

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, July 25, 2023; 5:30 p.m.

BRH Boardroom / Zoom video conference

This hybrid meeting may be accessed by the public via the following link:

<https://bartletthospital.zoom.us/j/97511467289>

or call 1-888-788-0099 and enter webinar ID 975 1146 7289

- I. CALL TO ORDER
- II. LAND ACKNOWLEDGEMENT – John Raster  
*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak’w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.
- III. ROLL CALL
- IV. APPROVE AGENDA
- V. PUBLIC PARTICIPATION
- VI. PHYSICIAN OF EXCELLENCE AWARD – Dr. Rosenfeld
- VII. BOARD EDUCATION
  - [CMS Hospital Quality Reporting Value-Based Programs](#) – Deb Koelsch (Pg.3)
- VIII. [CONSENT AGENDA](#) (Pg.32)
  - A. [June 27, 2023, Board of Directors Meeting Minutes](#) (Pg.33)
  - B. [May Financials](#) (Pg.41)
- IX. OLD BUSINESS
  - Hospital Capacity Update – Kim McDowell
  - Strategic Planning Work Session – Nate Rumsey
- X. NEW BUSINESS
- XI. MEDICAL STAFF REPORT – Dr. Rosenfeld
  - [Core Privileges \(Delineation of Privileges\)](#) – ACTION ITEM (Pg.55)

- XII. COMMITTEE MINUTES/REPORTS** (Pg.60)
- A. [July 7, 2023, Draft Planning Committee Minutes](#) – Deb Johnston (Pg.61)
  - B. [July 20, 2023, Draft Board Compliance Committee Minutes](#) – Gail M. (Pg.64)
  - C. [July 21, 2023, Draft Finance Committee Minutes](#) – Max Mertz (Pg. 69)
  - D. July 24, 2023, Draft Board Quality Meeting Minutes – Lindy Jones (To be inserted)
- XIII. LETTER FROM DR. JONES TO BOARD MEMBERS** (Pg.74)
- Kenny Solomon-Gross
- XIV. CEO/EXECUTIVE LEADERSHIP REPORT** - David Keith (Pg.77)
- XV. LEGAL REPORT** – Barbra Nault / Sherrie Layne (Pg .88)
- XVI. BRH FOUNDATION REPORT** – Maria Uchytel
- XVII. CBJ LIAISON REPORT** – Michelle Hale
- XVIII. PRESIDENT REPORT** – Kenny Solomon-Gross
- XIX. BOARD CALENDAR** (Pg.89)
- [August 2023](#) - Kenny Solomon-Gross (Pg.90)
- XX. BOARD COMMENTS AND QUESTIONS**
- XXI. EXECUTIVE SESSION**
- A. [Credentialing Report](#) – Dr. Rosenfeld (Pg.92)
  - B. [July 11, 2023, Medical Staff Meeting Minutes](#) – Dr. Rosenfeld (Pg.94)
  - C. [Patient Safety Dashboard](#) – Gail Moorehead (Pg.99)
  - D. Legal and Litigation – Barbra Nault / Sherri Layne

*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.)*

**XXII. ADJOURNMENT**

**NEXT MEETING** – Tuesday, August 22, 2023; 5:30 p.m.



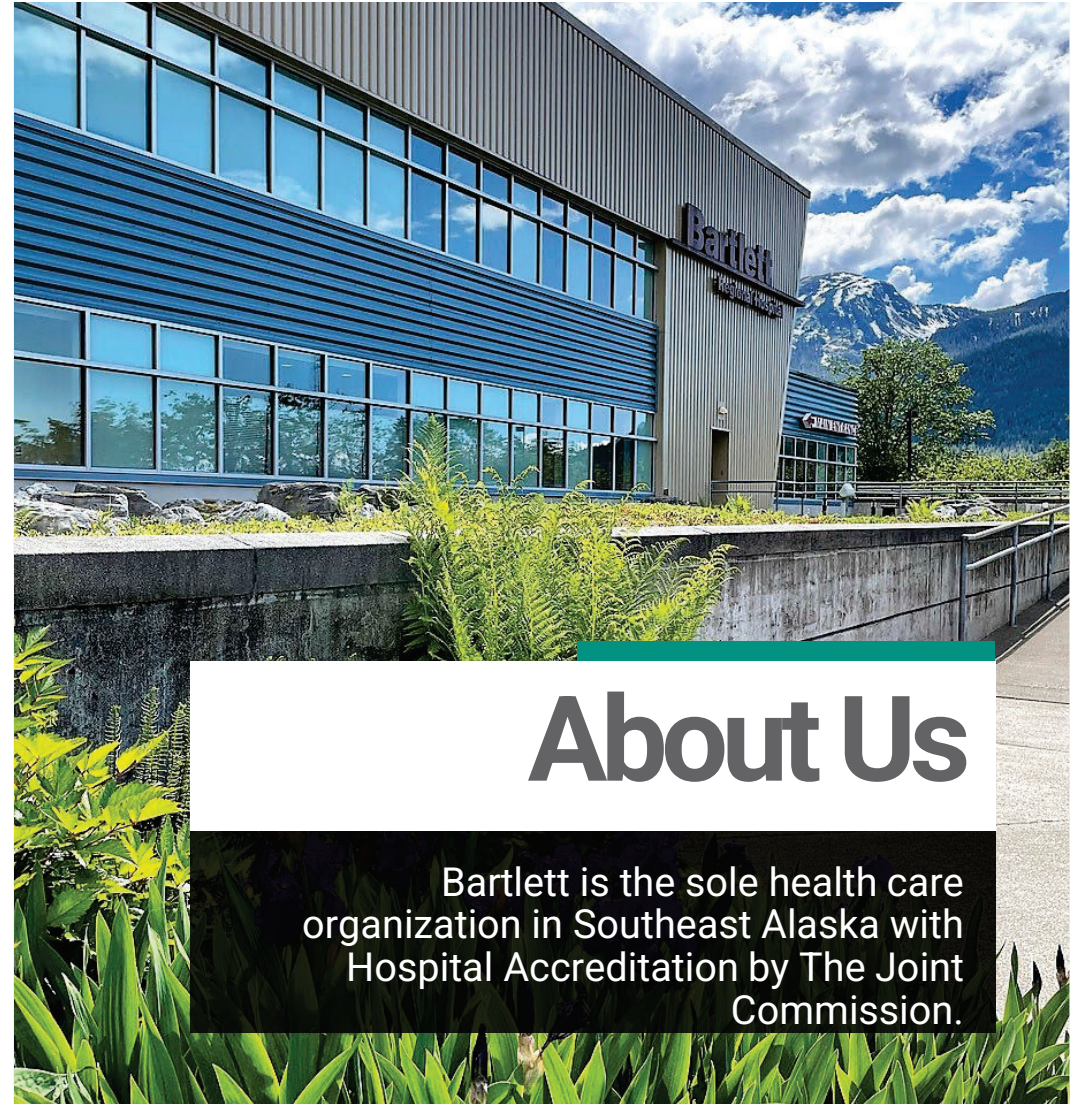
# Payment for Quality, not Quantity

July 25, 2023



## Coming Together for Your Care

- Bartlett provides quality, patient-centered care to over 55,000 people in more than 35 rural communities in the northern part of Southeast Alaska.
- Bartlett is licensed for a total of 57 inpatient beds and 16 residential substance-abuse treatment facility beds.



## About Us

Bartlett is the sole health care organization in Southeast Alaska with Hospital Accreditation by The Joint Commission.



# Our Mission

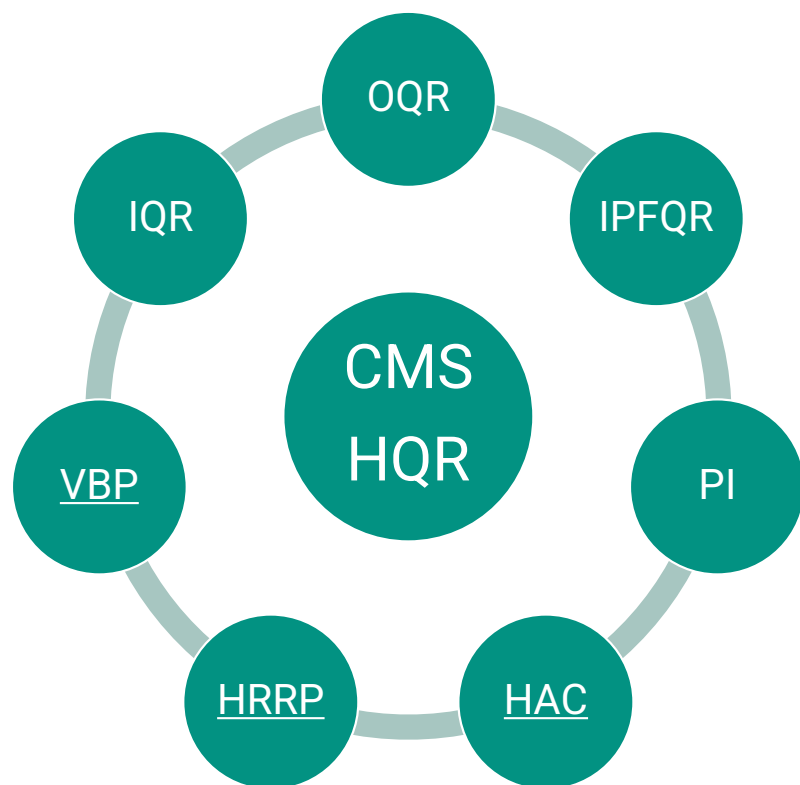
To provide our community with quality, patient-centered care in a sustainable manner.

At Bartlett, we C.A.R.E.

- Courtesy
- Accountability
- Respect
- Excellence

# Centers for Medicare and Medicaid Services (CMS)

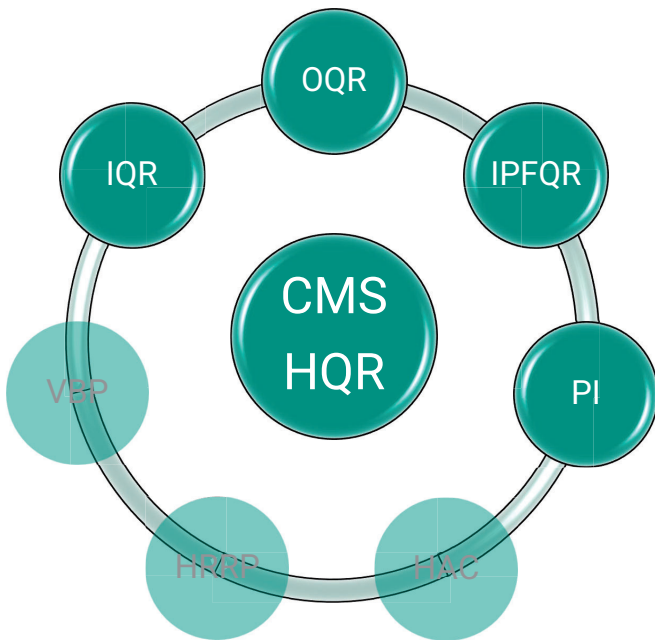
## HOSPITAL QUALITY REPORTING PROGRAMS



- HQR = Hospital Quality Reporting
- IQR = Inpatient Quality Reporting
- OQR = Outpatient Quality Reporting
- IPFQR = Inpatient Psychiatric Facility Quality Reporting
- PI = Promoting Interoperability
- HAC = Hospital Acquired Condition
- HRRP = Hospital Readmissions Reduction Program
- VBP = Value-Based Purchasing

# CMS' Pay for Reporting

Hospital Quality Reporting Programs



Inpatient Quality Reporting

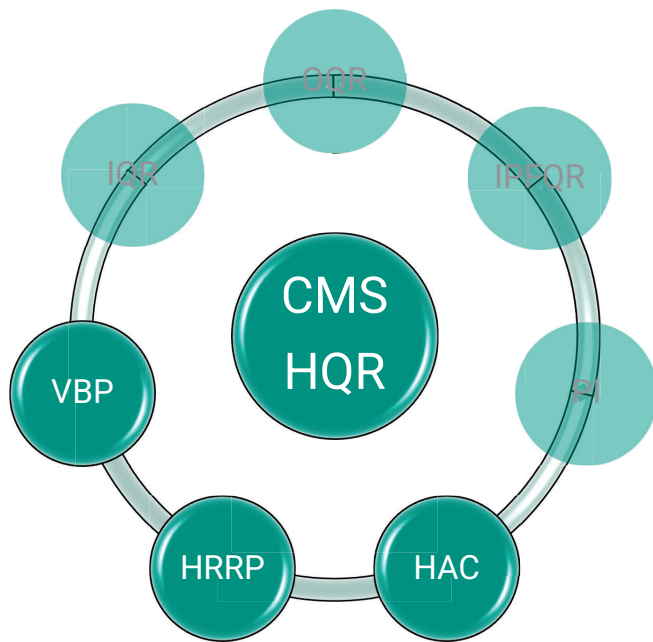
Outpatient Quality Reporting

Inpatient Psychiatric Facility Quality Reporting

Promoting Interoperability

# CMS' Pay for Performance

Hospital Quality Reporting Programs



- Hospital-Acquired Conditions
- Hospital Readmissions Reduction
- Value-Based Purchasing

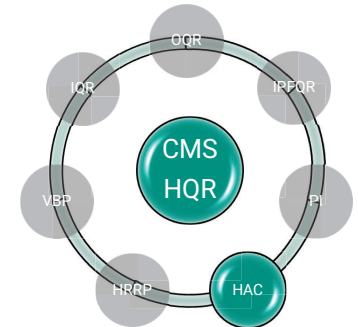


# Hospital-Acquired Conditions Program

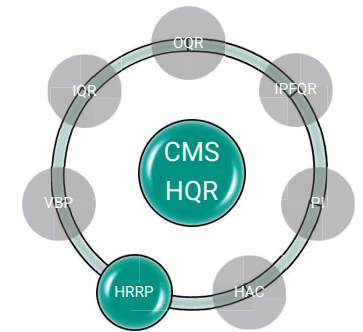
- CLABSI (Central Line-Associated Bloodstream Infection)
- CAUTI (Catheter-Associated Urinary Tract Infection)
- SSI (Surgical Site Infection for Abdominal Hysterectomy and Colon Procedures)
- MRSA (Methicillin-resistant Staphylococcus aureus) bacteremia
- CDI (Clostridium difficile Infection)
- CMS PSI 90 (Patient Safety and Adverse Events Composite)

Hospitals with a Total HAC Score in the worst-performing quartile (as in, above the 75th percentile) receive a 1% payment reduction on their overall Medicare fee-for-service payments for the corresponding fiscal year's discharges.

## Pay for Performance



## Pay for Performance



# Hospital Readmissions Reduction Program

The Hospital Readmissions Reduction Program is a Medicare value-based purchasing program.

In FY 2023, the maximum payment reduction is 3 percent.

Our hospital's performance is relative to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full Medicaid benefits.

Medicare admissions, 65 years and older, with a diagnosis of acute myocardial infarction, chronic obstructive pulmonary disease, heart failure, or pneumonia and an all-cause (any reason) 30-day readmission visit.

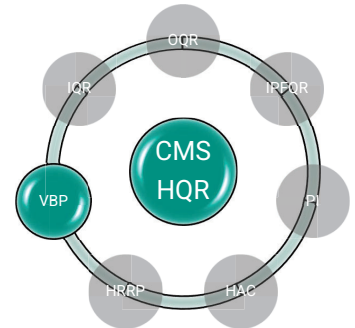
# Value-Based Purchasing Program

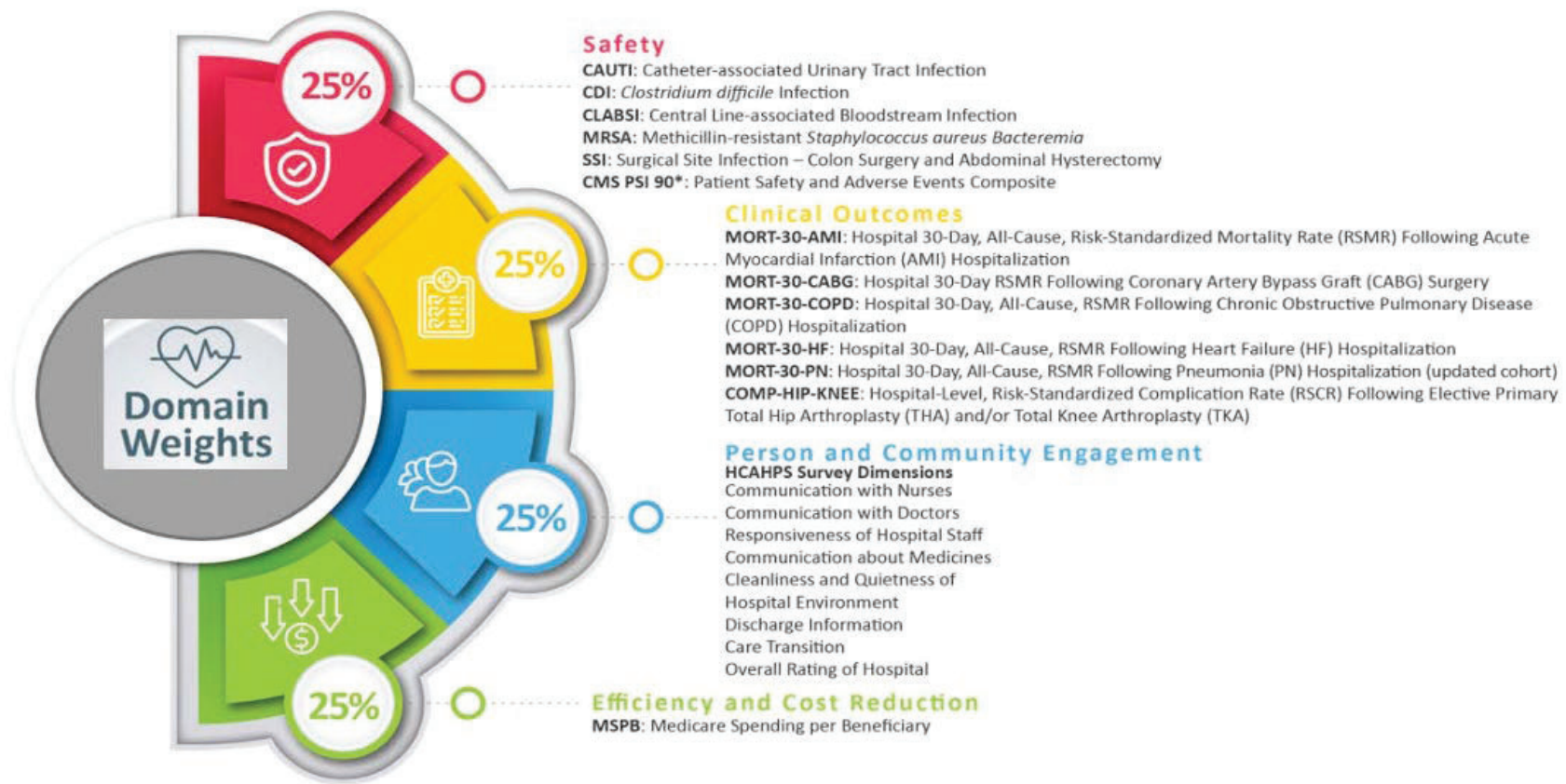
Not only can we earn our 2% back for good performance we can excel in our work and earn incentive money above the 2% reduction.

The VBP program is a budget neutral program and any money we earn over the 2% comes from hospitals not performing well.

There is no cap on the incentive payments.

## Pay for Performance





# Value-Based Purchasing Program

**Performance Period  
January 1, 2018 – December 31, 2018  
FFY 2020**



<b>Base Operating DRG Payment Amount Reduction</b>	<b>Value-Based Incentive Payment Percentages</b>	<b>Net change in Base Operating DRG Payment Amount</b>
2.0000000000%	3.4310998595%	+1.4310998595%

For example, let's say Bartlett submits \$1,000,000 in claims for the year. CMS automatically reduces our claims payments by 2% (\$20,000).

In the example above we earned an extra 1.43% incentive payment (\$14,300) on top of the 2% reduction for a total of 3.43% earned back or about \$34,300.

# REALITY



In 2019 we collected just over \$16,000,000 in Medicare payments from submitted claims.

- Reduction of 2% earned back = \$327,000
- Additional 1.43% value-based incentive recognition for quality care provided = \$234,000
- Total reimbursement Bartlett collected in FY 2022 = \$561,000

**These amounts add up.**

2023 (to date), we have collected \$20,853,822.57 in Medicare payments .

## Medicare payments to BRH (not including behavioral health)



2023 to date	\$20,853,822.57
2022	\$19,094,285.35
2021	\$17,961,536.92
2020	\$15,527,753.69
2019	\$16,368,083.24

## Resources to help us achieve zero harm



AHHA provides policy and advocacy expertise, leads and hosts opportunities for education and training, and brings together members and stakeholders for collaborative work to share data, resources, and best practices.



Telligen QI Connect™ is a network of partners working on healthcare quality improvement initiatives that are data-driven and locally-tailored to improve healthcare quality and outcomes by implementing and spreading evidence-based and best practices. Partners include nursing homes, clinicians, hospitals, community partners and patients and families who aim to make healthcare safer, more accessible and more cost-effective.






## The Data Gen Report

One resource that AHHA funds and sends on to Bartlett is the Data Gen Report. This is a data analysis produced by the New York Hospital Association and provided to other hospital associations when requested as a resource to show how hospitals are performing in CMS' Hospital Quality Reporting Pay for Performance programs (listed below) compared with other Medicare hospitals around the nation.

- Hospital-Acquired Condition Program
- Hospital Readmissions Reduction Program
- Value-Based Purchasing Program

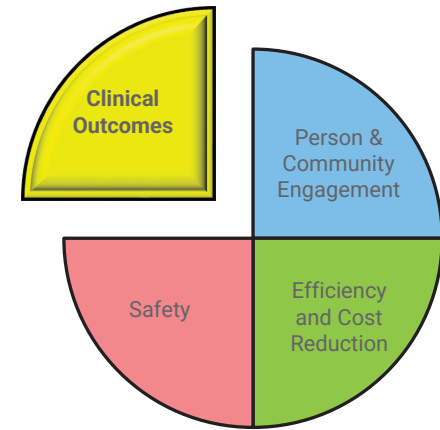


The following slides include data from the Q1 2023 Quality Measure Trends Analysis (part of the Data Gen Report we receive). These data are designed to provide hospitals with a comparative review over time and potential impact of the quality data collected by CMS and published on Care Compare.

