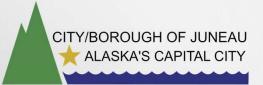


# Finance Committee April 10, 2019





# **Bartlett Regional Hospital**

# FINANCE COMMITTEE MEETING April 10, 2019 – 7:00 a.m. Bartlett Regional Hospital Boardroom Agenda

Mission Statement Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

# CALL TO ORDER

### **APPROVAL OF MINUTES -**

March 13, 2019

Page 3

	Old or <u>New</u>	Desired <u>Response</u>	
<ol> <li>February 2019 Financial Statements Review         <ul> <li>A. February Financial Review</li> <li>B. Statistics</li> <li>C. Financial Indicators</li> <li>D. Income Statement</li> <li>E. Revenue</li> <li>F. Wages</li> <li>G. Balance Sheet</li> <li>H. Accounts Receivable</li> <li>I. Write-Offs</li> <li>J. Capital Spending</li> </ul> </li> </ol>	New	Action	Page 6 Page 7 Page 8 Page 9 Page 10 Page 11 Page 12 Page 13 Page 14 Page 15
<ol> <li>Other         <ul> <li>A. Crisis Stabilization Update</li> <li>B. Swing Bed Program Update</li> <li>C. IV Pumps Capital Equipment Purchase</li> <li>D. Surgery Stats by Doctor</li> </ul> </li> </ol>			Page 19
Next Meeting: May 8, 2019 @ 7:00 am in BRH Boardroo	<u>om</u>		

# Committee member comments / questions

### **ADJOURN**

# **Bartlett Regional Hospital**

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

# Finance Committee Meeting Minutes BRH Boardroom – March 13, 2019

### Called to order at 7:00 a.m. by Finance Committee Chair, Dr. Bob Urata.

**Finance Committee & Board Members:** Dr. Bob Urata (Chair), Kenny Solomon-Gross, Mark Johnson, Marshal Kendziorek, Lance Stevens

Staff: Kevin Benson, CFO, Rose Lawhorne, Asst CCO, Billy Gardner, CCO, Megan Taylor, Executive Assistant

Guest: Bob Bartholomew, CBJ Finance

# Mr. Johnson made a MOTION to approve the minutes from the February 14, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

# January 2019 Finance Review – Kevin Benson, CFO

BRH experienced a break even month overall for the month of January 2019. 340B program saved BRH \$160,000 in pharmaceutical costs. Contract labor was still over budget for the month, but less so than before. *(Continued after Mr. Bartholomew's presentation)* 26% of capital budget has been committed, but BRH is expected to underspend by \$2 million. The major outstanding project was replacement of all the infusion pumps, with the price tag of \$525,000, over the next 3-6 months.

Mr. Johnson asks for a status update on the Crisis Stabilization project, which Mr. Benson and Mr. Gardner deferred to Mr. Grigg on, who was not present at the meeting. This is to be addressed at the upcoming Board of Director's meeting on March 26<sup>th</sup>, 2019.

# Mr. Johnson made a MOTION to move Mr. Bartholomew's Investment Review to the next item on the agenda. Upon hearing no objections, this was approved.

# **CBJ Investment Review**

Dr. Urata explained that BRH has excess funds to invest, and inquired about CBJ policy on investment. Mr. Bartholomew began on page 19 of the packet, specifically pointing to the three BRH lines: Hospital, CIP, and Capital Reserve. CBJ allots funds into these accounts, but allows BRH to move funds between them as appropriate, and does not need to include the Assembly in these decisions. Any BRH technical questions on restricting funds will be determined with the auditors. The Assembly could restrict it, but isn't likely to do so, and leaves the decision-making to the board. Mr. Bartholomew explains that CIP is funds that have been approved by the board and appropriated by the Assembly. The Capital Reserve account is our general cash or cash flow operating reserve for two to three months. Funds can be moved from active status to the reserve account if needed.

Dr. Urata inquired if all funds will be applied to the more aggressive investment strategy. Mr. Bartholomew responded with an explanation of BRH's three levels of liquidity. First is the checking account at First National Bank of Alaska for daily activity, which averages \$30-40 million worth of activity per month, with a maintained "overnight balance" of \$12 million. The second level is the municipal pool, which is a state agency charged with providing investment services to municipalities, which oversees \$20-60 million depending on time of year with taxes, tourism income, budgetary allocation, teacher payouts, etc. Third level is investments with Alaska Permanent Capital in Anchorage, investing in US treasury bonds or corporate bonds, and are managing \$150 million, \$40-50 million of which is attributed to BRH. These investments are a 36-month ladder. CBJ will be going out to bid, presenting their cash flow, investment guidelines and policies, and asking for what firms would do differently, accounting for changing interest rates. Mr. Bartholomew then explained bond performance over the last three years as it applies to BRH's investments. Bond values fluctuate with economy, market, and deficit.

Dr. Urata asked what the guiding factors are in BRH's investments, whether we have any say in those factors, and if we have a representative to act as a voice. Mr. Bartholomew responded that there is a municipal code, and an investment policy statement that is more detailed. Code is being rewritten due to outdated instruction. Mr. Benson has been kept in the loop and has participated in the process, with the five financial advisors, and in December and February it went to the Assembly Finance Committee, who vetted it and asked questions. Rewritten code is expected to be adopted April 1<sup>st</sup>, and becomes law 30 days later.

The new code includes objectives, which is where the Assembly had the most input. The objectives, in order of priority are: 1. Safety/Preservation of Principle, 2. Liquidity, and 3. Investment Return. Also included is what is allowed to be invested, and invested in, and the investment policy dictates how much is invested in money market, and whether it is 1, 2, 3, or 5-year maturities. Mr. Benson will be one of the four people on the selection committee for RFP's. CBJ cash flows are straight forward, with buffers for volatility. The externally managed \$150 million has been above that amount for the last 10 years.

Dr. Urata asked for the philosophy of maintaining investment income while accounting for inflation. Mr. Bartholomew explained that the city has two endowments they manage. With these they try to maintain purchasing power, which is done by using interest to cover inflation. Cash flow value is determined by the interest rate market more than inflation. Most governments are 1-5 year bonds, so at 3 years, CBJ may be below average. CBJ is 60% US government bonds, and 40% corporate bonds. Most governments don't have as many corporate bonds. The hope with the RFP's is to have someone say, "We believe we can offer the same return, with less risk in corporate bonds." CBJ has already lowered the percentage of corporate bonds, as it was previously 50/50.

Mr. Stevens inquired about CBJ funds versus Bartlett funds for investing. Mr. Bartholomew clarifies that Bartlett funds are seen as separate, and CBJ essentially ignores them when investing. He states Kenai has 10% of their investment in equities, and they are sending Mr. Bartholomew their numbers over the last three years, but he states this is probably not the ideal approach for CBJ or BRH.

Mr. Johnson asked if there has been a situation where the city or hospital has had to sell bonds before maturity, to which Mr. Bartholomew replied that he has been with the city seven years, and they haven't had to do that yet. There are almost always US treasury bonds within 30-90 days of maturity that we can sell and get a return on the investment. \$5 million a month are maturing, and then reinvested.

Mr. Benson states that having 90 days cash on hand in an operating reserve is adequate since BRH's cash flow is steadier throughout the year than the city's cash flow. The last board meeting, the board designated moving \$10 million into the capital improvements fund and for reimbursement benefit. There is \$25 million in operating funds, invested in a money market, which has been producing almost 2%, because the difference between the 1-3 year markets are so narrow. Mr. Benson expressed his belief that the city money managers are doing a good job. The oversight committee he is a part of meets two to four times a year, and includes presentations on progress.

Mr. Bartholomew stated that when the proposals return is the time for people to weigh in, and that the Assembly will be informed about the evaluation process, but they wouldn't be involved.

Dr. Urata referenced concerns that BRH's cash reserves could be allocated by the city to projects unrelated to the hospital, and asked for input on this. Mr. Bartholomew stated it is legally possible if the Assembly wanted to do it. His example, however, of what is more likely to occur is like the Housing First project, where the city can approach the hospital and request contribution, since the hospital is related to or affected by the project. Each enterprise has been gradually raising their rates to cover costs, and contribute to infrastructure replacement. Money has been left over after operating budget needs, but not enough to cover infrastructure needs, similar to the 1% sales tax allotment every five years for the hospital.

### **Budget Follow-up Items**

The asbestos issue in some flooring was discussed, referencing the floor plan graphic in the packet and associated photos of the flooring itself. These are all non-patient care areas. This was included to clarify need for replacement. The cost explanation was included in the FY 2020 budget, for the amount of \$500,000.

Mr. Kendziorek brought up the issue of "restricted funds", seeking clarification on the pros and cons. He clarified that designating funds for the purpose of planning can have the downside of needing to be undesignated if issues come up (i.e. CAMHU project). Mr. Stevens explained that it shows intent and that undesignating is simply a matter of bringing it to the board again.

