Bartlett Regional Hospital

AGENDA
PLANNING COMMITTEE MEETING
Thursday November 17, 2020 – 7:00 a.m.
Bartlett Regional Hospital Zoom Video Conference

Public may follow the meeting via the following link https://bartletthospital.zoom.us/j/92226596373

or call
1-253-215-8782 and enter webinar ID 922 2659 6373

I. CALL TO ORDER

II. PUBLIC COMMENT

III. APPROVAL OF THE MINUTES

1. October 15, 2020 Draft Planning Committee Meeting Minutes (Pg.2)

IV. OLD BUSINESS

1. COVID status
2. Rainforest Recovery and Crisis Stabilization Center updates
3. Projects List Prioritization Review (Pg.6)

V. NEW BUSINESS

1. Gantt Chart Review (Pg.8)
2. Finance Committee Report Review (Pg.9)
3. Project Funding (Pg.17)

VI. FUTURE AGENDA ITEMS

VII. COMMENTS

VIII. NEXT MEETING

IX. ADJOURN

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes
October 15, 2020 – 7:00 a.m.
Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 7:00 a.m., by Planning Committee Chair, Marshal Kendziorek.

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Iola Young, Rosemary Hagevig, Mark Johnson, Lance Stevens and Lindy Jones, MD.

Also Present: Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Megan Costello, CLO; Gail Moorehead, Quality Director; Marc Walker, Facilities Director; Kathy Callahan, Director Physician Services; Anita Moffitt, Executive Assistant; Corey Wall, JYW; Nathan Coffee, CBJ; Jeanne Rynne, CBJ and Roseman, GenPub.

APPROVAL OF THE MINUTES – ***Mr. Solomon-Gross made a MOTION to approve the minutes from August 18, 2020 Planning Committee and the September 19, 2020 Strategic Planning meetings. Ms. Young seconded. Minutes approved.*** Minutes from the September 19, 2020 Strategic Planning meeting will be forwarded for approval at the October 27, 2020 Board of Directors meeting.

PUBLIC PARTICIPATION – None

COVID STATUS – Ms. Moorehead reported that we currently have 5 COVID positive patients in house, 2 are on respite, 3 in the COVID wing and 2 in Critical Care Unit (CCU). Juneau saw its first COVID death at Bartlett earlier this week. There has been an increase in COVID positive cases among the homeless population. Centennial Hall has been set up for isolation and quarantine of known positive cases in this population. Ms. Lawhorne, Mr. Grigg, Mr. Gardner and Ms. Lacey have been very instrumental in helping the set up and support of this. 130 people of the unsheltered population were tested for COVID on October 9th, 14 tests came back positive. Testing will be done again this week. The CCFR CARES unit is trying to track and test as many of the untested homeless population as possible. Testing will be provided for the people staffing Centennial Hall. BRH is helping support staffing at Centennial Hall as much as possible while CBJ continues its recruiting efforts. Ms. Moorehead also reported that Juneau is the first community in Alaska to get court ordered quarantines which require supervised quarantine. Because these patients do not meet the criteria for hospital admission, there will be a room set up at Centennial Hall with a supervisor. COVID positive patients currently in the Driftwood Lodge that are able to maintain quarantine and have appropriate behaviors will remain at the Driftwood until their quarantine period is over. Those that do not comply will be sheltered in Centennial Hall as will all new COVID positive cases in this population. A brief discussion was held about Juneau's positivity rate and the current risk rating. CBJ risk metric was reviewed. Bartlett's testing supplies have remained pretty constant. PPE supplies have remained steady with no shortages. The OR continues to sterilize N95 masks allowing us to conserve the supply. Dr. Jones noted that the Abbott tests currently on hand expire November 1st. Cepheid is in the process of producing a combined test of RSV, Flu and COVID that will be available at the end of December. Mr. Gardner provided the current testing supply status and

will provide an update at the October 27th Board of Directors meeting. It was reported that prospective delivery of the PCR testing machines has moved to January.

Mr. Kendziorek expressed appreciation and thanked the staff for all of the hard work. Mr. Gardner also acknowledged Ms. Lawhorne, Mr. Grigg, Ms. Lacey and Ms. Moorehead for the leadership shown during this time.

