
AGENDA – BOARD OF DIRECTORS MEETING

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

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Chad Brown, Executive Director Human Resources

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. March 26, 2024, Draft Board of Directors Meeting Minutes (p. 4)
- B. February 2024 Financials (p. 8)

VII. OLD BUSINESS

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. CEO Search Update – Deb Johnston

VIII. NEW BUSINESS

- Hall Render Update – Ian Worden, CEO

IX. MEDICAL STAFF REPORT – Alex Malter, MD, COS (p.18)

- Physician Professional Behavior (p.19)

X. COMMITTEE MEETING MINUTES (p.20)

- A. April 5, 2024, Draft Planning Committee Minutes – Deb Johnston (p.21)
- B. April 12, 2024, Draft Finance Committee Minutes – Max Mertz (p.23)

XI. ADMINISTRATION REPORTS (p.25)

- A. CEO and Executive Administration Report – Ian Worden, CEO (p.26)
- B. Home Health/Hospice/Wildflower Court – Kim Stout, Administrator (p.31)
- C. Legal Counsel – Robert Palmer

- XII. BRH FOUNDATION REPORT – Maria Uchytel, Executive Director** (p.35)
- XIII. CBJ LIAISON REPORT – Wade Bryson**
- XIV. PRESIDENT REPORT – Kenny Solomon-Gross**
- XV. BOARD CALENDAR – May 2024** (p.37)
- XVI. BOARD COMMENTS AND QUESTIONS**
- XVII. EXECUTIVE SESSION** (p.40)
 - A. Credentialing Report – Alex Malter, MD
 - B. April 9, 2024, Medical Staff Meeting Minutes – Alex Malter, MD
 - C. Patient Safety Dashboard – Gail Moorehead, CQCO
 - D. Legal and Litigation – Robert Palmer
 - E. Union Negotiations – Chad Brown and John Fechter
- XVIII. ADJOURNMENT**

NEXT MEETING – Tuesday, May 28, 2024, 5:30 p.m.

MEMORANDUM

DATE: April 23, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, 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 the March 26, 2024, Board of Directors Meeting
 - b. February 2024 Financials

OPTIONS

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

ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

SUGGESTED MOTION

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

DRAFT MINUTES – BOARD OF DIRECTORS MEETING

DATE: March 26, 2024
LOCATION: BRH Boardroom and Zoom Videoconference

I. **CALL TO ORDER** –5:32 p.m. by Mr. Solomon-Gross, Board President

II. **LAND ACKNOWLEDGEMENT** –Ms. Hardin provided the land acknowledgement.

III. **ROLL CALL**

Board Members Present: *(Virtual attendees italicized)*

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

Absent: Max Mertz

Also Present: Ian Worden, Joe Wanner, *Kim McDowell*, Gail Moorehead, Kim Stout, Chad Brown, Nate Rumsey, Erin Hardin, Maria Uchytel, Wade Bryson, Alex Malter, MD., Rob Palmer, John Fechter, and Anita Moffitt

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

V. **PUBLIC PARTICIPATION** – None

VI. **CONSENT AGENDA** – MOTION by Ms. Johnston to approve the consent agenda. Ms. Deering seconded. There being no objection, MOTION approved.

VII. **OLD BUSINESS**

Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. There are no Covid patients in house and no employees out with Covid. Patient days in February: CCU – 79, Med Surg – 435, OB – 53. Nursery – 33, MHU – 293 (currently have 8 patients). There were 844 patients seen in the ED in February. RRC currently has 14 patients. Crisis had 23 patient days for 21 encounters. There are 4 sub-acute care patients awaiting placement elsewhere, 2 for long term care, and 3 for assisted living. Ms. Stout reported WFC (Wildflower Court) has 46 residents, Hospice has 9 active patients on service and Home Health has 24.

VIII. **NEW BUSINESS**

CEO Search – Ms. Johnston reported a CEO Search Committee has been formed and will meet next week to discuss the CEO recruitment process, position description and timeline. Committee members are Deb Johnston, Shelly Deering, Maria Uchytel, Nick Rosenfeld, Bob Urata, Robert Barr, and Ian Worden. Chad Brown will provide administrative support. The goal is to have a new CEO accepted by September 1st and onboard by the end of October.

Action Item: COVID -19 Vaccination Mandate:

The COVID-19 employee vaccination mandate adopted in 2021 is out of date and does not meet current CDC standards and recommendations. BRH Administration recommends the COVID-19 vaccination be assessed as part of the overall vaccination recommendation for hospital employees.

MOTION by Ms. Johnston that the Board of Directors of Bartlett Regional Hospital rescind the 2021 COVID-19 employee vaccination mandate. Ms. Deering seconded. There being no objection, MOTION approved.

IX. MEDICAL STAFF REPORT

A medical staff update was provided by Alex Malter, MD. March 12th Medical Staff Meeting was business as usual.

X. COMMITTEE MEETING MINUTES

Finance Committee – Ms. Johnston reported draft minutes from the March 8th meeting accurately reflect discussions from the meeting. Several action items had been approved and forwarded to the BOD (Board of Directors) for approval. The FY25 budget was approved at the Special BOD meeting held on March 8th and will be presented to the Assembly Finance Committee on April 6th.

Board Quality Committee – Dr. Jones reported the minutes from the March 13th meeting, accurately reflect discussions from the meeting.

Board Governance Committee – Ms. Petersen reported the minutes from the March 21st meeting accurately reflect discussions from the meeting. Ms. Moorehead provided an overview of the Board Education Gap Assessment results. These results will help develop a board education plan for the year. Draft BRH Board Code of Ethics and Conduct Standards and Board Fiduciary Responsibility Standards were presented. Mr. Geiger was tasked with making minor edits to each before inclusion in the BOD packet.

Action Item: Board Code of Ethics and Conduct Standards:

MOTION from the Governance Committee that the Board of Directors of Bartlett Regional Hospital approve the Code of Ethics and Conduct as presented and adopt a process in which each board member agrees to uphold these responsibilities; documentation of agreement is to be maintained annually. Ms. Deering expressed appreciation for the hard work to create a concise document. There being no objection, MOTION approved.

Action Item: Board Fiduciary Responsibility Standards:

MOTION from the Governance Committee that the Board of Directors of Bartlett Regional Hospital approve the Fiduciary Responsibility standards and adopt a process in which each board member agrees to uphold these responsibilities; documentation of agreement is to be maintained annually. Mr. Solomon-Gross expressed appreciation for the hard work to create these new standards. There being no objection, MOTION approved.

XI. ADMINISTRATION REPORTS

CEO and Executive Administration – Mr. Worden reported on the process discipline methods and program reviews BRH has employed to achieve improved operational performance. While senior leadership performs assessments, Mr. Worden will seek direction from the BOD and CBJ leadership regarding what is most appropriate for the community. Meetings are being held to

educate the BOD and CBJ leadership on the financial challenges BRH is facing. A meeting will also be held with the MSEC (Medical Staff Executive Committee) to seek their advice and counsel, as well as their support. BRH is a community wide asset and it's important to have the wisdom of the Assembly, BOD and Medical Staff to help us make the right choices. Once consensus is reached about final improvement plans, specifics will be provided on the changes to be implemented.

Home Health/Hospice/Wildflower Court (WFC) – Ms. Stout provided an update on Home Health and Hospice services and WFC.

- Home Health has had its State, Federal and Emergency Preparedness surveys. Corrective action plans were submitted today. There were 0 findings on the Emergency Preparedness survey, 3 Federal findings and 2 State findings duplicative of the Federal findings. It is unknown at this time if surveyors will conduct a desk audit or return to see if findings were corrected.
- Hospice has been issued a CCN (CMS Certification Number) and PTAN (Provider Transaction Access Number) from CMS (Center for Medicare/Medicaid Services) so can now begin billing for services. Dr. Peterson and Heather Richter have been attending community functions to educate the public on Hospice services.
- WFC received its Medicare and Medicaid numbers today so will also be able to begin billing for services. WFC underwent its state and federal licensure survey the week of February 12th. Corrective action plans submitted to the State on March 12th and 13th have been approved. Completion deadline for those corrective action plans is April 1, 2024. An emergency preparedness / life safety survey was conducted on February 22nd and 23rd. There were very few findings. Corrective action plans were approved on March 6th. Deadline for compliance with the corrective action plans is April 8, 2024.

Legal Report – Mr. Palmer reported a contract has been finalized with Hall Render to provide legal services for BRH. An initial meeting has been scheduled to take place tomorrow morning to discuss expectations.

XII. BRH FOUNDATION REPORT

A BRH Foundation report was provided by Ms. Uchytel. The cutoff date for submission of Grance and Phil Edelman Health Science Scholarship applications is May 24th. Approximately \$30,000 will be awarded for this scholarship. Give from the heart payroll contribution campaign is ongoing. The children's art show is returning for the first time since COVID, date to be determined. Approximately forty pieces of children's artwork will be on display in the gallery for the art show and then placed throughout the hospital. Numbers after the close of the first quarter are on track with budget projections. This year's wildlife cruise will be held June 15th.

XIII. CBJ LIAISON REPORT

A CBJ Liaison report was provided by Mr. Bryson. The Assembly has been on a break for the last couple of weeks. Assembly meeting is scheduled to take place next week. Assembly Finance budget meetings kick off on April 6th. He met with Mr. Solomon-Gross and Mr. Worden for an overview of BRH's budget and now has a good understanding of where the hospital is at. He thanked Mr. Rumsey for providing a tour of BRH and WFC.

XIV. PRESIDENT REPORT

Mr. Rumsey announced BRH was awarded \$4M in Congressional Directed Spending through the FY24 federal budget process for the ED (Emergency Department) renovation project. He

expressed appreciation for Senator Murkowski's support and advocacy for this funding. Details of how and when BRH will receive the money are unknown at this time. A request for \$2M from the Denali Commission will be submitted by the end of next week.

A President update was provided by Mr. Solomon-Gross. A contract has been finalized with Hall Render for legal services. Information about a board retreat will be available soon. Mr. Solomon-Gross is leaving town in the morning and will be unable to attend the April 6th budget presentation to the Assembly Finance Committee. Ms. Johnston will attend the meetings yet to be held with Assembly and BOD members and MSEC regarding BRH's financial challenges.

XV. BOARD CALENDAR

April 2024 calendar reviewed. Board of Directors meeting is to be held April 23rd, not April 30th as listed. MOTION by Ms. Deering to approve the April 2024 calendar as amended. Ms. Petersen seconded. There being no objections, MOTION approved.

XVI. BOARD COMMENTS AND QUESTIONS

Drs. Raster and Malter acknowledged Debbie Kesselring for her almost 30 years of service. She has been invaluable to the medical staff in her dedication to her job, her historical knowledge and in keeping the medical staff organized. Her departure will be a big loss for the medical staff. Mr. Solomon-Gross thanked Ms. Kesselring for her hard work and wished her well in the future.

Mr. Solomon-Gross called for a brief recess at 6:30 p.m. Meeting resumed at 6:43 p.m.

XVII. EXECUTIVE SESSION

MOTION by Mr. Kohn 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 budget authority for union negotiations; and
- To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney.

Ms. Petersen seconded. Mr. Solomon-Gross noted reminded virtual attendees to ensure they are in a private area where no one else can hear the confidential conversations of the executive session.

The Board entered executive session at 6:44 p.m. and returned to regular session at 7:08 p.m.

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

XVIII. ADJOURNMENT – 7:09 p.m.

MEMORANDUM

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

Income Statement

February inpatient revenues were lower month-over-month overall, but increased on a daily average. We saw an increased average daily census in Med/Surg, CCU and OB. February outpatient revenue increased \$1.15M month-over-month with the largest increase being in Pharmacy where we saw an increase of \$700K.

Contractual and bad debt write-offs were 47.9% of gross revenues, above the 12-month average of 47.2%. Uncompensated care increased to 4.8% in February.

The result was net operating revenue totaling \$10.6M, which is above the 12-month rolling average of \$10.4M.

Major variations in expenses included Contract Labor, Physician Contracts, Supplies, and Other Operating Expenses. Contract Labor was \$237K over budget due to the ongoing use of contract employees in multiple departments, with the largest variance being in Crisis at \$98K. Physician Contracts were \$339K over budget due to Anesthesia and Oncology not being budgeted. Supplies were over budget by \$174K due to increased Pharmaceutical utilization. Other operating expenses were under budget by \$233K primarily due to the repayment of Grant funds to the State.