Mr. Benson presented a graph of the previous three years of revenue to demonstrate trends by month. The only visible trend was the month of August tends to be higher, and the month of December didn't necessarily demonstrate a consistent decrease as previously speculated.

Mr. Johnson expressed some confusion in keeping track of employed physicians, versus hospitalists, versus locums. Dr. Urata clarified that locums are used for areas with less sustainable demand (i.e. Orthopedics). To this point Mr. Stevens stated concern that the budgeted amount for locums was significantly less than the previous year's budgeted amount despite consistency over those years. Mr. Benson explained that goals have changed – to move toward employed staff, and the budget reflected this.

Mr. Stevens brought up a letter from Mr. Bill and the State Hospital Association with statistics, which Mr. Bill wanted approval on. Mr. Stevens wasn't comfortable approving it until it had been vetted by the Finance Committee. Mr. Benson clarified intent of letter: to gather information from hospitals in the state, regarding potential budget cuts. It is presumed that they will put together a campaign to communicate effect of cuts on healthcare.

Next Meeting: April 10, 2019 at 7:00 a.m. in BRH Boardroom

Adjourned – 8:07 a.m.

DATE: April 5, 2019
TO: BRH Finance Committee
FROM: Kevin Benson, CFO
SUBJECT: February Financial Statements

February was financially a difficult month for Bartlett Regional Hospital which resulted in a Net Loss of \$455,000. The primary cause for the poor financial performance was a significant decline of patient days and the resulting decline of inpatient revenue. Patient Days were 23% less than budget which resulted in inpatient revenues that were 18% less than budget. This shortfall was \$909,000. Outpatient Revenue was over budget \$441,000 which helped to offset some of the inpatient decrease. Hospitalist physician revenue was also impacted by the decrease in patient days being \$127,000 short of budget.

Expenses finished \$312,000 over budget or 4%. This unfavorable variance was driven primarily by overages in staffing (\$215,000) and Maintenance and Repairs (\$110,000). Contract Labor accounted for a majority of the staffing variance (\$162,000). Contract Labor is primarily incurred in the departments of Med/Surg, Operating Room and Diagnostic Imaging.

On a year to date basis BRH has a Net Income of \$1,146,000 and is behind the budget target of \$2,204,000. The year to date Income from Operations percent is -0.69% while the final Net Income percent is at 1.72%.

Other Significant Items:

- Hospital Revenue continues to track ahead of the prior year having generated \$5.5 million (5.0%) more in Gross Patient Revenue than in the prior year.
- Physician Revenue shows growth in the current year running 4.2% ahead of budget and 9.2% over the prior year.
- Total Expenses for the year are over budget by 0.0% (\$22,000) and 2.8% greater than the prior year.
- Writeoffs of \$42,000 were incurred in February as Behavioral Health Providers provided services prior to being enrolled with Medicare. The enrollment applications were completed and billing is able to go back 60 days from enrollment. However, there were delays in the application process that pushed the enrollment date beyond the 60 day limit resulting in writeoffs.
- BRH continues to benefit from a PERS credit due to a refund of forfeitures in the amount of \$90,000 per month. This is expected to end in March.
- \$2.0 million or 26% of capital spending has been committed toward the capital budget of \$7.7 million. It is expected that that BRH will under spend its capital budget by \$2 million in the current year.

### Bartlett Regional Hospital Dashboard Report for February 2019

		CURRENT M	IONTH			YEAR TO DATE				
	% Over					% Over (Under)				
Facility Utilization:	Actual	Budget	(Under) Budget	Prior Year	Prior Month (January)	Actual	Budget	(Under) Budget	Prior Year	
Hospital Inpatient:Patient Days	Actual	Buugei	Duuget	FIIUI Teal	(January)	Actual	Buuget	Duuget	FIIUI Teal	
Patient Days - Med/Surg	294	368	-20%	368	389	3,190	3,192	0%	3,192	
Patient Days - Critical Care Unit	70	81	-14%	81	99	711	707	1%	707	
Patient Days - Swing Beds	0	25	-100%	0	0	0	200	-100%	(	
Avg. Daily Census - Acute	11.7	15.3	-23%	14.5	15.7	16.1	16.9	-5%	16.0	
Patient Days - Obstetrics	59	62	-4%	62	46	514	535	-4%	535	
Patient Days - Obsternes	58	54	-4 %	54	40	485	467	-4 %	467	
Total Hospital Patient Days	481	565	-15%	565	583	4,900	407	4 % 0%	4,902	
Births	25	26	-4%	26	21	212	223	-5%	223	
Mental Health Unit										
Patient Days - Mental Health Unit	227	268	-15%	268	258	2,248	2,325	-3%	2,325	
Avg. Daily Census - MHU	7.3	8.6	-15%	8.6	8.3	9.3	9.6	-3%	9.6	
5	1.0	0.0	1070	0.0	0.0	0.0	0.0	0,0	0.0	
Rain Forest Recovery:										
Patient Days - RRC	332	291	14%	291	336	2,688	2,589	4%	2,589	
Avg. Daily Census - RRC	11	9.4	14%	9.4	11	11	10.7	4%	10.7	
Outpatient visits	23	55	-58%	55	7	144	480	-70%	480	
Inpatient: Admissions										
Med/Surg	62	70	-11%	70	79	562	587	-4%	587	
Critical Care Unit	34	33	3%	33	40	315	324	-3%	324	
Obstetrics	26	29	-10%	29	21	214	231	-7%	231	
Nursery	26	26	0%	26	22	222	235	-6%	235	
Mental Health Unit	33	42	-21%	42	38	296	340	-13%	340	
Total Admissions - Inpatient Status	181	200	-10%	200	200	1,609	1,717	-6%	1,717	
Admissions -"Observation" Status										
Med/Surg	56	59	-5%	59	61	463	426	9%	426	
Critical Care Unit	32	30	7%	30	34	267	210	27%	210	
Mental Health Unit	5	4	25%	4	3	20	13		13	
Obstetrics	18	18	0%	18	17	148	137	8%	137	
Nursery	0	1		1	0	5	10	-50%	10	
Total Admissions to Observation	111	112	-1%	112	115	903	796	13%	796	
Surgery:										
Inpatient Surgery Cases	31	41	-24%	41	42	368	396	-7%	396	
Endoscopy Cases	72	92	-22%	92	103	763	756	1%	756	
Same Day Surgery Cases	102	95	8%	95	73	711	821	-13%	821	
Total Surgery Cases	205	227	-10%	227	218	1,842	1,973	-7%	1,973	
Total Surgery Minutes	12,679	14,728	-14%	14,728	14,126	117,682	127,816	-8%	127,816	
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,102	1,221	-10%	1,221	1,094	9,584	10,594	-10%	10,594	
Cardiac Rehab Visits	68	64	-10 %	64	1,034	610	557	-10 %	557	
Lab Visits	278	249	12%	249		2,318	2,750	-16%	2,750	
Lab Tests	7,974	8,055	-1%	8,055	9,533	74,030	78,031	-5%	78,031	
Radiology Visits	763	767	-1%	767	731	6,610	6,717	-2%		
Radiology Tests	2,232	2,200	-1%	2,200		20,066	19,616	-2 %	19,616	
Sleep Study Visits	2,232	2,200	9%	2,200	2,470	196	19,010	3%	19,010	
Physician Clinics:										
Hospitalists	140	228	-39%	228	213	1,436	1,979	-27%	1,979	
Bartlett Oncology Clinic	80	220 58	-39% 38%	220 58	213	544	504	-27% 8%	504	
Behavioral Health Outpatient visits	80 256		-34%	388	251	2,939			504 3,475	
-	200	388					3,475	-15%		
Orthopedic Clinic (NEW)	-	14	-100%	14	2	34	125	-73%	125	
Special Clinic Outpatient visits	-	0	0%	-	0	-	-	0%	-	
Bartlett Surgery Specialty Clinic visits	263 739	359 1,047	-27% -29%	359 1,047	362 896	2,367 7,320	<u>3,114</u> 9,198	-24% -20%	<u>3,114</u> 9,198	
Other Operating Indicators:										
Dietary Meals Served	27,329	20,327	34%	20,327	27,583	208,134	176,413	18%	176,412.67	
Laundry Pounds (Per 100)	373	381	-2%	381	410	3,183	3,223	-1%	3,223	