## Medicare VBP Impact Analysis Performance Scorecard

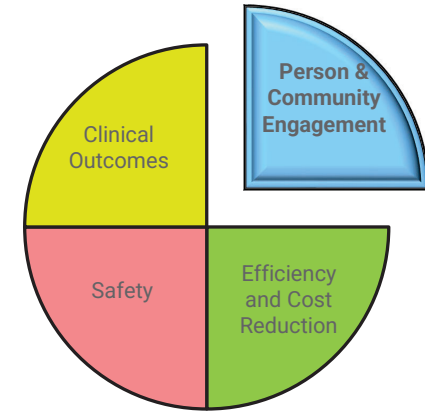
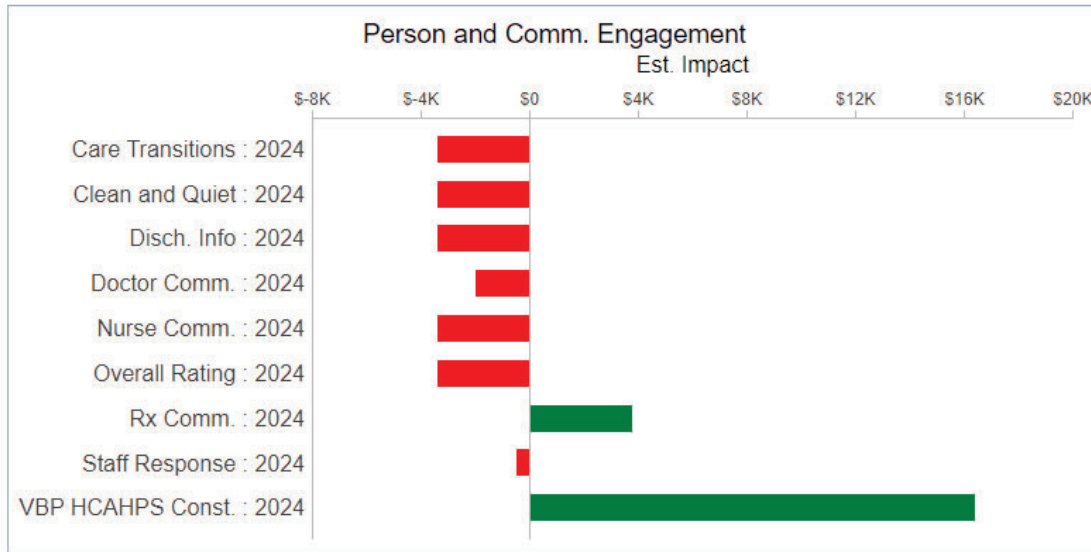
FFY 2022 and FFY 2023 Compared to Estimated FFY 2024 Performance

### Bartlett Regional Hospital



FFY 2022			FFY 2023			FFY 2024			
Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Est. Impact
COPD Mort.	90.9%	3	COPD Mort.	90.4%	3	COPD Mort.	90.4%	0	(\$8,600)
HF Mort.	88.2%	3	HF Mort.	88.9%	3	HF Mort.	88.9%	3	\$2,300
PN Mort.	84.7%	6	PN Mort.	85.2%	6	PN Mort.	85.2%	6	\$13,200
THA/TKA	2.3%	6	THA/TKA	2.3%	3	THA/TKA	2.3%	3	\$2,300

# Bartlett Regional Hospital



FFY 2022			FFY 2023			FFY 2024			
Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Est. Impact
Care Transitions	49.0%		Care Transitions	49.0%		Care Transitions	49.0%	0	(\$3,400)
Clean and Quiet	63.3%		Clean and Quiet	63.3%		Clean and Quiet	65.5%	0	(\$3,400)
Disch. Info	86.1%		Disch. Info	86.1%		Disch. Info	85.0%	0	(\$3,400)
Doctor Comm.	75.4%		Doctor Comm.	75.4%		Doctor Comm.	80.0%	1	(\$2,000)
Nurse Comm.	82.4%		Nurse Comm.	82.4%		Nurse Comm.	79.0%	0	(\$3,400)
Overall Rating	69.3%		Overall Rating	69.3%		Overall Rating	66.0%	0	(\$3,400)
Rx Comm.	67.4%		Rx Comm.	67.4%		Rx Comm.	68.0%	5	\$3,800
Staff Response	65.0%		Staff Response	65.0%		Staff Response	68.0%	2	(\$500)
VBP HCAHPS Const.			VBP HCAHPS Const.			VBP HCAHPS Const.		16	\$16,400

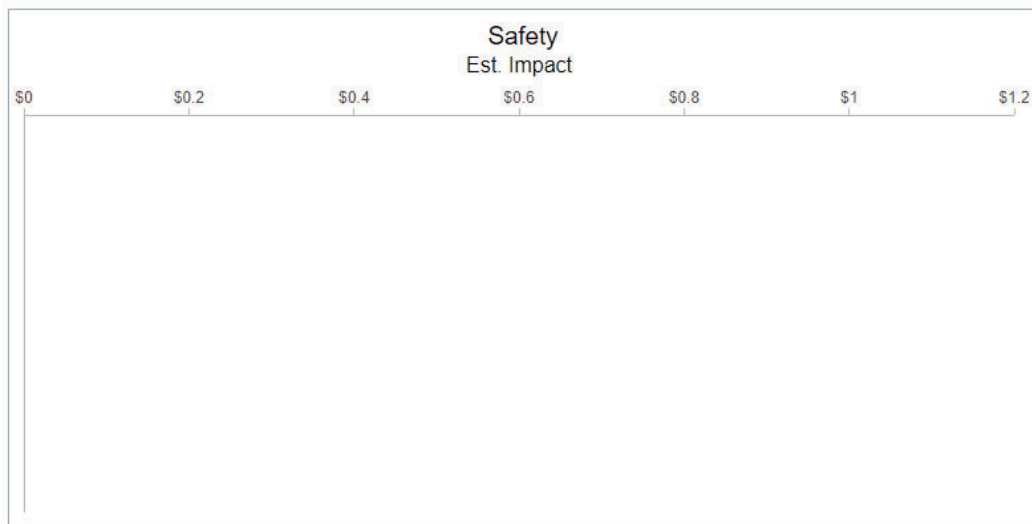
# Bartlett Regional Hospital



FFY 2022			FFY 2023			FFY 2024			
Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Measure	Hospital Performance	Measure Score	Est. Impact
MSPB			MSPB	0.94	4	MSPB	0.94	4	\$23,800

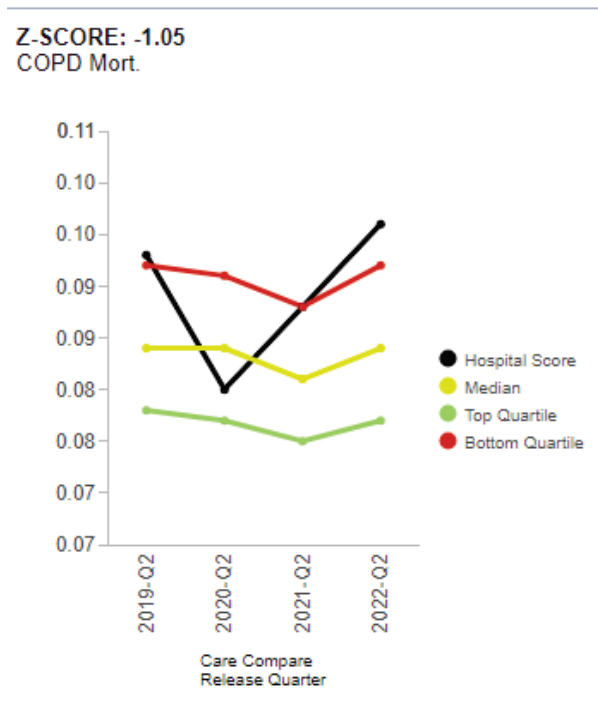
The current performance year for the HAI measures is 2021. CMS excluded this year from the program.

### Bartlett Regional Hospital

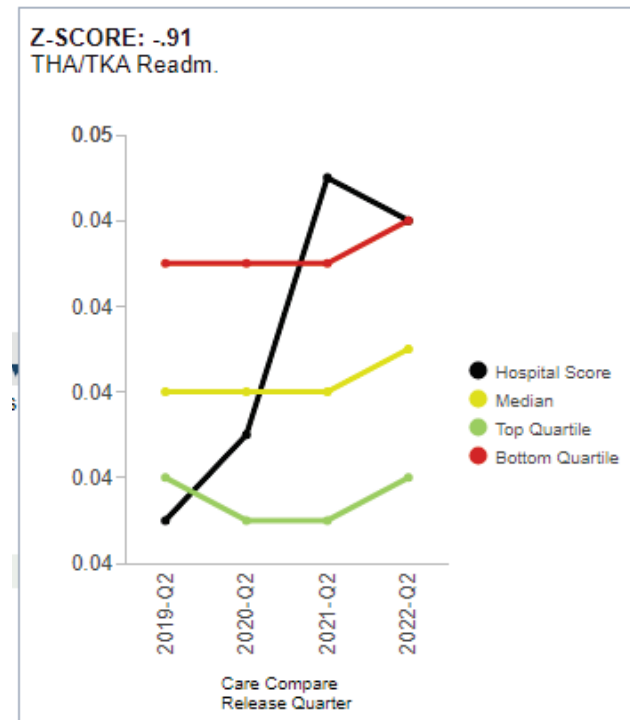


## Lowest Performing Measures in the HAC, RRP, VBP Programs

FY 24 we had 2 COPD Mortality cases who passed within 30 days of admission.

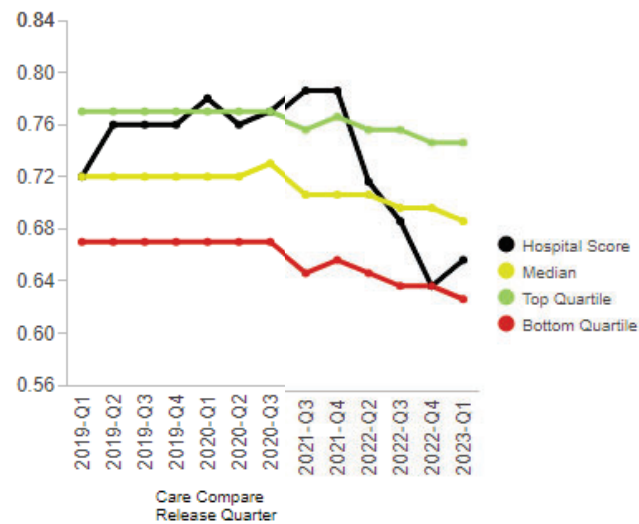


FY 23 we had 4 THA/TKA 30-day readmits.



## Lowest Performing Measures in the HAC, RRP, VBP Programs

Z-SCORE: **-.57**  
Overall Rating



This chart shows our overall rating for the Hospital Consumer Assessment of Healthcare Providers Systems (HCHAPS) for Q1 2023 compared against other Medicare hospitals nationwide.



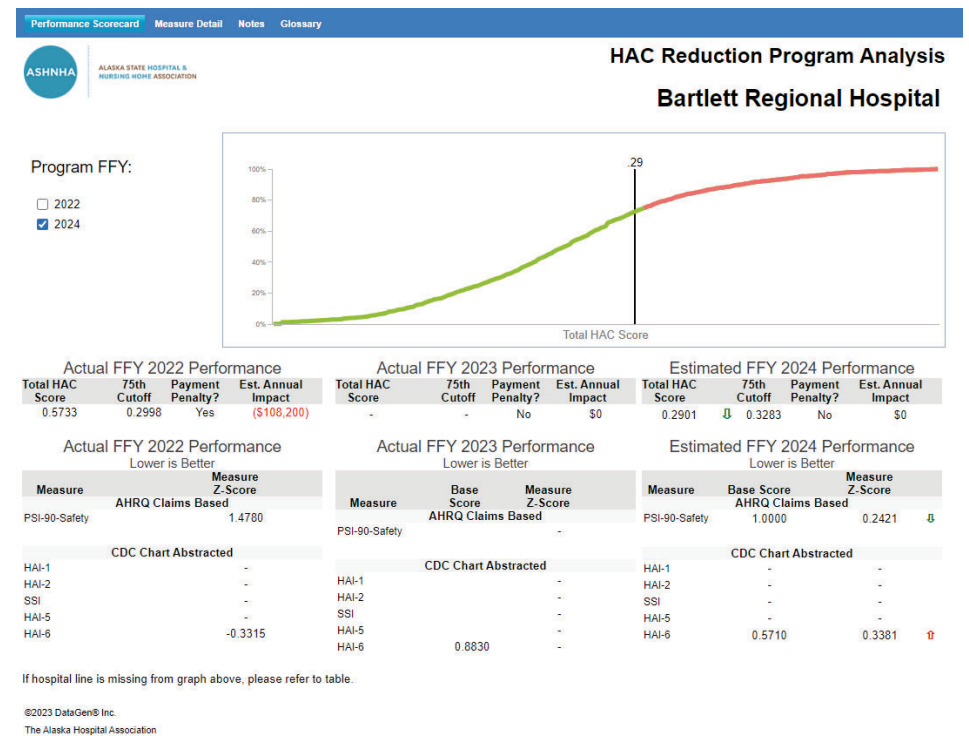
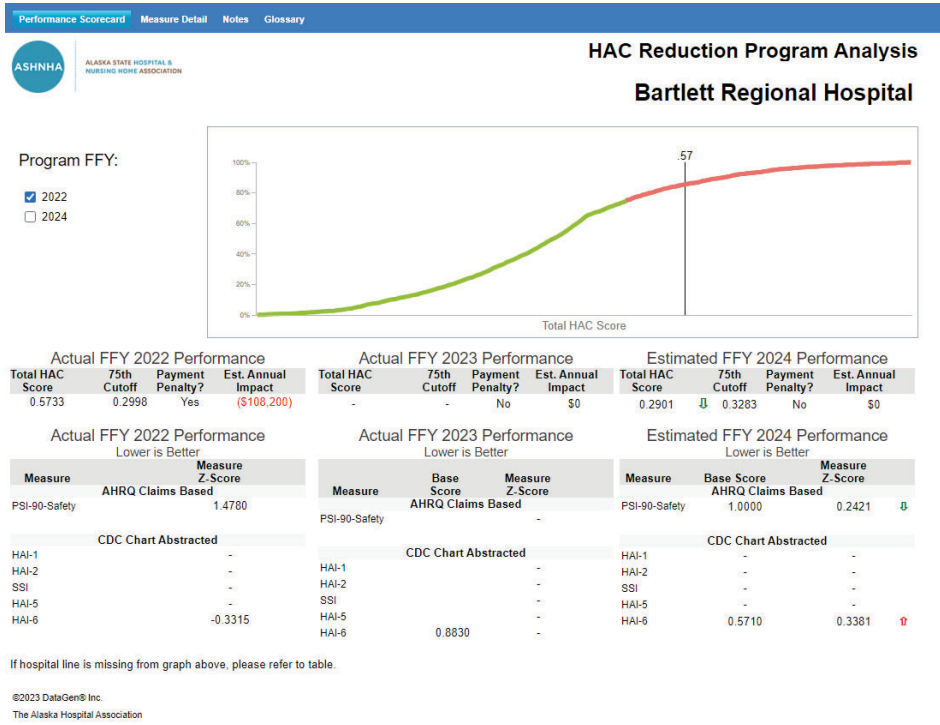


## VBP Impact Analysis

### VBP Impact

TPS [A]	31.3%
Est. Total IPPS Oper. Payments [B]	\$5,198,400
VBP Contribution % [C]	2.0%
Program Contribution [D = B x C]	\$104,000
Linear Payout Function Factor (Slope) [E]	4.2360
VBP Payment % [F = A X E]	132.7%
VBP Payment [G = D X F]	\$138,000
<b>Net Gain/Loss [H = G - D]</b>	<b>\$34,000</b>
Impact % [I]	0.7%
Adj. Factor [J = 1 + (C X F) - C]	1.006545

# HAC Program Analysis Comparing FY22 and FY24



CMS calculates hospital readmissions rates on a rolling 3-year aggregate basis and updates are published on Hospital Compare annually.



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION

## Readmissions Reduction Program Analysis

### Bartlett Regional Hospital

#### Actual FFY 2022 Performance

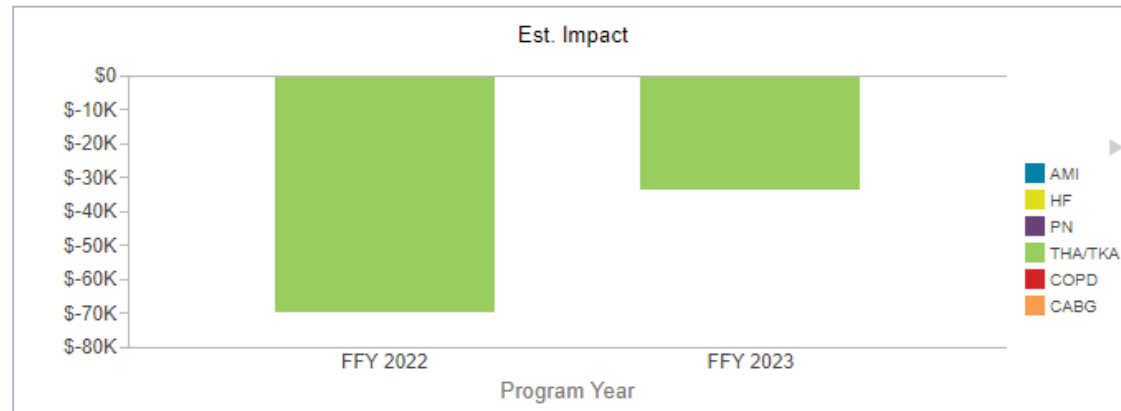
Actual Adj. Factor	Actual % Impact	Est. Revenue Subject to Adj.	Est. Impact	Max Penalty (3.0%)
0.9842	-1.58%	\$4,426,700	(\$69,900)	(\$132,800)

#### Actual FFY 2023 Performance

Actual Adj. Factor	Actual % Impact	Est. Revenue Subject to Adj.	Est. Impact	Max Penalty (3.0%)
0.9927	↑ -0.73%	\$4,610,400	(\$33,700)	(\$138,300)

National Budget Neutrality Modifier	% Full-Benefit Dual Eligible	National Quintile	SDS Impact (Breakout)	National Budget Neutrality Modifier	% Full-Benefit Dual Eligible	National Quintile	SDS Impact (Breakout)
0.9637	31.18%	5	\$0	0.9558	32.13%	5	\$0

# Hospital Readmissions Reduction Program



## Actual FFY 2022 Performance

Condition	Condition Revenue	Est. Impact	Percent Impact
AMI	\$59,900	\$0	0.00%
HF	\$460,300	\$0	0.00%
PN	\$513,800	\$0	0.00%
THA/TKA	\$1,641,800	(\$69,900)	100.00%
COPD	\$325,400	\$0	0.00%
CABG	\$0	\$0	0.00%

## Actual FFY 2023 Performance

Condition	Condition Revenue	Est. Impact	Percent Impact
AMI	\$51,800	\$0	0.00%
HF	\$376,900	\$0	0.00%
THA/TKA	\$1,124,600	(\$33,700)	100.00%
COPD	\$249,000	\$0	0.00%
CABG	\$0	\$0	0.00%

## Takeaways

- Patient Experience Matters!
- Every Hospital Acquired Infection and Condition counts toward the overall patient outcome AND our bottom line.
- Zero harm must drive us. Collaboration is how we get there.

## Websites

<https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-value-based-purchasing-vbp-program/vbp-tools-and-resources/>

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/hospitalrhqdapu>

<https://www.cms.gov/newsroom/fact-sheets/cms-hospital-value-based-purchasing-program-results-fiscal-year-2020>

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>

<https://www.telligenqiconnect.com/>

<https://www.alaskahha.org/>



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# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 17, 2023

From: Kenny Solomon-Gross, Board President

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## ◆ ISSUE

The board is being asked to approve the consent agenda.

## ◆ BACKGROUND

- There are two items on the consent agenda.
  
- Behind this cover memo are:
  - 1) Draft minutes of the June 27, 2023, Board of Directors Meeting.
  - 2) May 2023 Financials
  
- Sam Muse, Chief Financial Officer, will be present to brief the board.

## ◆ OPTIONS

Approve the consent agenda as presented to the board.

Amend the consent agenda and approve the amended consent agenda.

Seek additional information.

## ◆ LEADERSHIP'S RECOMMENDATION

Approve the consent agenda as presented to the board.

## ◆ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the consent agenda consisting of approval of the minutes from the June 27, 2023, Board of Directors meeting and the May 2023 Financials.



# Bartlett Regional Hospital

## Minutes

### BOARD OF DIRECTORS MEETING

June 27, 2023 – 5:30 p.m.

BRH Boardroom and Zoom

**CALL TO ORDER** – Meeting called to order at 5:30 p.m. by Mr. Solomon-Gross, Board President.

**LAND ACKNOWLEDGEMENT** – Ms. Knapp read the land acknowledgement:

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

#### **ROLL CALL:**

##### **Board Members Present** (*Zoom attendees italicized*):

Kenny Solomon-Gross

Deb Johnston, Vice-President

Max Mertz, Secretary

Brenda Knapp

Hal Geiger

Lisa Petersen

John Raster, MD

Shelly Deering

Lindy Jones, MD

##### **Also Present** (*Zoom attendees italicized*):

David Keith, CEO

Sam Muse, CFO

Kim McDowell, CNO/COO

Gail Moorehead, CQCO

Dallas Hargrave, HR Exec. Dir.

Nicholas Rosenfeld, MD, COS

*Carole Triem, CBJ Liaison*

*Sherri Layne, CBJ Attorney*

*Barbara Nault, Legal Counsel*

Jennifer Carson, Behavioral Health

Erin Hardin, Comm. Relations

Anita Moffitt, Exec. Assistant

Chris Letterman, Information Systems

Sharon Price, Exec. Assistant

**APPROVAL OF AGENDA** – Mr. Solomon-Gross requested the removal of the CBJ Liaison report. **MOTION by Mr. Geiger to approve the agenda as amended. Ms. Knapp seconded. There being no objection, agenda approved.**

**PUBLIC PARTICIPATION** – None

**PHYSICIAN OF EXCELLENCE AWARD** – Dr. Rosenfeld identified Dr. Charles Hightower as this month's recipient of the Physician of Excellence Award. (A letter highlighting his accomplishments and dedication to the community is included in the packet.) Since joining BRH in 2017, Dr. Hightower has established himself as a highly skilled orthopedic surgeon who consistently delivers outstanding patient care. He has earned recognition as the best orthopedic surgeon in Juneau by "The Best of Juneau" on multiple occasions. He serves on the Medical Staff Quality Improvement Committee and the Surgical Services Committee. He is highly regarded by his peers for his unwavering dedication, compassion, and willingness to lend a helping hand whenever needed. We are fortunate to have such a spectacular provider in Juneau.