The Net loss for the Hospital for the month of February was \$960,690, and the rolling 12-month average monthly loss for the hospital is now **\$(666K)**.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) decreased from the prior month from \$28.7M to \$22.7M. There were multiple factors that contributed to the decrease in cash including capital expenditures, debt payments, reduction in current liabilities, increased A/R, and continued operating losses.

Net accounts receivable increased month-over-month to \$31.9 from \$29.3M.

Current liabilities decreased by \$2.5M in the aggregate month-over-month, with a \$2.7M decrease coming from AP liabilities.

Wildflower Court (WFC)

For the month of February, WFC had \$1.12M of net operating revenues on \$1.23M of gross revenues.

From an expenditure standpoint, Contract labor continues to drive costs. Management is focused on reducing that amount, first through negotiating lower rates and, over time, by increasing direct employment traditional hiring processes as well as growing our own initiatives.

On a bottom-line basis, WFC had net operating income of \$444K. It is important to note that this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. As noted above, Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

BARTLETT REGIONAL HOSPITAL and WFC
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEB 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:											
\$4,354,946	\$5,219,649	-\$864,703	-16.6%	\$3,569,143	1. Inpatient Revenue	\$34,400,051	\$45,299,098	-\$10,899,047	-24.1%	\$30,746,163	11.9%
\$2,165,689	\$1,918,162	\$247,527	12.9%	\$930,317	2. Inpatient Ancillary Revenue	\$18,274,106	\$16,646,909	\$1,627,197	9.8%	\$8,136,680	124.6%
\$6,520,635	\$7,137,811	-\$617,176	-8.6%	\$4,499,460	3. Total Inpatient Revenue	\$52,674,157	\$61,946,007	-\$9,271,850	-15.0%	\$38,882,843	35.5%
\$12,705,864	\$11,947,813	\$758,051	6.3%	\$11,951,061	4. Outpatient Revenue	\$98,599,746	\$103,689,958	-\$5,090,212	-4.9%	\$95,101,206	3.7%
\$19,226,499	\$19,085,624	\$140,875	0.7%	\$16,450,521	5. Total Patient Revenue - Hospital	\$151,273,903	\$165,635,965	-\$14,362,062	-8.7%	\$133,984,049	12.9%
\$418,776	\$300,180	\$118,596	39.5%	\$252,046	6. RRC Patient Revenue	\$2,738,662	\$2,605,138	\$133,524	5.1%	\$1,892,226	44.7%
\$212,808	\$173,169	\$39,639	22.9%	\$282,042	7. BHOPS Patient Revenue	\$1,838,867	\$1,502,841	\$336,026	22.4%	\$1,676,702	9.7%
\$1,744,854	\$1,042,276	\$702,578	67.4%	\$976,770	8. Physician Revenue	\$9,750,006	\$9,045,504	\$704,502	7.8%	\$8,528,964	14.3%
\$21,602,937	\$20,601,249	\$1,001,688	4.9%	\$17,961,379	9. Total Gross Patient Revenue	\$165,601,438	\$178,789,448	-\$13,188,010	-7.4%	\$146,081,941	13.4%
Deductions from Revenue:											
\$3,011,799	\$3,505,159	\$600,846	17.1%	\$2,792,597	10. Inpatient Contractual Allowance	\$25,290,341	\$29,482,269	\$4,191,928	14.2%	\$19,647,459	28.7%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$2,800,000	-\$2,100,000	\$700,000		-\$308,333	
\$5,278,894	\$5,759,738	\$480,845	8.3%	\$4,904,255	11. Outpatient Contractual Allowance	\$41,691,907	\$49,986,282	\$8,294,375	16.6%	\$40,735,798	2.3%
\$961,349	\$507,554	-\$453,795	-89.4%	\$563,013	12. Physician Service Contractual Allowance	\$5,495,434	\$4,404,850	-\$1,090,584	-24.8%	\$5,150,491	6.7%
\$591	\$26,878	\$26,287	97.8%	\$26,604	13. Other Deductions	\$4,803	\$233,266	\$228,463	97.9%	\$211,009	0.0%
\$112,570	\$42,077	-\$70,493	-167.5%	\$32,747	14. Charity Care	\$976,543	\$365,174	-\$611,369	-167.4%	\$295,719	230.2%
\$855,686	\$425,961	-\$429,725	-100.9%	\$566,123	15. Bad Debt Expense	\$5,568,106	\$3,696,740	-\$1,871,366	-50.6%	\$3,134,871	77.6%
\$9,870,889	\$9,917,367	\$153,965	1.6%	\$8,577,006	16. Total Deductions from Revenue	\$76,227,134	\$86,068,581	\$9,841,447	11.4%	\$68,867,014	10.7%
41.2%	47.4%			46.0%	% Contractual Allowances / Total Gross Patient Revenue	42.1%	46.9%			44.6%	
4.5%	2.3%			3.3%	% Bad Debt & Charity Care / Total Gross Patient Revenue	4.0%	2.3%			2.3%	
45.7%	48.1%			47.8%	% Total Deductions / Total Gross Patient Revenue	46.0%	48.1%			47.1%	
\$11,732,048	\$10,683,882	\$1,155,653	10.8%	\$9,384,373	17. Net Patient Revenue	\$89,374,304	\$92,720,867	-\$3,346,563	-3.6%	\$77,214,927	15.7%
\$52,862	\$121,539	-\$68,677	-56.5%	\$62,159	18. Other Operating Revenue	\$809,318	\$1,054,777	-\$245,458	-23.3%	\$1,793,792	-54.9%
\$11,784,910	\$10,805,421	\$979,489	9.1%	\$9,446,532	19. Total Operating Revenue	\$90,183,622	\$93,775,644	-\$3,592,021	-3.8%	\$79,008,719	14.1%
Expenses:											
\$5,007,794	\$4,690,688	-\$317,106	-6.8%	\$4,473,379	20. Salaries & Wages	\$40,206,620	\$40,708,370	\$501,750	1.2%	\$35,977,712	11.8%
\$305,904	\$336,537	\$30,633	9.1%	\$282,901	21. Physician Wages	\$2,248,517	\$2,920,653	\$672,136	23.0%	\$2,483,660	-9.5%
\$584,442	\$165,435	-\$419,007	-253.3%	\$515,243	22. Contract Labor	\$6,159,616	\$1,435,734	-\$4,723,882	-329.0%	\$5,263,013	17.0%
\$2,392,671	\$2,622,856	\$230,185	8.8%	\$1,985,251	23. Employee Benefits	\$19,502,040	\$22,762,629	\$3,260,589	14.3%	\$17,381,114	12.2%
\$8,290,811	\$7,815,516	-\$475,295	-6.1%	\$7,256,774	24. Medical Professional Fees	\$68,116,793	\$67,827,386	-\$289,407	-0.4%	\$61,105,499	11.5%
70.4%	72.3%			76.8%	% Salaries and Benefits / Total Operating Revenue	75.5%	72.3%			77.3%	
\$78,049	\$51,277	-\$26,772	-52.2%	\$99,554	24. Medical Professional Fees	\$579,115	\$444,997	-\$134,118	-30.1%	\$565,930	2.3%
\$600,240	\$365,218	-\$235,022	-64.4%	\$232,846	25. Physician Contracts	\$3,775,627	\$3,169,567	-\$606,060	-19.1%	\$2,487,324	51.8%
\$212,740	\$271,879	\$59,139	21.8%	\$236,876	26. Non-Medical Professional Fees	\$2,258,424	\$2,359,521	\$101,097	4.3%	\$1,972,969	14.5%
\$1,508,410	\$1,398,349	-\$110,061	-7.9%	\$1,599,287	27. Materials & Supplies	\$12,175,901	\$12,135,660	-\$40,241	-0.3%	\$10,538,019	15.5%
\$208,387	\$161,101	-\$47,286	-29.4%	\$214,481	28. Utilities	\$1,392,196	\$1,398,099	\$5,903	0.4%	\$1,418,155	-1.8%
\$431,689	\$475,980	\$44,291	9.3%	\$488,087	29. Maintenance & Repairs	\$3,877,018	\$4,130,813	\$253,795	6.1%	\$3,701,423	4.7%
\$129,319	\$113,122	-\$16,197	-14.3%	\$84,663	30. Rentals & Leases	\$1,107,820	\$981,735	-\$126,085	-12.8%	\$540,104	105.1%
\$71,733	\$87,364	\$15,631	17.9%	\$54,305	31. Insurance	\$598,492	\$758,192	\$159,700	21.1%	\$595,616	0.5%
\$594,215	\$559,713	-\$34,502	-6.2%	\$589,136	32. Depreciation & Amortization	\$4,475,759	\$4,857,515	\$381,756	7.9%	\$4,729,293	-5.4%
\$85,349	\$82,159	-\$3,190	-3.9%	\$0	33. Interest Expense	\$706,636	\$713,022	\$6,386	0.9%	\$316,628	123.2%
\$266,797	\$48,224	-\$218,573	-453.2%	\$8,759	34. Other Operating Expenses	\$1,049,921	\$418,496	-\$631,425	-150.9%	\$1,533,347	-31.5%
\$12,477,739	\$11,429,902	-\$1,047,837	-9.2%	\$10,864,768	35. Total Expenses	\$100,113,702	\$99,195,003	-\$918,699	-0.9%	\$89,504,307	11.9%
-\$692,829	-\$624,481	-\$68,348	10.9%	-\$1,418,236	36. Income (Loss) from Operations	-\$9,930,080	-\$5,419,359	-\$4,510,721	83.2%	-\$10,495,588	-5.4%
-\$24,267	\$76,712	-\$100,979	-131.6%	\$2,384	37. Interest Income	\$1,411,278	\$665,753	\$745,525	112.0%	\$29,968	4609.3%
\$200,294	\$172,286	\$28,008	16.3%	\$80,757	38. Other Non-Operating Income	\$1,689,802	\$1,495,200	\$194,603	13.0%	\$600,748	181.3%
\$176,027	\$248,998	-\$72,971	-29.3%	\$83,141	39. Total Non-Operating Revenue	\$3,101,080	\$2,160,953	\$940,127	43.5%	\$630,716	391.7%
-\$516,802	-\$375,483	-\$141,319	37.6%	-\$1,335,095	40. Net Income (Loss)	-\$6,829,000	-\$3,258,406	-\$3,570,594	109.6%	-\$9,864,872	30.8%
-5.88%	-5.78%			-15.01%	Income from Operations Margin	-11.01%	-5.78%			-13.28%	
-4.39%	-3.47%			-14.13%	Net Income	-7.57%	-3.47%			-12.49%	