		CURREN	Г МОЛТН			YEAR T	O DATE	
		% Over					% Over	
		(Under)					(Under)	
Facility Utilization:	Actual	Budget	Budget	<b>Prior Year</b>	Actual	Budget	Budget	<b>Prior Year</b>
Financial Indicators:								
Revenue Per Adjusted Patient Day	3,882	4,402	-11.8%	4,096	4,122	4,481	-8.0%	4,317
Contractual Allowance %	42.5%	39.9%	6.5%	36.0%	40.4%	39.9%	1.2%	38.5%
Bad Debt & Charity Care %	2.4%	3.1%	-23.1%	1.5%	2.9%	3.1%	-6.5%	2.5%
Wages as a % of Net Revenue	54.0%	46.1%	17.3%	46.7%	49.0%	46.1%	6.3%	46.4%
Productive Staff Hours Per Adjusted Patient Day	21.9	23.6	-7.0%	23.2	21.9	24.0	-8.5%	24.7
Non-Productive Staff Hours Per Adjusted Patient Day	3.4	2.9	15.9%	4.1	3.6	2.7	31.3%	3.2
Overtime/Premium % of Productive	5.40%	6.23%	-13.4%	6.56%	6.61%	6.23%	6.1%	6.94%
Days Cash on Hand	129	134	-4.2%	106	134	134	-0.4%	104
Board Designated Days Cash on Hand	143	149	-4.2%	130	149	149	-0.4%	130
Days in Net Receivables	53.3	53	0.0%	48	53.3	53	0.0%	48
							% Over	
					Actual	Benchmark	(Under)	Prior Year
Total debt-to-capitalization (with PERS)					64.7%	33.7%	92.0%	45.1%
Total debt-to-capitalization (without PERS)					20.6%	33.7%	-38.8%	20.1%
Current Ratio					7.85	2.00	292.3%	6.07
Debt-to-Cash Flow (with PERS)					9.56	2.7	254.3%	8.98
Debt-to-Cash Flow (without PERS)					3.05	2.7	12.9%	4.00
Aged A/R 90 days & greater					50.8%	19.8%	156.8%	
Cash Collections					77.5%	99.4%	-22.0%	
POS Cash Collection					2.1%	21.3%	-90.1%	
Cost of Collections (Hospital only)					5.7%	2.8%	104.7%	
Charity Care Write off					0.2%	1.4%	-82.8%	
Bad Debt Write off					0.7%	0.8%	-18.1%	
Discharged not Final Billed (DNFB)					13.4%	4.7%	185.1%	
Unbilled & Claims on Hold (DNSP)					13.4%	5.1%	162.7%	
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	

#### Bartlett Regional Hospital Dashboard Report for February 2019

#### BARTLETT REGIONAL HOSPITAL STATEMENT OF REVENUES AND EXPENSES FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 2019

MONTH	MONTH				FOR THE MONTH AND TEAR TO DATE OF FEBRO	ART 2019				PRIOR YTD	PRIOR YTD %
ACTUAL	BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	ACT	CHG
					Gross Patient Revenue:						
\$3,316,141	\$3,973,727	-\$657,586	-16.5%		Inpatient Revenue	\$33,253,130	\$34,486,190	-\$1,233,060	-3.6%	\$33,000,502	0.8%
\$721,548	\$972,994	-\$251,446	-25.8%		Inpatient Ancillary Revenue	\$7,290,095	\$8,444,253	-\$1,154,158	-13.7%	\$8,355,524	-12.8%
\$4,037,688	\$4,946,721	-\$909,032	-18.4%	\$4,603,375 <u></u> 3.	Total Inpatient Revenue	\$40,543,225	\$42,930,443	-\$2,387,218	<u>-5.6%</u>	\$41,356,027	-2.0%
¢7 674 074	¢7 000 070	¢440.000	6.1%	#C 070 444 4	Outpatient Devenue	CC2 724 700	<b>\$60.746.670</b>	¢070.004	1.60/	¢E0.070.764	9.7%
\$7,671,071	\$7,230,073	\$440,998	0.1%	\$0,272,141 4.	Outpatient Revenue	\$63,724,700	\$62,746,679	\$978,021	1.6%	\$58,078,754	9.7%
\$11,708,759	\$12,176,794	-\$468,034	-3.8%	\$10 875 516 5	Total Patient Revenue - Hospital	\$104,267,926	\$105,677,122	-\$1,409,196	-1.3%	\$99,434,781	4.9%
ψ11,700,700	φ12,170,73 <del>4</del>	-9-00,00+	-0.070	φ10,075,510 <u></u> 5.		ψ104,207,320	ψ100,077,12Z	- <b>\$1,403,130</b>	-1.070	ψ <b>3</b> 3, <del>1</del> 34,701	4.370
\$345,986	\$349,873	-\$3,888	-1.1%	\$318,746 6.	RRC Patient Revenue	\$2,836,935	\$3,036,387	-\$199,453	-6.6%	\$3,024,764	-6.2%
\$185,275	\$186,716	-\$1,441	-0.8%	\$154,697 7.	BHOPS Patient Revenue	\$1,514,922	\$1,620,444	-\$105,522	-6.5%	\$1,442,351	5.0%
\$580,846	\$707,941	-\$127,095	-18.0%	\$306,666 8.	Physician Revenue	\$6,244,647	\$6,143,958	\$100,689	1.6%	\$5,491,893	13.7%
\$12,820,866	\$13,421,324	-\$600,458	-4.5%	\$11,655,624 <u></u> 9.	Total Gross Patient Revenue	\$114,864,430	\$116,477,911	-\$1,613,482	-1.4%	\$109,393,788	5.0%
					Deductions from Devenue						
¢0 570 754	\$2,480,354	-\$92,397	-3.7%	¢4 745 060 40	Deductions from Revenue: Inpatient Contractual Allowance	\$23,474,487	CO1 010 711	-\$2,157,776	-10.1%	\$20,379,821	15.2%
\$2,572,751 -\$308,333	\$2,480,354 -\$308,333	-\$92,397 \$0	-3.7%		0a. Rural Demonstration Project	\$23,474,487 -\$2,466,664	\$21,316,711 -\$2,466,664	-\$2,157,776 \$0	-10.1%	-\$2,466,664	15.2%
\$2,813,555	\$2,689,172	-\$124,383	-4.6%		. Outpatient Contractual Allowance	\$22,315,022	\$23,338,160	\$1,023,138	4.4%	\$20,542,402	8.6%
\$370,123	\$493,255	\$123,132	25.0%		. Physician Service Contractual Allowance	\$3,061,813	\$4,280,747	\$1,218,934	28.5%	\$3,615,178	-15.3%
\$14,036	\$19,604	\$5,569	28.4%		. Other Deductions	\$119,522	\$170,139	\$50,617	29.8%	\$146,003	0.0%
\$30,788	\$156,618	\$125,830	80.3%		. Charity Care	\$753,300	\$1,359,221	\$605,921	44.6%	\$1,077,245	-30.1%
\$270,652	\$253,843	-\$16,809	-6.6%		. Bad Debt Expense	\$2,530,552	\$2,203,001	-\$327,551	-14.9%	\$1,654,620	52.9%
					··· ···						
\$5,763,572	\$5,784,513	\$20,942	0.4%	\$4,379,120 16	. Total Deductions from Revenue	\$49,788,031	\$50,201,315	\$413,284	0.8%	\$44,948,604	10.8%
42.5%	42.2%				Contractual Allowances / Total Gross Patient Revenue	40.4%	42.0%			40.7%	
2.4%	3.1%				Bad Debt & Charity Care / Total Gross Patient Revenue	2.9%	3.1%			2.5%	
45.0%	43.1%			37.6% %	Total Deductions / Total Gross Patient Revenue	43.3%	43.1%			41.1%	
\$7,057,294	\$7,636,811	-\$621,400	-8.1%	\$7,276,504 17	. Net Patient Revenue	\$65,076,399	\$66,276,596	-\$2,026,766	-3.1%	\$64,445,184	1.0%
\$214,260	\$155,682	\$58,578	37.6%	\$307 021 18	. Other Operating Revenue	\$1,388,379	\$1,351,090	\$37,289	2.8%	\$1,301,016	6.7%
ψ214,200	ψ100,002	\$50,570	57.070	₩007,021 10		ψ1,500,575	ψ1,001,000	ψ07,200	2.070	ψ1,501,010	0.170
\$7,271,554	\$7,792,493	-\$520,939	-6.7%	\$7.583.525 19	. Total Operating Revenue	\$66,464,777	\$67,627,686	-\$1,989,478	-2.9%	\$65,746,199	1.1%
					Expenses:			1 1			
\$3,361,222	\$3,258,313	-\$102,909	-3.2%	\$3,111,099 20	. Salaries & Wages	\$27,725,335	\$28,277,477	\$552,142	2.0%	\$26,837,339	3.3%
\$239,504	\$210,671	-\$28,833	-13.7%		. Physician Wages	\$2,146,345	\$1,828,328	-\$318,017	-17.4%	\$1,543,008	39.1%
\$213,453	\$50,486	-\$162,967	-322.8%		. Contract Labor	\$2,021,807	\$438,144	-\$1,583,663	-361.4%	\$1,552,160	30.3%
\$1,509,264	\$1,588,659	\$79,395	5.0%		. Employee Benefits	\$12,797,267	\$13,787,208	\$989,941	7.2%	\$13,090,235	-2.2%
\$5,323,443	\$5,108,129	-\$215,314	-4.2%	\$4,877,994		\$44,690,754	\$44,331,157	-\$359,597	-0.8%	\$43,022,742	3.9%
73.2%	65.6%			64.3% %	Salaries and Benefits / Total Operating Revenue	67.2%	65.6%			65.4%	
\$72,052	\$72,040	-\$12	0.0%	\$60.031.24	. Medical Professional Fees	\$642,615	\$625,188	-\$17,427	-2.8%	\$609,063	5.5%
\$234,099	\$256,277	\$22,178	8.7%		. Physician Contracts	\$1,903,992	\$2,224,111	\$320,119	-2.0%	\$2,543,381	-25.1%
\$195,268	\$165,317	-\$29,951	-18.1%		. Non-Medical Professional Fees	\$1,228,807	\$1,434,679	\$205,872	14.3%	\$1,384,582	-11.3%
\$868,762	\$938,150	\$69,388	7.4%		. Materials & Supplies	\$8,133,024	\$8,141,768	\$8,744	0.1%	\$7,751,752	4.9%
\$117,658	\$114,517	-\$3,141	-2.7%	\$134,684 28		\$923,179	\$993,849	\$70,671	7.1%	\$955,862	-3.4%
\$359,074	\$249,077	-\$109,997	-44.2%		. Maintenance & Repairs	\$2,452,854	\$2,161,617	-\$291,237	-13.5%	\$2,027,170	21.0%
\$58,001	\$51,865	-\$6,136	-11.8%		. Rentals & Leases	\$430,629	\$450,097	\$19,469	4.3%	\$513,214	-16.1%
\$43,550	\$37,377	-\$6,173	-16.5%	\$46,907 31		\$508,396	\$324,367	-\$184,029	-56.7%	\$334,888	51.8%
\$589,318	\$588,536	-\$782	-0.1%		. Depreciation & Amortization	\$4,862,411	\$5,107,653	\$245,242	4.8%	\$4,896,343	-0.7%
\$52,667	\$48,994	-\$3,673	-7.5%		. Interest Expense	\$427,995	\$425,193	-\$2,802	-0.7%	\$437,451	-2.2%
\$112,083	\$83,976	-\$28,107	-33.5%		. Other Operating Expenses	\$721,524	\$728,728	\$7,204	1.0%	\$628,290	14.8%
\$8,025,974	\$7,714,255	-\$311,720	-4.0%	\$7,401,197_35	. Total Expenses	\$66,926,178	\$66,948,407	\$22,229	0.0%	\$65,104,737	-2.8%
-\$754,420	\$78,238	-\$832,658	-1064.3%	\$182,328 36	. Income (Loss) from Operations Non-Operating Revenue	-\$461,400	\$679,279	-\$1,140,679	-167.9%	\$641,462	-171.9%
\$157,932	\$35,978	\$121,954	339.0%	\$23 605 37	. Interest Income	\$362,765	\$312,238	\$50,527	16.2%	\$176,171	105.9%
\$141,221	\$139,728	\$1,493	1.1%		. Other Non-Operating Income	\$1,244,595	\$1,212,640	\$31,955	2.6%	\$1,048,506	18.7%
Ψ171,221	ψ100,720	ψ1,-100	1.170	ψ140,200 00		ψ1,211,000	ψ1,212,0 <del>1</del> 0	ψ01,000	2.070	φ1,040,000	10.770
\$299,152	\$175,706	\$123,446	70.3%	\$172,994 39	. Total Non-Operating Revenue	\$1,607,360	\$1,524,878	\$82,482	5.4%	\$1,224,678	31.2%
-\$455,268	\$253,944	-\$709,212	279.3%	\$355,323 40	. Net Income (Loss)	\$1,145,960	\$2,204,157	-\$1,058,197	48.0%	\$1,866,140	38.6%
-10.37%	1.00%			2.40% Inc	come from Operations Margin	-0.69%	1.00%			0.98%	
-6.26%	3.26%			4.69% Ne		1.72%	3.26%			2.84%	
0.2070	0.2070					/0	0.2070			2.0.70	

