
AGENDA – BOARD OF DIRECTORS MEETING

DATE Wednesday, February 19, 2025, at 5:30 p.m.
LOCATION BRH Boardroom and TEAMS Videoconference
This hybrid meeting may be accessed by the public via the following link:
<https://bit.ly/BRHBoardofDirectorsMeetings2025>

Meeting ID: 295 750 175 155

Meeting Passcode: K4ka96dC

Join by Phone: 1 469 998 7360

Phone Conference ID: 465 244 905#

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Joe Wanner, CEO

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. January 28, 2025, Draft Board of Directors Meeting Minutes (p.4)
- B. December 2024 Financials (p.9)

VII. OLD BUSINESS

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. WFC Capacity Update – Deb Koelsch, WFC Administrator

VIII. NEW BUSINESS

- A. Employee Engagement Overview – Chad Brown / Press Ganey (p.27)
- B. A3 Presentation – Mobile Crisis – Kim McDowell (p.44)
- C. Bylaw Revisions – First Reading – Hal Geiger (p.46)
- D. Appropriated Funds – Joe Wanner, **ACTION ITEM** (p.69)

IX. MEDICAL STAFF REPORT – Luke Mather, MD, COS

X. COMMITTEE MEETING UPDATES (p.70)

- A. Feb. 6, 2025, Draft Governance Committee Minutes –Hal Geiger (p.71)
- B. Feb. 14, 2025, Draft Finance and Audit Minutes – Max Mertz (unavailable)
- Delegation of Spending Authority – **ACTION ITEM** (p.73)

XI.	ADMINISTRATION REPORTS	(p.79)
	A. CEO and Administration Report – Joe Wanner, CEO	(p.80)
	B. Home Health and Hospice Services – Heather Richter, Director	(p.83)
	C. Wildflower Court – Deb Koelsch, WFC Administrator	(p.85)
XII.	BRH FOUNDATION REPORT – Melissa McCormick, Executive Director	(p.86)
XIII.	CBJ LIAISON REPORT – Neil Steininger	
XIV.	PRESIDENT REPORT – Deb Johnston	
XV.	BOARD CALENDAR – March 2025	(p.88)
XVI.	BOARD COMMENTS AND QUESTIONS	
XVII.	EXECUTIVE SESSION	(p.91)
	A. Credentialing Report – Luke Mather, MD	
	B. February 11, 2025, Medical Staff Meeting Minutes – Luke Mather, MD	
	C. Patient Safety Dashboard – Gail Moorehead, CQCO	
XVIII.	ADJOURNMENT	

NEXT MEETING – Tuesday, March 25, 2025, 5:30 p.m.

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

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 January 28, 2025, Board of Directors Meeting
 - b. December 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 to approve the consent agenda as presented.

DRAFT MINUTES – BOARD OF DIRECTORS MEETING

DATE: January 28, 2025

LOCATION: BRH Boardroom and TEAMS Videoconference

- I. **CALL TO ORDER** – 5:31 p.m. by Deborah (Deb) Johnston, Board President
- II. **LAND ACKNOWLEDGEMENT** – Ms. Johnston provided 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: Deb Johnston, **Vice-President:** John Raster, MD, **Secretary:** Hal Geiger, Kenny Solomon-Gross, *Max Mertz*, Lisa Petersen, Brent Tingey, DMD, and Chris Letterman

Absent: Shelly Deering

Also Present: *(Virtual attendees italicized)* Joe Wanner, Kim McDowell, Charles Cave, Chad Brown, Deb Koelsch, Heather Richter, Erin Hardin, Luke Mather, MD, Melissa McCormick, Wade Bryson, Chris Cairns, Jeannette Lacey, Matt Jenkins and Anita Moffitt.
- IV. **APPROVAL OF AGENDA** – MOTION by Mr. Solomon-Gross to approve the agenda as presented. Dr. Raster seconded. There being no objection, MOTION approved.
- V. **PUBLIC PARTICIPATION** – None
- VI. **EXECUTIVE SESSION**
MOTION by Mr. Solomon-Gross that the Board of Directors of Bartlett Regional Hospital recess into executive session to discuss matters which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure:
 - Possible BRH litigation, specifically a discussion of facts and litigation strategies with BRH attorney. (Unnecessary staff and the Medical Chief of Staff may be excused from this portion of the session.)

Mr. Geiger seconded. There being no objection, MOTION approved.

The Board entered executive session at 5:36 p.m. and returned to regular session at 6:54 p.m.

VII. CONSENT AGENDA – MOTION by Mr. Geiger to approve the consent agenda. Mr. Solomon-Gross seconded. There being no objection, MOTION to approve consent agenda consisting of December 19, 2024, Board of Directors (BOD) Meeting Minutes and November 2024 financials approved.

VIII. OLD BUSINESS

Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. Patient days in December: CCU – 97, Med Surg – 440, MHU – 19 with a current census of 6, OB – 77, Nursery 56. The ED saw 971 patients in December. There are 5 patients waiting for placement elsewhere.

Wildflower Court (WFC) Capacity – WFC update provided by Deb Koelsch, WFC Administrator. There are currently 51 residents in WFC and one more admission is expected next week. There are several referrals for long-term care and one for rehab. Things are looking up for staffing, interviews are being held this week.

Action Item: PACS Funding Request – Ms. McDowell reported additional funding is needed for the computer/storage for the Picture Archiving Communications System (PACS) in Diagnostic Imaging (DI). Mr. Cairns provided an overview of information to support the request. Mr. Letterman initiated discussion about how end of life of the rest of the VxBlock is going to be addressed. Options will be presented to the board sometime this spring. The PACS is a full solution good for 5 years so will not be part of the presentation to be made in the spring.

MOTION by Dr. Raster that the Bartlett Regional Hospital Board of Directors approve additional funds, not to exceed \$210,000, for the PACS hardware. Mr. Solomon-Gross seconded. He questioned whether \$210,000 would be enough. Mr. Geiger amended the MOTION to increase the not to exceed amount to \$250,000. Dr. Raster agreed to the amendment. There being no further discussion or objection, MOTION to approve additional funds, not to exceed \$250,000 for the PACS hardware was approved.

IX. NEW BUSINESS

A3 Presentations

Denials Management – Ms. Lacey provided an overview of A3 presentation included in the packet. This A3 is used to optimize and quantify the impact of the claim denial process of the Revenue Cycle Team. Resolved denials have resulted in recovery of \$1.1M since January 2024. Ms. Lacey highlighted reasons for denials. She acknowledged that providers play a key role in helping recoveries by conducting peer-to-peer reviews for medical necessity denials. 25% of all denials were related to payer issues, 75% of those were related to one commercial payer. Ms. Lacey identified members of the Revenue Cycle Team and commended them for all of the hard work they do. She was unable to tell Mr. Bryson how many hours it takes for these recovery efforts. Mr. Mertz initiated discussion about the delay, deny, and defend tactics of the commercial payers and about the KPI percentage rate. Ms. Lacey acknowledged that the A3 process has significantly helped the Revenue Cycle Team.

BRH Strategic Plan Process – In the interest of time, Mr. Wanner requested postponing the presentation of the A3 BRH Strategic Plan Process until the Board Retreat. Ms. Johnston agreed.

Action Item: Delegation of Spending Authority – Ms. Johnston reported no action will be taken on the Delegation of Spending Authority this evening. It will go to the Finance and Audit Committee for discussion before coming back to the board for approval at its February meeting.

X. MEDICAL STAFF REPORT

Chief of Staff, Luke Mather, MD., reported the following from the January 14, 2025, Medical Staff meeting: The medical staff is nearing its final vote on the rewrite of the Medical Staff Bylaws. They made minor changes after the first reading, and he hopes they take a vote at their February or March meeting. Dr. Raster agreed the changes were very minor. There has been no success in appointing a Vice-Chief of Staff yet. Mr. Mertz initiated a discussion about options for compensation for physicians that serve on the Medical Staff Executive Committee (MSEC). Another option under consideration is to hire a part-time Chief Medical Officer (CMO) to take some of the administrative burdens off of the MSEC members. Mr. Wanner and Dr. Raster will discuss options with the MSEC and then try to get consensus from the medical staff.

XI. COMMITTEE MEETING UPDATES

Planning Committee – Mr. Solomon-Gross reported minutes from the January 3rd meeting accurately reflect the conversations of the meeting. We are still waiting for an update on the Certificate of Need (CON) for the Emergency Department (ED) expansion. There will not be a Planning Committee meeting held in February.

Finance and Audit Committee – Mr. Mertz reported minutes from the January 17th meeting accurately reflect the conversations of the meeting. There had been a presentation of the FY24 Financial Audit. Staff are to come to the February committee meeting with responses to the findings. We continue to have good financial results.

Governance Committee – Mr. Geiger reported the following from the January 21, 2025, meeting: Board Bylaws were reviewed. Mr. Geiger made note of the recommended changes made by committee members to incorporate into the bylaws. Ms. Nelson will distribute them to the committee members to review prior to the committee's February 6th meeting. Revisions to the Code of Conduct in the form of an attestation form had been presented to the committee for review and approval. Revised Code of Ethics and Conduct form was approved after additional revisions were made.

Action Item: Code of Ethics and Conduct - MOTION put forward by the Committee that the Board of Directors of Bartlett Regional Hospital approves the proposed changes to the Code of Conduct as presented. Mr. Solomon-Gross questioned whether this is an attestation or policy as presented. This is a policy so the signature lines will be removed. They will be added back in when BOD members are asked to sign an attestation that they understand and agree to the Code of Ethics and Conduct.

Mr. Solomon-Gross amended the MOTION to: I move the Board of Directors of Bartlett Regional Hospital to approve the proposed changes to the Code of Ethics and Conduct with the removal of the signature lines. Dr. Raster seconded. There being no further discussion or objection, MOTION approved.

Quality and Compliance Committee – Dr. Raster reported the annual management plans had been reviewed and approved by the committee at its January 21, 2025, meeting.

Action Item: Patient Safety and Quality Improvement Plan, Infection Prevention Plan, Environment of Care Plan, and Utilization Management Plan: MOTION put forward by the Committee that the Board of Directors of Bartlett Regional Hospital approve the Patient Safety and Quality Improvement Plan, Infection Prevention Plan, Environment of Care Plan and Utilization Management Plan as presented. There being no objection, MOTION approved.

XII. ADMINISTRATION REPORTS

CEO and Administration – Mr. Wanner provided an overview of the CEO and Administration report included in the packet. This report highlights his commitment to ensuring that decisions made are based on the hospital's mission, vision, and values and continuing to put the patient at the center of every matter. He reported that the Virginia Mason master service agreement is currently with Virginia Mason's legal department. He also reported that he spoke with Daniel Phelps from the State of Alaska Department of Health this morning about the CON and was informed that BRH could move ahead with getting the CON on the Assembly's agenda and that BRH would have a written response by the end of the week. The first orthopedic clinic is being held this week and is going very well. All allotted time slots were filled and an additional 6 added. Mr. Wanner will be speaking at the Southeast Conference on February 12th. Mr. Wanner, along with the CEOs from Fairbanks Memorial and Central Peninsula Hospital, will be meeting with Congressman Begich on February 18th to discuss the SOLES Act. Mr. Mertz initiated further discussions about the Virginia Mason agreement, CON, and SOLES Act. Dr. Raster initiated discussion about obtaining a Critical Access designation.

Home Health/Hospice (HHH) – Ms. McDowell reported that there are currently 29 patients receiving Home Health services with 2 pending for tomorrow. There are 4 Hospice patients on service with one admission pending tomorrow. Average length of stay for hospice patients in quarter 3 was 20 days. There has been a fair amount of public outreach about Hospice services.

Wildflower Court (WFC) – Ms. Koelsch reported staffing levels at WFC are adjusted to ensure the best quality of care. We are still working on our long-term care patient ratio and rehab patient ratios. Staff are working incredibly hard.

XIII. BRH FOUNDATION REPORT

Ms. McCormick provided highlights from the BRH Foundation Report included in the packet: The Foundation had their first board meeting on January 21st, Director Mark Tropin resigned last week. She also spoke about the tree lighting ceremony in December, Home Health fundraiser, Blue Heron Gift Shop and coffee shop, Edelman Scholarship disbursements, fundraising efforts for Hospice and the City's Mobile Integrated Healthcare team, and funding requests submitted by departments in the hospital. Ms. McCormick does not currently have an assistant. She will bring one on after she determines the level of support she needs. Mr. Mertz expressed the importance of strengthening relationships with donors.

XIV. CBJ LIAISON REPORT – No report

XV. PRESIDENT REPORT

Ms. Johnston stated a fair amount has happened since she took on the role of Board President. She participated in the onboarding process for our two newest board members. She reported this is the first month of meetings for the newly combined committees (Finance and Audit, and Quality and Compliance). Staff are beginning to work on the budget for FY26. The bylaw

revisions will be presented to the board in February for its first reading. They will come back to the board in March for approval and go before the Assembly in April for approval.

MOTION by Mr. Solomon-Gross to extend the meeting by 30 minutes (to 9:00 p.m.). Mr. Geiger seconded. There being no objection, MOTION approved.

XVI. BOARD CALENDAR

February 2025 calendar reviewed. February 7th Planning Committee meeting was removed. Board of Directors meeting moved to Wednesday, February 19th. No other changes were made.

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.

Mr. Solomon-Gross seconded. There being no objection, MOTION approved.

The Board entered executive session at 8:26 p.m. and returned to regular session at 8:34 p.m.

MOTION by Mr. Geiger to accept the credentialing report as presented. Dr. Raster seconded. There being no objection, MOTION approved.

XVIII. BOARD COMMENTS AND QUESTIONS – None

XIX. ADJOURNMENT – 8:35 p.m.

Next Meeting: 5:30 p.m. Wednesday, February 19th

MEMORANDUM

DATE: February 3, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Charles Cave, Interim Chief Financial Officer
RE: December Financial Performance

Income Statement

December inpatient revenues exceeded the prior month by 6.4%, but were 5.1% below budget. Med/Surg and CCU volumes increased from the prior month by 10.6% and 31.1% respectively. MHU census declined from the prior month by 38.7%. December outpatient revenue increased \$1.22M month-over-month with the largest increases noted in the ER, Imaging Services and Same Day Surgery.

Contractual and bad debt write-offs were 46.9% of gross revenues, below the 13 month average of 47.3%. Uncompensated care was at 5.2% in December compared to the 13 month average of 2.9%. The result was net operating revenue totaling \$11.5M, which exceeded the 12-month rolling average of \$11.4M.

Significant negative variations (from budget) in expenses included Contract Labor, Physician Contracts, and Rentals/Leases. Contract Labor was \$520K over budget due to the ongoing use of contract employees in multiple departments. The Christmas holiday creates some challenges in the area of contract labor, and the budgeted CL for December was lowered substantially. Physician Contracts were \$318K over budget primarily due to Anesthesia not being budgeted. Rentals and Leases were \$26K over budget due to OR rental expenses. Significant positive variances existed in Salaries and Wages, Physician Wages, Employee Benefits, Maintenance and Supplies.

The Net Gain/(Loss) for the Hospital for the month of December was (\$203K), and the rolling 13-month average monthly loss for the hospital is now **(\$247)**.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) increased from the prior month from \$31.9M to \$34.7M. The increase in cash is primarily due to the trending reductions in spending in both SWB and operating expenses. Cash collections in the month totaled \$13.6M, just above the YTD average of \$13.3M.

Net accounts receivable decreased month-over-month to \$29.9M from \$28.4M.

Wildflower Court (WFC)

For the month of December, WFC had \$1.38M of net operating revenues on \$1.60M of gross revenues.

From an expenditure standpoint, Contract labor continues to be a significant driver of costs in December. While costs increased over November, they remain below the YTD average of \$321K. Salaries and Wages continue to exceed budget but are trending with prior months. We continue to anticipate the decline of contract labor in the coming months with the addition of CNA's from the most recent CNA class.

On a bottom-line basis, WFC had net operating income of \$401K. As noted in prior months, this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. 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 DECEMBER 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
Gross Patient Revenue:											
\$5,761,790	\$6,208,989	-\$447,199	-7.2%	\$10,975,608	1. Inpatient Revenue	\$36,191,803	\$38,633,723	-\$2,441,920	-6.3%	\$32,332,461	11.9%
\$1,003,129	\$1,170,663	-\$167,534	-14.3%	-\$4,539,007	2. Inpatient Ancillary Revenue	\$7,000,702	\$7,284,087	-\$283,385	-3.9%	\$6,920,524	1.2%
\$6,764,919	\$7,379,652	-\$614,733	-8.3%	\$6,436,601	3. Total Inpatient Revenue	\$43,192,505	\$45,917,810	-\$2,725,305	-5.9%	\$39,252,985	10.0%
\$14,503,262	\$13,003,454	\$1,499,808	11.5%	\$12,266,492	4. Outpatient Revenue	\$86,762,082	\$80,910,412	\$5,851,670	7.2%	\$74,338,375	16.7%
\$21,268,181	\$20,383,106	\$885,075	4.3%	\$18,703,093	5. Total Patient Revenue - Hospital	\$129,954,587	\$126,828,222	\$3,126,365	2.5%	\$113,591,360	14.4%
\$0	\$337,920	-\$337,920	-100.0%	\$294,581	6. RRC Patient Revenue	\$966,206	\$2,102,634	-\$1,136,428	-54.0%	\$1,894,056	-49.0%
\$143,519	\$256,418	-\$112,899	-44.0%	\$239,714	7. BHOPS Patient Revenue	\$770,456	\$1,595,491	-\$825,035	-51.7%	\$1,431,330	-46.2%
\$1,658,639	\$1,153,367	\$505,272	43.8%	\$1,272,095	8. Physician Revenue	\$10,173,223	\$7,176,506	\$2,996,717	41.8%	\$6,601,603	54.1%
\$23,070,339	\$22,130,811	\$939,528	4.2%	\$20,509,483	9. Total Gross Patient Revenue	\$141,864,472	\$137,702,853	\$4,161,619	3.0%	\$123,518,349	14.9%
Deductions from Revenue:											
\$2,377,839	\$3,933,615	-\$1,555,776	-39.6%	\$2,839,528	10. Inpatient Contractual Allowance	\$17,501,437	\$23,020,495	\$5,519,058	24.0%	\$17,049,189	2.7%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,750,000	-\$1,750,000	\$0		-\$308,333	
\$6,169,628	\$5,798,410	\$371,218	6.4%	\$5,324,224	11. Outpatient Contractual Allowance	\$37,795,239	\$34,416,364	-\$3,378,875	-9.8%	\$31,482,155	20.1%
\$963,503	\$698,287	\$265,216	38.0%	\$538,211	12. Physician Service Contractual Allowance	\$5,808,345	\$4,144,666	-\$1,663,679	-40.1%	\$3,706,560	56.7%
\$5,351	\$572	\$4,779	835.5%	\$591	13. Other Deductions	\$8,132	\$3,394	-\$4,738	-139.6%	\$3,030	0.0%
\$32,762	\$148,751	-\$115,989	-78.0%	\$165,043	14. Charity Care	\$209,228	\$882,909	\$673,681	76.3%	\$777,583	-73.1%
\$1,091,245	\$795,455	\$295,790	37.2%	\$937,678	15. Bad Debt Expense	\$3,626,607	\$4,721,412	\$1,094,805	23.2%	\$4,158,173	-12.8%
\$10,290,328	\$11,025,090	-\$734,762	-6.7%	\$9,496,942	16. Total Deductions from Revenue	\$63,198,988	\$65,439,240	\$2,240,252	3.4%	\$56,868,357	11.1%
39.7%	47.1%			42.4%	% Contractual Allowances / Total Gross Patient Revenue	41.8%	43.4%			42.0%	
4.9%	4.3%			5.4%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	4.1%			4.0%	
44.6%	49.8%			46.3%	% Total Deductions / Total Gross Patient Revenue	44.5%	47.5%			46.0%	
\$12,780,011	\$11,105,721	\$1,674,290	15.1%	\$11,012,541	17. Net Patient Revenue	\$78,665,484	\$72,263,613	\$6,401,871	8.9%	\$66,649,992	18.0%
\$94,277	\$70,438	\$23,839	33.8%	\$76,702	18. Other Operating Revenue	\$582,826	\$418,082	-\$164,744	-39.4%	\$653,472	-10.8%
\$12,874,288	\$11,176,159	\$1,698,129	15.2%	\$11,089,243	19. Total Operating Revenue	\$79,248,310	\$72,681,695	\$6,237,127	8.6%	\$67,303,464	17.7%
Expenses:											
\$5,059,649	\$5,260,720	\$201,071	3.8%	\$5,380,618	20. Salaries & Wages	\$30,174,334	\$31,224,896	\$1,050,562	3.4%	\$30,242,138	-0.2%
\$398,884	\$472,905	\$74,021	15.7%	\$179,268	21. Physician Wages	\$2,049,958	\$2,806,925	\$756,967	27.0%	\$1,606,907	27.6%
\$866,065	\$98,662	-\$767,403	-777.8%	\$882,491	22. Contract Labor	\$3,833,289	\$585,622	-\$3,247,667	-554.6%	\$4,621,968	-17.1%
\$2,361,836	\$2,930,463	-\$568,627	-19.4%	\$2,556,946	23. Employee Benefits	\$14,297,854	\$17,393,776	\$3,095,922	17.8%	\$14,536,859	-1.6%
\$8,686,434	\$8,762,750	\$76,316	0.9%	\$8,999,323		\$50,355,435	\$52,011,219	\$1,655,784	3.2%	\$51,007,872	-1.3%
67.5%	78.4%			81.2%	% Salaries and Benefits / Total Operating Revenue	63.5%	71.6%			75.8%	
\$49,746	\$80,397	\$30,651	38.1%	\$72,525	24. Medical Professional Fees	\$352,859	\$477,195	\$124,336	26.1%	\$413,297	-14.6%
\$527,193	\$209,614	-\$317,579	-151.5%	\$607,132	25. Physician Contracts	\$2,851,199	\$1,244,155	-\$1,607,044	-129.2%	\$2,578,496	10.6%
\$238,270	\$437,748	\$199,478	45.6%	\$251,502	26. Non-Medical Professional Fees	\$1,567,608	\$2,598,253	\$1,030,645	39.7%	\$1,904,198	-17.7%
\$1,131,616	\$1,781,019	\$649,403	36.5%	\$1,282,169	27. Materials & Supplies	\$8,836,153	\$10,571,451	\$1,735,298	16.4%	\$9,271,443	-4.7%
\$169,613	\$200,315	\$30,702	15.3%	\$183,550	28. Utilities	\$1,008,385	\$1,189,022	\$180,637	15.2%	\$1,043,572	-3.4%
\$351,913	\$497,792	\$145,879	29.3%	\$477,168	29. Maintenance & Repairs	\$2,657,146	\$2,954,617	\$297,471	10.1%	\$2,986,284	-11.0%
\$73,218	\$49,077	-\$24,141	-49.2%	\$83,078	30. Rentals & Leases	\$474,440	\$291,283	-\$183,157	-62.9%	\$720,914	-34.2%
\$97,354	\$94,107	-\$3,247	-3.5%	\$71,733	31. Insurance	\$549,257	\$558,569	\$9,312	1.7%	\$455,027	20.7%
\$628,647	\$691,746	\$63,099	9.1%	\$484,431	32. Depreciation & Amortization	\$3,611,334	\$4,105,850	\$494,516	12.0%	\$3,154,368	14.5%
\$84,657	\$85,415	\$758	0.9%	\$84,417	33. Interest Expense	\$509,467	\$506,983	-\$2,484	-0.5%	\$519,148	-1.9%
\$116,648	\$188,230	\$71,582	38.0%	\$166,640	34. Other Operating Expenses	\$841,947	\$1,117,314	\$275,367	24.6%	\$969,360	-13.1%
\$12,155,309	\$13,078,210	\$922,901	7.1%	\$12,763,668	35. Total Expenses	\$73,615,230	\$77,625,911	\$4,010,681	5.2%	\$75,023,979	-1.9%
\$718,979	-\$1,902,051	\$2,621,030	-137.8%	-\$1,674,425	36. Income (Loss) from Operations	\$5,633,080	-\$4,944,216	\$10,577,296	-213.9%	-\$7,720,515	-173.0%
-\$556,201	\$152,876	\$709,077	463.8%	\$928,374	37. Interest Income	\$257,601	\$907,397	\$649,796	71.6%	\$1,284,510	-79.9%
\$34,480	\$27,371	-\$7,109	-26.0%	\$201,616	38. Other Non-Operating Income	\$227,299	\$162,453	-\$64,846	-39.9%	\$1,268,782	-82.1%
-\$521,721	\$180,247	\$701,968	389.4%	\$1,129,990	39. Total Non-Operating Revenue	\$484,900	\$1,069,850	-\$584,950	-54.7%	\$2,553,292	-81.0%
\$197,258	-\$1,721,804	\$1,919,062	-111.5%	-\$544,435	40. Net Income (Loss)	\$6,117,980	-\$3,874,366	\$9,992,346	-257.9%	-\$5,167,223	218.4%
5.58%	-17.02%			-15.10%	Income from Operations Margin	7.11%	-6.80%			-11.47%	
1.53%	-15.41%			-4.91%	Net Income	7.72%	-5.33%			-7.68%	

