

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, November 22, 2022; 5:30 p.m.
Zoom Meeting

This virtual meeting is open to the public and may be accessed via the following link:

<https://bartletthospital.zoom.us/j/93293926195>

or call

1-888-788-0099 and enter webinar ID 932 9392 6195

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVE AGENDA**
- IV. PUBLIC PARTICIPATION**
- V. CONSENT AGENDA**
 - A. October 25, 2022 Board of Directors Meeting Minutes (Pg.3)
 - B. September 2022 Financials (Pg.9)
- VI. OLD BUSINESS**
 - A. Covid Update – Kim McDowell
 - B. da Vinci Robot – Kim McDowell (Pg.19)
 - C. OR Updates – Kim McDowell
 - D. IT Updates – Sam Norton
 - E. Land Acknowledgement – **ACTION ITEM** - Erin Hardin (Pg.34)
- VII. NEW BUSINESS**
- VIII. MEDICAL STAFF REPORT – Dr. Roth**
- IX. COMMITTEE MINUTES/REPORTS**
 - A. November 4, 2022 Draft Planning Committee Minutes – Brenda Knapp (Pg.35)
 - B. November 17, 2022 Draft Finance Committee Minutes – Deb Johnston (Pg.38)
 - C. November 18, 2022 Board Compliance and Audit Report – Iola Young
 - D. November 21, 2022 Draft Governance Committee Minutes – Hal Geiger (Pg.40)
- X. MANAGEMENT REPORTS**
 - A. CEO Management Report – David Keith (Pg.42)
 - B. CFO Management Report – Sam Muse (Pg.48)

- C. HR Management Report – Dallas Hargrave (Pg.51)
- D. CCO Management Report – Kim McDowell (Pg.53)
- E. CBHO Management Report – Tracy Dompeling (Pg.58)
- F. Legal Report – Barbra Nault / Robert Palmer (Pg.61)

XI. CBJ LIAISON REPORT – Carole Triem

XII. PRESIDENT REPORT – Kenny Solomon-Gross

XIII. BOARD CALENDAR – December 2022 (Pg.62)

XIV. BOARD COMMENTS AND QUESTIONS

XV. EXECUTIVE SESSION

- A. Credentialing Report – Dr. Roth
- B. November 1, 2022 Medical Staff Meeting Minutes – Dr. Roth
- C. Patient Safety Dashboard – Gail Moorehead
- D. Corrective Action Plan – Sam Muse
- E. Legal and Litigation – Barbra Nault / Robert Palmer

Motion by xx, to 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, the patient safety dashboard.*

And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

XVI. ADJOURNMENT

NEXT MEETING – Tuesday, December 27, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes BOARD OF DIRECTORS MEETING October 25, 2022 – 5:30 p.m. BRH Boardroom and Zoom

CALL TO ORDER – Mr. Solomon-Gross, Board President, called the meeting to order at 5:32 p.m.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

Kenny Solomon-Gross, President
Mark Johnson
Lisa Petersen

Brenda Knapp, Vice President
Hal Geiger
Lindy Jones, MD

Deb Johnston, Secretary
Iola Young

ABSENT: Max Mertz

ALSO PRESENT (*Zoom attendees italicized*)

David Keith, CEO
Dallas Hargrave, HR Director
Barbara Nault, Legal Advisor
Beth Weldon, Mayor
Nathan Overson, Compliance
Debbie Kesselring, Dir. Medical Staff Svcs.

Bob Tyk, Interim CFO
Kim McDowell, CCO
Robert Palmer, CBJ Attorney
Anita Moffitt, Exec. Assistant
Sam Norton, Interim IT Director

Tracy Dompeling, CBHO
Joseph Roth, MD
Carole Triem, CBJ Liaison
Nate Rumsey, Business. Dev.
Gail Moorehead, Quality

Mr. Solomon-Gross introduced and welcomed newly appointed CBJ Liaison, Carole Triem.

APPROVE AGENDA – *MOTION by Ms. Knapp to approve the agenda as written. Mr. Geiger seconded. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

CONSENT AGENDA – *MOTION by Ms. Knapp to approve the consent agenda. Mr. Geiger seconded. There being no objection, the September 27, 2022 Board of Directors Minutes and August 2022 Financials approved.*

BOARD EDUCATION – Ms. Kesselring, Director of Medical Staff Services, introduced herself and provided a presentation on the Board of Directors (BOD) authority of the Medical Staff credentialing process. (Presentation slides in packet.) The BODs accountability and responsibility is to protect our patients and to provide an opportunity for Medical Staff and Advanced Practice Clinicians to be credentialed in a fair and consistent model. The purpose of credentialing is to ensure practitioner licensing documents, qualifications and competencies are verified before granting privileges to treat patients at the hospital. She outlined the credentialing process, identified the governing documents that influence compliance of the credentialing process and the flow in which approvals are granted by the Credentials Committee, Medical Staff Executive Committee, BOD Liaison and the Board of Directors. She noted there has been a steady increase in the number of credentialing files that have gone to the BOD for approval. Onboarding for the Board Liaison to the Credentials Committee includes attending a Horty Springer Credentialing Excellence conference and one on one training by Medical Staff Services staff. One on one training also provided for the Board Secretary that signs on the Board's behalf. Ms. Kesselring recommends annual training for the full Board and a manual posted on the BRH website or in Nasdaq Boardvantage to be used as a credentialing process resource. Board members encouraged to reach out to her department with any questions.

Ms. Young initiated discussion about the number of newly credentialed providers. There has been a 15% increase in newly credentialed providers since the start of the pandemic, mostly in telemedicine. Dr. Jones thanked Ms. Kesselring for all of her hard work and making the Board's job easier.

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 2 employees out with Covid, 0 Covid positive patients in house. The monoclonal antibodies clinic closed in October and the Covid testing drive through will close on November 15th. Pre-procedural Covid testing is no longer required. Masks are no longer required on campus unless providing direct patient care. Dr. Jones noted monoclonal antibodies and Paxlovid are available through the Emergency Department.

Family Practice Building Acquisition – Mr. Rumsey reported BRH has agreed on a final purchase price for the building. Closing is scheduled for Friday, October 28th. In preparation for becoming landlords of the building, BRH is looking at existing lease agreements, fair market value and long term plans for the building.

Update on Land Acknowledgement – Mr. Geiger reported that he and Erin Hardin had met with David Sheakley and Ricardo Worl yesterday and drafted some wording for a land acknowledgement. The draft will be presented at the next Governance Committee meeting for review.

NEW BUSINESS

Board Self Evaluation – Mr. Geiger reported the Governance Committee reviewed options for Board self-evaluation tools since last year's evaluation was not very helpful. Mr. Hargrave reported online research resulted in many options. One survey selected that would work for BRH with some modifications. The Governance Committee provided the feedback for modifications. Mr. Hargrave gave an overview of questions included in each section of survey. It was clarified that the focus of the survey would be for this past year. The survey questions will be put into Survey Monkey and will be sent to Senior Leadership Team (SLT) as well as Board members. Respondents will identify themselves as a member of the BOD or the SLT and results will be broken out accordingly.

MOTION on behalf of the Governance Committee to approve the Board self-evaluation. There being no discussion or objection, MOTION approved.

MEDICAL STAFF REPORT – Dr. Roth reported the following from the October 4th Medical Staff meeting: Dr. Newbury talked about the daVinci Robot the hospital is contemplating leasing. The Medical Staff approved changes to the Rules and Regulations about signing consents and now need the BOD to approve them. He reported that he met with the Meditech representatives earlier today. He felt the reps really listened and hopes that other physicians will speak with them as well. He expressed appreciation for Ms. Kesselring and the work that she does for credentialing providers. He stated it's very important that a Board member remains on the Credential Committee. Discussion held about the medical staff's support of a daVinci Robot and about costs for robotic surgery vs. standard surgical procedures. Dr. Roth will provide information regarding up charging for robotic surgery.

MOTION by Ms. Knapp to approve the changes to the Rules and Regulations. Mr. Geiger seconded.
Discussion held about redundant wording. ***There be no further discussion or objections, changes approved as written.***

COMMITTEE REPORTS:

Planning Committee - Minutes from the October 7th meeting in the packet. Ms. Knapp encourages anyone available to attend these meetings to hear updates on the various projects. We are looking at the BOPS/CSC facility programs and budget. Ms. Dompeling is working with Agnew : Beck on the pro forma that has been requested. There are two other facilities in the state developing these programs with Agnew : Beck as well. Additional information will be available at the next Board meeting, however, the pro forma will not be completed before the end of November or first part of December. Agnew : Beck will present information to the Finance Committee.

Governance Committee – The minutes are in the packet. Board attestations and how they might work for onboarding new board members was discussed. The Committee worked on the Board self-evaluation and looked at strategic plan initiatives 2.2 and 2.3.

Finance Committee – Ms. Johnston reported the minutes from the October 21st meeting accurately reflect the discussions from the meeting. There was a robust discussion about a few issues in our internal processes that came to light and need to be resolved. The two biggest items discussed were the lease of the daVinci Robot and the proforma for the behavioral health programs. Mr. Johnson initiated discussion about including information about secured adolescent behavioral health services in the proforma. The observation and crisis intervention programs being developed here, and in two other facilities in the state, should help reduce some of the need for secured adolescent facilities. A CON (Certificate of Need) would be required to provide secured adolescent behavioral health services because it would be adding inpatient beds.

Ms. Johnston made a MOTION on behalf of the Committee to approve the daVinci project being discussed by the Board and then present it to the Assembly for approval of the seven-year commitment.

Dr. Jones stated he is not convinced the surgeries we do here will have a better outcome with a robot than if done laparoscopically. He also expressed staffing concerns. Mr. Tyk reported that with a robot, we will be able to do gynecological and urological procedures not currently done here and there is not a large number of additional staff needed for robotics. Surgical procedures are billed based on level, not whether it's done laparoscopically or by robot. Mr. Keith stated from a strategic perspective, the number of physicians trained on robotics is steadily growing. The logistics of the daVinci have improved over the years so require much less space and it is a tool that is to be used to attract new physicians. Physicians that want to use it will, and those that don't will not. Mr. Johnson noted offering robotic surgery may help prevent patient leakage. Mr. Geiger is not against the daVinci but wants more information showing why leasing this robot is a good financial idea. Mr. Keith stated we can't train people on robotics unless we have one and we can't recruit physicians already trained if we don't have one. The proforma was based on the number of cases that out-migrated. Having a robot gives us the ability to grow procedures that we don't currently do and it will pay for itself in time. Ms. Knapp stated this equipment was vetted very thoroughly by the Board a few years ago but they weren't yet ready to move forward. There have been a lot of improvements to the robot since that time. The Planning Committee has approved of leasing a robot and moved it to Finance for review of financial viability. The Finance Committee has reviewed it and also approved it. She supports the recommendations of the CEO and CFO to move ahead with leasing a robot. Ms. Petersen expressed her support of moving ahead and stated the advantages of having a robot to help recruit OR technicians as well physicians. Dr. Jones expressed his objections and doubts that we will have the number of cases projected and staff needed. Ms. McDowell reported we have found a staffing model that we believe will work for us. She also noted that that OR techs have declined to work at BRH because we don't have a robot. Mr. Keith reported it's very rare to have a physician champion and we should take advantage of having one here. Mr. Geiger made an ***amendment to the MOTION to move this matter to the November Board meeting.*** Dr. Newbury to be present to answer questions. Ms. Johnston noted it's important to make these strategic decisions to move ahead to help maintain our relevance in the community. Mr. Johnson expressed frustration in kicking the can down the road. Dr. Jones stated Dr. Newbury will not be able to change his mind and encourages a vote be taken tonight. There being no second to the amendment, amendment does not pass.

Mr. Solomon-Gross made a clarifying MOTION to the existing motion that the Board approves moving forward with the DaVinci project and moving it to the next step, whether it's to the Assembly or to Legal and the CEO.

Roll call vote taken – MOTION approved – 7 yes, 0 no, Dr. Jones abstained.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 7:07pm and resumed at 7:18 pm.

Board Quality Committee – Dr. Jones reported work to tackle some of the problems with the EMR (Electronic Medical Record) had started. Three presentations and the quality dashboard also reviewed. Mr. Solomon-Gross noted that Dr. Jones will represent the BOD on the EMR Committee. Mr. Norton reported that he met with Senior Leadership to discuss the findings of his 30-day assessment of the EMR and to make recommendations. These recommendations address

strategic initiatives 3.1. The goal is to improve performance of the EMR, to better integrate it and to engage with customer support by providing appropriate levels of support. He recommended taking a pause from moving from Meditech 2.1 to the Meditech 2.2 version. There are things that need to be addressed with our current version first. Meditech reps are on site today and tomorrow to meet with clinical staff and physicians. They conducted a technical assessment of our system and will give us a report in about 2-3 weeks. This report will be used in developing plans for optimization.

MANAGEMENT REPORTS:

CEO Report – Mr. Keith noted his written report was self-explanatory. He expressed his appreciation to the medical staff and ancillary staff of BRH for a letter he had received from a patient. The patient had been on a cruise ship before being brought to BRH for services. That BRH was Joint Commission accredited added comfort to the patient. She noted all the safety elements being performed during her stay and that staff was still able to focus on her as a person. Staff followed protocols in place to decide the care needed and to ensure her safety. Everyone she encountered during her stay, from registration staff, nurses, doctors and radiology staff were very detailed and gave amazing instructions. The care was very comforting. They cared about her, not just her diagnosis. She noted hospital staff arranged for her baggage to be delivered, offered a room at Bartlett House and expedited testing to allow the patient to get to a restaurant for the seafood dinner she wanted. She acknowledged people often forget to recognize angels that help people in their time of need.

CFO Report - Mr. Keith noted financials are improving due to a lot of hard work. His expectation is that we will be back on track in the next few months.

HR Report – Mr. Hargrave reported the quarterly employment related statistics are included in his report. There is still a high number of travelers being used and are being paid at an elevated rate. The rates are coming down as housing becomes more available.

CCO Report – Ms. McDowell highlighted that surgical department currently has 3 OR nurses and 3 OR techs in training. Physical Therapy also has some students on board. The new dietary director has done an incredible job. The cafeteria is almost fully staffed and the kitchen opened up for breakfast to staff again this week. If things go well, it will open up to the public again soon. BRH has been chosen for a pilot program, in conjunction with AHHA (Alaska Hospital & Healthcare Association) for a burnout assessment project. AHHA is providing the majority of the funding for this project. Ms. McDowell has secured funding from the Bartlett Foundation so it will be very little cost to BRH. The first meeting is to take place in December. An assessment will be done of all clinical staff, including physicians. BRH will determine what issues to address first. Post Covid surveys reveal nurses are showing a higher post-traumatic stress disorder than military in combat. She looks forward to working with Dr. Shapiro and the consulting firm.