# Bartlett Regional Hospital February 2019 Financial Operating Summary

					Physician			
			Out-Pt		Division		BRH Total	
	In-Pt	February	February	February	February	February	February	February
Financial Group	February	Budget	Actual	Budget	Actual	Budget	Actual	Budget
Aetna	389,357	322,720	1,194,150	1,209,169	118,912	91,645	1,702,419	1,623,534
Blue Cross	194,498	499,981	1,624,796	1,228,319	128,143	173,878	1,947,438	1,902,178
Comm	209,838	209,631	239,309	371,053	45,214	95,250	494,361	675,934
MCD	1,783,341	1,722,831	1,547,464	1,505,503	222,452	199,142	3,553,257	3,427,476
MCR	1,633,827	2,249,152	2,157,391	2,150,919	192,891	239,828	3,984,109	4,639,899
Other	62,591	58,336	192,008	152,117	3,413	13,205	258,012	223,658
SEARHC	26,273	38,978	125,854	68,935	2,201	568	154,328	108,481
Self	39,238	58,457	176,342	196,746	7,801	27,343	223,381	282,546
VA/Cham	28,412	102,865	249,582	236,943	44,475	44,764	322,469	384,572
Worker's	15,880	22,500	164,593	121,512	619	9,034	181,091	153,046
Grand Total	4,383,256	5,285,451	7,671,489	7,241,216	766,121	894,657	12,820,866	13,421,324
Commercial	809,573	1,054,832	3,222,848	2,930,053	292,888	369,807	4,325,309	4,354,692
Government	3,534,445	4,172,162	4,272,299	4,114,417	465,432	497,507	8,272,176	8,784,086
Self Pay	39,238	58,457	176,342	196,746	7,801	27,343	223,381	282,546
Total Charges	4,383,256	5,285,451	7,671,489	7,241,216	766,121	894,657	12,820,866	13,421,324
% of Hospital Charges	28%	31%	33%	31%	4%	4%	64.5%	65.4%
Prior Month								
Commercial	1,040,310	1,167,850	3,064,090	3,243,985	554,489	409,438	4,658,888	4,821,273
Government	4,241,111	4,619,163	4,567,011	4,555,242	649,771	550,814	9,457,893	9,725,219
Self Pay	278,720	64,725	208,040	217,826	20,335	30,271	507,095	312,822
Total Charges	5,560,140	5,851,738	7,839,141	8,017,053	1,224,595	990,523	14,623,876	14,859,314
% of Hospital Charges	29%	31%	31%	31%	4%	4%	64.7%	65.4%

Type 6010 6020	Description Mgrs & Supervisors Techs & Specs	<u>February</u> <u>Actual</u> 406,053 595,241	<u>February</u> <u>Budget</u> 391,313 652,828	<u>February</u> <u>Actual (Over) /</u> <u>Under Budget</u> (14,740) 57,587
6030 6040	RN's Clerical & Admin	699,665	778,771	79,106
6040		315,403	341,067	25,664
6060	Clinical - Other	265,557	267,423	1,866
6070	Non-Clinical - Other	195,733	199,636	3,903
6100	Overtime	164,920	76,540	(88,380)
6110	Call Back	40,950	41,524	574
6120	Shift Differentials	108,087	108,847	760
6130	On-Call	21,426	24,509	3,083
6090	Non Productive	414,186	375,855	(38,331)
6105	Premium Pay	-	-	-
6190	Bonuses	-	-	-
	Grand Total	3,227,222	3,258,313	31,091
6050	Physicians	373,504	210,671	(162,833)
6500	Contract Labor	213,453	50,486	(162,967)
	Physician Contracts	586,956	261,157	(325,799)