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,354,946	\$5,219,649	-\$864,703	-16.6%	\$3,569,143	1. Gross Patient Revenue:						
\$937,503	\$962,173	-\$24,670	-2.6%	\$930,317	2. Inpatient Revenue	\$34,400,051	\$45,299,098	-\$10,899,047	-24.1%	\$30,746,163	11.9%
\$5,292,449	\$6,181,822	-\$889,373	-14.4%	\$4,499,460	3. Inpatient Ancillary Revenue	\$9,129,216	\$8,350,289	\$778,927	9.3%	\$8,136,680	12.2%
					4. Total Inpatient Revenue	\$43,529,267	\$53,649,387	-\$10,120,120	-18.9%	\$38,882,843	11.9%
\$12,705,864	\$11,947,813	\$758,051	6.3%	\$11,951,061	5. Outpatient Revenue	\$98,599,746	\$103,689,958	-\$5,090,212	-4.9%	\$95,101,206	3.7%
\$17,998,313	\$18,129,635	-\$131,322	-0.7%	\$16,450,521	6. Total Patient Revenue - Hospital	\$142,129,013	\$157,339,345	-\$15,210,332	-9.7%	\$133,984,049	6.1%
\$418,776	\$300,180	\$118,596	39.5%	\$252,046	7. RRC Patient Revenue	\$2,738,662	\$2,605,138	\$133,524	5.1%	\$1,892,226	44.7%
\$212,808	\$173,169	\$39,639	22.9%	\$282,042	8. BHOPS Patient Revenue	\$1,838,867	\$1,502,841	\$336,026	22.4%	\$1,676,702	9.7%
\$1,744,854	\$1,042,276	\$702,578	67.4%	\$976,770	9. Physician Revenue	\$9,750,006	\$9,045,504	\$704,502	7.8%	\$8,528,964	14.3%
\$20,374,751	\$19,645,260	\$729,491	3.7%	\$17,961,379	10. Total Gross Patient Revenue	\$156,456,548	\$170,492,828	-\$14,036,280	-8.2%	\$146,081,941	7.1%
					Deductions from Revenue:						
\$2,904,313	\$3,505,159	\$600,846	17.1%	\$2,792,597	11. Inpatient Contractual Allowance	\$24,555,259	\$30,182,269	-\$5,627,010	-18.6%	\$19,647,459	25.0%
-\$350,000	-\$350,000	\$0		\$-308,333	12. 10a. Rural Demonstration Project	-\$2,800,000	-\$2,800,000	\$0		-\$308,333	
\$5,278,894	\$5,759,738	\$480,845	8.3%	\$4,904,255	13. Outpatient Contractual Allowance	\$41,691,907	\$49,986,282	-\$8,294,375	-16.6%	\$40,735,798	2.3%
\$961,349	\$507,554	-\$453,795	-89.4%	\$563,013	14. Physician Service Contractual Allowance	\$5,495,434	\$4,404,850	\$1,090,584	24.8%	\$5,150,491	6.7%
\$591	\$26,878	\$26,287	97.8%	\$26,604	15. Other Deductions	\$4,803	\$233,266	-\$228,463	-97.9%	\$211,009	0.0%
\$112,570	\$42,077	-\$70,493	-167.5%	\$32,747	16. Charity Care	\$976,543	\$365,174	\$611,369	167.4%	\$295,719	230.2%
\$855,686	\$425,961	-\$429,725	-100.9%	\$566,123	17. Bad Debt Expense	\$5,568,106	\$3,696,740	\$1,871,366	50.6%	\$3,134,871	77.6%
\$9,763,403	\$9,917,367	\$153,965	1.6%	\$8,577,006	18. Total Deductions from Revenue	\$75,492,052	\$86,068,581	-\$10,576,529	-12.3%	\$68,867,014	9.6%
43.2%	49.7%			46.0%	% Contractual Allowances / Total Gross Patient Revenue	44.1%	49.6%			44.6%	
4.8%	2.4%			3.3%	% Bad Debt & Charity Care / Total Gross Patient Revenue	4.2%	2.4%			2.3%	
47.9%	50.5%			47.8%	% Total Deductions / Total Gross Patient Revenue	48.3%	50.5%			47.1%	
\$10,611,348	\$9,727,893	\$883,456	9.1%	\$9,384,373	19. Net Patient Revenue	\$80,964,496	\$84,424,247	-\$24,612,809	-29.2%	\$77,214,927	4.9%
\$52,862	\$121,539	-\$68,677	-56.5%	\$62,159	20. Other Operating Revenue	\$809,318	\$1,054,777	-\$245,458	-23.3%	\$1,793,792	-54.9%
\$10,664,210	\$9,849,432	\$814,778	8.3%	\$9,446,532	21. Total Operating Revenue	\$81,773,814	\$85,479,024	-\$24,858,267	-29.1%	\$79,008,719	3.5%
					Expenses:						
\$4,715,635	\$4,416,617	-\$299,018	-6.8%	\$4,473,379	22. Salaries & Wages	\$37,810,959	\$38,329,832	\$518,873	1.4%	\$35,977,712	5.1%
\$305,904	\$298,181	-\$7,723	-2.6%	\$282,901	23. Physician Wages	\$2,248,517	\$2,587,776	\$339,259	13.1%	\$2,483,660	-9.5%
\$402,520	\$165,435	-\$237,085	-143.3%	\$515,243	24. Contract Labor	\$3,308,971	\$1,435,734	-\$1,873,237	-130.5%	\$5,263,013	-37.1%
\$2,260,625	\$2,405,966	\$145,341	6.0%	\$1,985,251	25. Employee Benefits	\$18,535,108	\$20,880,339	\$2,345,231	11.2%	\$17,381,114	6.6%
\$7,684,684	\$7,286,199	-\$398,485	-5.5%	\$7,256,774	26. % Salaries and Benefits / Total Operating Revenue	\$61,903,555	\$63,233,681	\$1,330,126	2.1%	\$61,105,499	1.3%
72.1%	74.0%			76.8%		75.7%	74.0%			77.3%	
\$78,049	\$51,277	-\$26,772	-52.2%	\$99,554	27. Medical Professional Fees	\$579,115	\$444,997	-\$134,118	-30.1%	\$565,930	2.3%
\$605,990	\$266,846	-\$339,144	-127.1%	\$232,846	28. Physician Contracts	\$3,746,877	\$2,315,838	-\$1,431,039	-61.8%	\$2,487,324	50.6%
\$207,752	\$234,367	\$26,615	11.4%	\$236,876	29. Non-Medical Professional Fees	\$2,216,840	\$2,033,968	-\$182,872	-9.0%	\$1,972,969	12.4%
\$1,461,026	\$1,286,909	-\$174,117	-13.5%	\$1,599,287	30. Materials & Supplies	\$11,812,422	\$11,168,520	-\$643,902	-5.8%	\$10,538,019	12.1%
\$201,033	\$161,101	-\$39,932	-24.8%	\$214,481	31. Utilities	\$1,296,464	\$1,398,099	\$101,635	7.3%	\$1,418,155	-8.6%
\$417,718	\$475,980	\$58,262	12.2%	\$488,087	32. Maintenance & Repairs	\$3,812,470	\$4,130,813	\$318,343	7.7%	\$3,701,423	3.0%
\$128,484	\$113,122	-\$15,362	-13.6%	\$84,663	33. Rentals & Leases	\$1,104,605	\$981,735	-\$122,870	-12.5%	\$540,104	104.5%
\$71,733	\$75,090	\$3,357	4.5%	\$54,305	34. Insurance	\$598,492	\$651,671	\$53,179	8.2%	\$595,616	0.5%
\$594,215	\$559,713	-\$34,502	-6.2%	\$589,136	35. Depreciation & Amortization	\$4,475,759	\$4,857,515	\$381,756	7.9%	\$4,729,293	-5.4%
\$85,349	\$82,159	-\$3,190	-3.9%	\$0	36. Interest Expense	\$706,636	\$713,022	\$6,386	0.9%	\$316,628	123.2%
\$264,894	\$31,658	-\$233,236	-736.7%	\$8,759	37. Other Operating Expenses	\$1,042,272	\$274,727	-\$767,545	-279.4%	\$1,533,347	-32.0%
\$11,800,927	\$10,624,421	-\$1,176,506	-11.1%	\$10,864,768	38. Total Expenses	\$93,295,507	\$92,204,586	-\$1,090,921	-1.2%	\$89,504,307	4.2%
-\$1,136,717	-\$774,989	-\$361,728	46.7%	-\$1,418,236	39. Income (Loss) from Operations	-\$11,521,693	-\$6,725,562	-\$4,796,131	71.3%	-\$10,495,588	9.8%
-\$24,267	\$76,712	-\$100,979	-131.6%	\$2,384	40. Non-Operating Revenue	\$1,411,278	\$665,753	\$745,525	112.0%	\$29,968	4609.3%
\$200,294	\$172,286	\$28,008	16.3%	\$80,757	41. Interest Income	\$1,689,802	\$1,495,200	\$194,603	13.0%	\$600,748	181.3%
\$176,027	\$248,998	-\$72,971	-29.3%	\$83,141	42. Total Non-Operating Revenue	\$3,101,080	\$2,160,953	\$940,127	43.5%	\$630,716	391.7%
-\$960,690	-\$525,991	-\$434,699	82.6%	-\$1,335,095	43. Net Income (Loss)	-\$8,420,613	-\$4,564,609	-\$3,856,004	84.5%	-\$9,864,872	14.6%
-10.66%	-7.87%			-15.01%	Income from Operations Margin	-14.09%	-7.87%			-13.28%	
-9.01%	-5.34%			-14.13%	Net Income	-10.30%	-5.34%			-12.49%	

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR		YTD ACTUAL	YTD BUDGET	YTD \$ VAR
			Gross Patient Revenue:			
\$0	\$0	\$0	1. Inpatient Revenue	\$0	\$0	\$0
\$1,228,186	\$955,989	\$272,197	2. Inpatient Ancillary Revenue	\$9,144,891	\$8,296,620	\$778,926
\$1,228,186	\$955,989	\$272,197	3. Total Inpatient Revenue	\$9,144,891	\$8,296,620	\$778,926
\$0	\$0	\$0	4. Outpatient Revenue	\$0	\$0	\$0
\$1,228,186	\$955,989	\$272,197	5. Total Patient Revenue - WFC	\$9,144,891	\$8,296,620	\$778,926
\$1,228,186	\$955,989	\$272,197	9. Total Gross Patient Revenue	\$9,144,891	\$8,296,620	\$778,926
			Deductions from Revenue:			
\$107,486	\$0	\$107,486	10. Inpatient Contractual Allowance	\$735,081	\$0	\$735,081
\$0	\$0	\$0	10a. Rural Demonstration Project	\$0	\$0	\$0
\$0	\$0	\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	13. Other Deductions	\$0	\$0	\$0
\$0	\$0	\$0	14. Charity Care	\$0	\$0	\$0
\$0	\$0	\$0	15. Bad Debt Expense	\$0	\$0	\$0
\$107,486	\$0	\$107,486	16. Total Deductions from Revenue	\$735,081	\$0	\$735,081
8.8%	0.0%		% Contractual Allowances / Total Gross Patient Revenue	8.0%	0.0%	
0.0%	0.0%		% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%	
8.8%	0.0%		% Total Deductions / Total Gross Patient Revenue	8.0%	0.0%	
\$1,120,700	\$955,989	\$164,711	17. Net Patient Revenue	\$8,409,810	\$8,296,620	\$1,514,007
\$0	\$0	\$0	18. Other Operating Revenue	\$0	\$0	-\$245,458
\$1,120,700	\$955,989	\$164,711	19. Total Operating Revenue	\$8,409,810	\$8,296,620	\$1,268,549
			Expenses:			
\$292,159	\$274,071	-\$18,088	20. Salaries & Wages	\$2,395,660	\$2,378,538	-\$17,122
\$0	\$38,356	\$38,356	21. Physician Wages	\$0	\$332,877	\$332,877
\$181,922	\$0	-\$181,922	22. Contract Labor	\$2,850,644	\$0	-\$2,850,644
\$132,046	\$216,890	\$84,844	23. Employee Benefits	\$966,932	\$1,882,290	\$915,358
\$606,127	\$529,317	-\$76,810		\$6,213,236	\$4,593,705	-\$1,619,531
54.1%	55.4%		% Salaries and Benefits / Total Operating Revenue	73.9%	55.4%	
\$0	\$0	\$0	24. Medical Professional Fees	\$0	\$0	\$0
-\$5,750	\$98,372	\$104,122	25. Physician Contracts	\$28,750	\$853,729	\$824,979
\$4,988	\$37,512	\$32,524	26. Non-Medical Professional Fees	\$41,583	\$325,553	\$283,970
\$47,384	\$111,440	\$64,056	27. Materials & Supplies	\$363,479	\$967,140	\$603,661
\$7,354	\$0	-\$7,354	28. Utilities	\$95,732	\$0	-\$95,732
\$13,971	\$0	-\$13,971	29. Maintenance & Repairs	\$64,548	\$0	-\$64,548
\$835	\$0	-\$835	30. Rentals & Leases	\$3,215	\$0	-\$3,215
\$0	\$12,274	\$12,274	31. Insurance	\$0	\$106,521	\$106,521
\$0	\$0	\$0	32. Depreciation & Amortization	\$0	\$0	\$0
\$0	\$0	\$0	33. Interest Expense	\$0	\$0	\$0
\$1,903	\$16,566	\$14,663	34. Other Operating Expenses	\$7,649	\$143,769	\$136,120
\$676,812	\$805,481	\$128,669	35. Total Expenses	\$6,818,192	\$6,990,417	\$172,225
\$443,888	\$150,508	\$293,380	36. Income (Loss) from Operations	\$1,591,618	\$1,306,203	\$285,415
\$0	\$0	\$0	Non-Operating Revenue			
\$0	\$0	\$0	37. Interest Income	\$0	\$0	\$0
			38. Other Non-Operating Income	\$0	\$0	\$0
\$0	\$0	\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0
\$443,888	\$150,508	\$293,380	40. Net Income (Loss)	\$1,591,618	\$1,306,203	\$285,415
39.61%	15.74%		Income from Operations Margin	18.93%	15.74%	
39.61%	15.74%		Net Income	18.93%	15.74%	