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF DECEMBER 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
					Gross Patient Revenue:						
\$4,156,876	\$5,033,922	-\$877,046	-17.4%	\$4,222,640	1. Inpatient Revenue	\$26,475,608	\$31,322,200	-\$4,846,592	-15.5%	\$25,579,493	3.5%
\$1,003,129	\$1,170,663	-\$167,534	-14.3%	-\$4,539,007	2. Inpatient Ancillary Revenue	\$7,000,702	\$7,284,087	-\$283,385	-3.9%	\$6,920,524	1.2%
\$5,160,005	\$6,204,585	-\$1,044,580	-16.8%	-\$316,367	3. Total Inpatient Revenue	\$33,476,310	\$38,606,287	-\$5,129,977	-13.3%	\$32,500,017	3.0%
\$14,503,262	\$13,003,454	\$1,499,808	11.5%	\$12,266,492	4. Outpatient Revenue	\$86,762,082	\$80,910,412	\$5,851,670	7.2%	\$74,338,375	16.7%
\$19,663,267	\$19,208,039	\$455,228	2.4%	\$11,950,125	5. Total Patient Revenue - Hospital	\$120,238,392	\$119,516,699	\$721,693	0.6%	\$106,838,392	12.5%
\$0	\$337,920	-\$337,920	-100.0%	\$294,581	6. RRC Patient Revenue	\$966,206	\$2,102,634	-\$1,136,428	-54.0%	\$1,894,056	#REF!
\$143,519	\$256,418	-\$112,899	-44.0%	\$239,714	7. BHOPS Patient Revenue	\$770,456	\$1,595,491	-\$825,035	-51.7%	\$1,431,330	-32.5%
\$1,658,639	\$1,153,367	\$505,272	43.8%	\$1,272,095	8. Physician Revenue	\$10,173,223	\$7,176,506	\$2,996,717	41.8%	\$6,601,603	54.1%
\$21,465,425	\$20,955,744	\$509,681	2.4%	\$13,756,515	9. Total Gross Patient Revenue	\$132,148,277	\$130,391,330	\$1,756,947	1.3%	\$116,765,381	13.2%
					Deductions from Revenue:						
\$2,151,333	\$3,824,266	-\$1,672,933	-43.7%	\$2,839,528	10. Inpatient Contractual Allowance	\$16,029,442	\$22,371,454	-\$6,342,012	-28.3%	\$17,049,189	-6.0%
-\$350,000	-\$350,000	\$0	0.0%	-\$308,333	10a. Rural Demonstration Project	-\$1,750,000	-\$1,750,000	\$0	0.0%	-\$308,333	467.6%
\$6,169,628	\$5,798,410	\$371,218	6.4%	\$5,324,224	11. Outpatient Contractual Allowance	\$37,795,239	\$34,416,364	\$3,378,875	9.8%	\$31,482,155	20.1%
\$963,503	\$698,287	\$265,216	38.0%	\$538,211	12. Physician Service Contractual Allowance	\$5,808,345	\$4,144,666	\$1,663,679	40.1%	\$3,706,560	56.7%
\$5,351	\$572	\$4,779	835.5%	\$591	13. Other Deductions	\$8,132	\$3,394	\$4,738	139.6%	\$3,030	168.4%
\$32,762	\$148,751	-\$115,989	-78.0%	\$165,043	14. Charity Care	\$209,228	\$882,909	-\$673,681	-76.3%	\$777,583	-73.1%
\$1,091,245	\$795,455	\$295,790	37.2%	\$937,678	15. Bad Debt Expense	\$3,626,607	\$4,721,412	-\$1,094,805	-23.2%	\$4,158,173	-12.8%
\$10,063,822	\$10,915,741	-\$851,919	-7.8%	\$9,496,942	16. Total Deductions from Revenue	\$61,726,993	\$64,790,199	-\$3,063,206	-4.7%	\$56,868,357	8.5%
43.3%	21.6%			63.3%	% Contractual Allowances / Total Gross Patient Revenue	43.8%	45.4%			44.5%	
5.2%	4.5%			8.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.9%	4.3%			4.2%	
46.9%	52.1%			69.0%	% Total Deductions / Total Gross Patient Revenue	46.7%	49.7%			48.7%	
\$11,401,603	\$10,040,003	-\$342,238	-3.4%	\$4,259,573	17. Net Patient Revenue	\$70,421,284	\$65,601,131	-\$1,306,259	-2.0%	\$59,897,024	17.6%
\$94,277	\$70,438	\$23,839	33.8%	\$76,702	18. Other Operating Revenue	\$582,826	\$418,082	-\$1,597	-0.4%	\$653,472	-10.8%
\$11,495,880	\$10,110,441	\$1,385,439	13.7%	\$4,336,275	19. Total Operating Revenue	\$71,004,110	\$66,019,213	-\$1,307,856	-2.0%	\$60,550,496	17.3%
					Expenses:						
\$4,614,096	\$4,950,668	\$336,572	6.8%	\$3,600,357	20. Salaries & Wages	\$27,603,894	\$29,384,597	\$1,780,703	6.1%	\$28,461,877	-3.0%
\$398,884	\$472,905	\$74,021	15.7%	\$179,268	21. Physician Wages	\$2,049,958	\$2,806,925	\$756,967	27.0%	\$1,606,907	27.6%
\$619,305	\$98,662	-\$520,643	-527.7%	-\$1,261,844	22. Contract Labor	\$2,388,755	\$585,622	-\$1,803,133	-307.9%	\$2,477,633	-3.6%
\$2,167,625	\$2,753,071	\$585,446	21.3%	\$1,871,948	23. Employee Benefits	\$13,188,636	\$16,340,864	\$3,152,228	19.3%	\$13,851,861	-4.8%
\$7,799,910	\$8,275,306	\$475,396	5.7%	\$4,389,729		\$45,231,243	\$49,118,008	\$3,886,765	7.9%	\$46,398,278	-2.5%
67.8%	81.8%			101.2%	% Salaries and Benefits / Total Operating Revenue	63.7%	74.4%			76.6%	
\$49,746	\$80,397	\$30,651	38.1%	\$72,525	24. Medical Professional Fees	\$352,859	\$477,195	\$124,336	26.1%	\$413,297	-14.6%
\$521,443	\$203,753	-\$317,690	-155.9%	\$578,382	25. Physician Contracts	\$2,816,699	\$1,209,371	-\$1,607,328	-132.9%	\$2,549,746	10.5%
\$237,029	\$336,850	\$99,821	29.6%	\$222,411	26. Non-Medical Professional Fees	\$1,511,018	\$1,999,371	\$488,353	24.4%	\$1,875,107	-19.4%
\$1,062,212	\$1,700,588	\$638,376	37.5%	\$1,016,711	27. Materials & Supplies	\$8,480,800	\$10,094,059	\$1,613,259	16.0%	\$9,005,985	-5.8%
\$163,453	\$176,415	\$12,962	7.3%	\$102,793	28. Utilities	\$899,273	\$1,047,165	\$147,892	14.1%	\$962,815	-6.6%
\$344,408	\$482,930	\$138,522	28.7%	\$431,709	29. Maintenance & Repairs	\$2,570,972	\$2,866,398	\$295,426	10.3%	\$2,940,825	-12.6%
\$72,661	\$46,953	-\$25,708	-54.8%	\$81,008	30. Rentals & Leases	\$471,114	\$278,680	-\$192,434	-69.1%	\$718,844	-34.5%
\$97,354	\$94,107	-\$3,247	-3.5%	\$71,733	31. Insurance	\$549,257	\$558,569	\$9,312	1.7%	\$455,027	20.7%
\$628,647	\$675,369	\$46,722	6.9%	\$484,431	32. Depreciation & Amortization	\$3,611,334	\$4,008,640	\$397,306	9.9%	\$3,154,368	14.5%
\$84,657	\$85,415	\$758	0.9%	\$84,417	33. Interest Expense	\$509,467	\$506,983	-\$2,484	-0.5%	\$519,148	-1.9%
\$116,103	\$182,777	\$66,674	36.5%	\$161,908	34. Other Operating Expenses	\$825,869	\$1,084,950	\$259,081	23.9%	\$964,628	-14.4%
\$11,177,623	\$12,340,860	\$1,163,237	9.4%	\$7,697,757	35. Total Expenses	\$67,829,905	\$73,249,389	\$5,419,484	7.4%	\$69,958,068	-3.0%
\$318,257	-\$2,230,419	\$2,548,676	-114.3%	-\$3,361,482	36. Income (Loss) from Operations	\$3,174,205	-\$7,230,176	\$10,404,381	-143.9%	-\$9,407,572	-133.7%
-\$556,201	\$152,876	\$56,127	36.7%	\$928,374	37. Interest Income	\$257,601	\$907,397	\$205,637	22.7%	\$1,284,510	-79.9%
\$34,480	\$27,371	\$15,403	56.3%	\$201,616	38. Other Non-Operating Income	\$227,299	\$162,453	\$31,760	19.6%	\$1,268,782	-82.1%
-\$521,721	\$180,247	\$71,530	39.7%	\$1,129,990	39. Total Non-Operating Revenue	\$484,900	\$1,069,850	-\$584,950	-54.7%	\$2,553,292	-81.0%
-\$203,464	-\$2,050,172	\$1,846,708	-90.1%	-\$2,231,492	40. Net Income (Loss)	\$3,659,105	-\$6,160,326	\$9,819,431	-159.4%	-\$6,854,280	153.4%

WILDFLOWER COURT
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF DECEMBER 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
\$1,604,914	\$1,175,067	\$429,847	0.0%	\$6,752,968	1. Gross Patient Revenue:	\$9,716,195	\$7,311,523	\$2,404,672	32.9%	\$6,752,968	43.9%
\$0	\$0	\$0		\$0	2. Inpatient Revenue	\$0	\$0	\$0		\$0	
\$1,604,914	\$1,175,067	\$429,847	36.6%	\$6,752,968	3. Inpatient Ancillary Revenue	\$9,716,195	\$7,311,523	\$2,404,672	32.9%	\$6,752,968	43.9%
\$0	\$0	\$0		\$0	4. Total Inpatient Revenue	\$0	\$0	\$0	#DIV/0!	\$0	
\$1,604,914	\$1,175,067	\$429,847	36.6%	\$6,752,968	5. Outpatient Revenue	\$9,716,195	\$7,311,523	\$2,404,672	32.9%	\$6,752,968	43.9%
\$1,604,914	\$1,175,067	\$429,847	36.6%	\$6,752,968	9. Total Patient Revenue - WFC	\$9,716,195	\$7,311,523	\$2,404,672	32.9%	\$6,752,968	43.9%
\$1,604,914	\$1,175,067	\$429,847	36.6%	\$6,752,968	9. Total Gross Patient Revenue	\$9,716,195	\$7,311,523	\$2,404,672	32.9%	\$6,752,968	43.9%
\$226,506	\$109,349	\$117,157	107.1%	\$0	Deductions from Revenue:	\$1,471,995	\$649,041	-\$822,954	-126.8%	\$0	
\$0	\$0	\$0		\$0	10. Inpatient Contractual Allowance	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	10a. Rural Demonstration Project	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	13. Other Deductions	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	14. Charity Care	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	15. Bad Debt Expense	\$0	\$0	\$0		\$0	
\$226,506	\$109,349	\$117,157	107.1%	\$0	16. Total Deductions from Revenue	\$1,471,995	\$649,041	-\$822,954	-126.8%	\$0	
14.1%	9.3%			0.0%	% Contractual Allowances / Total Gross Patient Revenue		8.9%			0.0%	
0.0%	0.0%			0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%				
14.1%	9.3%			0.0%	% Total Deductions / Total Gross Patient Revenue	15.1%	8.9%			0.0%	
\$1,378,408	\$1,065,718	\$312,690	29.3%	\$6,752,968	17. Net Patient Revenue	\$8,244,200	\$6,662,482	-\$4,092,042	-61.4%	\$6,752,968	-61.9%
\$0	\$0	\$0		\$0	18. Other Operating Revenue	\$0	\$0	\$0		\$0	
\$1,378,408	\$1,065,718	\$312,690	29.3%	\$6,752,968	19. Total Operating Revenue	\$8,244,200	\$6,662,482	-\$4,092,042	-61.4%	\$6,752,968	22.1%
\$445,553	\$310,052	-\$135,501	-43.7%	\$1,780,261	20. Expenses:	\$2,570,440	\$1,840,299	-\$730,141	-39.7%	\$1,780,261	
\$0	\$0	\$0		\$0	21. Salaries & Wages	\$0	\$0	\$0		\$0	
\$246,760	\$0	-\$246,760		\$2,144,335	22. Physician Wages	\$1,444,534	\$0	-\$1,444,534		\$2,144,335	-32.6%
\$194,211	\$177,392	-\$16,819	-9.5%	\$684,998	23. Contract Labor	\$1,109,218	\$1,052,912	-\$56,306	-5.3%	\$684,998	61.9%
\$886,524	\$487,444	-\$399,080	-81.9%	\$4,609,594	23. Employee Benefits	\$5,124,192	\$2,893,211	-\$2,230,981	-77.1%	\$4,609,594	11.2%
64.3%	45.7%			68.3%	% Salaries and Benefits / Total Operating Revenue	62.2%	43.4%			68.3%	
\$0	\$0	\$0		\$0	24. Medical Professional Fees	\$0	\$0	\$0		\$0	
\$5,750	\$5,861	\$111	1.9%	\$28,750	25. Physician Contracts	\$34,500	\$34,784	\$284	0.8%	\$28,750	20.0%
\$1,241	\$100,898	\$99,657	98.8%	\$29,091	26. Non-Medical Professional Fees	\$56,590	\$598,882	\$542,292	90.6%	\$29,091	94.5%
\$69,404	\$80,431	\$11,027	13.7%	\$265,458	27. Materials & Supplies	\$355,353	\$477,392	\$122,039	25.6%	\$265,458	33.9%
\$6,160	\$23,900	\$17,740	74.2%	\$80,757	28. Utilities	\$109,112	\$141,857	\$32,745	23.1%	\$80,757	35.1%
\$7,505	\$14,862	\$7,357	49.5%	\$45,459	29. Maintenance & Repairs	\$86,174	\$88,219	\$2,045	2.3%	\$45,459	89.6%
\$557	\$2,124	\$1,567	73.8%	\$2,070	30. Rentals & Leases	\$3,326	\$12,603	\$9,277	73.6%	\$2,070	60.7%
\$0	\$0	\$0		\$0	31. Insurance	\$0	\$0	\$0		\$0	
\$0	\$16,377	\$16,377	100.0%	\$0	32. Depreciation & Amortization	\$0	\$97,210	\$97,210	100.0%	\$0	
\$0	\$0	\$0		\$0	33. Interest Expense	\$0	\$0	\$0		\$0	
\$545	\$5,453	\$4,908	90.0%	\$4,732	34. Other Operating Expenses	\$16,078	\$32,364	\$16,286	50.3%	\$4,732	239.8%
\$977,686	\$737,350	-\$240,336	-32.6%	\$5,065,911	35. Total Expenses	\$5,785,325	\$4,376,522	-\$1,408,803	-32.2%	\$5,065,911	14.2%
\$400,722	\$328,368	\$72,354	22.0%	\$1,687,057	36. Income (Loss) from Operations	\$2,458,875	\$2,285,960	\$172,915	7.6%	\$1,687,057	45.7%
\$0	\$0	\$0		\$0	37. Non-Operating Revenue	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	38. Interest Income	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	38. Other Non-Operating Income	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0		\$0	
\$400,722	\$328,368	\$72,354	22.0%	\$1,687,057	40. Net Income (Loss)	\$2,458,875	\$2,285,960	\$172,915	7.6%	\$1,687,057	-45.7%

BARTLETT REGIONAL HOSPITAL AND WFC
Selected Ratios
For the Month and Year To Date of December 2024

	Moody's Not-for-profit Healthcare Medians	Desired Position	Dec-24	Sep-24	Jun-24	Mar-24
Liquidity Ratios						
Current ratio	2.00	Above	3.71	3.39	3.32	3.11
Days in accounts receivable	48.2	Below	63.30	64.38	71.9	83.8
Days in accounts payable	62.8	Below	27.47	44.08	32.46	29.21
Days cash on hand*	167.9	Above	114.8	100.2	84.4	77
Profitability Ratios						
Operating margin	2.7%	Above	7.1%	8.8%	-7.3%	-10.3%
Excess margin	5.6%	Above	7.7%	10.9%	-4.2%	-7.0%
EBIDA margin*	7.2%	Above	12.9%	8.7%		
Activity Ratios						
Average age of Plant	11.2	Below	19.99	19.7	15.84	18.19
Capital Structure Ratios						
Total debt-to-capitalization	34.9%	Below	53.8%	55.2%	60.6%	61.2%
Total debt-to-total operating revenue	34.6%	Below	58.4%	58.2%	70.0%	72.9%

* Benchmark is BBB rated companies

BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD DECEMBER 23 THRU DECEMBER 24

