlett Regional Hospital  
 3260 Hospital Dr  
 Juneau, AK99801-7808

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business (“GE HealthCare”), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein (“Quotation”). “Agreement” is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare (“Quotation Acceptance”). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare’s prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HealthTrust Diagnostic Imaging
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	NET 30
Sales and Use Tax Exemption	Certificate on File
Total Quote Net Selling Price	\$477,626.37

**IMPORTANT CUSTOMER ACTIONS:**

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

Cash  
 GE HFS Loan                       GE HFS Lease  
 Other Financing Loan               Other Financing Lease              Provide Finance Company Name \_\_\_\_\_

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Bartlett Regional Hospital

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

Purchase Order Number, if applicable

GE Precision Healthcare LLC

**Signature:** Krista McManus

**Title:** Modality Leader, Breast Imaging, IMG

**Date:** June 27, 2024

**Document Instructions**

Please sign and return this quotation together with any Purchase Order(s) to:

**Payment Instructions**

Please **remit** payment for invoices associated with this quotation to:

**GE Precision Healthcare LLC**

**P.O. Box 96483**

**Chicago, IL 60693**

**FEIN: 83-0849145**

**Vendor Number: 902900**

**Bartlett Regional Hospital**

**Bill To:** BARTLETT REGIONAL HOSPITAL

**Ship To:** BARTLETT REGIONAL HOSPITAL

**Addresses:**

BARTLETT MEMORIAL HOSPITAL/QHRACCOUNTS PAYABLE 3260  
 HOSPITAL DR JUNEAU AK 99801-7808

BARTLETT MEMORIAL HOSPITAL QHR 3260 HOSPITAL DR  
 JUNEAU AK 99801-7808

**To Accept This Quotation**

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Loan or GE HFS Lease Loan or Third Party Lease through \_\_\_\_\_), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
  - The correct Quote number and Version number above
  - The correct Remit To information as indicated in "Payment Instructions" above
  - Your correct SHIP TO and BILL TO site name and address
  - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:

- (i) "Per the terms of Quotation # \_\_\_\_\_";
- (ii) "Per the terms of GPO # \_\_\_\_\_";
- (iii) "Per the terms of MPA# \_\_\_\_\_"; or
- (iv) "Per the terms of SAA # \_\_\_\_\_".

**Catalog Item Details**

<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
1.	1.00	S30371AK		Senographe Pristina 3D gen2	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$605,000.00			60.00%	\$605,000.00	\$242,000.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
2.	1.00	S30371BJ		Senographe Pristina 3D - Clinical and Non-Clinical Information	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$0.00			0.00%	\$0.00	\$0.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
3.	1.00	S30371NB		eConstrast for 2D gen2	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$500.00			60.00%	\$500.00	\$200.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
4.	1.00	S30371CK		EIZO 3MP 21.3 inch Color LCD Monitor RX370	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$10,300.00			60.00%	\$10,300.00	\$4,120.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
5.	1.00	S30371CA		English Keyboard	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$286.00			60.00%	\$286.00	\$114.40
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
6.	1.00	S30331BR		Standard Radiation Shield	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$3,500.00			60.00%	\$3,500.00	\$1,400.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
7.	1.00	S30371BP		Mag Stand 1.8	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>
\$2,500.00			60.00%	\$2,500.00	\$1,000.00
<b>Line</b>	<b>Qty</b>	<b>Catalog</b>			
8.	1.00	S30371BN		Mag Stand 1.5	
<u>List Price</u>			<u>Discount</u>	<u>Extended List Price</u>	<u>Net Price</u>

\$2,500.00                      60.00%                      \$2,500.00                      \$1,000.00

Line	Qty	Catalog			
9.	1.00	S30371FB		19X23cm Sliding Compression Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$4,000.00	60.00%	\$4,000.00
					<u>Net Price</u>
					\$1,600.00

Line	Qty	Catalog			
10.	1.00	S30371FC		24X29cm Flexible Compression Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$5,340.00	60.00%	\$5,340.00
					<u>Net Price</u>
					\$2,136.00

Line	Qty	Catalog			
11.	1.00	S30371FD		19X23cm Flexible Sliding Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$4,350.00	60.00%	\$4,350.00
					<u>Net Price</u>
					\$1,740.00

Line	Qty	Catalog			
12.	1.00	S30371FE		Round Spot Compression Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$3,665.00	60.00%	\$3,665.00
					<u>Net Price</u>
					\$1,466.00

Line	Qty	Catalog			
13.	1.00	S30371FF		Sliding Square Spot Compression Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$3,725.00	60.00%	\$3,725.00
					<u>Net Price</u>
					\$1,490.00

Line	Qty	Catalog			
14.	1.00	S30371FJ		10X23 Sliding Small Breast Paddle	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$4,130.00	60.00%	\$4,130.00
					<u>Net Price</u>
					\$1,652.00

Line	Qty	Catalog			
15.	1.00	S30371JC		SenoBright HD with Nira - USA	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$193,000.00	65.00%	\$193,000.00
					<u>Net Price</u>
					\$67,550.00

Line	Qty	Catalog			
16.	1.00	S30371NN		Pristina Serena 3D with Hardware Option for gen2	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
					<u>Net Price</u>

\$201,575.00                      60.00%                      \$201,575.00                      \$80,630.00

Line	Qty	Catalog			
17.	1.00	S30371NR		Serena Bright Option for gen2	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$128,571.00	65.00%	\$128,571.00
					<u>Net Price</u>
					\$44,999.85

Line	Qty	Catalog			
18.	1.00	E6315SA		Rolling table cart for mammo biopsy	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$2,500.00	21.00%	\$2,500.00
					<u>Net Price</u>
					\$1,975.00

Line	Qty	Catalog			
19.	1.00	S30371CH		Placeholder for Biopsy device Adaptor – USCAN	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$6,500.00	60.00%	\$6,500.00
					<u>Net Price</u>
					\$2,600.00

Line	Qty	Catalog			
20.	1.00	USCAN Mammo Seno Iris SP4.1		Seno Iris SP4.4	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$0.00	0.00%	\$0.00
					<u>Net Price</u>
					\$0.00

Line	Qty	Catalog			
21.	1.00	S30351WD		Seno Iris CONNECT SP4.4 Software with PC	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$15,111.11	65.00%	\$15,111.11
					<u>Net Price</u>
					\$5,288.89

Line	Qty	Catalog			
22.	1.00	S30351PZ		V-Preview License	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$1.00	60.00%	\$1.00
					<u>Net Price</u>
					\$0.40

Line	Qty	Catalog			
23.	1.00	S30351AR		Power Cord Kit 1 Set	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$98.22	60.00%	\$98.22
					<u>Net Price</u>
					\$39.29

Line	Qty	Catalog			
24.	1.00	E6315TA		Pristina Accessories Storage Cabinet	

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$3,150.00	21.00%	\$3,150.00	\$2,488.50

Line	Qty	Catalog	
25.	1.00	E80141JM	MEDRAD® Stellant FLEX Contrast Injection System for contrast enhanced mammography - includes installation and one year warranty

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$44,782.00	21.00%	\$44,782.00	\$35,377.78

Line	Qty	Catalog	
26.	1.00	E4502PA	Main Disconnect Panel (MDP) UL 30A 208-240VAC 60Hz single phase for Mammography Pristina, DS & Essential systems

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$6,164.00	21.00%	\$6,164.00	\$4,869.56

NOTES:

- Customer is responsible for arranging for installation with a qualified party
- ITEM IS NON-RETURNABLE AND NON-REFUNDABLE

Line	Qty	Catalog	
27.	1.00	W0301MM	TIP MM System Training Program

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$41,143.00	65.00%	\$41,143.00	\$14,400.05

Line	Qty	Catalog	
28.	3.00	W0303MM	TIP Mammography Advanced Applications

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$20,571.00	65.00%	\$61,713.00	\$21,599.55

Line	Qty	Catalog	
29.	1.00	S30351WC	Seno Iris REVIEW SP4.4 with PC

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$37,777.78	64.40%	\$37,777.78	\$13,448.89

Line	Qty	Catalog	
30.	1.00	S30351AR	Power Cord Kit 1 Set

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
\$98.22	64.40%	\$98.22	\$34.97

Line	Qty	Catalog	
31.	1.00	S30371CK	EIZO 3MP 21.3 inch Color LCD Monitor RX370

<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>	<b>Net Price</b>
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**\$10,300.00**                                      **64.40%**                                      **\$10,300.00**                                      **\$3,666.80**

Line	Qty	Catalog			
32.	1.00	W2405MM		Senolris Launch Classic	
			<u>List Price</u>	<u>Discount</u>	<u>Extended List Price</u>
			\$5,888.00	0.00%	\$5,888.00
					<u>Net Price</u>
					\$5,888.00

This training program is designed for customers purchasing a GE HealthCare Mammography system (including but not limited to Senolris™ Workstation).