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD MARCH 23 THRU FEBRUARY 24

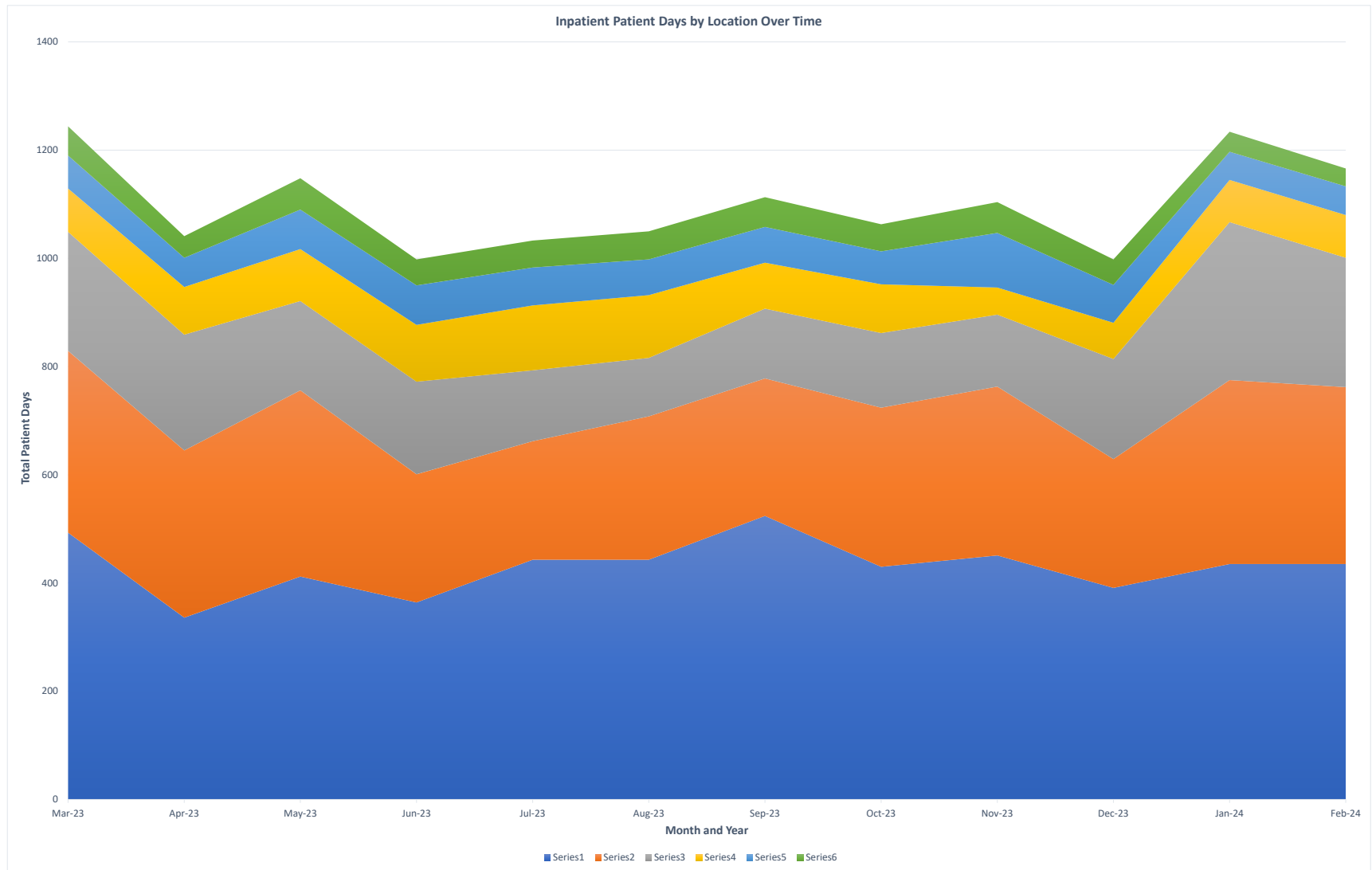
	March-23	April-23	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24
Gross Patient Revenue:												
1. Inpatient Revenue	\$4,397,999	\$3,681,133	\$4,225,508	\$4,098,928	\$4,242,424	\$4,253,749	\$4,612,488	\$4,259,435	\$3,988,757	\$4,222,640	\$4,465,612	\$4,354,946
2. Inpatient Ancillary Revenue	\$1,138,631	\$1,065,939	\$1,061,531	\$1,175,099	\$1,213,356	\$1,295,265	\$1,207,835	\$1,218,991	\$980,859	\$1,004,218	\$1,271,189	\$937,503
3. Total Inpatient Revenue	\$5,536,630	\$4,747,072	\$5,287,039	\$5,274,027	\$5,455,780	\$5,549,014	\$5,820,323	\$5,478,426	\$4,969,616	\$5,226,858	\$5,736,801	\$5,292,449
4. Outpatient Revenue	\$12,953,510	\$12,187,045	\$12,507,831	\$13,744,438	\$13,102,559	\$14,182,989	\$12,359,514	\$11,719,376	\$10,707,445	\$12,266,492	\$11,555,507	\$12,705,864
5. Total Patient Revenue - Hospital	\$18,490,140	\$16,934,117	\$17,794,870	\$19,018,465	\$18,558,339	\$19,732,003	\$18,179,837	\$17,197,802	\$15,677,061	\$17,493,350	\$17,292,308	\$17,998,313
6. RRC Patient Revenue	\$364,205	\$331,649	\$375,532	\$270,145	\$246,267	\$310,499	\$296,483	\$355,172	\$391,055	\$294,581	\$425,830	\$418,776
7. BHOPS Patient Revenue	\$352,276	\$219,617	\$242,171	\$242,232	\$236,340	\$342,612	\$161,515	\$224,099	\$227,052	\$239,714	\$194,728	\$212,808
8. Physician Revenue	\$1,087,842	\$998,192	\$1,230,629	\$1,061,811	\$983,599	\$1,245,920	\$992,524	\$1,200,962	\$906,503	\$1,082,095	\$1,403,549	\$1,744,854
9. Total Gross Patient Revenue	\$20,294,463	\$18,483,575	\$19,643,202	\$20,592,653	\$20,024,545	\$21,631,034	\$19,630,359	\$18,978,035	\$17,201,671	\$19,109,740	\$19,316,415	\$20,374,751
Deductions from Revenue:												
10. Inpatient Contractual Allowance	\$3,691,521	\$2,223,574	\$2,868,064	\$2,353,583	\$3,190,077	\$2,286,274	\$2,677,511	\$3,430,104	\$3,853,034	\$2,805,127	\$3,437,685	\$2,904,313
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
11. Outpatient Contractual Allowance	\$5,189,817	\$5,432,655	\$5,132,514	\$5,552,589	\$5,651,316	\$5,447,660	\$5,336,016	\$5,150,505	\$4,572,434	\$5,324,224	\$4,930,858	\$5,278,894
12. Physician Service Contractual Allowance	\$655,082	\$650,179	\$709,218	\$682,788	\$523,629	\$710,207	\$748,903	\$570,520	\$615,091	\$538,211	\$827,524	\$961,349
13. Other Deductions	\$31,862	\$23,594	\$30,282	\$28,884	\$27,898	\$28,145	\$35,555	\$30,096	-\$119,253	\$591	\$1,181	\$591
14. Charity Care	\$51,189	\$30,737	\$83,234	\$48,450	\$52,888	\$152,387	\$160,587	\$178,785	\$67,893	\$165,043	\$86,390	\$112,570
15. Bad Debt Expense	\$95,337	\$142,685	\$663,739	\$515,314	\$995,105	\$1,080,279	\$589,461	\$615,584	-\$59,933	\$937,678	\$554,246	\$855,686
16. Total Deductions from Revenue	\$9,364,808	\$8,153,424	\$9,137,051	\$8,831,608	\$10,090,913	\$9,354,952	\$9,198,033	\$9,625,594	\$8,579,266	\$9,420,874	\$9,487,884	\$9,763,403
% Contractual Allowances / Total Gross Patient Revenue	45.3%	43.0%	42.6%	40.0%	45.0%	37.4%	42.9%	46.4%	50.5%	43.5%	45.8%	43.2%
% Bad Debt & Charity Care / Total Gross Patient Revenue	0.7%	0.9%	3.8%	2.7%	5.2%	5.7%	3.8%	4.2%	0.0%	5.8%	3.3%	4.8%
% Total Deductions / Total Gross Patient Revenue	46.1%	44.1%	46.5%	42.9%	50.4%	43.2%	46.9%	50.7%	49.9%	49.3%	49.1%	47.9%
17. Net Patient Revenue	\$10,929,655	\$10,330,151	\$10,506,151	\$11,761,045	\$9,933,632	\$12,276,082	\$10,432,326	\$9,352,441	\$8,622,405	\$9,688,866	\$9,828,531	\$10,611,348
18. Other Operating Revenue	\$328,934	\$363,227	\$226,256	\$845,504	\$64,574	\$66,281	\$320,220	\$63,173	\$62,521	\$76,702	\$102,985	\$52,862
19. Total Operating Revenue	\$11,258,589	\$10,693,378	\$10,732,407	\$12,606,549	\$9,998,206	\$12,342,363	\$10,752,546	\$9,415,614	\$8,684,926	\$9,765,568	\$9,931,516	\$10,664,210
Expenses:												
20. Salaries & Wages	\$4,420,272	\$4,269,341	\$4,470,801	\$4,392,535	\$4,509,486	\$4,661,026	\$4,780,938	\$4,875,621	\$4,594,095	\$5,040,712	\$4,633,447	\$4,715,635
21. Physician Wages	\$316,323	\$294,790	\$291,273	\$258,161	\$285,907	\$284,305	\$278,815	\$281,043	\$297,570	\$179,268	\$335,706	\$305,904
22. Contract Labor	\$566,082	\$440,373	\$559,311	\$570,995	\$416,754	\$461,504	\$395,611	\$370,037	\$326,325	\$507,401	\$428,819	\$402,520
23. Employee Benefits	\$2,183,889	\$2,453,740	\$2,245,914	\$2,054,678	\$2,198,682	\$2,339,061	\$2,286,966	\$2,331,343	\$2,286,725	\$2,409,083	\$2,422,623	\$2,260,625
	\$7,486,566	\$7,458,244	\$7,557,299	\$7,276,369	\$7,410,829	\$7,745,896	\$7,742,330	\$7,858,044	\$7,504,715	\$8,136,464	\$7,820,595	\$7,684,684
% Salaries and Benefits / Total Operating Revenue	66.5%	69.7%	70.4%	57.7%	74.1%	62.8%	72.0%	83.5%	86.4%	83.3%	78.7%	72.1%
24. Medical Professional Fees	\$67,384	\$77,653	\$38,897	\$83,986	\$89,318	\$87,575	\$51,620	\$63,206	\$49,053	\$72,525	\$87,769	\$78,049
25. Physician Contracts	\$230,299	\$249,530	\$214,409	\$472,150	\$391,878	\$365,250	\$371,953	\$357,944	\$461,340	\$601,382	\$591,140	\$605,990
26. Non-Medical Professional Fees	\$255,334	\$220,269	\$257,239	\$417,375	\$230,315	\$432,810	\$373,810	\$310,620	\$277,695	\$249,856	\$133,982	\$207,752
27. Materials & Supplies	\$1,490,245	\$1,328,029	\$1,587,203	\$1,767,300	\$1,526,291	\$1,845,858	\$1,680,600	\$1,436,674	\$1,294,488	\$1,222,074	\$1,345,411	\$1,461,026
28. Utilities	\$184,856	\$135,629	\$150,532	\$122,094	\$142,859	\$214,852	\$138,871	\$161,157	\$135,177	\$169,900	\$132,615	\$201,033
29. Maintenance & Repairs	\$554,509	\$548,490	\$348,717	\$428,196	\$449,955	\$713,878	\$470,513	\$426,520	\$410,319	\$469,640	\$453,927	\$417,718
30. Rentals & Leases	\$57,801	\$59,555	\$49,304	\$62,793	\$42,445	\$284,124	\$38,850	\$170,386	\$100,269	\$82,769	\$257,278	\$128,484
31. Insurance	\$76,169	\$78,489	\$78,804	\$72,992	\$117,103	\$71,963	\$64,525	\$71,733	\$75,969	\$71,733	\$71,733	\$71,733
32. Depreciation & Amortization	\$582,707	\$589,596	\$572,134	\$574,504	\$563,321	\$562,018	\$550,118	\$494,721	\$499,760	\$484,431	\$727,175	\$594,215
33. Interest Expense	\$87,000	\$50,000	\$35,000	\$100,000	\$35,000	\$90,900	\$90,900	\$130,992	\$86,938	\$84,417	\$102,140	\$85,349
34. Other Operating Expenses	\$208,088	\$27,051	\$141,657	\$199,905	\$114,060	\$92,965	\$186,088	\$115,521	\$291,412	\$164,583	-\$187,251	\$264,894
35. Total Expenses	\$11,280,958	\$10,822,535	\$11,031,195	\$11,577,664	\$11,113,374	\$12,508,089	\$11,742,178	\$11,597,518	\$11,187,135	\$11,809,774	\$11,536,514	\$11,800,927
36. Income (Loss) from Operations	-\$22,369	-\$129,157	-\$298,788	\$1,028,885	-\$1,115,168	-\$165,726	-\$989,632	-\$2,181,904	-\$2,502,209	-\$2,044,206	-\$1,604,998	-\$1,136,717
Non-Operating Revenue												
37. Interest Income	\$4,661	\$5,623	\$2,604	\$1,414	\$10,835	\$1,408	\$1,871	\$1,112	\$340,909	\$928,374	\$151,036	-\$24,267
38. Other Non-Operating Income	\$82,599	\$78,452	\$98,333	-\$207,144	\$232,452	\$205,690	\$217,509	\$212,011	\$199,504	\$201,616	\$220,727	\$200,294
39. Total Non-Operating Revenue	\$87,260	\$84,075	\$100,937	-\$205,730	\$243,287	\$207,098	\$219,380	\$213,123	\$540,413	\$1,129,990	\$371,763	\$176,027
40. Net Income (Loss)	\$64,891	-\$45,082	-\$197,851	\$823,155	-\$871,881	\$41,372	-\$770,252	-\$1,968,781	-\$1,961,796	-\$914,216	-\$1,233,235	-\$960,690