### BARTLETT REGIONAL HOSPITAL BALANCE SHEET February 28, 2019

ASSETS	February-19	January-18	June-18	<u>CHANGE</u> FROM PRIOR FISCAL YEAR
Current Assets:				
1. Cash and cash equivalents	34,155,462	35,951,172	36,115,860	(1,960,398)
2. Board designated cash	36,790,525	36,209,988	34,304,989	2,485,536
3. Patient accounts receivable, net	13,509,886	12,901,410	12,991,632	518,254
4. Other receivables	2,416,882	2,345,016	1,919,498	497,384
5. Inventories	3,470,370	3,187,892	3,068,151	402,219
6. Prepaid Expenses	1,687,266	1,930,377	728,834	958,432
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	92,059,268	92,554,732	89,157,841	2,901,427
Appropriated Cash:				
9. CIP Appropriated Funding	1,178,300	1,178,300	1,178,300	-
Description alore the service service				
Property, plant & equipment	4 4 0 0 4 0 0 0 4	4 4 9 9 9 9 9 4 9	440.000.474	4 504 000
10. Land, bldgs & equipment	148,218,294	148,266,849	146,626,471	1,591,823
11. Construction in progress	386,955	376,550	233,207	153,748
12. Total property & equipment	148,605,248	148,643,399	146,859,678	1,745,570
13. Less: accumulated depreciation	(95,727,846)	(95,275,021)	(91,385,019)	
14. Net property and equipment	52,877,402	53,368,378	55,474,659	(2,597,257)
15. Deferred outflows/Contribution to Pension Plan	8,564,873	8,564,873	8,564,873	-
16. Total assets	154,679,845	155,666,282	154,375,673	304,172
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,243,560	2,288,299	1,663,508	580,052
18. Accrued employee benefits	3,628,947	3,613,397	3,528,376	100,571
19. Accounts payable and accrued expenses	2,017,864	2,140,623	1,664,366	353,498
20. Due to 3rd party payors	477,302	357,305	2,548,844	(2,071,541)
21. Deferred revenue	2,027,732	2,581,533	17,111	2,010,621
22. Interest payable	63,707	(4,365)	350,344	(286,637)
23. Note payable - current portion	850,000	850,000	820,000	30,000
24. Other payables	424,173	422,260	1,031,592	(607,420)
25. Total current liabilities	11,733,284	12,249,052	11,624,141	109,144
Long-term Liabilities:				
26. Bonds payable	18,155,000	18,155,000	18,975,000	(820,000)
27. Bonds payable - premium/discount	1,477,121	1,492,525	1,608,050	(130,929)
28. Net Pension Liability	62,996,347	62,996,347	62,996,347	(150,929)
29. Deferred In-Flows	9,841,533	9,841,533	9,841,533	-
30. Total long-term liabilities	92,470,001	92,485,405	93,420,930	(950,929)
	52,470,001	52,405,405	55,420,550	(000,020)
31. Total liabilities	104,203,286	104,734,457	105,045,071	(841,785)
32. Fund Balance	50,476,560	50,931,825	49,330,603	1,145,957
33. Total liabilities and fund balance	154,679,845	155,666,282	154,375,673	304,172

# Bartlett Regional Hospital Accounts Receivable February 28,2019

Aging by Fin									Billed & Unbilled	Billed & Unbilled
Grp	Unbilled A/R	0-30	31-60	61-90	91-120	121-150	151+	A/R Total	2/28/2019	1/31/2019
Aetna	\$425,489	\$259,858	\$210,519	\$35,237	\$114,992	\$65,411	\$340,592	\$1,026,608	\$1,452,097	\$1,605,787
Blue Cross	\$370,516	\$86,352	\$148,141	\$30,000	\$1,997	\$176	\$187,385	\$454,050	\$824,566	\$812,392
CB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Com	\$75,517	\$240,545	\$21,005	\$59,727	\$46,029	\$21,072	\$175,673	\$564,051	\$639,568	\$540,168
Medicaid	\$1,324,506	\$1,150,798	\$421,067	\$345,914	\$447,141	\$405,694	\$431,673	\$3,202,288	\$4,526,793	\$4,619,171
Medicare	\$1,145,786	\$895,325	\$299,367	\$545,126	\$330,539	\$485,213	\$228,885	\$2,784,455	\$3,930,241	\$3,599,284
Medicare Rep	\$160,255	\$0	\$0	\$0	\$0	\$0	\$18,042	\$18,042	\$178,297	\$18,042
Other	\$34,548	\$13,808	\$52,014	\$28,794	\$16,054	\$62,940	\$173,519	\$347,128	\$381,675	\$401,306
SEARHC	\$0	\$34,617	\$4,041	\$9,329	\$200	\$0	\$4,911	\$53,097	\$53,097	\$50,260
Self	\$70,050	\$410,629	\$334,017	\$40,302	\$99,156	\$134,301	\$2,339,895	\$3,358,301	\$3,428,351	\$3,423,342
VA	\$21,891	\$97,554	\$365,024	\$87,233	\$889	\$42,496	\$120,644	\$713,840	\$735,731	\$800,985
Worker's	\$30,992	\$0	\$19,665	\$0	\$0	\$0	\$20,663	\$40,328	\$71,320	\$40,328
in-patient	\$3,659,549	\$3,189,485	\$1,874,860	\$1,181,661	\$1,056,997	\$1,217,304	\$4,041,882	\$12,562,189	\$16,221,738	\$15,911,070
Aetna	\$372,564	\$878,958	\$334,826	\$119,922	\$64,475	\$29,168	\$184,538	\$1,611,888	\$1,984,452	\$1,971,172
Blue Cross	\$537,260	\$950,114	\$123,671	\$50,602	\$38,734	\$9,976	\$49,212	\$1,222,310	\$1,759,570	\$1,530,003
CB	\$0	\$0	\$0	\$0	\$0	\$0	\$352	\$352	\$352	\$352
Com	\$32,565	\$238,958	\$142,008	\$13,771	\$38,661	\$19,656	\$151,579	\$604,633	\$637,197	\$586,023
Medicaid	\$516,812	\$686,157	\$247,202	\$83,712	\$145,758	\$58,378	\$322,173	\$1,543,380	\$2,060,192	\$1,653,122
Medicare	\$785,824	\$1,187,750	\$299,797	\$120,389	\$260,501	\$29,256	\$201,063	\$2,098,756	\$2,884,580	\$2,495,899
Medicare Rep	\$0	\$1,150	\$403	\$80	\$0	\$0	\$103,978	\$105,611	\$105,611	\$112,203
Other	\$26,529	\$123,485	\$13,827	\$44,927	\$32,154	\$9,094	\$516,921	\$740,407	\$766,936	\$706,704
SEARHC	\$18,147	\$79,233	\$13,042	\$3,745	\$6,274	\$8,702	\$20,258	\$131,254	\$149,401	\$280,110
Self	\$31,050	\$238,056	\$441,529	\$363,655	\$310,847	\$271,567	\$4,462,611	\$6,088,264	\$6,119,314	\$6,280,075
VA	\$134,234	\$255,771	\$79,862	\$47,087	\$52,061	\$53,107	\$294,162	\$782,050	\$916,284	\$761,561
Worker's	\$25,586	\$144,337	\$91,737	\$24,736	\$3,355	\$4,614	\$93,829	\$362,608	\$388,194	\$256,497
out-patient	\$2,480,570	\$4,783,971	\$1,787,904	\$872,625	\$952,820	\$493,518	\$6,400,676	\$15,291,513	\$17,772,083	\$16,633,721
Aetna	\$798,052	\$1,138,816	\$545,345	\$155,159	\$179,467	\$94,579	\$525,130	\$2,638,496	\$3,436,549	\$3,576,959
Blue Cross	\$907,776	\$1,036,466	\$271,813	\$80,602	\$40,731	\$10,151	\$236,597	\$1,676,360	\$2,584,136	\$2,342,395
CB	\$0	\$0	\$0	\$00,00 <u>0</u>	\$0	\$0	\$352	\$352	\$352	\$352
Com	\$108,082	\$479,503	\$163,013	\$73,498	\$84,690	\$40,728	\$327,252	\$1,168,684	\$1,276,765	\$1,126,191
Medicaid	\$1,841,317	\$1,836,955	\$668,269	\$429,626	\$592,899	\$464,072	\$753,846	\$4,745,668	\$6,586,985	\$6,272,293
Medicare	\$1,931,610	\$2,083,075	\$599,164	\$665,516	\$591,039	\$514,470	\$429,948	\$4,883,212	\$6,814,822	\$6,095,183
Medicare Rep	\$160,255	\$1,150	\$403	\$80	\$0	\$0	\$122,020	\$123,653	\$283,908	\$130,245
Other	\$61,077	\$137,292	\$65,841	\$73,721	\$48,208	\$72,033	\$690,440	\$1,087,535	\$1,148,612	\$1,108,010
SEARHC	\$18,147	\$113,850	\$17,083	\$13,074	\$6,474	\$8,702	\$25,169	\$184,351	\$202,498	\$330,370
Self	\$101,100	\$648,686	\$775,546	\$403,957	\$410,003	\$405,868	\$6,802,506	\$9,446,565	\$9,547,666	\$9,703,417
VA	\$156,125	\$353,324	\$444,886	\$134,320	\$52,950	\$95,604	\$414,806	\$1,495,890	\$1,652,015	\$1,562,546
Worker's	\$56,577	\$144,337	\$111,402	\$24,736	\$3,355	\$4,614	\$114,492	\$402,936	\$459,513	\$296,825
Grand Total	\$6.140.119	\$7,973,455	\$3,662,764	\$2,054,287	\$2,009,817	\$1,710,821	\$10,442,557	\$27,853,702	\$33,993,821	\$32,544,788
-	xcludes Credit E	. , ,	÷0,002,101	÷=,00.,201	÷=,000,011	÷ · ,· · • ,• = ·	<i>q</i> .0, <u>2</u> ,001	+,000,.0L	\$00,000,0E1	<i>voz</i> , <i>o</i> , <i>i oo</i>