GE HealthCare will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings. The training will include Virtual Tools and remote connectivity. This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development.

This program contains 16 Credits. A customized training program blending onsite and virtual training will be developed in partnership with your Applications Specialist.

- Onsite training – each onsite day of training utilizes 8 credits per instructor (8-hour day)
- Virtual training – each hour of virtual training utilizes 1 credit per instructor
- Virtual instructor-led training: Instructor leads a virtual training session one-on-one or in a group, typically in 2-4 hour scheduled blocks
- Answerline Support-Access to GE HealthCare experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console
- In addition to the credits available with this offering, the customer has access to the complimentary, no-cost online educational content available for all customers, both CE and non-CE.

Classroom-Based training (if applicable) – each seat in a classroom-based training (in person or virtual) utilizes 16 credits per student (ala carte offerings are available).

Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends) and is subject to availability during normal business hours (8am-5pm). This training program has a term of twelve (12) months commencing on Acceptance, where all training (onsite and/or virtual) must be scheduled and completed within twelve (12) months of Acceptance. Additional credits may be available for purchase separately.

All GEHC “Training” terms and conditions apply. Given the unique nature of this program, if this program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, this program shall take precedence over any conflicting training deliverables set forth therein.

Line	Qty	Catalog			
33.	1.00	S30361PC	iCAD 2D/3D Detection and Density Assessment licenses with Server USA		
			<b>List Price</b>	<b>Discount</b>	<b>Extended List Price</b>
			\$157,000.00	60.00%	\$157,000.00
					<b>Net Price</b>
					\$62,800.00

<b>Total Quote List Price:</b>	<b>\$1,565,168.33</b>
<b>Total Quote Discount:</b>	<b>59.9%</b>
<b>Total Quote Subtotal:</b>	<b>\$627,575.92</b>

Qty	Credits and Adjustments	
1.00	Mammo Additional Discount	\$-96,949.55
1.00	SeleniaDimension3D6000package Trade-in	\$-53,000.00

**Total Quote Net Selling Price** **\$477,626.37**

**ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:  
 GE PRECISION HEALTHCARE  
 TAX ID (83-0849145)**

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

### Optional Items

Please initial the Catalogs you wish to purchase

Catalog Number	Qty.	Description	Net Price	Initial
<b>S30371GA</b>	<b>1.00</b>	<b>Pristina Dueta</b> The Pristina Dueta feature is an option that enables the patient to take an active part in the examination. Wireless and ergonomic-designed device that allows the patient to continue the compression after the technologist has positioned correctly and reached a threshold of compression. It was designed to minimize patients' perceived pain and discomfort for every patient positioning. The Bluetooth connectivity includes remote and configuration to one Pristina gantry.	<b>\$31,200.00</b>	_____

Catalog Number	Qty.	Description	Net Price	Initial
<b>S30361MA</b>	<b>1.00</b>	<b>Candelis - Image Grid Mini with tag morphing</b> ImageGrid Mini router improves mammo/tomo workflow performance by ensuring that the images are where they are needed, when they are needed. The tag morphing feature offers flexibility for a smooth integration of new systems in your eco-system. Provides advanced rule-based and automated study/image routing and improvement of image management through tag morphing. Recommended for a maximum patient volume of 20 patients per day. Includes 4 remote AE titles, installation, and training.	<b>\$12,444.80</b>	_____

**Trade-in Addendum to GE HealthCare Quotation**

This Trade-In Addendum (“Addendum”), effective on June 27, 2024, between the GE HealthCare business identified on the Quotation and **Bartlett Regional Hospital/** (“Customer”), is made a part of Quotation # **2009814679.15** ^ dated June 27, 2024 (“Quotation”) and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle (“mobile vehicles” are defined as any systems requiring a vehicle title) listed in Section E (“Trade-In Equipment”), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE HealthCare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE HealthCare has received a clean title signed over to GE HealthCare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE HealthCare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer’s new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE HealthCare is to take possession of them in order for GE HealthCare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE HealthCare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE HealthCare, or third-party purchaser of the Equipment through GE HealthCare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE HealthCare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE HealthCare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned; and (vii) for Trade-In Equipment that utilizes helium, ensuring sufficient helium for appropriate ramp down of the Trade-In Equipment. Customer is responsible for appropriately identifying and designating Trade-In Equipment for deinstallation and/or pick up by GE HealthCare. GE HealthCare is not liable for any Trade-In Equipment or other equipment that is removed from Customer’s facility due to Customer’s failure to properly identify and designate Trade-In Equipment for removal.

C. Prior to removal or return to GE HealthCare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 (“PHI”) from the Trade-In Equipment; and (ii) indemnify GE HealthCare for any loss resulting from PHI not removed. GE HealthCare has no obligation in connection with PHI not properly removed.

D. GE HealthCare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (ii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned, which includes situations where helium levels at ramp down are insufficient and cause the Trade-In Equipment to quench – Customer is required to confirm for GE HealthCare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment; or (iii) as a result of Customer’s actions, deinstallation of the Trade-In Equipment does not occur within one year of the execution of this Trade-In Addendum or related Quotation. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

	<u>Mfr</u>	<u>Model &amp; Description</u>	<u>Quantity</u>	<u>System ID*</u>	<u>Amount (\$)</u>
1.	HOLOGIC	SeleniaDimension3D6000package Trade-in	1.00	81001177799	\$-53,000.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Quotation (which includes a reference to the Trade-In Equipment) or the Governing Agreement identified on the Quotation as governing the order (PO# \_\_\_\_\_)†.

**Bartlett Regional Hospital**

**GE HealthCare**

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

^ A Quotation number must be provided on this document.

\* In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

& The Trade-In Amount is based on expected trade-in within one (1) year of execution of this Trade-In Addendum. If the Trade-In does not occur within such year, GE Healthcare may adjust the Trade-In Amount or decline to purchase the Trade-In Equipment as set forth in Section (D) herein.

## GPO Agreement Reference Information

Customer:	Bartlett Regional Hospital
Contract Number:	HealthTrust Diagnostic Imaging
Billing Terms:	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms:	NET 30
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE HealthCare and HealthTrust Diagnostic Imaging

66705—Computed Tomography 66706—Magnetic Resonance Imaging 66707—Positron Emission Tomography 73600—Mammography 73602—Nuclear Medicine 79854—Radiographic and Fluoroscopic 79844—Interventional and Angiography 70089—Patient Monitoring, Cath and EP Labs

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

## MEMORANDUM

**DATE:** July 15, 2024  
**TO:** Bartlett Regional Hospital Board Finance Committee  
**FROM:** Joe Wanner, CFO

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### ISSUE

- The Board of Directors is being asked to approve the attached proposal for implementation of a new ERP and HRIS system.

### BACKGROUND

- Bartlett currently uses Meditech for our ERP functions including General Accounting, Accounts Payable, Materials Management, and Payroll. During the past two budget cycles Excel has been used to complete our annual budgets.
- Bartlett is in the process of moving our Time and Attendance from API to UKG Dimensions.
- Other systems used in conjunction with Meditech and UKG are Taleo, M-files, and >>>
- Our current systems/processes require an inordinate number of manual processes to get Financials and Payroll out timely. These manual processes also introduce the opportunity for human error.
- Current processes have contributed to staff burnout and turnover.
- An RFI was conducted for an ERP system through CBJ. In review of the information submitted two viable options were identified. We are in the process of comparing quotes and processes to identify the best solution.
- Implementing UKG Pro in conjunction with a new ERP system would bring Bartlett into the modern age with an integrated ERP and HRIS system.