CBHO Report – Ms. Dompeling stated she appreciates the questions being asked about the behavioral health programs. Agnew : Beck will be at the November 17th Finance committee meeting and will provide information they have on the pro forma and business models they are working on. She encourages everyone available to attend this Finance meeting. RRC is back to 12 patients for the first time in 2 years. Mr. Norton and Meditech will meet with behavioral health leaders to discuss the ambulatory module used in behavioral health. Mr. Johnson asked if suicide numbers are reduced with these types of behavioral health programs. Ms. Dompeling does not have the numbers but can ask Agnew : Beck. Mr. Keith noted we are one in three facilities developing these program in AK. The short term observation is currently being done in Fairbanks, Matsu and Anchorage. BRH will be the first with the crisis stabilization program in Alaska. Providence is behind us and Southcentral is behind them. Considering the models, BRH is the leader in AK, AZ is the leader in the country. Mr. Keith feels that BRH will be one of the leaders in the country when we are done. Ms. Knapp noted The Joint Commission gives recognition to entities that spearhead programs and demonstrate its effectiveness and viability.

Legal Report – Ms. Nault reported since the last meeting, her office has worked with directors and SLT on the following: 90-day status report on the 340B contract pharmacy corrective action plan due next Wednesday. Provided input on the changes to the informed consent process. Continue to work on professional services agreement for radiology, contract for a wage analysis and a proposed agreement for patient account services. Assists as requested for matters concerning Hospice and Hone Care services. Advise on an agreement with durable medical equipment provider. Mr. Palmer provided big kudos for seeing the Family Practice purchase to where it is.

CBJ LIAISON REPORT – None

PRESIDENT REPORT – Mr. Solomon-Gross reported Ms. Triem is excited to be part of the BRH Board. It will be a good learning curve for her. He volunteered to meet with her as often and she would like. Mr. Keith will also meet with her. Mr. Solomon-Gross met with several BOD members this week and continues with weekly meetings with the CEO. He reported Mr. Keith's door is always open to answer any questions BOD members may have.

Mr. Keith reported that he has met with legal about CCS (Catholic Community Services) and Hospice and Home Care (HHC) Services. BRH is pursuing licensure to provide HHC services. HHC is intertwined with so many other CCS services, it is best for BRH to provide it themselves. BRH will work in conjunction with CCS to ensure a smooth transition, including possibly hiring former CCS staff, using its billing processes and EMR. Ms. Nault, Mr. Rumsey and Mr. Overson have met with CCS leaders and CCS legal services to discuss a path moving forward. They are trying to get an understanding of what the timeline looks like for licensure and enrollment for BRH. A few additional transactions that may be beneficial to BRH are being looked at on a case by case basis. Mr. Johnson initiated discussion about BRH continuing end of life vigils. Mr. Keith reported that he is going to bring someone with experience in HHC to assist Ms. McDowell in setting up the HHC services. She will be here in early November. He also reported that another company had reached out and expressed interest in entering HHC market, possibly working with BRH. This is being considered. BRH is moving forward with obtaining the two licenses required, one for Hospice services and one for Home Health services. Ms. Knapp initiated discussion about the licensing entity. The licensing entity is the State of Alaska through Health Facilities. Mr. Geiger thanked everyone that had a hand with this and initiated discussion about the timeline to get these programs in place. This is an urgent matter and we will get it done as soon as possible. There are two elements to enrollment, licensure through the state and being able to successfully bill through Medicaid and Medicare. Licensing may take 30 – 90 days. Enrollment in Medicaid and Medicare could take from 9 months – 2 years but because BRH already bills Medicaid and Medicare, there is hope the long process can be avoided. Discussion held about the number of patients in the hospital because they can't find placement through home health. In response to Ms. Knapp's suggestion that interim license might be an option, Mr. Keith reported CMS (Center for Medicaid and Medicare Services) is going to wait until the state issues a license. The state is aware of the urgency and we are trying to mitigate that timeline to shorten it up. Ms. Nault stated there is a provisional license opportunity. She also noted that CCS is still providing volunteer services and has a volunteer coordinator still working for them. They also have a loan closet where they can provide equipment for home use. CCS intends to put forth a proposal for BRH's consideration of supporting that volunteer coordinator.

BOARD CALENDAR – November calendar reviewed. Quality meeting will be postponed until December. Finance will be held at 8:00am on November 17th. A Governance meeting will be held at 1:00pm November 21st.

BOARD COMMENTS AND QUESTIONS – None

EXECUTIVE SESSION – *MOTION by Mr. Geiger to recess into executive session to discuss several matters as written 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 and, the patient safety dashboard.*

And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

Mr. Johnson seconded. Mr. Solomon-Gross reminded attendees that all information to be discussed in executive session is confidential. Attendees are to ensure there are no unauthorized people in the room with them or able to hear the conversations.

The Board entered executive session at 8:06 p.m. and returned to regular session at 8:30 p.m.

MOTION by Ms. Knapp to approve the credentialing report as presented. Ms. Petersen seconded. There being no objections, MOTION approved.

ADJOURNMENT: 8:31 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, October 25, 2022

DRAFT

To: BRH Finance Committee
From: Sam Muse
Interim Chief Financial Officer

Re: September Financial Performance

Overview

September saw expense stabilization, while revenues were down \$1.5M from the month prior and flat year-over year. The result was a loss of \$766,000, making it the sixth consecutive month with a loss for the hospital. Volumes were lower from August, particularly in Med/Surg and the OR. Volumes related to Mental Health continue to be below the prior year and down month-over-month.

Income Statement

While still a loss, there has been stabilization in the last two months. The six-month average monthly loss for the hospital is \$(1.1M), and August and September have been \$(311,000) and \$(766,000), respectively. So certainly, improvement over the few months proceeding. Notably, salaries & benefits were the lowest that they've been since February (and \$500,000 less than prior month), with overtime down from the proceeding few months. Materials and supplies were down \$150,000 over the prior month, mostly tied to drug and medical supply usage, which is greatly driven by patient volumes. Maintenance contracts and software support also saw decreases, but they appear to be mostly tied to timing of payments to ongoing vendors and not a function of changes to spending, overall.

Hospital inpatient and outpatient gross revenues of \$18.6M were down from the prior month of \$20.1M, but up overall from the 12-month rolling average of \$18.0M. Gross revenues associated with CT, Med/Surg, the OR and BH were all down from the prior month. But again, not out of line with averages.

Deductions from revenue as a percentage of gross patient revenue were at 47.5%, up from the prior month of 43.5% and slightly above the 12-month rolling average of 46.4%. Contractual allowances were up while bad debt expenses were

relatively low. The variance from prior month was driven by adjustments in the allowance reserve calculations that are updated monthly based on 12-month rolling totals on charges vs. receipts for each payer. August had a favorable adjustment of \$1M based on better collections trends. September's receipt rates stayed relatively flat and so there were no large reserve adjustments.

Contract labor has been a point of focus for management and was down nearly \$400,000 from the prior month and was less than any of the four months preceding.

Finally, in discussing the income statement it is important to note that there are rate covenants associated with our revenue bonds. Considering our recurring losses, it will be important for us to monitor this, and it certainly could impact our ability to take out additional bonds for expansion needs.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) decreased \$700,000 from the month prior. This is less about the current months operating losses (which include non-cash items like depreciation) than it is about net collections on receivables of \$1.4M (positive) offset by the paydown of current liabilities associated with salaries and other payables of \$2.3M (negative).

The decrease in patient AR is due to the cadence of payments on claims, with two \$10M+ patient cash receipt months in August and September. Also, in August and September, PFS worked to clean up the claims that were on hold due to the NDC issue. However, as of today, there are around \$1M in "suspended" claims in the Medicaid system awaiting processing and payment. In addition, some higher dollar MCD claims - approximately \$600K - had to be corrected and rebilled because of the NDC issue. This is to say, we anticipate those to clear soon and our AR balances to continue to come down after October.

Other assets and other payables saw increases over the prior year due to the recognition of Right to Use assets and lease liabilities as required by GASB 87, an accounting standard that requires entities to be more transparent about lease commitments by showing them on the balance sheet.

Additionally, the Net Pension liability is significantly lower after year-end adjustments. There is a large \$40M asset related to other post-employment benefits offsetting a pension liability of \$57M.

Dashboard/Financial Indicators

On the Dashboard report, volumes were off from the prior month. In General, inpatient volumes are down month-to-month and year-to-year while outpatient was down from the prior month but up year-over-year.

Cash collections increased to 102.3% in the current month, above the prior month and above the benchmark while days cash on hand increased slightly.

Days in Net Receivables and Days in accounts payable have held steady from the month prior and are in line with budgeted amounts.

Conclusion

Expenditures appear to be moderating, and revenues are staying rangebound after a large increase in the month prior.

Respectfully submitted

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF SEP 2022

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:											
\$3,982,584	\$4,855,182	-\$872,598	-18.0%	\$4,824,972	1. Inpatient Revenue	\$12,225,982	\$15,335,249	-\$3,109,267	-20.3%	\$12,718,036	-3.9%
\$1,197,792	\$1,268,803	-\$71,011	-5.6%	\$1,337,900	2. Inpatient Ancillary Revenue	\$3,437,323	\$4,007,556	-\$570,233	-14.2%	\$3,595,074	-4.4%
\$5,180,376	\$6,123,985	-\$943,609	-15.4%	\$6,162,872	3. Total Inpatient Revenue	\$15,663,305	\$19,342,805	-\$3,679,500	-19.0%	\$16,313,110	-4.0%
\$11,947,076	\$11,278,869	\$668,207	5.9%	\$10,874,045	4. Outpatient Revenue	\$36,621,406	\$35,624,720	\$996,686	2.8%	\$32,970,861	11.1%
\$17,127,452	\$17,402,854	-\$275,402	-1.6%	\$17,036,917	5. Total Patient Revenue - Hospital	\$52,284,711	\$54,967,525	-\$2,682,814	-4.9%	\$49,283,971	6.1%
\$146,310	\$253,551	-\$107,241	-42.3%	\$277,183	6. RRC Patient Revenue	\$547,854	\$800,845	-\$252,991	-31.6%	\$854,608	-35.9%
\$243,492	\$476,386	-\$232,894	-48.9%	\$434,612	7. BHOPS Patient Revenue	\$639,563	\$1,504,684	-\$865,122	-57.5%	\$1,169,115	-45.3%
\$1,043,040	\$1,159,603	-\$116,563	-10.1%	\$856,222	8. Physician Revenue	\$3,543,346	\$3,662,646	-\$119,300	-3.3%	\$2,926,118	21.1%
\$18,560,294	\$19,292,394	-\$732,100	-3.8%	\$18,604,934	9. Total Gross Patient Revenue	\$57,015,474	\$60,935,700	-\$3,920,227	-6.4%	\$54,233,812	5.1%
Deductions from Revenue:											
\$3,041,724	\$2,998,256	-\$43,468	-1.4%	\$3,268,626	10. Inpatient Contractual Allowance	\$9,104,112	\$9,414,613	\$310,501	3.3%	\$8,378,316	8.7%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,050,000	-\$1,050,000	\$0		-\$308,333	
\$5,373,622	\$4,495,708	-\$877,914	-19.5%	\$4,822,166	11. Outpatient Contractual Allowance	\$15,429,770	\$14,199,841	-\$1,229,929	-8.7%	\$12,194,342	26.5%
\$593,392	\$570,143	-\$23,249	-4.1%	\$544,518	12. Physician Service Contractual Allowance	\$2,105,802	\$1,800,817	-\$304,985	-16.9%	\$1,704,559	23.5%
\$29,475	\$24,581	-\$4,894	-19.9%	\$26,208	13. Other Deductions	\$77,824	\$77,640	-\$184	-0.2%	\$75,964	0.0%
\$23,558	\$117,171	\$93,613	79.9%	\$188,462	14. Charity Care	\$105,185	\$370,087	\$264,902	71.6%	\$330,950	-68.2%
\$105,424	\$286,713	\$181,290	63.2%	\$296,308	15. Bad Debt Expense	\$994,041	\$905,594	-\$88,447	-9.8%	\$1,386,813	-28.3%
\$8,817,195	\$8,142,572	-\$674,622	-8.3%	\$8,837,955	16. Total Deductions from Revenue	\$26,766,734	\$25,718,592	-\$1,048,142	-4.1%	\$23,762,611	12.6%
46.7%	41.8%			46.4%	% Contractual Allowances / Total Gross Patient Revenue	44.9%	41.7%			40.5%	
0.7%	2.1%			2.6%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.9%	2.1%			3.2%	
47.5%	42.2%			47.5%	% Total Deductions / Total Gross Patient Revenue	46.9%	42.2%			43.8%	
\$9,743,099	\$11,149,822	-\$1,406,722	-12.6%	\$9,766,979	17. Net Patient Revenue	\$30,248,740	\$35,217,108	-\$4,968,369	-14.1%	\$30,471,201	-0.7%
\$237,857	\$372,611	-\$134,755	-36.2%	\$816,211	18. Other Operating Revenue	\$639,093	\$1,142,675	-\$503,582	-44.1%	\$1,565,646	-59.2%
\$9,980,956	\$11,522,433	-\$1,541,477	-13.4%	\$10,583,190	19. Total Operating Revenue	\$30,887,833	\$36,359,783	-\$5,471,951	-15.0%	\$32,036,847	-3.6%
Expenses:											
\$4,447,158	\$4,760,836	\$313,678	6.6%	\$4,217,486	20. Salaries & Wages	\$13,486,293	\$14,599,885	\$1,113,592	7.6%	\$12,855,604	4.9%
\$303,118	\$426,941	\$123,823	29.0%	\$401,311	21. Physician Wages	\$933,866	\$1,309,287	\$375,421	28.7%	\$1,090,828	-14.4%
\$500,550	\$76,765	-\$423,785	-552.1%	\$180,317	22. Contract Labor	\$2,031,120	\$235,410	-\$1,795,710	-762.8%	\$586,700	246.2%
\$2,184,768	\$2,549,628	\$364,860	14.3%	\$2,351,367	23. Employee Benefits	\$6,637,080	\$7,818,817	\$1,181,737	15.1%	\$7,106,751	-6.6%
\$7,435,594	\$7,814,170	\$378,576	4.8%	\$7,150,481		\$23,088,359	\$23,963,399	\$875,040	3.7%	\$21,639,883	6.7%
74.5%	67.8%			67.6%	% Salaries and Benefits / Total Operating Revenue	74.7%	65.9%			67.5%	
\$27,897	\$72,208	\$44,311	61.4%	\$85,053	24. Medical Professional Fees	\$161,925	\$221,439	\$59,514	26.9%	\$222,421	-27.2%
\$300,750	\$393,115	\$92,365	23.5%	\$251,085	25. Physician Contracts	\$1,027,422	\$1,205,556	\$178,134	14.8%	\$1,085,302	-5.3%
\$326,262	\$217,294	-\$108,968	-50.1%	\$153,952	26. Non-Medical Professional Fees	\$770,971	\$666,380	-\$104,591	-15.7%	\$468,882	64.4%
\$1,297,313	\$1,297,808	\$496	0.0%	\$1,526,388	27. Materials & Supplies	\$4,110,043	\$3,980,004	-\$130,039	-3.3%	\$4,646,833	-11.6%
\$170,796	\$144,725	-\$26,071	-18.0%	\$100,105	28. Utilities	\$433,214	\$443,821	\$10,607	2.4%	\$331,837	30.6%
\$308,219	\$407,397	\$99,178	24.3%	\$559,794	29. Maintenance & Repairs	\$1,270,662	\$1,249,352	-\$21,310	-1.7%	\$1,343,535	-5.4%
\$69,747	\$64,843	-\$4,904	-7.6%	\$47,645	30. Rentals & Leases	\$232,084	\$198,856	-\$33,228	-16.7%	\$142,902	62.4%
\$74,478	\$77,530	\$3,052	3.9%	\$72,913	31. Insurance	\$228,166	\$237,760	\$9,594	4.0%	\$223,076	2.3%
\$585,314	\$646,038	\$60,724	9.4%	\$642,412	32. Depreciation & Amortization	\$1,768,701	\$1,981,183	\$212,482	10.7%	\$1,860,178	-4.9%
\$32,919	\$108,560	\$75,641	69.7%	\$49,154	33. Interest Expense	\$217,870	\$332,918	\$115,048	34.6%	\$147,666	47.5%
\$190,795	\$144,298	-\$46,497	-32.2%	\$110,601	34. Other Operating Expenses	\$432,873	\$442,578	\$9,705	2.2%	\$366,489	18.1%
\$10,820,084	\$11,387,986	\$567,903	5.0%	\$10,749,583	35. Total Expenses	\$33,742,290	\$34,923,246	\$1,180,956	3.4%	\$32,479,004	-3.9%
-\$839,128	\$134,447	-\$973,575	-724.1%	-\$166,393	36. Income (Loss) from Operations	-\$2,854,457	\$1,436,537	-\$4,290,994	-298.7%	-\$442,157	545.6%
\$5,860	\$43,669	-\$37,809	-86.6%	\$100,903	37. Non-Operating Revenue	\$9,180	\$133,917	-\$124,737	-93.1%	\$305,620	-97.0%
\$67,229	\$61,306	\$5,923	9.7%	\$65,029	38. Interest Income	\$200,003	\$188,010	\$11,993	6.4%	\$261,611	-23.5%
\$73,089	\$104,975	-\$31,886	-30.4%	\$165,932	39. Total Non-Operating Revenue	\$209,183	\$321,927	-\$112,744	-35.0%	\$567,231	-63.1%
-\$766,039	\$239,422	-\$1,005,461	-420.0%	-\$461	40. Net Income (Loss)	-\$2,645,274	\$1,758,464	-\$4,403,738	-250.4%	\$125,074	2215.0%
-8.41%	1.17%			-1.57%	Income from Operations Margin	-9.24%	3.95%			-1.38%	
-7.68%	2.08%			0.00%	Net Income	-8.56%	4.84%			0.39%	