**CONSENT AGENDA – MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital approve the consent agenda consisting of the minutes from the May 23<sup>rd</sup> Board of Directors meeting, minutes from the June 3<sup>rd</sup> Strategic Planning Work Session and the April financials. Ms. Knapp seconded. There being no objection, consent agenda approved.**

## **OLD BUSINESS**

**Hospital Capacity Update** – Ms. McDowell reported the current patient census: There are no covid positive patients in house and zero employees out with Covid. We continue to see low census: Med Surg has 14 patients, 1 long term care patient waiting for placement. CCU has 4 patients, MHU has 6, OB has 3 and RRC has 5. Over the last three months (April – June), the average 24-hour census in the ED is 36 – 38 patients, the highest number being 54 in a 24-hour period. These numbers do not take acuity level of the patients into account. Dr. Jones noted we are not flying people out of Juneau as frequently this year as last. He raised concerns about lost revenue due to the Mental Health Unit not being filled to capacity. He urges BRH to start accepting patients from outside of the community again. Ms. Knapp initiated conversation about patient referrals from Ketchikan. Mr. Keith will provide information about accepting outside referrals during the CEO/Executive Leadership report a little later this evening.

## **NEW BUSINESS**

**IT Department Reorganization** - Mr. Letterman provided an overview of reorganization plans for the IT Department. He reported the IT department has been misaligned with the hospital needs and identified 4 tiers to be reorganized within the department: Clinical Applications, Project Portfolio, Infrastructure and Service Delivery. There are numerous solutions in place that can be streamlined to improve efficiencies and lower our bottom line. There is duplication across applications that will be reduced over the next 6 months. Technology initiatives require resourcing, investment, planning and monitoring. He has begun assessing the level of cybersecurity and will return to the board at a later date to give a presentation and discuss his findings. Mr. Mertz questioned types of technical debt to be addressed. New initiatives brought into the hospital require technical props, such as servers. There will be regular reviews of the environment and end of life, end of services agreements conducted. Mr. Keith acknowledged Mr. Letterman for the work he has done. He feels that BRH is now moving from a reactive position to a proactive position. When looking at the average investment of hospitals into their technology systems, BRH is probably not putting the amount of resources into it as it should. In response to Mr. Mertz's question about cyber security, Mr. Letterman reported he is pleasantly surprised with where BRH has invested in cybersecurity and with the tools it has. BRH has an above average ability to respond should something get through. Mr. Geiger initiated conversation about prior Meditech issues. The clinical application has improved and continues to improve, support is available 24/7 via the helpdesk and in-house second tier support is to be reimplemented. The Meditech ED module kicked off on May 23<sup>rd</sup>. Trainers have been on-site and are now providing distance training to IT clinical staff and ED staff to bring them up to speed on how the ED module works in the Meditech environment. ED physicians are providing feedback to ensure this module meets their needs. Trainers will be back on campus in late July for integrated work sessions with staff and providers. Work continues for optimization of the module. Dr. Jones reported that the implementation is moving along perfectly, and he has no concerns about its implementation.

**Organization Grievance and Complaint Process** – Mr. Solomon-Gross reported after a review of the process for handling anonymous complaints is presented, a discussion will be held about an anonymous letter received recently. Ms. Moorehead reported BRH uses complaints and feedback it receives to provide constant improvements in patient care, services, processes, and safety for all. All feedback/complaints, anonymous or not,

are reviewed to determine how to handle appropriately. She provided an overview of BRH's grievance and complaint process. Reimbursements through governmental programs require that BRH business be conducted with complete integrity. The BRH Compliance Committee and Compliance Officer review practices and business conduct of the hospital and its staff to ensure compliance with regulations and to identify waste, fraud, and abuse. In addition to federal regulations, policies and procedures are in place to protect employees from retribution for filing complaints. Reports may be filed anonymously via the following methods: a drop box for written reports, a confidential hotline and an online reporting tool.

Concerns regarding services provided by Medical Staff and Advance Practice Clinicians provide BRH with an opportunity to evaluate the care, assess our procedures and systems, and to make changes in the way care is delivered. These concerns can relate to patient safety or quality of care. Depending on the level of acuity, the concerns are referred to the Chief of Staff, Medical Staff Executive Committee, and/or their designated body. These complaints are handled through the process outlined in the BRH Medical Staff Bylaws, Rules and Regulations, Policy, and Procedures.

A function of the Human Resources Department is to promote a healthy work environment. The best way to get excellent patient care is to have good employee relations. HR policies ensure that everyone is following the same set of rules and that BRH is following applicable employment laws. These policies outline procedures for handling complaints. Labor union and management relations are enhanced through routine meetings, handling of complaints and grievances. Regular feedback makes sure everyone interprets the rules the same.

Feedback from patients and family regarding BRH's services and care models provide an opportunity to evaluate the care through the lenses of the patient, to assess our procedures and systems, and to make changes in the way we deliver care. Anonymous complaints can be difficult to solve without additional feedback, however, as much information as possible is gathered from physicians and staff to help determine appropriate action. All staff are encouraged to address concerns the moment they are expressed. There are processes in place to address concerns that are received at all levels of the organization. Patients may also submit complaints to the Joint Commission. BRH follows the standards of CMS conditions of participation and the Joint Commission standards to identify and follow processes for complaints and grievances. Patient complaints must be acknowledged within 7 days. Mr. Metz initiated discussion about how many patient complaints BRH receives. Anonymous reports are pretty rare, and directors often handle complaints from patients and staff when they are received. The compliance hotline is a service that allows for anonymity. The hotline number is advertised on our website, in patient handouts and posted throughout the hospital.

At Mr. Solomon-Gross' request, Mr. Hargrave outlined the steps taken when an anonymous letter was recently received by the Board. Discussion was held about the level of involvement the board should have when complaints are received. All complaints are to go through the proper chain of command. The CEO is to update the board as appropriate. Mr. Geiger expressed the importance of conducting another employee engagement survey to obtain a broad perspective of the hospital staff. This survey will help to identify areas of improvement and allow an opportunity to make changes. Dr. Jones stated as a board member, he encourages people to go through the proper channels to file a complaint, but if a person does not feel that is safe for them, they should be able to bring issues to the board. The board and senior leadership need to explore these concerns and address them appropriately to ensure we don't lose valuable employees. It was stated that leadership needs to do a better job of communicating with employees about what is going on in the organization. Mr. Solomon-Gross, Dr. Jones and Ms. Johnston will review a list of recommendations made by Mr. Hargrave about handling complaint letters. After their review, the recommendations will be presented to the full board for review and a procedure written to guide the board through the complaint process in the future.

Ms. Hardin outlined the current means of communicating with the staff. There are monthly town hall meetings for staff to get the latest updates and ask questions of senior leadership, these meetings are recorded for staff to access at any time. There is an anonymous Smartsheet form for staff to enter questions. This sheet includes over 14 pages of frequently asked questions and answers that are routinely sent out to staff. There are video messages and emails from the CEO as well as a monthly Bartlett Buzz publication with the latest updates sent to the staff. Ms. Hardin will conduct her second annual internal communications survey to help identify the best ways to communicate with staff. The new Executive Director of HR is to, as one of their first assignments, engage with a third party to conduct an employee engagement survey. Lauren Beason, Executive Director of nursing will take the information from the recently conducted wellness survey and determine which components to implement. Ms. Moorehead reported a union representative will be part of the interview panel for the new Executive Director of HR.

Mr. Geiger suggests Board members and union representatives participate in developing questions for the employee engagement survey. This survey will be conducted by an outside company and use the same questions used in the survey in 2015.

Mr. Mertz obtained confirmation from Mr. Hargrave that the letter was handled with the same consistency as it would be by the CBJ HR Director, and that policies and procedures were followed. Mr. Mertz noted the importance of not second guessing the CEO. He also stated that after the last couple of years, it's amazing that we are doing as well as we are with the amount of stress on everyone. Ms. Johnston stated a lot of time has been spent on this letter and the board needs to decide to address it or set it aside. Mr. Solomon-Gross noted this letter gave the board an opportunity for education on the complaint process and to ensure those processes are being followed. He also recognized the great job everyone has done to get the hospital back on track financially and the stress put on everyone during these changes.

Mr. Solomon-Gross called for a brief recess at 6:42 p.m. The meeting resumed at 6:52 p.m.

**Wildflower (WFC) Court Orientation Presentation** – Ms. Stout provided an orientation to WFC for the board as required by government regulations. WFC is a 61 bed, long term nursing facility licensed by the Centers for Medicare and Medicaid Services (CMS). WFC is currently staffed for 54 beds with the average daily census currently at 51. There are 57 private and 4 double occupancy rooms. Everyone deserves to enjoy life to the fullest so WFC's goal is to enhance the freedom, privacy, and dignity of each resident. WFC's mission is to provide leadership in care by encouraging continued growth to the human spirit within an ever-changing community. Its vision is to be recognized as a leader in providing health care in our community by improving the quality of life for the elderly and chronically disabled. Its values are that each resident deserves the respect, affection, and attention we would want for ourselves. WFC services include nursing care, rehabilitation (speech, physical, occupational, dietary, and recreational therapy). Employees are committed to removing boredom, loneliness, and feelings of helplessness from the lives of residents by interacting with them and engaging them in conversation or activities daily.

WFC must have a governing body that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The governing body appoints the administrator who is licensed by the State, responsible for management of the facility and reports to and is accountable to the governing body. The governing body is responsible for and accountable for the Quality Assurance and Performance Improvement (QAPI) program. WFC must determine a process and frequency by which the administrator reports to the governing body, the method of communication, how the governing body responds back and what specific types of problems and information are reported or not reported directly to the governing body. It must determine how the

administrator is held accountable, and how the administrator and governing body are involved with the facility wide assessment. Bartlett's CFO will take over the financials of WFC and will report to the Finance Committee. Post acute care settings are required to write an annual review of their program and provide it to their Board of Directors. The first annual report will be due to the board in October 2024 and then annually thereafter. QAPI goals, objectives and outcomes will be reported to the Board Quality Committee. The current board of WFC will dissolve and will no longer be involved in WFC matters after the transition. Mr. Mertz provided the history of WFC and said he wants to make sure that BRH maintains that strong family environment and personal approach to patient care. He then initiated discussion about WFC financials. Mr. Muse reported WFC's CFO is out for a month. We are working hard to make sure this transition takes place as quickly as possible with the help of Ruth Johnson, former CFO of WFC.

Ms. Stout will report to the board through the CEO and at monthly board meetings. There is no need for a sub-committee at this time.

***MOTION by Ms. Johnston that the Board of Directors of Bartlett Regional Hospital assume full governing body responsibility and authority for Wildflower Court, as a Long-Term Care Facility when Bartlett takes ownership and operations of Wildflower Court. AND adopt the Bartlett Regional Hospital Board of Directors Bylaws as the bylaws for governance of Wildflower Court, as a Long-Term Care Facility. AND appoint Kim Stout as Wildflower Court, Long Term Care Facility Administrator. Mr. Geiger seconded.*** There being no objection, MOTION approved.

**MEDICAL STAFF REPORT** – Dr. Rosenfeld reported the Credentials Committee, in collaboration of the Surgical Care Committee, have updated the policy, revised the core privileges, and created a surgical assist core privileges pertaining to the da Vinci Robot. These have been approved by the Surgical Care Committee and the Medical Staff Executive Committee.

***MOTION by Ms. Johnston that the Board of Directors of Bartlett Regional Hospital approve the da Vinci Robotic Surgical Privileges policy, da Vinci Robotic Core Privileges and da Vinci Surgical Assist Core Privileges as presented. Ms. Knapp seconded.*** There be no objection MOTION approved.

Dr. Rosenfeld reported the following: The Medical Staff (MS) is still waiting for the policies and bylaws to come back from Harty Springer. He reported that policies approved by the MS over the last two years have come to the board for approval. Dr. Rosenfeld will work with administration to determine if all 200+ policies recently approved need to come to the board also or if there is another approach that can be taken. He reported that over 50% of physicians responded to the physician wellness survey, and he is excited to see the results.

#### **COMMITTEE REPORTS:**

**Quality Committee** – Minutes for the June 15<sup>th</sup> meeting in the packet. Dr. Jones reported discussions were held about the Applied Behavioral Analysis (ABA) program. There is to be a presentation at the next Quality meeting to give everyone a better understanding of the integration of that program and how it affects our community. It will be followed up by a board presentation as well. He also reported that he and Mr. Solomon-Gross met to discuss crisis services. CBJ is interested in developing a mechanism to send mobile integrated health (MIH) personnel instead of JPD to patients experiencing a mental health crisis. Dr. Raster initiated discussion about the staffing shortage for the crisis now model. The MIH unit requires medical and psychological backup to be able to respond to patients in a behavioral health crisis. They are working to develop an agreement with behavioral health clinicians

on-call should one be needed to assist. The fire department has a community paramedic program that responds to alcohol related calls as well as providing some medical needs for home bound patients. The crisis now model would be integrated into this program. It is important to have active coordination throughout the community to ensure there's no duplication of services and community needs are being met.

**Finance Committee** – Minutes for the June 23<sup>rd</sup> meeting not available. Mr. Mertz reported we have now had 3 months of breaking even operationally. Revenues have improved, expenses are down. Personnel cost is less than 70% of revenue. It's important to acknowledge the stress that has gone into obtaining these financial results. He expressed his appreciation for everyone's hard work and also for CBJ's \$2M transfer to BRH for the FY24 budget. Discussion held about FTEs, they do not refer to the number of bodies but the number of paid hours, both productive and non-productive (leave, trainings, holiday, etc.). Ms. Knapp and Mr. Mertz expressed appreciation to leadership and staff for all of the steps that have been taken to get BRH back to a financially sustainable position.

**CEO/EXECUTIVE LEADERSHIP REPORT** - Mr. Keith reported the following: The management reports are now compiled into one condensed report to reduce duplication.

Financial Turnaround - BRH achieved its goal of financial turnaround to enter the new Fiscal Year at a monthly breakeven scenario. Staff were acknowledged for all of their hard work in reaching this goal during yesterday's town hall meeting. We will now optimize what we are doing to hold the gains and focus on patient volumes and opportunities to grow. Senior Leadership is working on an internal business plan document that will be shared in the near future.

Physician Recruitment - Dr. Woelber has signed his contract and will join Juneau Bone and Joint in October. Dr. Barker will join BRH in August and will provide medical leadership to the ABHC (Aurora Behavioral Health Center). Dr. Babbitt, a child and adolescent psychiatrist, will join BRH on August 20<sup>th</sup>. A contract has been extended to Dr. Dannhardt to start in July 2024 as a permanent general surgeon with the BSSC (Bartlett Surgery and Specialty Clinic). Recruitment efforts are picking up. BRH has over 10 ongoing recruitments including ophthalmology, hospitalists, oncology, and psychiatry. Ms. McDowell had reached out to two behavioral health providers that had recently left. Both providers are willing to come back to BRH, so we are moving forward to bring them on board. BRH will continue recruiting and has invested in technologies to help recruitment efforts.

Service-line Growth – Dr. Chandran and his team were here on June 21<sup>st</sup> to discuss nephrology services opportunities. Dr. Chandran feels there are opportunities to keep nephrology patients in Juneau for these services. These services can increase our inpatient volumes and increase our case mix acuity. Dr. Wright, a hospitalist with training in infectious disease, has expressed interest in providing administrative support to BRH pharmacy and the possible development of a local and telemedicine ID clinic in the future. Discussions continue with two cardiologists that are interested in providing in-patient and out-patient services. We are looking at different models and going through the value proposition of bringing cardiology services to BRH. There is a future goal to assess the need and demand for diagnostic Cath-lab services in Juneau. It is important to have local providers on board. Dr. Raster initiated discussion about nephrology services. Technology has changed tremendously. Dialysis equipment used at home can now be used in the hospital and will reduce the number of patients shipped to other facilities. Dr. Jones stated that nephrology and in-house dialysis would be nice. It's important to talk with the nephrologist that currently provides consults to see if they can provide these services.

Home Health & Hospice – Hospice and Home Health will begin seeing patients in mid-July. Ms. Stout and her team will provide education to local physicians about these services. BRH will not be able to bill for these services until meeting CMS certification requirements. We must see 5 Hospice patients before CMS conducts their survey. Once the survey is conducted, BRH will be able to bill for those patients' care. Home Health requires 10 patients.

Wildflower Court Rate Review – BRH has received a request to conduct a rate review audit for WFC. It doesn't make sense to do it at this time during this transition of ownership. Mr. Keith is talking with the Rate Review Board about the request.

HR Executive Director Search – Ms. Moorehead reported there were over 25 applicants for this position. Mr. Hargrave narrowed it down to 7 candidates and an interview panel narrowed it down to 3 candidates. Two candidates have Alaska roots. Two candidates have interviews scheduled and we are working on scheduling the 3<sup>rd</sup>. We hope to have someone on board by late August.

Medical Staff Services – Mr. Keith expressed appreciation to Dr. Rosenfeld for the work to get the 46 delineation of procedures and the bylaws. These were big issues.

ED Renovation Project – The Planning Committee will receive feedback from the architects at the July 7<sup>th</sup> Planning Committee meeting. Plans will be proposed for initial discussion, but cost estimates will not yet be available. We have not yet heard back about grant funding from the government.

Juneau Bone and Joint Center - We are still working on the purchase of this property. He thanked the board members that showed up at the Assembly's Committee of the Whole meeting last night to show support for this purchase. The price will need to be negotiated once survey of the property is complete. Mr. Muse reported the purchase of this property will be put to a vote at the July 10<sup>th</sup> Assembly meeting.

Request for Information (RFI) – Ms. McDowell reported RFIs had been submitted for anesthesia as well as radiology services. Seattle anesthesia services have been chosen to provide anesthesia service. Radiology services will be provided by Alaska Imaging and Solorad (Dr. Strickler). We are in the process of negotiating agreements. BRH will sign a partnership with Alaska Imaging and Solorad will sign a partnership through Alaska Imaging.

Tele-neurology – BRH recently updated its tele-stroke services contract with Providence. With this update, Providence is now going to provide tele-neurology and tele-neuro hospitalist services for BRH in addition to the tele-stroke services it has been providing. Staff are currently receiving training for these new services.

Behavioral Health Services – Opening, recruitment & operations: Mr. Keith reported that now that the grand opening of the ABHC is behind us, Kim McDowell, Jennifer Carson, and the clinical staff will regroup and build a better, more sustainable product. He also reported that the Governor has vetoed crisis stabilization funding by 2/3. He is trying to gather more information from AHHA (Alaska Hospital and Healthcare Association) about why this happened. This action is contrary to where the State wanted to go. He is very optimistic that BRH will have a cohesive behavioral health team and a sustainable program developed by October of this year.

**Legal Report** – Ms. Nault reported she and her office have been working on the following since the last Board meeting: services agreement for anesthesia, Juneau Bone & Joint Center property purchase, WFC transaction, a patient complaint and a physician compensation review that involved VMG Health.

**BRH FOUNDATION REPORT** – Ms. Uchytel reported the BRH Foundation has awarded 7 Edelman health sciences scholarships for a total of \$26,000. The Foundation has received a \$10K grant from a private foundation for the “Grow Your Own” initiative. She is working with Staff Development to develop a budget for how this money is to be allocated. There will be a “Give From the Heart” payroll deduction campaign during the month of July to help increase the number of BRH employees that donate to the Foundation. The percentage of employees that contribute through payroll deduction is an important metric when applying for private foundation grants. In the last two quarters, the Foundation has given \$204,525. Grant funding from the Foundation was used to meet training requirements for accreditation of the ABHC by the Joint Commission. Mr. Solomon-Gross expressed appreciation for all of the work Ms. Uchytel and the Foundation has done for BRH and the ABHC. The Foundation will not hold its annual gala this year but will have some type of fundraising event in October.

**PRESIDENT REPORT** – Mr. Solomon-Gross reported he went to most committee meetings this month, has met every Wednesday with Mr. Keith and with staff and other board members to discuss BRH matters. He expressed appreciation for the town hall meetings and for the information shared with staff. He reminded board member if they wish to attend the AHHA conference in September, to let Ms. Moffitt know so she can make reservations. There will be another strategic planning workshop scheduled to take place in the near future.

**BOARD CALENDAR** – July calendar reviewed. Planning meeting to take place at 12:00pm July 7<sup>th</sup>, Compliance meeting at 2:00pm on July 20<sup>th</sup>, Finance meeting at 12:00pm on July 21<sup>st</sup>, Quality meeting at 1:30 pm July 24<sup>th</sup> and Board of Directors at 5:30pm July 25<sup>th</sup>. The next Governance Committee meeting will take place in August.

**BOARD COMMENTS AND QUESTIONS** – Mr. Geiger acknowledged all the good news reported this month about Hospice and Home Health services and the improved finances. Mr. Solomon-Gross acknowledged this was Mr. Hargrave’s last Board of Directors meeting. He has been a great asset to BRH and will be missed. CBJ is very lucky to have him. Multiple board members expressed their appreciation for the calm demeanor, level-headedness, guidance, and hard work Mr. Hargrave has provided over the years. Dr. Jones acknowledged Dr. Kayla Luhrs’ attendance at tonight’s meeting to learn a little more about how the hospital runs.

**EXECUTIVE SESSION** – *MOTION by Ms. Johnston 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.)*

Mr. Geiger seconded. The Board entered executive session at 8:21 p.m. and returned to regular session at 8:37 p.m.

*MOTION by Mr. Geiger to approve the credentialing report as presented. Ms. Knapp seconded. There being no objection, MOTION approved.*

**ADJOURNMENT:** 8:37 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, July 25, 2023



# Bartlett Regional Hospital

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## FINANCIAL REPORT

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To: Bartlett Regional Hospital Finance Committee  
From: Sam Muse  
Chief Financial Officer  
**Re: *May Financial Performance***

### **Overview**

May inpatient and outpatient gross revenues both increased month-over-month and, together, were roughly \$1.2M above the average of the previous 11 months. Operating costs increased from the prior month, largely within materials and supplies for the OR and Pharmacy. The net operating loss for May was \$(198,000). These results include roughly \$75,000 of direct startup/operating costs related to Home Health, Hospice and Crisis Services, as well as one-time costs related to the acquisition of Wildflower Court. The Hospital's unrestricted cash increased by \$855,000 during the month to \$40.5M.

### **Income Statement**

May inpatient revenue increased by \$500,000 month-over-month and was \$365,000 above the average of the prior 11 months. May outpatient revenue increased \$320,000 month-over-month and was \$580,000 above the average of the prior 11 months. Contractual and bad debt write-offs were 46.5% of gross revenues, inline with the 12-month average of 47.5%. The result was net operating revenue totaling \$10.73M, which was above the FY2023 rolling average of \$10.0M.