RAINFOREST RECOVERY CENTER UPDATES – Mr. Grigg reported that the RRC renovation is officially complete. RRC will reopen residential and withdrawal management on Monday, October 26th, seven months to the day after closing. Tours of the facility are being conducted this week and next for those that are able to attend. A virtual tour will be available for those that wish to see the facility but are unable to do so in person. The facility will open only at 50% capacity and residential treatment will be made available to Juneau residents only at this time. The outpatient program, which currently has 42 patients, will continue. COVID testing of inpatients of RRC will be conducted weekly and of RRC staff every two weeks. Mr. Solomon-Gross encourages everyone to take part in the tour, whether live or virtual, to see the details put into the facility. He also expressed appreciation for using the works of local artists to decorate the facility. Dr. Jones expressed concerns of regularly testing RRC staff and not staff in other departments, such as the ED and of burning up a limited number of test supplies. Mr. Grigg provided the justification that because RRC is a congregate setting, it was determined that testing is warranted. Send out tests would be used, not BRH test supplies. Dr. Jones is not opposed to the use of send out tests and suggests that testing should be offered to other departments as well. Testing of other departments will be discussed by senior leadership. A brief discussion was held about testing turnaround times and things that could impact them.

STRATEGIC PLANNING MEETING RECOMMENDATIONS – Mr. Kendziorek noted that as a follow-up to the strategic planning meeting, we have a large list of projects that need to be prioritized and financial questions to address. Mr. Gardner noted the list includes high priority projects identified as a result of the COVID pandemic and highlighted the work of multiple people that went into creating this list. Mr. Wall provided an overview of the plans for a temporary triage facility to replace the tent currently set up. The temporary facility would be comprised of 3 modular buildings, built off site and transferred to the location outside of the Emergency Room where they will then be joined together, the roof sealed and stairs and ramps built. The layout of the building and patient flow was demonstrated. A discussion was held about the term contract, CBJ's procurement process and the time it would take to construct this facility. Mr. Wall is working with engineering and Dawson Construction to get pricing for CBJ's approval before moving ahead. He will know more about the budget and schedule by next week. The goal is to have the facility in place before Christmas. Mr. Kendziorek stated that the Board is willing to assist however it can, without violating the procurement process, to get this project moving ahead. Mr. Wall reported that this facility will have electric heat and exhaust fans in the wall. It will take about a week to complete set up and build the stairs, ramp and decks once on location. It has yet to be determined where patient triage will take place during this time. He did note that each of the three modules that make up this facility is its own separate unit. There is no plumbing and when separated, they can be stored and quickly set up again wherever they may be needed. Approval must be granted by the fire marshal to use this structure without a sprinkler system. Indications are that it will be allowed. Ms. Hagevig complimented Mr. Wall and BRH staff for such impressive work done in a very short amount of time.

Mr. Kendziorek noted the projects list created for the Master Facility plan prior to COVID did not include necessary changes identified as a result of COVID. Pre and post COVID project lists have been combined and now need to be prioritized. Mr. Gardner outlined the work conducted by the staff to combine and prioritize the list and Mr. Wall provided an overview of this list that includes projects that are already happening as well as future projects. It was explained that projects under $500K are categorized as small, medium projects range from $500K to $2M, large projects range from $2M to $10M and major projects are over $10M. The highest priority items on the list are fairly small projects in the scope of what is planned to be done over the next 20-30 years. These high priority items include ventilation improvements, a triage facility, testing lab and main entrance screening. A discussion was held about overall ventilation capacity and how the current ventilation projects would impact the overall project. Dr. Jones stated that enclosing at least one trauma room and providing negative pressure capabilities is a very high priority for the ED physicians. Obstacles to increasing ventilation to the ED were discussed. ED ventilation and negative pressure capabilities is to be placed higher on the priority list and a solution identified. Mr. Wall will develop Gantt charts for use in planning and coordinating each project. In response to Dr. Jones' query as to the status of COVID-19 testing room (Lab), Ms. Rynne reported that the contracts department is in the process of issuing a modification request to ACC for the work to move ahead. The project is designed and ready for construction. Ms. Rynne will confirm the schedule ACC has agreed to and report back. Mr. Gardner reported that the hoods are here, the refrigeration units have been ordered and we should be ready to go when the testing equipment arrives. Mr. Walker provided updates on projects in the OR's Central Supply Room, phase one sidewalk replacement, asphalt repair, fuel oil tank supply line upgrade and the heating coil conversion to Glycol for supply fan 1. Mr. Wall reported the Crisis Stabilization unit design is almost complete and will go out to be bid spring 2021, construction to begin in the summer with anticipated completion date August 2022. While the emergency room expansion project should not happen at the same time as the Crisis Stabilization unit project, the RRC exterior upgrade could. Dr. Jones stated that with the timing of the Crisis Stabilization project, it is important to look at a temporary, more aggressive ventilation system to make more negative pressure rooms in the ER. Waiting 3-5 years before having safer rooms in the ER is not a good idea. Funding for the Crisis Stabilization unit was discussed. 40% of the costs come from Capital grants from the State and private organizations, the other 60% have been obligated by the Board with the caveat that fund raising continues. Mr. Kendziorek said we need to move ahead and line up these projects so they aren't bumping into each other, set the priorities and find the funding to fund what is doable. Mr. Wall will create a master Gantt chart to help this process. Mr. Benson is to create a white paper identifying what our total available funding is and an explanation about how much money we need to set aside and why. The white paper is to also include a breakdown of the various amounts of money we can expect to receive over time and any restrictions there may be on that money. Once we have this information, we can use the Gantt chart to line these projects out based on their priority. Ms. Hagevig initiated a conversation about the use of bond funding. Mr. Benson noted that at the Strategic Planning meeting, 180 days cash on hand had been identified as an adequate target to maintain for an emergency situation. That would leave us $22M of reserves that could be used. The Finance Committee will discuss what our current bonding capacity may be. He also clarified that the types of bonds we would receive would be revenue bonds secured by the revenue stream of the hospital, not general obligation bonds. Revenue bonds do not go to the public for a vote. This information will be included in Mr. Benson's white paper. Mr. Gardner and staff will work with Mr. Wall to prioritize the list and obtain projected costs