### OPTIONS

- Approve the motion as presented to the committee.
- Amend the motion and approve the amended motion.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the motion as presented to the committee.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve management's plan to implement a new ERP system in conjunction with UKG Pro.

**Netsuite/UKG Pro**

Implementation	220,740
Annual Cost	301,960

**Cost Offsets:**

Meditech	(50,520)
M-Files	(15,876)
Taleo	(20,133)
	<u>(86,529)</u>

<b>Net Impact</b>	215,431
-------------------	---------

# NetSuite & UKG

## Reimagining the Administrator & Employee Experience



**Core HR, Tax,  
and Payroll**

**Talent Management**

**Compensation  
Management**

**Workforce  
Management**

**Benefits  
Management**

**NetSuite  
GL Integration**

**NetSuite  
Demographic Data  
Synch**

**Updates Across Both  
Platforms**

# Integrations Overview



Our purpose is people

## EMPLOYEE INFORMATION

EE Demographics

Scheduled Full Sync

## GENERAL LEDGER

Payroll History

Real Time Parameterized

GL Rules (Base Account + Segment Sequence)



EE Demographics

Updates

Posts

Journal Entries



# Data to NetSuite

## EE Demographics

## General Ledger

### Employee Master

- First Name
- Last Name
- Middle Name
- Email Address
- Gender
- Date of Birth
- Home Phone

### Employment (Job) Master

- Component Company
- Org Levels 1 - 4
- Project
- Work Phone
- Supervisor ID
- Employee ID
- Last Hire Date
- Termination Date
- Employment Status
- Job Description

### Common GL Segments

- Base Account
- Base Account Description
- Org Levels Code (or Segment)<sub>1-4</sub>
- Tax Location
- Project
- Credit / Debit
- Check Number
- Pay Group
- Employee Number

### Common Header Segments

- Component Company (n:1) to Subsidiary
- Dating Options:
  - Pay Date
  - Period End Date
  - Period Start Date
- User who Ran the GL
- Memo Options:
  - Header Memo "Payroll MM-DD-CCYY"
  - Line Memo "Payroll MM-DD-CCYY"

Process General Ledger

run reset print help

- General ledger and labor allocation
- Labor allocation

- Earnings, deductions, taxes and paid time off
- Earnings, deductions, taxes
- Paid time off only

**NetSuite Integration**

Post General Ledger

Type  Informatica  Integration Platform

Integration Task

Company

Find by  Find

Available

**\*Selected**

- Eastwood Industries - Manufacturing
- Eastwood Industries - Railroad(020)
- Eastwood Industries - Retail(020)
- Eastwood Industries(020)

Export Template

Template

Ledger Period

Pay group

Pay date - Period end - Type

From

To

Process your General Ledger in UKG Pro

Journal

12/30/2018 00:00:00.000000

Edit Back Actions

Primary Information

ENTRY NO.  
12/30/2018 00:00:00.000000  
CURRENCY  
USA  
EXCHANGE RATE  
1.00  
DATE  
8/20/2021  
MEMO

POSTING PERIOD  
Aug 2021  
REVERSAL #  
REVERSAL DATE

SUBSIDIARY  
Honeycomb Holdings Inc.



1,215,993.98

ACCOUNT	DEPARTMENT	DEBIT	CREDIT	MEMO
10007 Earnings Expense	Food Services	291.20		
10007 Earnings Expense	Payroll	137.50		
10007 Earnings Expense	Quality Assurance	1,268.00		
10007 Earnings Expense	Research & Development	1,750.00		
10007 Earnings Expense	Sales & Marketing	781.00		
10005 Taxes EE Payable	Quality Assurance		1,718.86	
10005 Taxes EE Payable	Sales & Marketing		2,074.19	
10006 Taxes ER Liability	Sales & Marketing		968.67	
10006 Taxes ER Liability	Training Dept		856.24	
10004 Deduction EE Liability	Training Dept		982.14	
10005 Taxes EE Payable			657.16	
10005 Taxes EE Payable	Training Dept		3,209.54	
10006 Taxes ER Liability			222.11	
10004 Deduction EE Liability	Research & Development		1,673.40	
10004 Deduction EE Liability	Sales & Marketing		1,837.52	
10003 Deduction EE Payable	Training Dept		1,266.64	

ORACLE NETSUITE UKG

Search

Activities Box Files Payments Transactions Lists Reports Analytics Documents Setup Customization Commerce

Journals

VIEW Default Customize View New Transaction

FILTERS

NEW	EDIT   VIEW	INTERNAL ID	DATE	PRINT	DOCUMENT NUMBER	NAME	ACCOUNT	STATUS	MEMO	CURRE
	Edit   View	42610	12/27/2020	Print	JOU00000170		10001 Net Pay Checks	Approved for Posting	Payroll 12/27/2020	USA
	Edit   View	42411	8/20/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA
	Edit   View	42410	8/20/2021	Print	12/02/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA
	Edit   View	42310	2/28/2021	Print	JOU000001169		10001 Net Pay Checks	Approved for Posting	Payroll 2/28/2021	USA
	Edit   View	42210	12/6/2020	Print	JOU000001168		10001 Net Pay Checks	Approved for Posting	Payroll 12/6/2020	USA
	Edit   View	42110	8/17/2021	Print	01/27/2019 00:00:00.000000		10014 WC ER Expense	Approved for Posting		USA



David Slaton

549799026, Eastwood Industries(020)



David Slaton

Customer Service Rep 1 +1 903-297-6782 [david.slaton@usgmail.net](mailto:david.slaton@usgmail.net)

549799026

Time clock

Address

400 S Bascome Ave  
San Jose, CA  
95128  
United States

### Company

Home company  
Eastwood Industries(020)

Company  
Eastwood Industries(020)

Location  
SEAL - Seal Beach

Seniority  
03/23/2020 - 1 year 6 months

Last hired  
03/23/2020 - 1 year 6 months

Mailstop

Primary Home Phone  
+1 903-297-6782

Primary Work Phone

Work extension

Division  
HARD - Hardware

Department  
CSTSVR - Customer Service

Region  
WES - West



Your employee data

Employee

David Slaton ACTIVE

Edit Back Actions

Primary Information

EMPLOYEE ID David Slaton JOB TITLE MR./MS... SUPERVISOR NAME David Slaton CURRENCY USA INITIALS DS

Email | Phone | Address

EMAIL david.slaton@usgmail.net MOBILE PHONE PHONE HOME PHONE OFFICE PHONE FAX

Classification

DEPARTMENT Customer Service CLASS Hardware LOCATION SUBSIDIARY Eastwood Industries, Inc.

DATE CREATED 8/3/2021 1:24 pm INACTIVE

System Notes Active Workflows Workflow History

VIEW Default FIELD -All-

Customize View 1 to 25 of 32

DATE ▲	SET BY	CONTEXT	TYPE	FIELD	OLD VALUE	NEW VALUE
8/3/2021 1:24 pm	Demo User2	SOAP Web Services	Create	Record	Employee	3762
8/3/2021 1:24 pm	Demo User2	SOAP Web Services	Set	Subsidiary		

# Create and Update NetSuite Employee Records

SOAP Web Services Usage Log

Refresh Reset

(Custom)

Favorites

Available Selectors

FROM 8/1/2021 12:00 am (GMT-08:00) PACIFIC TIME (US & CANADA) TO 9/23/2021 11:59 pm (GMT-08:00) PACIFIC TIME (US & CANADA)

RECORD TYPE employee ACTION INTEGRATION TOTAL: 4

JOB ID	START DATE	DURATION (SECS)	INTEGRATION	ACTION	RECORD TYPE	USER	STATUS	RECORDS	RECORDS FINISHED	RECORDS FAILED	RECORDS RETURNED IN QUERY	REQUEST	RESPONSE
391912	9/20/2021 1:01:53 pm	71.705	UKG Pre-Sales	upsertList	employee	demouser17A@ultimatesoftware.com	FINISHED	100	98	2	0	<a href="#">view</a>	<a href="#">view</a>
391911	9/20/2021 1:01:51 pm	31.551	UKG Pre-Sales	upsertList	employee	demouser17A@ultimatesoftware.com	FINISHED	41	41	0	0	<a href="#">view</a>	<a href="#">view</a>
391701	9/13/2021 6:24:17 pm	2.399	InformaticaTBIntegration	upsertList	employee	ulti1234@ultimatesoftwarenoreply.com	FINISHED	1	1	0	0	<a href="#">view</a>	<a href="#">view</a>
391601	9/13/2021 6:15:32 pm	4.742	InformaticaTBIntegration	upsertList	employee	ulti1234@ultimatesoftwarenoreply.com	FINISHED	1	1	0	0	<a href="#">view</a>	<a href="#">view</a>