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD SEPTEMBER 21 THRU SEPTEMBER 22

	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976	\$3,929,079	\$3,968,043	\$4,215,688	\$4,027,710	\$3,982,584
2. Inpatient Ancillary Revenue	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773	\$928,481	\$1,049,117	\$1,140,316	\$1,099,216	\$1,197,792
3. Total Inpatient Revenue	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749	\$4,857,560	\$5,017,160	\$5,356,004	\$5,126,926	\$5,180,376
4. Outpatient Revenue	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953	\$11,601,673	\$11,242,830	\$11,360,235	\$13,314,095	\$11,947,076
5. Total Patient Revenue - Hospital	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702	\$16,459,233	\$16,259,990	\$16,716,239	\$18,441,021	\$17,127,452
6. RRC Patient Revenue	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848	\$249,944	\$196,884	\$182,885	\$218,659	\$146,310
7. BHOPS Patient Revenue	\$434,612	\$413,225	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$390,417	\$456,653	\$529,944	\$199,460	\$196,611	\$243,492
8. Physician Revenue	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$897,198	\$1,060,736	\$1,076,229	\$862,360	\$1,205,276	\$1,295,030	\$1,043,040
9. Total Gross Patient Revenue	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703	\$18,242,059	\$17,849,178	\$18,303,860	\$20,151,321	\$18,560,294
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383	\$2,972,366	\$3,105,403	\$3,188,205	\$2,874,182	\$3,041,724
10a. Rural Demonstration Project	-\$225,000	-\$725,000	-\$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	\$4,822,166	\$5,351,541	\$4,414,193	\$4,414,193	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998	\$4,860,343	\$5,284,968	\$4,768,716	\$5,287,432	\$5,373,622
12. Physician Service Contractual Allowance	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784	\$781,557	\$407,030	\$719,575	\$792,835	\$593,392
13. Other Deductions	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$25,302	\$27,821	\$27,703	\$25,242	\$23,107	\$29,475
14. Charity Care	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914	\$86,009	\$114,562	\$143,248	\$56,435	\$64,841	\$16,786	\$23,558
15. Bad Debt Expense	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288	\$725,275	-\$344,442	\$766,855	\$121,762	\$105,424
16. Total Deductions from Revenue	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317	\$9,160,610	\$8,187,097	\$9,183,434	\$8,766,104	\$8,817,195
% Contractual Allowances / Total Gross Patient Revenue	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%	45.3%	47.3%	45.5%	42.7%	46.7%
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%	3.5%	4.8%	-1.6%	4.5%	0.7%	0.7%
% Total Deductions / Total Gross Patient Revenue	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%	50.2%	45.9%	50.2%	43.5%	47.5%
17. Net Patient Revenue	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386	\$9,081,449	\$9,662,081	\$9,120,426	\$11,385,217	\$9,743,099
18. Other Operating Revenue	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429	\$365,743	\$430,405	\$365,270	\$35,967	\$237,857
19. Total Operating Revenue	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815	\$9,447,192	\$10,092,486	\$9,485,696	\$11,421,184	\$9,980,956
Expenses:													
20. Salaries & Wages	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359	\$4,357,166	\$4,497,152	\$4,400,364	\$4,638,771	\$4,447,158
21. Physician Wages	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317	\$422,325	\$260,633	\$267,548	\$363,200	\$303,118
22. Contract Labor	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136	\$789,120	\$820,571	\$633,674	\$896,896	\$500,550
23. Employee Benefits	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370	\$2,427,959	\$2,434,120	\$2,374,084	\$2,078,228	\$2,184,768
% Salaries and Benefits / Total Operating Revenue	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%	80.9%	69.8%	74.5%
24. Medical Professional Fees	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167	\$63,462	\$48,386	\$38,713	\$95,316	\$27,897
25. Physician Contracts	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694	\$412,311	\$514,752	\$326,821	\$399,851	\$300,750
26. Non-Medical Professional Fees	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852	\$209,768	\$246,454	\$221,282	\$223,427	\$326,262
27. Materials & Supplies	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281	\$1,435,271	\$1,331,112	\$1,305,218	\$1,507,512	\$1,297,313
28. Utilities	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421	\$214,545	\$98,852	\$121,693	\$140,725	\$170,796
29. Maintenance & Repairs	\$559,794	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$521,697	\$435,114	\$426,346	\$536,097	\$308,219
30. Rentals & Leases	\$47,645	\$56,231	\$76,991	\$97,199	\$61,761	\$60,069	\$84,113	\$64,215	\$77,726	\$51,336	\$86,650	\$75,688	\$69,747
31. Insurance	\$72,913	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075	\$102,592	\$70,720	\$67,712	\$66,848	\$74,882	\$78,806	\$74,478
32. Depreciation & Amortization	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119	\$585,394	\$584,119	\$594,379	\$589,009	\$585,314
33. Interest Expense	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973	\$32,973	\$32,973	\$32,973	\$32,919	\$32,919
34. Other Operating Expenses	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288	\$191,849	\$127,071	\$93,683	\$148,396	\$190,795
35. Total Expenses	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201	\$11,809,278	\$11,549,493	\$10,998,310	\$11,804,841	\$10,820,084
36. Income (Loss) from Operations	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386	-\$2,362,086	-\$1,457,007	-\$1,512,614	-\$383,657	-\$839,128
37. Interest Income	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698	\$600	\$835	\$733	\$1,988	\$1,332	\$5,860
38. Other Non-Operating Income	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400	\$64,348	\$64,269	\$61,858	\$70,916	\$67,229
39. Total Non-Operating Revenue	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000	\$65,183	\$65,002	\$63,846	\$72,248	\$73,089
40. Net Income (Loss)	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386	-\$2,296,903	-\$1,392,005	-\$1,448,768	-\$311,409	-\$766,039

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
September 30, 2022

	<u>September-22</u>	<u>August-22</u>	<u>September-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	19,702,993	20,962,221	18,249,244	1,453,750
2. Board designated cash	28,579,509	28,004,896	32,275,533	(3,696,024)
3. Patient accounts receivable, net	19,384,954	20,751,228	17,440,451	1,944,502
4. Other receivables	1,457	(39,003)	2,517,666	(2,516,209)
5. Inventories	3,983,200	3,899,015	3,511,679	471,521
6. Prepaid Expenses	3,511,986	3,384,683	3,075,080	436,907
7. Other assets	753,152	753,151	30,376	722,781
8. Total current assets	75,917,251	77,716,191	77,100,029	(1,182,772)
Appropriated Cash:				
9. CIP Appropriated Funding	28,184,484	29,046,423	19,481,653	8,702,831
Property, plant & equipment				
10. Land, bldgs & equipment	153,356,247	153,345,547	151,396,219	1,960,028
11. Construction in progress	20,470,933	20,119,756	9,724,991	10,745,942
12. Total property & equipment	173,827,180	173,465,303	161,121,210	12,705,970
13. Less: accumulated depreciation	(110,578,308)	(109,992,994)	(103,434,220)	(7,144,088)
14. Net property and equipment	63,248,872	63,472,314	57,686,996	5,561,882
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	12,654,846	(1,642,130)
16. Total assets	178,363,323	181,247,640	166,923,520	11,439,811
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,886,842	3,872,037	1,700,778	186,064
18. Accrued employee benefits	5,163,022	4,650,681	5,161,912	1,110
19. Accounts payable and accrued expenses	4,796,933	5,634,996	3,627,454	1,169,479
20. Due to 3rd party payors	2,708,665	2,708,665	4,046,626	(1,337,961)
21. Deferred revenue	669,818	712,985	1,042,502	(372,683)
22. Interest payable	186,175	148,936	126,119	60,057
23. Note payable - current portion	1,490,000	1,490,000	910,000	580,000
24. Other payables	1,113,623	910,740	321,793	791,831
25. Total current liabilities	18,015,078	20,129,040	16,937,184	1,077,897
Long-term Liabilities:				
26. Bonds payable	34,545,000	34,545,000	17,350,000	17,195,000
27. Bonds payable - premium/discount	2,754,701	2,759,020	97,971	2,656,729
28. Net Pension Liability	15,568,546	15,568,546	62,063,897	(46,495,351)
29. Deferred In-Flows	45,156,052	45,156,052	4,884,297	40,271,755
30. Total long-term liabilities	98,024,299	98,028,618	84,396,165	13,628,134
31. Total liabilities	116,039,377	118,157,658	101,333,349	14,706,031
32. Fund Balance	62,323,946	63,089,982	65,590,169	(3,266,222)
33. Total liabilities and fund balance	178,363,323	181,247,640	166,923,520	11,439,811

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD SEPTEMBER 21 THRU SEPTEMBER 22

	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343	7,271,871	5,967,974	22,211,019	20,962,221	19,702,993
2. Board designated cash	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473	27,375,730	27,374,717	28,944,179	28,004,896	28,579,509
3. Patient accounts receivable, net	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612	18,180,691	18,966,587	20,620,575	20,751,228	19,384,954
4. Other receivables	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406	1,323,543	1,501,123	1,346,190	(79,787)	1,457
5. Inventories	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649	3,642,059	3,613,561	3,236,548	3,435,392	3,983,200
6. Prepaid Expenses	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501	1,893,949	1,717,382	3,371,478	3,623,126	3,511,986
7. Other assets	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937	32,939	31,936	753,152
8. Total current assets	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921	59,719,780	59,174,281	79,762,928	76,729,012	75,917,251
Appropriated Cash:													
9. CIP Appropriated Funding	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681	29,145,697	28,560,714	28,560,714	29,046,423	28,184,484
Property, plant & equipment													
10. Land, bldgs & equipment	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023	153,025,175	153,025,325	153,308,451	153,345,547	153,356,247
11. Construction in progress	9,724,991	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285	14,423,945	17,812,831	18,510,117	18,209,189	20,119,756	20,470,933
12. Total property & equipment	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968	170,838,006	171,535,442	171,517,640	173,465,303	173,827,180
13. Less: accumulated depreciation	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)	(108,329,760)	(108,913,879)	(109,403,986)	(109,992,994)	(110,578,308)
14. Net property and equipment	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602	62,508,246	62,621,563	62,113,654	63,472,309	63,248,872
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	11,012,716
16. Total assets	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590	178,363,323
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075	2,580,462	2,849,971	3,322,640	3,872,037	1,886,842
18. Accrued employee benefits	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132	5,368,868	4,822,998	4,650,759	4,650,681	5,163,022
19. Accounts payable and accrued expenses	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105	3,390,582	4,609,541	4,030,238	5,873,081	4,796,933
20. Due to 3rd party payors	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813	2,706,739	2,708,665	2,708,665	2,708,665	2,708,665
21. Deferred revenue	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335	697,168	649,002	1,123,835	712,985	669,818
22. Interest payable	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892	165,131	105,323	16,175	147,817	186,175
23. Note payable - current portion	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,490,000	1,490,000
24. Other payables	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354	458,446	1,000	83,469	170,789	1,113,623
25. Total current liabilities	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706	16,397,396	16,776,500	16,965,781	19,626,055	18,015,078
Long-term Liabilities:													
26. Bonds payable	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	35,005,000	34,545,000	34,545,000
27. Bonds payable - premium/discount	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979	82,713	78,446	2,796,398	2,759,020	2,754,701
28. Net Pension Liability	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	15,568,546
29. Deferred In-Flows	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	45,156,052
30. Total long-term liabilities	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173	83,260,907	83,256,640	104,749,592	104,252,214	98,024,299
31. Total liabilities	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879	99,658,303	100,033,140	121,715,373	123,878,269	116,039,377
32. Fund Balance	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170	64,370,267	62,978,263	61,376,769	58,024,321	62,323,946
33. Total liabilities and fund balance	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590	178,363,323