Aged Balance excludes Credit Balances

	February-19	January-19
Aging without credits	\$27,853,702	\$26,207,514
Unbilled	\$6,140,119	\$6,337,274
total without credits	\$33,993,821	\$32,544,788

\$38,477.50

94

Adjustments
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**Collections SPPPD** 

One Time PPD Ins		0
Timely Filing	\$1,024.29	1
Compliance/Risk/Adminstrative	\$6,945.74	4
SP Prompt Pay Disc	\$7,019.95	94
Timely RRC-BOPS/LABS	\$0.00	0
Demographic Informaiton	\$0.00	0
Auth Denials	\$0.00	0
Denied Appeals	\$0.00	0
Provider Enrollment BH	\$42,566.48	86
Collections	-	
One Time Ins PPD	\$0.00	0

#### Bartlett Regional Hospital Capital Spending Progress as of February 28, 2019

1 Patient Safety/Compliance/IT Security

End of Life/Revenue Enhancer/Cost saver Future End of Life/Nice to have

2

3

Cap#	DEPT # DEPARTMENT	DESCRIPTION	CAPITAL	Substitution	Purchased Thru Feb 2019	Remaining Budget Balance Pri	ority F	/ Notes
ар# 9-001	6020 CCU	Progressa Beds (1)	38,000	Substitution	Feb 2019	38,000	2	2019 Obsolete beds replacing
5-001	0020 000	riogiessa beus (1)	38,000			58,000	2	
								Current Bariatric bed was purchase in 2011 and is at end of life. We have
9-011	6020 CCU	Bariatric Progressa Bed	44,269			44,269	2	2019 had issues with bed breaking down. Biomed has asked it be replaced.
								Replacing bed purchased in 2001. Again, it is end of life and biomed h
9-022	6020 CCU	Progressa Beds (1)	39,829			39,829	2	2019 concerns about keeping up maintenance with frequent work orders.
9-002	6065 Mental Health Unit	Outfit Exam Room	10,000			10,000	3	2019 Hospitalist's request
9-003	6080 OB	Nitronox Model E Stand	-			-	2	2019 For Pain management; short acting
9-004	6080 OB	Halo Bassinets				-	2	2019 Replace older bassinets, will provide safer sleep practices
								Need to provide for continuous SpO2 monitoring for patients who are
								PCA with basal rate. These monitors would be mounted in the rooms
19-023	6080 OB	VS Monitors for OB 6 &7(2)	10,000			10,000	1	2019 we could monitor at the nursing station.
			,					Replace beds greater than 10 years old. Ergonomically safer for staff
9-024	6080 OB	Labor & Delivery Beds(3)	61,000			61,000	2	2019 when breaking down bed for delivery.
			,			,		Current units approaching 7 years of 10 year lifespan. End of life. \$28
9-025	6170 RT	Blood Gas Analyzer	21,000			21,000	2	2019 unit & 7K for interfacing
								This is internal of the second second of the Description Mission Market in the
								This is intended to replace one of two Respironics Vision Non-invasiv Ventilators that are not supported (end of life) since 7/30/16. These
9-026	6170 RT	Phillips Respironics V60 Non-invasive Ventilator	12,992			12,992	2	2019 machines have a high utilization rate in CCU and ED.
5 020		Thinps respirotnes voo non invasive ventilator	12,552			12,552	2	
								This is intended to replace one of two Respironics Vision Non-invasiv
								Ventilators that are not supported (end of life) since 7/30/16. These
9-027	6170 RT	Phillips Respironics V60 Non-invasive Ventilator	13,000			13,000	3	2020 machines have a high utilization rate in CCU and ED.
								This is intended to replace the second PB 840 that is end of life/supp
								as of 12/31/2020. This is part of an ongoing transition to this ventilat
								we are currently in the process of replacing another PB 840 that has
								failed. We need to maintain a minimum of 4 functional ICU vents to
9-028	6170 RT		32,864			32,864	3	2020 meet patient care needs.
.9-020	6170 KI		52,604			52,004	5	To expedite instrument turn over in Central Sterile Proccessing. The
								current washer is frequently down for repairs and maintenance; 110
8-006	6210 Operating Room	Washer/Disinfector	128,601			128,601	1	2018 for product & \$50K for facility
.9-005	6210 Operating Room	LMA Stone Breaker	128,001			128,001	2	2019 Used to break up large bladder stones
9-003	0210 Operating Room	LIVIA Stolle Bleaker	-			-	2	Used for Cysto-Urological cases. Have two currently but cases are be
9-006	6210 Operating Room	Ultra Light Urology Camera (1)				-	2	2019 delayed due to turnover/repair
5-000	0210 Operating Noon						2	
9-007	6210 OR	Anesthesia Machine	30,865			30,865	2	2019 With addition of a new surgeon an additional machine is necessary
								Current camera heads are old and we have no service agreement.W
								are having to send them out for repair frequently incurring extra cost
								and when they are out of service it results in delays and empty OR
9-029	6210 OR	3 Urogology HD Camera Heads	34,641		30,169	4,472	2	2019 rooms which is loss in money and productivity
								We have 3 general surgeons and only 1 such retractor. When this
								retractor is used after hours and on weekends We pay the scrub tech
								overtime of a minimum of 3 hours to reprocess in case another
9-030	6210 OR	Omni Retractor Set	7,500			7,500	2	2019 emergency arises.
								Only having 1 creates a 1.5 hour delay for this instrument to be
L9-031	6210 OR	Rigid Ureteroscope	8,294			8,294	2	2019 reprocessed resulting in loss of revenue and productivity
								Only having 1 creates a 1.5 hour delay for this instrument to be
9-032	6210 OR	Semi Rigid Ureteroscope	8,294			8,294	2	2019 reprocessed resulting in loss of revenue and productivity
								The one we have is so old that the only way to sterilize it is to soak in
								glutaraldehyde for 20 minutes and then rinse in 3 separate basins of
								sterile water. When needed for an emergency in the ED or here in
9-033	6210 OR	Flexible Fiber Optic Nephroscope	7,719			7,719	2	2019 surgery it is a long delay compromising patient care.
19-033	6210 OR	Orthopedic Broken Screw Removal Set	22,741			22,741	3	2020 Orthopedic Broken Screw Removal Set
	5210 011	or chopedic broken berew hemoval det	22,741			22,/41	5	2020 Oranopedie broken berew kentoval bet