The total salaries and benefit expense of \$7.56M was just below the FY2023 rolling average of \$7.63M. Personnel costs were up from the prior month, mostly

due to RN salaries & OT in the Emergency Department and CCU, corresponding to increased volumes in those units. Additionally, a quarterly physician bonus payment was issued in May. Total salaries and benefits were 71% of net operating revenues for the month.

Contractual labor costs increased \$110,000 month-over-month. These contractual costs are primarily attributable to either difficulty recruiting/staffing in units (OR, MHU & Diagnostic Radiology) or increased demand related to the summer tourism (Emergency Department). The OR remains the highest utilizer, at \$218,000 for the month of May.

Other operating expenditures also increased month-to-month. This was due to a \$200,000 increase on the materials & supplies side, specifically Pharmacy and OR inventoried item usage, which are also primarily driven by volumes (tools/items used in surgery, drugs administered to patients).

When looking at FY2023 average expenditures for the 5 months prior to management's phased plan to reduce costs (July 22' – Nov 22') compared to the six months after (Dec 22' – May 23'), average operating expenditures are down \$220,000 a month, mostly due to reductions in salaries and contract labor. Meanwhile, comparing those same timeframes, net patient revenues are up an average of \$440,000 a month. The cumulative monthly benefit is a positive \$660,000.

The rolling FY2023 average monthly loss for the hospital is now **\$(985K)**.

### **Balance Sheet**

Unrestricted cash (Cash + Board Designated Cash) increased \$855,000 from the month prior to \$40.5M. Cash collections of \$9.3M remained above average for the year but below the collections in each of the prior two months. On a current resources basis for determining available capital (current assets convertible to cash, less current payables), Bartlett saw an increase of \$900,000 month-over-month, to \$43.7M. Accounts Receivable increased from \$19.1M in April to \$19.6M in May.

Liabilities remained flat in the aggregate month-over-month, with increases in payroll liabilities offset by decreases in accounts payable, both related to timing of payments.

### **Dashboard/Financial Indicators**

Inpatient volumes increased month-over-month in all units, except for the MHU, which saw a drop back down to volumes on the unit last seen in December. This was related to physician turnover and difficulty staffing within the Behavioral Health service lines. When compared to the fiscal year average volumes for the units, all were above the average for the fiscal year, except for the Medical/Surgical unit which had 10% lower patient days for the month.

Outpatient volumes increased month-over-month, led by surgery cases and ED visits. Surgery cases increased over 20% from the prior month, to 293. The Emergency Department began to see the summer uptick in cases begin in May, with 1,089 visits.

Days in net receivables stayed flat at 56.8 days and days in accounts payable decreased slightly to 31.8.

### **Conclusion**

Patient volumes rebounded on both the inpatient and outpatient side from the month prior. The only exceptions being the Mental Health and Medical/Surgical units. Operating expenses also increased month-over-month related to staffing in the Emergency Department and CCU and materials costs in the OR and Pharmacy. That said, costs remained lower than the prior in the year, even given the above average volumes. Additionally, Bartlett had startup operating costs related to several service lines totaling \$75,000 that was a headwind against the bottom line. The net result was a loss of \$(198,000). Unrestricted cash continued to increase for the second month in a row, up nearly \$2.0 million since March.

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 2023

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,225,508	\$5,151,225	-\$925,717	-18.0%	\$3,929,079	1. Gross Patient Revenue:						
\$1,061,531	\$1,346,166	-\$284,635	-21.1%	\$928,481	2. Inpatient Revenue	\$43,050,802	\$54,295,066	-\$11,244,264	-20.7%	\$43,601,997	-1.3%
\$5,287,039	\$6,497,391	-\$1,210,352	-18.6%	\$4,857,560	3. Inpatient Ancillary Revenue	\$11,402,782	\$14,188,910	-\$2,786,128	-19.6%	\$12,079,837	-5.6%
					4. Total Inpatient Revenue	\$54,453,584	\$68,483,976	-\$14,030,392	-20.5%	\$55,681,834	-2.2%
\$12,507,831	\$11,966,612	\$541,219	4.5%	\$11,601,673	5. Outpatient Revenue	\$132,749,591	\$126,130,762	\$6,618,829	5.2%	\$120,816,709	9.9%
\$17,794,870	\$18,464,003	-\$669,133	-3.6%	\$16,459,233	6. Total Patient Revenue - Hospital	\$187,203,175	\$194,614,738	-\$7,411,563	-3.8%	\$176,498,543	6.1%
\$375,532	\$269,009	\$106,523	39.6%	\$249,944	7. RRC Patient Revenue	\$2,963,611	\$2,835,415	\$128,196	4.5%	\$2,606,123	13.7%
\$242,171	\$505,433	-\$263,263	-52.1%	\$456,653	8. BHOPS Patient Revenue	\$2,490,766	\$5,327,391	-\$2,836,625	-53.2%	\$4,814,180	-48.3%
\$1,230,629	\$1,230,309	\$320	0.0%	\$1,076,229	9. Physician Revenue	\$11,845,627	\$12,967,745	-\$1,122,118	-8.7%	\$10,459,540	13.3%
\$19,643,202	\$20,468,754	-\$825,553	-4.0%	\$18,242,059	10. Total Gross Patient Revenue	\$204,503,179	\$215,745,289	-\$11,242,110	-5.2%	\$194,378,386	5.2%
					Deductions from Revenue:						
\$2,868,064	\$3,159,738	\$291,674	9.2%	\$2,930,699	11. Inpatient Contractual Allowance	\$30,922,285	\$33,465,254	\$2,542,969	7.6%	\$27,196,493	13.7%
-\$350,000	-\$350,000	\$0		-\$308,333	12. 10a. Rural Demonstration Project	-\$3,850,000	-\$3,850,000	\$0		-\$308,333	
\$5,132,514	\$4,769,830	-\$362,684	-7.6%	\$4,860,343	13. Outpatient Contractual Allowance	\$56,490,784	\$50,275,100	-\$6,215,684	-12.4%	\$49,080,211	15.1%
\$709,218	\$604,908	-\$104,310	-17.2%	\$781,557	14. Physician Service Contractual Allowance	\$7,164,970	\$6,375,866	-\$789,104	-12.4%	\$6,134,751	16.8%
\$30,282	\$26,080	-\$4,202	-16.1%	\$27,821	15. Other Deductions	\$296,747	\$274,887	-\$21,860	-8.0%	\$259,650	0.0%
\$83,234	\$124,315	-\$41,081	33.0%	\$143,248	16. Charity Care	\$460,878	\$1,310,307	-\$849,429	64.8%	\$1,187,956	-61.2%
\$663,739	\$304,196	-\$359,543	-118.2%	\$725,275	17. Bad Debt Expense	\$4,036,632	\$3,206,294	-\$830,338	-25.9%	\$4,598,259	-12.2%
\$9,137,051	\$8,639,067	-\$497,984	-5.8%	\$9,160,610	18. Total Deductions from Revenue	\$95,522,296	\$91,057,708	-\$4,464,588	-4.9%	\$88,148,987	8.4%
42.6%	41.7%			47.0%	% Contractual Allowances / Total Gross Patient Revenue	44.4%	41.8%			42.2%	
3.8%	2.1%			4.8%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.2%	2.1%			3.0%	
46.5%	42.2%			50.2%	% Total Deductions / Total Gross Patient Revenue	46.7%	42.2%			45.3%	
\$10,506,151	\$11,829,687	-\$1,323,537	-11.2%	\$9,081,449	19. Net Patient Revenue	\$108,980,883	\$124,687,581	-\$15,706,698	-12.6%	\$106,229,399	2.6%
\$226,256	\$385,030	-\$158,775	-41.2%	\$365,743	20. Other Operating Revenue	\$2,712,208	\$4,160,834	-\$1,448,626	-34.8%	\$10,656,412	-74.5%
\$10,732,407	\$12,214,717	-\$1,482,310	-12.1%	\$9,447,192	21. Total Operating Revenue	\$111,693,091	\$128,848,415	-\$17,155,324	-13.3%	\$116,885,811	-4.4%
					Expenses:						
\$4,470,801	\$4,919,538	\$448,737	9.1%	\$4,357,166	22. Salaries & Wages	\$49,138,126	\$53,162,644	\$4,024,518	7.6%	\$47,620,688	3.2%
\$281,273	\$441,175	\$159,902	36.2%	\$422,325	23. Physician Wages	\$3,376,046	\$4,767,516	\$1,391,470	29.2%	\$3,802,650	-11.2%
\$559,311	\$79,323	-\$479,988	-605.1%	\$789,120	24. Contract Labor	\$6,828,779	\$857,204	-\$5,971,575	-696.6%	\$2,618,545	160.8%
\$2,245,914	\$2,634,598	\$388,684	14.8%	\$2,427,959	25. Employee Benefits	\$24,264,656	\$28,470,659	\$4,206,003	14.8%	\$26,507,360	-8.5%
\$7,557,299	\$8,074,634	\$517,335	6.4%	\$7,996,570	26. % Salaries and Benefits / Total Operating Revenue	\$83,607,607	\$87,258,023	\$3,650,416	4.2%	\$80,549,243	3.8%
70.4%	66.1%			84.6%		74.9%	67.7%			68.9%	
\$38,897	\$74,617	\$35,720	47.9%	\$63,462	27. Medical Professional Fees	\$749,863	\$806,328	\$56,465	7.0%	\$785,223	-4.5%
\$214,409	\$406,219	\$191,810	47.2%	\$412,311	28. Physician Contracts	\$3,181,563	\$4,389,798	\$1,208,235	27.5%	\$3,844,871	-17.3%
\$257,239	\$224,546	-\$32,693	-14.6%	\$209,768	29. Non-Medical Professional Fees	\$2,705,812	\$2,426,502	-\$279,310	-11.5%	\$2,152,706	25.7%
\$1,587,203	\$1,341,108	-\$246,095	-18.4%	\$1,435,271	30. Materials & Supplies	\$14,943,496	\$14,492,458	-\$451,038	-3.1%	\$15,645,905	-4.5%
\$150,532	\$149,542	-\$990	-0.7%	\$214,545	31. Utilities	\$1,889,171	\$1,616,083	-\$273,088	-16.9%	\$1,733,531	9.0%
\$348,717	\$420,976	\$72,259	17.2%	\$521,697	32. Maintenance & Repairs	\$5,153,138	\$4,549,275	-\$603,863	-13.3%	\$5,015,938	2.7%
\$49,304	\$67,008	\$17,704	26.4%	\$77,726	33. Rentals & Leases	\$706,764	\$724,099	\$17,335	2.4%	\$708,205	-0.2%
\$78,804	\$80,117	\$1,313	1.6%	\$67,712	34. Insurance	\$829,078	\$865,756	\$36,678	4.2%	\$838,819	-1.2%
\$572,134	\$667,574	\$95,440	14.3%	\$585,394	35. Depreciation & Amortization	\$6,473,731	\$7,214,087	\$740,357	10.3%	\$6,819,198	-5.1%
\$35,000	\$112,179	\$77,179	68.8%	\$32,973	36. Interest Expense	\$900,522	\$1,212,258	\$311,736	25.7%	\$171,299	425.7%
\$141,657	\$149,145	\$7,488	5.0%	\$191,849	37. Other Operating Expenses	\$1,536,128	\$1,611,600	\$75,472	4.7%	\$1,498,055	2.5%
\$11,031,195	\$11,767,665	\$736,470	6.3%	\$11,809,278	38. Total Expenses	\$122,676,873	\$127,166,267	\$4,489,395	3.5%	\$119,762,993	-2.4%
-\$298,788	\$447,052	-\$745,840	-166.8%	-\$2,362,086	39. Income (Loss) from Operations	-\$10,983,782	\$1,682,148	-\$12,665,930	-753.0%	-\$2,877,182	281.8%
\$2,604	\$45,125	-\$42,521	-94.2%	\$835	40. Non-Operating Revenue	\$42,856	\$487,632	-\$444,777	-91.2%	\$819,625	-94.8%
\$98,333	\$63,352	\$34,981	55.2%	\$64,348	41. Interest Income	\$860,132	\$684,603	\$175,529	25.6%	\$962,731	-10.7%
\$100,937	\$108,477	-\$7,540	-7.0%	\$65,183	42. Other Non-Operating Income	\$902,988	\$1,172,235	-\$269,247	-23.0%	\$1,782,356	-49.3%
-\$197,851	\$555,529	-\$753,380	-135.6%	-\$2,296,903	43. Total Non-Operating Revenue	-\$10,080,794	\$2,854,383	-\$12,935,177	-453.2%	-\$1,094,826	-820.8%
-2.78%	3.66%			-25.00%	Income from Operations Margin	-9.83%	1.31%			-2.46%	
-1.84%	4.55%			-24.31%	Net Income	-9.03%	2.22%			-0.94%	

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING INCOME STATEMENT  
FOR THE PERIOD JUNE 22 THRU MAY 23

	June-22	July-22	August-22	September-22	October-22	November-22	December-22	January-23	February-23	March-23	April-23	May-23
Gross Patient Revenue:												
1. Inpatient Revenue	\$3,968,043	\$4,215,688	\$4,027,710	\$3,982,584	\$3,257,040	\$3,584,672	\$3,855,013	\$4,254,314	\$3,569,143	\$4,397,999	\$3,681,133	\$4,225,508
2. Inpatient Ancillary Revenue	\$1,049,117	\$1,140,316	\$1,099,216	\$1,197,792	\$902,770	\$942,642	\$900,908	\$1,022,719	\$930,317	\$1,138,631	\$1,065,939	\$1,061,531
3. Total Inpatient Revenue	\$5,017,160	\$5,356,004	\$5,126,926	\$5,180,376	\$4,159,810	\$4,527,314	\$4,755,921	\$5,277,033	\$4,499,460	\$5,536,630	\$4,747,072	\$5,287,039
4. Outpatient Revenue	\$11,242,830	\$11,360,235	\$13,314,095	\$11,947,076	\$11,997,275	\$10,860,738	\$12,395,154	\$11,275,571	\$11,951,061	\$12,953,510	\$12,187,045	\$12,507,831
5. Total Patient Revenue - Hospital	\$16,259,990	\$16,716,239	\$18,441,021	\$17,127,452	\$16,157,085	\$15,388,052	\$17,151,075	\$16,552,604	\$16,450,521	\$18,490,140	\$16,934,117	\$17,794,870
6. RRC Patient Revenue	\$196,884	\$182,885	\$218,659	\$146,310	\$256,364	\$259,792	\$234,804	\$341,367	\$252,046	\$364,205	\$331,649	\$375,532
7. BHOPS Patient Revenue	\$529,944	\$199,460	\$196,611	\$243,492	\$198,007	\$196,646	\$206,835	\$153,610	\$282,042	\$352,276	\$219,617	\$242,171
8. Physician Revenue	\$862,360	\$1,205,276	\$1,295,030	\$1,043,040	\$1,129,777	\$891,445	\$1,047,355	\$940,271	\$976,770	\$1,087,842	\$998,192	\$1,230,629
9. Total Gross Patient Revenue	\$17,849,178	\$18,303,860	\$20,151,321	\$18,560,294	\$17,741,233	\$16,735,935	\$18,640,069	\$17,987,852	\$17,961,379	\$20,294,463	\$18,483,575	\$19,643,202
Deductions from Revenue:												
10. Inpatient Contractual Allowance	\$3,105,403	\$3,188,205	\$2,874,182	\$3,041,724	\$2,028,725	\$3,122,174	\$2,607,368	\$3,853,107	\$2,834,264	\$3,691,521	\$2,223,574	\$2,868,064
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,284,968	\$4,768,716	\$5,287,432	\$5,373,622	\$5,161,340	\$5,111,022	\$5,446,185	\$4,683,226	\$4,904,255	\$5,189,817	\$5,432,655	\$5,132,514
12. Physician Service Contractual Allowance	\$407,030	\$719,575	\$792,835	\$593,392	\$687,887	\$567,279	\$739,778	\$486,732	\$563,013	\$655,082	\$650,179	\$709,218
13. Other Deductions	\$27,703	\$25,242	\$23,107	\$29,475	\$31,557	\$24,782	\$25,339	\$24,903	\$26,604	\$31,862	\$23,594	\$30,282
14. Charity Care	\$56,435	\$64,841	\$16,786	\$23,558	\$9,635	\$27,409	\$109,480	\$11,263	\$32,747	\$51,189	\$39,737	\$83,234
15. Bad Debt Expense	-\$344,442	\$766,855	\$121,762	\$105,424	\$449,596	\$590,288	\$280,737	\$428,190	\$566,123	\$95,337	\$142,685	\$663,739
16. Total Deductions from Revenue	\$8,187,097	\$9,183,434	\$8,766,104	\$8,817,195	\$8,018,740	\$9,092,954	\$8,858,887	\$9,137,421	\$8,577,006	\$9,364,808	\$8,153,424	\$9,137,051
% Contractual Allowances / Total Gross Patient Revenue	47.3%	45.5%	42.7%	46.7%	42.4%	50.5%	45.3%	48.2%	44.3%	45.3%	43.0%	42.6%
% Bad Debt & Charity Care / Total Gross Patient Revenue	-1.6%	4.5%	0.7%	0.7%	2.6%	3.7%	2.1%	2.4%	3.3%	0.7%	0.9%	3.8%
% Total Deductions / Total Gross Patient Revenue	45.9%	50.2%	43.5%	47.5%	45.2%	54.3%	47.5%	50.8%	47.8%	46.1%	44.1%	46.5%
17. Net Patient Revenue	\$9,662,081	\$9,120,426	\$11,385,217	\$9,743,099	\$9,722,493	\$7,642,981	\$9,781,182	\$8,850,431	\$9,384,373	\$10,929,655	\$10,330,151	\$10,506,151
18. Other Operating Revenue	\$430,405	\$365,270	\$35,967	\$237,857	\$60,903	\$68,846	\$218,652	\$744,139	\$62,159	\$328,934	\$363,227	\$226,256
19. Total Operating Revenue	\$10,092,486	\$9,485,696	\$11,421,184	\$9,980,956	\$9,783,396	\$7,711,827	\$9,999,834	\$9,594,570	\$9,446,532	\$11,258,589	\$10,693,378	\$10,732,407
Expenses:												
20. Salaries & Wages	\$4,497,152	\$4,400,364	\$4,638,771	\$4,447,158	\$4,749,331	\$4,305,853	\$4,636,122	\$4,326,733	\$4,448,379	\$4,420,272	\$4,269,341	\$4,470,801
21. Physician Wages	\$260,633	\$267,548	\$363,200	\$303,118	\$382,845	\$318,021	\$253,443	\$312,585	\$282,901	\$316,323	\$294,790	\$281,273
22. Contract Labor	\$820,571	\$633,674	\$896,896	\$500,550	\$1,063,275	\$556,777	\$558,041	\$533,222	\$515,243	\$566,082	\$440,373	\$559,311
23. Employee Benefits	\$2,434,120	\$2,374,084	\$2,078,228	\$2,184,768	\$2,136,626	\$2,023,430	\$2,259,686	\$2,335,336	\$1,985,251	\$2,183,889	\$2,453,740	\$2,245,914
	\$8,012,476	\$7,675,670	\$7,977,095	\$7,435,594	\$8,332,077	\$7,204,081	\$7,707,292	\$7,507,876	\$7,231,774	\$7,486,566	\$7,458,244	\$7,557,299
% Salaries and Benefits / Total Operating Revenue	79.4%	80.9%	69.8%	74.5%	85.2%	93.4%	77.1%	78.3%	76.6%	66.5%	69.7%	70.4%
24. Medical Professional Fees	\$48,386	\$38,713	\$95,316	\$27,897	\$46,875	\$98,090	\$108,174	\$51,311	\$99,554	\$67,384	\$77,653	\$38,897
25. Physician Contracts	\$514,752	\$326,821	\$399,851	\$300,750	\$192,862	\$346,250	\$394,474	\$293,471	\$220,346	\$230,299	\$249,530	\$214,409
26. Non-Medical Professional Fees	\$246,454	\$221,282	\$223,427	\$326,262	\$283,400	\$140,070	\$214,290	\$295,669	\$236,876	\$255,334	\$220,269	\$257,239
27. Materials & Supplies	\$1,331,112	\$1,305,218	\$1,507,512	\$1,297,313	\$1,238,474	\$1,325,465	\$1,115,877	\$1,134,770	\$1,399,287	\$1,490,245	\$1,328,029	\$1,587,203
28. Utilities	\$98,852	\$121,693	\$140,725	\$170,796	\$215,122	\$187,073	\$175,546	\$192,661	\$214,481	\$184,856	\$135,629	\$150,532
29. Maintenance & Repairs	\$435,114	\$426,346	\$536,097	\$308,219	\$508,187	\$509,622	\$605,648	\$318,024	\$488,087	\$554,509	\$548,490	\$348,717
30. Rentals & Leases	\$51,336	\$86,650	\$75,688	\$69,747	\$81,343	\$29,889	\$46,758	\$65,366	\$84,663	\$57,801	\$59,555	\$49,304
31. Insurance	\$66,848	\$74,882	\$78,806	\$74,478	\$80,011	\$76,587	\$73,921	\$82,628	\$54,305	\$76,169	\$78,489	\$78,804
32. Depreciation & Amortization	\$584,119	\$594,379	\$589,009	\$585,314	\$585,000	\$592,791	\$603,659	\$585,273	\$589,136	\$582,707	\$589,596	\$572,134
33. Interest Expense	\$32,973	\$32,973	\$32,919	\$32,919	\$32,000	\$32,000	\$98,758	\$100,000	\$50,000	\$87,000	\$50,000	\$35,000
34. Other Operating Expenses	\$127,071	\$93,683	\$148,396	\$190,795	\$115,397	\$106,732	\$142,135	\$62,807	\$82,877	\$208,088	\$27,051	\$141,657
35. Total Expenses	\$11,549,493	\$10,998,310	\$11,804,841	\$10,820,084	\$11,710,748	\$10,648,650	\$11,286,532	\$10,689,856	\$10,751,386	\$11,280,958	\$10,822,535	\$11,031,195
36. Income (Loss) from Operations	-\$1,457,007	-\$1,512,614	-\$383,657	-\$839,128	-\$1,927,352	-\$2,936,823	-\$1,286,698	-\$1,095,286	-\$1,304,854	-\$22,369	-\$129,157	-\$298,788
Non-Operating Revenue												
37. Interest Income	\$733	\$1,988	\$1,332	\$5,860	\$2,190	\$1,124	\$2,812	\$12,279	\$2,384	\$4,661	\$5,623	\$2,604
38. Other Non-Operating Income	\$64,269	\$61,858	\$70,916	\$67,229	\$61,357	\$86,817	\$89,364	\$82,450	\$80,757	\$82,599	\$78,452	\$98,333
39. Total Non-Operating Revenue	\$65,002	\$63,846	\$72,248	\$73,089	\$63,547	\$87,941	\$92,176	\$94,729	\$83,141	\$87,260	\$84,075	\$100,937
40. Net Income (Loss)	-\$1,392,005	-\$1,448,768	-\$311,409	-\$766,039	-\$1,863,805	-\$2,848,882	-\$1,194,522	-\$1,000,557	-\$1,221,713	\$64,891	-\$45,082	-\$197,851