Bartlett Regional Hospital
Dashboard Report for September 2022

Facility Utilization:	CURRENT MONTH						YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days										
Patient Days - Med/Surg	502	540	-7.0%	538	548	-6.7%	1,586	1,655	-4%	1,467
Patient Days - Critical Care Unit	99	96	3%	132	72	-25.0%	264	296	-11%	313
Avg. Daily Census - Acute	20.0	21.2	-6%	21.6	20.0	-7.3%	20.1	21.2	-5%	19.3
Patient Days - Obstetrics	61	62	-2%	84	44	-27.4%	178	190	-6%	221
Total Hospital Patient Days	662	698	-5%	754	711	-12.2%	2,028	2,141	-5%	2,001
Births	22	24	-10%	32	18	-31.3%	69	75	-8%	87
Patient Days - Nursery	44	48	-8%	57	47	-22.8%	153	146	5%	165
Mental Health Unit										
Patient Days - Mental Health Unit	90	154	-41%	172	123	-47.7%	314	471	-33%	449
Avg. Daily Census - MHU	3.0	5.1	-41%	5.7	4	-47.4%	3.4	5.1	-33%	4.9
Rain Forest Recovery:										
Patient Days - RRC	131	162	-19%	192	196	-31.8%	496	496	0%	563
Avg. Daily Census - RRC	4	5.4	-19%	6	6	-27.2%	5	5.4	0%	6
Outpatient visits	29	42	-31%	58	46	-50.0%	124	130	-4%	152
Inpatient: Admissions										
Med/Surg	61	66	-7%	66	67	-7.6%	198	202	-2%	215
Critical Care Unit	44	57	-23%	50	35	-12.0%	126	174	-28%	127
Obstetrics	24	26	-9%	33	19	-27.3%	71	81	-13%	95
Nursery	22	24	-10%	32	19	-31.3%	72	75	-3%	87
Mental Health Unit	16	24	-33%	27	21	-40.7%	52	73	-29%	78
Total Admissions - Inpatient Status	167	197	-15%	208	161	-19.7%	519	605	-14%	602
Admissions - "Observation" Status										
Med/Surg	58	71	-18%	48	69	20.8%	184	217	-15%	197
Critical Care Unit	32	24	31%	19	31	68.4%	98	75	30%	61
Mental Health Unit	5	3	45%	4	1	25.0%	9	11	-15%	10
Obstetrics	15	15	1%	18	24	-16.7%	50	45	10%	51
Total Admissions to Observation	110	113	-3%	89	125	-12.0%	341	348	-2%	319
Surgery:										
Inpatient Surgery Cases	54	47	15%	33	52	63.6%	165	144	14%	137
Endoscopy Cases	110	86	28%	83	116	32.5%	321	264	22%	264
Same Day Surgery Cases	110	101	9%	98	117	12.2%	323	310	4%	315
Total Surgery Cases	274	234	17%	214	285	28.0%	809	718	13%	716
Total Surgery Minutes	16,949	15,647	8%	14,486	18,450	17.0%	53,038	47,983	11%	47,036
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,101	997	10%	1,006	1,218	9.4%	3,500	3,057	14%	3,400
Cardiac Rehab Visits	114	31	271%	35	148	225.7%	377	94	300%	186
Lab Tests	10,446	9,680	8%	10,767	11,153	-3.0%	31,712	29,687	7%	30,767
Diagnostic Imaging Tests	2,792	2,321	20%	2,354	2,773	18.6%	7,986	7,117	12%	7,267
Sleep Study Visits	14	21	-32%	21	20	-33.3%	41	64	-35%	74
Physician Clinics:										
Hospitalists	212	237	-10%	225	242	-5.8%	700	726	-4%	721
Bartlett Oncology Clinic	90	94	-4%	104	124	-13.5%	314	289	9%	294
Ophthalmology Clinic	102	71	44%	49	87	108.2%	314	218	44%	250
Behavioral Health Outpatient visits	719	645	11%	658	737	9.3%	2,082	1,978	5%	1,859
Bartlett Surgery Specialty Clinic visits	286	223	28%	194	272	47.4%	834	685	22%	641
Total Physician Clinics	1,409	1,270	11%	1,230	1,462	14.6%	4,244	3,895	9%	3,765
Other Operating Indicators:										
Dietary Meals Served	12,413	17,185	-28%	15,654	15,500	-19.9%	41,366	52,699	-22%	46,533
Laundry Pounds (Per 100)	414	559	-26%	379	436	-5.0%	1,240	1,713	-28%	1,179

Bartlett Regional Hospital
Financial Indicators for September 2022

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<i>Financial Indicators:</i>								
Revenue Per Adjusted Patient Day	5,029	5,586	-10.0%	5,622	5,237	5,945	-11.9%	5,014
Contractual Allowance %	46.7%	40.0%	16.7%	44.8%	44.9%	40.0%	12.2%	40.5%
Bad Debt & Charity Care %	0.7%	2.1%	-66.8%	2.6%	1.9%	2.1%	-7.9%	3.2%
Wages as a % of Net Revenue	53.9%	47.2%	14.1%	49.1%	54.4%	45.8%	18.6%	47.7%
Productive Staff Hours Per Adjusted Patient Day	26.3	26.6	-1.2%	26.1	17.5	18.0	-2.6%	15.9
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	4.1	-5.4%	4.3	2.6	2.8	-5.6%	2.5
Overtime/Premium % of Productive	6.90%	7.92%	-12.8%	8.20%	7.53%	7.92%	-4.9%	6.39%
Days Cash on Hand	58	55	5.0%	54	57	55	3.0%	55
Board Designated Days Cash on Hand	166	159	5.0%	154	163	159	3.0%	154
Days in Net Receivables	59.1	59	0.0%	49	59.1	59	0.0%	49
Days in Accounts Payable	13.9	14	0.0%	141	13.9	14	0.0%	141
Total CMI	1.41							
MCR CMI	1.63							
MCD CMI	1.15							

Bartlett Regional Hospital

Write-Offs September 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Administrative	\$1,333.25	2
SP Prompt Pay Disc	\$27,512.09	287
Medicare Patient <120 days		
Authorization/Alert Missing	\$3,830.39	7
1115 Waiver Svcs on Commercial Ins	\$317.00	1
Denied Appeals /Exhausted/Timely	\$1,095.53	3
BOPS Provider NOT Eligible to Bill	\$1,673.35	4
Mental Health BD MHU, RRC BOPS		
No Provider Enrollment		
	\$35,761.61	

Collections

One Time Ins PPD		
Collections SPPPD	\$106,987.53	287

September 2022 ME Totals

- Charity \$23,530.14
- **Claims on hold \$0.00 (NDC Claims processing manually)**
- POS Collections \$31,108.09
- Cares Adjustments \$19,970.27
- HRSA PMTS \$0.00
- PFD Discount Adj \$13,319.85*
- PFD Payments \$29,897.25*
- Molecular Lab Revenue \$141,100.00

DA VINCI Xi



DA VINCI SURGICAL SYSTEM

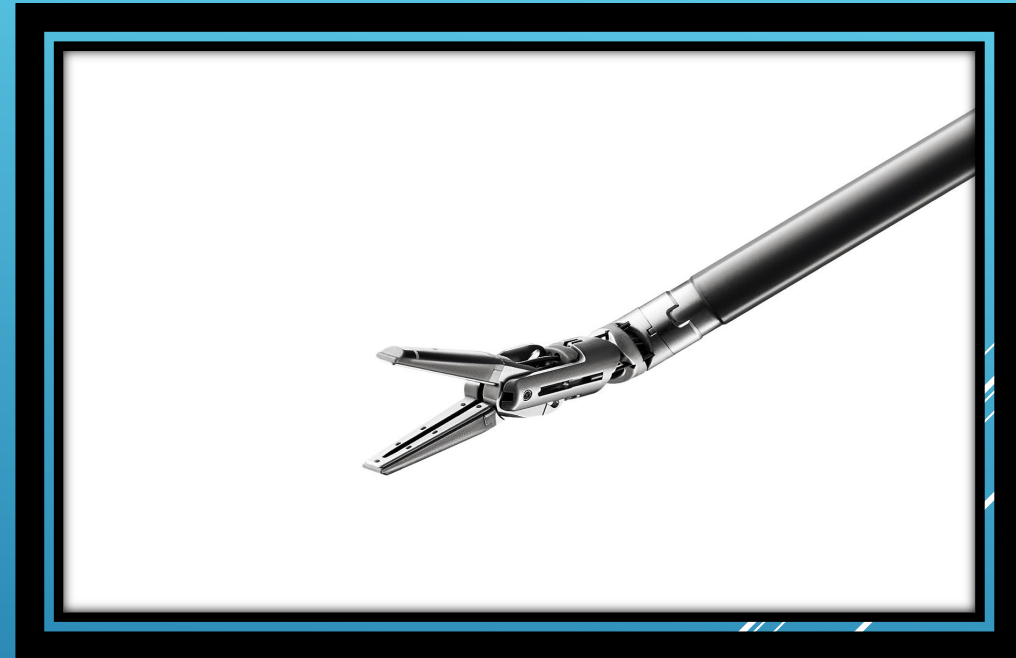
Designed to assist surgeons perform minimally invasive surgery.

- ▶ **Uses High-Definition 3D Vision**
- ▶ **Provides Magnified View**
- ▶ **Uses Specialized Instrumentation**
- ▶ **Firefly Fluorescence Imaging**



IMPLEMENTATION AND TRAINING VIA GENESIS

- ▶ **Basic Training Course**
- ▶ **First Assist Course**
- ▶ **Robot Coordinator Courses**



©[2022] Intuitive Surgical Operations, Inc.

Intuitive has provided training to over 60,000 surgeons worldwide.

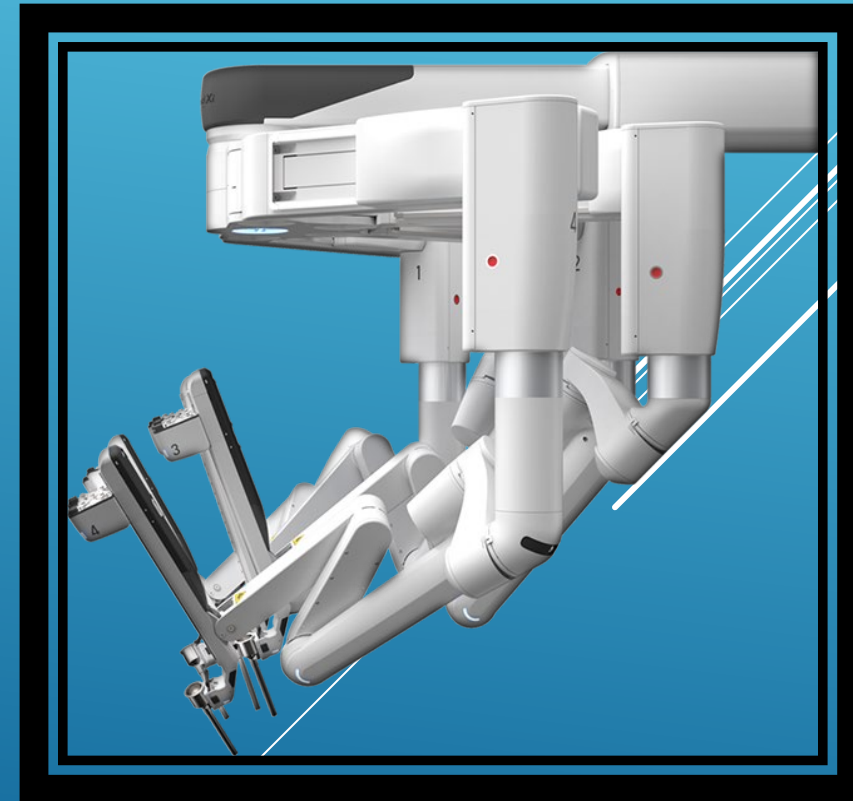
IMPLEMENTATION AND TRAINING CONT.

- ▶ **Build Foundation for Robotics Program**
- ▶ **Integration**
- ▶ **Inventory Management**
- ▶ **Workflow**
- ▶ **Best Practices**
- ▶ **Reduce Variability**



DA VINCI- COMPETITION

- **No Competitors. Da Vinci is the only soft tissue robot on market.**
- **Intuitive is only vendor.**
- **There is no landscape for competitive bidding.**



TEN Xi ROBOTS IN ALASKA

- ▶ **Providence Alaska**
- ▶ **Alaska Regional**
- ▶ **Surgery Center of Anchorage**
- ▶ **Alaska Native Medical Center**
- ▶ **Mat Su Regional**
- ▶ **Fairbanks Memorial**
- ▶ **Central Peninsula**



CENTRAL PENINSULA HOSPITAL

- ▶ **1st case 2018**
- ▶ **Just completed their 1000th robotic surgery**
- ▶ **Started with general surgery, then added hernias, gallbladders, bowel resections, and appendix**
- ▶ **Most patients only need Tylenol by day two**
- ▶ **No patients returned to laparoscopic/open surgery after robotic surgery**
- ▶ **Decreased turn around times to less than 20 minutes**
- ▶ **Helped recruit surgeons**
- ▶ **Available 24/7 for on-call cases**

WHY ROBOTICS?