Capital	t Regional Hospital Spending ss as of February 28, 2019						1 2 3	Patient Safety/Compliance/IT Security End of Life/Revenue Enhancer/Cost saver Future End of Life/Nice to have
Cap#	DEPT # DEPARTMENT	DESCRIPTION	CAPITAL S	Substitution	Purchased Thru Feb 2019	Remaining Budget Balance P	riority F	Y Notes
19-035	6210 OR	Washer Sterilizer	107,000			107,000	3	We have one washer sterilizer and several times throughout the year it has been nonfunctional interfering with operational needs in the surgery dept. and standard of care. In addition we are busier with more total joint replacements and have added another surgeon. Having a second washer sterilizer would make our department more efficient in getting 2020 sterilized trays out.
19-008	6230 Emergency Room	Phillips Portable Monitors (2)	42,000			42,000	1	The ED currently has 5 hardwired cardiac monitors and two portable cardiac monitors, adding two more portable cardiac monitors will allow 9 of the 12 ED rooms to be able to become a monitored bed. During busy summers the ED frequently has to move less sick monitored patients into a hall bed to make room for a critical patient. Having two extra monitors would allow the patients to continue to be monitored even though they 2019 are in a hall bed. * quote was sent for one, I am requesting two.
19-009	6230 Emergency Room	Sonosite Ultrasound Probe	11,500		11,285	215	1	This ultrasound probe allows providers to do bedside screening on patients that have a large habitus. Having this probe in the ED would allow for early recognition of potentially life threating conditions that the 2019 current probes have less of sensitivity for.
19-036	6230 Emergency Room	ETCO2 Module (5)	24,000			24,000	1	With CMS requiring ETCO2 monitoring for more patients this capital request would allow the majority of the ED's hardwired monitored beds to have ETCO2 monitoring. I am also asking for two ETCO2 modules for our two portable monitors, this would allow ETCO2 monitors to be used in non-hardwired rooms. * Please keep in mind that the attached quote includes ETCO2's for CCU.)
18-009	7010 Lab	Cobas 6000 Chemistry Analyzer-Duplicated item-will not be purchased	135,224			135,224	3	2018 Propose going to a single analyzer, with proven reliability/Ice stat
18-010	7010 Lab	ACL Top 350 CTS System	50,000			50,000	2	Replacement of current ACL Elite Coagulation Analyzer, current system is 2018 8 years old and cannot produce needed cutoff with D-Dimer method Used for coagulation studies to include D-dimer. ER physicians want a
19-037	7010 70 Lab/Histology 7010	Coagulation Analyzer-Duplicated item will not be purchased	50,000			50,000	2	2019 unit with 500 DD units. Unit is currently 7 years old. Current Sero fuge in Blood bank est 30 plus years old. Cytofuge was determinded by Bio Med as not safe. Need replacement. Been sharing
19-038	7013 Lab/Histology 7010	Blood Bank Sero-Fuge and Stat spin cytofuge	8,500			8,500	2	2019 with histology, but need one specific to lab.
19-039	7013 Lab/Histology 7010	Vitek (microbiology analyzer)	65,000			65,000	3	2020 Plan for Capital for 2019 - 2020
19-040	7013 Lab/Histology	Bacti Alert (blood culture analyzer)	45,000			45,000	3	2020 Plan for Capital for 2019 - 2020 Complete monitoring system for all temps in Laboratory, Histology. This is a CAP standard, which we must monitor. Currently this is all manual.
19-041	7010 70 Lab/Histology	Temperature monitoring system - 36, RT, 2-8, -20 and -70.	20,000			20,000	3	2020 Plan for Capital 2019-2020
19-042 19-043	7042 Ultrasound 7045 MRI	Phillips Ultrasound (4) Bayer MRI injector	720,858 52,253		700,684 43,225	20,174 9,028	2 2	2019 1st year under warranty, \$59,588 service contract per year after 2019 1st year under warranty, \$5,454 service contract 5yrs thereafter
19-044 19-010 18-011 18-012	7062 Wellness 7070 Pharmacy 7070 Pharmacy 7070 Pharmacy	NOVA Blood Glucose Monitors Interface-Meditech Software Omniexplorer Pharmacy Surveillance software for drug diversion Infusion Pumps	13,512 37,173 30,000 525,000			13,512 37,173 30,000 525,000	3 3 1 2	<ul> <li>This has been on the back burner since before we made the transition from Magic to the current system. Initially the plan was to implement this when the original meters were phased in but due to the cost of 2019 multiple interfaces due to the EMR change it was delayed.</li> <li>2019 Allows nurses to find medications in other Omnicell cabinets</li> <li>2019 Software is needed to audit the use of controlled substances.</li> <li>2019 New infusion pumps <ul> <li>Automated workstations to securely store, label, and electronically</li> </ul> </li> </ul>
18-013	7070 Pharmacy	Anesthesia Workstations	124,492		126,089	(1,596)	1	2018 charge medications This computer system will be used to establish minimum and maximum levels for each medication and electronic ordering through our wholesaler. This should reduce the value of inventory and the amount of
19-045	7070 Pharmacy	Inventory Management Automation	114,800			114,800	2	2019 expired and wasted medications.

Capital	t Regional Hospital Spending ss as of February 28, 2019						1 2 3	Patient Safety/Compliance/IT Security End of Life/Revenue Enhancer/Cost saver Future End of Life/Nice to have
Cap#	DEPT # DEPARTMENT	DESCRIPTION	CAPITAL	Substitution	Purchased Thru Feb 2019	Remaining Budget Balance Priori	ty F	Y Notes
19-046	7070 Pharmacy	Automated system to check IV compounds and / or bar code scanning for clean room	8,000			8,000	1	Hardware, iPads, for Pharmacy Keeper software. This software adds barcode verification and picture record keeping that improves patient safety. Also improves efficiency of medication use inspections 2019 throughout the hospital.
								The tabletop Omnicell in SDS would be moved to the Infusion department to be used for medications, including controlled substances, administered during sleep studies to improve security and compliance. Pre-medications and adverse reaction treatments for Infusion would be kept in the location wher2e they are needed without having pharmacy staff deliver doses for each patient. A single tower Omnicell for SDS will hold more pre-op medications which will improve efficiency in that
19-047	7070 Pharmacy	Automated dispensing cabinet	72,400			72,400	3	2020 department.
18-014	7091 PT	Construction of countertop/desk	10,000			10,000	3	2018 Redesign/construction of reception area and front desk
18-015	7091 PT	Room Divider for OT	8,000			8,000	3	2018 OT has no private patient area, also will provide sound mitigation New POS System, inventory and cost control, nutrient analysis, diet
19-012	8110 Nutrition	Computrition Software System	170,000			170,000	2	2019 orders, intake analysis
								due to the amount of cook/chill production in our operation, this would assist our facility in implementing best practices for food safety by ensuring that food is chilled or frozen in required timeframes. This will also reduce condensation which is causing rust in our cooler and freezer
19-048	8112 Nutrition	Blast Chill/Freezer	13,729			13,729	3	2020 with current practices.
19-049	8112 Nutrition	Convection Oven	10,891			10,891	2	2019 – the current one is about to die.
19-050	8112 Nutrition	Fryer	9,731			9,731	2	2019 Current one needs to be replaced. the one that we purchased last year was unfortunately a 1 phase range. Consequently, it is very inefficient and is rarely even used by our cooks as it takes an hour to boil water. This new range is a 3 phase model that will
19-051	8112 Nutrition	Range	8,452			8,452	2	2019 be much more efficient.
19-013	8360 Facilities	Assess for Bulk Oxygen Storage-moved to FY20 Capital Budget	25,000			25,000	3	2020
18-018	8360 Facilities	BOPS Exterior Painting	15,000			15,000	2	2018
18-019	8360 Facilities	Bartlett House Flooring	50,000			50,000	2	2018 More durable & cleaning (Mark to looking into 50/50 rotation)
18-020	8360 Facilities	Admin Bldg - North Handicap Ramp/Stair Assessment	15,000			15,000	1	2018 Ramp is moving away from building
20-001 18-021	6170 Respiratory 8360 Facilities	Blood Gas Analyzer Pharmacy Clean Room-moved to FY20 Capital Budget	- 400,000			- 400,000	3 1	2020 Current units approaching 7 years of 10 year lifespan. End of life. \$28K 2018 Pharmacy Remodeling to Compy with UPC 500
18-021	8360 Facilities	Digital CCTV ED	21,000			21,000	2	2018 Installed for MHU & RRC want to add ER
18-023	8360 Facilities	Keypad to Prox Conversion	30,000			30,000	2	2018
18-038	8360 Facilities	Fire Suppression System - Server Rooms	238,875			238,875	-	2018
19-052	8360 Facilities	Box Truck	60,000			60,000	2	2019 Replace Box Truck purchased in 2003
19-053	8360 Facilities	Plow Truck	55,000			55,000	2	2020 Replace Plow Truck purchased in 2012
19-054	8360 Facilities	Administration Building Carpet	70,000			70,000	2	2019 Replace Carpet purchased in 2000
19-055	8360 Facilities	JMC Fire Alarm Replacement	125,000			125,000	1	2019 Building doesn't have a functional fire alarm system
19-056	8360 Facilities	JMC Flooring	50,000			50,000	3	2019 Luxury Vinyl Tile(LVT) and Carpet Tile
19-057	8360 Facilities	Chiller 2	50,000			50,000	3	2019 Currently functional, has had some problems in the past.
19-058	8360 Facilities	Boiler Room Ventilation (Help Lab Heat)	200,000			200,000	2	2019 Help control in lab Actual cost not known at this time. Estimate is less than \$100,000.
19-059	8360 Facilities	Endoscopy Ventilation Upgrade	99,000			99,000	3	2019 Does't move enough air.
19-060	8360 Facilities 8360 Facilities	Convert ASU 1 Heating to Glycol	100,000 50,000			100,000	2	2019 Original ventilatoin system. Water heating coil in system.
19-061 19-062	8360 Facilities 8360 Facilities	Replace Heating Coil ASU 15 Dishroom Rebuild-moved to FY20 Capital Budget	50,000 100,000			50,000 100,000	2 3	2019 Heating for lab. 2019 Purchased in 1999
19-062 19-063	8360 Facilities	Hawk Boiler Upgrade	160,000			160,000	5 2	2019 Feature added to boilder (O2 trim) increased efficiency.
19-014	8390 PAS	E-Forms/Signature	130,000			130,000	3	2019 Patient form software HIGH: If the we run out of storage space Medical Records will not be able to scan records into Meditech. Evaluate the space on the Scanning and Archiving Meditech Server
18-024	9200 IS	Meditech Scanning for Medical Records	107,000			107,000	1	2018 (Expected) Purchase new WiSM-2 card for VSS pair, configure WISM-2's for high availability. Purchase 2 new outdoor AP's/Antennas and upgrade Surgery
18-025	9200 IS	Wireless: Infrastructure Upgrade	29,000		33,031	(4,031)	2	2018 Clinic shot. We budgeted for a Citrix Remote Access Solution. Compare with Virtual
18-028	9200 IS	Citrix Remote Access	36,732		14,545	22,187	1	2018 Desktops.