	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,222,640	\$4,465,612	\$4,354,946	\$4,256,841	\$3,813,391	\$4,543,445	\$4,796,565	\$5,218,823	\$4,744,639	\$4,219,370	\$4,244,902	\$3,890,999	\$4,156,876
2. Inpatient Ancillary Revenue	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129
3. Total Inpatient Revenue	\$5,226,858	\$5,736,801	\$5,292,449	\$5,236,400	\$4,892,391	\$5,786,787	\$5,995,858	\$6,543,620	\$6,080,446	\$5,389,941	\$5,416,200	\$4,886,099	\$5,160,005
4. Outpatient Revenue	\$12,266,492	\$11,555,507	\$12,705,864	\$13,064,453	\$13,626,429	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262
5. Total Patient Revenue - Hospital	\$17,493,350	\$17,292,308	\$17,998,313	\$18,300,853	\$18,518,820	\$21,512,798	\$19,449,203	\$22,105,435	\$21,269,367	\$19,859,670	\$19,053,652	\$18,166,113	\$19,663,267
6. RRC Patient Revenue	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519
8. Physician Revenue	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639
9. Total Gross Patient Revenue	\$19,109,740	\$19,316,415	\$20,374,751	\$20,294,892	\$20,754,977	\$23,944,890	\$21,336,653	\$24,315,130	\$23,868,413	\$21,661,149	\$20,969,436	\$19,747,836	\$21,465,425
								57.5%	47.0%	52.2%	27.3%	31.9%	34.9%
								44.2%	42.6%	42.5%	45.7%	43.5%	42.5%
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,805,127	\$3,437,685	\$2,904,313	\$2,392,963	\$3,714,725	\$4,185,572	\$2,420,010	\$4,114,486	\$3,209,953	\$3,165,212	\$1,829,415	\$1,909,043	\$2,151,333
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	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,921	\$6,228,575	\$5,775,864	\$6,169,628
12. Physician Service Contractual Allowance	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503
13. Other Deductions	\$591	\$1,181	\$591	\$591	\$591	\$3,621	\$2,362	\$0	\$2,780	\$0	\$0	\$0	\$5,351
14. Charity Care	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762
15. Bad Debt Expense	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245
16. Total Deductions from Revenue	\$9,420,874	\$9,487,884	\$9,763,403	\$9,243,740	\$10,830,418	\$11,204,359	\$9,520,919	\$11,995,202	\$11,032,862	\$10,155,597	\$9,286,041	\$9,072,577	\$10,063,822
% Contractual Allowances / Total Gross Patient Revenue	43.5%	45.8%	43.2%	43.8%	49.8%	48.3%	40.5%	47.6%	44.0%	45.1%	41.8%	41.5%	41.6%
% Bad Debt & Charity Care / Total Gross Patient Revenue	5.8%	3.3%	4.8%	1.7%	2.4%	-1.5%	4.1%	1.7%	2.2%	1.7%	2.5%	4.4%	5.2%
% Total Deductions / Total Gross Patient Revenue	49.3%	49.1%	47.9%	45.5%	52.2%	46.8%	44.6%	49.3%	46.2%	46.9%	44.3%	45.9%	46.9%
17. Net Patient Revenue	\$9,688,866	\$9,828,531	\$10,611,348	\$11,051,152	\$9,924,559	\$12,740,531	\$11,815,734	\$12,319,928	\$12,835,551	\$11,505,552	\$11,683,395	\$10,675,259	\$11,401,603
18. Other Operating Revenue	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277
19. Total Operating Revenue	\$9,765,568	\$9,931,516	\$10,664,210	\$11,235,136	\$10,381,198	\$12,913,966	\$12,204,610	\$12,379,517	\$12,915,243	\$11,677,499	\$11,744,027	\$10,791,949	\$11,495,880
Expenses:													
20. Salaries & Wages	\$5,040,712	\$4,633,447	\$4,715,635	\$4,823,090	\$4,707,207	\$4,793,346	\$4,863,164	\$4,730,962	\$4,717,797	\$4,608,194	\$4,526,457	\$4,406,389	\$4,614,096
21. Physician Wages	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884
22. Contract Labor	\$507,401	\$428,819	\$402,520	\$414,246	\$558,063	\$429,230	\$525,507	\$419,547	\$284,223	\$294,464	\$379,865	\$391,351	\$619,305
23. Employee Benefits	\$2,409,083	\$2,422,623	\$2,260,625	\$2,448,007	\$2,334,173	\$2,035,879	\$2,255,591	\$2,294,578	\$2,241,316	\$2,169,433	\$2,197,997	\$2,117,687	\$2,167,625
	\$8,136,464	\$7,820,595	\$7,684,684	\$7,980,802	\$7,901,669	\$7,551,419	\$7,967,106	\$7,786,450	\$7,584,136	\$7,395,519	\$7,455,563	\$7,209,666	\$7,799,910
% Salaries and Benefits / Total Operating Revenue	83.3%	78.7%	72.1%	71.0%	76.1%	58.5%	65.3%	62.9%	58.7%	63.3%	63.5%	66.8%	67.8%
24. Medical Professional Fees	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746
25. Physician Contracts	\$601,382	\$591,140	\$605,990	\$582,082	\$507,880	\$520,239	\$497,708	\$429,515	\$541,320	\$518,257	\$411,440	\$394,724	\$521,443
26. Non-Medical Professional Fees	\$249,856	\$133,982	\$207,752	\$494,795	\$259,394	\$313,728	\$261,314	\$233,845	\$224,093	\$317,339	\$262,408	\$236,303	\$237,029
27. Materials & Supplies	\$1,222,074	\$1,345,411	\$1,461,026	\$1,342,442	\$1,702,324	\$1,729,310	\$784,458	\$1,765,156	\$1,334,258	\$1,538,569	\$1,660,276	\$1,120,330	\$1,062,212
28. Utilities	\$169,900	\$132,615	\$201,033	\$164,539	\$158,681	\$138,135	\$133,312	\$103,530	\$120,465	\$149,115	\$188,979	\$173,731	\$163,453
29. Maintenance & Repairs	\$469,640	\$453,927	\$417,718	\$532,531	\$436,949	\$502,413	\$347,520	\$475,078	\$467,003	\$428,228	\$490,303	\$365,951	\$344,408
30. Rentals & Leases	\$82,769	\$257,278	\$128,484	\$167,234	\$73,466	\$75,161	\$79,537	\$77,532	\$85,085	\$81,433	\$85,990	\$68,413	\$72,661
31. Insurance	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354
32. Depreciation & Amortization	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$575,622	\$600,810	\$591,616	\$584,994	\$628,647
33. Interest Expense	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657
34. Other Operating Expenses	\$164,583	-\$187,251	\$264,894	\$146,770	\$106,736	\$162,825	\$155,609	\$133,081	\$137,302	\$107,193	\$162,467	\$169,722	\$116,103
35. Total Expenses	\$11,809,774	\$11,536,514	\$11,800,927	\$12,166,975	\$11,895,094	\$11,762,566	\$12,241,483	\$11,812,027	\$11,327,704	\$11,364,719	\$11,534,561	\$10,561,338	\$11,177,623
36. Income (Loss) from Operations	-\$2,044,206	-\$1,604,998	-\$1,136,717	-\$931,839	-\$1,513,896	\$1,151,400	-\$36,873	\$567,490	\$1,587,539	\$312,780	\$209,466	\$230,611	\$318,257
Non-Operating Revenue													
37. Interest Income	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201
38. Other Non-Operating Income	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025	\$33,570	\$34,480
39. Total Non-Operating Revenue	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721
40. Net Income (Loss)	-\$914,216	-\$1,233,235	-\$960,690	-\$661,599	-\$1,336,343	\$1,359,709	\$604,786	\$913,604	\$1,839,314	\$576,349	\$152,393	\$432,849	-\$203,464

BARTLETT REGIONAL HOSPITAL - CONSOLIDATED
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD DECEMBER 23 THRU DECEMBER 24

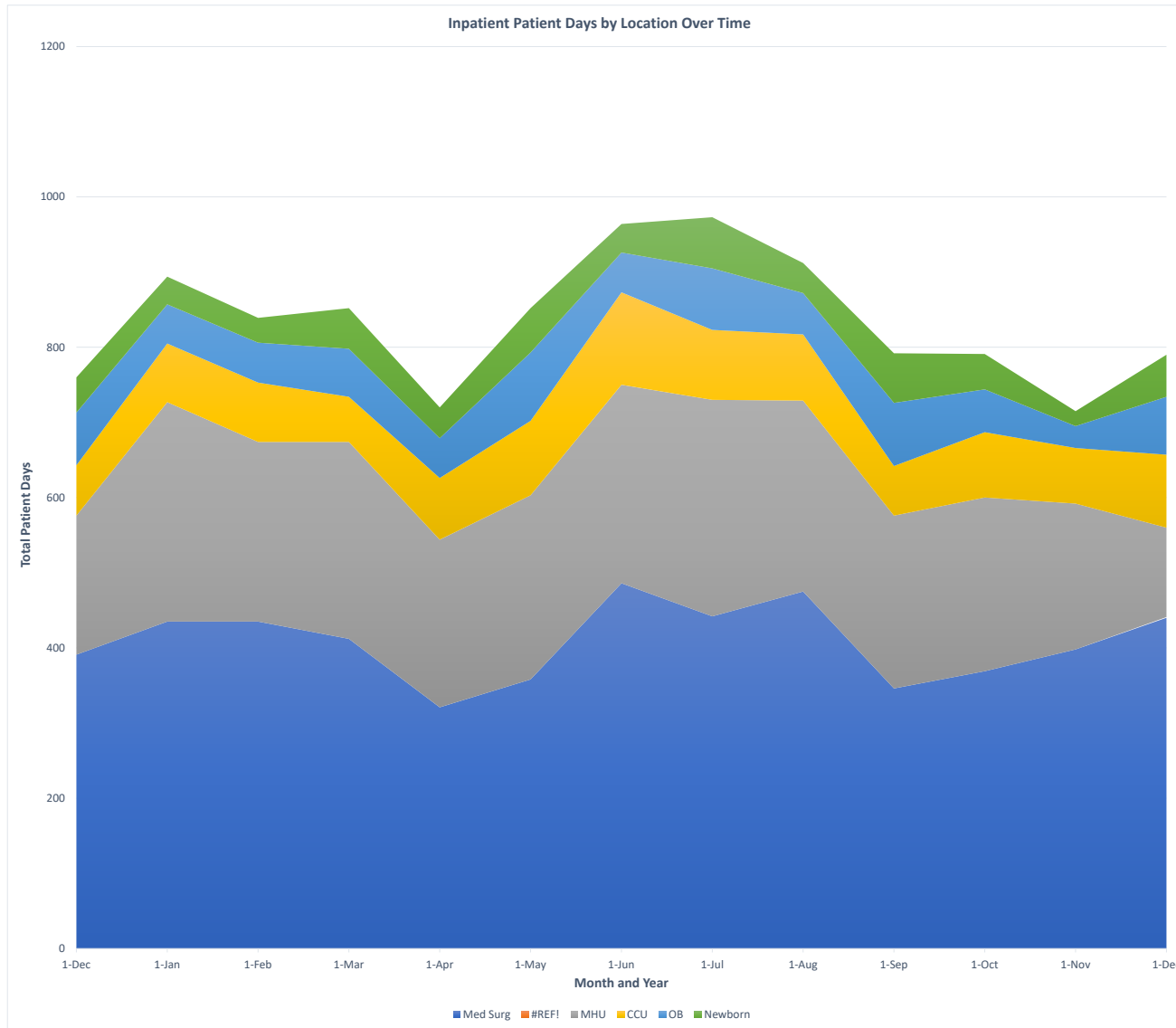
	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24
Gross Patient Revenue:													
1. Inpatient Revenue	\$5,432,383	\$5,629,347	\$5,583,132	\$5,553,958	\$4,999,206	\$5,752,616	\$6,137,670	\$6,800,207	\$6,333,852	\$5,781,389	\$5,835,839	\$5,442,089	\$5,761,789
2. Inpatient Ancillary Revenue	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129
3. Total Inpatient Revenue	\$6,436,601	\$6,900,536	\$6,520,635	\$6,533,517	\$6,078,206	\$6,995,958	\$7,336,963	\$8,125,004	\$7,669,659	\$6,951,960	\$7,007,137	\$6,437,189	\$6,764,918
4. Outpatient Revenue	\$12,266,492	\$11,586,964	\$12,705,864	\$13,064,453	\$13,646,771	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262
5. Total Patient Revenue - Hospital	\$18,703,093	\$18,487,500	\$19,226,499	\$19,597,970	\$19,724,977	\$22,721,969	\$20,790,308	\$23,686,819	\$22,858,580	\$21,421,689	\$20,644,589	\$19,717,203	\$21,268,180
6. RRC Patient Revenue	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519
8. Physician Revenue	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639
9. Total Gross Patient Revenue	\$20,319,483	\$20,511,607	\$21,602,937	\$21,592,009	\$21,961,134	\$25,154,061	\$22,677,758	\$25,896,514	\$25,457,626	\$23,223,168	\$22,560,373	\$21,298,926	\$23,070,338
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,881,195	\$3,437,685	\$3,011,800	\$2,498,340	\$3,797,850	\$4,294,069	\$2,682,210	\$4,396,957	\$3,444,841	\$3,407,027	\$2,077,696	\$2,147,078	\$2,377,839
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	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,922	\$6,228,575	\$5,775,864	\$6,169,628
12. Physician Service Contractual Allowance	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503
13. Other Deductions	\$591	\$1,181	\$591	\$591	\$591	\$3,621	\$2,362	\$0	\$2,780	\$0	\$0	\$0	\$5,351
14. Charity Care	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762
15. Bad Debt Expense	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245
16. Total Deductions from Revenue	\$9,496,942	\$9,487,884	\$9,870,890	\$9,349,117	\$10,913,543	\$11,312,856	\$9,783,119	\$12,277,673	\$11,267,750	\$10,397,413	\$9,534,322	\$9,310,612	\$10,290,328
% Contractual Allowances / Total Gross Patient	43.5%	45.8%	43.2%	41.7%	47.4%	46.4%	39.2%	45.8%	42.2%	43.1%	40.0%	39.6%	39.7%
% Bad Debt & Charity Care / Total Gross Patient	5.8%	3.3%	4.8%	1.6%	2.3%	-1.4%	3.9%	1.6%	2.0%	1.6%	2.3%	4.1%	4.9%
% Total Deductions / Total Gross Patient Revenue	49.3%	49.1%	47.9%	43.3%	49.7%	45.0%	43.1%	47.4%	44.3%	44.8%	42.3%	43.7%	44.6%
17. Net Patient Revenue	\$10,822,541	\$11,023,723	\$11,732,047	\$12,242,892	\$11,047,591	\$13,841,205	\$12,894,639	\$13,618,841	\$14,189,876	\$12,825,755	\$13,026,051	\$11,988,314	\$12,780,010
18. Other Operating Revenue	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277
19. Total Operating Revenue	\$10,899,243	\$11,126,708	\$11,784,909	\$12,426,876	\$11,504,230	\$14,014,640	\$13,283,515	\$13,678,430	\$14,269,568	\$12,997,702	\$13,086,683	\$12,105,004	\$12,874,287
Expenses:													
20. Salaries & Wages	\$5,380,618	\$4,956,687	\$5,007,794	\$5,167,577	\$5,083,594	\$5,175,037	\$5,182,118	\$5,135,073	\$5,099,406	\$5,044,753	\$4,973,800	\$4,861,654	\$5,059,649
21. Physician Wages	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884
22. Contract Labor	\$882,491	\$953,207	\$584,442	\$721,027	\$834,649	\$715,971	\$712,586	\$630,817	\$588,960	\$558,510	\$634,255	\$554,682	\$866,065
23. Employee Benefits	\$2,556,946	\$2,572,510	\$2,392,671	\$2,593,285	\$2,485,652	\$2,193,917	\$2,414,946	\$2,456,644	\$2,412,833	\$2,344,551	\$2,405,564	\$2,316,425	\$2,361,836
	\$8,999,323	\$8,818,110	\$8,290,811	\$8,777,348	\$8,706,121	\$8,377,889	\$8,632,494	\$8,563,897	\$8,441,999	\$8,271,242	\$8,364,863	\$8,027,000	\$8,686,434
% Salaries and Benefits / Total Operating Revenue	83.3%	78.7%	72.1%	70.6%	75.7%	59.8%	65.0%	62.6%	59.2%	63.6%	63.9%	66.3%	67.5%
24. Medical Professional Fees	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746
25. Physician Contracts	\$607,132	\$596,890	\$600,240	\$599,332	\$513,630	\$525,989	\$503,458	\$435,265	\$547,070	\$524,007	\$417,190	\$400,474	\$527,193
26. Non-Medical Professional Fees	\$251,501	\$141,486	\$212,740	\$499,775	\$260,102	\$319,275	\$264,856	\$242,874	\$236,089	\$325,008	\$280,330	\$245,038	\$238,269
27. Materials & Supplies	\$1,282,168	\$1,396,049	\$1,508,410	\$1,390,792	\$1,818,465	\$1,773,481	\$826,116	\$1,797,463	\$1,408,355	\$1,578,034	\$1,751,543	\$1,169,143	\$1,131,616
28. Utilities	\$183,551	\$140,236	\$208,387	\$186,865	\$177,787	\$156,513	\$155,446	\$105,506	\$134,771	\$158,747	\$198,018	\$241,730	\$169,613
29. Maintenance & Repairs	\$477,169	\$459,043	\$431,688	\$538,299	\$434,470	\$514,501	\$348,181	\$502,568	\$476,871	\$440,825	\$509,256	\$375,714	\$351,913
30. Rentals & Leases	\$83,078	\$257,586	\$129,319	\$167,543	\$73,466	\$75,161	\$79,537	\$77,872	\$86,495	\$81,773	\$86,330	\$68,753	\$73,218
31. Insurance	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354
32. Depreciation & Amortization	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$627,553	\$600,810	\$591,616	\$584,994	\$628,647
33. Interest Expense	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657
34. Other Operating Expenses	\$166,640	-\$186,237	\$266,797	\$148,365	\$111,076	\$183,277	\$157,408	\$135,919	\$144,158	\$108,029	\$165,343	\$171,850	\$116,648
35. Total Expenses	\$12,763,668	\$12,611,980	\$12,477,738	\$13,064,099	\$12,843,112	\$12,695,422	\$12,982,415	\$12,669,204	\$12,361,781	\$12,316,731	\$12,590,008	\$11,522,200	\$12,155,308
36. Income (Loss) from Operations	-\$1,864,425	-\$1,485,272	-\$692,829	-\$637,223	-\$1,338,882	\$1,319,218	\$301,100	\$1,009,226	\$1,907,787	\$680,971	\$496,675	\$582,804	\$718,979
Non-Operating Revenue													
37. Interest Income	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201
38. Other Non-Operating Income	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025	\$33,570	\$34,480
39. Total Non-Operating Revenue	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721
40. Net Income (Loss)	-\$734,435	-\$1,113,509	-\$516,802	-\$366,983	-\$1,161,329	\$1,527,527	\$942,759	\$1,355,340	\$2,159,562	\$944,540	\$439,602	\$785,042	\$197,258