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
May 31, 2023

	<u>May-23</u>	<u>April-23</u>	<u>May-22</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	21,716,162	20,861,399	7,271,871	14,444,291
2. Board designated cash	18,787,517	18,787,517	27,375,730	(8,588,214)
3. Patient accounts receivable, net	19,629,284	19,090,559	18,180,691	1,448,593
4. Other receivables	(225,255)	(143,666)	1,323,543	(1,548,798)
5. Inventories	4,135,158	4,293,197	3,642,059	493,099
6. Prepaid Expenses	1,696,269	2,193,977	1,893,949	(197,680)
7. Other assets	750,044	758,152	31,937	718,107
8. Total current assets	66,489,179	65,841,135	59,719,780	6,769,398
Appropriated Cash:				
9. CIP Appropriated Funding	18,394,881	18,394,881	29,145,697	(10,750,816)
Property, plant & equipment				
10. Land, bldgs & equipment	156,716,305	156,716,305	153,025,175	3,691,130
11. Construction in progress	30,078,150	30,000,864	17,812,831	12,265,319
12. Total property & equipment	186,794,455	186,717,169	170,838,006	15,956,449
13. Less: accumulated depreciation	(115,283,339)	(114,711,204)	(108,329,760)	(6,953,578)
14. Net property and equipment	71,511,116	72,005,965	62,508,246	9,002,871
15. Deferred outflows/Contribution to f	11,012,716	11,012,716	12,654,846	(1,642,130)
<b>16. Total assets</b>	<b>167,407,892</b>	<b>167,254,697</b>	<b>164,028,569</b>	<b>3,379,323</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	2,668,095	2,266,794	2,580,462	87,633
18. Accrued employee benefits	5,056,010	5,018,585	5,368,868	(312,858)
19. Accounts payable and accrued exp	3,511,654	3,567,923	3,390,582	121,072
20. Due to 3rd party payors	1,999,056	1,999,056	2,706,739	(707,683)
21. Deferred revenue	320,870	364,037	697,168	(376,298)
22. Interest payable	408,246	408,246	165,131	243,115
23. Note payable - current portion	1,770,000	1,770,000	1,030,000	740,000
24. Other payables	1,220,730	1,147,476	458,446	762,284
25. Total current liabilities	16,954,661	16,542,117	16,397,396	557,265
Long-term Liabilities:				
26. Bonds payable	32,775,000	32,775,000	16,230,000	16,545,000
27. Bonds payable - premium/discoun	2,522,472	2,522,472	82,713	2,439,759
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	96,022,070	96,022,070	83,260,907	12,761,163
31. Total liabilities	112,976,731	112,564,187	99,658,303	13,318,428
32. Fund Balance	54,431,161	54,690,510	64,370,266	(9,939,105)
<b>33. Total liabilities and fund balance</b>	<b>167,407,892</b>	<b>167,254,697</b>	<b>164,028,569</b>	<b>3,379,323</b>

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING BALANCE SHEET  
FOR THE PERIOD JUNE 22 THRU MAY 23

	June-22	July-22	August-22	September-22	October-22	November-22	December-22	January-23	February-23	March-23	April-23	May-23
<b>ASSETS</b>												
Current Assets:												
1. Cash and cash equivalents	5,967,974	22,211,019	20,962,221	19,702,993	15,612,199	14,652,954	13,281,489	20,026,270	18,736,742	19,656,133	20,861,399	21,716,162
2. Board designated cash	27,374,717	28,944,179	28,004,896	28,579,509	28,579,509	28,579,509	27,410,153	22,408,581	22,408,581	18,787,517	18,787,517	18,787,517
3. Patient accounts receivable, net	18,966,587	20,620,575	20,751,228	19,384,954	20,740,871	19,385,684	19,591,599	17,742,487	20,365,449	20,109,468	19,090,559	19,629,284
4. Other receivables	1,501,123	1,346,190	(79,787)	1,457	(136,876)	(353,012)	(781,021)	(360,561)	(373,122)	(187,981)	(143,666)	(225,255)
5. Inventories	3,613,561	3,236,548	3,435,392	3,983,200	4,081,522	4,086,504	4,174,947	4,171,861	4,018,183	4,058,651	4,293,197	4,135,158
6. Prepaid Expenses	1,717,382	3,371,478	3,623,126	3,511,986	3,322,738	3,098,133	2,793,940	3,053,794	2,679,713	2,330,340	2,193,977	1,696,269
7. Other assets	32,937	32,939	31,936	753,152	755,753	755,752	755,752	755,752	758,152	758,152	758,152	750,044
<b>8. Total current assets</b>	<b>59,174,281</b>	<b>79,762,928</b>	<b>76,729,012</b>	<b>75,917,251</b>	<b>72,955,716</b>	<b>70,205,524</b>	<b>67,226,859</b>	<b>67,798,184</b>	<b>68,593,698</b>	<b>65,512,280</b>	<b>65,841,135</b>	<b>66,489,179</b>
Appropriated Cash:												
9. CIP Appropriated Funding	28,560,714	28,560,714	29,046,423	28,184,484	28,184,484	28,184,484	28,184,484	23,182,911	23,182,911	18,394,881	18,394,881	18,394,881
Property, plant & equipment												
10. Land, bldgs & equipment	153,025,325	153,308,451	153,345,547	153,356,247	153,625,432	156,049,480	156,293,702	156,293,702	156,389,486	156,635,078	156,716,305	156,716,305
11. Construction in progress	18,510,117	18,209,189	20,119,756	20,470,933	22,545,584	20,317,356	19,832,220	24,736,597	25,080,367	29,918,878	30,000,864	30,078,150
12. Total property & equipment	171,535,442	171,517,640	173,465,303	173,827,180	176,171,016	176,366,836	176,125,922	181,030,299	181,469,853	186,553,956	186,717,169	186,794,455
13. Less: accumulated depreciation	(108,913,879)	(109,403,986)	(109,992,994)	(110,578,308)	(111,168,043)	(111,760,833)	(112,364,492)	(112,949,765)	(113,538,900)	(114,121,608)	(114,711,204)	(115,283,339)
<b>14. Net property and equipment</b>	<b>62,621,563</b>	<b>62,113,654</b>	<b>63,472,309</b>	<b>63,248,872</b>	<b>65,002,978</b>	<b>64,606,003</b>	<b>63,761,430</b>	<b>68,080,534</b>	<b>67,930,953</b>	<b>72,432,348</b>	<b>72,005,965</b>	<b>71,511,116</b>
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,654,846	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716
<b>16. Total assets</b>	<b>163,011,403</b>	<b>183,092,142</b>	<b>181,902,590</b>	<b>178,363,323</b>	<b>177,155,890</b>	<b>174,008,727</b>	<b>170,185,489</b>	<b>170,074,345</b>	<b>170,720,278</b>	<b>167,352,225</b>	<b>167,254,697</b>	<b>167,407,892</b>
<b>LIABILITIES &amp; FUND BALANCE</b>												
Current liabilities:												
17. Payroll liabilities	2,849,971	3,322,640	3,872,037	1,886,842	2,448,280	2,735,584	3,148,013	3,575,434	3,608,721	1,890,256	2,266,794	2,668,095
18. Accrued employee benefits	4,822,998	4,650,759	4,650,681	5,163,022	5,126,480	4,988,949	4,281,284	4,438,045	4,513,313	5,098,329	5,018,585	5,056,010
19. Accounts payable and accrued expenses	4,609,541	4,030,238	5,873,081	4,796,933	4,964,766	5,388,795	4,129,235	4,509,016	4,866,360	4,023,191	3,567,923	3,511,654
20. Due to 3rd party payors	2,708,665	2,708,665	2,708,665	2,708,665	3,165,930	2,246,688	2,246,688	2,246,688	2,180,835	2,173,274	1,999,056	1,999,056
21. Deferred revenue	649,002	1,123,835	712,985	669,818	626,652	583,485	540,318	497,152	453,985	407,203	364,037	320,870
22. Interest payable	105,323	16,175	147,817	186,175	186,175	186,175	200,846	200,846	200,846	408,246	408,246	408,246
23. Note payable - current portion	1,030,000	1,030,000	1,490,000	1,490,000	1,490,000	1,490,000	1,495,000	1,495,000	1,495,000	1,770,000	1,770,000	1,770,000
24. Other payables	1,000	83,469	170,789	1,113,623	1,195,898	1,254,223	799,761	883,373	881,129	1,098,987	1,147,476	1,220,730
<b>25. Total current liabilities</b>	<b>16,776,500</b>	<b>16,965,781</b>	<b>19,626,055</b>	<b>18,015,078</b>	<b>19,204,181</b>	<b>18,873,899</b>	<b>16,841,145</b>	<b>17,845,554</b>	<b>18,200,189</b>	<b>16,869,486</b>	<b>16,542,117</b>	<b>16,954,661</b>
Long-term Liabilities:												
26. Bonds payable	16,230,000	35,005,000	34,545,000	34,545,000	34,545,000	34,545,000	34,365,000	34,365,000	34,365,000	32,775,000	32,775,000	32,775,000
27. Bonds payable - premium/discount	78,446	2,796,398	2,759,020	2,754,701	2,754,701	2,754,701	2,741,741	2,741,741	2,741,741	2,522,472	2,522,472	2,522,472
28. Net Pension Liability	62,063,897	62,063,897	62,063,897	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546
29. Deferred In-Flows	4,884,297	4,884,297	4,884,297	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052
<b>30. Total long-term liabilities</b>	<b>83,256,640</b>	<b>104,749,592</b>	<b>104,252,214</b>	<b>98,024,299</b>	<b>98,024,299</b>	<b>98,024,299</b>	<b>97,831,339</b>	<b>97,831,339</b>	<b>97,831,339</b>	<b>96,022,070</b>	<b>96,022,070</b>	<b>96,022,070</b>
<b>31. Total liabilities</b>	<b>100,033,140</b>	<b>121,715,373</b>	<b>123,878,269</b>	<b>116,039,377</b>	<b>117,228,480</b>	<b>116,898,198</b>	<b>114,672,484</b>	<b>115,676,893</b>	<b>116,031,528</b>	<b>112,891,556</b>	<b>112,564,187</b>	<b>112,976,731</b>
32. Fund Balance	62,978,263	61,376,769	58,024,321	62,323,946	59,927,410	57,110,529	55,513,005	54,397,452	54,688,750	54,460,669	54,690,510	54,431,161
<b>33. Total liabilities and fund balance</b>	<b>163,011,403</b>	<b>183,092,142</b>	<b>181,902,590</b>	<b>178,363,323</b>	<b>177,155,890</b>	<b>174,008,727</b>	<b>170,185,489</b>	<b>170,074,345</b>	<b>170,720,278</b>	<b>167,352,225</b>	<b>167,254,697</b>	<b>167,407,892</b>

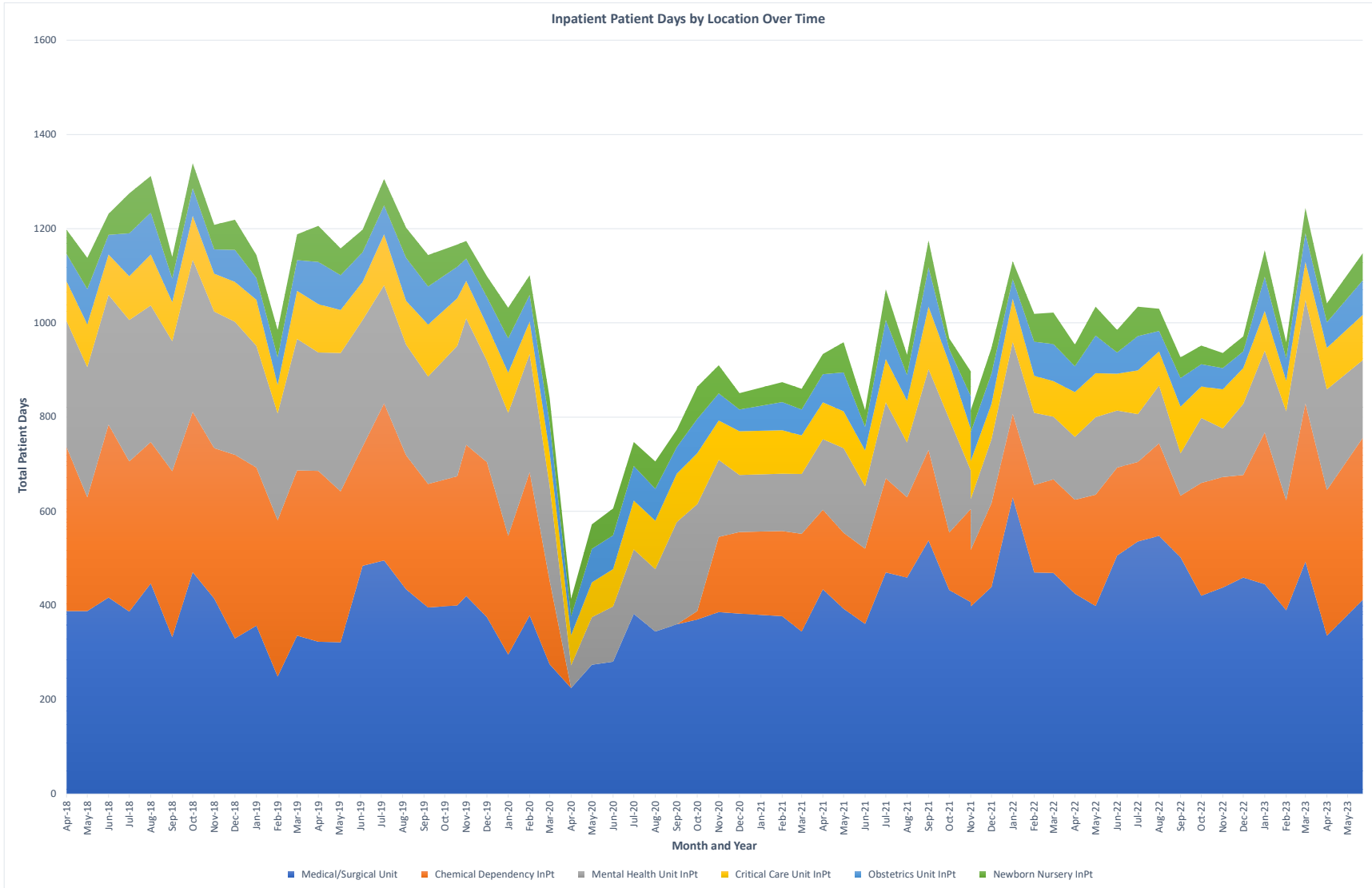
**Bartlett Regional Hospital  
Dashboard Report for May 2023**

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 ***
<b>Hospital Inpatient: Patient Days</b>										
Patient Days - Med/Surg	412	558	-26.1%	407	336	1.2%	4,980	6,026	-17%	5,135
Patient Days - Critical Care Unit	96	100	-4%	93	88	3.2%	903	1,078	-16%	1,021
Avg. Daily Census - Acute	16.9	21.9	-23%	16.1	14.1	5.0%	17.6	21.2	-17%	18.4
Patient Days - Obstetrics	73	64	14%	80	54	-8.8%	575	692	-17%	705
<b>Total Hospital Patient Days</b>	<b>581</b>	<b>721</b>	<b>-19%</b>	<b>580</b>	<b>518</b>	<b>0.2%</b>	<b>6,458</b>	<b>7,796</b>	<b>-17%</b>	<b>6,861</b>
Births	29	25	15%	30	20	-3.3%	240	274	-12%	280
Patient Days - Nursery	58	49	18%	61	40	-4.9%	500	532	-6%	561
<b>Mental Health Unit</b>										
Patient Days - Mental Health Unit	165	159	4%	165	214	0.0%	1,668	1,714	-3%	1,672
Avg. Daily Census - MHU	5.3	5.1	4%	5.3	7	0.0%	5.0	5.1	-3%	5.0
<b>Rain Forest Recovery:</b>										
Patient Days - RRC	344	167	106%	236	309	45.8%	2,732	1,804	51%	1,981
Avg. Daily Census - RRC	11	5.4	113%	8	10	50.6%	8	5.4	51%	5.9
Outpatient visits	27	44	-38%	51	26	-47.1%	330	472	-30%	466
<b>Inpatient: Admissions</b>										
Med/Surg	84	68	24%	61	53	37.7%	681	734	-7%	650
Critical Care Unit	44	59	-25%	45	35	-2.2%	420	635	-34%	430
Obstetrics	31	27	13%	32	23	-3.1%	256	296	-13%	302
Nursery	29	25	15%	30	20	-3.3%	245	272	-10%	280
Mental Health Unit	27	25	10%	14	15	92.9%	190	266	-29%	246
<b>Total Admissions - Inpatient Status</b>	<b>215</b>	<b>204</b>	<b>5%</b>	<b>182</b>	<b>146</b>	<b>18.1%</b>	<b>1,792</b>	<b>2,203</b>	<b>-19%</b>	<b>1,908</b>
<b>Admissions - "Observation" Status</b>										
Med/Surg	72	73	-1%	74	59	-2.7%	674	789	-15%	743
Critical Care Unit	37	25	46%	30	30	23.3%	339	274	24%	280
Mental Health Unit	2	4	-44%	5	1	-60.0%	18	39	-53%	36
Obstetrics	22	15	44%	22	13	0.0%	164	165	-1%	170
<b>Total Admissions to Observation</b>	<b>133</b>	<b>117</b>	<b>13%</b>	<b>131</b>	<b>103</b>	<b>29.1%</b>	<b>1,195</b>	<b>1,267</b>	<b>-6%</b>	<b>1,229</b>
<b>Surgery:</b>										
Inpatient Surgery Cases	57	49	17%	57	37	0.0%	518	526	-2%	506
Endoscopy Cases	134	89	51%	103	115	30.1%	1,234	962	28%	1,095
Same Day Surgery Cases	102	104	-2%	101	90	1.0%	1,265	1,127	12%	1,120
<b>Total Surgery Cases</b>	<b>293</b>	<b>242</b>	<b>21%</b>	<b>261</b>	<b>242</b>	<b>12.3%</b>	<b>3,017</b>	<b>2,615</b>	<b>15%</b>	<b>2,721</b>
Total Surgery Minutes	21,949	16,168	36%	18,078	16,010	21.4%	203,992	174,721	17%	184,373
<b>Outpatient:</b>										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,089	1,030	6%	1,125	970	-3.2%	11,529	11,131	4%	10,902
Cardiac Rehab Visits	105	32	231%	130	50	-19.2%	1,029	343	200%	487
Lab Tests	10,400	10,003	4%	9,458	9,649	10.0%	109,294	108,098	1%	103,428
Diagnostic Imaging Tests	2,563	2,398	7%	2,689	2,426	-4.7%	27,442	25,915	6%	26,088
Sleep Study Visits	26	21	21%	16	22	62.5%	229	231	-1%	215
<b>Physician Clinics:</b>										
Hospitalists	231	245	-6%	215	207	7.4%	2,349	2,643	-11%	2,430
Bartlett Oncology Clinic	123	97	26%	86	119	43.0%	1,281	1,052	22%	994
Ophthalmology Clinic	111	73	51%	74	71	50.0%	970	793	22%	722
Behavioral Health Outpatient visits	649	666	-3%	610	723	6.4%	7,898	7,201	10%	7,332
Bartlett Surgery Specialty Clinic visits	293	231	27%	250	238	17.2%	2,743	2,493	10%	2,575
<b>Total Physician Clinics</b>	<b>1,407</b>	<b>1,312</b>	<b>7%</b>	<b>1,235</b>	<b>1,358</b>	<b>13.9%</b>	<b>15,241</b>	<b>14,182</b>	<b>7%</b>	<b>14,053</b>
<b>Other Operating Indicators:</b>										
Dietary Meals Served	16,618	17,757	-6%	11,685	12,161	36.6%	154,697	191,894	-19%	167,407
Laundry Pounds (Per 100)	438	577	-24%	410	396	10.6%	4,534	6,237	-27%	4,342