Benefits without additional risks

- ▶ Fewer complications
- ▶ Less pain = less opioid use
- ▶ Less blood loss
- ▶ Smaller, less noticeable scars
- ▶ Reduces variations which increases patient safety
- ▶ Shorter hospital stay and quicker recovery
- ▶ Consistent outcomes
- ▶ Better patient experience

NOT NEW TECHNOLOGY

- ▶ Idea of robotics surgery is over fifty years old
- ▶ 1980's began actual use (Orthopedic Guided System)
- ▶ During the same time frame robotic surgery for urology was being developed



FINANCIAL CONSIDERATIONS

Bartlett Regional Hospital's mission is to provide its community with quality, patient-centered care in a **sustainable manner.**

Two Scenarios

- **One with only incremental business, no assumptions on current business**
- **One with assumptions on both current and incremental business opportunities**

CASE VOLUME EXPECTATIONS FOR NEW BUSINESS, WITHOUT ASSUMPTIONS ON CURRENT BUSINESS

System Financials and Assumptions

Hospital ID	10245
Purchase, Lease, or Rental	Lease
Duration of Contracted Term (Yrs)	7
System Name	da Vinci Xi Single
Sum of Lease/Rental Payments	\$2,005,000
Annual Service Cost (Purchase/Lease Only)	\$154,000
Commercial Payer Mix	0%
Commercial Payer Premium to Medicare	0%
Cost of 1 Bed/Day	\$1,645
OR Fixed Cost per Case	\$750
OR Variable Cost per Minute	\$15

Bartlett Regional Hospital

Monday, November 14, 2022

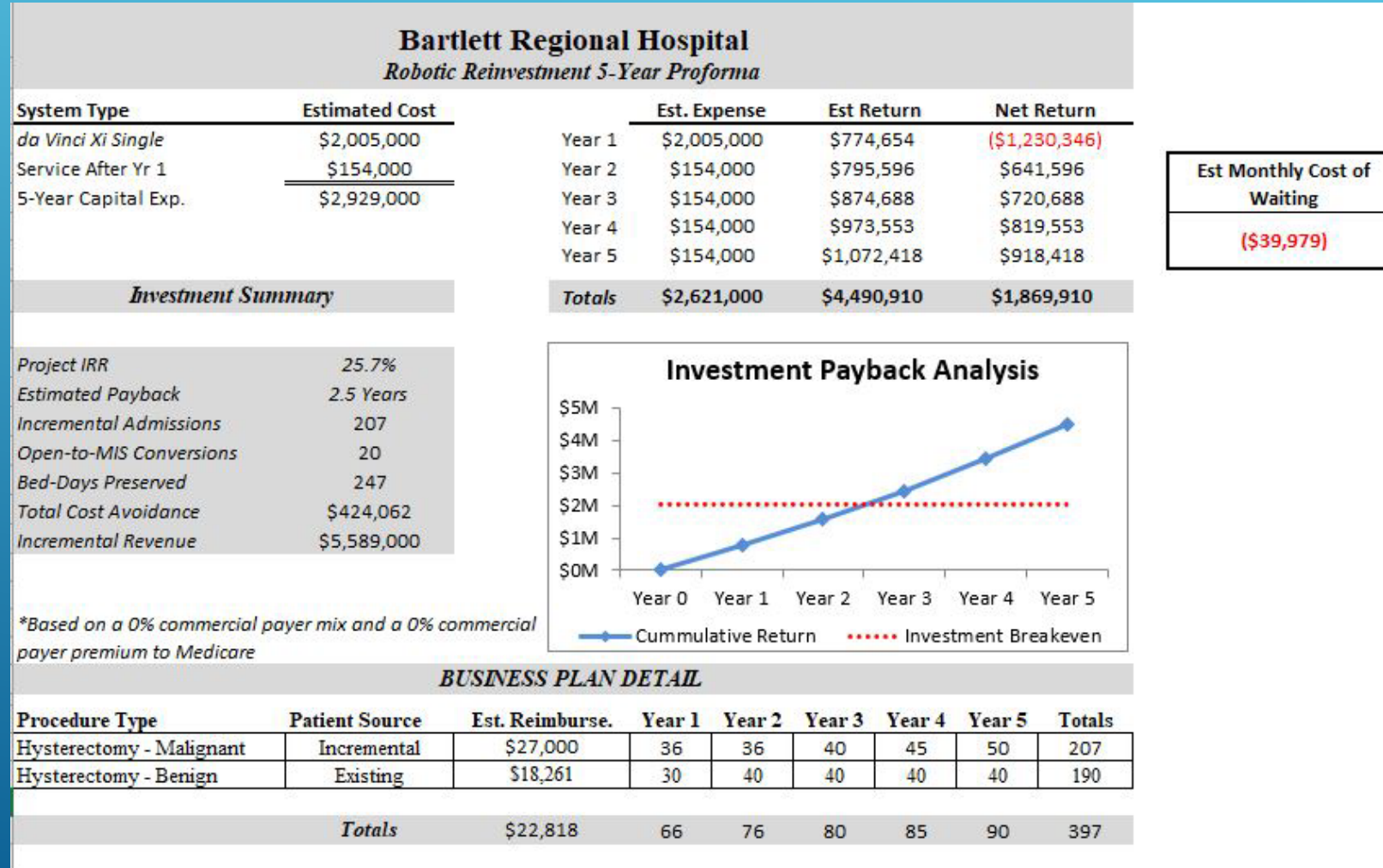
Capital Expenditures - Line Items

Item	Cost
da Vinci Xi Single System	\$ 1,900,000
Table	\$ 100,000
Simulator	\$ 75,000
Item 3	\$ 35,000
Item 4	\$ 25,000
Total	\$ 2,135,000

Estimated Annual Volumes

Procedure	New Robotic Patient Source	% Converted from OPEN (Existing Only)	Avg Length of Stay (Existing Only)	Medicare/Commercial Blended Payment	Year 1	Year 2	Year 3	Year 4	Year 5	Total Procedures	5-Year Annualized
Hysterectomy - Malignant	Incremental			\$27,000	36	36	40	45	50	207	41
Hysterectomy - Benign	Existing	10%	3.0	\$18,261	30	40	40	40	40	190	38
TOTALS					66	76	80	85	90	397	79.4

RETURN ON INVESTMENT



- 2.5 year estimated payback
- Incremental revenue from Dr. Hope

CASE VOLUME EXPECTATIONS WITH ASSUMPTIONS ON CONVERSION OF CURRENT SURGERIES AND INCREMENTAL BUSINESS OF NEW SURGERIES

<u>System Financials and Assumptions</u>	
Hospital ID	10245
Purchase, Lease, or Rental	Lease
Duration of Contracted Term (Yrs)	7
System Name	da Vinci Xi Single
Sum of Lease/Rental Payments	\$2,005,000
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Bartlett Regional Hospital

Monday, November 14, 2022

Capital Expenditures - Line Items	
Item	Cost
da Vinci Xi Single System	\$ 1,900,000
Table	\$ 100,000
Simulator	\$ 75,000
Item 3	\$ 35,000
Item 4	\$ 25,000
Total	\$ 2,135,000

					Estimated Annual Volumes						
Procedure	New Robotic Patient	% Converted from OPEN (Existing Only)	Avg Length of Stay (Existing)	Medicare/Commercial Blended Payment	Year 1	Year 2	Year 3	Year 4	Year 5	Total Procedures	5-Year Annualized
Hysterectomy - Malignant	Incremental			\$27,000	36	36	40	45	50	207	41
Hysterectomy - Benign	Existing	10%	3.0	\$18,261	30	40	40	40	40	190	38
Ventral Hernia	Existing	90%	6.0	\$15,058	45	50	55	55	55	260	52
Inguinal Hernia	Existing	70%	0.0	\$5,082	56	60	60	60	60	296	59
Colon Resection	Existing	90%	10.0	\$28,578	22	25	30	30	30	137	27
Rectal Resection	Existing	100%	8.0	\$22,126	3	5	10	10	10	38	8
Prostatectomy	Incremental			\$29,350	6	6	6	6	6	30	6
Partial Nephrectomy	Incremental			\$38,337	6	6	6	6	6	30	6
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RETURN ON INVESTMENT

Bartlett Regional Hospital Robotic Reinvestment 5-Year Proforma					
System Type	Estimated Cost		Est. Expense	Est Return	Net Return
da Vinci Xi Single	\$2,005,000	Year 1	\$2,005,000	\$1,656,231	(\$348,769)
Service After Yr 1	\$154,000	Year 2	\$154,000	\$1,752,081	\$1,598,081
5-Year Capital Exp.	\$2,929,000	Year 3	\$154,000	\$1,935,659	\$1,781,659
		Year 4	\$154,000	\$2,034,524	\$1,880,524
		Year 5	\$154,000	\$2,133,389	\$1,979,389
Investment Summary		Totals	\$2,621,000	\$9,511,885	\$6,890,885

Project IRR	79.9%
Estimated Payback	1.2 Years
Incremental Admissions	267
Open-to-Miss Conversion	625
Bed-Days Preserved	2,060
Total Cost Avoidance	\$4,258,467
Incremental Revenue	\$7,819,610

Based on a 6% commercial payer mix and a 6% commercial payer premium to Medicare



Est Monthly Cost of Waiting
(\$123.662)

- **1.2 years estimated payback**
- **Includes potential business of Dr. Hope & Dr. Logan**

[illegible]

THANK YOU



ANY
QUESTIONS
?

BRH Draft 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 K'wáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Planning Committee Meeting Minutes
November 4, 2022 – 12:00 p.m.
Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, *Max Mertz**, Mark Johnson*, Kenny Solomon-Gross, Deb Johnston, *Lisa Petersen and Iola Young*

ALSO PRESENT: David Keith, Kim McDowell, Dallas Hargrave, *Bob Tyk, Tracy Dompeling, Marc Walker, Jeanne Rynne, Gail Moorehead, Sara Dodd, Sam Muse and Anita Moffitt*

APPROVAL OF AGENDA – Mr. Mertz made a MOTION to approve the agenda as written. Mr. Johnson seconded. There being no objections, agenda approved as presented.

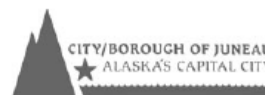
PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson requested amendment to the October 7th minutes. (He had not questioned the need of the ABA program; he questioned the location for it.) **Mr. Johnson made a MOTION to approve the minutes from the October 7, 2022 Planning Committee meeting as amended. Mr. Mertz seconded. There being no objections, minutes approved as amended.**

Mr. Solomon-Gross requests committee members be called on to speak and ask questions before other Board members are called on to speak.

NEW BUSINESS: Mr. Keith reported that during a meeting with the leaders of Wildflower Court (WFC), WFC requested that BRH participate in an RFI (Request for Information) in regards to the ultimate management/ownership of WFC. Mr. Rumsey is to assemble a team to include senior leaders, to begin gathering the needed information for an RFI response. WFC has interest in aligning with another organization. Mr. Keith's expectation is that BRH will be able to compete and WFC will become part of BRH enterprise. BRH's response to the RFI will be the same as if it were an official RFP (Request for Proposal) and the presentation will be a very large multidisciplinary effort. Mr. Mertz initiated discussion about the conduit debt to construct WFC. BRH is aware of the conduit debt and will include it in its response to the RFI. The response should be ready within 2 – 3 weeks. Ms. Knapp suggested any additional cost information available about WFC should be presented at the November 17th Finance Committee meeting.

Da Vinci Robot – Ms. McDowell reported the findings of her research on robotic surgery. Da Vinci is the only soft tissue robot on the market and Intuitive its only vendor. No hospital has undertaken a competitive bidding process as there is no landscape for it. There are seven facilities in AK with robots: Providence, AK Regional, Surgery Center of Anchorage, Alaska Native Medical Center (ANMC), Mat Su Regional, Fairbanks Memorial and Central Peninsula. Feedback from Central Peninsula, Mayo Clinic and Advent Health in Simi California is consistent: Increased patient safety, fewer complications, less pain and blood loss, shorter hospital stay, faster recovery, smaller less noticeable scars and enhanced precision, flexibility and control during the operation. Intuitive's genesis program helps with marketing, best practices, physician recruitment, training of care team and credentialing. Ms. McDowell reported Residency programs in Washington partner with Intuitive for extensive training on the Da Vinci. A good portion of the residents are fully



certified in robotics when done with residency program and need no additional training upon hire. Having a robot will help recruit these physicians.

Mr. Keith noted the importance of BRH educating and providing the facts to the Board and to the public, why this is important to our institution. Strategically, this is looking beyond all generations and looking at the best interest of the institution. Ms. Knapp noted further discussions about this topic will be held during the next Finance Committee meeting.

OLD BUSINESS:

Family Practice Building Update – Mr. Keith reported we have closed on the purchase and this property is now part of our assets. There are some facility improvements that will be incorporated into our planning in the future. We are evaluating lease agreements for the tenants and making sure we have processes in place to invoice and collect rents. Strategic discussions about the future benefit of the property and the best use of space, as it becomes available, will be held. In response to Mr. Johnson, Mr. Keith reported not having a turn lane into the property has been identified as a risk. CBJ's help will be needed for resolution.

Master Facility Plan and Timeline – Mr. Walker highlighted the changes to the MFP (Master Facility Plan) included in the packet. Power conditioning will be split into two pieces since one piece is still in design phase. In response to Ms. Knapp, Mr. Walker reported potential conflicts from the Behavioral Health building project that may impact the ED addition are being identified as we are designing the ED addition. He noted there are elevation issues and concerns to be addressed for the roadway in the back. Overview of other projects listed provided. Discussion about second access to the hospital held. It is in future plans; the temporary second access used for the construction of the behavioral health building does not meet grade requirements. Mr. Johnson suggested it may be used by emergency vehicles as a backup should the need arise. In response to Ms. Knapp, Mr. Walker explained that the original bariatric isolation room project has been canceled and has now been lumped into the ED expansion project. The overall plan for the BSSC (Bartlett Surgery and Specialty Clinic) permanent location and the deferred maintenance FY23 projects that we have decided to move forward with need to be added to the MFP and timeline. In response to Mr. Johnson, Ms. Rynne reported we expect to have the CON (Certificate of Need) by the end of January. In response to Mr. Solomon-Gross, Mr. Walker reported we are 35% complete on the power conditioning project. We are currently working on the surge suppression; the final piece, uninterruptable power supply, won't be in design until March. Surge protectors have been placed on the most critical circuits in the hospital leaving us 75 – 80% covered for surge suppression at this time.