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
December 31, 2024

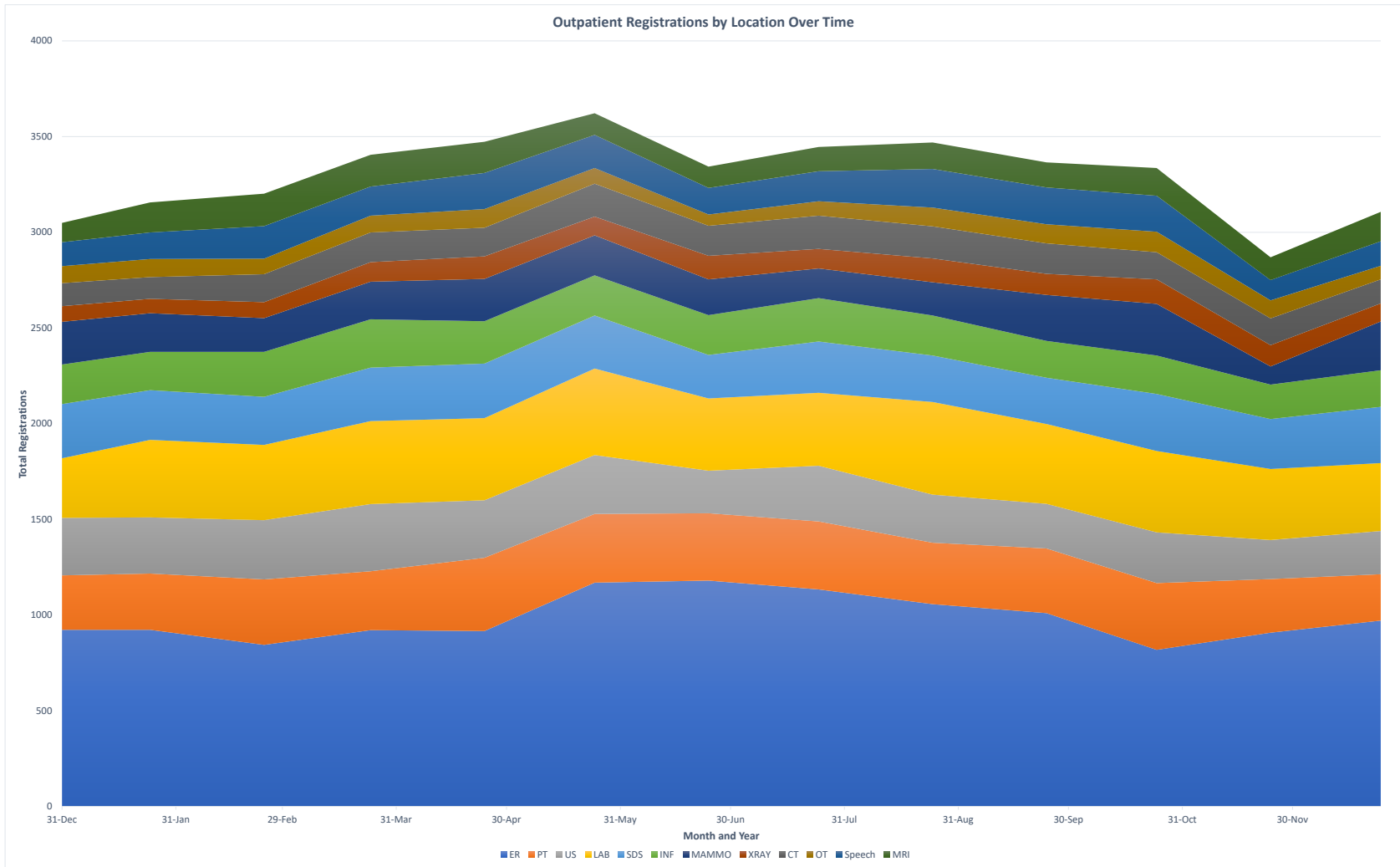
	<u>December-24</u>	<u>November-24</u>	<u>December-23</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	18,197,194	14,582,659	9,873,644	8,323,550
2. Board designated cash	16,488,365	17,303,448	18,625,341	(2,136,976)
3. Patient accounts receivable, net	28,387,944	29,878,021	30,513,593	(2,125,649)
4. Other receivables	1,326,477	1,866,592	1,459,238	(132,761)
5. Inventories	4,875,673	4,341,305	4,304,163	571,510
6. Prepaid Expenses	3,143,557	3,598,515	3,579,646	(436,089)
7. Other assets	2,306,258	2,325,556	3,293,346	(987,088)
8. Total current assets	74,725,468	73,896,096	71,648,971	3,076,497
Appropriated Cash:				
9. CIP Appropriated Funding	8,987,334	8,987,334	11,127,357	(2,140,023)
Property, plant & equipment				
10. Land, bldgs & equipment	205,146,377	203,837,770	174,270,631	30,875,746
11. Construction in progress	13,215,359	14,352,417	37,075,935	(23,860,576)
12. Total property & equipment	218,361,736	218,190,187	211,346,567	7,015,169
13. Less: accumulated depreciation	(143,208,663)	(142,599,313)	(135,020,421)	(8,188,242)
14. Net property and equipment	75,153,073	75,590,874	76,326,146	(1,173,073)
15. Deferred outflows/Contribution to Pension Plan	11,855,390	11,855,390	11,862,711	(7,321)
16. Total assets	170,721,265	170,329,694	170,965,185	(243,920)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	3,999,447	3,416,737	4,365,341	(365,894)
18. Accrued employee benefits	4,862,610	4,848,424	4,766,998	95,612
19. Accounts payable and accrued expenses	5,244,734	4,370,944	6,410,849	(1,166,115)
20. Due to 3rd party payors	1,156,602	1,156,602	1,394,450	(237,848)
21. Deferred revenue	33,209	33,209	1,024,000	(990,791)
22. Interest payable	168,428	609,247	209,890	(41,462)
23. Note payable - current portion	2,116,350	2,086,350	2,070,347	46,003
24. Other payables	2,556,864	2,556,095	3,409,129	(852,265)
25. Total current liabilities	20,138,244	19,077,608	23,651,004	(3,512,760)
Long-term Liabilities:				
26. Bonds payable	30,085,000	30,930,000	31,960,000	(1,875,000)
27. Bonds payable - premium/discount	1,812,260	1,833,575	2,038,766	(226,506)
28. Net Pension Liability	38,061,021	38,061,021	43,294,439	(5,233,418)
29. Deferred In-Flows	1,758,258	1,758,258	2,763,011	(1,004,753)
30. Total long-term liabilities	71,716,539	72,582,854	80,056,216	(8,339,677)
31. Total liabilities	91,854,783	91,660,462	103,707,220	(11,852,437)
32. Fund Balance	78,866,482	78,669,232	67,257,967	11,608,515
33. Total liabilities and fund balance	170,721,265	170,329,694	170,965,185	(243,920)

BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD DECEMBER 23 THRU DECEMBER 24

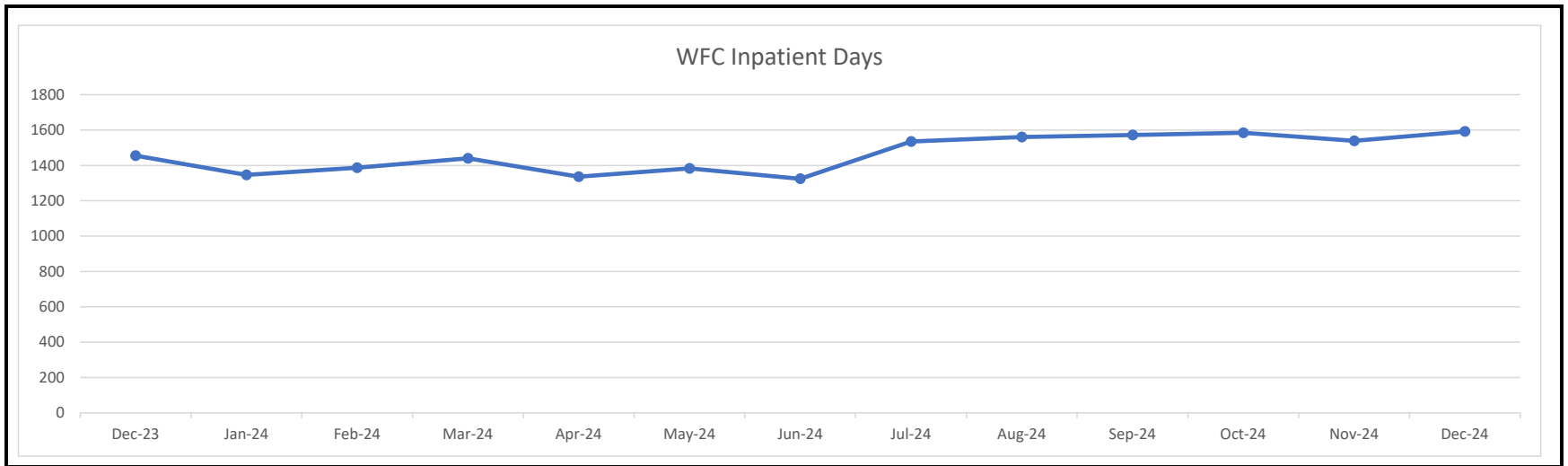
	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24
ASSETS													
Current Assets:													
1. Cash and cash equivalents	9,392,647	9,642,805	3,192,115	5,658,916	4,174,871	6,379,741	9,575,609	9,520,297	8,403,064	13,687,893	14,658,747	14,582,659	18,197,194
2. Board designated cash	18,625,341	19,100,858	19,557,453	14,002,474	14,495,980	14,986,650	14,196,017	14,664,603	15,131,098	15,589,449	16,045,942	17,303,448	16,488,365
3. Patient accounts receivable, net	27,903,274	29,315,301	31,955,366	32,306,493	32,762,890	31,832,445	28,985,006	29,383,820	29,219,006	30,701,215	28,758,626	29,878,021	28,387,944
4. Other receivables	1,459,238	1,619,405	1,458,065	1,571,605	1,722,080	2,174,474	4,262,353	4,437,855	4,261,982	2,796,413	1,755,846	1,866,592	1,326,477
5. Inventories	4,212,926	4,091,013	3,740,723	3,815,240	3,600,091	3,935,467	4,302,000	4,291,752	4,348,116	4,393,224	4,393,224	4,341,305	4,875,673
6. Prepaid Expenses	3,377,805	3,236,536	3,067,093	2,774,768	2,481,324	2,110,680	1,821,317	3,795,464	3,954,488	4,106,167	3,820,465	3,598,515	3,143,557
7. Other assets	3,242,573	3,099,292	3,079,994	3,058,697	3,039,100	3,017,177	2,997,880	2,978,582	2,959,285	2,990,763	2,970,963	2,325,556	2,306,258
8. Total current assets	68,213,804	70,105,210	66,050,809	63,188,193	62,276,336	64,436,634	66,140,182	69,072,373	68,277,039	74,265,124	72,403,813	73,896,096	74,725,468
Appropriated Cash:													
9. CIP Appropriated Funding	11,127,357	11,127,357	11,127,357	10,625,547	10,625,547	10,625,547	9,424,275	9,424,275	9,424,275	9,417,202	9,417,202	8,987,334	8,987,334
Property, plant & equipment													
10. Land, bldgs & equipment	156,661,054	156,662,431	157,682,804	160,275,129	160,275,129	160,275,129	186,233,640	186,233,640	186,233,640	203,853,370	203,837,770	203,837,770	205,146,377
11. Construction in progress	37,075,935	37,204,711	37,897,950	36,773,284	37,060,441	37,166,431	12,634,974	12,820,903	12,999,508	13,172,200	13,479,089	14,352,417	13,215,359
12. Total property & equipment	193,736,989	193,867,142	195,580,754	197,048,413	197,335,570	197,441,560	198,868,614	199,054,543	199,233,148	217,025,570	217,316,859	218,190,187	218,361,736
13. Less: accumulated depreciation	(118,849,538)	(119,441,632)	(120,016,256)	(120,513,233)	(121,006,740)	(121,497,410)	(123,268,404)	(123,826,820)	(124,435,075)	(141,187,471)	(142,033,616)	(142,599,313)	(143,208,663)
14. Net property and equipment	74,887,451	74,425,510	75,564,498	76,535,180	76,328,830	75,944,150	75,600,210	75,227,723	74,798,073	75,838,099	75,283,243	75,590,874	75,153,073
15. Deferred outflows/Contribution to Pension Plan	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	11,855,390	11,855,390	11,855,390	11,855,390
16. Total assets	166,091,323	167,520,788	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	3,708,487	4,491,739	4,484,237	2,672,495	2,931,450	3,464,341	3,865,388	4,339,660	2,420,459	3,431,381	3,174,212	3,416,737	3,999,447
18. Accrued employee benefits	4,766,998	4,801,021	5,053,138	5,567,058	5,634,997	4,985,433	4,872,324	4,876,509	5,434,909	5,417,327	4,710,551	4,848,424	4,862,610
19. Accounts payable and accrued expenses	4,823,877	7,665,297	4,989,768	4,054,292	3,997,812	4,975,548	4,472,411	5,341,549	3,092,998	5,763,314	4,011,837	4,370,944	5,244,734
20. Due to 3rd party payors	1,394,450	1,394,450	1,394,450	1,394,450	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,156,602	1,156,602	1,156,602
21. Deferred revenue	1,024,000	857,334	690,667	524,000	357,334	190,667	24,000	24,000	24,000	24,000	33,209	33,209	33,209
22. Interest payable	209,890	312,477	309,989	415,207	520,278	625,455	189,183	294,363	314,143	419,228	524,410	609,247	168,428
23. Note payable - current portion	2,070,347	2,070,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,086,350	2,116,350
24. Other payables	3,409,128	3,337,816	3,358,250	3,605,362	3,655,928	3,135,806	3,189,292	3,274,372	3,506,714	3,555,850	3,054,281	2,556,096	2,556,864
25. Total current liabilities	21,407,177	24,930,481	22,395,846	20,348,211	20,415,309	20,694,760	19,930,108	21,467,963	18,110,733	21,928,610	18,780,449	19,077,609	20,138,244
Long-term Liabilities:													
26. Bonds payable	31,960,000	31,960,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,085,000
27. Bonds payable - premium/discount	2,038,766	2,016,167	1,995,156	1,974,144	1,953,133	1,932,121	1,911,109	1,889,815	1,868,520	1,847,206	1,825,892	1,833,574	1,812,260
28. Net Pension Liability	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	38,134,052	38,061,021	38,061,021	38,061,021
29. Deferred In-Flows	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	1,758,258	1,758,258	1,758,258	1,758,258
30. Total long-term liabilities	79,983,185	79,960,586	78,909,575	78,888,563	78,867,552	78,846,540	78,825,528	78,804,234	78,782,939	72,669,516	72,575,171	72,582,853	71,716,539
31. Total liabilities	101,390,362	104,891,067	101,305,421	99,236,774	99,282,861	99,541,300	98,755,636	100,272,197	96,893,672	94,598,126	91,355,620	91,660,462	91,854,783
32. Fund Balance	64,700,962	62,629,722	63,299,955	62,974,858	61,810,566	63,327,744	64,271,741	65,314,886	67,468,424	76,777,689	77,604,028	78,669,232	78,866,482
33. Total liabilities and fund balance	166,091,323	167,520,788	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265



	FY 2025 Inpatient Days												
Group/Location	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Medical/Surgical Unit	391	435	435	412	321	358	486	442	475	346	369	398	440
Mental Health Unit InPt	185	292	239	262	223	245	264	288	254	230	231	194	119
Critical Care Unit InPt	67	78	79	60	82	99	123	93	88	66	87	74	97
Obstetrics Unit InPt	70	52	53	64	53	91	53	82	55	84	57	29	77
Newborn Nursery InPt	47	37	33	54	41	59	38	68	40	66	47	20	56



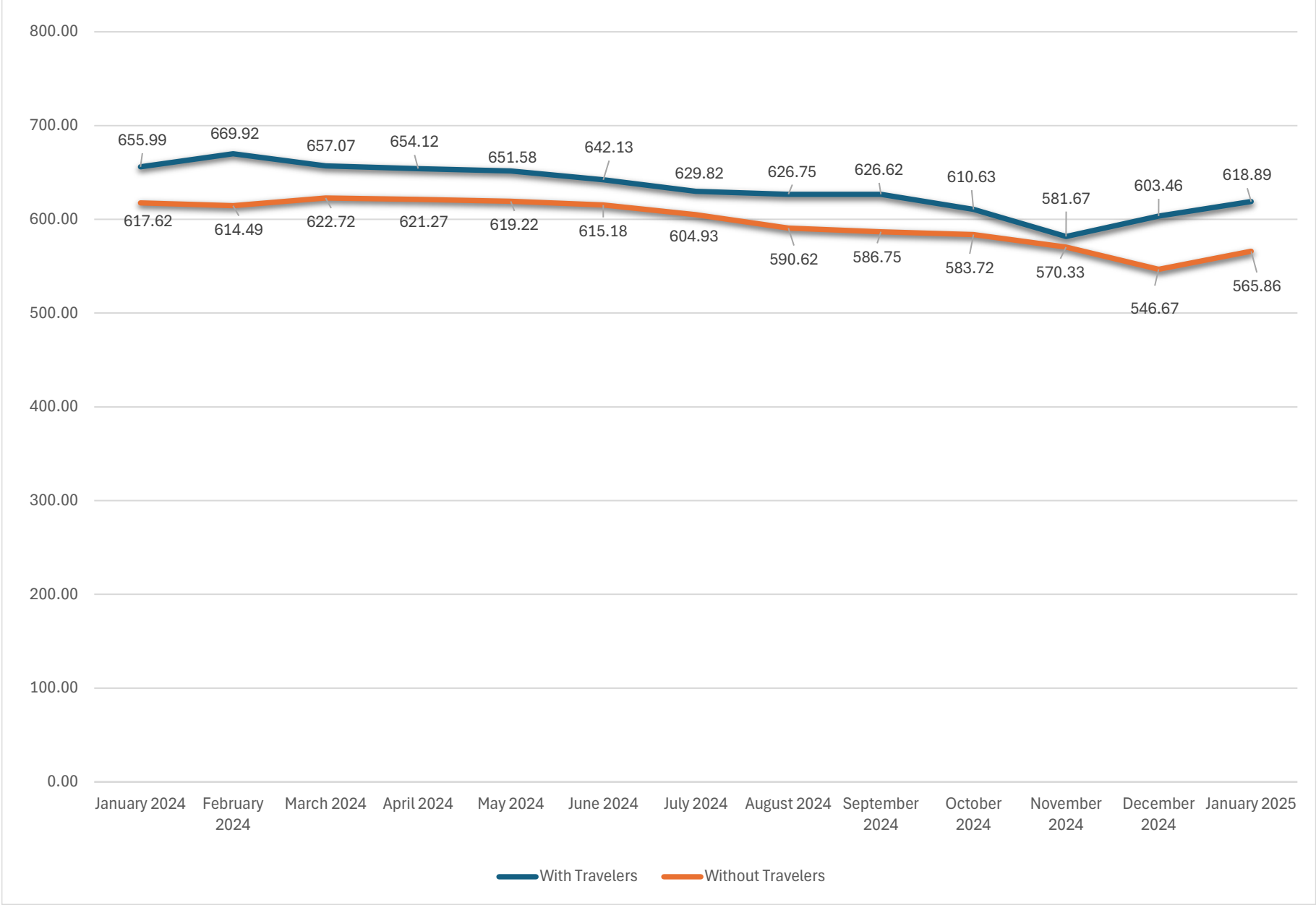
	FY2025 Month and Registrations												
Group/Location	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Emergency Room	923	923	844	921	916	1169	1180	1134	1057	1010	818	908	971
Physical Therapy Outpatient	284	294	342	308	383	359	352	355	321	338	349	280	242
Ultrasound	301	293	310	351	301	308	222	291	251	233	265	204	226
Laboratory Outpatient	311	405	393	433	429	452	378	381	484	417	425	371	355
Same Day Surgery	283	260	251	280	285	277	227	268	243	242	298	261	294
Infusion Center Outpatient	207	200	235	252	221	210	208	227	209	192	201	180	191
Mammography	223	202	176	197	221	209	187	155	174	241	270	95	255
Xray	82	75	84	102	118	98	123	102	124	110	128	111	94
Computerized Tomography	120	114	146	155	150	172	157	174	168	159	142	140	126
Occupational Therapy OutPt	89	94	81	88	97	82	59	75	98	100	107	94	71
Speech Therapy Outpatient	125	139	170	152	189	173	139	157	202	192	188	106	128
Magnetic Resonance Imaging	101	157	170	166	163	113	111	127	138	131	145	119	154



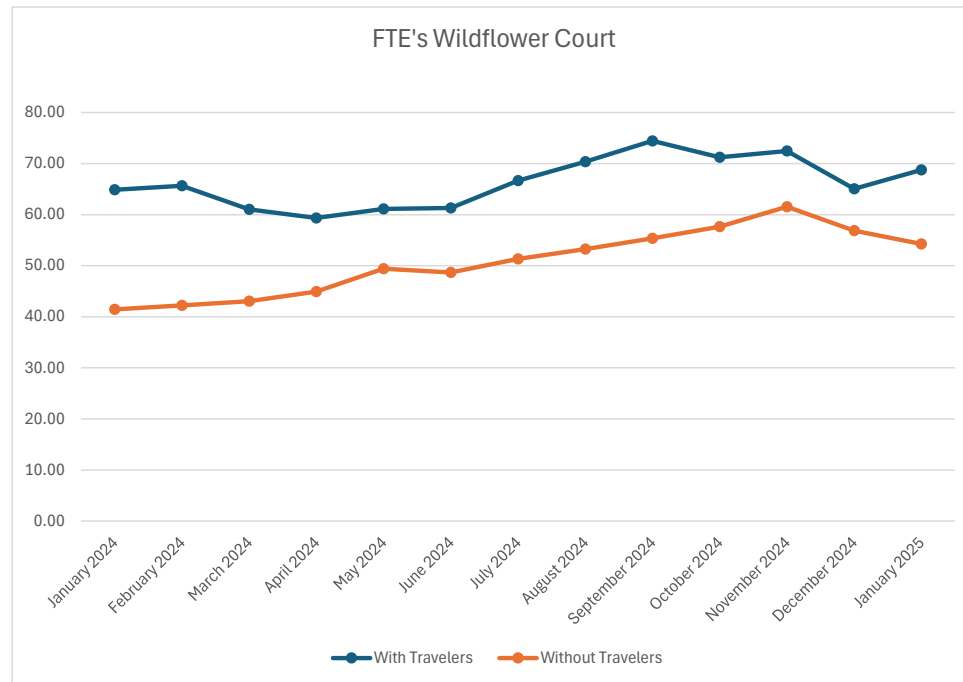
	FY 2025 Inpatient Days												
Group/Location	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
WFC Inpatient Days	1455	1346	1387	1440	1336	1383	1324	1535	1561	1572	1584	1539	1592