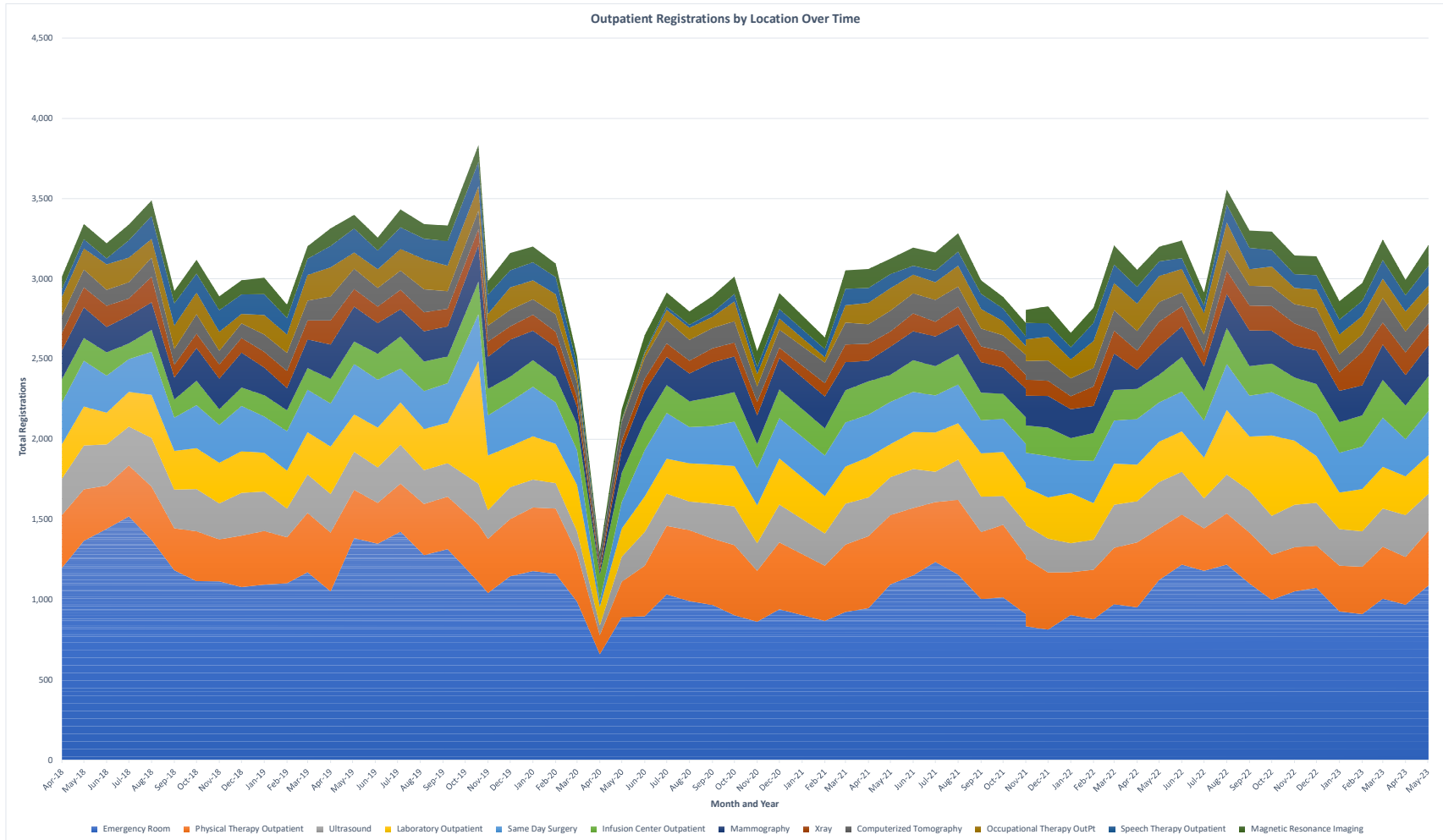


**Bartlett Regional Hospital**  
**Financial Indicators for May 2023**

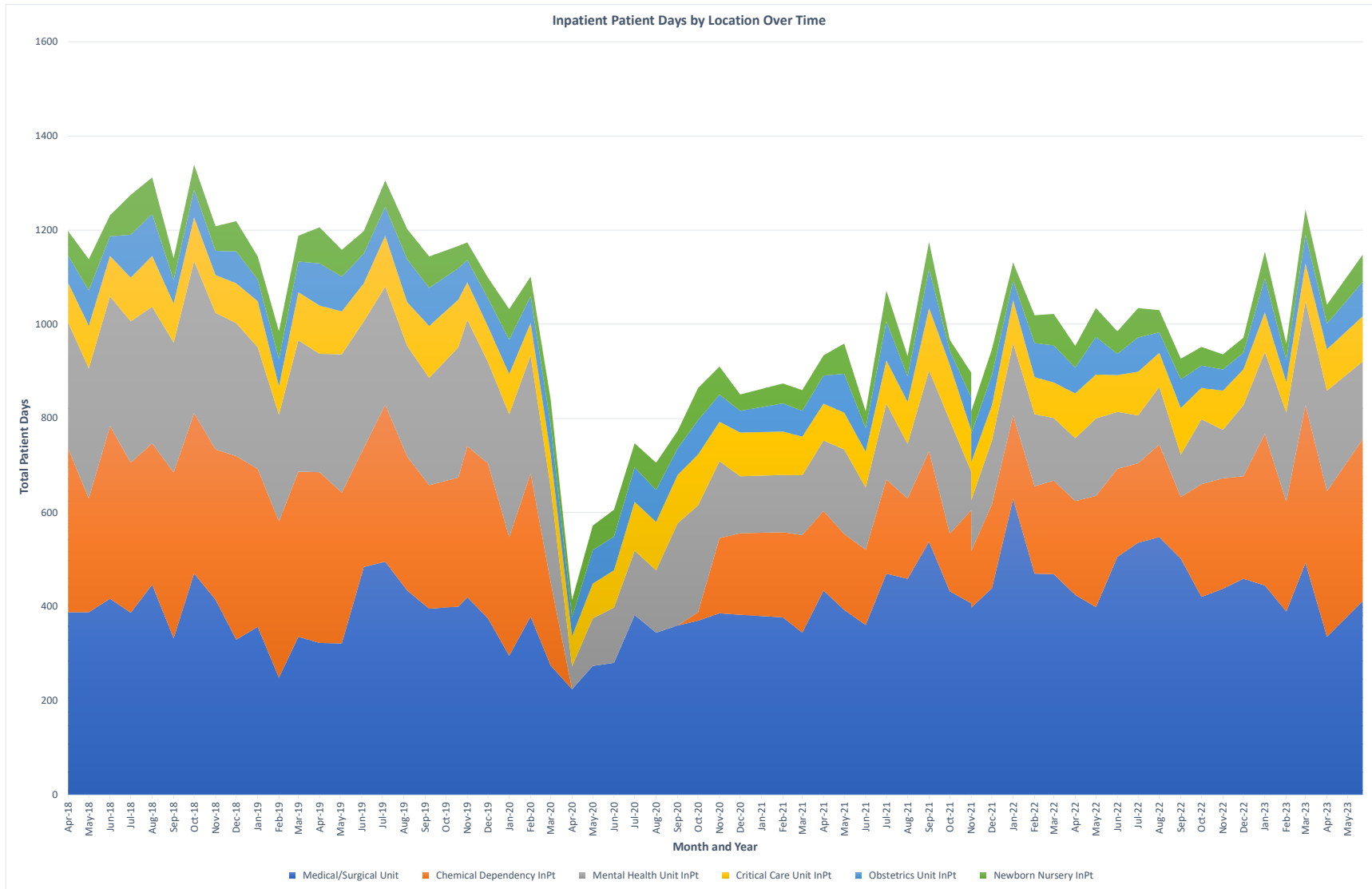
Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	4,605	5,927	-22.3%	<b>5,086</b>	4,794	5,781	-17.1%	<b>5,028</b>
Contractual Allowance %	42.6%	40.0%	6.4%	<b>45.3%</b>	44.4%	40.0%	11.0%	<b>42.2%</b>
Bad Debt & Charity Care %	3.8%	2.1%	81.6%	<b>4.8%</b>	2.2%	2.1%	5.1%	<b>3.0%</b>
Wages as a % of Net Revenue	50.6%	46.0%	9.9%	<b>61.3%</b>	54.5%	47.1%	15.5%	<b>50.9%</b>
Productive Staff Hours Per Adjusted Patient Day	21.4	26.6	-19.6%	<b>25.7</b>	23.5	22.2	6.0%	<b>23.4</b>
Non-Productive Staff Hours Per Adjusted Patient Day	3.2	4.1	-23.2%	<b>3.9</b>	3.7	3.4	7.1%	<b>3.6</b>
Overtime/Premium % of Productive	3.74%	7.92%	-52.8%	<b>6.46%</b>	6.19%	7.92%	-21.9%	<b>7.73%</b>
Unrestricted Days Cash on Hand	64	61	6.1%	20	63	61	3.2%	22
Board Designated Days Cash on Hand	56	52	6.1%	76	54	52	3.2%	81
Restricted Cash Days on Hand	55	51	6.1%	80	53	51	3.2%	86
Days in Net Receivables	56.8	57	0.0%	59	60.3	60	0.0%	56
Days in Accounts Payable	31.8	32	0.0%	26	30.5	31	0.0%	33
Total CMI (all payers)	<b>1.21</b>							
MCR CMI	<b>1.50</b>							
MCD CMI	<b>1.03</b>							



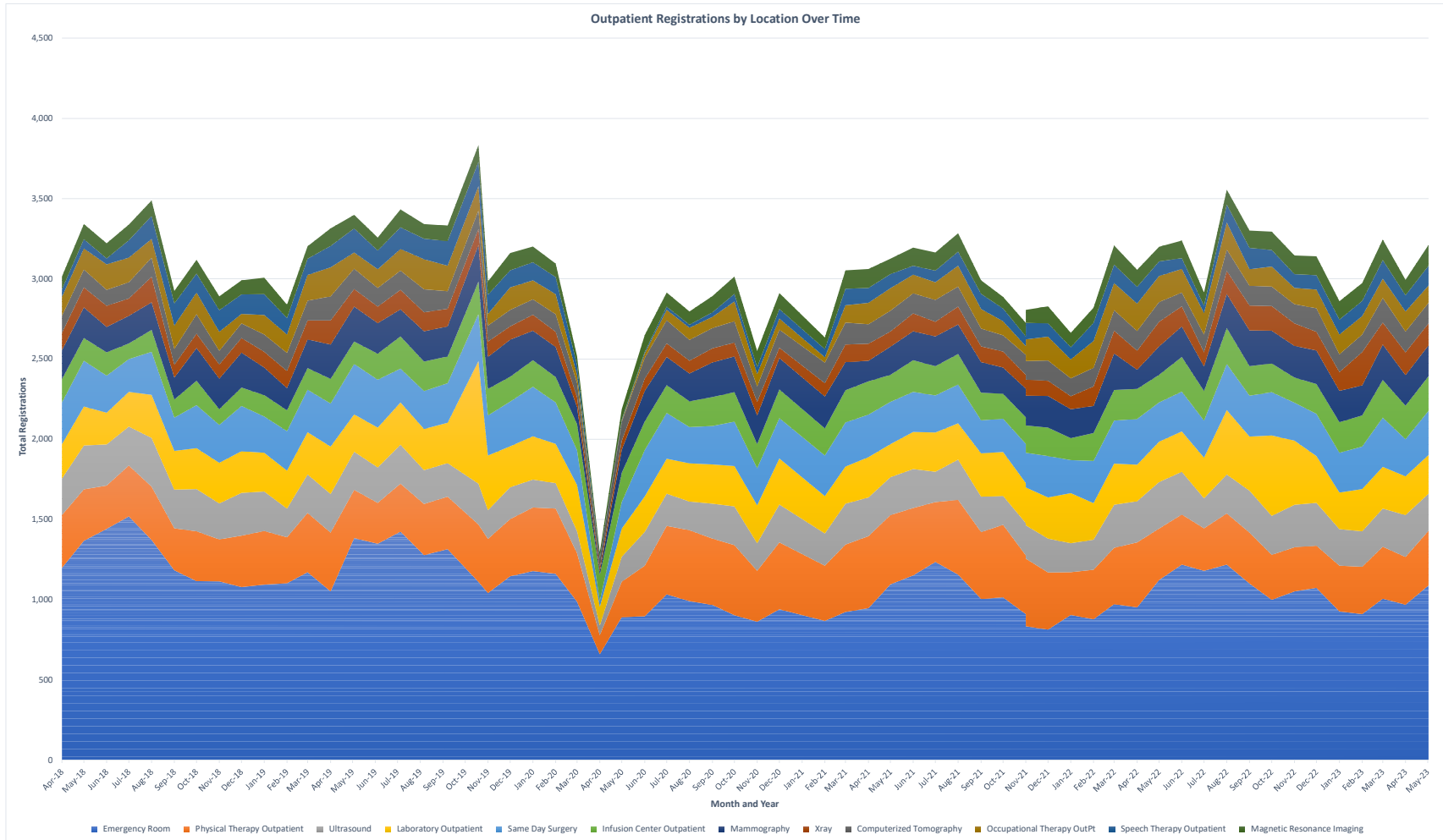
	FY2023 Month and Patient Days										
Group/Location	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Medical/Surgical Unit	536	548	502	421	438	459	445	390	493	336	412
Chemical Dependency InPt	169	196	131	239	235	218	322	233	336	309	344
Mental Health Unit InPt	101	123	90	138	103	151	174	189	220	214	165
Critical Care Unit InPt	93	72	99	67	83	76	84	65	80	88	96
Obstetrics Unit InPt	73	44	61	47	45	35	73	47	61	54	73
Newborn Nursery InPt	62	47	44	40	32	32	56	35	54	40	58



	FY2023 Month and Registrations											
Group/Location	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Emergency Room	1,181	1,218	1,101	1,000	1,052	1,073	927	910	1,006	970	1089	
Physical Therapy Outpatient	264	320	318	279	275	264	285	296	325	297	341	
Ultrasound	187	242	260	243	264	267	227	221	237	260	232	
Laboratory Outpatient	253	403	337	501	401	291	229	262	259	241	240	
Same Day Surgery	231	285	256	271	236	264	248	266	307	232	276	
Infusion Center Outpatient	185	225	184	179	157	185	190	194	236	210	215	
Mammography	153	213	222	203	197	209	196	187	220	190	192	
Xray	88	143	155	154	140	117	117	207	137	142	137	
Computerized Tomography	111	134	123	121	121	147	111	110	154	129	128	
Occupational Therapy OutPt	133	168	104	125	101	117	122	114	119	125	109	
Speech Therapy Outpatient	46	111	133	104	85	88	94	95	117	102	122	
Magnetic Resonance Imaging	82	94	108	115	117	119	115	112	128	96	131	



	FY2023 Month and Patient Days										
Group/Location	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Medical/Surgical Unit	536	548	502	421	438	459	445	390	493	336	412
Chemical Dependency InPt	169	196	131	239	235	218	322	233	336	309	344
Mental Health Unit InPt	101	123	90	138	103	151	174	189	220	214	165
Critical Care Unit InPt	93	72	99	67	83	76	84	65	80	88	96
Obstetrics Unit InPt	73	44	61	47	45	35	73	47	61	54	73
Newborn Nursery InPt	62	47	44	40	32	32	56	35	54	40	58



	FY2023 Month and Registrations										
Group/Location	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Emergency Room	1,181	1,218	1,101	1,000	1,052	1,073	927	910	1,006	970	1089
Physical Therapy Outpatient	264	320	318	279	275	264	285	296	325	297	341
Ultrasound	187	242	260	243	264	267	227	221	237	260	232
Laboratory Outpatient	253	403	337	501	401	291	229	262	259	241	240
Same Day Surgery	231	285	256	271	236	264	248	266	307	232	276
Infusion Center Outpatient	185	225	184	179	157	185	190	194	236	210	215
Mammography	153	213	222	203	197	209	196	187	220	190	192
Xray	88	143	155	154	140	117	117	207	137	142	137
Computerized Tomography	111	134	123	121	121	147	111	110	154	129	128
Occupational Therapy OutPt	133	168	104	125	101	117	122	114	119	125	109
Speech Therapy Outpatient	46	111	133	104	85	88	94	95	117	102	122
Magnetic Resonance Imaging	82	94	108	115	117	119	115	112	128	96	131

FY2023 Revenue

Row Labels	July Revenue	August Revenue	September Revenue	October Revenue	November Revenue	December Revenue	January Revenue	Feb Revenue	March Revenue	April Revenue	May Revenue
<b>Inpatient</b>											
6010 - Med/Surg	2,014,631	1,979,852	1,757,971	1,397,972	1,515,115	1,787,404	1,729,340	1,433,329	1,745,238	1,266,140	1,654,974
6060 - Mental Health Unit	455,801	536,824	520,616	715,847	498,584	685,923	759,072	839,485	991,073	933,325	713,006
6020 - Critical Care	527,207	407,959	544,091	393,430	545,945	434,518	496,955	359,973	451,603	493,779	562,530
7070 - Pharmacy	546,102	504,951	507,876	342,976	394,113	383,201	485,248	531,050	541,469	518,255	440,355
6210 - Operating Room	220,349	275,128	270,799	168,491	285,482	138,890	349,054	298,998	335,380	199,462	322,230
7010 - Laboratory	313,470	245,464	297,837	235,643	230,498	252,056	287,685	227,300	274,276	272,443	318,077
6080 - Obstetrics	332,534	256,706	262,288	198,794	244,154	164,734	350,198	213,861	258,046	253,330	329,881
6065 - RRC Rainforest Recovery	182,684	218,659	146,160	256,364	259,390	234,804	341,367	249,948	362,396	330,428	368,755
6170 - Respiratory Therapy	219,343	209,343	262,137	90,070	225,236	327,158	182,735	152,806	163,644	230,003	173,978
6230 - Emergency Department	202,564	154,138	172,838	129,026	112,849	163,171	160,629	134,023	210,980	144,405	211,011
6090 - Newborn	151,966	121,534	124,402	94,483	86,970	85,882	134,372	77,922	117,791	90,447	148,229
7042 - Ultrasound	35,588	67,534	107,821	46,705	67,745	56,822	48,426	36,383	58,012	53,433	72,541
7091 - Physical Th/Occup Th	99,891	121,042	97,740	53,239	66,290	74,388	64,870	60,946	103,530	83,832	79,409
7044 - CT Scan	52,721	57,993	81,102	74,729	90,622	51,780	48,968	28,662	79,140	65,654	56,259
7045 - MRI	47,069	31,583	41,043	49,724	24,286	21,024	30,132	7,466	20,971	18,502	22,969
6212 - Post Anesthesia Reco	21,803	16,309	16,553	8,492	14,932	11,949	24,098	15,606	18,360	12,582	18,645
6100 - Labor & Delivery	47,430	50,065	31,620	34,255	42,160	36,890	50,434	28,985	95,423	39,525	65,875
7041 - Diagnostic Radiology	28,647	26,982	31,180	27,925	33,661	31,529	19,052	15,557	24,319	22,912	30,653
7013 - Histology	4,560	2,766	16,341	6,200	5,468	9,175	8,927	4,054	7,194	9,090	9,221
7031 - ECG	3,541	1,422	3,911	49,672	15,998	10,665	10,665	9,243	13,865	6,755	23,206
6580 - IV Therapy	20,209	16,399	17,417	14,445	13,245	18,326	16,361	12,704	16,062	15,376	23,770
7043 - Nuclear Medicine	7,151	6,979	6,156	4,552	8,803	1,891	5,259	3,540			
7092 - Speech Therapy	615	30,523	6,658	11,955	4,737	4,968	9,839	6,117	8,577	13,731	6,057
7033 - EEG		1,587				2,822	3,174			1,235	2,470
<b>Outpatient</b>											
7044 - CT Scan	1,950,559	2,219,996	1,882,185	1,586,782	1,391,521	1,598,394	1,572,965	1,741,671	1,779,618	1,798,825	1,833,675
7070 - Pharmacy	1,398,541	1,640,115	1,551,588	1,411,599	1,471,266	1,639,694	1,674,722	1,799,283	2,161,549	1,889,579	1,875,962
6210 - Operating Room	1,570,576	1,810,163	1,362,293	1,633,145	1,582,008	1,632,424	1,425,127	1,782,522	2,111,841	1,409,224	1,767,992
6230 - Emergency Department	1,577,956	1,690,818	1,538,934	1,351,103	1,371,957	1,387,011	1,297,882	1,316,576	1,469,638	1,337,798	1,666,892
7010 - Laboratory	1,245,014	1,482,964	1,254,866	1,127,643	1,036,263	1,156,828	1,099,231	1,100,887	1,194,295	1,193,987	1,208,670
7042 - Ultrasound	492,614	566,875	623,229	463,635	505,431	532,441	511,568	526,117	519,448	523,973	515,671
7045 - MRI	417,066	464,751	502,377	557,673	556,905	526,338	531,505	507,075	604,830	412,777	625,013
6212 - Post Anesthesia Reco	327,172	432,293	338,400	435,219	377,812	407,812	353,301	454,902	472,202	357,052	369,394
6010 - Med/Surg	584,601	964,518	883,642	736,765	606,661	1,517,937	808,035	632,640	489,729	1,240,707	619,422
7041 - Diagnostic Radiology	358,705	396,225	409,273	363,332	332,512	325,972	338,477	389,333	349,942	349,694	357,974
7091 - Physical Th/Occup Th	202,461	247,744	225,851	207,451	181,885	208,335	204,669	207,309	219,908	221,357	249,471
6191 - BOPS	141,985	144,428	174,097	135,550	126,774	183,307	118,072	195,009	214,434	177,358	120,877
7031 - ECG	7,794	8,373	6,142	858,923	132,443	147,533	156,874	146,920	168,250	153,221	183,733
6222 - Infusion Therapy	158,170	154,773	158,309	140,526	137,025	161,600	178,635	165,514	168,038	210,211	186,189
7013 - Histology	123,885	136,390	123,247	105,748	123,673	143,466	102,184	114,073	138,740	140,926	131,085
6170 - Respiratory Therapy	116,934	125,574	143,071	92,117	151,071	166,164	101,666	115,403	125,907	149,330	114,470
7029 - Sleep Lab	34,561	97,656	24,200	139,900	138,000	52,400	96,600	143,100	136,600	84,256	102,100
7047 - Mammography	97,396	136,965	149,369	129,537	138,882	128,945	138,743	118,303	154,211	127,409	128,576
6020 - Critical Care	110,422	124,899	185,616	121,856	95,924	141,361	191,051	201,401	126,179	128,957	122,730
6059 - BH Physicians	133,426	127,097	158,274	131,589	127,444	159,260	103,139	131,658	148,932	103,677	79,874
7043 - Nuclear Medicine	38,449	54,331	83,945	38,158	104,499	55,514	59,850	48,439	83,750	54,147	51,914
6080 - Obstetrics	40,354	83,141	47,645	66,232	61,861	38,416	69,356	70,173	71,612	56,279	71,784
7092 - Speech Therapy	20,923	48,972	42,636	36,114	26,910	30,048	38,920	36,569	42,184	43,015	41,181
6172 - Cardio/Pulmonary	36,132	49,569	40,799	26,479	28,559	25,179	29,535	28,020	16,236	24,047	33,175
6065 - RRC Rainforest Recovery	201		151		402			2,098	1,809	1,221	6,778
6189 - ABA Clinic	32,919	25,779	34,709	35,638	53,744	14,732	21,326	68,141	96,633	21,463	81,010
6580 - IV Therapy	15,588	16,663	12,871	14,021	14,969	18,871	16,652	14,289	15,444	15,476	19,578
6090 - Newborn	8,604	13,923	10,832	8,633	10,157	8,633	14,010	13,969	11,213	10,832	15,110
8112 - Nutrition	3,907	10,573	9,348	6,706	8,939	6,892	9,956	9,261	10,552	11,662	16,761
6060 - Mental Health Unit	19,169	20,674	16,957	31,456	15,237	16,523	14,312		4,915	0	342
9415 - Patient Education	2,300	3,163	1,294	2,875	2,444	2,013	2,781	1,581	2,875	3,030	1,438
7033 - EEG	4,939	3,704	3,704	2,470	6,126	7,409	1,235	5,291	7,761	4,939	8,113
<b>Grand Total</b>	<b>17,097,181</b>	<b>18,854,467</b>	<b>17,515,338</b>	<b>16,609,656</b>	<b>15,846,836</b>	<b>17,566,383</b>	<b>17,046,802</b>	<b>16,982,006</b>	<b>19,204,398</b>	<b>17,483,349</b>	<b>18,416,706</b>

# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 19, 2023

From: Nicholas Rosenfeld, MD Chief of Staff

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◆ **ISSUE**

The board is being asked to approve Core Privileges (Delineation of Privileges (DOPs)).