for each project. Safety for patients and employees will be used in determining project priority. The priority list, Gantt chart and finance information will be reviewed at the next Planning meeting.

PARTNERING - Mr. Kendziorek asked what the Board could do to move us along to bring some partnering opportunities to the hospital. Mr. Benson reported that Mr. Bill had been tasked with having initial discussions with potential partners. He does have some meetings scheduled to take place when he returns to Juneau later this month.

GOVERNANCE INSTITUTE WEBINAR – Mr. Kendziorek reported that this webinar was not what he expected it to be. Is was merger and acquisition specialists talking about mergers and acquisitions. BRH and the Board has no interest in doing either.

Future Agenda Items:

- Continue evaluation of the prioritization of the projects
- Finance Committee report review
- Gantt chart review
- Project funding over the course of time

Next meeting: 7:00am - Tuesday, November 17th

Comments: Ms. Hagevig commented that today's meeting was a very good, informative one. Mr. Johnson agreed. Mr. Kendziorek thanked the staff, Mr. Wall and Ms. Rynne and team for the hard work put into this project.

Adjourned – 8:46 a.m.

Bartlett Regional Hospital

Facilities Master Plan - Project Priorities List DRAFT

November 10, 2020

	Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority	Notes	Funding	Status
A. Bidding / Under Construction									
A1	ED Temporary Triage Entry Facility	New	Small	Covid	ED		No dominos	cares/CBJ	Constructed 1/2021
A2	COVID-19 Testing Room (Lab)	Reno	Small	Covid	Other			cares/CBJ	Constructed 1/2021
A3	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	Reno	$400k	Surgery				BRH	Construction Winter 20/21
A4	CSR Sink and Equipment	Reno	$400k	OR				Def Maint Fund 21	Construction Winter 20/21
A5	ED Waiting Room Security Screen	Reno	$400k	ED				BRH	Construction 10/20 - 11/20
B. In Design									
B1	Ventilation Upgrade - Limited Emerg. Dept. (EF 21 for Rms 1410 & 1411)	Reno	$400k	ED				BRH	In design
B2	ASU-1 Heating Coil conversion to Glycol	Reno	$400k	Infrastructure				Def Maint Fund 21	In design
B3	BOPS Replacement Building	New	$8M				May impact ED Addition	BRH	In design, construction 4/2021
B4	Rainforest Recovery Center Exterior Upgrade	Reno	$800k					Def Maint Fund 21	In design, construction 4/2021
B5	Phase 1 Sidewalk Replacement	Site	$400k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B6	Southwest Asphalt Replacement	Site	$800k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B7	Fuel Oil Tank Supply Line Upgrade	Site	$400k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B8	New South Site Access	Site	$1.5M	Access			CBJ primary project permitting	BRH/CBJ	
B9	Purchase Bartlett Surgery Speciality Clinic building	Reno	$2M	Expansion			Dominos or alternative expansion	BRH	
C. Future Projects									
C1	Ventilation Upgrade - Patient Rooms (2005 Addition)	Reno	$1M	Covid				BRH	
	Emerg. Dept. - Enclose Trauma Rooms and Upgrade Ventilation	Reno	$400k	Covid	ED	1	Requires new ventilation, combine with ED Add.	BRH	
	OB/Nursery/Special Care. Convert 1 room to positive/negative pressure			Covid	OB/Nursery/SC		Requires ventilation system modification		
	CCU. All patient rooms with negative/positive pressure			Covid	CCU		Requires ventilation system modification		