Current Projects Update – Current projects update list included in the packet. Ms. Rynne reported the following for the behavioral health facility: They have almost finished applying the fiberglass skirts on the exterior building. Metal siding and windows should be here in December. Electricians are on site today pulling power from the main hospital to the building and Otis will be on site next week to begin elevator installation. Asphalt paving is done and landscaping is in. Mr. Walker reported on the other projects: Campus door upgrades revealed unforeseen conditions inside the walls and some damaged doors needed to be reordered; The substantial completion date has been pushed to January 31st. Replacing doors in OB this week and will begin replacing doors in Surgical Services in Mid-November. The new chiller is expected to ship from the factory at the end of this month, revised completion date tentatively set for mid-January. Pieces of the fuel line replacement project will continue indoors into the winter while exterior piping will wait until the spring. Siding installation for the administration building will be a hybrid of new and existing siding and windows. The bid will hit the street in December with open bidding in mid-January. Plywood substrate on the south side will have to be replaced. A rain screen system will be used during replacement so there will be an air gap between plywood and siding to prevent moisture from getting trapped. The current estimated project cost is about \$630,000 which includes construction, design fees and permits. We will be getting an updated estimate soon.

Bops / Crisis Stabilization Project Update – Ms. Dompeling reminded everyone that Agnew :: Beck will be at the Finance Committee meeting on November 17th. They will do a 20-minute presentation to talk about the Crisis Now model and what the Crisis Observation and Crisis Residential Stabilization programs are within that model. They also hope to have very preliminary financial data to present. Ms. Dompeling will work with them to bridge any gaps in anticipated expenditures and potential revenue based on the preliminary information. There have been a lot of meetings about the furniture and equipment to make sure it all fits and is appropriate for a behavioral health setting. It was noted that Maria



Uchytel and the BRH Foundation has collected about \$80,000 to date through fund raising efforts. Ms. Dompeling will speak with Ms. Uchytel about using some of the funds identified for patient rooms in some of the common patient areas. They will also talk about donor recognition plaques and a ribbon cutting ceremony. Marshall Crosland, Program Manager for the crisis services, has been working on various projects, processes and policies that we will need to have in place moving forward. While in Fairbanks for the ABHA (Alaska Behavioral Health Association) conference, Ms. Dompeling was able to visit Refine Crisis Stabilization. She shared pictures from that facility with staff here. She spoke with Providence this morning to compare what each facility is doing to develop these crisis programs. In response to Mr. Johnson, Ms. Dompeling reported there were some modifications made to the implementation plans for our programs after the site visit in Arizona. CBJ has contracted with Agnew :: Beck to take the lead and help solidify how EMS and other community services fit into the Crisis Now model. AETNA and Premiera do not pay for EMS services within the contracts that we have with them but when the time comes, we can talk with them about negotiating those rates into our contract. At the ABHA conference, there had been a lot of conversation about the rate rebasing that should have been done in July according to state regulations. AHHA (Alaska Hospital & Healthcare Association) has asked the Office of Rate Review about this. It is a process that will hopefully happen soon. As part of their strategic plan, AHHA is also looking at the issue of getting behavioral health services to parity with other medical services. The administrative burden of documenting the necessity for behavioral health services is much greater than that for other medical services. In response to Ms. Knapp, clarification provided that the contract between CBJ and Agnew :: Beck is for consultation services for the Crisis Now response in the community. Robert Barr is a driver in trying to bring the stakeholders together to come up with a planned community response. The contract BRH has with Agnew :: Beck does not include community response.

Emergency Department (ED) Expansion Project Update - Mr. Walker reported 2 contractors, Cornerstone and Dawson, have been short listed for solicitation of proposals for the GC/CM (General Contractor / Construction Manager) process. The proposals are due on November 9th and the evaluation committee will have about two weeks to evaluate and score the proposals before making a decision. A third contractor had been ruled out due to less hospital and healthcare experience. At Mr. Mertz's request, Ms. Rynne explained the GC/CM process. The GC/CM process is primarily a qualifications based selection versus the traditional design build bid going to the lowest bidder. Ideally, we would have gotten them on board earlier in the design process. She reported the design team has completed the design development and have now been put on pause. We have a cost estimate of \$11.4 million for construction but had advertised our target GMP (Guaranteed Maximum Price) as \$10.2 million. The successful proposer will be asked to submit their own independent cost estimates based on the 65% complete document and come up with value engineering recommendations. It was noted that a huge benefit of having a contractor on board for a project in an occupied ED that is to be kept functional throughout construction is having their expertise to take a critical look at the phasing of the work. GMP is done in phases. There may be allowances in the overall GMP to allow for scopes of work that may come later in the project. Mr. Keith noted that we are going to go back and take a look at the operational impact of a retail pharmacy as there were concerns expressed about it at a recent Board meeting.

Comments – Ms. Knapp thanked everyone for their time and gave a reminder that Agnew :: Beck will be at the November 17th Finance Committee meeting. Everyone is encouraged to attend if available.

Next Meeting – 12:00 p.m., December 2, 2022



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Finance Committee Meeting Minutes – Zoom Meeting and Boardroom November 17, 2022 at 8:00am

Called to order at 8:00 a.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Max Mertz*, Kenny Solomon-Gross, Brenda Knapp, Mark Johnson, Lisa Peterson

Staff & Others: Robert Tyk, Interim CFO; David Keith, CEO; Dallas Hargrave, HR Director; Sam Muse, Controller; Jennifer Knight, Senior Accountant; Tracy Dompeling, CBHO; Beth Mow, Contracts Administrator; Kim McDowell, CNO; Sharon Price, Executive Assistant to CFO.

Ms. Johnston would like to amend the agenda to add the discussion of the possible purchase of Juneau Bone and Joint Center, followed by the daVinci Update and Careview Contract. Mr. Mertz approves that change and Ms. Johnston seconded it.

Public Comment: None

Ms. Johnston made a MOTION to approve the minutes from the October 21, 2022, Finance Committee Meeting. Mr. Mertz moved to approve them, and Mr. Geiger second. Mr. Mertz requested that an asterisk be added to his name, correction will be made.

Juneau Bone and Joint Center (JBJC) Property Acquisition – David Keith

Mr. Keith was approached by Dr. Bursell, representing for the owners of JBJC. They discussed the opportunity of Bartlett to purchase the property and operations. The value proposition can be broken down into three points.

1. Our campus is restricted, and this property will give us an expansion potential.
2. Orthopedics is a major revenue service line. We see this as both a growth and a defensive opportunity because of our competitors in the community.
3. If we own the property and the operations, that means we can hire our own orthopedic physicians and we become a major service line provider.

It's not just the orthopedic surgeries that will create revenue, but the ancillary services too like rehab, physical therapy, lab, and imaging. The blue circled area of the map will be for parking a walkways and access to other parts of the campus. Mr. Keith said the price of the property will be discussed at the full BOD meeting and, if appropriate, at the executive session. Mr. Solomon-Gross would like to introduce this to the BOD, and they can make a motion to go forward with it. Ms. Johnston agrees it should be moved to the full BOD for further exploration, not to approve the project itself, but for full board discussion. Mr. Solomon-Gross agrees that a motion doesn't need to be made, but this can move to the BOD for discussion. Mr. Keith wanted to state that this can be two separate transactions, one for the real estate and one for the operations. Ms. Johnston would like this to be an agenda item or new business item on the next Finance Committee report.

daVinci Update – Sam Muse

Intuitive does not want there to be 'subject to appropriation' language in the contract as well as indemnification language. CBJ law is opposed to both. If Intuitive isn't willing to negotiate on that language, we might have to purchase the robot upfront, or if they can negotiate the contract, we can appropriate it as part of the budget cycle. Sam Muse and Nate Rumsey are meeting with Intuitive tomorrow (11/18), and they will get a better idea of what their stances is. Mr. Keith said he is discussing this tomorrow (11/18) but more than likely, this project

will be put on hold. To purchase the daVinci upfront would be \$2 million and there would be a maintenance contract that's about \$150,000.00 a year. If we have this as a capital lease, there will be interest payments built-in of about \$150,000.00 to \$200,000.00 over the course of five years. Our goal is not having to purchase this but to find resolution and be able to negotiate the contract.

Careview Contract

This is a tele-sitter contract that we are looking to invest in. This is a system that can help reduce sitter dollars and most importantly will help with patient safety from falls. The first year of the contract is \$180,000.00. The Finance Committee is being approached for approval on this as the CEO only has the authority to obligate up to \$100,000.00 of unbudgeted costs. Having 1 on 1 nurse sitters has been a huge challenge, both in staffing resources and hourly wage cost. With this tele-sitter program, we can have one nurse monitoring up to 10 patients at a time. The patients' beds will have a sensor boarder, or 'virtual rails', that can send an alarm to the nurse if a patient moves out of bed. There is also two-way audio that will allow the nurse to communicate with the patient from their station. There are about 150 hospitals that use this program, and they reported an 80% decrease in falls. The cameras will be hardwired in most areas, others can be portable like in the emergency department. This program has the potential to pay for itself. We are currently paying about \$52,000.00 a year in sitter costs just in MedSurg and this is something we can use throughout the facility. Patients and families will be notified that they are being monitored on camera. There will be education provided to them about the program. The video will only be viewed by nursing staff and will not be saved on any files or servers.

MOTION made by Mr. Mertz to approve the purchase of the Careview Contract. Mr. Geiger seconds that motion.

Mr. Keith would require Ms. McDowell to report back to the committee on the effectiveness of this program after four months of implementation.

Agnew::Beck – Crisis Services

See PowerPoint presentation provided by Thea Agnew-Bemben and Lauren Rocco

CFO Report

This can be discussed in the next full BOD meeting on 11/23.

Next Meeting: Friday, December 9th at 12pm, in-person preferred and via Zoom

Additional Comments: None

Adjourned: 10:05 a.m.

Bartlett Regional Hospital

Minutes

BOARD GOVERNANCE COMMITTEE MEETING

November 21, 2022 – 1:00 p.m.

Zoom videoconference/Boardroom

CALL TO ORDER – Meeting called to order at 12:00 p.m. by Hal Geiger.

BRH BOARD & COMMITTEE MEMBERS (*) PRESENT – Hal Geiger* (Committee Chair), Iola Young*, Lisa Petersen*, Brenda Knapp, and Kenny Solomon-Gross (Board President).

BRH STAFF & OTHERS – David Keith, CEO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Sam Muse, Interim CFO, Dallas Hargrave, HR Director, Nathan Overson, Director of Compliance/Risk and Suzette Nelson, Executive Assistant.

Ms. Young made a MOTION to approve the agenda. Ms. Peterson seconded and the agenda was approved

Ms. Young made a MOTION to approve the minutes from October 13, 2022. Ms. Peterson seconded and minutes were approved.

PUBLIC PARTICIPATION – None

LAND ACKNOWLEDGEMENT – Ms. Hardin presented to the committee a proposed land-acknowledgement statement that she drafted together with Hal Geiger, Ricardo Worl (from the Sealaska Heritage Institute) and David Sheakley-Early (a Juneau teacher and Tlingit speaker). With some minor word changes, below is the draft land-acknowledgement statement that will be presented to the full board of directors for review:

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.

DRAFT LANGUAGE FOR BOARD MEMBER ATTESTATION – Mr. Overson stated that he worked with Mr. Geiger to draft a new proposed attestation statement. This new statement will replace earlier language that only acknowledged the training for the hospital compliance program. The new statement also includes additional language for the CBJ conflict of interest policy and for a code of ethics. The committee all agreed that board members should sign and attest to these things during each board member's orientation process. The committee will circle back next month with the goal to present a draft statement to the board in December.

Ms. Knapp suggested the following topics be added to the attestation statement:

1. Duty of care,
2. Duty of loyalty,
3. Duty of obedience.

Board Training in 2023

The committee also briefly discussed recommendations for board training. There was some support for again recommending off-site training with the Governance Institute. Another suggestion was to ask Sam Muse to offer some kind of training on financial management in addition to the annual compliance training. This issue of board training will also be revisited at the next committee meeting.

THE STRATEGIC PLAN (2.2 & 2.3) – Mr. Keith shared that he will tentatively do a strategic plan update in mid-January. He would like to do is collect all the information from the department managers and physicians and add any other issues and concern. There will be an update off campus, but as of right now, they are still having the dialogue.

BOARD COMMENTS AND QUESTIONS – The committee members shared their appreciation for Mr. Geiger’s extensive efforts to this committee.

NEXT MEETING: December 20th, 2022 at 1pm

ADJOURNMENT: 1:55pm

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

CEO Report to the Board November 2022

David Keith, CEO

Alaska Hospital and Hospital Association: Met with Jared Kosin of the Alaska Hospital and Healthcare Association (AHHA) and I discussed several interesting activities including the following: The Alaska Board of Nursing is reviewing a proposal to establish a new position, “nurse technician” (NT). Student nurses hired by healthcare facilities as NTs would be able to perform certain nursing skills, once they have met the required competencies. The goal is to provide a stronger pipeline of nurses. Washington, Idaho, Utah, and Nevada also use this model. The Alaska Board of Nursing may now be aligned to join the Nurse Licensure Compact (NLC). The NLC allows nurses to have one license to practice in multiple states. There are currently 39 states that have enacted NLC legislation. Alaska is not one of those states as of the date of this report. And finally, there seems to be recognition and concern by hospitals that the State’s background check process is antiquated a.k.a., broken and causing delays. The background check system, part of the Alaska department of Public Safety allows employers to inquire about applicant’s criminal history.

Meeting with Lisa Murkowski: I had the pleasure of meeting with Senator Murkowski this month and taking the opportunity to reintroducing myself, share our progress on the Aurora Behavioral Health Center (ABHC) and discuss the challenges and future of BRH. Senator Murkowski was very receptive and plans to return to continue the discussion and to attend the opening of the ABHC.

Site Visit to Anchorage: Traveled to Anchorage AK to meet with the WWAMI Network Family Residency Program leadership to review medical school and resident educational opportunities at BRH. The acronym WWAMI stands for the states served by the UW School of Medicine: Washington, Wyoming, Alaska, Montana and Idaho. In addition, visited the CEO of Providence Alaska Medical Center to discuss improvements to our close working relationship.

Site Visit to Petersburg Medical Center: Traveled to Petersburg Alaska to meet with the CEO of Petersburg Medical Center (PMC). The meeting resulted in a discussion on how PMC and BRH can work more closely together. Plans to collaborate on mutually-beneficial opportunities will be shared with both Boards in the near future.