◆ **BACKGROUND**

- Forty-seven core privileges (delineation of privileges (DOPs) have been approved by the Credentials Committee and reviewed at the July 11, 2023, Medical Staff Executive Committee (MSEC) meeting.

- The DOPs are available in the [07 25 2023 MSEC Core Privileges Packet](#) posted on the BRH website and in the Boardvantage portal.

- The DOPs are as follows:

**1) Advanced Practice Clinicians:**

1. Certified Nurse Midwife
2. Certified Registered Nurse Anesthetist
3. Optometry
4. Physician Assistant Medical (Emergency Medicine, Hematology/Oncology PA)
5. Prosthetics/Orthotics
6. Psychiatric Mental Health Nurse Practitioner
7. Surgical Assist FNP
8. Surgical Assist PA

**2) Current Specialties Physician**

1. Anesthesiology
2. Associate
3. Cardiovascular – Medicine (Adults)
4. Dentistry (Adults and Peds)
5. Emergency
6. Family Medicine and Family Medicine w/OB
7. General Surgery
8. Internal Medicine
9. Obstetrics/Gynecology (includes Obstetrics/Gynecology Oncology)
10. Oncology
11. Ophthalmology
12. Oral & Maxillofacial Surgery
13. Orthopedic Surgery
14. Otolaryngology
15. Pathology
16. Pediatrics/Pediatrics Newborn
17. Podiatry
18. Psychiatry Child/Adolescent/Psychiatry

# Bartlett Regional Hospital

19. Radiology (Included Tele-Radiology)
20. Robotic Surgery
21. Urology (Included Urology Oncology)

## 3) Ancillary Services

1. Ancillary Services

## 4) Newly Created Physician

1. Cardiovascular – Pediatrics
2. Palliative Care
3. Radiation Oncology
4. Robotic Surgical Assist
5. Sleep Medicine
6. Tele-eICU
7. Tele-Neuro
8. Tele-Neuro Stroke
9. Tele-Psychiatry
10. Tele-Pulmonary

## 5) Vacant Specialties

1. Allergy and Immunology
2. Dermatology
3. Endocrinology
4. Neurology
5. Physical and Rehabilitative Medicine
6. Plastic and Reconstructive Surgery

- Nicholas Rosenfeld, Chief of Staff, will be present to brief the board.

### ◆ OPTIONS

Approve the DOPs as presented to the board.  
Seek additional information.

### ◆ LEADERSHIP'S RECOMMENDATION

Approve the DOPs as presented to the board.

### ◆ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the Core Privileges as presented.



**Bartlett Regional Hospital**  
**Core Privilege and Procedure List – Nasdaq Boardvantage**  
**June 20, 2023**

**CORE PRIVILEGES - ADVANCED PRACTICE CLINICIAN**

SPECIALTY	COMMITTEE OR PERSON	EVALUATORS
Certified Nurse Midwife	OB/Neonatal Kayla McMaster APRN Dr. Nicholas Newbury	Kim/Rasmusson
Certified Registered Nurse Anesthetist	Surgical Care	Newbury/Lee/ San Juan
NP Practitioner Medical (Emergency Medicine, Hematology/Oncology)	Med Peds/ Emergency Care Dr. Paul Weiden Sara Lucas, AOCNP	Dressel/Love Brooks/Waste
Optometry	Surgical Care Hanna Fylpaa, OD	Newbury/Lee
Physician Assistant Medical (Emergency Medicine, Hematology/Oncology PA)	Med Peds/ Emergency Care Dr. Paul Weiden Stefanie Bouma, PAC	Dressel/Love Brooks/Waste
Prosthetics/Orthotics	Med Peds Elizabeth Einset, CPO	Dressel/Shoenfeld
Psychiatric Mental Health Nurse Practitioner	Behavioral Health Dr. Kathy Gallardo/Jennifer Carson	Gallardo/ Carson
Surgical Assist FNP	Surgical Care	Newbury/Lee
Surgical Assist PA	Surgical Care Christie Bentz, PAC	Newbury/Lee

**CORE PRIVILEGES – CURRENT SPECIALTIES PHYSICIAN**

SPECIALTY	COMMITTEE OR PERSON	EVALUATORS
Anesthesiology	Surgical Care Dr. San Juan	Newbury/Lee
Associate	MED PEDS	Dressel/Love
Cardiovascular – Medicine (Adults)	Critical Care Dr. Steve Strickler	Standerwick/ Rasmusson/ Strickler
Dentistry (Adult and Peds)	Surgical Care Dr. Lauren Sanzone/Blanco/Hort	Newbury/Lee
Emergency	Emergency Care	Brooks/Waste
Family Medicine and Family Medicine w/OB	OB/Neonatal/Med Ped Dr. Keegan Jackson Family Practice Clinic (Contacted but did not schedule to review)	Kim/Beason Dressel/Love Newbury
General Surgery	Surgical Care <i>Dr. Ben Miller and Dr. David Miller</i>	Newbury/Lee
Internal Medicine	Med Peds/ Critical Care Dr. Alex Malter	Dressel/Love Standerwick/ Rasmusson

Obstetrics/Gynecology (includes Obstetrics/Gynecology Oncology)	OB/Neonatal/ Surgical Care Dr. Emily Rosenfeld Dr. Chad Densley	Kim/Beason Newbury/Lee
Oncology	Med Peds Dr. Paul Weiden Dr. Thomas Malpass	Dressel/Love
Ophthalmology	Surgical Care Dr. Chad Bouchard	Newbury/Lee
Oral & Maxillofacial Surgery	Surgical Care Dr. Charles Schultz Dr. Eric Paulson	Newbury/Lee
Orthopedic Surgery	Surgical Care Dr. Gustavo Garcia Dr. Charles Hightower Dr. Daniel Harrah	Newbury/Lee
Otolaryngology	Surgical Care Dr. John Raster	Newbury/Lee
Pathology	Dr. Burton Vanderbilt Dr. Joseph Rank	Vanderbilt/ Rank
Pediatrics/ Pediatrics New Born	Med Peds	Dressel/Love
Podiatry	Surgical Care Dr. Kelly Moxley	Newbury/Lee
Psychiatry Child/Adolescent/ Psychiatry	Behavioral Health Dr. Kathy Gallardo/Jennifer Carson	Gallardo/ Carson
Radiology (Includes Tele-Radiology)	Dr. Steve Strickler	Strickler
Robotic Surgery	Surgical Care	Newbury/Lee
Urology (Includes Urology Oncology)	Surgical Care Dr. John Huffer	Newbury/Lee
<b>CORE PRIVILEGES – ANCILLARY SERVICES</b>		
<b>SPECIALTY</b>	<b>COMMITTEE OR PERSON</b>	<b>EVALUATORS</b>
Ancillary Services	Medical Staff Services Per Policy	Kesselring

**CORE PRIVILEGES – NEWLY CREATED PHYSICIAN**

<b>SPECIALTY</b>	<b>COMMITTEE OR PERSON</b>	<b>EVALUATORS</b>
Cardiovascular - Pediatrics	Med Peds/ Critical Care Dr. Steve Strickler	Dressel/Love Standerwick/ Rasmusson/ Kollins/Noel
Palliative Care	Med Peds/ Critical Care	Dressel/Love/ Standerwick/ Rasmusson
Radiation Oncology	Med Peds Dr. Eugene Huang	Dressel/Love
Robotic Surgical Assist	Surgical Care	Newbury/Lee
Sleep Medicine	Critical Care Dr. Ross Doge	Standerwick/ Rasmusson
Tele-eICU	Critical Care	Standerwick/ Rasmusson
Tele-Neuro	Critical Care	Standerwick/ Rasmusson
Tele-Neuro Stroke	Critical Care Emergency Care	Standerwick/ Rasmusson Brooks/Waste
Tele-Psychiatry	Dr. Kathy Gallardo	Gallardo/Carson
Tele-Pulmonary	Critical Care	Standerwick/ Rasmusson

**CORE PRIVILEGES – VACANT SPECIALTIES**

<b>SPECIALTY</b>	<b>COMMITTEE OR PERSON</b>	<b>EVALUATOR</b>
Allergy and Immunology	Med Peds	Dressel/Love
Dermatology	Med Peds	Dressel/Love
Endocrinology	Med Peds	Dressel/Love
Neurology	Med Peds/ Critical Care	Dressel/Love Standerwick/ Rasmusson/ Lada
Physical and Rehabilitative Medicine	Med Peds Dr. John Bursell	Dressel/Love
Plastic and Reconstructive Surgery	Surgical Care	Newbury/Lee

<b>COMMITTEE</b>	<b>COLOR KEY</b>		<b>COMMITTEE</b>	<b>COLOR KEY</b>
Behavioral Health	Purple		Med Peds	Light Blue
Critical Care	Orange		OB/Neonatal	Pink
Emergency Care	Red		Surgical Care	Green

# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 17, 2023

From: Anita Moffitt, Executive Assistant

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## ◆ ISSUE

These are the draft minutes of the Board Committee Meetings held since last month's Board of Directors meeting.

## ◆ BACKGROUND

- The board will be briefed on the discussions and actions taken at each committee meeting.
  
- Behind this cover memo are:
  - July 7, 2023, Draft Planning Committee Meeting Minutes
  - July 20, 2023, Draft Board Compliance Committee Meeting Minutes
  - July 21, 2023, Draft Finance Committee Meeting Minutes
  - July 24, 2023, Draft Board Quality Committee Meeting Minutes

## ◆ OPTIONS

These are information updates. Action items will be presented during committee reporting as necessary.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartlethospital.org](http://www.bartlethospital.org)

Planning Committee Meeting Minutes  
July 7, 2023 – 12:00 p.m.  
BRH Boardroom / Zoom Videoconference

**Called to order at 12:00 p.m., by Deborah Johnston, Committee Chair**

**PLANNING COMMITTEE\* AND BOARD MEMBERS PRESENT** (*Zoom attendees italicized*): Deborah Johnston\*, Brenda Knapp\*, John Raster, MD\*, Kenny Solomon-Gross, Hal Geiger, and *Lisa Petersen*

**ALSO PRESENT** (*Zoom attendees italicized*): Kim McDowell, Gail Moorehead, Nate Rumsey, Chris Letterman, Jennifer Carson, Anita Moffitt, *Jeanne Rynne*, and *Kim Stout*.

**APPROVAL OF AGENDA** – *Ms. Knapp made a MOTION to approve the agenda as written. Dr. Raster seconded. There being no objections, agenda approved.*

**PUBLIC PARTICIPATION** – None

**APPROVAL OF THE MINUTES** – *Ms. Knapp made a MOTION to approve the minutes from the May 5, 2023, Planning Committee meeting. Dr. Raster seconded. There being no objections, minutes approved.*

**NEW BUSINESS:** None

## **OLD BUSINESS:**

**Wildflower Court (WFC) Transition Progress** – Mr. Rumsey reported that BRH has met weekly with WFC's board over the past several months to make sure all goes well when BRH takes over WFC on Monday (July 10<sup>th</sup>). Legal documents will be signed this afternoon. HR, IT, finance, and payroll personnel have been working behind the scenes to make the transition go as smoothly as possible. Position descriptions have been updated, and created where necessary, and job offers have been made to WFC employees. 70 – 75 WFC employees have accepted employment by BRH, laundry staff did not. Kim Stout is working hard to ensure enough staffing for a smooth transition. HR staff will be on-site at WFC on Monday to ensure the badges and timecard system are working correctly. Funds arrived to defease the bonds on July 21<sup>st</sup>. Ms. Knapp initiated discussion about the role of a home attendant. Home attendants clean the residents' rooms, pick up and drop off laundry, and provide meal delivery service. Ms. Johnston suggested a document with FAQs (frequently asked questions) and an education for the board would help them understand the roles of the staff and how WFC operates. Dr. Raster initiated discussion about employment offers and compensation for WFC staff. All WFC employees were offered employment at BRH at the same rate of pay or slightly higher than what they were paid at WFC and with their same leave balance. Most employees chose to make that transition to become a BRH employee but not all.

12:15pm – meeting paused briefly due to technical error. Meeting resumed via the correct Zoom link with virtual attendees Lisa Petersen, Jeanne Rynne, and Kim Stout present.

Mr. Rumsey reported we are actively pursuing a reimbursement rate rebasing. Mr. Solomon-Gross requests the board receive education on how WFC is going to report to the board. For the benefit of the virtual attendees, Ms. Johnston provided a brief overview of discussion already held and Ms. Knapp reported the agenda and minutes had been approved as presented.

Ms. Stout confirmed some WFC employees did not transfer to BRH, including the majority of the finance department. BRH will take over the financials of WFC. Ruth Johnson, prior WFC CFO is helping with this transition. Interviews are currently underway for the Director of Nursing for WFC. In response to Ms. Petersen, Ms. Stout reported the survey window opens up July 10<sup>th</sup> when the transition is complete.

**Bartlett Surgery and Specialty Clinic (BSSC)** – Mr. Rumsey reported the BSSC lease on the SEARHC property expired June 30<sup>th</sup>. The BSSC has been relocated to the space recently vacated by the Bartlett Outpatient Psychiatric Services (BOPS). A lot of work has been done in a short amount of time to renovate the space to accommodate the needs of the general surgery, dermatology, and ophthalmology services. (Photos of the renovated space are included in the packet) The first eye clinic was held in the new space last week - 80 patients were seen between Wednesday and Friday, 10 cataract surgeries were performed. This space is much smaller than the space the BSSC recently vacated and is not a long-term solution. Dr. Raster asked when Dr. Dannhardt is to join BRH and if he will occupy this space as well. Dr. Dannhardt is to join BRH next summer in a full-time capacity and will continue to provide locums coverage until then. Space will be an issue when he is here full time.

**IT Projects Update** – Mr. Letterman reported the kickoff meeting for transferring the ED from the T-System to the Meditech system was held on May 23<sup>rd</sup>. Meditech representatives were available virtually and on site during this meeting and for the work sessions that took place throughout that week. The work is now ongoing virtually, with Dr. Peimann, Regena Deck and ED staff. The Meditech team has conducted training for the IT clinical staff and ED staff on the nursing dictionary, order management and provider documentation & access. Upcoming training to take place in July are order sets and document review with JEMA (ED physician group), and work sessions with pharmacy, lab, and diagnostic imaging. Provider contact Q&A sessions will be held the week of July 24<sup>th</sup> when representatives are back on site. Mr. Letterman provided an overview of the project dashboard included in the packet. Training encounters are 50% complete, the overall dictionary build is 10% complete. He is very optimistic that with the support of JEMA and the ED staff, we will be able to meet the November 1<sup>st</sup> go live date.

**ED Renovation Update** – Mr. Rumsey reported that information from the survey conducted of ED stakeholders was used to develop ED renovation plans that will help address patient and staff safety concerns. Members of the BRH administrative team had met with CBJ Engineering and Architects of Alaska to identify the big picture goals and what alternatives might be available. Two design concepts from Architect of Alaska for the ED renovation were presented. The intent of concept A is that it would be the first phase of a multi phased project that would get us close to the original requirements identified for the ED renovation. Concept A should be able to be done within the budget we have already secured. We do not have the final cost estimates from the contractor and designer yet. They will provide this information to this committee at next month's meeting. We have \$3.5 - 4M bond funding available now and have asked for a \$4M grant funding from the Denali Commission and anticipate having an answer to that request within the next 6 months. We also have a request for \$2M through Senator Murkowski's office. Concept A would not add additional space but opens the nurses' station up to a 360 view, creates a new medication room, encloses some triage rooms with sliding glass doors and creates a new AII (airborne infection isolation) room. This phase might be able to be completed without providing a new supply fan for the negative pressure rooms. This concept does not allow moving security into this space and does not address the additional psych rooms. Final cost estimates are not yet available, but this concept should be within our \$3.5M budget.

Concept B does create additional space in the ED and addresses access and way finding concerns. It opens up and expands the nurses' station and provides additional triage and storage space. Both concepts allow for expansion in the future. Cost estimates are not yet available for this concept, but it is expected that this concept may be doable with an upfront investment of \$7.5 – 9M investment, (the money currently available and the funds requested from the Denali Commission and Senator Murkowski's office). Discussion was held about where additional space would come from, what the existing space is to be used for and air handling equipment. Mr. Rumsey suggested a testing and balancing study should be conducted to get a sense of the air handling equipment needed to meet the requirements for negative pressure in certain spaces. Pharmacy, negative pressure trauma room and an ambulance bay are not included in concept B and psych rooms will stay in the same location. Work will continue with key stakeholders to develop the best plan to meet our needs. Ms. Johnston initiated discussion about the timeframe for these concepts. Mr. Rumsey believes Concept A could be completed

in a 6 – 9-month period and that concept B would probably be a 12 – 15-month project. Both concepts would be a first phase to a larger project. Ms. McDowell stated we are dealing with a scenario that is not perfect, but concept A will address the most immediate safety concerns expressed by staff – 360 views from the nurses’ station, AII room and a medication room. The board and stakeholders will need to decide if concept A is enough for now or if we are willing to wait until we have funding for a more robust project. More information will be provided at next month’s Planning Committee meeting. Ms. Knapp cautioned about delaying a decision and noted the extra costs of having architects revise the plans. Mr. Solomon-Gross feels that making a decision without all of the information will result in change orders and higher costs. Ms. Moorehead stated it would be helpful to know the timeframe for when we will get a response to our funding requests before making a decision.

**BRH Projects Update** – Ms. Rynne reported the following: We are still struggling to get the behavioral health facility open. The first and second floors were deemed complete on June 9<sup>th</sup> and patients are now being seen there. We are close to completion of the parking garage and still have quite a bit of work left to do on the third floor. The campus door upgrades should be complete by the end of July. Chiller number two replacement is complete. The additional scope for the underground fuel line replacement is still under review. The siding replacement on the Robert F. Valliant building is proceeding well and should be completed on time. The CT project is moving along. A short circuit study has just been completed for the surge protection project and we are waiting on costs for the work to update breakers and breaker configuration. We are expecting cost estimates for the ground floor asbestos abatement later this month. The parking study is temporarily on hold due to a family emergency of the consultant. The study is a combination of gathering information from patients, staff and visitors as well as looking at options for parking expansion.

Mr. Rumsey reported we are working on some contractual issues to close pieces of the behavioral health project. We are beyond the substantial completion date. A meeting was held this week to discuss the need to incorporate some additional space for the MRI. This will require a substantial change order for the project. The change order would fall within the budget for contingencies for this project. The temporary MRI will be here in September and housed in a trailer for 4-6 months.

**Capital Projects and Timeline Update** – There have been no changes to the timeline since the last meeting.

**Strategic Plan** – Mr. Rumsey reported a strategic planning work session was held on June 3<sup>rd</sup>. Various members of the hospital stakeholders and community were in attendance. A great deal of information was received afterwards. The misalignment issue between CBJ and BRH regarding BRH’s future was raised. It is critical for BRH administration, the board and CBJ to be in alignment on how the hospital should be moving forward and efforts are underway to improve that alignment. In the meantime, Bartlett, as an organization, needs to have a strategy. There is opportunity for the board and administration to align on any organizational strategy. There will be another strategic planning work session held for the board and administration to work through what didn’t get finished on June 3<sup>rd</sup>. Administration has put in a lot of work in anticipation of the next steps. Ms. Johnston thanked everyone for the work put into the strategic plan.

**Comments** – Carole Triem has resigned from the Assembly and will no longer be the BRH liaison. It is anticipated that Michelle Hale will once again take on this role.

**Next Meeting** – 12:00p.m. on August 15<sup>th</sup>

**Adjourned** – 1:18

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Board Compliance & Audit Committee Meeting

Draft Minutes

July 20, 2023

Called to order at 2:00 PM., by Board Compliance & Audit Committee Chair, Hal Geiger.

**BRH BOARD & COMMITTEE MEMBERS (\*) PRESENT:** \*Hal Geiger, Committee Chair, \*Dr. John Raster, \*Deborah Johnston, and Shelly Deering.

**BRH STAFF & OTHERS:** Nathan Overson, Compliance Coordinator, Gail Moorehead, Quality and Compliance Officer; David Keith, CEO, and Sharon Price, Executive Assistant.

*Ms. Johnston made a MOTION to approve the agenda. Dr. John Raster seconded, and the agenda was approved.*

*Ms. Johnston made a MOTION to approve the minutes from November 18, 2022, and February 16, 2023. Dr. John Raster seconded, and the minutes were approved.*

**PUBLIC PARTICIPATION** – None.

**Compliance Case Review – Kalispell Regional Health Care System:** Mr. Overson provided an overview of a compliance case study involving a \$24 million fine and a consent agreement. Mr. Keith offered the comment that the root cause of the problem was the lack of an understanding of *fair market value*. Some discussion followed.

**Compliance & Audit Committee Charter:** Ms. Moorehead previously noted that this committee does not have a charter that she could find, and she recommended that the committee draft one. Working with the committee chair, she offered a draft charter that somewhat expands the committee's charge into areas of responsibility having to do with audit. Briefly, the draft charter offers the following:

Bartlett Regional Hospital has established the Compliance and Audit Management Committee to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law. In relation to both the committee's roles in ensuring compliance with the law and its role in reducing risk, the committee is asked to oversee certain audit functions. Accordingly, this committee is charged by the Board of Directors of Bartlett Regional Hospital with the oversight of programs to (a) ensure compliance with laws and regulations applicable to the Bartlett's operations, (b) ensure that there is an annual written compliance workplan and compliance controls, and (c) to provide oversight of the hospital's systems of internal and independent external and audits. This committee is intended to serve as a conduit to the board of directors in connection with these and other tasks.

The committee approved the draft charter and requested that the draft be forwarded to the whole board. Specifically, Ms. Johnston stated that she is in favor of separating the two audits, and that



she would like the hospital to use an auditor with extensive healthcare audit and consulting experience.

Below is the draft:

## Charter for Compliance and Audit Committee

### I. Purpose

Bartlett Regional Hospital has established the Compliance and Audit Management Committee to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law. In relation to both the committee's roles in ensuring compliance with the law and its role in reducing risk, the committee is asked to oversee certain audit functions. Accordingly, this committee is charged by the Board of Directors of Bartlett Regional Hospital with the oversight of programs to (a) ensure compliance with laws and regulations applicable to the Bartlett's operations, (b) ensure that there is an annual written compliance workplan and compliance controls, and (c) to provide oversight of the hospital's systems of internal and independent external and audits. This committee is intended to serve as a conduit to the board of directors in connection with these and other tasks.