	MONTH - DECEMBER 2024				YEAR TO DATE THROUGH DECEMBER 2024			
	Enterprise Fund	SNF	Healthcare Ancillary		Enterprise Fund	SNF	Healthcare Ancillary	
	Hospital	WFC	Home Health	Hospice	Hospital	WFC	Home Health	Hospice
Gross Patient Revenue:								
1. Inpatient Revenue	\$4,156,875	\$1,604,914	\$0	\$0	\$26,475,608	\$9,716,195	\$0	\$0
2. Inpatient Ancillary Revenue	\$1,003,129	\$0	\$0	\$0	\$7,000,702	\$0	\$0	\$0
3. Total Inpatient Revenue	\$5,160,004	\$1,604,914	\$0	\$0	\$33,476,310	\$9,716,195	\$0	\$0
4. Outpatient Revenue	\$14,383,025	\$0	\$67,008	\$53,229	\$86,094,988	\$0	\$304,902	\$362,193
5. Total Patient Revenue	\$19,543,029	\$1,604,914	\$67,008	\$53,229	\$119,571,298	\$9,716,195	\$304,902	\$362,193
6. RRC Patient Revenue	\$0	\$0	\$0	\$0	\$966,206	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$143,519	\$0	\$0	\$0	\$770,456	\$0	\$0	\$0
8. Physician Revenue	\$1,658,639	\$0	\$0	\$0	\$10,173,223	\$0	\$0	\$0
9. Total Gross Patient Revenue	\$21,345,187	\$1,604,914	\$67,008	\$53,229	\$131,481,183	\$9,716,195	\$304,902	\$362,193
Deductions from Revenue:								
10. Inpatient Contractual Allowance	\$1,801,333	\$226,506			\$14,279,442	\$1,471,995		
11. Outpatient Contractual Allowance	\$6,147,027	\$0		\$22,601	\$37,621,755	\$0		\$173,484
12. Physician Service Contractual Allowance	\$963,503	\$0			\$5,808,345	\$0		
13. Other Deductions	\$5,351	\$0			\$8,132	\$0		
14. Charity Care	\$32,762	\$0			\$209,228	\$0		
15. Bad Debt Expense	\$1,091,245	\$0			\$3,626,607	\$0		
16. Total Deductions from Revenue	\$10,041,221	\$226,506	\$0	\$22,601	\$61,553,509	\$1,471,995	\$0	\$173,484
% Contractual Allowances / Total Gross Patient Revenue	41.8%	14.1%	0.0%	42.5%	43.9%	15.1%	0.0%	47.9%
% Bad Debt & Charity Care / Total Gross Patient Revenue	5.3%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%
% Total Deductions / Total Gross Patient Revenue	47.0%	14.1%	0.0%	42.5%	46.8%	15.1%	0.0%	47.9%
17. Net Patient Revenue	\$11,303,966	\$1,378,408	\$67,008	\$30,628	\$69,927,674	\$8,244,200	\$304,902	\$188,709
18. Other Operating Revenue	\$94,277	\$0	\$0	\$0	\$582,826	\$0	\$0	\$0
19. Total Operating Revenue	\$11,398,243	\$1,378,408	\$67,008	\$30,628	\$70,510,500	\$8,244,200	\$304,902	\$188,709
Expenses:								
20. Salaries & Wages	\$4,543,638	\$445,553	\$44,072	\$26,386	\$27,155,803	\$2,570,440	\$237,054	\$211,038
21. Physician Wages	\$398,884	\$0	\$0	\$0	\$2,049,958	\$0	\$0	\$0
22. Contract Labor	\$619,305	\$246,760	\$0	\$0	\$2,388,755	\$1,444,534	\$0	\$0
23. Employee Benefits	\$2,137,941	\$194,211	\$19,220	\$10,464	\$12,975,414	\$1,109,218	\$115,592	\$97,629
% Salaries and Benefits / Total Operating Revenue	67.6%	64.3%	94.5%	120.3%	63.2%	62.2%	115.7%	163.6%
24. Medical Professional Fees	\$49,746	\$0	\$0	\$0	\$352,859	\$0	\$0	\$0
25. Physician Contracts	\$521,443	\$5,750	\$0	\$0	\$2,815,274	\$34,500	\$0	\$1,425
26. Non-Medical Professional Fees	\$237,028	\$1,241	\$0	\$0	\$1,511,018	\$56,590	\$0	\$0
27. Materials & Supplies	\$1,059,611	\$69,404	\$254	\$2,347	\$8,456,490	\$355,353	\$6,209	\$18,101
28. Utilities	\$163,432	\$6,160	\$21	\$0	\$898,424	\$109,112	\$147	\$703
29. Maintenance & Repairs	\$344,165	\$7,505	\$243	\$0	\$2,570,525	\$86,174	\$447	\$0
30. Rentals & Leases	\$71,359	\$557	\$0	\$1,302	\$463,180	\$3,326	\$125	\$7,809
31. Insurance	\$97,354	\$0	\$0	\$0	\$549,257	\$0	\$0	\$0
32. Depreciation & Amortization	\$628,647	\$0	\$0	\$0	\$3,611,334	\$0	\$0	\$0
33. Interest Expense	\$84,657	\$0	\$0	\$0	\$509,467	\$0	\$0	\$0
34. Other Operating Expenses	\$108,907	\$545	\$4,546	\$2,650	\$785,353	\$16,078	\$22,856	\$17,660
35. Total Expenses	\$11,066,118	\$977,686	\$68,355	\$43,148	\$67,093,110	\$5,785,325	\$382,431	\$354,365
36. Income (Loss) from Operations	\$ 332,125	\$ 400,722	\$ (1,347)	\$ (12,520)	\$ 3,417,390	\$ 2,458,875	\$ (77,529)	\$ (165,656)
Non-Operating Revenue								
37. Interest Income	-\$556,201	\$0	\$0	\$0	\$257,601	\$0	\$0	\$0
38. Other Non-Operating Income	\$34,480	\$0	\$0	\$0	\$227,299	\$0	\$0	\$0
39. Total Non-Operating Revenue	-\$521,721	\$0	\$0	\$0	\$484,900	\$0	\$0	\$0
40. Net Income (Loss)	(189,596)	400,722	(1,347)	(12,520)	3,902,290	2,458,875	(77,529)	(165,656)
	211,126		(13,868)		6,361,165		(243,185)	

Change in Total FTE: January 2024 - January 2025



Month	With Travelers	Without Travelers	Travelers Only
January 2024	64.85	41.45	23.40
February 2024	65.65	42.25	23.40
March 2024	61.05	43.05	18.00
April 2024	59.35	44.95	14.40
May 2024	61.10	49.40	11.70
June 2024	61.30	48.70	12.60
July 2024	66.65	51.35	15.30
August 2024	70.35	53.25	17.10
September 2024	74.45	55.35	19.10
October 2024	71.25	57.65	13.60
November 2024	72.45	61.55	10.90
December 2024	65.05	56.85	8.20
January 2025	68.75	54.25	14.50
Net FTE Change	-3.90	-12.80	8.90





CITY AND BOROUGH OF JUNEAU FY2026 BUDGET CALENDAR

DUE DATE	DESCRIPTION	STAFF WORKING GROUP
August 1, 2024	Cost allocation process begins.	Budget Section, Departments
October 2, 2024	Rate determination process begins.	Budget Section, Risk, Facilities Maintenance, Fleet, P&R, Lands
November 7, 2024	Debt service cost estimates, proprietary fund interest allocation, and arboretum endowment draw due to Finance.	Treasurer, Budget Section, Controller, Finance Director
November 15, 2024	Final rates due to Finance for inclusion in budget directives.	Budget Section, Risk, Facilities Maintenance, Fleet, P&R, Lands
December 1, 2024	Manager solicits for passenger fee project requests.	Manager's Office, Finance Director, Budget Section
December 7, 2024	Assembly holds retreat to determine budget direction.	Manager's Office, Finance Director
December 9, 2024	Distribution of Budget Guide, Travel and Training Form, and Fleet Schedules to departments.	Budget Section
December 12, 2024	Finance performs budget training with departments.	Finance Director, Budget Manager, Departments
January 1, 2025	Manager drafts passenger fee recommendations.	Manager's Office, Finance Director, Budget Manager
January 6, 2025	All department budget requests due to Finance.	All Departments
January 15, 2025	Passenger fee recommendations open for public comment.	Manager's Office, Finance Director, Budget Manager
January 21, 2025	Airport Board approves budget, submits final budget to Finance.	Airport
January 30, 2025	Docks & Harbors Board approves budget, submits final budget to Finance.	D&H
February 3, 2025 - February 14, 2025	Departments review budgets with Manager's Office.	Manager's Office, Departments, Budget Section, Controller's Office, Finance Director
February 15, 2025	Passenger fee recommendations public comment period ends.	Manager's Office, Finance Director, Budget Manager
February 24, 2025	Finance creates Major Revenue Forecast.	Budget Section, Revenue Officer, Treasurer, Controller, Finance Director
February 28, 2025	Manager's final passenger fee recommendations posted to CBJ website.	Manager's Office, Finance Director, Budget Manager
February 28, 2025	BRH and JSD submit preliminary budgets to Finance.	School District, Hospital
March 3, 2025	CIP funding schedule due to Finance.	Engineering
March 5, 2025	2025 property assessments presented to Assembly Finance Committee.	Assessor, Budget Manager, Finance Director
March 14, 2025	JSD and BRH submit final budgets to Finance.	School District, Hospital
March 21, 2025	Final CBJ proposed budget book to printer.	Budget Section
April 1, 2025	JSD formal budget request to City Manager.	School District
April 5, 2025	Special Assembly Meeting - introduction of CBJ and JSD operating budgets, mill levy rate, and CIP resolution. Assembly Finance Committee - budget review; enterprise department budget presentations.	Manager's Office, Finance Director, Budget Section
April 9, 2025	Assembly Finance Committee - budget review (skipped in 2024).	Manager's Office, Finance Director, Budget Section
April 11, 2025	Local newspaper publication of budget summary, CIP summary, and notice of public hearing due.	Clerk's Office, Budget Section
April 16, 2025	Assembly Finance Committee - budget review.	Manager's Office, Finance Director, Budget Section
April 23, 2025	Assembly Finance Committee - budget review (skipped in 2024).	Manager's Office, Finance Director, Budget Section
April 28, 2025	Regular Assembly Meeting - public hearings on the CBJ and JSD operating budgets, mill levy rate, and CIP resolution. Establish local funding for school district operations.	Manager's Office, Finance Director, Budget Section, Clerk's Office



CITY AND BOROUGH OF JUNEAU FY2026 BUDGET CALENDAR

DUE DATE	DESCRIPTION	STAFF WORKING GROUP
April 30, 2025	Assembly Finance Committee - budget review.	Manager's Office, Finance Director, Budget Section
May 7, 2025	Assembly Finance Committee - JSD operating budget for action; budget review.	Manager's Office, Finance Director, Budget Section
May 14, 2025	Assembly Finance Committee - budget review (skipped in 2024).	Manager's Office, Finance Director, Budget Section
May 19, 2025	Regular Assembly Meeting - adoption of JSD operating budget ordinance.	Manager's Office, Finance Director, Budget Section, Clerk's Office
May 21, 2025	Assembly Finance Committee - budget review.	Manager's Office, Finance Director, Budget Section
May 28, 2025	Assembly Finance Committee - budget review (skipped in 2024).	Manager's Office, Finance Director, Budget Section, Clerk's Office
June 4, 2025	Assembly Finance Committee - regular business.	Manager's Office, Finance Director, Budget Manager
June 9, 2025	Regular Assembly Meeting - adoption of CBJ operating budget, mill levy rate, and CIP resolution.	Manager's Office, Finance Director, Budget Section, Clerk's Office
June 27, 2025	Publication of Notice to Taxpayers due.	Budget Section
July 18, 2025	Final CBJ adopted budget book due.	Budget Section

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MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Chad Brown, Human Resources Director

ISSUE

- The board will receive an overview of the Employee Engagement Survey results.

BACKGROUND

- In 2023 Bartlett Hospital contracted for three (3) years with Press Ganey to survey staff on their engagement levels. This first year provided a lot of data, and some actionable items.
 1. October 2024 – Survey was sent to our team.
 2. November 2024 – Results gathered
 3. December 2024 – Results presented to Leadership
 4. January 2025 – Results presented to Wellness & Engagement Committee
 5. February 2025 – Results presented to Managers & Directors
 6. February 2025 – Results presented to All Staff via Townhall (and available recording)
- High level results are shown in the following presentation and will be discussed in additional detail at Board Committee Meetings next month.
- Three A3's are being presented as improvement plans.

OPTIONS

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

Bartlett Regional Hospital 2024 Employee Survey

Bartlett Regional Hospital - 2024 Employee Engagement

Introduction

Survey Administration Dates

Start: Oct 21, 2024

End: Nov 11, 2024

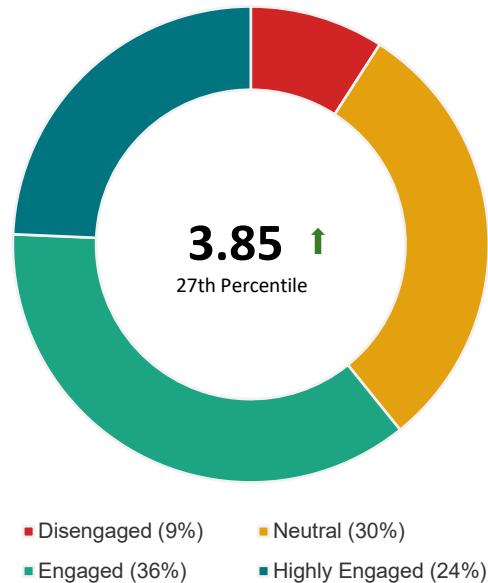
Bartlett Regional Hospital - 2024 Employee Engagement

- **Respondents** - 329
- **Response rate** - 45%
- **Primary benchmark used** - Nat'l Healthcare (Employee)
Avg 2024

Engagement

The Engagement score provides insight into the emotional and personal connection to the organization as influenced by work experience.

Mean Score and Distribution



Comparisons

Benchmark	Difference
vs. Overall Org Avg	0.00
vs . Nat'l Healthcare (Employee) Avg 2024	-0.14

Historical Performance

Year	Difference
2023 Results	+0.15

Items included in Engagement

Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	Unfavorable Neutral Favorable			
Engagement	9% 23% 69%	3.85	-0.14	+0.15
I feel like I belong in Bartlett.	6% 23% 71%	3.97	-0.07	+0.22
I would like to be working at Bartlett three years from now.	8% 22% 70%	3.90	-0.15	+0.04
I would recommend Bartlett as a good place to work.	9% 20% 71%	3.88	-0.16	+0.20
Overall, I am a satisfied employee.	9% 20% 70%	3.81	-0.16	+0.14
I would stay with Bartlett if offered a similar position elsewhere.	12% 28% 60%	3.69	-0.16	+0.14

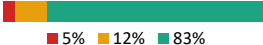
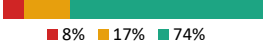
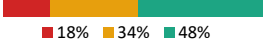
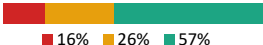
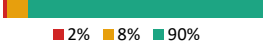
Key Drivers of Engagement

Key Drivers help you identify items that you should consider focusing on first to improve engagement within your team. Have a discussion with your team on where you want to focus and what you can do together to improve these areas. It's important to get input from your team to make sure you are addressing the right opportunity in the right way.

Items	Response Distribution			Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	Unfavorable	Neutral	Favorable			
I have confidence in senior management's leadership.	29%	31%	40%	3.16	-0.61	+0.37
Bartlett treats employees with respect.	12%	24%	65%	3.67	-0.31	+0.22
Bartlett conducts business in an ethical manner.	11%	26%	63%	3.66	-0.44	+0.11
Senior management provides a work climate that promotes patient safety.	14%	27%	59%	3.57	-0.47	+0.30
Senior management's actions support Bartlett's mission and CARE values.	18%	28%	54%	3.46	-0.40	+0.43
Bartlett has an inclusive culture.	6%	22%	73%	3.87	-0.24	-

Top Performing Items

These items help you identify some of the top performing items for your team based on their percentile rank compared to the selected benchmark. Use this item list to identify things that are going relatively well for your team compared to other items for your team.

Items	Response Distribution			Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	Unfavorable	Neutral	Favorable			
I trust the people I work with directly in my unit.	 ■ 5% ■ 12% ■ 83%			4.20	+0.13	+0.07
There is a climate of trust within my work unit.	 ■ 8% ■ 17% ■ 74%			4.06	+0.11	+0.17
I rarely worry about having enough money to manage my expenses.	 ■ 18% ■ 34% ■ 48%			3.37	+0.14	+0.19
I feel like I am financially secure.	 ■ 16% ■ 26% ■ 57%			3.49	+0.12	+0.08
My work unit provides high-quality care and service.	 ■ 2% ■ 8% ■ 90%			4.43	+0.06	+0.10

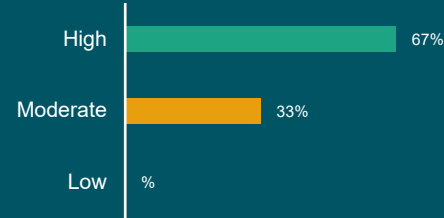
Leader Index

The Leader Index measures a leader's relationship with their direct reports. It assesses perceptions of respect, communication, feedback, and teamwork and provides insight into the leader's preparedness to lead improvement initiatives with their team.

4.18 - High

0.00 vs. Overall Org Avg
-0.08 vs. Nat'l Healthcare (Employee) Avg 2024
+0.04 vs. 2023 Results

Leader Index Distribution



Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	■ Unfavorable ■ Neutral ■ Favorable			
The person I report to treats me with respect.	■ 4% ■ 11% ■ 85%	4.36	-0.10	-0.07
The person I report to encourages teamwork.	■ 5% ■ 15% ■ 80%	4.24	-0.06	+0.07
The person I report to is a good communicator.	■ 8% ■ 19% ■ 73%	4.09	-0.01	+0.10
The person I report to gives me useful feedback.	■ 7% ■ 20% ■ 73%	4.05	-0.09	+0.08

Resilience

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Included themes:

- Resilience Activation
- Resilience Decompression

Mean Score
3.98 out of 5

Comparisons

Benchmark	Difference
vs. Overall Org Avg	0.00
vs. Nat'l Healthcare (Employee) Avg 2024	-0.22

Historical Performance

Year	Difference
2023 Results	+0.06

Resilience

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Resilience Activation

Activation items assess if work is meaningful, makes a difference, and whether others are seen as individuals and cared for equally even when it's difficult.

4.47 out of 5

0.00 vs. Overall Org Avg

-0.06 vs. Nat'l Healthcare (Employee) Avg 2024

+0.17 vs. 2023 Results

Resilience Decompression



Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	■ Unfavorable ■ Neutral ■ Favorable			
I see every patient/client as an individual person with specific needs.	■ 0% ■ 3% ■ 97%	4.52	-0.06	+0.08
I care for all patients/clients equally even when it is difficult.	■ 1% ■ 3% ■ 95%	4.48	-0.11	+0.16
My work is meaningful.	■ 3% ■ 3% ■ 94%	4.47	-0.04	+0.15
The work I do makes a real difference.	■ 2% ■ 6% ■ 93%	4.46	+0.01	+0.25

Resilience

Resilience measures the ability to recover from or adjust easily even in challenging work circumstances. This early warning system for burnout has two components: Activation (finding meaning in the work) and Decompression (the ability to disconnect).

Resilience Activation



Resilience Decompression



Decompression items focus on the ability to disconnect from work at the end of the day, free one's mind when away from work, and enjoy personal time without focusing on work, without losing sleep over work issues.

3.49 out of 5

0.00 vs. Overall Org Avg

-0.37 vs. Nat'l Healthcare (Employee) Avg 2024

-0.05 vs. 2023 Results

Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	■ Unfavorable ■ Neutral ■ Favorable			
I can enjoy my personal time without focusing on work matters.	■ 20% ■ 17% ■ 62%	3.58	-0.30	0.00
I am able to disconnect from work communications during my free time (emails/phone etc.).	■ 22% ■ 19% ■ 59%	3.53	-0.37	-0.10
I rarely lose sleep over work issues.	■ 24% ■ 21% ■ 55%	3.44	-0.39	-0.01
I am able to free my mind from work when I am away from it.	■ 26% ■ 18% ■ 55%	3.42	-0.40	-0.08

Diverse Perspectives & Inclusive Practices

Diverse Perspectives & Inclusive Practices assesses the different experiences, access to resources, and welcoming settings or culture for individuals who differ in personal and group characteristics.