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
February 24, 2024

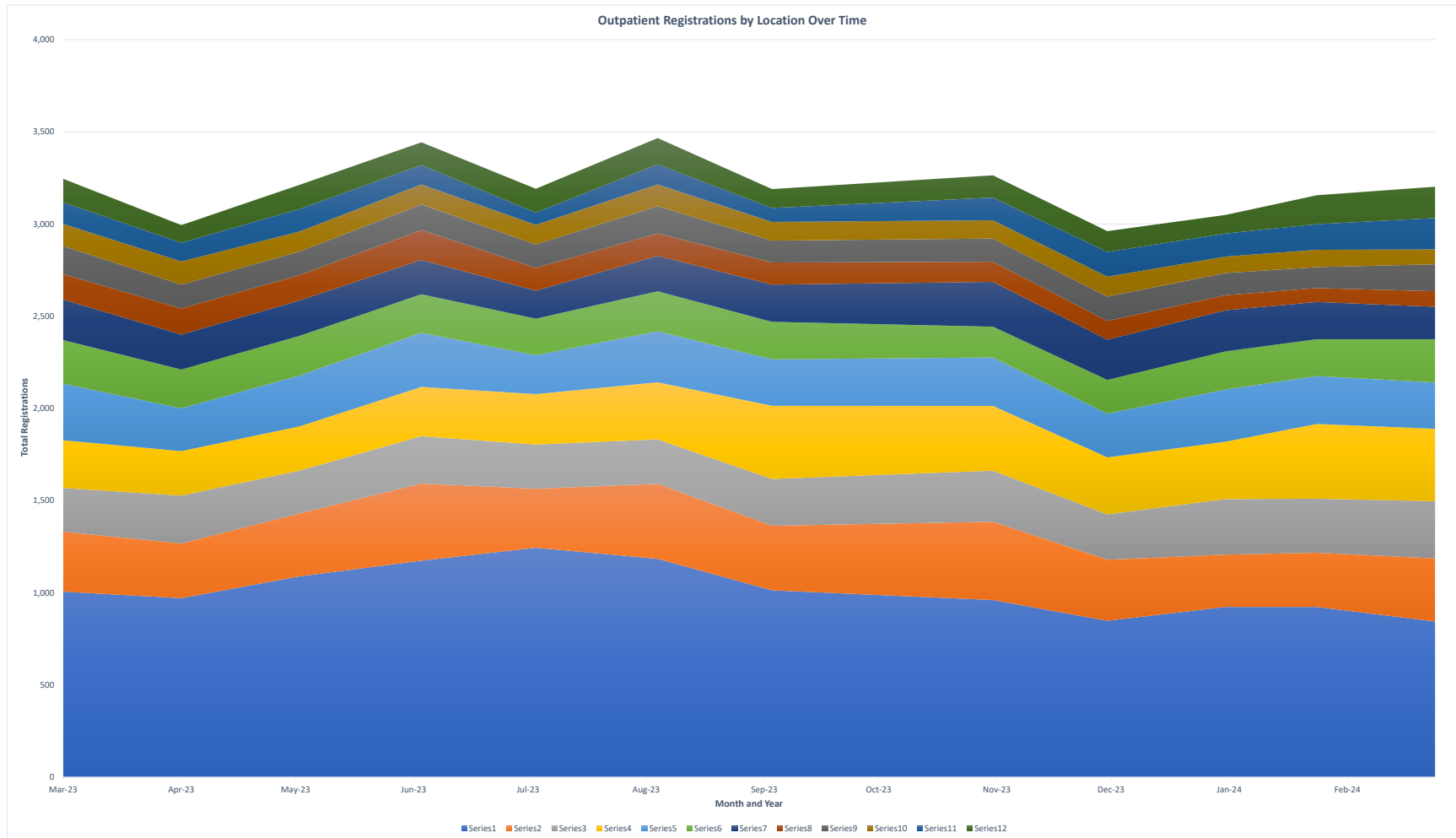
	<u>February-24</u>	<u>January-24</u>	<u>February-23</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	3,192,115	9,642,807	18,736,742	(15,544,627)
2. Board designated cash	19,557,453	19,100,858	22,408,581	(2,851,128)
3. Patient accounts receivable, net	31,955,366	29,315,301	20,365,449	11,589,917
4. Other receivables	1,458,065	1,619,405	(373,122)	1,831,187
5. Inventories	3,740,723	4,091,013	4,018,183	(277,459)
6. Prepaid Expenses	3,067,093	3,236,536	2,679,713	387,380
7. Other assets	3,079,994	3,099,292	758,152	2,321,842
8. Total current assets	66,050,809	70,105,212	68,593,698	(2,542,888)
Appropriated Cash:				
9. CIP Appropriated Funding	11,127,357	11,127,357	23,182,911	(12,055,554)
Property, plant & equipment				
10. Land, bldgs & equipment	157,682,804	156,662,431	156,389,486	1,293,319
11. Construction in progress	37,897,950	37,204,711	25,080,367	12,817,583
12. Total property & equipment	195,580,754	193,867,142	181,469,853	14,110,902
13. Less: accumulated depreciation	(120,016,256)	(119,441,632)	(113,538,900)	(6,477,356)
14. Net property and equipment	75,564,498	74,425,510	67,930,953	7,633,546
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,012,716	849,995
16. Total assets	164,605,375	167,520,790	170,720,278	(6,114,901)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	4,484,237	4,491,739	3,608,721	875,516
18. Accrued employee benefits	5,053,138	4,801,021	4,513,313	539,825
19. Accounts payable and accrued expenses	4,989,768	6,517,568	4,908,026	81,742
20. Due to 3rd party payors	1,394,450	1,394,450	2,180,835	(786,386)
21. Deferred revenue	690,667	857,334	453,985	236,682
22. Interest payable	309,989	312,477	200,846	109,143
23. Note payable - current portion	2,115,347	2,070,347	1,495,000	620,347
24. Other payables	3,358,250	3,337,816	881,129	2,477,120
25. Total current liabilities	22,395,846	23,782,752	18,241,855	4,153,989
Long-term Liabilities:				
26. Bonds payable	30,930,000	31,960,000	34,365,000	(3,435,000)
27. Bonds payable - premium/discount	1,995,156	2,016,167	2,741,741	(746,585)
28. Net Pension Liability	43,221,408	43,221,408	15,568,546	27,652,862
29. Deferred In-Flows	2,763,011	2,763,011	45,156,052	(42,393,041)
30. Total long-term liabilities	78,909,575	79,960,586	97,831,339	(18,921,764)
31. Total liabilities	101,305,421	103,743,338	116,073,194	(14,767,775)
32. Fund Balance	63,299,955	63,777,451	54,647,083	8,652,872
33. Total liabilities and fund balance	164,605,375	167,520,790	170,720,278	(6,114,901)

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD MARCH 23 THRU FEBRUARY 24

	March-23	April-23	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24
ASSETS												
Current Assets:												
1. Cash and cash equivalents	19,656,133	20,861,399	21,716,162	25,702,351	23,792,203	23,273,745	19,591,946	16,888,905	12,734,272	9,392,647	9,642,805	3,192,115
2. Board designated cash	18,787,517	18,787,517	18,787,517	17,493,703	18,065,645	18,699,623	19,249,741	19,744,462	20,036,503	18,625,341	19,100,858	19,557,453
3. Patient accounts receivable, net	20,109,468	19,090,559	19,629,284	20,669,786	20,721,436	21,710,131	23,868,411	25,649,252	26,543,155	27,903,274	29,315,301	31,955,366
4. Other receivables	(187,981)	(143,666)	(225,255)	872,487	728,026	697,841	951,040	401,435	439,081	1,459,238	1,619,405	1,458,065
5. Inventories	4,058,651	4,293,197	4,135,158	3,895,961	3,730,523	3,973,048	4,058,163	4,024,829	4,037,249	4,212,926	4,091,013	3,740,723
6. Prepaid Expenses	2,330,340	2,193,977	1,696,269	1,418,167	1,730,916	3,611,522	3,587,587	3,385,598	3,485,451	3,377,805	3,236,536	3,067,093
7. Other assets	758,152	758,152	750,044	750,043	729,004	2,328,294	2,328,594	2,330,194	3,242,573	3,242,573	3,099,292	3,079,994
8. Total current assets	65,512,280	65,841,135	66,489,179	70,802,498	69,497,753	74,294,204	73,635,482	72,424,675	70,518,284	68,213,804	70,105,210	66,050,809
Appropriated Cash:												
9. CIP Appropriated Funding	18,394,881	18,394,881	18,394,881	13,022,949	13,022,949	13,231,716	13,231,716	13,022,949	13,022,949	11,127,357	11,127,357	11,127,357
Property, plant & equipment												
10. Land, bldgs & equipment	156,635,078	156,716,305	156,716,305	156,470,440	156,461,818	156,461,818	156,461,818	156,461,818	156,661,054	156,661,054	156,662,431	157,682,804
11. Construction in progress	29,918,878	30,000,864	30,078,150	32,542,171	32,616,618	32,848,142	32,892,082	34,490,817	34,337,859	37,075,935	37,204,711	37,897,950
12. Total property & equipment	186,553,956	186,717,169	186,794,455	189,012,611	189,078,436	189,309,960	189,353,900	190,952,635	190,998,913	193,736,989	193,867,142	195,580,754
13. Less: accumulated depreciation	(114,121,608)	(114,711,204)	(115,283,339)	(115,695,170)	(116,258,491)	(116,820,509)	(117,370,627)	(117,865,348)	(118,365,108)	(118,849,538)	(119,441,632)	(120,016,256)
14. Net property and equipment	72,432,348	72,005,965	71,511,116	73,317,441	72,819,945	72,489,451	71,983,273	73,087,287	72,633,805	74,887,451	74,425,510	75,564,498
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711
16. Total assets	167,352,225	167,254,697	167,407,892	168,155,604	166,353,363	171,028,087	170,713,182	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375
LIABILITIES & FUND BALANCE												
Current liabilities:												
17. Payroll liabilities	1,890,256	2,266,794	2,668,095	2,912,993	3,642,621	4,235,192	2,328,597	2,910,445	3,257,343	3,708,487	4,491,739	4,484,237
18. Accrued employee benefits	5,098,329	5,018,585	5,056,010	4,516,747	4,765,323	4,785,079	5,376,240	5,485,243	4,823,879	4,766,998	4,801,021	5,053,138
19. Accounts payable and accrued expenses	4,023,191	3,567,923	3,511,654	4,259,881	4,544,391	5,213,501	5,260,666	3,791,300	5,101,452	4,823,877	7,665,297	4,989,768
20. Due to 3rd party payors	2,173,274	1,999,056	1,999,056	1,999,056	1,798,682	1,798,682	1,798,682	1,546,212	1,394,450	1,394,450	1,394,450	1,394,450
21. Deferred revenue	407,203	364,037	320,870	277,703	111,037	1,944,370	1,777,703	1,611,037	1,190,667	1,024,000	857,334	690,667
22. Interest payable	408,246	408,246	408,246	182,385	182,385	204,462	429,154	539,881	658,556	209,890	312,477	309,989
23. Note payable - current portion	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	2,040,347	2,070,347	2,070,347	2,115,347
24. Other payables	1,098,987	1,147,476	1,220,730	1,803,637	1,893,547	2,660,724	2,886,957	2,991,426	3,313,689	3,409,128	3,337,816	3,358,250
25. Total current liabilities	16,869,486	16,542,117	16,954,661	17,722,402	18,707,986	22,612,010	21,627,999	20,645,544	21,780,383	21,407,177	24,930,481	22,395,846
Long-term Liabilities:												
26. Bonds payable	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	31,960,000	31,960,000	30,930,000
27. Bonds payable - premium/discount	2,522,472	2,522,472	2,522,472	2,451,804	2,451,804	2,451,804	2,380,478	2,356,689	2,062,554	2,038,766	2,016,167	1,995,156
28. Net Pension Liability	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408
29. Deferred In-Flows	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011
30. Total long-term liabilities	96,022,070	96,022,070	96,022,070	95,951,402	95,951,402	95,951,402	81,139,897	81,116,108	80,821,973	79,983,185	79,960,586	78,909,575
31. Total liabilities	112,891,556	112,564,187	112,976,731	113,673,803	114,659,387	118,563,411	102,767,896	101,761,652	102,602,356	101,390,362	104,891,067	101,305,421
32. Fund Balance	54,460,669	54,690,510	54,431,161	54,481,801	51,693,976	52,464,676	67,945,286	68,635,972	65,435,395	64,700,962	62,629,722	63,299,955
33. Total liabilities and fund balance	167,352,225	167,254,697	167,407,892	168,155,604	166,353,363	171,028,087	170,713,182	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375