Monitor Results using NetSuites Native Logs

UKG



NETSUITE

- Easy to use mapping configuration
- True Cloud to Cloud Integration
- Support for NetSuite GL Custom Segments – Pass through for OpenAir Invoicing
- Support for Check Numbers (to appear in the line memo)
- Daily Sync (Employee Master Data) (or On Demand)
- Real Time (GL Data)
- Semi Annual BFN Accreditation

## PLANNING

Ensures UltiPro is designed in a way to integrate with NetSuite's robust reporting and planning features

## CONFIGURATION

The integration consultant provides an experience that allows you to focus on managing the integration and not configuring the integration

## TESTING

The integration consultant will assist you through testing and managing your integration



# Run the General Ledger from Pro

The screenshot displays the UKG General Ledger configuration page. The interface includes a dark sidebar with navigation options such as Administration, Reporting, and General Ledger. The main content area is titled "Process General Ledger" and contains several configuration sections:

- Country:** A dropdown menu set to "United States".
- General ledger:** Radio buttons for "General ledger and labor allocation" (selected) and "Labor allocation".
- Include:** Radio buttons for "Earnings, deductions, taxes and paid time off" (selected), "Earnings, deductions, taxes", and "Paid time off only".
- NetSuite Integration:** A checkbox for "Post General Ledger" and a "Type" dropdown set to "Informatica".
- Integration Task:** A dropdown menu.
- Company:** A "Find by" field and a "Find" button. Below are two lists: "Available" (containing "Eastwood Industries - Manufacturing", "Eastwood Industries - Railroad(020)", "Eastwood Industries - Retail(020)", and "Eastwood Industries(020)") and "Selected" (currently empty).
- Export Template:** A "Template" dropdown menu.
- Ledger Period:** A "Pay group" dropdown menu set to "All".

At the top right of the main area, there are icons for "run", "reset", "print", and "help". On the far right, a "Things I Can Do" sidebar shows a link for "NetSuite - Journal Entries". The footer includes the copyright notice "Copyright © 1997-2021. UKG Inc. All rights reserved." and "Powered by UKG".

# View the General Ledger from NetSuite

Mr. James Robert Bana - 4567 - x Integrations Dashboard x Journals - NetSuite (Eastwood Industries) x SOAP Web Services Process Status x +

tstdrv1425097.app.netsuite.com/app/accounting/transactions/transactionlist.nl?Transaction\_TYPE=Journal&whence=

ORACLE NETSUITE UKG Search

Help Feedback Demo User2 Eastwood Industries - Administrator

Activities Box Files Payments Transactions Lists Reports Analytics Documents Setup Customization Commerce Support SuiteSocial Fixed Assets Demo Framework SuiteApps Sales Knowledge Base

Journals List Search Audit Trail

VIEW: Default Customize View New Transaction

FILTERS: TYPE: Journal EMPLOYEE: - All - STYLE: Normal

EDIT [checked]

QUICK SORT 42910 — 36410 TOTAL: 512

NEW	EDIT   VIEW	INTERNAL ID	DATE	PRINT	DOCUMENT NUMBER	NAME	ACCOUNT	STATUS	MEMO	CURRENCY	AMOUNT (FOREIGN CURRENCY)	AMOUNT	PROMISE DATE	ASSY DEPT	MACHINE SHOP	PRIORITY
	Edit   View	42910	12/12/2020	Print	JOU00000173		10001 Net Pay Checks	Approved for Posting	Payroll 12/12/2020	USA	\$1,465.33	1,465.33				
	Edit   View	42810	12/12/2020	Print	JOU00000172		10001 Net Pay Checks	Approved for Posting	Payroll 12/12/2020	USA	\$1,465.33	1,465.33				
	Edit   View	42710	2/28/2021	Print	JOU00000171		10001 Net Pay Checks	Approved for Posting	Payroll 2/28/2021	USA	\$4,183.44	4,183.44				
	Edit   View	42610	12/27/2020	Print	JOU00000170		10001 Net Pay Checks	Approved for Posting	Payroll 12/27/2020	USA	\$10,749.87	10,749.87				
	Edit   View	42411	8/20/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	42410	8/20/2021	Print	12/02/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	42310	2/28/2021	Print	JOU00000169		10001 Net Pay Checks	Approved for Posting	Payroll 2/28/2021	USA	\$6,266.95	6,266.95				
	Edit   View	42210	12/6/2020	Print	JOU00000168		10001 Net Pay Checks	Approved for Posting	Payroll 12/6/2020	USA	\$4,184.01	4,184.01				
	Edit   View	42110	8/17/2021	Print	01/27/2019 00:00:00.000000		10014 WC ER Expense	Approved for Posting		USA	\$21.41	21.41				
	Edit   View	42010	8/16/2021	Print	01/27/2019 00:00:00.000000		10001 Net Pay Checks	Approved for Posting		USA	\$128.85	128.85				
	Edit   View	41810	2/28/2021	Print	JOU00000167		10001 Net Pay Checks	Approved for Posting	Payroll 2/28/2021	USA	\$2,083.51	2,083.51				
	Edit   View	41710	3/5/2021	Print	JOU00000166		10001 Net Pay Checks	Approved for Posting	Payroll 03/05/2021	USA	\$2,083.51	2,083.51				
	Edit   View	41610	8/3/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	41510	7/28/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	41410	7/23/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	41310	7/23/2021	Print	12/30/2018 00:00:00.000000		10007 Earnings Expense	Approved for Posting		USA	\$291.20	291.20				
	Edit   View	41210	7/23/2021	Print	12/02/2018		10010 Accrued Allowed	Approved for		USA	\$25.12	25.12				

results (23).xml DY8AR00000D0 (1).pdf Show all

UKG

NETSUITE

UKG

**Bartlett**  
Regional Hospital



# The Combined ROI of UKG Pro & UKG Dimensions

According to Forrester Research, with **UKG Pro and UKG Dimensions**, organizations achieved an average...



**ROI of 89%**



**Payback in less than 6 months**



**\$12.6M in Total Benefits**



“

UKG’s solutions deliver global workforce experiences that reflect the **connection between life and work** today.

”

FORRESTER®

Source: “The Total Economic Impact™ Of UKG Pro And UKG Dimensions: Business Benefits And Cost Savings Enabled By UKG Pro And Dimensions”, Forrester Research, Inc. – March 2021