	MHU. Convert 2 rooms for negative/positive pressure			Covid	MHU		Requires new ventilation system		
C2	Ventilation Upgrade - Patient Rooms (Pre-2005 Building)	Reno	$1M	Covid				BRH	
	Med/Surg. Entire back wing negative/positive pressure			Covid	Med/Surg		Requires new ventilation system		
	Med/Surg. Add bariatric isolation room with negative/positive pressure			Covid	Med/Surg		Requires new ventilation system		
C3	Emergency Department Addition	New/Reno	$5M	ED		2		Bonding	
	Expanded Emerg. Dept. incl. new Exam, Triage, & Pysch Rms (3,675 sf)								
	New 24-hour Pharmacy (1,215 sf)			ED					
C3B	Emergency Dept. Waiting Area	Reno	$400k	Covid/General	ED		Enlarge for patient separation. Maybe relocate.	BRH	
C4	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)	New/Reno	$30-50M			3	Where majority of dominos could go	Bonding	
	Physician Services rental to replace Juneau Medical Center (8,200 sf)			N. Addition					
	Facilities Offices to replace Juneau Medical Center (950 sf)			N. Addition					
	Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)			N. Addition					
	Expanded Cardiac Gym to replace 1988 Add. (980 sf)			N. Addition					
	Expanded Infusion to replace 1988 Add. (760 sf)			N. Addition					
	Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)			N. Addition			Kitchen must move before 1st Floor Reno	BRH	
C4B	Proper Changing Rooms and Areas to deal with PAPR's etc.	Reno	Small	Covid	Multiple		Requires new ventilation system	BRH	
C4C	Permanent IT Room	Reno	Medium						
C5	1st Floor Renovation	Reno	$12M				Requires moved Kitchen (North Addition) All individual 1st Floor projects could be phased	Bonding	
	Abatement / Replacement of ductwork and mechanical in Main Shaft								
	Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)			1st Floor					
	Expanded Facilities, including Shop space (4,040 sf)			1st Floor					
	Expanded Facilities-Biomedical Shop (300 sf)			1st Floor					
	Expanded Facilities – Laundry (2,470 sf)			1st Floor					
	Reconfigured Shared Staff Space (300 sf)			1st Floor					
	New Diagnostic Imaging Women's Clinic (2,580 sf)			1st Floor					

Bartlett Regional Hospital
Facilities Master Plan - Project Priorities List DRAFT
November 10, 2020

	Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority	Notes	Funding	Status
C6	South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf) *Relocate Lab or partially relocate and renovate (2,800 sf or 5,000 sf add.)* *Create new direct cooridor from ED elevator to Surgical Services* *Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)*	New	$3-10M	S. Addition			New Lab space would allow reno of extg. Lab	Bonding	
C6B	Lab Renovation, including Ventilation Upgrade	Reno	Medium	Lab			Not clear how to renovate without domino space	BRH	
C6C	Ventilation Upgrade - Boiler Room	Reno	Small	Infrastructure			May not totally solve heat problem in Lab	BRH	
C7	Surgical Service Expansion. Options: 2016 plan, North, or South Add.	New	Large	Surgery			Some or all could be in North Addition	Bonding	
C8	Remove Medical Arts Building, Improve Central Site	Site	Medium	Med. Arts Bldg			Requires Admin. room elsewhere (North Addition)	BRH	
C9	New Parking Garage	Site	Large	Parking			Requires temporary parking loss	Bonding	
C9B	New Parking Garage with Rental / Physician Space above	Site	Large	Parking			Requires temporary parking loss	Bonding	