	FY2024 Month and Patient Days											
Group/Location	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Medical/Surgical Unit	493	336	336	364	443	443	524	430	451	391	435	435
Chemical Dependency InPt	336	309	309	237	219	265	254	294	312	238	340	327
Mental Health Unit InPt	220	214	214	171	131	108	129	138	133	185	292	239
Critical Care Unit InPt	80	88	88	105	120	116	85	90	50	67	78	79
Obstetrics Unit InPt	61	54	54	73	70	66	66	61	101	70	52	53
Newborn Nursery InPt	54	40	40	48	50	52	55	50	57	47	37	33



	FY2024 Month and Registrations													
Group/Location	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24		
Emergency Room	1,006	970	970	1089	1244	1,184	1013	960	848	923	923	844		
Physical Therapy Outpatient	325	297	297	341	320	407	350	425	331	284	294	342		
Ultrasound	237	260	260	232	240	241	254	277	246	301	293	310		
Laboratory Outpatient	259	241	241	240	273	309	397	351	309	311	405	393		
Same Day Surgery	307	232	232	276	211	277	252	263	237	283	260	251		
Infusion Center Outpatient	236	210	210	215	198	217	203	167	183	207	200	235		
Mammography	220	190	190	192	152	192	202	243	218	223	202	176		
Xray	137	142	142	137	124	122	120	109	102	82	75	84		
Computerized Tomography	154	129	129	128	127	147	119	126	132	120	114	146		
Occupational Therapy OutPt	119	125	125	109	106	118	101	99	108	89	94	81		
Speech Therapy Outpatient	117	102	102	122	67	110	76	123	134	125	139	170		
Magnetic Resonance Imaging	128	96	96	131	129	142	102	121	113	101	157	170		

MEMORANDUM

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

ISSUE

- This is a standing report to the board from Chief of Staff, Alex Malter, MD regarding Medical Staff matters.

BACKGROUND

- The board will be briefed on current Medical Staff matters.
- Behind this cover memo is a letter regarding Physician Professional Behavior.

OPTIONS

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

MEMORANDUM

DATE: April 12, 2024

TO: Ian Worden, Interim CEO

CC: Kenny Solomon-Gross, BRH Board of Directors
Medical Staff Executive Committee

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

SUBJECT: Employed/Contracted Physician Professional Behavior

The Medical Staff Executive Committee (MSEC) has become aware that Hospital Leadership has occasionally elected to directly address lapses in its employed/contracted physicians' professional behavior, though administrative procedures rather than sending the instances to MSEC for its review/consideration.

The Committee understands that this approach may sometimes be appropriate and more expeditious than implementing a Bylaws (Medical Staff Leadership) directed approach. That said, as part of our delegated role in ensuring high quality, highly professional care at Bartlett Regional Hospital, MSEC believes it is important that the Committee is made aware of all instances where inappropriate professional behavior was addressed administratively. To this end, please forward a report to MSEC of any physician and/or Medical Staff member who you have approached directly regarding professional behavior.

Our intent in these situations is not to "re-open" a matter that is already been dealt with, but simply to keep comprehensive track in our files of any/all instances of behavioral concerns for individual Medical Staff members. Finally, MSEC still expects that any issues concerning physician quality would never solely be dealt with administratively but would always be directed into a Medical Staff led quality approach.

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

MEDICAL STAFF OFFICE

Direct Line: (907) 796-8150

Web Site: www.bartletthospital.org

Fax Line: (907) 796-8614

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MEMORANDUM

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

ISSUE

- These are the draft minutes 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:
 - a. April 5, 2024, Draft Planning Committee Meeting Minutes
 - b. April 12, 2024, Draft Finance Committee Meeting Minutes

OPTIONS

- This is an information update. Action items will be presented separately as necessary.

DRAFT MINUTES – BOARD PLANNING COMMITTEE MEETING

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

I. **CALL TO ORDER** – 12:00 p.m. by Deb Johnston, Committee Chair

II. **ROLL CALL**

Board Members Present (*Zoom attendees italicized*): Deb Johnston, *Hal Gieger*, James Kohn

Also Present (*Zoom attendees italicized*): Ian Worden, Joe Wanner, Kim McDowell, Gail Moorehead, Nate Rumsey, Chad Brown, *Jeanne Rynne*, *Chris Letterman*, Jennifer Carson, *Beth Mow*, *Nathan Overson*, and Anita Moffitt

III. **APPROVAL OF AGENDA** – MOTION by Mr. Kohn to approve the agenda. Mr. Geiger seconded. There being no objection, MOTION approved.

IV. **PUBLIC PARTICIPATION** - None

V. **APPROVAL OF MINUTES** – MOTION by Mr. Geiger to approve the February 2, 2024, minutes. Mr. Kohn seconded. There being no objection, MOTION approved.

VI. **OLD BUSINESS**

ED (Emergency Department) Renovation and Expansion Project – Action Item

Mr. Rumsey provided an update on the ED renovation and expansion project. Administration is requesting additional direction from the BOD (Board of Directors) regarding the execution of the project and solicitation of a CMAR (Construction Manager at Risk) contractor. Mr. Kohn initiated conversations about funding for the project, the CON (Certificate of Need), and the impact on ED patients during construction. Ms. Rynne explained the benefits of having a CMAR and the importance of timing in bringing one on.

MOTION by Mr. Geiger that the Planning Committee approve of the project plan as presented, and direct Administration to continue with existing outside funding efforts, and to work with CBJ Engineering to commence the Request for Proposal process for the selection of a Construction Management at Risk contractor. Mr. Kohn seconded. There being no objection, MOTION approved. Ms. Johnston expressed the importance of moving ahead with this project. Updates will be provided to the BOD as the project progresses.

BRH Project Updates – Ms. Rynne provided an update on the following projects: Aurora Behavioral Health Center, chiller #2 replacement, LEED operations and maintenance process, CT Scanners/MRI Infrastructure upgrade, underground fuel line replacement, ground floor asbestos abatement, WFC (Wildflower Court) fire alarm replacement / integration and the BRH surge protection phase 2 arc flash/circuit breaker coordination.

VII. NEW BUSINESS

FY25 CIP (Capital Improvement Projects) Update – Mr. Rumsey reported \$5M leftover from prior years' deferred maintenance accounts. The FY25 budget will not include the \$3M typically added for deferred maintenance. The \$5M from prior years will be expended for FY25 deferred maintenance projects. Mr. Rumsey will provide a listing of deferred maintenance projects at the next Planning Committee meeting and will explain the prioritization process. He noted the Facility Master Plan indicates that the next capital infrastructure expenditure is to improve the ORs (Operating Rooms). When making decisions about the ED renovation, we also need to be looking ahead at the next step beyond that project. Mr. Kohn initiated discussion about the use of deferred maintenance funds. Ms. Johnston noted discussions will need to be held soon about integrating the Master Facility Plan with the Strategic Goals.

VIII. COMMITTEE COMMENTS AND QUESTIONS – Ms. Johnston reported an initial meeting of the IS (Information Services) Executive Steering Committee meeting was held this morning. Strategic technology projects will be presented to this steering committee before being presented to the Planning Committee, Finance Committee, and the full BOD for approval. Mr. Worden outlined the process each proposed strategic technology project must go through before it is presented to the Planning Committee.

Next meeting – 12:00pm, Friday, May 3rd

IX. ADJOURNMENT – 12:50 p.m.

DRAFT MINUTES – BOARD FINANCE COMMITTEE MEETING

DATE: Friday April 12th, 2024, at 12:00 p.m.
LOCATION: BRH Boardroom & Zoom Videoconference

I. CALL TO ORDER – 12:00 p.m.

II. ROLL CALL

Board Members Present (*Zoom attendees italicized*): Hal Geiger, James Kohn, Deb Johnston, *Max Mertz, Shelly Deering*

Also Present (*Zoom attendees italicized*): Maria Uchytel, Kim McDowell, Nate Rumsey, Joe Wanner, Sharon Price, *Ian Worden, Hannah Sofhauser, Gail Moorehead, Nathan Overson, Beth Mow, Kris Muller, Brunis Soto, Mark Sabbatini*

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

IV. PUBLIC PARTICIPATION – None.

V. APPROVAL OF MINUTES – MOTION by Ms. Deering to approve the minutes. Ms. Johnston seconded. There being no objection, MOTION approved.

VI. FEBRUARY 2024 FINANCIAL STATEMENT REVIEW AND DISCUSSION

A financial update was provided by Joe Wanner, CFO. He reported revenues were up this month, showing an increase in WFC. True ups of accounts allowed revenues to be posted for the anesthesia clinic now that billing for them has been wrapped up. Pharmacy had the largest increase of \$700K. Contractual and bad debt write-offs were 47.9% of gross revenues, about the 12-month average of 47.2%. Uncompensated care increased to 4.8% in February. Contract Labor expenses was \$237K over budget due to the ongoing use of contract employees in multiple departments. Other operating expenses were under budget by \$233K primarily due to the repayment of grant funds to the State. As Mr. Wanner gets the next monthly report ready, he will try to share the changes they have made year- to-date and the impacts of how that will look in the coming months. He said we are still working through the APRD impacts, that's the way they reimburse our Medicaid patients. The first month we saw about a \$150K decrease in revenue. It has stabilized now, especially as we get more claims processed through the system. WFC bills have gone out for the first quarter for Medicaid and the first month for Medicare. We will see some of this cash coming in before we close out the month of April. Home Health survey happened; we are in a waiting period for that billing

to happen. On the Hospice side, they have given us a certification number but with the effective date in December, which is well after we commenced services.

VII. FY25 BUDGET ASSEMBLY PRESENTATION – Joe Wanner, CFO

Mr. Wanner shared the presentation that was shown to the CBJ Assembly last Saturday with the focus on the non-core program budget. Mr. Wanner has started looking at the core and non-core programs; where each stand currently, what assumptions of operational changes would lead to a best-case scenario for each and will then bring to the committee options to implement necessary changes. For each non-core program management's hope is this analysis will provide a base line for a discussion with the Bartlett Board of Directors, CBJ Assembly and broader community regarding the continuation of these services. We hope to have this analysis concluded in May. We are working with Cliff Hohban, an independent IT Consultant, to help us with our strategic plan and make sure these changes are aligning back to our strategic goals. We will get these changes detailed out and bring them back to the Finance Committee next month.