Home Health and Hospice: Kim Stout RN and former Executive Chief Nurse, McAlester Regional Health Center is assisting the BRH team with standing up the Bartlett Home Health and Hospice services. The logistics e.g., policies, procedures, position descriptions, etc., is in development. The “license” request has also been submitted to the state. I have requested Kim Stout and Nathan Overson to address the opening and management of the services to the Planning Committee.

Nursing Home: Leaders from the Wildflower Court nursing home met with my office to discuss BRH’s participation in a Request for Information (RFI). The RFI, which was also shared with SEARHC seeks to identify a suitable partner to assume nursing home operations. The RFI request includes: the ability to provide quality

resident care, staff transition and retention, salaries and benefits, and any other information the submitter feels would be important to the selection committee.

Robotics: Kim McDowell, CCO has prepared a new presentation on BRH's acquisition/lease of the da Vinci robot for the Surgery Department. The information will be presented to both the BRH Board and the CBJ Assembly. There appears to be challenges with BRH's ability to lease the da Vinci robot due to CBJ appropriation requirements and other contractual language concerns by the vendor "Intuitive". Sam Muse, Interim CFO is working with CBJ and Intuitive leaders to determine a pathway forward.

Compensation and Labor Assessment: The Agreement between BRH and Gallagher, the Request for Proposal (RFP) award recipient for the compensation assessment of non-physician and non-executive employees has been signed. Plans to begin the assessment are being coordinated by the BRH Human Resources Department. The ETA for the assessment has not yet been defined. The Board can expect more information during the December board meeting. In addition, BRH is already underway with their Labor/FTE assessment, being conducted by Healthtrust. These two assessments will be important in developing the Hospital's upcoming 2023 budget.

Erin Hardin - Community Relations/Marketing

Strategic Priority #1 - Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Juneau Medevac Services:** A Bartlett brochure was created to communicate important information to families and patients about the medevac process. This was a project identified by the Nursing Administration Director as an important resource for House Supervisors to use when discussing the decision to medevac. On average, the hospital handles 400-500 medevacs a year. We identified frequently asked questions and key information from the House Supervisor checklist and distilled and translated the information for patients. We also coordinated with all three local medevac providers to get their buy-in and approval to include their provider contact information. The brochure includes information about the plane itself and what to expect, what to bring with you, an accompanying traveler process, patient health insurance, and contact info for local medevac providers. The brochure is now in use in the hospital and we'll begin to collect feedback on its usefulness from staff and patients.
- **Hospital Website:** The refresh project is heading into the home stretch and the vendor is building out the refreshed website shell behind the scenes. New photo slide decks of service lines have been created to go live in the new layout. The majority of service line pages have been rewritten and the new copy is now available online. The current timeline allows for a go-live window by mid-December. The Provider Directory has been identified as needing an update and Erin is working to make this happen in conjunction with the refresh rollout while implementing a new maintenance process moving forward.
- **Request for Professional Services:** Following management team discussions about hospital finances and an unsuccessful recruitment for a Marketing Specialist, efforts are underway to seek an in-state marketing firm to provide strategic marketing support for the hospital. The primary focus would be

supporting the hospital in implementing a branding strategy and recruitment efforts, focusing heavily on digital asset development for all service lines. Once 'baseline' branding resources and strategies are in place, support would shift to maintenance of those assets and supporting specialty projects (ex: new service line rollout). The goal is to find a cost-effective partnership that provides access to a suite of marketing supports that can flex to meet our needs.

Strategic Priority #4 – Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

- **Communication Support:** At the request of the CEO and in anticipation of the upcoming budget cycle, Erin led the development of an internal presentation and supporting resources communicating the state of the hospital's finances to management staff. This included a review of the hospital's finances since FY2019, focusing on labor, supply costs and contracts. The goal was to clearly illustrate our spending practices through understandable visuals and empower leaders with the resources and information needed to begin to think creatively about spending differently.

Nate Rumsey – Business Development/Strategy

Strategic Priority #2 – Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

- **Wildflower Court:** Wildflower Court leadership submitted a written Request for Information on November 10th. A BRH work group has been identified to prepare the RFI response. We are working with Wildflower Court to coordinate, and anticipate providing a formal response within the next month.
- **Home Health and Hospice:** BRH continues to work with CCS to gather pertinent information associated with the establishment of Bartlett Home Health and Hospice Services. Policy manuals have been obtained and we are finalizing our license application. Kim Stout is supporting this initiative as a subject matter expert.

Nathan Overson – Compliance & Legal:

Strategic Priority #6 – Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

- **340B Program:** Health Resources and Services Administration (HRSA) has acknowledged our efforts to comply with 340B Program requirements and has communicated that it considers the self-disclosure matter closed. HRSA thanked BRH for our cooperation and efforts in maintaining integrity in the 340B Program.

- **Certificate of Need - ED Expansion/Renovation:** The Office of Rate Review (ORR) and BRH are looking for time during the week of December 12th to host a public hearing, as required by regulation.

Strategic Priority #1 – Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Home Health & Hospice:** The licensure applications for both Home Health and Hospice (HH&H) have been submitted to the State's Health Facilities Licensing & Certification Office. Kim Stout, Executive Consultant has been brought in to help stand up the two programs. Gail Moorehead, Quality Director has assembled a team to review HH&H policies and procedures and Cindy Carte, Human Resources Manager is developing job descriptions for the new positions needed for HH&H. These two initiatives are in preparation for a provisional license survey from State's Health Facilities Licensing & Certification Office. A successful provisional license survey will allow the state to issue a provisional license, and our HH&H service lines to start seeing patients.

Gail Moorehead - Quality:

Strategic Priority #5: Quality and Safety: Provide excellent community-centered care that improves outcomes, maximizes safety, improves access and affordability, and is in compliance with national and state regulations.

- **Accreditation:** Preparing for accreditation of the behavioral health ABA program by The Joint Commission. This will require an onsite visit by the surveyors within the next 6 months. Intracycle monitoring is being completed and submitted by December since this is not an onsite survey year for the entire hospital. The beginning process to obtain accreditation for Hospice and Home Health once the license is approved.
- **Employee Health/Infection Control:** State and region-wide rates of RSV and influenza at high levels. The employee/LIP influenza vaccine campaign was successful and we have higher rates of initial compliance.
- **Quality Measures:** Working with the CCO to adopt a tele-sitter system to increase patient monitoring through video to reduce in patient safety concerns such as falls and provide staff safety through remote monitoring. The virtual sitter program will pilot on Med/Surg. This system should reduce the number of staff needed for 1-1 sitters and provide additional safety measures for patients at risk of injury.
- **Staff Development:** Working on statewide workforce development initiative. Goals to improve tracks for employees to entire the workforce at any level and have the programs and support in place for career and professional development. The next CNA class testing will be in December.

Sara Dodd - Physician Services

Strategic Priority #1 - Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Active recruitments:** We are actively recruiting for an Orthopedic Surgeon, Medical Oncologist, Neurologist, and an Ophthalmologist.

We identified an orthopedic fellow graduating in July 2023. He will be in Juneau on November 30th to check out the town, do a hospital tour and meet with key players.

Mignon (Mimi) Benjamin, MD – Hospitalists:

Strategic Priority #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Dr. Benjamin found a new physician, moving to Juneau, to replace 1.3 FTE physician loss at the end of 2022. As of May 2023, will be fully staffed again, allowing for the retirement of Dr. Mignon Benjamin and shifting of medical directorship to Dr. Steve Greer, leading to 2 year rotations of medical directorship to other hospitalists. Dr. Greer and Dr. Benjamin met with the CEO on 11/7/2022 to get approval for the transition.

The upcoming medical directors would like to limit their scope to the role of hospitalist medical director. Dr. Benjamin had historically expanded the scope of her role.

Over the next 6 months, Dr. Benjamin will refine the job description of the hospitalist medical director as outlined in the contract and will identify the responsibilities that are outside the scope of hospitalist medical director. This will give administration and MSEC time to find others to fill in any gaps.

A few examples (will provide more robust list over the next several months):

Medical Director of the antibiotic stewardship committee

Working on protocols with psychiatry and ER for the WMU or other new projects involving hospital wide patient care

Working on the EMR

Working with outside hospitals on cooperative projects

Debbie Kesselring, Medical Staff Services

Strategic Priority #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- **2023 Chief of Staff:** Onboarding/Orientation for the 2023 Chief of Staff has been scheduled. Outside education opportunities have been provided and awaiting selection.
- **Board of Directors (BOD) Education:** Provided education to the Board of Directors at their October meeting. Will coordinate orientation with the new Board Secretary once the position has been identified.

Strategic Priority #5 Quality and Safety: 5.1 Stay current on technology and resources to facilitate risk management, data security, and employee safety

- **Credential Stream Project Implementation:** Training has begun with staff and Quality Department for the upcoming credentialing software upgrade. This upgrade with improved process for the ongoing professional practice evaluation (PPPE) and focused professional practice evaluation (FPPE), improve on-line initial applications, and a portal for reviewers to review/approve credentialing files. Go live date is December 12, 2022.
- **Da Vinci Robot:** Collaboratively working with the Credentials Committee and legal on privileging and proctoring forms for the Da Vinci Robot.

Strategic Priority #6 – Compliance: 6.1 Maintain a robust education and training program at all levels to assure compliance goals achieved.

- **Washington State Medical Association (WSMA):** Attended the annual WSMA continuing medical education (CME) provider meeting where new regulations were announced. Will collaborate with the Provider Education Committee regarding new regulations that will make it easier for learners to track and monitor CME credits.

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November 22, 2022 CFO Board Report Sam Muse, Interim CFO

HIM DEPARTMENT – Rachael Stark

- HIM continues analyzing all inpatient, surgery, clinical and emergency room visits daily. Due to the analyst departing Bartlett, we have all been doing this function for the past two months. We do think we have a new employee starting this week and hopefully will be able to get up to speed quickly and help our department provide services to our internal and external customers.
- We also release records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital. We now have a fillable form on our web page that has seen an increase in release for records. We have put a drop down box so patients can choose between BOPS, RRC and Bartlett.
- HIM continues to input all babies born at Bartlett Regional Hospital into the Vital Statistics application with the State of Alaska.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting every two weeks with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.

MATERIAL MANAGEMENT – Willy Dodd

- Materials Management is working to reorganize our Storeroom to effectively utilize our recently acquired off-site storage space. We are trying to reduce overstocked items on site, as well as bring in additional supplies that will be stored in the storage space. Our goal is to increase stores of heavily used items and hard to get items due to ongoing supply chain issues.
- The MM handheld trial is ongoing. We are looking to greatly expand usage of these devices within our department, which is leading to an extensive trial period. Keke Holbrook is the MM team member working to test the device and she has been making progress in ensuring the effectiveness and reliability of the unit. Once we are comfortable with the unit within MM, we will be working with the clinical nursing teams to trial for patient chargeable items.
- Luis Medrano joined the MM team as of 11/14 in our OR Inventory Clerk role after being a part of EVS for several years. This is a crucial role that works closely with our OR buying team. We excited to have Luis and look forward to him learning and growing into his new position with the MM team.
- Supply chain shortages are an ongoing issue within MM. Our buyers are working closely with clinical staff to source products, as well as identify substitutes and alternatives when preferred supplies are not available.

PATIENT FINANCIAL SERVICES (PFS) – Tami Lawson-Churchill

- Overall cash collections for the month of September are up from prior month at just over \$10.3 Million
- PFS has finalized the RFP for early out collections process and chose the company True Bridge. We had our first introductory call with them and implementation should begin soon.
- Alaska DSH Desk Audit was completed and submitted timely
- PFD discount program has been successful thus far resulting in a reduction in AR by around \$58,000 in the first 10 days
- PFS has taken on the enrollment process for Psychiatric and Behavioral Health providers and clinics. We are in the process of recruiting an Enrollment Specialist for this process.
- PFS is still working with Pharmacy, IT and Tegria to resolve NDC quantity discrepancies. Error rates are decreasing steadily. PFS is still manually correcting NDC units before sending claims out to the payer.

INFORMATION SYSTEMS – Sam Norton

Governance

- IT Director is meeting with Senior Leaders at least monthly to review priorities and progress on initiatives.
- Physician EHR Advisory Committee is being 'reformed' and is scheduled to meet Nov. 18th and Dec. 16th.

Applications

Meditech Expanse:

- Meditech completed on-site assessment and technical review at our request. Draft findings and recommendations received this week and are being reviewed. This and other input will validate recommendations for improving our EMR resulting in increased value and increased customer satisfaction. The separate, but parallel review of Meditech Revenue Cycle has not begun.
- Emergency Department physicians, nurses and management participated in demonstration of Meditech's ER module. Based on the positive feedback we are seeking to confirm a site visit by early January.
- We are reviewing Spring 2023 dates for updating Expanse 2.1 to latest sub-release (power pack 44) which addresses some known issues. This will require appropriate user involvement in testing.
- Reviewing interoperability capabilities and options to improve appropriate data sharing with SEARHC and support exchange with US Coast Guard and others.
- The Clinical IS Portal (internal web) is now updated monthly to show improvements/enhancements completed in the last month. For example, a new physical therapy document and eChart report were prepared for Physical Rehab.

Information Security and Infrastructure

- Reviewing use of WebEx versus Zoom and Teams as we use multiple teleconferencing solutions.
- Server Certificate Renewal and Deployment completed helping ensure secure performance
- Laptop “Fair” initiated to improve inventory accuracy and device tracking, as well as device encryption
- Reviewed and updated port security of newly deployed printers
- Planned a series of downtime maintenance ‘windows’ to update and patch all non-Meditech servers before end of year.
- Two Factor Authentication, required for up-to-date security protocols, is being tested and reviewed for implementation as required to be compliant with cyber insurance and best practices.
- Adjusted Firewall settings to allow specific access to Europe-based site for medical supply orders

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Management Report from Dallas Hargrave, Human Resource Director November 2022

Recruitment Initiatives:

- BRH recruiters participated in the Juneau School District College and Career fair on October 7, 2022. We were able to pass out 200 bags that included our flyers with job shadow career opportunity information. There was much engagement from the attendees and interest in our job shadows and we provided information to students and parents that demonstrated different career paths, including Pharmacy, CNA to RN, Diagnostic Imaging, and Surgical Technicians).
- A BRH recruiter participated in a University of Alaska Anchorage Pharmacy Fair on October 27, 2022. Although the number of pharmacy students who engaged with us was not large, it was very successful. There were 2 other Alaskan hospitals on site for the event. One student is planning on applying for a position with BRH and numerous other students were interested in future intern roles and future job opportunities.
- On October 28, 2022 a BRH recruiter visited University of Alaska Anchorage, Alaska Pacific University, Charter College, and Alaska Career College career services offices. The recruiter discussed BRH opportunities with the career services staff and provided flyers and business cards for the career services staff to provide to students who are prospective future employees.
- A BRH recruiter participated in a University of Alaska Fairbanks (UAF) career fair on November 3, 2022. Although UAF has a nursing satellite and radiology programs, very few of these students participated in the career fair. Although the recruiter made the most of opportunity to engage with UAF students and to spread the word about BRH as an employer, the recruiter did not feel like this career fair was as successful as the others in which we have recently participated.
- On November 10, 2022 participants from a Southeast Alaska Area Health Education Center (AHEC) career camp that was being held in Juneau visited the hospital. Human Resources staff was able to coordinate with the camp staff from Alaska's Educational

Resource Center (SERRC) and the State of Alaska Division of Vocational Rehabilitation so that the participants could learn about positions the hospital has in Environmental Services, Dietary, and Materials Management. A recruiter also explained the how to apply for positions at BRH to the camp participants.