# Taking People & Work Technology To the Next Level

## People Systems

Preferences & Motivations



People Data History



Cultural Dynamics



*Advanced People & Workforce Analytics, People-Inspired AI*

## Work Systems



Productivity



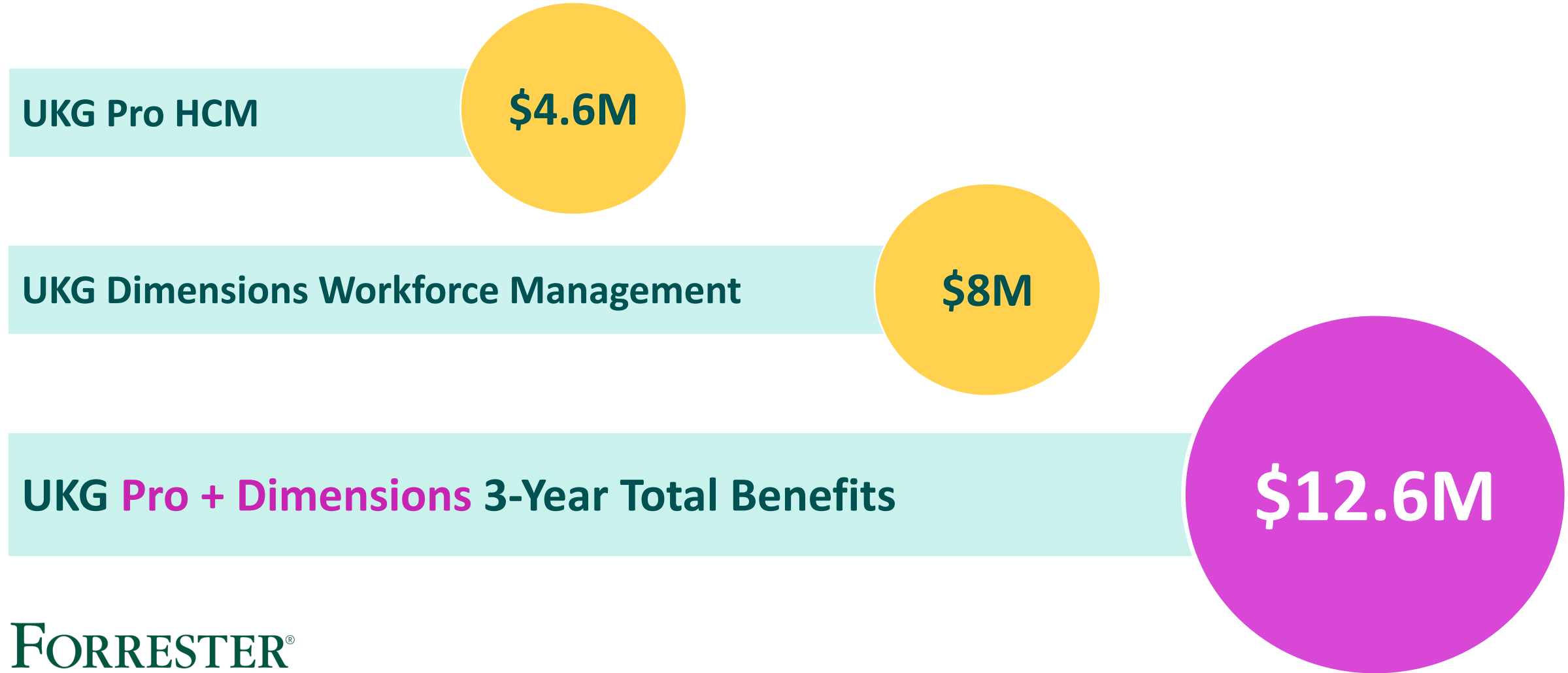
Process Improvement



Work Patterns

*When people are inspired, the work they do and the organizations they support naturally thrive*

# HCM + WFM = Phenomenal 3-Year Total Benefits



**FORRESTER**<sup>®</sup>

Source: "The Total Economic Impact™ Of UKG Pro And UKG Dimensions: Business Benefits And Cost Savings Enabled By UKG Pro And Dimensions", Forrester Research, Inc. – March 2021

July 23, 2024 Board of Directors Meeting  
Page 92 of 116

# Accelerates the Impact of HR

**\$772,776**  
**in Savings!**

*“UKG Pro saves four FTEs annually”*

Less time and effort responding to employee inquiries and cases about pay, benefits, time off, disciplinary actions, etc.

Engage employees with a single consistent experience for the entire workforce

Champion the broader business strategy by providing analytics and actionable people-related insights

Streamline and automate previous disparate business processes with a single look and feel



# People Analytics Uncovering Gold Mines of Potential

**\$850,503**  
**in Savings!**

*“it would take **four more FTEs** to generate the quantity and quality of customized reports that UKG is currently producing”*

Discover workforce insights that provide decision-support to quickly act on areas of untapped potential

Visibility into data to properly perform ad hoc reporting

Dashboards and real-time insights and analytics

Uncover opportunities to disrupt bias and improve diversity, equity, and inclusion practices

**FORRESTER**<sup>®</sup>

# Provide Users with a Competitive Advantage



Manage your entire business operations with a unified suite solution



Offers enterprise-class best-of-breed functionality



Provides a Suite integration between ERP and HCM clouds



Simplifies your business ecosystems



Performance

Succession

Compensation

Benefits

People Assist

Great Place to Work™



# UKG

Learning

Recruiting & Onboarding



## Our purpose is people

Employee Voice

Human Resources



### Bartlett Owns

- UKG Pro Workforce Management
- UKG Pro Advanced Scheduling
- UKG Pro Absence Management
- UKG Pro Analytics

Payroll & Payroll Services

Time & Attendance



Analytics



Accruals



Activities

Advanced Scheduling



Absence & Leave



Document Manager



Data Collection





# Provide Users with a Configurable Suite Advantage

Finance & Accounting

Billing – Open Air



Human Resources  
UKG Pro

ERP

Inventory Management

Extended Solutions

Supply Chain Management

## UKG Pro HCM Suite

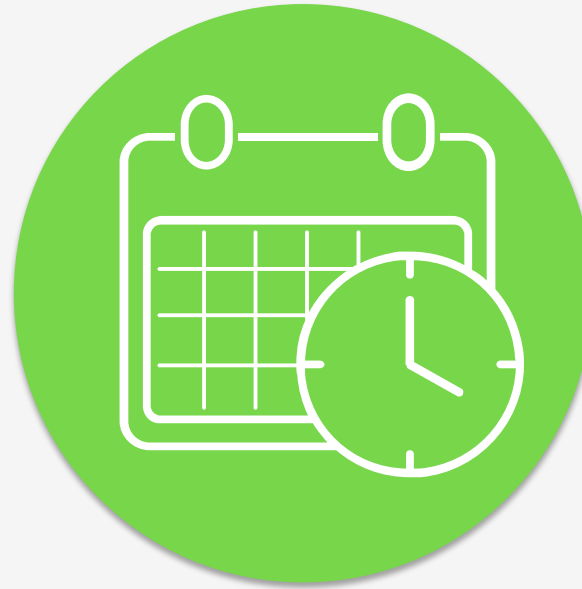
HCM / Payroll  
Post Payroll / Filing  
BI (People Analytics)  
Recruiting / Onboarding  
Performance / Succession  
Employee Polling / Sentiment Analysis  
Workforce Management  
Scheduling  
Absence Management  
Analytics

# NetSuite & UKG Partnership



## Data Synchronization

Employee Records, General Ledger



## NetSuite Focused

Partners since 2015 with over 400 joint customers across multiple verticals and geographies