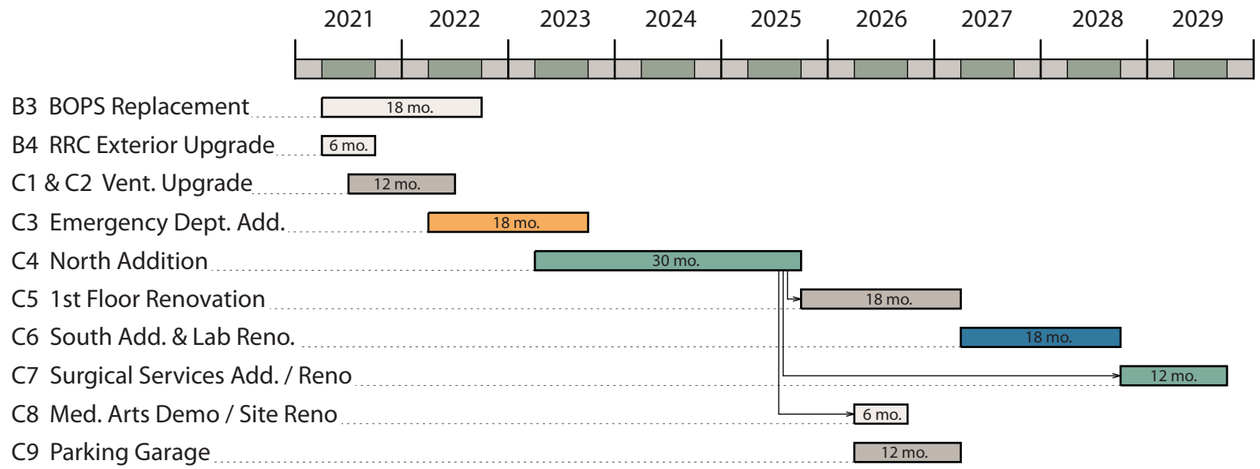
List does not include basic equipment and small changes like crash carts and lunch room/sleep room needs, small changes to allow better social distancing in PT/OT/ST etc
Project Size: Small < $500k, Medium $500k - $2M, Large $2M - $10M, Major > $10M