VIII. COMMITTEE COMMENTS AND QUESTIONS – None.

IX. NEXT MEETING – Friday, May 10th, 2024, at 12:00pm

X. ADJOURNMENT – 12:28 p.m.

MEMORANDUM

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

ISSUE

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

BACKGROUND

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

OPTIONS

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

MEMORANDUM

DATE: April 23, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: CEO and Executive Administration

CHIEF EXECUTIVE OFFICER

"In any moment of decision, the best thing you can do is the right thing. The worst thing you can do is nothing." - Theodore Roosevelt

In my last CEO letter, I put forth the process and methodologies employed to achieve improved operational performance. In this letter I am laying out the process and methodology necessary to achieve key stakeholder support on a method for moving forward. As a CBJ entity, a methodical and diplomatic approach is essential to obtain consensus, direction, and support on difficult decisions.

The recent budget hearing with CBJ leadership provided a critical opportunity to illustrate and explain BRH's financial challenges with key stakeholders. Additionally, it provided a public forum to begin important conversations with our community regarding healthcare priorities. In preparing for the hearing, we set very simple goals: 1) Increase transparency with CBJ, 2) Be credible and competent healthcare leaders, 3) Partner with CBJ leadership to understand their priorities as our owners, and 4) Gain support for a means to move forward to improve BRH.

Our Board Vice President Deb Johnston opened with an important statement acknowledging the Board's responsibility and commitment to overseeing the improvement process. While difficult decisions are needed, those decisions will be shaped and informed by input from CBJ leadership. Our CFO Joe Wanner presented our FY25 budget in a clear and concise format that highlighted the hospital's historical and current financial realities alongside core operations and notable additions in ancillary and public healthcare services provided to the community ([slide 9](#)).¹

We have categorized these services as follows per the program review process I outlined in my letter last month:

1. Enterprise Fund:
 - a. Hospital (Core Services, Hospitalists, BSSC, BMOC)/Wildflower Court (\$2.8M projected operating loss)
2. Ancillary Services:
 - a. Home Health (\$934K projected operating loss)
 - b. Hospice (\$448K projected operating loss)
3. Public Health Services:

- a. Applied Behavior Analysis Therapy (\$656K projected operating loss)
- b. Crisis Services (\$1.2M projected operating loss)
- c. Rainforest Recovery Center (\$782K projected operating loss)
- d. Bartlett Outpatient Psychiatric Services (\$2.8M projected operating loss)

The City Assembly approved our proposed FY25 budget as presented, with the understanding that programmatic review and operational improvements will continue to be made to services within the hospital enterprise fund over the next few months before a final budget is adopted in June.

This was a significant achievement for BRH on several levels including:

- 1. Improved relationship with key stakeholders;
- 2. Improved leadership credibility with key stakeholders;
- 3. Engagement with CBJ in a broader discussion regarding ancillary and public health services provided by BRH; and
- 4. Agreement on a method for moving forward.

Hospital leadership agreed to provide CBJ with a comprehensive analysis of each ancillary and public health service. This analysis will be provided in decision-point documents that will include a programmatic history, financial analysis, productivity and staffing data, and patient volume and aggregated demographics alongside hospital management's recommendations and program alternatives, if available. Development of these decision point documents is currently underway. We will follow the same stakeholder engagement process as we did with the budget, ensuring we maintain transparency and accountability.

The Board oversees management's financial improvement activities of services within the hospital enterprise fund. Management has initiated several "best practice" disciplines to improve performance, including: 1) FTE Committee, 2) Information Services Governance Committee, and 3) Contract Review. These disciplines are starting to yield savings. Other initiatives will be implemented over the next few months to improve sustainability. Management will continue to seek the advice and counsel of the Board and medical staff leadership to ensure that changes are thoughtful, measured, and effective. We will also provide the Board and appropriate committees with metrics on our progress, allowing the Board to fulfill its oversight role.

As the community gains a better understanding of the difficult decisions before us, we can expect greater "single issue advocacy." We welcome engagement and public comment through the Board and Assembly as these decisions will impact our community neighbors. As a matter of policy, it's important to respond as one voice. Towards that end, I will coordinate any communications on these topics with the Board President.

I opened my letter with a quote acknowledging why the best thing you can do in a moment of decision is the right thing. As an organization, we cannot afford to do nothing. I am committed to providing our key stakeholders with the right information following a methodical process so we can make the best decisions to move BRH forward to achieving long-term sustainability.

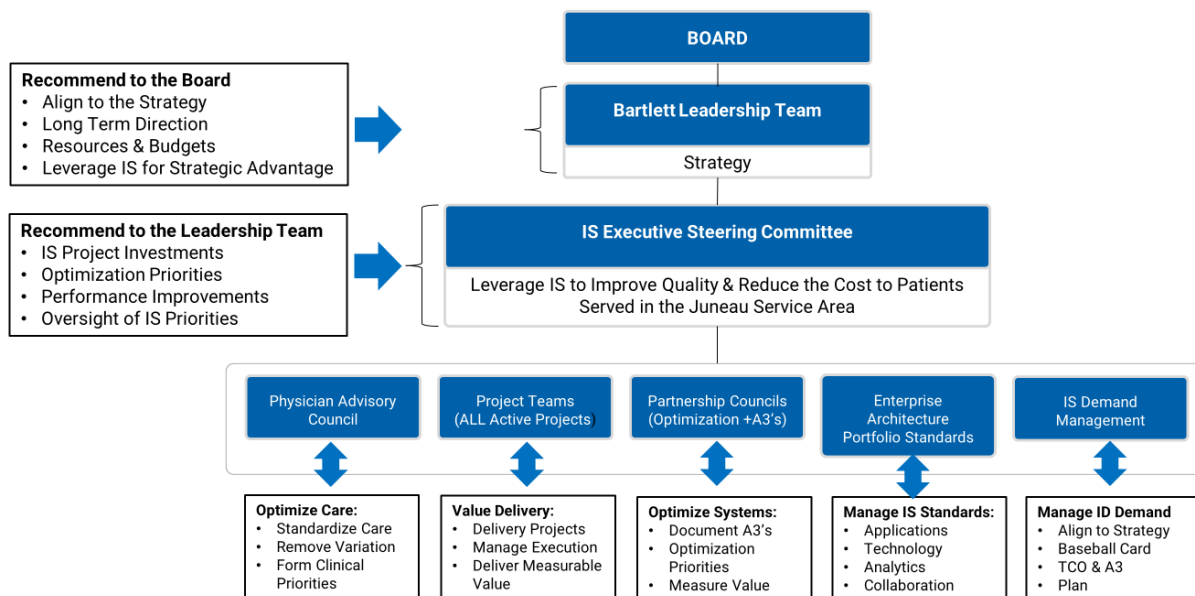
¹ April 6, 2024 Assembly Finance Committee [Recording](#) and [BRH Presentation](#)

Information Systems:

The Information Systems (IS) Department is pleased to share a critical milestone in the continued IS Department transformation with the Bartlett Board of Directors. The milestone was the establishment of governance by benefit of the Information Systems Executive Steering Committee (ISESC). The first convening was held Friday, April 5th. Principal accomplishments from that meeting included approval of the committee charter, discussions on committee makeup and membership, future scheduling, and recommended approval workflows.

ISESC will be comprised of the CEO, CFO, CNO/COO, Physician Advisory Council (PAC) liaison, and a Board representative. Monthly, the committee will hear project status updates, PAC updates, various partnership council updates, and presentations of operational and strategic decision points for consideration. Operational decision approval recommendations, informed by decision point documents, will flow to the hospital's Senior Leadership Team (SLT) for approval. Significant, strategic decisions will follow existing protocol for decision making and approvals by, Board Planning Committee, Board Finance Committee, and ultimately the full Board of Directors.

Bartlett Information Systems - Executive Steering Committee Governance Structure



CHIEF QUALITY & COMPLIANCE OFFICER

Quality:

On April 1st the Patient Safety Committee instituted the Good Catch Program. This program was developed from the Press Ganey Engagement/Culture of Safety results to assess opportunities to identify factors/perceptions influencing near-miss reporting. A *good catch*, also called a near

miss or close call, is an event that does not reach a patient because of a timely intervention. A *good catch* is a win for patients and staff because corrective action is taken, and it presents the opportunity to prevent future risk. This initiative is grounded in efforts to promote and support patient safety activities including education to increase awareness, non-punitive reporting, and data analysis.

Staff Development Spring Graduation Report:

Alaska Pacific University Partnership – Licensed Practical Nurse Program

The first class of Licensed Practical Nurses will be graduating the first week of May. The entire class of seven students intends to work at Bartlett. Six students have already signed 24-month work contracts. This first group of graduates will be placed at Wildflower Court, Same Day Care, and Med/Surg where they will be precepted by some of our experienced registered nurses. We currently have applications open for the next program in the fall. There are 14 applications for 8 spots. Staff Development is reviewing the LPN to RN bridge program to build a pathway for students to continue their career development to become RNs.

University of Alaska - Anchorage Registered Nursing Associates Program

There are 5 students graduating at the beginning of May who have completed their clinical rotations at Bartlett. They have not committed to their future employment yet. They will be able to sit for the nursing NCLEX in late June.

Bartlett Certified Nursing Assistant Program

The last class of 6 CNAs completed their class and are scheduled to take their licensing exam on April 29th. After licensing, all 6 CNAs will be working at Wildflower Court. We will be starting our next class in June. There are currently 14 applicants for 16 slots available for the class.

Grow Our Own – Summer Interns

Starting May 28th we will be hosting 12 high school/college interns who will spend time in different areas of their fields of interest and study over the summer. This year the areas of interest include nursing, diagnostic imaging, rehab services, and IT/IS.

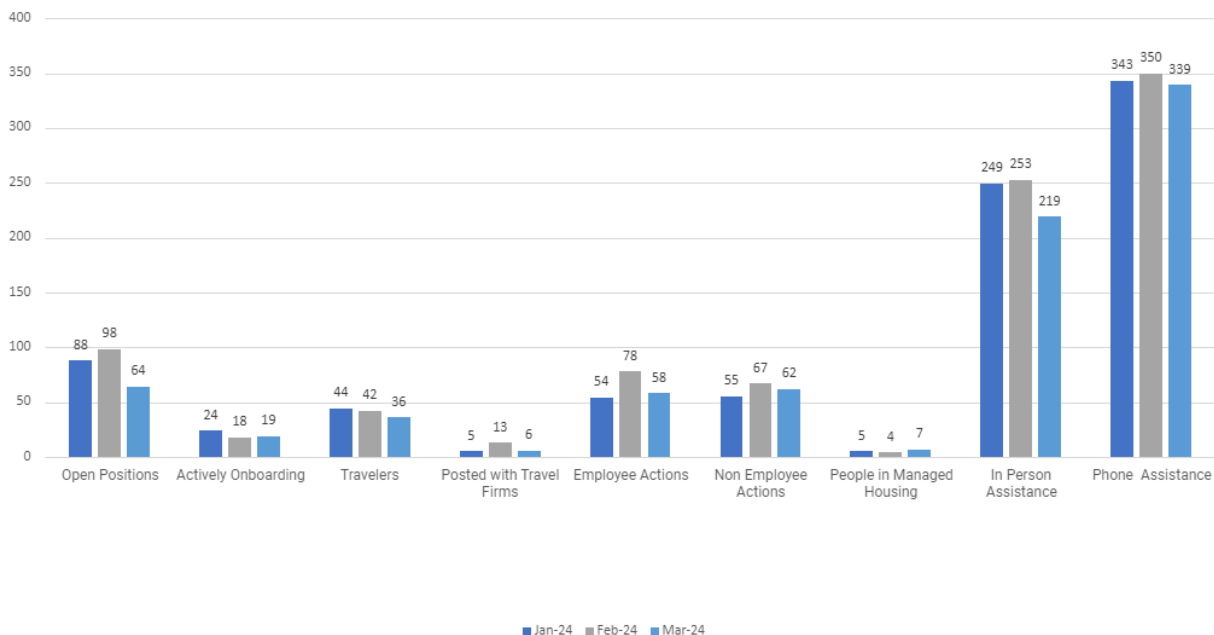
Human Resources:

The fully staffed HR team is focused on the following key initiatives for CY24.

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

In addition to the above high level focus areas, The HR Team has internally restructured to provide clearer delineation of duties and make it easier for staff to know who to go to for what they need. This includes a dedicated Recruitment Team, Employee Experience team, and HR Information Systems team.