## Analytics

ERP + HCM  
Business KPIs

# NetSuite & UKG

## Reimagining the Administrator & Employee Experience



**Core HR, Tax,  
and Payroll**

**Talent Management**

**Compensation  
Management**

**Workforce  
Management**

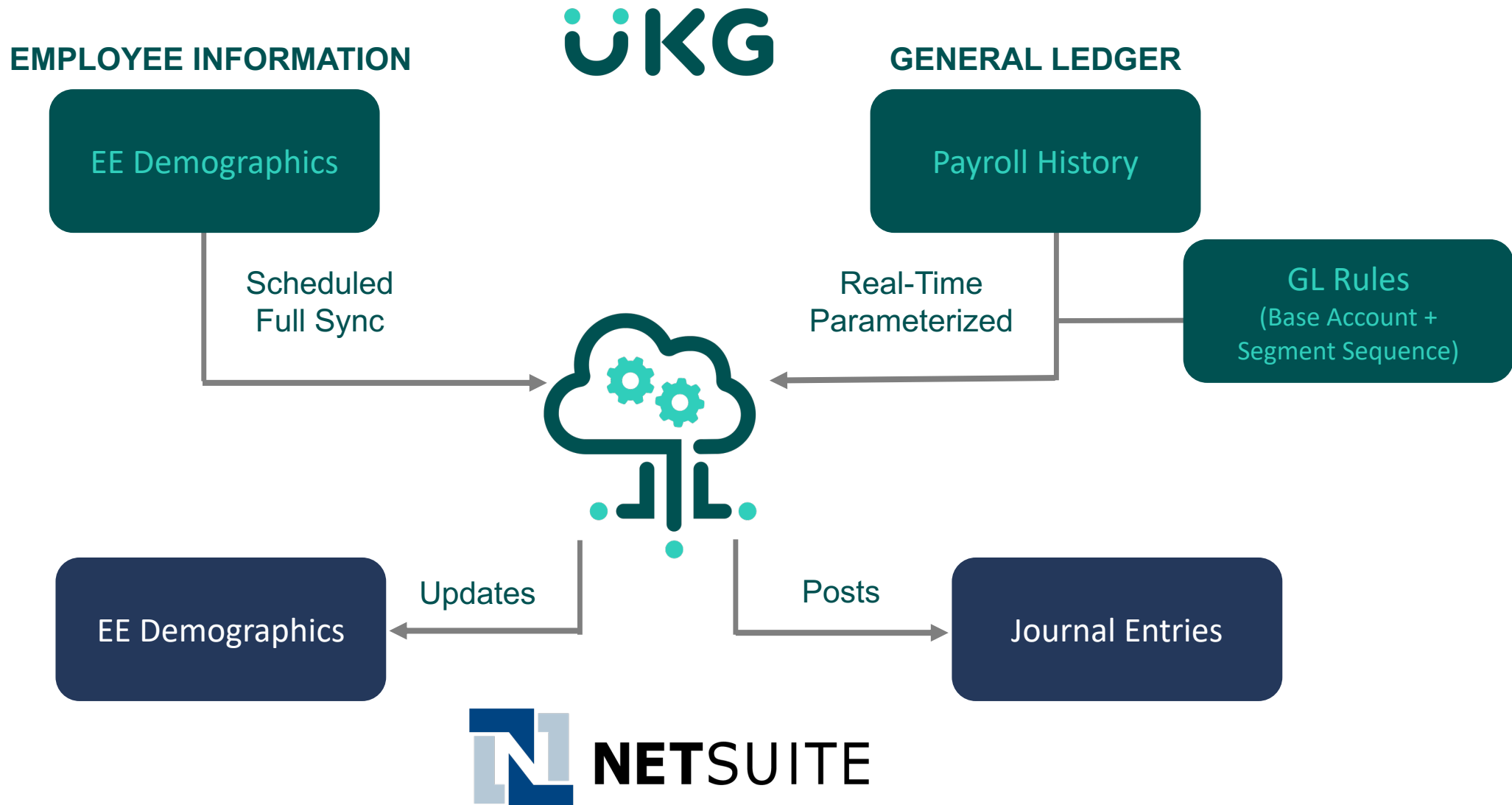
**Benefits  
Management**

**NetSuite  
GL Integration**

**NetSuite  
Demographic Data  
Synch**

**Updates Across Both  
Platforms**

# Integrations Overview





## Key Features

- Easy-to-use mapping configuration
- True Cloud to Cloud Integration
- Support for NetSuite GL Custom Segments – Pass through for OpenAir Invoicing
- Support for Check Numbers
- Daily Sync
- Real Time
- Semi Annual Built For NetSuite Accreditation
- Active Partners since 2015

## Pricing as of July 1, 2024

**PEPPM - \$22.60**

**Monthly - \$18,080**

**Yearly - \$216,960**

**Launch - \$70,740**

# Bartlett UKG Pro Pricing

## UKG Pro

- Pro Pay and People Center
  - Benefits
  - Payment services / tax filling
  - ACA
- Talent Acquisition
  - Recruiting / Onboarding
- Performance and Coaching
- Document Manager

---

## DRAFT MINUTES – BOARD COMPLIANCE & AUDIT COMMITTEE MEETING

**DATE:** Thursday, July 19 at 2:30 p.m.  
**LOCATION:** BRH Boardroom & Microsoft Teams

---

- I. **CALL TO ORDER** – 2:30 p.m. by Hal Geiger, Committee Chair
- II. **ROLL CALL**  
**\*Committee and Board Members Present** (*Zoom attendees italicized*): \*Hal Geiger, \*Dr. John Raster, and \* Deb Johnston  
  
**Also Present** (*Zoom attendees italicized*): Gail Moorehead, Joe Wanner, Kim McDowell, and Anita Moffitt
- III. **APPROVAL OF AGENDA** – MOTION by Dr. Raster to approve the agenda. Ms. Johnston seconded. There being no objection, MOTION approved.
- IV. **PUBLIC PARTICIPATION** - None
- V. **APPROVAL OF MINUTES** – MOTION by Dr. Raster to approve the February 15, 2024, minutes. Ms. Johnston seconded. There being no objection, MOTION approved.
- VI. **NEW BUSINESS**  
**Cybersecurity Presentation**- Mr. Letterman presented a cybersecurity presentation on the current state of cybersecurity and how that impacts Bartlett Hospital and our Information Structure. He was available to answer questions from the board members.  
  
**Compliance Policy Program Matrix** – Ms. Moorehead presented the compliance program policy matrix. This matrix listed all the policies that are currently being reviewed. The policies will be presented at the next board meeting for board review and approval. It was noted that some documents are still being obtained that will be added to the report in the future that are best practices to have in place for a complete compliance program. Ms. Johnston appreciated that this was given to the committee so they could understand the scope of the compliance program and that there should be board oversight of the policies.  
  
**Physician Contract Committee** – Ms. Moorehead presented the scope of the physician contract committee to the committee and shared the initial work of the committee. The expectation for the committee is there will be a report presented to the compliance committee quarterly on all contracts that have been entered into that quarterly and a summary of the compliance review of those contracts. The committee chair expressed

that the committee would need to be educated more thoroughly on contract issues such as fair market value and other contract guide oversight. This was discussed at the meeting.

**Compliance Work Plan** – Ms. Moorehead reviewed the compliance work plan and discussed any updates and projects. Ms. Johnston said that she would like to see a more representative dashboard of data that would give the committee a focus on concerns or issues that have been raised or identified. Ms. Moorehead noted that concern and said she would work with our key stakeholders and bring ideas back to the board committee.

**VII. COMMITTEE COMMENTS AND QUESTIONS - None**

**VIII. ADJOURNMENT – 3:43 p.m.**

DRAFT

### MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Ian Worden, Chief Executive Officer

---

### ISSUE

- This is a standing report to the board from the CEO and Executive Administration regarding current BRH matters.

### BACKGROUND

- The board will be briefed on current BRH matters in the form of a standing report.
- Behind this cover memo are reports for:
  - a. CEO and Executive Administration
  - b. Home Health, Hospice, and Wildflower Court

### OPTIONS

- This is an information update. No action is necessary.

---

## MEMORANDUM

**DATE:** July 19, 2024  
**TO:** Bartlett Regional Hospital  
**FROM:** Ian Worden, CEO  
**SUBJECT:** **Executive Administration Report**

---

“It’s not the strongest, but the most adaptable that survive.”

Charles Darwin

Darwin is often misquoted as the strongest survive but in actuality Darwin emphasizes adaptability as the key trait for survival. Bartlett Regional Hospital (BRH) is learning to adapt to an ever-changing healthcare reality. Adaptation is both painful and challenging as we determine what are core services, what are non-core services, and how to compete. Additionally, people of goodwill are also asking, “How can we expend money at the same time as closing programs?” How does this make sense?

Effective and timely adaptation requires BRH to simultaneously strengthen our core services while reducing the cross subsidization of non-core services. Hospital core services are the essence of a hospital. There are three basic elements of a hospital:

- 1) Emergency Department (ED): The ED is required by Medicare and serves as the front door of most hospitals. Additionally, EDs serve as the front line of care when time is of the essence, for local disasters when your community needs a coordinated response and when pandemics come to communities. They operate 24/7/365 and provide services when provider offices are closed.
- 2) Diagnostics: There are three essential ways to diagnose a clinical problem. 1) Physicians and other clinicians taking a history and physical, 2) Diagnostic imaging, and 3) Laboratory testing. Most clinicians use all three or a combination of these to come to the correct diagnosis. Core services of hospitals have all these elements. Both diagnostic imaging and laboratory testing are technology-based services requiring modernization to remain relevant to clinical services, to support the clinician’s differential diagnosis, and to track the patient’s progress.
- 3) Treatment: There are three essential means of treating patients. 1) Obviously one of the largest is the nursing care provided to patients as well as respiratory therapy, physical, and occupational therapy as well as many other clinical services including our Mental Health Unit. 2) Pharmacy is another important aspect of treating patients. 3) Surgery is the other major way of treating patients.

All these activities are coordinated by our physicians and clinical staff to provide safe care for the patient. There are so many other support functions within hospitals ensuring clinicians have the proper tools and supplies to provide the best care.

As we adapt to the emerging healthcare environment, I will continue to propose expenditures that support, enhance, and modernize our core services. Simultaneously, I will advocate reducing cross subsidization of non-core services. The financial impact of these decisions on BRH's financial health is being monitored.