3.98 out of 5

0.00 vs. Overall Org Avg

-0.20 vs. Nat'l Healthcare (Employee) Avg 2024

+0.07 vs. 2023 Results

Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	Unfavorable Neutral Favorable			
The person I report to treats all employees equally regardless of their background.	6%10%83%	4.22	-0.14	+0.01
My coworkers value individuals with different backgrounds.	2%15%84%	4.11	-0.14	+0.01
I can be my authentic self at work.	7%15%79%	4.01	-0.16	-
Bartlett demonstrates a commitment to workforce diversity.	3%24%74%	3.93	-0.29	+0.20
Bartlett has an inclusive culture.	6%22%73%	3.87	-0.24	-
All employees have an equal opportunity for promotion regardless of their background.	12%22%66%	3.76	-0.26	+0.19

Well-Being

Well-Being assesses perceptions of personal physical, mental and emotional health, financial security, and having enough money to manage expenses. While well-being is affected by factors outside of work, these items assess aspects of life a leader has some degree of impact on for their employees.

3.68 out of 5

0.00 vs. Overall Org Avg
-0.05 vs. Nat'l Healthcare (Employee) Avg 2024
+0.08 vs. 2023 Results

Items	Response Distribution	Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	■ Unfavorable ■ Neutral ■ Favorable			
I am physically healthy.	■ 5% ■ 16% ■ 79%	3.95	-0.15	+0.05
I am mentally and emotionally healthy.	■ 8% ■ 15% ■ 77%	3.92	-0.20	-0.01
I feel like I am financially secure.	■ 16% ■ 26% ■ 57%	3.49	+0.12	+0.08
I rarely worry about having enough money to manage my expenses.	■ 18% ■ 34% ■ 48%	3.37	+0.14	+0.19

Legacy Engagement

The Legacy Engagement score provides insight into the emotional and personal connection to the organization as influenced by work experience.

3.84 out of 5

0.00 vs. Overall Org Avg

-0.20 vs. Nat'l Healthcare (Employee) Avg 2024

+0.13 vs. 2023 Results

Items	Response Distribution			Mean Score	vs. Nat'l Healthcare (Employee) Avg 2024	vs. Historical (2023 Results)
	Unfavorable	Neutral	Favorable			
I am proud to tell people I work for this organization.	 ■ 6% ■ 23% ■ 71%			3.90	-0.29	+0.01
I would like to be working at Bartlett three years from now.	 ■ 8% ■ 22% ■ 70%			3.90	-0.15	+0.04
I would recommend Bartlett as a good place to work.	 ■ 9% ■ 20% ■ 71%			3.88	-0.16	+0.20
I would recommend Bartlett to family and friends who need care.	 ■ 10% ■ 18% ■ 72%			3.82	-0.34	+0.16
Overall, I am a satisfied employee.	 ■ 9% ■ 20% ■ 70%			3.81	-0.16	+0.14
I would stay with Bartlett if offered a similar position elsewhere.	 ■ 12% ■ 28% ■ 60%			3.69	-0.16	+0.14

Bartlett Regional Hospital	A3	Title: 2025 Employee Engagement Response Plan – Investing in Leadership Development	Priority Owner: Chad Brown	Date: 1/13/2025
Executive Sponsors: Executive Team		Team Members: Staff Development, Tiffany Ridle, Maria Milless		

<u>PROBLEM STATEMENT:</u> The 2024 engagement scores indicated low scores in leadership and management effectiveness. This score was relatively low in 2023 and trending downward. <u>SCOPE (In/Out):</u> - In - All staff with Direct Reports <u>BACKGROUND / CURRENT CONDITIONS:</u> - Leadership / Management scores below national average - Reduced morale and engagement - Staffing <u>ROOT CAUSE ANALYSIS:</u> - Lack of consistent applicable training - Struggle with time to balance workload <u>GOAL:</u> - Improve EE scores in this area - Ensure all current and new managers are given not just adequate training, rather a robust opportunity to develop both professionally and personally - Reduced turnover rate amongst those with supervisory responsibilities	<u>COUNTERMEASURES (PLAN):</u> - Internal Training & Development - Reinvigorated investment and commitment to build the skills of our leaders with and emphasis on the Tactical and Practical aspects of our organization. - External Training & Development - Partnership with AHHA / Duke University - Peer to peer mentoring/learning - Developing cross functional collaborative relationships to assist newer leaders <u>KPI's (Measure):</u> <table border="1"> <thead> <tr> <th>KPI</th><th>Date</th></tr> </thead> <tbody> <tr> <td>Increase PG Leadership Index Globally by .25</td><td>January 2026</td></tr> <tr> <td>100% of Leadership trained in T &P ~25% per quarter</td><td>December 2025</td></tr> <tr> <td></td><td></td></tr> </tbody> </table> <u>FOLLOW UP ACTIONS (ACT):</u> BRH has already enrolled 18 members of their management leadership team, in the Duke University Certificate in Healthcare Leadership course. Framework for Tactical and Practical portions of training are in place. HR to partner with SD to build out classes/courses.	KPI	Date	Increase PG Leadership Index Globally by .25	January 2026	100% of Leadership trained in T &P ~25% per quarter	December 2025		
KPI	Date								
Increase PG Leadership Index Globally by .25	January 2026								
100% of Leadership trained in T &P ~25% per quarter	December 2025								

Bartlett Regional Hospital	A3	Title: 2025 Employee Engagement Response Plan – Staffing	Priority Owner: Chad Brown	Date: 1/13/2025
Executive Sponsors: Executive Team		Team Members: Jennifer Twito, Leah Poklemba, Loren Zinn		

PROBLEM STATEMENT:

Staffing shortages continue to be a critical issue impacting, employee engagement and well-being. This shortage has led to increased workloads, stress, and burnout among existing staff further exacerbating the problem.

SCOPE (In/Out):

- In – All Staff

BACKGROUND / CURRENT CONDITIONS:

- Increased Workloads and stress for existing staff
- Higher rates of staff burnout and turnover.

ROOT CAUSE ANALYSIS:

- Leadership Turnover / Public Perception
- Concerns with Financial Stability
- Increased Competition

GOAL:

- Reduce Time to offer
- Enhance ATS for a more seamless process
- Continued reduction in contract / travel staff

COUNTERMEASURES (PLAN):

- Comprehensive Recruitment Strategy (not just post & pray)
- "Come Back to Bartlett" Program
- Revised/Simplified Employee Referral Incentive Program
- Use data from check in surveys to enhance employee experience
- Department by department review of Compensation

Long term – Multi Year Goal: Review impact of DBM vs. A more simplified pay band structure

KPI's (Measure):

KPI	Date
Comprehensive Recruitment Strategy	4/15/2025
Employee Referral Incentive Program – updated and rolled out	4/1/2025
Comp Analysis 100%	12/1/2025
Come Back to Bartlett Campaign	3/15/2025

FOLLOW UP ACTIONS (ACT):

- Finish Training Plan for Recruiter and fully transition her into that role.
- Finish updating Incentive Program
- Reach out to Compensation data sources to see when updated data will be available.

Bartlett Regional Hospital	A3	Title: 2025 Employee Engagement Response Plan – Burnout	Priority Owner: Chad Brown	Date: 1/13/2025
Executive Sponsors: Senior Leadership Team		Team Members: Wellness Committee, Tiffany Ridle, Maria Milless, Loren Zinn		

PROBLEM STATEMENT: The 2024 engagement data not only confirmed what we saw in 2023 additionally is going lower, our staff is unable to disconnect from work.

SCOPE (In/Out):
In - All staff and leadership

BACKGROUND / CURRENT CONDITIONS:
While our overall engagement scores went up, This specific category was not only low in 2023, but it is getting worse.

ROOT CAUSE ANALYSIS:
Unclear Boundaries
Technology Overuse
Workload Management
Cultural Expectations

In reviewing the Qualitative Data, Staffing seems to be an underpinning of all aspects of employee engagement, both positive (in the cases where staffing is solid, and negative, where it is not)

GOAL:
Improved work/life balance for all employees
Reduced levels of stress and burnout
Higher job satisfaction and morale

COUNTERMEASURES (PLAN):
More Information is Needed - Meet with Each Department Manager/Director to better understand what burnout means to them and their teams.

Boundaries - Empower staff to make decisions reducing the need to reach out to other staff during non-work hours.

Technology – Provide training on managing digital distractions and setting boundaries

Workload – Review & Adjust workload distribution. Focus on ensuring staff has regular breaks and time off to recharge

Cultural Shift – Foster culture that values work-life balance
Recognize and reward employees for maintaining healthy boundaries and taking time off.

KPI's (Measure):

KPI	Date
Meet with All department Directors & Managers by	5/1/2025
Develop Departmental A3's to address specific needs of each department	6/1/2025
Quarterly Pulse Survey(s) based on selected questions identified in the Engagement Survey	3/15/2025

FOLLOW UP ACTIONS (ACT):
Train Staff & Managers on 'Unavailable' feature in UKG
Train Staff & Managers on using 'Do Not Disturb' feature in Tiger Text

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Kim McDowell, Chief Operating Officer/Chief Nursing Officer

ISSUE

- The board will be briefed on the development of the Mobile Crisis Response Team.

BACKGROUND

- BRH opened Adult and Adolescent Crisis/Observation Stabilization services in the Aurora Behavioral Health Center (ABHC) in December 2023. Due to lack of staffing and funding, BRH closed crisis services in July 2024. Without funding sources to support staffing, this program was unsustainable, thus leaving the City and Borough of Juneau (CBJ) without crisis support outside of the emergency department.
- BRH is working in conjunction with Capital City Fire and Rescue (CCFR) to create a Mobile Crisis Response Team to collaboratively provide mobile crisis services to those in the CBJ.

OPTIONS

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

EXECUTIVE SPONSORS: Kim McDowell CNO/COO, Gail Moorehead CQCO

TEAM MEMBERS: PES TEAM, CCFR, JPD

PROBLEM STATEMENT:

Bartlett Regional Hospital(BRH) opened Adult and Adolescent Crisis/Observation Stabilization in the Aurora Behavioral Health Center(ABHC) in December of 2023. Due to lack of staffing and funding BRH closed crisis services in July of 2024. Without funding sources(that had significant reimbursement) to support staffing this program, left this program unsustainable, thus leaving the City and Borough of Juneau(CBJ) without crisis support regarding crisis support outside of the emergency department.

SCOPE (IN/OUT):

IN: City and Borough of Juneau and BRH

OUT: Areas that have psychiatric emergency service provider clinicians

BACKGROUND/CURRENT CONDITIONS:

The Crisis Observation/Stabilization Program, partially opened in December of 2023 to serve just adolescents for crisis and stabilization services. Due to the facility layout and staffing concerns BRH was unable to open the other two programs that would also serve adults for crisis and stabilization. The crisis program since opening had a projected loss of ~ \$1.1M, thus closing in July 2024, leaving a lapse in crisis services within the CBJ.

ROOT CAUSE ANALYSIS:

1. Initial design of the ABHC was insufficient to provide services to adults an adolescents
2. Lack of staffing created an environment in which program had intermittent closures
3. Significant lack of funding resulted in a program that was unsustainable
4. Continued need for crisis services in Juneau

GOAL

1. Create a Mobile Crisis Response Team that follows the Crisis Now Model, in conjunction with Capital City Fire and Rescue, while using the existing Psychiatric Emergency Services(PES) staff at Bartlett Regional Hospital to collaboratively provide mobile crisis services to those in the CBJ.

COUNTERMEASURES (PLAN):

1. Develop a Mobile Crisis Support Team(MCT) in collaboration with CBJ to support those in crisis.
2. Decrease emergency department visit and admissions
3. Support those in the community using MCT and meet them where they are
4. MCT to eventually be a presence at Glory Hall, and shelters

KPI's (MEASURE):

1. Track transports to ED that meet MCT criteria
2. Track PES calls to ED
3. Track MCT Calls

FOLLOW UP ACTIONS (ACT):

1. Pull reports from 2024 related to behavioral health ED Visits to include admissions and discharges
2. Trend calls that occur before 0900 and after 1800(when MCT is not available)
3. Community education on MCT
4. Bi-monthly meetings with the MCT to identify challenges early
5. Bi-monthly meetings with CCFR, JPD, 988 careline, and BRH to ensure challenges are identified early.

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Hal Geiger, Governance Committee Chair

ISSUE

- The board is being asked to conduct the first reading of the revised Bartlett Regional Hospital Board of Directors Bylaws.

BACKGROUND

- Per Section 0131 of the Board of Directors Bylaws:
 1. The Board of Directors shall recommend bylaws and provide policies and procedures for the administration and governance of the Hospital. The City and Borough of Juneau Assembly (the Assembly) may accept the bylaws recommended by the Board, may reject such bylaws, or may modify them. These bylaws shall become effective upon approval of the Assembly by resolution. A manual of bylaws shall be maintained (CBJ 40.05.030). Policies and procedures shall become effective after being adopted by the Board of Directors. A manual of policies and procedures of the Hospital Board shall be maintained and established as the Board Manual.
 2. At least annually, the Governance Committee shall review the bylaws.
 3. The Governance Committee's recommended revisions to the bylaws, if any, shall be reviewed by the Board at a regular meeting and final Board action taken at a subsequent Board meeting.
 4. Any changes approved by the prevailing vote of at least six members of the Board shall be submitted to the City and Borough of Juneau Assembly for approval by resolution.
- Proposed changes to the bylaws were reviewed and approved by the Governance Committee at its February 6, 2025, meeting.
- Behind this cover memo is a copy of the revised bylaws.

OPTIONS

- No action required. The revised bylaws will be presented for adoption at a subsequent board meeting.

- - - d r a f t - - -

Bartlett Regional Hospital

BOARD OF DIRECTORS

B Y L A W S

**BOARD OF DIRECTORS BYLAWS
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**BOARD OF DIRECTORS BYLAWS
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BOARD OF DIRECTORS NAME AND PURPOSE – 0100

0111 NAME

The governing body of the Bartlett Regional Hospital and related operations (the Hospital) shall be known as the Board of Directors of Bartlett Regional Hospital (the Board or the Board of Directors).

0112 PURPOSE OF THE HOSPITAL

1. To provide for the management of facilities, personnel, and services to diagnose and treat injury, illness, and disease.
2. To improve health in the community through education, clinical outreach, or other activities.

0113 PURPOSE OF THE HOSPITAL BOARD

1. To establish long-term goals for the Hospital.
2. To approve policies for the Hospital.
3. To establish strategic direction for the Hospital.
4. To ensure the financial sustainability of the Hospital.
5. To assume overall responsibility for the operation of the Hospital.
6. To hire, direct, and oversee a chief executive officer (the CEO) of the hospital and related operations.

AUTHORITY AND POWERS – 0120

0121 AUTHORITY

The Board of Directors is constituted, authorized, and governed by the Charter and Ordinances of the City and Borough of Juneau.
(CBJ Charter, Article III, Section 3.15; C.B.J. Chapter 40.05)

0122 GENERAL POWERS

Subject to state laws and other City and Borough of Juneau Ordinances, CBJ 40.05.020 provides in part that the Board of Directors shall be responsible for the operation of all licensed hospitals and associated licensed health facilities, located inside and outside the City and Borough of Juneau (the City and Borough), owned or leased by the City and Borough. The Board shall make and enforce all rules and regulations necessary for the administration of hospitals under its management, shall prescribe the terms under which patients shall be admitted, and shall establish and enforce standards of operation. The Board shall, within the hospital appropriation, establish and may amend the pay plan for hospital employees. At all times the Board shall exercise its authority with the goal of producing the best possible health outcomes for the citizens of Juneau and for the city's visitors.

0123 CONTRACTING AUTHORITY

The Board is responsible for approving all contracts for supplies, services, or professional services, or for amendments to contracts, as established by CBJ 40.05.020. No contract may be approved unless the contract complies with the City and Borough of Juneau Charter and City and Borough of Juneau Municipal Code. Unless otherwise provided by law, the Board may delegate to the Hospital's CEO the authority to negotiate and execute contracts. The Board may also establish limits to the CEO's authority.

FUNCTIONS – 0130

0131 LEGISLATIVE

1. The Board of Directors shall recommend bylaws and provide policies and procedures for the administration and governance of the Hospital. The City and Borough of Juneau Assembly (the Assembly) may accept the bylaws recommended by the Board, may reject such bylaws, or may modify them. These bylaws shall become effective upon approval of the Assembly by resolution. A manual of bylaws shall be maintained (CBJ 40.05.030). Policies and procedures shall become effective after being adopted by the Board of Directors. A manual of policies and procedures of the Hospital Board shall be maintained and established as the Board Manual.
2. At least annually, the Governance Committee shall review the bylaws.
3. The Governance Committee's recommended revisions to the bylaws, if any, shall be reviewed by the Board at a regular meeting and final Board action taken at a subsequent Board meeting.
4. Any changes approved by the prevailing vote of at least six members of the Board shall be submitted to the City and Borough of Juneau Assembly for approval by resolution.

0132 EVALUATION

The Board of Directors shall annually evaluate its own performance.

MEMBERSHIP – 0140

0141 NUMBER AND APPOINTMENTS

The Board of Directors shall consist of nine members appointed by the City and Borough of Juneau Assembly for staggered three-year terms. Board members shall serve at the pleasure of the Assembly. Up to two members of the Hospital's Board of Directors may be physicians in the community appointed from a list of those names submitted by the Hospital's medical staff. Here, the term *physician* means a doctor of medicine (M.D.) or osteopathic medicine (D.O.) licensed to practice medicine in the State of Alaska. Terms shall commence on January first. (CBJ 40.05.010)

0142 EXPECTATIONS

A voting member shall show willingness to give as much time as is reasonably requested or required. The applicant must be willing to accept responsibility for governance, including active participation in board and committee activities. A member shall also work to expand the member's expertise in board governance responsibilities, expertise in health care management, and to build or expand other expertise needed to oversee a modern hospital's management.

0143 TERM

The term of membership shall be three years and until a successor takes office, except that a member appointed to fill a vacancy shall serve for the un-expired term. Board members shall not serve more than three consecutive terms. Members that previous served three consecutive terms may be reappointed after at least a one-year absence.

0144 VACANCY

In addition to the vacancy provisions set out in CBJ 40.05.050, the following provisions shall apply:

1. A recommendation to the Assembly for removal of a Board member may be made upon the prevailing vote of at least six members of the Board.
2. A Board member may resign at any time by giving written notice to the Assembly, with a copy to the president of the Board. Such resignation shall take effect on the date of receipt or at any later time specified.

0145 COMPENSATION

1. Board members may be compensated for services rendered in their capacities as Board or Board committee members, as authorized in City and Borough of Juneau code or ordinance.
2. A Board member or committee member may be reimbursed for expenses incurred serving the hospital as a Board member. Before any reimbursement for expenses is made, receipts of such expenses must be submitted to the Hospital's administration.

Board members may maintain membership in local, state or national organizations that are operated for the promotion of the public health or the advancement of the efficiency of hospital administration. The Board may authorize that dues and fees associated with membership be paid, if in the Board's judgement these fees will improve the operation or functioning of the Hospital (CBJ 40.05.070).

0146 TRAINING

The Board shall provide training to Board members on the duties and functions of the Board, the general operations of the hospital, and other topics as the needs arise.

1. Each new Board member will be given, a copy of CBJ Title 40 Hospitals, the Board bylaws, the Board Manual, and any other appropriate documents. This will be given to the new member not later than the member's first regular meeting,
2. The Board shall provide annual education on board governance and compliance responsibilities.

ORGINIZATION- 0150

0151 ORGANIZATION MEETING

The Board shall elect annually from its members a president, vice president, secretary and such other officers as it deems necessary (CBJ Section 40.05.040).

0152 OFFICERS

1. The officers of the Board shall be a president, a vice president, and a secretary.
2. Officers shall be elected annually according to the schedule in the Board Manual, and each shall take office immediately after election. Officers shall hold office for a one-year term and until successors shall have been elected. Officers shall serve at the pleasure of the Board.
3. Any officer may resign the office at any time by giving written notice to the Board. Such resignation shall take effect on the date of receipt or at any later date specified.
4. The president shall preside at all meetings of the Board and shall be an ex-officio voting member of all committees.
5. The vice president shall act as president in the absence of the president, and when so acting, shall have the power and authority of the president. The vice president shall succeed to the office of president for the unexpired term if that office becomes vacant.
6. The secretary shall ensure the retention of minutes of all meetings of the Board and Board committees and shall ensure appropriate public notice is given for all meetings of the Board and its committees in accordance with these bylaws or as required by law. The secretary shall ensure that the records and reports of the Board are kept as required by law.
7. Upon a vacancy in the office of vice president, or secretary, the Board shall hold an election at its next regular meeting to fill such vacancy for the unexpired term.

0153 COMMITTEES

1. The president shall establish standing committees with the following names: the Finance and Audit Committee, the Governance Committee, the Planning Committee, the Quality and Compliance Committee, and the Joint Conference Committee. The Board shall assign such duties and responsibilities to the committees as it deems necessary or establish ad hoc committees.
2. The president shall appoint the chair and members of all committees.
3. Committees of the Board shall, when specifically charged to do so by the Board, conduct studies, make recommendations to the Board, and act in an advisory capacity. However, committees shall take no action on behalf of the Board.
4. Unless otherwise determined by the Board, committees shall consist of no fewer than two Board members and shall serve until the committee is discharged or until new committee members are assigned by the Board president.
5. A Board member may request or refuse appointment to a committee and the refusal to serve on any one committee shall not be grounds for failure to appoint that Board member to another committee.
6. A committee shall be convened by the chair or designee who shall report to the whole Board for the committee. The chair shall ensure that minutes will be kept and submitted for Board review.
7. The Board may assign the functions of any management or Board committee to combined or new committees, or to the Board acting as a committee of the whole.
8. The Hospital's CEO shall be, unless otherwise expressly provided, a non-voting ex-officio member of all Board committees.