#### Bartlett Regional Hospital Capital Spending Progress as of February 28, 2019

1 Patient Safety/Compliance/IT Security

End of Life/Revenue Enhancer/Cost saver Future End of Life/Nice to have

2

3

			CADITAL	Cubatter	Purchased Thru	Remaining	ulault -	EV Notor
ap#	DEPT # DEPARTMENT	DESCRIPTION	CAPITAL	Substitution	Feb 2019	Budget Balance P	riority F	FY Notes Wireless IDS/IPS, RF monitoring, wireless policies, and historical RF/
015	9200 IS	Wireless AirMagnet Enternrise Ungrade	29,000		22,949	6,051	2	
		Wireless: AirMagnet Enterprise Upgrade						
016	9200 IS	Critical Care Flowsheet	135,000		61,653	73,347	2	2019 Flowsheet style documentation
								Upgrade/Migrate Philips TraceMaster to Philips Intelli-ECG with
017	9200 IS	Philips to Meditech: Upgrade & Interface (IECG)-moved to FY20 Budget	145,000			145,000	2	
								Setup ADT/ORU between Philips OB System and Meditech; new mo
018	9200 IS	OB to Meditech Interface (IntelliSpace Perinatal Interface)-moved to FY20 Capital Bud	120,000			120,000	3	2019 must be interfaced.
								Dr. Cate Buley, SEARHC Medical Director is requesting an interface of
								(SEARHC and other) clinics interacing their Cerner EHR with BRH's
019	9200 IS	SEARHC: Cerner EHR to Meditech Interface-moved to FY20 Capital Budget	35,000			35,000	3	2020 Meditech.
010	5200 15		55,000			55,000	5	
020	9200 IS	Evaluate Two Factor Authentication & Proximity system-moved to FY20 Capital Budge	170,000			170,000	2	2019 Research solutions to see if we can elevate security at a reasonable
		·····	.,			-,		······································
021	9200 IS	Meditech 6.16 Hardware Upgrade	100,000			100,000	3	2020 Hardware and licensing required for next version of Meditech 6.x
			,			,		Keeps Test and Live dictionaries synchronized – Meditech. Request
064	9200 IS	Summit InSync Software	13,500		13,500		3	2019 guote.
030	9200 IS	Valco Merge or other software-moved to FY20 Capital Budget	60,000		10,000	60,000	2	2019 Migrate old Meditech archive data to new system.
)31	9200 IS	Cisco Catalyst 3850	343,000		325,901	17,099	2	2019 Migrate out Meditedria crime data to new system. 2018 6509's EOL in 2012. We have 8 6509's to replace
121	9200 13	CISCO Catalyst 3650	545,000		525,901	17,099	2	
								We run a collapsed core model. The switch that has the Dell
								environment connected is the old core. Once the work above is do
33	9200 IS	Network Efficiency: Catalyst 6509-Main Decomission	42,875			42,875	2	2018 only access layer devices will remain.
65	9200 IS	OpSus Recover or like solution-moved to FY20 Capital Budget	400,000			400,000	2	2019 Complete Redundant Backup solution for Meditech.
66	9200 IS	Unitrends Backup Device	105,000		100,000	5,000	2	2019 Secondary backup device for Split location backups.
67	9200 IS	NetApp Storage Shelf Expansion	85,000			85,000	2	2019 Increase Capacity on our SAN, currently Critically low on space.
								Upgrade to IAS 2.0 – support of IAS original module no longer exists
68	9200 IS	IAS Module – Meditech	12,000			12,000	2	
	5200 15	No module medican	12,000			12,000	-	Interface Between Capitol Fire and Bartlett to send Patient informat
69	9200 IS	ImageTrend (CCFR interface)-moved to FY20 Capital Budget	75,000			75,000	2	
070	9200 IS	Oncology Module - Meditech-moved to FY20 Capital Budget	189,000			189,000	3	2020 Proposed by Dr. Urata, Pharmacy, Infusion Therapy
								Ability to Proactively monitor services and functionality with BRH
)71	9200 IS	Datacenter monitoring toolkit	65,000			65,000	2	
073	9200 IS	Cisco Catalyst 3850	343,000	(69,000)	85,548	188,452	2	2019 Remainder of Switches
	0000 10			<b>co ooo</b>	<b>60 406</b>	(42.5)		
)74	9200 IS	Internet Routers		69,000	69,426	(426)	2	
								over 15 years. Presently I only have one torso manikin that function
								our classes. This manikin does not meet standards for the AHA guid
)72	9405 Staff Development	Manikin	18,497		18,497	(0)	3	2019 for ACLS class equipment. The other two manikins are inoperable f
		ADDITIONS:						
75	7041 IS	Rimage Catalyst 6000 CD Burner			23,780	(23,780)		2019
76	7041 IS	Sorna Vertex 25EI CD Burner			20,096	(20,096)		2019
77	8360 Facilities	Cafeteria Entry/Ramp Flooring			14,780	(14,780)		2019
78	8360 Facilities	Dr. Miller's Office Flooring Replacement			14,730	(17,115)		2019
78	7041 Diagnostic Radiology	Atlas Loading Car and Transfer Carriage			11,479	(11,479)		2019
79	9200 IS	Hyperbaric Room Remodel			37,188	(37,188)		2019
80	Hospital Hospital	Rapid Disinfector UVC Mobile Disinfection System			30,679	(30,679)		2019
81	9200 IS	Moveit Automation Enterprise Software			12,873	(12,873)		2019
82	6210 OR	Glidescope Advanced Video Laryngosocpy			19,303	(19,303)		2019
39	9200 IS	Lab Handheld Data Manager Interface-Telcor Project			13,509	(13,509)		2018
40	9200 IS	Addition to Bridgehead Filestore Archiving			19,460	(19,460)		2018
41	8360 Facilities	Replace Doors and Transaction Windows			43,172	(43,172)		2018
44	7047 Mamography	Mammo Plus Reading Software			26,800	(26,800)		2018
44 45	7041 Diagnostic Radiology	Radiologist Reading Stations			49,550	(49,550)		2018
	0 01	5 0				,		
83	9200 IS	Thycotic Secret Server			13,385	(13,385)		2019
46	8360 Facilites	Fire Doors			36,245	(36,245)		2018
		2018	1,784,798		688,301	1,096,498		
		2019	5,141,070	-	1,357,614	3,783,456		
		2020 _	795,734 7,721,602	-	2,045,915	795,734 5,675,688		

FY19 Budget

5,785,000.00

			Numbe	er of Surger	ies per Mor	nth		
Doctor	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	18-Dec	Jan-19	Feb-19
Barry,Peter A	4	1	2	-	-	-	-	-
Blanco, Jessica	-	2	-	-	-	-	-	-
Gruchacz, Pamela A	4	5	5	2	1	3	3	3
Harrah, Daniel	14	19	12	26	15	16	23	16
Hernandez,Dorothy	3	1	-	1	2	2	2	-
Hightower, Charles	-	-	-	-	-	-	-	3
Hort,Kim N.	-	-	3	3	2	2	7	5
Jackson, Joseph Lee	4	3	-	-	-		-	-
Kim, Daniel S.	15	12	8	14	11	12	13	17
Knapp,Renda K	-	-	-	-	4	12	-	2
Linderman, Dennis Jos	2	1	3	4	-		-	-
Martin, William R	11	2	10	12	5	16	4	-
Miller, Benjamin A.	51	57	34	60	53	52	56	35
Miller,David	31	26	25	16	10	29	28	27
Moxley,Kelly M	2	1	2	2	-		-	1
Newbury,Nicholas D	9	17	15	26	18	15	11	13
Parker, Jeffrey C	-	-	-	-	-	-	3	-
Raster, John	6	14	1	11	5	17	1	18
Roth, Joseph	11	26	-	21	22	24	9	6
Saltzman, Michael	3	15	7	14	12	11	3	19
Sanzone,Lauren Anne	3	3	-	-	2	2	-	-
Schmidt,Jennifer E	30	43	25	29	23	30	37	28
Schultz, Charles	-	-	-	1	-		-	-
Schwarting,Ted	9	34	21	19	40	29	17	40
Snyder, Mark D	1	-	-	-	-		-	-
Valentine, Priscilla	-	2	1	-	-	1	-	2
Vierra,Lawrence A	-	-	-	4	2		-	-
Welling,Richard	-	2	-	-	1	1	-	-
Yost,Fredrick L	3	-	6	2	-		-	1
Grand Total	216	286	180	267	228	274	217	236