Interim CFO Changes: Bob Tyk will be ending his term as the Interim CFO on November 30, 2022. Controller Sam Muse has assumed the role as the Interim CFO, as of November 13, 2022. After November 13, Mr. Tyk will be available to assist Mr. Muse with the transition to Interim CFO. We continue to recruit for CFO candidates and assess applications as they come in.

Market Wage Analysis: The contract with Gallagher for the market wage analysis was completed on November 11, 2022. Human Resources is meeting with the Gallagher representative on November 18, 2022 to initiate the engagement with Gallagher. After this meeting, we are hoping to better understand the timeframe for completion of the analysis. The final product will be a third party analysis of BRH wages for positions that are not physicians or executive compare to the market.

Onboarding Improvement Initiative: The workgroup that is working to enhance our onboarding processes for employees, board members, physicians, and leaders continues to collaborate. A consistent “look and feel” has been developed and the subject matter experts in the different orientation topics will align their materials into the new format by December 15, 2022.

Leadership Reporting Structure Update: Senior leadership has provided a draft of changes in leadership reporting to the management team at the hospital and provided the management team with the opportunity to provide additional input on the changes. Currently that input is being collected and assessed.

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Chief Clinical Officer

November 2022

Kim McDowell, CCO

Since June of 2022 Bartlett Regional Hospital (BRH) has been researching patient safety systems that can help with fall risk patients and decrease the need for one-to-one sitters at bedside. Working with BRH's group purchasing organization (GPO), BRH selected CareView to provide the equipment and training for a tele sitter implementation. Tele sitter will allow for one BRH staff member to watch several patients at a time that are at risk for falls. The CareView program is equipped with virtual rails, two-way audio, night vision, and audible alarms. With tele sitter in place it is our expectation that fall rates will decrease, as well as the number of staff needed to provide sitter needs. Implementation will start on the Medical/ Surgical unit, and will include fixed cameras in selected patient rooms, as well as portable cameras that can be utilized in non-hard-wired rooms. Privacy is also a great concern, so BRH has been working with IT to ensure that camera views are only seen by staff watching the monitor. Once the GPO verifies the contract terms related to cost, implementation will start.

In July of 2022 BRH brought in a consultant to look at areas of improvement in Surgical Services. The consultant identified several areas of improvement which includes clarification of job descriptions, streamlining processes in Pre-Admission Testing (PAT), OR suites, and the Sterile Processing Department. Other suggestions were to look at ways to increase utilization of OR suites, decrease turnaround times and create more versatility within staff.

Critical Care Unit (CCU) – Audrey Rasmussen

Strategic Goal #1- Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- In the process of implementing four telemetry beds on the Medical Surgical unit in collaboration with Med/Surg Director. This will help with the increased need for patients needing to be monitored but do not need critical level care. Currently working with Philips for a price quote and timeline.

Diagnostic Imaging (DI) – Paul Hawkins

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Breast cancer awareness month was in October. DI performed 45 more exams this October than last October. The Radiologist donated a very nice gift basket for a drawing after the last mammogram was completed and a winner was selected on 10/31/22.

Strategic goal #1- Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- Lung Cancer Screening (LCS) is awaiting approval from American College of Radiology (ACR). This is done using a low dose CT scan. After LCS goes live, Nuance will help collaborate and ensure patients have timely communication to ensure follow up recommendations. DI will track all follow up recommendations and send patients and physicians letters reminding them that the follow up recommendations are due. November is Lung Cancer awareness month.

Dietary Services - Lowell Wilson

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- A self-checkout kiosk for the cafeteria will be installed this month. This will save time for employees and providers during a busy lunch hour. The plan is to have this in place by mid December.

Emergency Department (ED) – Regena Deck

Strategic Goal # 3.2- People: Expand workforce development programs.

- Two CNA now work in the ED. These are employees who were in other roles and have successfully completed the CNA course with BRH and advanced to their new positions. The CNA's are invaluable in providing patient care and increasing flow in the ED.

Strategic Goal # 5.2-Quality and Safety: Develop quality initiatives that exceed accreditation and regulation requirements.

- Blood culture contamination rates showed continued upward trend, after a collaborative process improvement/education with ED and lab there was a marked improvement in blood culture contamination rates.

- ED has Development a Patient Safety Committee. This committee consists of three nurses that will consider and develop patient safety goals and initiatives that are department specific.

Strategic Goal # 3.1- People: Resolve electronic medical records system concern.

- ED has plans to move forward with Meditech. This is in collaboration with ED, IT, and Juneau Emergency Medical Associates (JEMA). The plan is to have a site visit to see a live version at an ED that uses Meditech late December, early January.

Nursing Administration – Kim McDowell

Strategic Goal #3- People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Virtual sitter program in process. This program will enhance patient safety allowing staff to monitor patients at high risk of falls or at-risk behaviors. This program will reduce the number of staff needed to provide one to one monitoring. This will also improve the ability for the nursing staff to respond and assess high risk patients.

Strategic Goal #5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability, and follows national and state regulations.

- Updated the current Medevac brochure that is provided to patients and families during stressful health events. The updated brochure is more comprehensive, and contains information about Medevac services, insurance considerations, medevac companies and Bartlett Contact information for follow up if needed. Brochures are currently placed in public patient areas and are given to patients at time of Medevac.

Pharmacy – Ursula Iha

Strategic Goal # 3.2 –People: Expand workforce development programs.

- The Pharmacy now has a Pharmacy Program Specialist developed with the use of current staff. The Pharmacy Program Specialist will manage the Pharmacy Technician Trainee program, as well as oversee



competencies for pharmacy staff. There is currently a Pharmacy Technician Trainee position is posted, and we look forward to building a robust program to grow our own.

Rehabilitation Services – Nelea Fenumia

Strategic Goal # 1- Services: Develop, maintain, and grow a sustainable service portfolio that is responsible to community needs.

- Working with Case Management and Nursing departments to develop a teaching plan for end-of- life patients that are being discharged and cared for at home as the community is without current Hospice services.

Strategic Goal # 3.2- People: Expand workforce development programs.

- Rehab services are hosting two high school students that will be shadowing in the department. This is part of a shadowing program at their school. This will afford firsthand exposure to the world of rehab services, and hopefully spark interest in students to choose a career path in rehab services, and perhaps future employment at BRH.

SitterView Demonstration

1A
Bed: 101

OPEN ISSUE

Patient Information

Doug Smith
ID: 17849264

Suicidal Ideation Elopement Risk

Substance Abuse Tube Puller

High Fall Risk Not Redirectable

Staff Injury Risk

Patient Language
English

Bed Settings

Camera Settings

Station Settings

Simulate bed alarm

Simulate chair alarm

CAREVIEW 9:54 AM Mute Logout

101
VIEWING
Bed B2

102
Chair G2

103
S11

104
G4

105
S14

106

107

108
S14

109
B3

110
G

111
G3

112
B

113
G3

114
G3

115
B3

116
G3

117
G3

118
B3

119
G3

120
B3

121
S11

122
G

123
S19

124
B

125
G

126
G1

127
G

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B6

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November 22, 2022 Behavioral Health Board Report

Tracy Dompeling, Chief Behavioral Health Officer

Crisis Stabilization and Observation Services: Work continues with Agnew :: Beck to formulate the Pro-forma/Business Model. Requested data was provided for volume analysis and additional information is being finalized to identify percentage of patients receiving the identified services, estimated time the service will take to provide, and direct care staff providing the service. Further, information has been shared regarding insurance coverage for services and payer mix to provide the most comprehensive analysis of the expenses and revenue for the services. Agnew :: Beck will input this information into their existing formula which has been used to assist other organizations develop financial modeling for health related services.

Marshall Crosland, Crisis Services Program Manager, is working to document processes, workflow, identify policies and training needing development, and other required crisis services program implementation needs.

Both Ms. Dompeling and Mr. Crosland will participate in a public scoping meeting on the House Bill 172 licensing regulations for subacute facilities subject to the requirements of AS 47.32.010(b)(14). The purpose is to engage stakeholders and the general public and solicit input related to the creation of licensing standards for subacute facilities. Both the Crisis Observation and Stabilization (<24 hours) and the Crisis Residential Stabilization (>24 hours) services opening in April 2023 will fall under these regulatory requirements.

Behavioral Health Foundation Review: During the past month, several inter-departmental and inter-organizational meetings have occurred to review the foundational structure of behavioral health services. The BH leadership team has taken an active role in ensuring review of data, and financial viability of service lines through correct accounting and budget structure. Further, meetings have occurred to review provider enrollment, insurance verification and prior authorization processes, compliance, and behavioral health services coding.

Individual Behavioral Health Service Lines

- **Behavioral Health Outpatient Services (BOPS):** Ongoing monitoring of cancellations/no shows of outpatient appointments to increase revenue and capacity in outpatient caseloads.

- **Psychiatric Emergency Services:** Procedure was written for therapists to support behavioral health patients boarded outside the Mental Health Unit. This support aims to help increase staff morale for the Med/Surg team who often requests assistance with these patients who are generally unique to their usual patients.
- **Crisis and Community Intervention Services:** Crisis Intervention Navigator services opened referrals to the Juneau School District resulting in a 55% increase in referral numbers in October. Anna Lindgren, CCIS Supervisor and Therapist, has worked diligently to identify and partner with additional referral sources to both educate community members about the service and increase referrals.
- **Rainforest Recovery Center:** The reduced COVID-19 restrictions on new admissions enhanced throughput and increased patient Average Daily Census from 4.36 in September to 7.7 in October.
- **Mental Health Unit:** The Mental Health Unit continues to work on safe staffing levels to increase its Average Daily Census (ADC). With additional travel nurses during the month of October, the ADC increased from 3 in September to 4.45 in October. Strategies were recently discussed within the Senior Leadership Team to identify additional nursing availability on the unit to further increase the ADC. MHU is one of four Designated Evaluation and Treatment (DET) programs within Alaska and has the capability of accepting referrals throughout Alaska. In addition, Juneau and Southeast often have high acuity patients that need the MHU level of care but admission into the unit can be challenging with limited nursing staff and other high acuity patients, as the safety of both staff and existing patients is a vital part of decision making for admission when census remains reduced.

Challenges and Partnership Highlights

A recent pediatric patient in the custody of the Office of Children's Services spent approximately 32 days on Med/Surg while awaiting placement. With no psychiatric or medical need for admission, Bartlett Regional Hospital medical and behavioral health staff all worked collaboratively to support the child and his challenging behaviors. Numerous referrals were made by Case Management staff for alternative placements both in an out of state and frequent meetings occurred with the Office of Children's Services to update on potential placement progress. PES Therapists as well as Applied Behavioral Analysis staff worked to support the child and provide resources for future providers. The behaviors presented by the child were challenging to staff on Med/Surg and it was encouraging as an organization to see the collaboration among departments to support both the patient and the staff.

Bartlett is not unique in experiencing these types of challenges when the state is unable to find appropriate placement for youth in its custody. The Alaska Hospital and Healthcare Association is aware of this growing issue throughout Alaska hospitals and recognizes the need for continued dialogue with the State of Alaska so that Alaska hospitals are not used as respite options for these youth, especially when billing for their hospital stay is covered by insurance on a very limited basis.

Jenna Wiersma – ABA

Bullet points for the month of October:

- New Behavior Analyst is credentialed and billing for services.
- Monthly cancellations due to illness has increased as school year begins.
- Currently running 4 different weekly social groups for patients-high school, middle school, 5th grade, and 4th grade.
- Increased request for school-based services for patients this school year.
- Our current numbers for the month are as follows:
 - Currently serving: 25 patients
 - Waitlist: 46 patients
 - Total Monthly Hours: 353.10 hours of ABA therapy

Bartlett Regional Hospital


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November 22, 2022 Management Report From Stuebaker Nault and CBJ Law

- Status report on completed projects
- Status report on pending projects and contract negotiations
- Status report on consultations with Department and Hospital leadership

December 2022

*****Until further notice: To encourage social distancing, participants wishing to join public meetings 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	Saturday
				1	2 12:00 Planning Committee (PUBLIC MEETING)	3
4	5	6	7	8	9 12:00pm Finance Committee (PUBLIC MEETING)	10
11	12	13 7:00am Credentials Committee (NOT A PUBLIC MEETING)	14	15	16	17
18	19	20 1:00pm Board Governance Committee (PUBLIC MEETING)	21	22	23	24
25 	26 BRH Christmas Holiday	27 5:30pm Board of Directors (PUBLIC MEETING)	28	29	30	31

Committee Meeting Checkoff:

Board of Directors – 4th Tuesday every month

Board Compliance and Audit – 1st Wednesday every 3 months (Jan, April, July, Oct.)

Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)

Executive – As Needed

Finance – 2nd Friday every month

Joint Conference – Every 3 Months

Physician Recruitment – As needed

Governance – As needed

Planning – 1st Friday every month

DECEMBER 2022 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, December 2nd

<https://bartletthospital.zoom.us/j/94747501805>

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, December 9th

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

Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board Governance Committee Meeting 1:00pm Tuesday, December 20th

<https://bartletthospital.zoom.us/j/98701440595>

Call 1 888 788 0099 Meeting ID: 987 0144 0595

BRH Board of Directors Meeting 5:30pm Tuesday, December 27th

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195