The Assembly, CBJ leadership, BRH Board and community have provided guidance on these significant decisions. I am grateful to them as they discern what is best for the community and how to provide long-term support for non-core programs.

Under my leadership and support from the Board, we will continue to strengthen our core services with appropriate expenditures, reduce cross subsidization, align BRH's cost structure, enhance our ability to rapidly adapt, and restart strategic growth.

Bartlett Regional Hospital has "good bones" with talented leaders, committed physicians, clinicians and staff, and a supportive Board. I believe BRH will be financially sound, medically relevant, and continue to be a real asset for the community of Juneau.

## **CHIEF NURSING OFFICER/CHIEF OPERATING OFFICER**

### **Nursing:**

- Currently in early discussion with Virginia Mason regarding virtual sitter/companion program. Virginia Mason currently offers this program to other hospitals in the United States. If Virginia Mason is able to provide that service for Bartlett, this will allow the CNAs to be used on the units rather than in a virtual sitter role.
- Meeting with stakeholders regarding implementation of virtual nursing. Virtual nursing would allow a nurse to work remotely either on campus or from home and would mainly be responsible for doing admissions, discharges and education. Advantages of virtual nursing include allowing floor nurses to have a work from home option, allows nurses who want to remain in nursing, but maybe unable to do the physical work to continue to add value, as well as also helping mentor new nurses on the units. The plan is to trial this on the med/surg unit in the fall.

### **Behavioral Health:**

- Crisis Observation/Stabilization services have been closed for weeks due to staffing challenges. On July 16<sup>th</sup> the program officially closed due to lack of funding. Human resources have met with all affected staff. Letters have been sent to the parents/guardians of the adolescents that have used the services since opening in December of 2023.

- Continuing to work with community partners on developing a mobile crisis response team. In conversations with Anchorage and Fairbanks mobile crisis teams they report great success with de-escalation and support on scene which has decreased transport to emergency departments.

## CHIEF QUALITY & COMPLIANCE OFFICER

### LPN Students:

- All seven of the Alaska Pacific University Licensed Practical Nursing students who graduated in May 2024 have passed the NCLEX nurse licensing exam! All have gained employment at BRH and will be working on Med/Surg, OB and WFC.
- Seven more prospective LPN students will start their yearlong program August 13<sup>th</sup>, 2024. We look forward to adding another seven nurses to our workforce next spring. Many of these students are current BRH employees who are excited and grateful for the opportunity to grow professionally through workforce development efforts offered at BRH.

## HUMAN RESOURCES

### KEY INITIATIVES

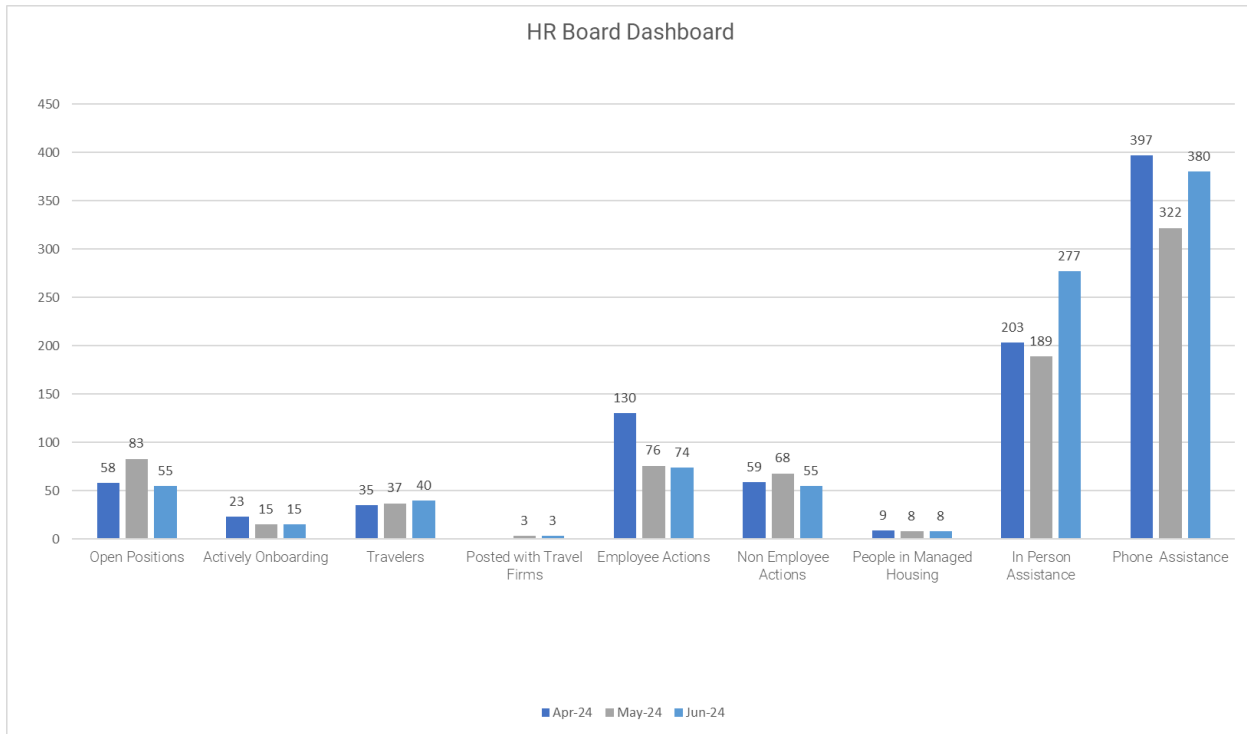
- 1) Using employee engagement data to improve employee satisfaction.
- 2) Reduction of contract staff -
- 3) Implementing intuitive user-friendly technology to enhance employee experience and provide much needed data and reporting functionality.
- 4) Enhancing Supervisor/Manager Training – Targeted roll out FYQ2

*UPDATE – New Employee Orientation rolled out July 22. We will be monitoring new hire and manager feedback, to identify any opportunities for improvement)*

### ADDITIONAL CRITICAL PROJECTS

- Union negotiations
- CEO Search
- Organizational Design
- Oversight of Strategic Goal #2 – A3s
- Transition to new Time and Attendance system – Expected Roll Out FY25-Q2
- Implementation of check-in meetings with new hires – Completed, currently collecting data
- Policy Review – All BRH HR Policies – Expected Completion FY25-Q2
- Succession Planning – Targeted for FY25-Q3
- Digital / Paperless Transformation

## MONTHLY METRICS



## MEMORANDUM

**DATE:** July 15, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kim Stout, Post-Acute Care Services Executive Director

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### HOME HEALTH SERVICES

Home Health was issued a Provider Transaction Access Number (unique Medicare identification number), on July 3, 2024, with an effective date of April 18, 2024. Home health and hospice staff will undergo financial training with Healthcare First, which is a contracted billing company, beginning on Friday, July 19<sup>th</sup>.

Home Health has had one-hundred and sixteen admissions since opening the program in 8/2023 and, currently has sixteen active patients on service. There are six pending admissions under review.

Physical therapy services are a primary request by Juneau referring physician for home health services. Bartlett Physical Therapy staff have been providing services for home health patients; however, the volume of referrals is creating challenges as it relates to the timeliness of time from referral to time of first visit as well as timeliness of meeting documentation deadlines. A physical therapy candidate has been hired to fill a full-time position, with an anticipated start date in September 2024.

### HOSPICE SERVICES

Hospice has had a total of forty-five admissions since 8/1/2023, six of which currently receive services. The hospice average daily census for quarter four is eight and the average length of stay for quarter four was 69 days.

Hospice has one vacant certified nurse aide position, for which three candidates have applied and interviews are in process. The hospice nursing staff are supplementing by providing aide services.

### WILDFLOWER COURT (WFC)

WFC COVID outbreak has decreased, with two residents testing positive during the month of June. Visitors and residents are notified via signage posted throughout the facility to mask, practice proper hygiene and wear proper personal protective equipment visiting infectious residents. COVID precautions will expire July 19<sup>th</sup>, 2024, if there are no positive COVID tests amongst residents or staff occur.