0154 COMMITTEE FUNCTIONS

1. **Reserved**
2. **Finance and Audit Committee**

The Finance and Audit Committee shall consist of a chair and members appointed by the president. The duties and responsibilities of the Finance and Audit Committee are to review and make recommendations to the Board concerning all matters affecting the financial condition of the hospital,

including the annual budget, the capital budget, and matters referred to the committee by the president.

- A. This committee shall review the annual budget prepared, and submitted to the Board, by the Hospital's CEO.
- B. This committee shall complete its review in a timely fashion and forward the budget to the Board for approval and submission to the City and Borough manager, as provided in CBJ 40.25.020.
- C. This committee shall review a year-end audited financial report, conducted by an outside auditing firm, and the committee shall report conclusions at the next Board meeting.

3. Governance Committee

The Governance Committee shall consist of a chair and members appointed by the president. The duties and responsibilities of the Governance Committee are to assist and make recommendations to the Board in the areas of board governance, development, performance, and effectiveness.

- A. This committee shall review Board bylaws and forward its recommended revisions, if any, to the Board on at least an annual basis. The committee shall review and make recommendations to the Board, as needed, for revisions to the Board manual.
- B. This committee shall monitor current standards, regulations, and general expert commentary on corporate governance practices and procedures and shall review and make recommendations to the Board on all matters of governance, including governance practices and procedures.
- C. This committee shall review and make recommendations to the Board for board-member training and education.
- D. This committee shall conduct an annual evaluation of Board effectiveness.

4. Planning Committee

The Planning Committee shall consist of a chair and members appointed by the president. The Planning Committee shall provide information to the Board on changes and trends in the health care field that may influence the growth and development of the hospital.

- A. This committee shall assist in the preparation and modification of long-range and short-range plans to ensure that the total hospital program, inclusive of fixed assets and facility maintenance, is meeting and will continue to meet the health care needs of the

community. Any plan should include hospital services and those other health care facilities and related community resources. This committee may consult with the CEO, the Medical Staff, the Nursing Department, other department and services, and appropriate advisors in the planning.

5. Quality and Compliance Committee

The Quality and Compliance Committee shall consist of a chair and members appointed by the president.

- A. This committee shall provide information to the Board concerning the hospital quality assurance program and the mechanisms for monitoring and evaluating quality. This committee may also be used by the Board to identify and resolve quality and compliance problems and to identify opportunities to improve patient care.
- B. This committee shall seek the participation of the CEO or the CEO's representatives, the Medical Staff, the Nursing Department, and appropriate advisors regarding quality assurance to ensure that the Hospital meets its quality assurance goals.
- C. This committee shall oversee the development and implementation of the Hospital's compliance guidelines and procedures and the Hospital's compliance education and training. This committee shall also oversee the Hospital's maintenance of internal controls, systems, processes, resources, and channels of communication for identifying, reporting, and investigating compliance violations or concerns. The committee shall also oversee implementation of corrective actions.
- D. This committee shall oversee and review regular reports regarding compliance activities and investigations. This committee shall also oversee regular internal or external audits and surveys to verify adherence to the Hospital's compliance guidelines and procedures.

6. Joint Conference Committee

The Joint Conference Committee shall consist of the Board's president, vice president, and secretary, and any other committee members appointed by the president, together with the Executive Committee of the Medical Staff and representatives from the hospital's administration. The president of the Board will chair the Joint Conference Committee. In the absence of the Board president, the Board vice president will serve as chair of the Committee.

The purpose of this Committee is to provide a forum for communication between the Medical Staff and the Board of Directors.

7. Ad Hoc Committees

Ad hoc committees may be appointed by the president for special tasks. Upon completion of the task for which appointed, such ad hoc committees shall be discharged.

0155 BOARD CALENDAR

The Board shall conduct its business by reference to a calendar which specifies the month or date that decisions, resolutions, deliberations, notices, and reports must be made, instituted or received by the Board.

MEETINGS – 0160

0161 PARLIAMENTARY AUTHORITY

Meetings shall be conducted under Robert's Rules of Order, using the edition currently adopted by the City and Borough of Juneau, together with such amendments of these rules as may be adopted by the Board.

0162 QUORUM

Five members of the Board shall constitute a quorum, and no business shall be conducted in the absence of a quorum other than to adjourn a meeting to a later date. (CBJ Charter 3.12(e))

0163 PRESIDING OFFICER

The president shall preside at all meetings of the Board. In the absence, disability, or disqualification of the president, the vice president shall preside. In the absence, disability, or disqualification of the president and vice president, the secretary shall preside. In the absence, disability, removal, or disqualification of the president, vice president, and secretary, the person with the longest period of current consecutive service on the Board shall preside.

0164 CALL OF MEETINGS

1. Regular meetings shall be held in accordance with CBJ40.05.060.
2. Special meetings not regularly scheduled may be called by the president or upon the presentation of a petition requesting such a meeting and endorsed by a majority of the voting members of the Board.
3. All meetings of the Board and committees of the Board shall be open to the public, except as otherwise provided by law.
4. All meetings of the Board and the committees of the Board may be held virtually or telephonic in accordance with the City and Borough of Juneau code or Assembly rules, as amended.

0165 NOTICE

1. The president shall notify each Board member, in writing and no later than three days in advance of the meeting, of the time, date, location, and, to the extent it is known, the agenda of any regular meeting. Notice of the time, date, location and purpose of a special Board meeting shall be given to Board members no later than twenty-four hours in advance of the meeting.
2. Reasonable public notice shall be given for all meetings. Notice of all Board meetings and committee meetings shall be conducted in accordance with City and Borough of Juneau Code. Notice shall also be made on the Hospital's website.

In calling a special meeting this notice shall state the business for the transaction of which the special meeting has been called, and no business other than that stated in the notice shall be transacted at such special meeting.

CONDUCT – 0170

0171 CONFLICT OF INTEREST

Board members shall be governed by the CBJ Charter, Section 15.1 and CBJ Chapter 01.45 with respect to conflict of interest.

0172 MOTIONS AND VOTING

1. The prevailing vote of at least five members of the Board shall be required for official action, except that the prevailing vote may be reduced by one vote for every two members of the Board who are present but who do not vote because of a conflict, as more fully set out in CBJ Charter 3.16(e).
2. A Board member with a declared conflict of interest on an issue shall ask to be excused from discussion or the vote on the issue. If the president declares a conflict of interest, the president shall turn the meeting over to an alternate chair while the matter at issue is discussed. In either case, a different, non-conflicted member may move that the conflict is *de minimis* and ask that Board allow the conflicted member to remain in the discussion, especially in cases where the conflicted member has special expertise. The conflicted member may still ask to be excused, and if so, that request must be granted. However, if the motion to rule the conflict *de minimis* is seconded and passed, the conflicted member may remain in the discussion but may not vote.
3. A vote may be taken by voice, show of hands, or roll call. If one or more members are participating telephonically, the vote of all members shall be taken by voice or roll call. Proxy voting shall not be permitted. At the request of any member, the Board shall be polled.

0173 EXECUTIVE SESSIONS

1. If permitted subjects are to be discussed at a meeting in executive session, the meeting must first be convened as a public meeting and the question of holding an executive session to discuss matters that come within the exceptions set forth below shall be determined by a majority vote of the Board. The motion to convene in executive session must clearly and specifically describe the subject of the proposed executive session without defeating the purpose of addressing the subject in private. No subjects may be considered at the executive session except those mentioned in the motion calling for the executive session unless those subjects are auxiliary to the main question. No action may be taken at the executive session except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.

The following subjects may be considered in an executive session:

- A. Matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity.

- B. Subjects that tend to prejudice the reputation and character of any person, provided that person may request a public discussion.
 - C. Matters which by law, municipal charter, or ordinances are required to be confidential.
 - D. Matters involving consideration of government records that by law are not subject to public disclosure.
- 2. Any executive session where the subject to be discussed tends to prejudice the reputation and character of any person shall require advance notification of that person.
 - 3. Board members participating via telephone in a meeting in which an executive session is called, may participate in the executive session only after verifying, on the record and before the session, that the member is alone, in a private place and able to maintain and safeguard the private status of the telephone call for the duration of the session. If at any time the privacy of the call becomes in question any member or invited attendee in the session may request re-verification of the caller's privacy status.

0174 HEARING OF PUBLIC

Members of the public present at the meeting of the Board shall be offered a reasonable opportunity to be heard in accordance with Board policy.

0176 ADJOURNMENT

The Board may at any time recess or adjourn a meeting to a time and place certain. Upon resuming, the Board shall commence business at the point in the agenda where the motion to recess or adjourn was adopted.

0177 CODE OF ETHICS

Members of the Board, including ex officio members, shall abide by and conform to the City and Borough of Juneau Conflict of Interest Code (CBJ 01.45) and to the codes of ethics and conduct described in the most recently approved Code of Ethics and Conduct Policy.

0181 OFFICIAL MINUTES

- 1. The Board shall keep minutes of all Board meetings and Board committee meetings and a record of all proceedings of the Board.
- 2. All minutes shall be filed in the office of the CEO as the permanent record of the acts of the Board.
- 3. The minutes shall show the time and place, the members present, the members absent, the subjects considered, the actions taken, the vote taken, and any other information required by law.

4. Motions to convene and the subject matters to be discussed in executive session shall be clearly reflected in the minutes.
5. Copies of all written reports received at a Board or committee meeting shall be attached to the minutes for that meeting.

HOSPITAL CHIEF EXECUTIVE OFFICER (CEO) – 0210

0211 APPOINTMENT

The chief executive officer of the Hospital (the CEO) shall be appointed by the Board, after consultation with the City and Borough of Juneau City Manager, only upon affirmative vote of a at least six members of the entire Board (CBJ 40.10.010) (40.05.020(d)).

0212 VACANCY

Whenever a vacancy occurs, the succession plan, as described in the Board Manual, will be implemented.

0213 DUTIES AND RESPONSIBILITIES

In addition to the duties and responsibilities set out in CBJ 40.10.020:

1. The CEO shall have the duties and responsibilities with respect to the Board, as described in the Board Manual.
2. The CEO shall fulfill the duties set forth in the CEO's job description.

0214 ANNUAL EVALUATION

Annually, or more frequently, as the Board deems necessary, the Board shall review the performance of the CEO. The president of the Board shall inform the CEO of the results this evaluation. Minutes of the Board meeting shall document the evaluation of the CEO.

MEDICAL STAFF – 0300

0321 MEDICAL STAFF ORGANIZATION AND BYLAWS

The Hospital shall have an organized medical staff (the Medical Staff). This group is responsible to the Board for the clinical and scientific work of the hospital, as the Board serves as the governing body for the hospital. With approval of the Board, the Medical Staff may adopt bylaws, rules, regulations and policies for the proper conduct of its work and eligibility for appointment to the Medical Staff. The Medical Staff bylaws shall be submitted to the Board for its approval and shall not become effective until approved by the Board. The bylaws shall include provisions for hearings on applications for membership on the Medical Staff that are consistent with the requirements of due process, federal law, state law, and these bylaws. When the Medical Staff reviews or revises its bylaws, rules, regulations and policies it will submit its recommendations for amendment to the Board for its review and approval. (CBJ 40.15.040)

Neither the Medical Staff nor the Board may unilaterally amend the staff bylaws.

0322 SELF-GOVERNING

The Medical Staff shall be self-governing with respect to the professional work performed in the hospital. It shall:

1. Designate one of its members as a physician leader of the Medical Staff (the Chief of Staff).
2. Hold regular meetings in accordance with Medical Staff bylaws, for which minutes and records of attendance shall be kept.
3. Review and analyze at regular intervals the clinical experience of the Hospital. Medical records of patients shall be the basis for such review and analysis. (CBJ 40.15.050)

0351 ACTIONS AND DECISIONS

In accordance with the Medical Staff bylaws adopted pursuant to CBJ 40.15.030, the Board, after appropriate action by the Medical Staff, shall take action or make decisions on Medical Staff matters, including applications for membership, clinical privileges, and professional discipline matters.

0352 REVIEW OF ACTIONS AND DECISIONS

The Medical Staff bylaws shall include procedures for hearings whereby the applicant or member of the Medical Staff shall be afforded a hearing in connection with a request for a review of a decision or action taken pursuant to Section 0351 of these bylaws.

0353 REAPPLICATION FOLLOWING DENIAL OR REVOCATION

If an application for membership on the Medical Staff or renewal of membership is denied by the Board, or if the Board revokes the membership of a staff member, the applicant may reapply for appointment to the Medical Staff after the expiration of two years from the date of such denial, unless the Board provides otherwise in the formal written denial.

0371 BOARD OBLIGATION TO THE MEDICAL STAFF

The Board, through the CEO, shall ensure that the Medical Staff is provided with the administrative assistance necessary to conduct medical staff business and quality assurance activities in accordance with the hospital's Quality Review Plan. This includes the services of the medical record department, and any other administrative or technical assistance deemed necessary and appropriate to fulfil its mission and to facilitate the Medical Staff's conduct of quality review activities. The nature and the frequency of submission of required reports shall be in accordance with the hospital's Quality Review Plan and the Medical Staff bylaws, rules and regulations.

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(LAST PAGE)

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Finance and Audit Committee
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- The board is being asked to consider the repayment of the \$2M appropriated to Bartlett Regional Hospital by the City and Borough of Juneau (CBJ) in FY24.

BACKGROUND

- In FY24 during its financial crisis, CBJ appropriated \$2M to BRH to ensure BRH had adequate cash flow.
- BRH currently finds itself in a much better place financially.
- During the February Finance Committee meeting, it was proposed by the CEO to begin repayment of the \$2M in 1/3 increments starting in FY26. The Finance Committee approved of this proposal and recommended forwarding it to the full board for approval.

OPTIONS

- Approve the proposed repayment plan as presented.
- Seek more information.

ADMINISTRATION'S RECOMMENDATION

- Approve the proposed repayment plan as presented.

MOTION FROM COMMITTEE

- I move the Board of Directors of Bartlett Regional Hospital to approve the proposed repayment of \$667K of the appropriated funds in FY26. Future payments will be brought up for consideration in subsequent year.

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- These are the draft minutes, and presentation 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 from each committee meeting held.
 - A. February 6, 2025, Draft Board Governance Committee Meeting Minutes
 - B. ~~February 14, 2025, Draft Finance and Audit Committee Minutes~~ - **Unavailable**
- These updates include action items from the Finance and Audit Committee for Board consideration and approval.

DRAFT MINUTES – BOARD GOVERNANCE COMMITTEE MEETING

DATE: Thursday, February 06, 2025, at 3:00 p.m.
LOCATION: BRH Boardroom & Teams Videoconference

- I. **CALL TO ORDER** – 3:00 p.m.
- II. **ROLL CALL**
***Committee and Board Members Present** (*Zoom attendees italicized*): * Hal Geiger, *Lisa Petersen, *Chris Letterman, Deb Johnston, *Dr. Brett Tingey*, and *Shelly Deering*

Also Present (*Zoom attendees italicized*): Joe Wanner, Gail Moorehead, Kim McDowell, Charles Cave, and Suzette Nelson
- III. **APPROVAL OF AGENDA** – MOTION by Ms. Petersen to approve the agenda as presented. Mr. Letterman seconded. There being no objection, MOTION approved.
- IV.
- V. **PUBLIC PARTICIPATION** - None
- VI. **APPROVAL OF MINUTES** – MOTION by Ms. Petersen to approve the January 21, 2025 minutes. Mr. Letterman seconded. There being no objection, MOTION approved.
- VII. **OLD BUSINESS**
Bylaws – The committee reviewed the suggested revisions that Mr. Geiger provided in the packet.

MOTION by Ms. Peterson to remove the “Quality patient care shall be provided...” language from Section 0112. Mr. Letterman seconded. There being no objection, MOTION approved.

MOTION by Mr. Letterman to accept this version of the bylaws with the minor grammatical or clerical changes that Mr. Geiger might make and pass it to the full board for review and approval. Ms. Peterson seconded. There being no objection, MOTION approved

Self Examination – Mr. Geiger offered suggestions on how to approach the next self-examination for the board. The committee agrees to have a simplified self-examination. Mr. Geiger proposed to take what he has done and expanded and come back to the committee meeting with a survey draft for review.

VIII. NEW BUSINESS

Procedures Manual – Mr. Geiger agreed to review and clean up the manual and present it to the next committee for review.

IX. COMMITTEE COMMENTS AND QUESTIONS

Ms. Johnston shared her appreciation with Mr. Geiger's hard work and efforts with cleaning up our bylaws and agreeing to take on the policy manual.

X. NEXT MEETING: March 10, 2025, at 3:00 pm

XI. ADJOURNMENT – 4:26 p.m.

DRAFT

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Finance and Audit Committee
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- The board is being asked to review and approve proposed changes to the Delegation of Spending Authority policy.

BACKGROUND

- The current Delegation of Spending Authority policy has inconsistencies to the amount of hospital funds the Chief Executive Officer (CEO) is authorized to commit for budgeted, appropriated capital budget funds and non-budgeted, non-appropriated funds. These proposed changes authorize the CEO to commit up to \$100,000 for both. The proposed changes also increase the amount the CEO may authorize for settlements involving Patient Financial Services from \$25,000 to \$50,000.
- The current policy identifies individuals authorized to commit funds by their roles in the organization, many which no longer exist. Proposed changes authorize leadership classified under the DBM Management Scale between D61-D65/72 to commit funds.
- These changes were approved by the Finance and Audit Committee at its February 14, 2025, meeting.

OPTIONS

- Approve the proposed changes to the Delegation of Spending Authority as presented.
- Amend the changes to the Delegation of Spending Authority and approve the amended version.
- Seek more information.

ADMINISTRATION'S RECOMMENDATION

- Approve the proposed changes to the Delegation of Spending Authority as presented.

MOTION FROM COMMITTEE

- I move the Board of Directors of Bartlett Regional Hospital to approve the proposed changes to the Delegation of Spending authority as presented.

Bartlett Regional Hospital

Title: **DELEGATION OF SPENDING AUTHORITY**

Department/s: Hospital-Wide

Original Date: July 31, 2000

Author: General Accounting

Updated: February 7, 2025

PURPOSE:

The purpose of this policy is to define the limits for senior leadership and manager to commit Bartlett to appropriations. The purpose also identifies those commitments that require approval by Bartlett's Board of Directors.

POLICY:

- A. The Chief Executive Officer (also known as "Administrator" is authorized to commit Hospital Funds in amounts:
 - A.1. For operating expenditures (supplies, services, and contracts) that have been budgeted and appropriated in the current fiscal year.
 - A.2. Amounts that have been budgeted and appropriated in the current fiscal year capital budget when the total purchase price including freight, installation, training, etc. does not exceed the greater of \$100,000 or ten (10) percent of the budgeted amount.
 - A.3. Not more than one hundred thousand dollars (\$100,000) for projects/agreements that have not been budgeted and appropriated in the current year.
 - A.4. Fifty thousand dollars (\$50,000) for settlements involving Patient Financial Services ("PFS") services.
 - A.5. The Chief Executive Officer must present any (i) expenditures exceeding the limits cited in A.1, A.2, A.3 or A.4 and (ii) unbudgeted capital or operating expenditures over one hundred thousand dollars (\$100,000) to the Finance Committee before the funds can be committed.
 - A.6. In the event of an emergency, where the delay in the purchase of equipment may endanger or delay patients or staff, the Chief Executive Officer may approve amounts in excess of those cited in A.1, A.2, A.3, A.4, and A.5 in consultation with the Board Chair. Any emergency approvals would be brought to the board for retroactive approval.
- B. The Chief Financial Officer is authorized to commit Hospital Funds in amounts not more than fifty thousand dollars (\$50,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget.
- C. The Chief Financial Officer will ensure that Bartlett's policies and procedures follow a separation of duties as defined by generally accepted accounting principles whereby the individual who signs the requisition or agreement is independent of the individual who has negotiated the terms of the requisition or agreement.
- D. BRH Leadership (Executives) classified under the DBM Management Scale between E81-E83 are authorized to commit Hospital funds in amounts not more than twenty-five thousand dollars (\$25,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget. A list of these individuals/positions are available at any time via request through the HR Helpdesk (hrhelpdesk@bartlettshospital.org)
- E. BRH Leadership (Directors) classified under the DBM Management Scale between D61-D65/72 are authorized to commit Hospital funds in amounts not more than five thousand dollars (\$5,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget. A list of these individuals/positions are available at any time via request through the HR Helpdesk (hrhelpdesk@bartlettshospital.org).

F. The Chief Financial Officer will ensure that purchases and agreements are not sub-divided into smaller dollars to by-pass the approval levels identified in this policy.

G. The Chief Financial Officer or the Chief Executive Officer will be responsible for reviewing all expenditures over \$50,000 and prior to payment.

SCOPE: Applies to the above-named positions.