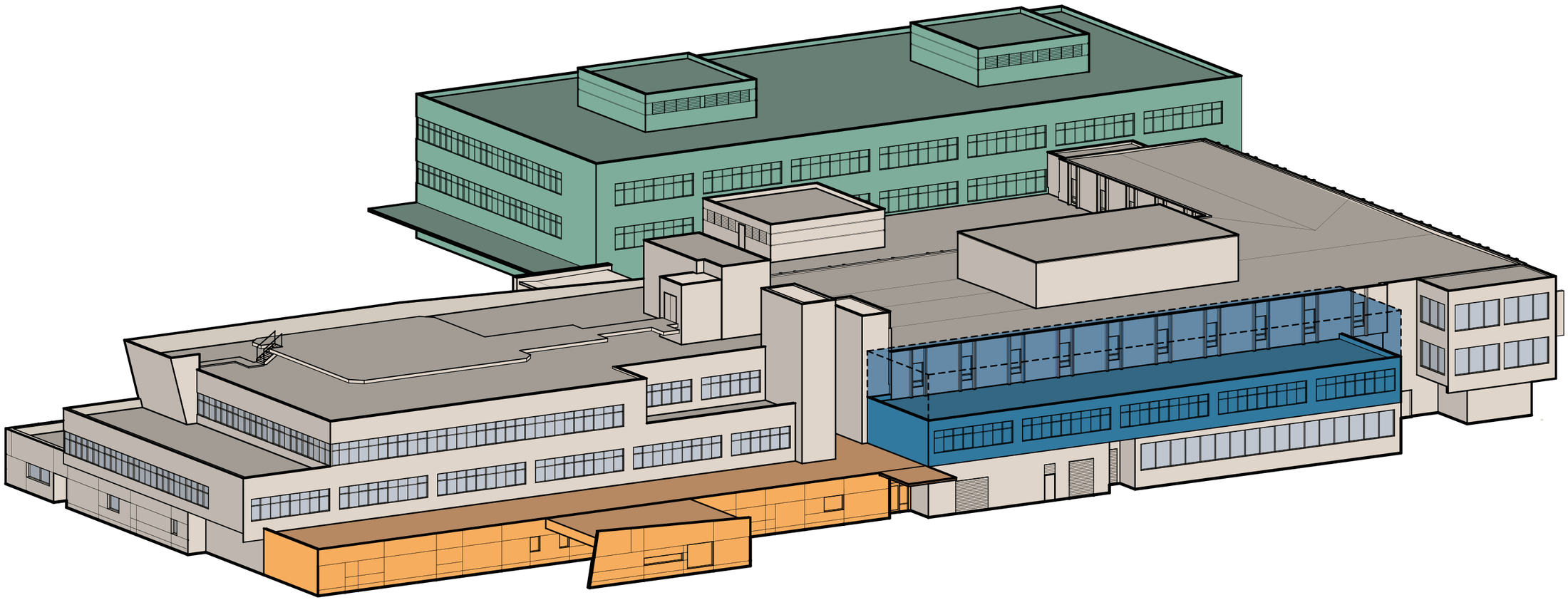
Bartlett Regional Hospital

Facilities Master Plan - Project Priorities Timeline

November 10, 2020

Jensen Yorba Wall Inc.





Bartlett Regional Hospital

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

DATE: November 6, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: Capital Financing

Bartlett Regional Hospital is faced with determining how to finance the many projects identified on the attached Facilities Master Plan – Project Priorities List. The options available to BRH are to fund these projects with internal reserve funds or to incur debt through the issuance of revenue bonds.

A discussion took place at the Strategic Planning Session on September 19th to discuss the appropriate level of reserves that BRH should maintain and what would be available to apply to capital projects. The pros and cons of internal funding versus debt financing were discussed at length (see attached excerpt from the minutes). Mr. Bill made a recommendation for discussion purposes to establish 180 days cash on hand that the organization should seek to maintain. If this recommendation is approved there would be 22 million of internal reserves available to finance the most immediate capital needs of the organization.

The attached Project Priority List shows there are projects of approximately $15.9 million in in the process of bidding/under construction or in design. The attached Timeline schedule shows these projects would occur of the next 18 months.

BRH has significant capacity for taking on additional debt. The level of additional debt would be determined by the financial position of the organization at the time of issuing debt. Assuming BRH board determined it should maintain a Debt to Capitalization ratio of 36% (industry average benchmark), BRH would have $28 million of debt capacity.

BRH currently has $17,260,000 of long term debt which results in a 14% Debt to Capitalization ratio. Each year debt decreases by $1.0 million and equity increases therefore increasing debt capacity.

The BRH Finance Committee and board could consider as a plan moving forward to use internal funds for the projects listed in section A and B on the Projects Priorities List and look to issuing debt for a major project in the future. The benefits of this plan are follows:

- BRH can proceed with the immediate projects without delay.
- The immediate needs are primarily infrastructure in nature and not good projects to seek public financing. The exception to this is the $8 million for the Crises Stabilization project.

- This will provide time for BRH to increase its debt capacity based both on future financial performance and annual retirement of existing debt.
- This will also provide time for BRH to determine the nature of what future project should be completed.
- This will provide time to develop a public relations campaign to generate excitement for a future project and the debt financing.

An alternative to this would be to issue a smaller bond issue for the construction of Crises Stabilization building. This would reduce the debt service capacity for future projects but presumably save internal funds that could be applied to a larger future project. The benefits/drawbacks of the plan are as follows:

- Preserves $8 million of internal reserves.
- Crises Stabilization would be an attractive project to the public for purposes of financing.
- Reduces future debt service capacity.
- Provides a tighter timeframe for a public campaign and financing.