WFC's average daily census (ADC) for July was forty-four (44.17). WFC had eight admissions and four discharges during the month of June. Our current census (5/15/2024) is fifty with six Medicare A residents, two Medicare B residents, two Private Pay residents and forty Long Term Care residents (Medicaid). We have

two pending admissions and one planned discharge as of 5/15/2024. WFC completed the fiscal year with an ADC of 48.19, slightly higher than previous year, which was 47.08.

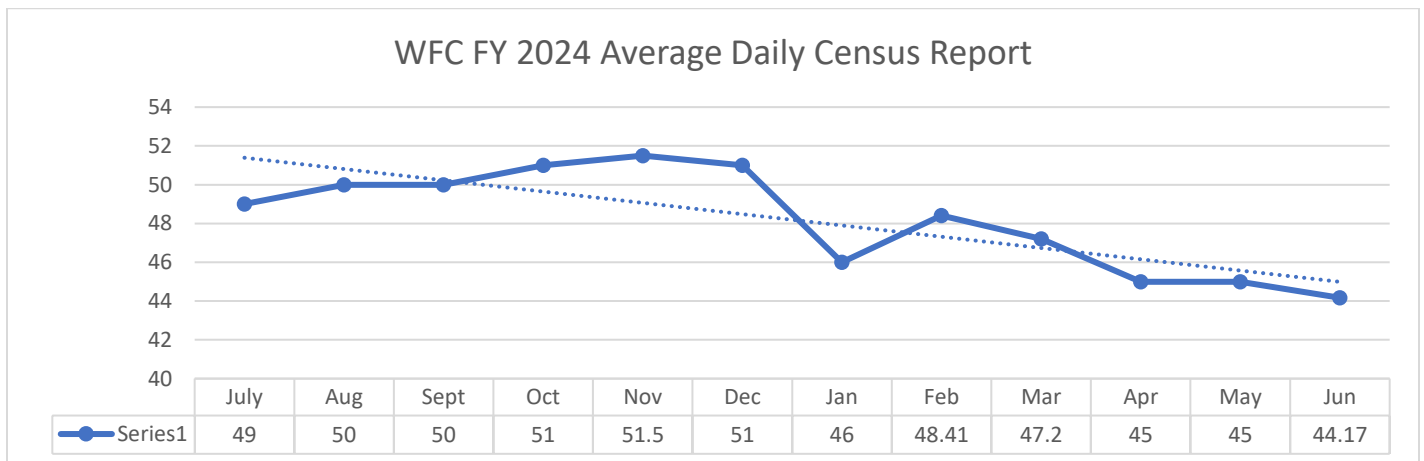
Staffing is adequate for current needs and the number of residents we are serving. We are excitedly anticipating hiring approximately eight new Certified Nurse Aides (CNAs) soon. After the newly hired CNAs have successfully completed orientation and competency training/evaluation, WFC should be able to eliminate the remaining contracted CNAs. We have begun increasing admissions and plan to open the closed unit/wing mid-August. Our goal is to reach and maintain census to ninety percent occupancy rate Fiscal Year (FY) 2026, which is an Average Daily Census of fifty-five.

WFC nursing staff completed intravenous infusion education and competency assessment review. Provision of infusion services will benefit Bartlett Regional Hospital by reducing the length of stay for patients requiring long-term IV antibiotic therapy. WFC admitted our first infusion recipient in June and nursing staff competently managed, treated and discharged resident home after four-weeks of IV therapy services.

WFC Quality Assurance Quality Improvement Committee (QAPI) met on June 26<sup>th</sup> to review WFC Quality Score Cared outcomes as well as review out State and Federal survey corrective action plans to validate compliance. A citation of concern is related to “supervision of home attendants.” Home Attendant personnel provide the following services: temperature checking and plating of meals to residents per individualized care plan(s) and cleaning of each resident home as well as other duties as assigned. QAPI Committee’s recommendation is to hire a supervisor to oversee the home attendant(s) program. A request to fill was, approved and an offer submitted to an applicant. We are waiting to learn if applicant accepts or rejects to position. An A3 Performance Improvement project has been implemented to stay on target and continually improve our home attendant program, to include orientation, competency, and supervision of personnel.

The WFC leadership team hosted our second annual Education Blitz on June 28<sup>th</sup>, 2024. Education provided to WFC staff is based upon educational needs identified via quality outcome reports, resident complaints and/or input and employee needs and/or input. Forty-three staff members attended. Makeup sessions will be provided for those that were unable to attend. Education/Competency training included:

- Five P’s (Pain, Possessions, Potty, Positioning, Pump); Hourly Rounding, Safety Huddle
- Infection Prevention
- Transfer Safety
- Care Planning
- Resident Room Safety/Equipment Safety
- Meal Service



## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Maria Uchytel, Executive Director Bartlett Foundation

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### ISSUE

- This is a standing report to the board from Maria Uchytel regarding current Bartlett Foundation matters.

### BACKGROUND

- The board will be briefed on current Bartlett Foundation matters in the form of a standing report.
- Behind this cover memo is the standing report for the Bartlett Foundation.

### OPTIONS

- This is an information update. No action is necessary.

## MEMORANDUM

**DATE:** July 19, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Maria E. Uchytel, Executive Director Bartlett Foundation

### Current Activity/Fundraising/Events:

1. The Foundation awarded 13 health sciences scholarships for the 2024-25 academic year, for a total of \$32,500.
2. The Foundation's Appreciation Dinner pig roast fundraiser is scheduled for August 24th.
3. Q2 metrics:
  - a. Gift shop in the red for the quarter
  - b. Contributions below quarterly budget projections
4. The Board of Directors approved funding \$15K for ALSO and BLSO OB training.
5. Foundation investment in BRH through June 30, 2024:

ED RN Education Q1 Funding	\$20,000
Hospice Education Q1 Funding	\$10,000
Suicide prevention Training	\$1,500
ED and Hospice Education Q2 Funding	\$6,500
Q1 Malnutrition Documentation Performance Improvement Project, (lunch and coffee cards)	\$250
Q1 and Q2 Fireweed Awards	\$600
2024 Nursing of Excellence and Physician Appreciation Awards	\$1,100
OB ALSO and BLSO training	\$15,000
<b>Total Amount To Date</b>	<b>\$54,950</b>

“If you haven't got any charity in your heart, you have the worst kind of heart trouble.”  
 Bob Hope

## MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- The board is being asked to review and approve the board calendar for the next month.

### BACKGROUND

- Behind this cover memo is the draft calendar of board and committee meetings scheduled to take place in the upcoming month.

### OPTIONS

- Approve the board calendar as presented to the board.
- Amend the board calendar and approve the amended board calendar.
- Seek additional information.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the board calendar as presented.

# August 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 7:00am Credentials Committee <i>(Not a public meeting)</i>	7	8	9 12:00pm Planning Committee <i>(PUBLIC MEETING)</i>	10
11	12	13	14	15 2:30pm Board Compliance and Audit Committee <i>(PUBLIC MEETING)</i>	16 12:00pm Finance Committee <i>(PUBLIC MEETING)</i>	17
18	19	20	21	22	23	24
25	26	27 5:30pm Board of Directors <i>(PUBLIC MEETING)</i>	28	29	30	31

**Committee Meeting Checkoff:**  
 Board of Directors – 4<sup>th</sup> Tuesday every month  
 Board Compliance and Audit  
 Board Quality  
 Executive

**Joint Conference**  
 Finance  
 Governance  
 Planning

### MEMORANDUM

**DATE:** July 23, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- The board will be briefed on confidential matters not subject to public disclosure, including the credentialing status of medical providers, discussions from the Medical Staff meeting, patient safety, any legal and litigation matters that need discussion and union negotiation updates.

### BACKGROUND

- Behind this cover memo are:
  - a. Credentialing files summary report
  - b. July 9, 2024, Medical Staff Meeting Minutes
  - c. Patient Safety Dashboard
  - d. CEO Performance Evaluation
- Additional topics to be discussed during executive session include:
  - a. Legal and litigation Report
  - b. Union negotiations

### OPTIONS

- No action will be taken during executive session. Action to be taken on the credentialing files summary report will occur when the open meeting resumes.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital recess into executive session to discuss several matters:
  - Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, patient safety dashboard, union negotiations, and CEO performance evaluation; and
  - To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney. *(Unnecessary staff and the Medical Chief of Staff may be excused from this portion of the session.)*