	Date:	Signature:(Medical Director or Committee Chair, as appropriate)		Date	Signature:(Medical Director or Committee (Chair, as appropriate)
Review/Revision	09/12/03		Review/Revision:		
Review/Revision	05/17/04		Review/Revision:		
Review/Revision	08/23/10		Review/Revision:		
Review/Revision	09/18/15		Review/Revision:		
Review/Revision	04/06/18		Review/Revision:		
Review/Revision	02/26/19		Review/Revision:		

Bartlett Regional Hospital

Title: **DELEGATION OF SPENDING AUTHORITY**

Department/s: Hospital-Wide

Original Date: July 31, 2000

Author: General Accounting

Updated: ~~February 26, 2019~~ February 7, 2025

PURPOSE:

The purpose of this policy is to define the limits for senior leadership and manager to commit Bartlett to appropriations. The purpose also identifies those commitments that require approval by Bartlett's Board of Directors.

POLICY:

- A. The Chief Executive Officer (also known as "Administrator" is authorized to commit Hospital Funds in amounts:
- A.1. For operating expenditures (supplies, services, and contracts) that have been budgeted and appropriated in the current fiscal year.
 - A.2. Amounts that have been budgeted and appropriated in the current fiscal year capital budget when the total purchase price including freight, installation, training, etc. does not exceed the greater of ~~\$25,000~~100,000 or ten (10) percent of the budgeted amount.
 - A.3. Not more than one hundred thousand dollars (\$100,000) for projects/agreements that have not been budgeted and appropriated in the current year.
 - A.4. ~~Twenty-five~~Fifty thousand dollars (\$250,000) for settlements involving Patient Financial Services ("PFS") services.
 - A.5. The Chief Executive Officer must present any (i) expenditures exceeding the limits cited in A.1, A.2, A.3 or A.4 and (ii) unbudgeted capital or operating expenditures over one hundred thousand dollars (\$100,000) to the Finance Committee before the funds can be committed.
 - A.5.A.6. In the event of an emergency, where the delay in the purchase of equipment may endanger or delay patients or staff, the Chief Executive Officer may approve amounts in excess of those cited in A.1, A.2, A.3, A.4, and A.5 in consultation with the Board Chair. Any emergency approvals would be brought to the board for retroactive approval.
- B. The Chief Financial Officer is authorized to commit Hospital Funds in amounts not more than fifty thousand dollars (\$50,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget.
- C. The Chief Financial Officer will ensure that Bartlett's policies and procedures ~~follows~~follow a separation of duties as defined by generally accepted accounting principles whereby the individual who signs the requisition or agreement is independent of the individual who has negotiated the terms of the requisition or agreement.
- D. BRH Leadership (Executives) classified under the DBM Management Scale between E81-E83 are authorized to commit Hospital funds in amounts not more than twenty-five thousand dollars (\$25,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget. A list of these individuals/positions are available at any time via request through the HR Helpdesk (hrhelpdesk@bartletthospital.org)
- E. BRH Leadership (Directors) classified under the DBM Management Scale between D61-D65/72 are authorized to commit Hospital funds in amounts not more than five thousand dollars (\$5,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget. A list of these individuals/positions are available at any time via request through the HR Helpdesk (hrhelpdesk@bartletthospital.org).
- D. The following executives are authorized to commit Hospital Funds in amounts not more than twenty-five thousand dollars (\$25,000.00) if the funds have been appropriated in the current

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fiscal year operating or capital budget.
~~D.1. Chief Clinical Officer~~
~~D.2. Chief Behavioral Health Officer~~
~~D.3. Human Resources Director~~

E. The following individuals are authorized to commit Hospital funds in amounts not more than five thousand dollars (\$5,000.00) if the funds have been appropriated in the current fiscal year operating or capital budget.

- E.1. Assistant Chief Clinical Officer
- E.2. Case Management Director
- E.3. Community Relations Director
- E.4. Compliance Officer
- E.5. Controller
- E.6. Diagnostic Imaging Director
- E.7. Director of Medical Staff Services
- E.8. Education Director
- E.9. Facilities Director
- E.10. Food Services Manager
- E.11. Health Information Management Director
- E.12. Human Resources Manager
- E.13. Information Systems Director
- E.14. Laboratory Director
- E.15. Materials Management Director
- E.16. Nurse Director, Critical Care Unit
- E.17. Nurse Director, Emergency Department
- E.18. Nurse Director, Medical Surgical Unit
- E.19. Nurse Director, Mental Health Unit
- E.20. Nurse Director, Obstetrics
- E.21. Nurse Director, Surgical Services
- E.22. Patient Access Services Director
- E.23. Patient Financial Services Director
- E.24. Pharmacy Director
- E.25. Physical Rehab Director
- E.26. Physicians' Services Director
- E.27. Program Administrator, RRC
- E.28. Quality Assurance Director
- E.29. Respiratory Therapy Director

F. The Chief Financial Officer will ensure that purchases and agreements are not sub-divided into smaller dollars to by-pass the approval levels identified in this policy.

G. The Chief Financial Officer or the Chief Executive Officer will be responsible for reviewing all expenditures over \$50,000 and prior to payment.

SCOPE: Applies to the [above named above-named position employees](#).

	Date:	Signature: (Medical Director or Committee Chair, as appropriate)		Date	Signature: (Medical Director or Committee (Chair, as appropriate)
Review/Revision	09/12/03		Review/Revision:		
Review/Revision	05/17/04		Review/Revision:		
Review/Revision	08/23/10		Review/Revision:		
Review/Revision	09/18/15		Review/Revision:		
Review/Revision	04/06/18		Review/Revision:		
Review/Revision	02/26/19		Review/Revision:		

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- This is a standing report from the CEO and Administration staff to the board 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 Administration
 - b. Home Health and Hospice Services
 - c. Wildflower Court

OPTIONS

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

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CEO
SUBJECT: Executive Administration Report

CHIEF EXECUTIVE OFFICER

“One person caring about another represents life’s greatest value.” – Jim Rohn, Author

In early February, as the hospital’s broad leadership team was meeting on A3’s and discussing process improvements, there was a code blue overhead page. Immediately, the nurse leaders in the room jumped up and left to provide support to their units while other team members were visibly emotional as they knew the patient in medical distress. This sequence of events served as a powerful reminder that the patients we are here to care for are our friends, family, and neighbors. The care of this patient was supported by OB, ER, Lab, CCU, and the OR. These teams came together to ensure this individual received the best care possible and in doing so, saved this patient’s life. This event highlights the importance of having engaged staff, working within a climate of trust, results in extraordinary care.

Employee engagement in health care is a critical factor that influences the quality of care, patient satisfaction, workplace culture, and recruitment and retention. To achieve Bartlett’s mission to provide our community with quality, patient-centered care in a sustainable manner, we need to continue to work to create an environment that promotes engagement. One of the tools we use to assess employee engagement is an annual hospital wide survey that was last conducted in October. In reviewing the results as an organization, we have identified areas where we have had significant gains, as well as areas that require further attention and support.

I am proud to see the hospital’s overall engagement score increase significantly compared to the prior year. Additionally, our key drivers of engagement, areas that have the biggest impact on overall employee engagement, increased significantly across the board. We made gains and outperformed the national healthcare average in several areas, including trust within units, employee financial security, and pride in high-quality care and service within teams. That said, the resilience of staff continues to be challenging and is a warning sign for burnout. On one side of resilience, staff who responded to the survey overwhelmingly believe the work they do makes a real difference. On the other side, nearly half of staff who responded struggle with decompression and the ability to disconnect from work at the end of the day. These results are concerning as they are far worse than the national healthcare average and our results from the year prior.

I am encouraged by the transparent and intentional process that has occurred these past few weeks as the engagement results have been shared across the organization. I value hearing the thoughtful and constructive conversations among department and unit leaders on this topic and look forward to learning more about their specific department response efforts. I appreciate the efforts of the employee-led Wellness Workgroup who have focused on burnout and are actively soliciting additional feedback from their colleagues and identifying action items they can spearhead.

I look forward to continued dialogue with employees over the coming months as additional actions items are identified. Next year when we reflect on our progress as an organization, it is my hope that our investments in our employees are positively reflected in our engagement survey results.

CHIEF NURSING OFFICER/CHIEF OPERATING OFFICER

A soft roll out of our Virtual Nursing Program occurred February 17, 2025, on the Medical/Surgical Unit. This has been in the works since last year. The purpose of the Virtual Nursing Program is to augment staffing and allow nurses on the floor to spend more meaningful face to face time with patients. Initially the virtual nurse will be focusing on admissions to the unit during peak times. The virtual nurse will be employed by BRH and officed on site with the potential to allow this position to be off site. Implementing virtual nursing will allow nurses who are unable to work the floor or who have retired to enter the nursing workforce to support admissions, as well as provide mentoring to new nurses.

AHHA LEGISLATIVE PRIORITIES 2025 | 34th Alaska State Legislature

Our top priority is **ensuring access** to
quality, sustainable healthcare for all Alaskans

ADDRESS DELAYS IN CARE

PRIOR AUTHORIZATION

Patients across Alaska experience delays for care as a result of prior authorization. Originally intended to confirm the appropriateness of care, this practice has led to denials and delays to healthcare, administrative burdens for healthcare professionals, and, most critically, interruptions in the care that patients urgently need.

- **Reform the prior authorization process** by broadening exemptions, imposing strict time limits on reviews, requiring disclosures by insurers, and integrating technology.

Call to
Action

NURSE LICENSURE COMPACT (NLC)

Alaska needs to update its professional licensing process to incorporate modern best practices. Currently, 43 states and jurisdictions have license reciprocity through the NLC so that qualified nurses can practice across state lines with a single license. It is widely supported by Alaska nurses—a 2023 survey shows 92% of respondents support Alaska joining the NLC.

- **Enact the NLC** to get nurses to work faster, aid recruitment and retention, and support military families relocating to Alaska.

HEALTHCARE INFRASTRUCTURE AND SERVICES

Alaska's healthcare system is stuck. We lack infrastructure and services, with one in seven hospital beds occupied by patients who are medically ready to leave but cannot be discharged because there is no place to go for continued care. In 2023, Alaskans spent 67% longer in the hospital than the national average.

- **Invest in healthcare capital projects and services**, and realign reimbursement streams to increase throughput in our healthcare system.

PROMOTE FISCAL SUSTAINABILITY

CERTIFICATE OF NEED (CON)

CON laws are a healthcare planning and regulatory mechanism used to balance healthcare access and cost. It is a public, transparent process for vetting projects that could add significantly to a state's Medicaid budget. In states that have repealed CON - such as Georgia, Pennsylvania, Ohio, and Indiana - per capita health expenditures for hospital and physician services grew at a higher rate in the years following repeal.

- **Don't repeal CON - make refinements to the administrative code.** AHHA is committed to working with the Legislature and the Department of Health on such an approach.

MEDICAID SERVICES

Medicaid is a federal-state partnership that provides health coverage and long-term care services for Alaska's most vulnerable: children, seniors, people with disabilities, pregnant women, and very low income or working poor. The program is vital to Alaska's healthcare infrastructure. Medicaid and Medicare often underpay for healthcare services, which creates a significant cost shift to private insurance and drives up healthcare costs to Alaskans.

- **Fully-fund the Medicaid program** to mitigate cost shifts and incentivize service delivery for our vulnerable populations.

MEMORANDUM

DATE: February 13th, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Heather Richter, Director Home Health and Hospice Services
SUBJECT: **Home Health and Hospice Report**

The following is a brief update as of 2/13/25 on the status of the Home Health and Hospice programs at Bartlett Regional Hospital.

Census updates:

Home Health:

- The program had 14 admissions with 2 recertifications for the month of January. There are 3 admissions pending, and 26 patients are currently on service.

Hospice:

- The Hospice program has had 9 admissions this quarter, 5 of which are currently receiving service. There were a total of 17 deaths over quarter 2.
- The Hospice Average Daily Census (ADC) for the current quarter is 4. The ADC for quarter 2 was 3.
- The Hospice Average Length of Stay for the current quarter is 11 days. The Hospice Average Length of Stay for quarter 2 was 20.

Licensure Updates:

Home Health and Hospice:

- The Home Health program received Medicaid provider enrollment approval on November 13th and has begun implementation of Electronic Visit Verification (EVV) services as required for Medicaid reimbursement. Initial training for EVV began 11/27/24.
- Authorization requests for Medicaid recipients are being sent out and the associated claims will be released following approval

Recent Outreach and Education:

- The program Director attended the Southeast Regional Eldercare Coalition summit on October 1st-2nd, during which information on both Home Health and Hospice services was shared with community members as well as other local providers. Hospice volunteer recruitment also occurred at this summit.

- Home Health & Hospice staff participated in the Cancer Connection Community Health Forum on Saturday, October 26th. The hospice program received a total of three new volunteer applications as a result.
- The Director of Home Health & Hospice and Hospice Medical Social Worker attended the Juneau Afternoon segment on KTOO alongside the Juneau Community Foundation on October 31st. This segment served as an opportunity to provide the community with information on the current status of the Hospice program, where to donate, availability of services, how to enroll, and answers to frequently asked questions.
- Presentation at the AARP Juneau Community Action Team Meeting on Wednesday, November 20th.
- In-service to Bartlett Medical Oncology and Southeast Radiation Oncology providers and staff on Tuesday, December 10th.
- 6 week bereavement support group began Tuesday, January 21st. Led by hospice volunteers and covers topics in a safe environment such as the geography of grief, role changes, and how to navigate anniversaries and holidays.

Light Up a Life Community Celebration:

- The Hospice program held its first annual Light Up a Life event on December 13th, 2024. This holiday event that gave families and friends an opportunity to gather and honor the memory of those they've loved and lost also included a tree-lighting ceremony and silent auction. Guest speakers in attendance included Dr. Bob Urata and Mandy Mallott, who spoke on the importance of hospice services within the community. The event generated nearly \$5,000 in donated funds for the program. The event was featured in the Juneau Empire the following day: <https://www.juneauempire.com/news/stabilizing-local-hospice-and-home-health-services-celebrated-as-a-gift-at-holiday-gathering/>

MEMORANDUM

DATE: February 13, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah Koelsch, Wildflower Court Administrator

WILDFLOWER COURT (WFC):

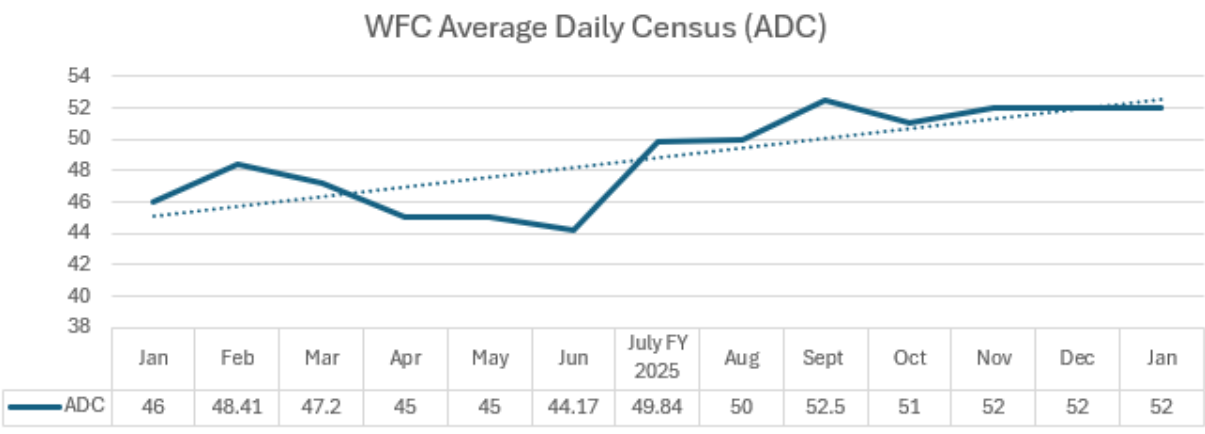
The WFC team continues to work on Quality Improvement Performance Improvement (QAPI) initiatives. The identified projects came from multiple resources and reports, such as CMS Care Compare Five-Star Ratings of Nursing Homes quarterly report, State of Alaska/Federal Survey findings, staff and resident input, staff survey outcomes and WFC Annual Facility Assessment conclusions.

Current performance improvement projects (PIPs) include:

- 1. Medication Management
- 2. Catheter Management
- 3. Fall Reduction
- 4. A3: Supply, Equipment, standardization/LEAN
- 5. Advance Beneficiary Notice/Informed Consent
- 6. Staff Development/Competency Evaluation

January 2025, WFC census information

- Average Daily Census (ADC) 52
- Occupancy Rate 85%
- Long-term Care residents 45
- Skilled Nursing residents 7



MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Melissa McCormick, Executive Director Bartlett Foundation

ISSUE

- 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: February 12, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Melissa McCormick, Executive Director Bartlett Foundation

Current Activity/Fundraising/Events:

1. The Grace and Phil Edelman Health Science Scholarship application period for academic year 2025-26 is opening soon! Edelman scholarship materials are currently in development and are anticipated to be posted on the Foundation's website by the end of February. Scholarship applications are due by May 23, 2025.
2. The Bartlett Foundation has been working with Hot Shot Coffee to provide additional options for our staff. Hours may be limited to 7:30 AM to 11:30 AM, but we are working on making this a better experience for our staff, patients, and guests. More information coming soon!
3. Enrollment in the Give From the Heart payroll contribution campaign is open. Bartlett employees currently contribute \$490 per pay period.
4. The Foundation's Events Committee is currently assessing various fundraising events. This includes the traditional annual pig roast fundraiser, and the addition of a new fundraiser focused on supporting hospice initiatives. Also...look for an upcoming Paint and Healthy Sip FUNdraiser this Spring!
5. Foundation investment in BRH January 1 through February 12, 2025:

Bladder Scanner for CCU – January 2025	\$5,000.00
Hospice Education – February 2025	\$2,864.00
Total Amount To Date	\$7,864.000

"We make a living by what we get, but we make a life by what we give."
Winston Churchill

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

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 to approve the board calendar as presented.

MARCH 2025

All public meetings will be virtual and in person unless otherwise noted. Participants wishing to join virtually are encouraged to do so by using the video conference meeting information listed on the next page and at the top of each meeting's agenda.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
						1
2	3	4 7:00am Credentials Committee (Not a public meeting)	5	6	7 12:00 pm Joint Planning Committee and Finance & Audit Committee	8
9	10 3:00pm Board Governance Committee	11	12	13 12:00pm Special Board of Directors Meeting 3:00pm Board Quality and Compliance Committee	14 8:00am Board of Directors Work Session Retreat	15
16	17	18	19	20	21	22
23	24	25 5:30pm Board of Directors	26	27	28	29
30	31					

MARCH 2025 - BRH Board of Directors and Committee Meetings

BRH Joint Planning Committee and Finance & Audit Committee Meeting 12:00 pm Monday, March 7th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link

https://bit.ly/JointPlanning_FinanceMeeting **Meeting ID:** 256 699 058 567 **Passcode:** wN9ks3LK

Join by Phone: 1 469 998 7360 **Phone Conference ID:** 793 422 726#

BRH Board Governance Committee 3:00 pm Monday, March 10th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link

<https://bit.ly/BRHBoardGovernanceMarch2025> **Meeting ID:** 240 519 909 063 **Passcode:** wW9MQ2TS

Join by Phone: 1 469 998 7360 **Phone Conference ID:** 146 903 108#

BRH Special Board of Directors Meeting 12:00pm Thursday, March 13th

This will be a virtual meeting only. Attendees may access the meeting via the following link:

<https://bit.ly/SpecialBODmeeting3132025> **Meeting ID:** 296 165 853 298 **Passcode:** ZZ3RE9T4

Join by Phone: 1 469 998 7360 **Phone Conference ID:** 575 617 578#

*The purpose of this one agenda item Board of Directors meeting is to approve the BRH FY26 Budget.

BRH Board Quality and Compliance Committee 3:00 pm Thursday, March 13th

This hybrid meeting will be held in the BRH boardroom and via Microsoft Teams via the following link

<https://bit.ly/QualityCommitteeMeetingMarch2025> **Meeting ID:** 217 444 282 366 **Passcode:** B4Vb35D4

Join by Phone: 1 469 998 7360 **Phone Conference ID:** 869 150 23#

BRH Board of Directors Work Session Retreat 8:00am Friday March 14th

Please note that this meeting is being held at the Airport Alaska Room as a Board of Directors Work Session and no public testimony will be taken.

*This will be an In Person meeting only - parking is limited so please carpool if you can.

BRH Board of Directors Meeting 5:30pm Tuesday, March 25th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link:

<https://bit.ly/BRHBoardofDirectorsMeetings2025> **Meeting ID:** 295 750 175 155 **Passcode:** K4ka96dC

Join by Phone: 1 469 998 7360 **Phone Conference ID:** 465 244 905#

MEMORANDUM

DATE: February 19, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

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, and patient safety.

BACKGROUND

- Documents to be reviewed are:
 - a. Credentialing files summary report
 - b. February 11, 2025, Medical Staff Meeting Minutes
 - c. Patient Safety Dashboard

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, and patient safety dashboard.