HOW MUCH OF A CASH RESERVE SHOULD WE MAINTAIN - Mr. Benson provided an overview of different means of financing capital projects: debt vs. using internal reserves. Pros and cons of both options were provided. Cash balances and cash to debt ratio for the past three years were presented and it was noted that our return on reserves is about the same as what the interest on debt would cost. He then provided different scenarios that might impact the days' cash on hand. Mr. Kendziorek suggested we take a backwards approach to this plan and settle on a number for days' cash on hand to tell us how much is reasonable to be financing. We then need to look at the list of projects we have, prioritize them and get them going. He feels that this is the most important high level thing we need to do as a result of this meeting. Ms. Hale expressed appreciation of Mr. Benson bringing in the public perception of budget reserves as well as Mr. Kendziorek's idea of a backwards approach. She noted that the Assembly is keenly aware that BRH has a robust balance. Discussions were held about debt to capitalization ratio, the need to maintain the ability to respond to disasters and other unforeseen events and the need for making some of the changes as a result of COVID happen very quickly. Mr. Bill made a recommendation that we look at establishing a 180 operating day reserve and fund deferred maintenance and COVID projects out of Capital while anticipating that we may need to go to the bonding market for anything more substantial than that. Mr. Kendziorek agreed with this process and the need to get moving on high prioritized projects. He suggests we begin the process of developing a bond package for about $8 Million and see how far that gets us on the projects that we can finish in the next 12 – 18 months. These steps would allow us to know how much money we have available both in terms of our equity contributions and our finance bonds. He then stressed the importance of explaining, in detail so the Assembly and the public understands, what is really contained in the spreadsheet showing the days' cash on hand and why we would need six months' worth of money in case something goes wrong. Ms. Hagevig expressed a debt of gratitude to previous Board members for the financial decisions they had made to put us in the financial situation we are in.

BARTLETT REGIONAL HOSPITAL STRATEGIC PLANNING SESSION

SEPTEMBER 19, 2020

Financing Capital Projects

INTERNAL FUNDING (RESERVES)

PROS:

- Future funds are not tied up in servicing debt payments
- Interest savings can be put toward other projects
- Avoid risk of default

CONS:

- Long wait time for new infrastructure
- Large projects may exhaust the entire reserve for capital projects
- Inflation risk

DEBT FINANCING

PROS:

- Project is delivered when it's needed
- Spreads cost over the useful life of the asset
- Increases capacity to invest reserves
- Capital investment's beneficiaries pay for projects
- Presently the interest rate of borrowing funds is very low

CONS:

- Debt payments limit future budget flexibility
- Diminishes the choices of future projects
- Future generations forced to service debt requirements

Cash Balances:	2018	2019	2020
Equite in Central Treasury	69,007,166	68,679,495	68,162,973
Restricted for Capital Projects	4,678,117	1,178,300	5,740,967
Total	73,685,283	69,857,795	73,903,940
Operating Expenses	99,874,264	103,665,322	112,297,884
Less: Depreciation Expense	7,422,119	7,196,120	7,185,318
Net Cash Requirement	92,452,145	96,469,202	105,112,566
Days Cash on Hand	**291**	**264**	**257**
Cash to Debt	388%	385%	428%
Debt to Capitalization	37%	34%	29%
Operating Margin	2.14%	2.06%	2.46%
S&P BBB Rating*			
Days Cash on Hand	172	158	N/A
Cash to Debt	131%	131%	N/A
Debt to Capitalization	37%	36%	N/A
Operating Margin	0.70%	0.00%	N/A

* US Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2019 vs. 2018

OTHER CONSIDERATIONS:

- Return on Reserves is about the same as interest on debt would cost (virtually even-money)
- What is the right amount of reserves?
- When is debt appropriate for a project?

Bartlett Regional Hospital
Strategic Planning Session
September 19, 2020

Cash Balances:	2018	2019	2020
Equite in Central Treasury	69,007,166	68,679,495	68,162,973
Restricted for Capital Projects	4,678,117	1,178,300	5,740,967
Total	73,685,283	69,857,795	73,903,940
Operating Expenses	99,874,264	103,665,322	112,297,884
Less: Depreciation Expense	7,422,119	7,196,120	7,185,318
Net Cash Requirement	92,452,145	96,469,202	105,112,566
Days Cash on Hand	**291**	**264**	**257**
Cash to Debt	388%	385%	428%
Debt to Capitalization	37%	34%	29%
Operating Margin	2.14%	2.06%	2.46%
S&P BBB Rating*			
Days Cash on Hand	172	158	N/A
Cash to Debt	131%	131%	N/A
Debt to Capitalization	37%	36%	N/A
Operating Margin	0.70%	0.00%	N/A
Long Term Debt	20,384,118	19,354,795	17,260,000
Net Position	49,330,930	53,510,098	63,150,035
Pension Liability	54,303,531	60,292,111	62,985,626
Debt to Capitalization	41%	36%	27%
Debt to Capitalization (excluding pension)	20%	17%	14%
Available Debt Capacity	17%	19%	22%
Available Debt Capacity	17,856,998	21,158,791	28,148,838

* US Not-For-Profit Health Care Stad-Alone Hospital Median Financial Rarios 2019 vs. 2018