HR Board Dashboard



CHIEF NURSING OFFICER/CHIEF OPERATING OFFICER

2024 Cruise Season:

Collaborative conversations continue with Cruise Line Agency (CLA), their Medical Directors, and JEMA (Juneau Emergency Medicine Associates) providers to ensure that CLA understands the limitations and impacts that cruise season has on Bartlett Regional Hospital. There was great conversation related to streamlining processes and appropriate transfers of patients to our emergency department (ED), as well as obtaining a direct contact number for the Health Operation Center which is manned 24/7 for Bartlett/JEMA providers to be able to reach out to speak to a Medical Director for the cruise lines. Through these conversations we were also able to reiterate the option of a ship to wing transport, which is when a patient has received all the care needed from the ship providers and needs to get to definitive care. This allows the patient to bypass the ED and get to definitive care quicker.

The plan for the end of the 2024 cruise season is to set up our first cruise line debrief with key stakeholders from all of Southeast who have cruise ships and discuss wins, losses, and collaborate on areas where we have the opportunity to improve for next year.

MEMORANDUM

DATE: April 18, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kim Stout, Post-Acute Care Services Executive Director

HOME HEALTH SERVICES

Amanda Williams, RN, Home Health Clinical Manager submitted resignation in March 2024. Amanda was very instrumental in the successful opening and start-up of home health and hospice services at Bartlett Regional Hospital. She has been a pleasure to work with and will be missed. Her last day at BRH Home Health was April 12th, 2024. Heather Richter, RN, Hospice Clinical Manager will be assuming the interim role of Director of Home Care Services and Deena McDougale, RN, will assume the role of Interim Home Health Clinical Lead.

Home Health had its State and Federal Licensure survey March 4 - 8, 2024. The plan of corrective action(s) was approved by the State and a virtual re-visit is planned for April 18th to validate compliance. If all corrective actions are determined to be compliant, State of Alaska has forty-five days to complete and submit recommendations to Centers for Medicare and Medicaid Services for Bartlett Regional Home Health to be fully licensed and assigned a CMS Certification Number (CCN). CMS will have approximately forty-five days to complete and submit a license and CCN. Home Health is currently performing pre-billing audits to be prepared and ready to begin processing claims to CMS as soon as the CCN number is received.

Home Health has had seventy-five admissions, year to date, and seventeen are currently receiving service.

Cameron Sanders, Occupational Therapist was recently hired and will begin employment on April 29th, 2024. Cameron has many years of experience as an OT and specifically within the field of home health. We are excited to welcome him to our Bartlett Regional Hospital Home Health & Hospice team. The full-time travel Physical Therapist contract finished her assignment on April 5, 2024. BRH Rehab Department is currently assisting to meet the physical therapy needs of our patients.

HOSPICE SERVICES

Hospice services received notice of Licensure from the State of Alaska on Wednesday, March 13th. Hospice was notified on March 22, 2024, by National Government Services of our Medicare ID approval. The Home Care Services Director is working with the program's contracted billing specialists as well as BRH Director of Patient Financial Services in coordinating financial training to begin the reimbursement process.

Hospice has had a total of thirty-seven admissions since August of 2023, seven of which are currently receiving service.

The hospice team received a wonderful letter this month from a participant of our Hospice programs Bereavement/Grief Workshop(s). BRH Hospice team providing grief support as part of a six-week program to the community. (Please see a copy of the attached letter)

WILDFLOWER COURT (WFC)

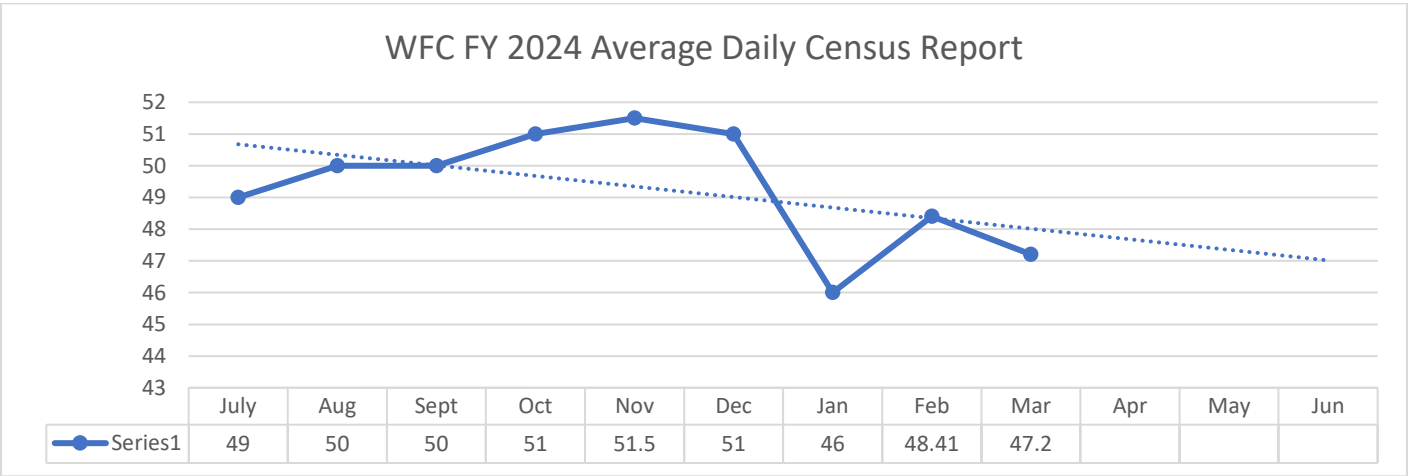
WFC underwent an annual State and Federal Health survey 2/12/2024 - 2/16/2024. WFC had a virtual re-visit / survey on Friday, April 12th to review supporting evidence to demonstrate compliance with corrective action plans submitted mid-March. WFC was compliant with all corrective actions and has been cleared of all citations identified during the February survey. The surveyor complimented WFC stating our documents were quite easy to review, organized and should be shared with the other facilities in the State of Alaska!

WFC recently underwent a CMS / Federal validation survey on April 8th and 9th, 2024. The surveyor had planned to be at WFC for three days, however, left after one and one-half days, stating we were in complete compliance, and she was pleased with her review, therefore, had no reason to stay beyond noon on survey day-two.

WFC’s average daily census (ADC) for March 2024, was forty-seven (47). WFC currently has five (5) residents receiving sub-acute rehab services, four (4) private pay residents and thirty-nine (39) long-term care residents. WFC census continues to remain lower than goal, which is fifty-four to fifty-eight.

WFC continues to focus on decreasing falls/fall prevention; we currently have at least one resident on one-to-one supervision due to high rate of falls and concern for his/her safety. He/she has experienced zero falls since implementation direct supervision.

WFC Director of Nursing, Leslie Hoogakker, RN attended a Wound Care Certification course in March and successfully completed and passed her certification exam. Leslie will be working to increase WFC nursing staff knowledge and competency in the assessment, care, treatment, and prevention of skin care conditions.



March 14, 2024

Ms. Heather Richter, RN
Bartlett Hospice Manager
641 W Willoughby Ave.
Suite 204
Juneau, AK 99801

Dear Ms. Richter,

I was one of the participants of the Bereavement/Grief Workshop sponsored by Bartlett Regional Hospital, January 29 through March 6, 2024.

I feel compelled to thank you, representing Bartlett Regional Hospital and, in turn, express my gratitude for the three members of the Bereavement Support Group; Claire Richardson, Kim Kiefer and Pat McLear.

The Team professionalism, compassion and dedication was exemplary. It takes all three of those extraordinary personal traits, intertwined – you can't have one without the other two traits. They presented a set of tools all of which can be utilized by a whole host of people who experience grief. The tools are flexible enough and divergent enough to allow different griever with widely divergent character traits and with different degrees of grief to minimize the impact grief can have on people.

The Team's demeanor while in the workshop settings was admirable, reflecting on their cognizance and acknowledgement of the grief each individual attendee was experiencing and varying levels of attendee active participation during the Workshop. Rather than putting anyone on the spot, e.g. insisting on participation, they would ask open-ended questions, soliciting voluntary participation and sharing of comments and thoughts on subjects from attendees. That minimized conflicts with those participants who may not be ready to openly participate or those participants who are naturally predisposed to monitoring/observing as opposed to active participation.

The Team's dedication was reflected when they were timely and prepared each week. It was evident that they spent a fair amount of non-class time preparing for each session as evidenced by their well-organized presentations and invaluable hand-outs which are great post-workshop resources.

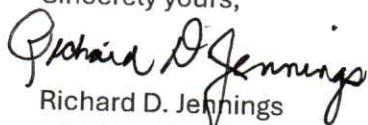
The Workshop complemented the grief counseling sessions I have been, periodically, attending with a professional counselor since my wife, of 48 years, passed away here in Juneau, December 23, 2022. I sincerely hope this workshop continues to be available to the community at large since grieving can be an extremely stressful experience and the workshop can be instrumental in minimizing that stress. I acknowledge this workshop is not necessarily a panacea for everyone but, to many, it may be.

At the last session, the Team provided us with an array of thought-provoking ideas which characterized the Workshop. We were requested to use the array of ideas and share our thoughts on how the Workshop reflected on those ideas and tools and to what degree we could personally utilize those ideas and tools – basically, an individual evaluation of the Workshop. In addition, the

Team informed us of kind of a follow-up “social, bonfire” get-together for our class and following classes sometime this coming Spring (no firm date yet) to share and discuss the post-Workshop evaluation, which is a brilliant idea – it may be a metric to discern the relative value of the Workshop in our personal lives. Brilliant idea!

Once again, I thank the Hospital, as well as the Team, for providing the Workshop.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard D. Jennings". The signature is fluid and cursive, with the first name being more prominent.

Richard D. Jennings
907-518-0628 (cell phone)

MEMORANDUM

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

ISSUE

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

BACKGROUND

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

OPTIONS

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

MEMORANDUM

DATE: April 17, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Maria E. Uchytel, Executive Director Bartlett Foundation

Current Activity/Fundraising/Events:

1. The application period for the Grace and Phil Edelman Health Science Scholarship is open until May 24th, materials are available on the Foundation's website <https://www.brhfoundation.org/scholarships>.
2. Enrollment Drive for the Give From the Heart payroll contribution campaign throughout April. Subway, Hot Shot and Blue Heron Gifts gift cards for all new enrollees in April. Enrollment remains at 34 employees contributing \$775 per pay period.
3. Coordinating with the Navy Band for a performance at WFC on May 5th.
4. Wildlife Cruise scheduled for Sat. June 15th. Tickets go on sale May 1 at <https://www.brhfoundation.org>
5. Foundation investment in BRH through March 31, 2024:

ED RN Education Q1 Funding	\$20,000
Hospice Education Q1 Funding	\$10,000
Suicide prevention Training	\$1,500
ED and Hospice Education Q2 Funding	\$6,500
Total Amount To Date	\$38,000

"At the end it's not about what you have or even what you've accomplished. It's about who you've lifted up, who you've made better. It's about what you've given back."

Denzel Washington

MEMORANDUM

DATE: April 23, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, 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 approve the board calendar as presented.

May 2024

All public meetings will be virtual and in person. 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.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3 12:00pm Planning Committee (PUBLIC MEETING)	4
5	6	7 7:00am Credentials Committee (Not a public meeting)	8	9	10 12:00pm Finance Committee (PUBLIC MEETING)	11
12 	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 	28 5:30pm Board of Directors (PUBLIC MEETING)	29	30	31	

Committee Meeting Checkoff:
Board of Directors – 4th Tuesday every month
Board Compliance and Audit
Board Quality

Joint Conference
Finance
Governance
Planning

MAY 2024 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, May 3rd

This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:

<https://bartletthospital.zoom.us/j/95253799084>

Call 1 888 788 0099

Meeting ID: 952 5379 9084

BRH Finance Committee 12:00pm Friday, May 10th

This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:

<https://bartletthospital.zoom.us/j/94088630653>

Call 1 888 788 0099

Meeting ID: 940 8863 0653

BRH Board of Directors Meeting 5:30pm Tuesday, May 28th

This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:

<https://bartletthospital.zoom.us/j/94002208623>

Call 1 888 788 0099

Meeting ID: 940 0220 8623

MEMORANDUM

DATE: April 23, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Ian Worden, CEO

ISSUE

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

BACKGROUND

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

OPTIONS

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

SUGGESTED MOTION

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