### II. Committee Structure and Operations

- A. **Authority.** The Board of Directors of Bartlett Hospital has delegated to this committee all powers and authority necessary to fulfill its duties, including powers to conduct or authorize investigations into any matters related to compliance, audit, or risk management at Bartlett Regional Hospital together with all affiliated operations.
- B. **Membership.** The Compliance and Audit Committee shall consist of board members selected by the chair of the board of directors, and it shall include the chair of the board of directors as a full voting member.
- C. **Meetings.** Regular meetings of the committee shall be held at least quarterly, but as frequently as necessary to conduct the committee's business. Meetings of the committee may be called by the chairperson of the committee or by written request of any member of the committee.
- D. **Performance Review.** The committee shall conduct an annual review of performance of itself. The committee shall also annually review and reassess the adequacy of this charter and recommend changes, as necessary, to the full board for approval.
- E. **Reporting.** The committee shall prepare and present to the full board the meeting minutes from each committee meeting and present other reports as deemed appropriate by the committee chairperson.
- F. **Staffing.** The committee will be staffed by the chief compliance officer, by staff appointed by the chief compliance officer, and by such other representatives of management as the committee deems necessary in consultation with the hospital's chief executive officer.

### III. The Meaning of Bartlett Regional Hospital

By *Bartlett Regional Hospital* we mean Bartlett Regional Hospital and all affiliated service lines, including Bartlett Home Health and Hospice, Wildflower Court, Bartlett Surgery and Specialty Clinics, Rainforest Recovery Center, Bartlett Medical Oncology Center, Aurora Crisis Services, Bartlett Outpatient Psychiatric Services, and any other hospital-run enterprises.

### IV. Committee Duties and Responsibilities

A. **As to Compliance Matters.** The Compliance and Audit Management Committee shall perform the following in connection with Bartlett Regional Hospital's ethics and compliance programs:

- i. Promote a culture of ethical behavior and compliance with all relevant laws and regulations.
- ii. Oversee an effective ethics and compliance program.
- iii. Review and approve an annual analysis of the key legal and compliance risks identified by the chief compliance officer in consultation with the senior leadership of the hospital.
- iv. Review and approve *a written annual compliance work plan* formulated in relation to the annual identified compliance risks. The plan shall include a report on processes used to develop and implement the program, the status of ethics and compliance activities, and action plans put in place in response to relevant ethics and compliance issues, according to the standards set forth in the guidelines established by the United States Sentencing Commission, the Department of Justice, and other relevant regulatory authorities.
- v. Remain informed of current developments in the regulatory environment and of legal and regulatory requirements.
- vi. Receive and review quarterly reports from the chief compliance officer summarizing ongoing compliance related issues and activities, including both processes and outcomes.
- vii. Receive and review quarterly reports from the chief compliance officer summarizing anonymous employee complaints or anonymous employee observations of unethical behavior.
- viii. Recommend ethics and compliance related education for the board of directors.
- ix. Review, approve, and encourage management actions to promote ethical behavior and compliance with laws and regulations at Bartlett Regional Hospital.

B. **As to Audit Matters.** The committee shall perform the following in connection with its audit responsibilities:

- i. Approve and exercise oversight of internal financial audits, audits of patient coding, and other audits necessary to ensure compliance with relevant regulatory authorities.

- ii. Exercise oversight of the independent external auditors and recommend the external audit report and opinion letter for final approval by the board of directors.
- iii. Analyze and evaluate information generated from internal and external auditors on the status of financial reporting and controls for the hospital and its affiliates.
- iv. Ensure an appropriate response to any compliance-related issues uncovered in internal or external audits, in consultation with senior management and the hospital's legal counsel.

**Compliance Program Report:** Mr. Overson provided metrics for the committee to review with detailed outlines. The committee discussed this at length.

To date, a full quarterly compliance metrics document has been brought to the Compliance and Audit Committee meetings, and this document was previously referred to as the “dashboard.” At the request of the committee chair, staff has been asked to create a new compliance dashboard as a summary of the compliance data that is brought to the quarterly Compliance and Audit Committee meetings. The purpose of the new dashboard is to give committee members the ability to quickly understand the notable and important compliance program information for the efficiency of meeting discussions. The intent would be to still present the full compliance data summary (what was previously called the dashboard) to the committee in the committee packet, but for the staff report to be focused more on analysis and noteworthy features of the full data set, highlighted in the new much briefer dashboard.

After some discussion, there was a consensus that time could be better used by focusing on the most important topics and by simplifying the dashboard. More specifically, it was agreed to change the name of the full quarterly compliance metrics document to the *Quarterly Compliance Metrics Report* and refer to the new, abbreviated summary as the *compliance dashboard*. Note that the full Quarterly Compliance Metrics Report, the Annual Workplan, and the Compliance Risk Assessment documents would inform the compliance dashboard, and still be available in the informational packet for each meeting, but this full metrics report would not be brought up for discussion in the meeting unless requested by committee members. The specific format of the new dashboard is still in process.

### **Ongoing Board Education Proposal:**

Previously, the committee had discussed a series of short educational presentations on compliance matters to be included with the regular monthly full board meetings on a quarterly basis. In returning to this topic, the committee decided to recommend to the full board meeting (1) a single presentation on determining *fair market value* to the full board at a regular meeting, and (2) a series of on-line compliance presentations from the Governance Institute for all board members to work through individually, outside of regular board meetings. Mr. Keith made the point again that a lack of understanding of fair market value led to the problem in the case study that we previously discussed, and that also fair market value is a concept that affects many potential problems at our hospital. In the end, the committee agreed to forward this suggestion on to the full board as this committee's recommendation for the 2023 compliance training program.

**Meeting Adjourned: 3:30pm**

**Next Meeting:** TBD

DRAFT

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Finance Committee Meeting Minutes – Zoom Meeting July 21, 2023, at 12:00pm

**Called to order at 12:01 p.m. by Finance Chair, Max Mertz.**

**Finance Committee (\*) & Board Members:** Max Mertz\*, Deb Johnston\*, Hal Geiger, Brenda Knapp, Shelly Deering, and Lisa Peterson

**Staff & Others:** David Keith, Sam Muse, Kim Stout, Kim McDowell, Nathan Overson and Sharon Price

**APPROVAL OF AGENDA:** *MOTION by Max Mertz to update the agenda to move the WFC and HHH update to be presented after approval of the June minutes. There being no objection, agenda approved.*

**PUBLIC COMMENT:** None

**APPROVAL OF MINUTES:** *MOTION by Deb Johnston to approve the minutes from the June 23rd, 2023, Finance Committee Meeting. There being no objection, minutes approved.*

**WFC & HHH Update:** Mr. Muse said on July 5<sup>th</sup> Bartlett made a \$550,000 payment to WFC's debt service account for the retirement of their outstanding bonds. Those bonds are officially retired as of today. Bartlett assumed operations of WFC on July 10<sup>th</sup>. WFC still exists as an entity, they are still an existing non-profit. They can't dissolve until they close out their 401k. Every employee enrolled in their 401k program needs to be cashed out or roll it over. This will take them a few months to process. Additionally they need to have a cost report prepared, a financial statement, I90 tax documents and other various documents. Bartlett has assumed all their assets and the operation of the facility. As the transaction was processed, what came to fruition was that WFC was insolvent. They had enough money for a few more payroll cycles and had held their accounts payables for months. They did have about \$2.1 million in receivables but due to timing and the nature of collecting receivables, they didn't have time to pay their liabilities. Instead of carving out any of their receivables, Bartlett took ownership of all of their \$2.1 million in receivables and didn't take legal responsibility for payable obligations but agreed to pay them off. They had \$700,000 that was due to a vendor that provides locum and traveler staffing, Bartlett settled that payment immediately. There is a carve out amount of \$191,000 to WFC that we are going to pay to them when their new bank account is set up. This money will be used for all their close-out responsibilities. We changed our personnel rules to allow the WFC employees to keep their benefit balances as they transition to BRH, their PTO liability is about \$350,000. There were about 10-15 WFC employees that chose to cash out their PTO. The 401k liability is estimated to be \$250,000. Adding up the \$1 million in payables, the carve-out of \$191,000, the PTO liability of \$350,000, and the 401k liability of \$250,000; it more or less equals what their accounts receivables of \$2.1 million. The cutoff date for this is through July 10<sup>th</sup> and is an estimate as of the closing, billed and unbilled. They were able to do their billing up until June 30<sup>th</sup> for their daily rates, there are still ancillary services that still need to be

billed. Ruth Johnston is contracted through WFC and has been working part time to help set up the new bank account, and some of the receivables. Billing is on hold until Anne Thibodeau returns. We are looking into getting a consultant to work with Anne to create a billing manual. We don't know yet if billing for WFC will be its own entity or if it will get merged with our PFS department. Mr. Muse has talked with Eide Bailly about potentially providing some sort of contact accounting work to help with the final reconciliation and accounting for the merger. We will be integrating their chart of accounts, payroll, and accounts payable, Anne will be working on this.

Mr. Keith said on July 24<sup>th</sup> we will talk to the Rate Review Board in regard to the rate structure for WFC. Our executive team will be refining the business plan for them. More specifically what rooms are being used for what kind and level of service so we can get a better projection of the potential revenue structure will look like.

Mr. Mertz asked how we are accruing the value of the WFC building since it was capital asset donation to us. Mr. Muse said he was referring to was a tax-based document, for taxable value it's based on the purchase price that is in the transaction agreement. It's the sum of the bond transfer, PTO, and 401k amounts. The building has already been depreciated once and reimbursed, so we won't be able to capitalize it and depreciate it again as part of the cost report. This will also be part of the rate discussion we have with the state.

Ms. Stout said the residents at WFC have had positive comments about the ownership transition. There have been six resignations of WFC employees during this transition and we are actively recruiting. Ms. Stout said they have three interviews this morning. There are still traveler staff at the facility and we are hiring more CNAs and nurses to help with that costly expenditure. Ms. Stout renegotiated rates with all of their travelers and was able to get a saving of \$208 an hour. The six WFC staff that resigned where one RN, one RN transferred to hospice at BRH, others were home attendants, one office admin stayed on as a casual employee working about 4 hours a week. WFC has 51 beds occupied and can go up 54 beds and staff it safely. There are two empty rooms (both two bed rooms). The total number of beds is 61 and 57 rooms. We would need more CNAs and licensed nurses to have all the beds full. There is no timeline on when we can get fully staffed. If we can get enough CNAs hired and reduce the costs on travelers, we will be able to open those additional rooms.

Mr. Muse said a working projection on what the financials for July will be difficult as billing has been put on hold. On Monday when we gain some clarity from the state on what they think in terms of a re-base could be, which is pertinent to any projections going forward. We are seeing some efficacies on the expenditure side that will continue, and with the revenue side as Ms. Stout works on getting more beds filled, and as we gain a clearer picture of what the reimbursement rate we will get as we move forward. By the next Finance meeting, we will be able to provide better updates on what the financials will look like. Mr. Keith said it will take about 60 to 90 days for a more accurate projection, and better business plan.

Ms. Stout said that WFC facilities and laundry services has been integrated in with Bartlett's. Bartlett's dietary department is still preparing food for the WFC residents but we are sharing resources with them as it relates to food purchasing and staffing. We will also be utilizing and sharing resources with a lot of our professional positions like physical, occupational, and speech therapy.

**CFO Report:** Mr. Muse said the May inpatient and outpatient gross revenues both increased month-over-month and were about \$1.2M above the average of the previous 11 months. Operating costs increased, mostly related to the increase in volumes in materials and staffing for the OR and Pharmacy. The net operating loss for May was \$(198,000). There were some expenditure headwinds related to startup costs for Home Health & Hospice and Crisis Services and the WFC transaction. These resulted in roughly \$75,000 of direct startup/operating costs for the month of May. The Hospital's unrestricted cash increased by \$855,000 during the month to \$40.5M.

### **Income Statement**

May inpatient revenue increased by \$500,000 month-over-month and was \$365,000 above the average of the prior 11 months. May outpatient revenue increased \$320,000 month-over-month and was \$580,000 above the average of the prior 11 months. Contractual and bad debt write-offs were 46.5% of gross revenues, in line with the 12-month average of 47.5%. The result was net operating revenue totaling \$10.73M, which was above the FY2023 rolling average of \$10.0M.

The total salaries and benefit expense of \$7.56M, which is right in line with the rolling average of \$7.63M for the fiscal year. Personnel costs were up from the prior month, mostly due to RN salaries & OT in the Emergency Department and CCU, corresponding to increased volumes in those units. Additionally, a quarterly physician bonus payment of about \$100,000 was issued in May. Total salaries and benefits were 71% of net operating revenues for the month, which is a couple of percentages higher than the two months previous. Contractual labor costs increased \$110,000 month-over-month. These contractual costs are primarily attributable to either difficulty recruiting/staffing in units (OR, MHU & Diagnostic Radiology) or increased demand related to the summer tourism (Emergency Department). The OR remains the highest utilizer, at \$218,000 for the month of May.

Other operating expenditures also increased month-to-month. This was due to a \$200,000 increase on the materials & supplies side, specifically Pharmacy and OR inventoried item usage, which are also primarily driven by volumes (tools/items used in surgery, drugs administered to patients). When looking at FY2023 average expenditures for the 5 months prior to management's phased plan to reduce costs (July 22' – Nov 22') compared to the six months after (Dec 22' – May 23'), average operating expenditures are down \$220,000 a month, mostly due to reductions in salaries and contract labor. Meanwhile, comparing those same timeframes, net patient revenues are up an average of \$440,000 a month. The cumulative monthly benefit is a positive \$660,000. The rolling FY2023 average monthly loss for the hospital is now \$(985K).

### **Balance Sheet**

Unrestricted cash increased \$855,000 from the month prior to \$40.5M. Cash collections of \$9.3M remained above average for the year but below the collections in each of the prior two months. On a current resources model for determining available capital, Bartlett saw an increase of \$900,000 month-over-month, to \$43.7M. Accounts Receivable increased from \$19.1M in April to \$19.6M in May. Liabilities remained flat in the aggregate month-over-month, with increases in payroll liabilities offset by decreases in accounts payable, both related to timing of payments.

Ms. Johnston asked why there has been a volume drop in Med/Surg despite it being the middle of our tourist season. Ms. McDowell said we aren't sure; it could be an anomaly. What we are seeing are spikes with patients that are admitted for less than 24 hour stay. She said the way patients are seeking healthcare post Covid has changed. Cruise ships could be offering telehealth services onboard, which they haven't

done in previous years. Ms. Johnston asked what is the status is on the number of patients we have that we can't get reimbursement from. Ms. McDowell said that is declining but doesn't have a specific number. Mr. Mertz asked about the non-medical professional fees for the year-to-date, how much of that is legal fees related to WFC or Hospice. Mr. Muse said our legal bills dating back from January have been between \$50-75,000 a month. Comparing this year to last year is a large portion of the difference. Mr. Mertz also asked what the \$10.6M in the prior year actuals column for other operating revenues was for. Mr. Muse said that was related to the CARES grant and other grant revenue from the last fiscal year.

### **Dashboard/Financial Indicators**

Inpatient volumes increased month-over-month in all units, except for the MHU, which saw a drop back down to volumes on the unit last seen in December. This was related to physician turnover and difficulty staffing within the Behavioral Health service lines. When compared to the fiscal year average volumes for the units, all were above the average for the fiscal year, except for the Medical/Surgical unit which had 10% lower patient days for the month. Length of patient stay is down in those units as well; this could account for part of why we aren't contractually writing off as much revenue in the last couple of months.

Outpatient volumes increased month-over-month, led by surgery cases and ED visits. Surgery cases increased over 20% from the prior month, to 293. The Emergency Department began to see the summer uptick in cases begin in May, with 1,089 visits. We are assuming this trend will continue into October and we will assess the traveler staffing and try to right size if the volumes go back down. Days in net receivables stayed flat at 56.8 days and days in accounts payable decreased slightly to 31.8.

### **Conclusion**

Patient volumes rebounded on both the inpatient and outpatient side from the month prior. The only exceptions being the Mental Health and Medical/Surgical units. Operating expenses also increased month-over-month related to staffing in the Emergency Department and CCU and materials costs in the OR and Pharmacy. That said, costs remained lower than the prior in the year, even given the above average volumes. Additionally, Bartlett had startup operating costs related to several service lines totaling \$75,000 that was a headwind against the bottom line. The net result was a loss of \$(198,000). Unrestricted cash continued to increase for the second month in a row, up nearly \$2.0 million since March.

**Open Discussion:** Ms. McDowell gave an update on MHU staffing. We are actively recruiting; contracts were sent out to three providers that have worked here previously. We have also reached out and talked to three providers in Fairbanks. They are willing to help provide any services that they can to our Mental Health unit and to support our nurse practitioners. Ms. McDowell sent out this info to Sara Dodd and she will work on what that contact will look like. One provider from Fairbanks said they are willing to work for free to help us. We have a new medical director coming up in October. In the long-term things are looking up, and in the short term we are struggling to find coverage. Current status is three patients on the Mental Health unit and have halted admitting more until we get more staff.

Mr. Keith said when referring to recruitment and retention in psychiatry, we have a structural problem steaming from bylaws. When talking to the medical director of mental health in Fairbanks, they have staff that practice independently in the behavioral health unit. They don't have concerns with locums physicians and advance practice clinicians. We have constrained ourselves as a result of these bylaws. We have some anomalies in our bylaws that the board will need to be aware of that are different than most hospitals. Ms. McDowell agrees. We have stopped recruiting nurse practitioners because as it's



structured now, they can't do on-call coverage. That is why we have reached out to Fairbanks to see if they can provide telehealth psychiatric services. Mr. Keith said the board is ultimately responsible for the bylaws, it's becoming an inhibitor for us especially in the behavioral health areas and with our ability to utilize advanced practitioner clinicians and behavioral health physicians. Ms. Knapp agrees that this needs to be addressed. She asked if we need to be considering downsizing our in-patient behavioral health program. Ms. McDowell said we talked with our partners out of state that we can't take their patients. Once we are fully staffed, she has no doubt that the mental health units can get filled. We have been sending some patients to the Med/Surg floor as long as they aren't combative and low equity. Mr. Keith said that until we have a medical director onsite that understands the dynamics and can help with the structure of the bylaws, we are unable to provide the supply despite the demand for it. Mr. Geiger asked if this issue is only related to mental health. Mr. Keith said the state of Alaska likes to take a collaborative approach, especially on in-patient care. There is still an unwillingness for physicians to embrace advanced practitioners to the degree that the state allows. There is just a shortage of physicians and advanced practitioners in mental health. More specifically our bylaws indicate that a physician locum is not allowed to collaborate or manage advanced practitioner clinicians in this institution, and that is very unusual and he has never seen that before.

Mr. Mertz would like Mr. Keith to speak to Mr. Solomon-Gross about this and plan for an overview of this to be presented to the full board. Mr. Keith said the medical staff will develop their bylaws and will come to us for comment before it gets presented to the full board.

**Next Meeting:** Wednesday, August 16<sup>th</sup>, 2023, at 12pm

**Adjourned:** 1:07pm

Fellow Board Members,

When the Bartlett hospital board was created, it was stipulated that at least one member of the board would be a physician on staff at the hospital, and that physician would be nominated by the med staff as a whole. Dr Raster and myself are the current board representatives. As a representee to the board, I see my role as twofold. I advise the board as to the impact that decisions the board makes on the ability for the hospital to provide quality patient care in a way that is consistent with our hospital mission, vision and values and I advise the board when administrative shortfalls lead to deterioration of the quality of care we provide and leads to adverse patient outcomes. Today, I am writing to inform you about an issue that has recently adversely affected patient care.

As many of you may be aware, administration has been struggling to retain and recruit qualified psychiatric service providers, both Nurse Practitioners and MDs for several months. Because of this, we have seen revenue losses in our behavioral health department due to low inpatient and RRC censuses, long wait times to get outpatient mental health appointments and inability to open our newly build crisis stabilization unit. Over the past few weeks this situation has gotten acutely worse as there currently is inadequate psychiatric coverage to allow admissions to the mental health unit, provide supervision to the mental health clinicians who evaluate patients in the ER, and to consult on acutely unstable psychiatric patients in the ER or on the medical wards. In the 30 years I have worked at the hospital, I have never been in a situation where I have been asked to care for mental health patients with no psychiatric call backup.

The adverse clinical outcomes of this collapse have been numerous and severe. In the Emergency room, we have had to board patients with acute unstable psychiatric issues as they wait for transfer to another facility, evaluation by the sole psychiatrist when she is available, or the clearing of their symptoms to a point that they could safely be sent home. We have also had to admit patients to the Med-surg floor cared for by nurses and doctors who have inadequate training or experience to deal with patients suffering from a mental health crisis. This delay has backed up care in both the ER and on the medical floor, resulting in longer ER wait times and fewer options to admit patients to the medical unit who need inpatient admission. We have also experienced multiple episodes where some of these patients have become acutely agitated and expressed violent outbursts in front of other patients in both the ER and on the medical unit. Not only have our patients been put at risk, our staff in the ER and on the medical unit have been put in harms way trying to deal with these episodes of agitated and violent behavior.

I think it is important for the board to understand what it means to hold patients suffering from an acute psychiatric emergency while waiting for definitive care. For patients in the ER, they are usually kept in our Psychiatric evaluation room. This room is a small room (approximately 8x10 foot) which has a mattress bolted onto the floor. There is either a security guard or sitter outside the room to prevent the patient from escaping. Inside the room, there is no bathroom, no TV, and nothing on the walls. Patients need to be escorted to the bathroom down the hall in

front of all the other patients in the department and receive minimal if any psychiatric therapy or medications. On the medical floor, patients are placed in a room, guarded by a security guard or sitter and they receive little or no psychiatric services. Our hospital would never allow provision of such inadequate and inhumane treatment of any other health related condition. Unfortunately, given the inherent bias that goes along with mental health issues, we are allowing this to occur in our hospital. As an Emergency Room physician who regularly interacts with patients with serious mental health issues and a father of a son who suffers from schizophrenia, I find this treatment appalling and unacceptable.

Administration has given physicians inadequate guidance on how to deal with this crisis. We have been told to hold the patents and try to transfer to a higher level of care. Although in the ER we have been offered more sitters if needed, no provision for basic therapeutic care plans have been discussed. We have no protocols for basic dietary and hygiene needs for patients on extended holds. Despite this issue going on for over a week, there is no clear process for executing a transfer, as the transfer company requires a judge signed psychiatric hold to do the transfer, and without psychiatric coverage there is no mechanism in place to get that hold.

As we grapple to understand the reasons for our current psychiatric provider shortages and remedies to fix them, some will argue that it is an inevitable consequence of the national shortage of Psychiatrists and Psychiatric Nurse practitioners. For Bartlett, I believe the issue is related to Bartlett's current administration's inability to retain and recruit. Over the past year in many departments in the hospital, most notably clinical IT, human Resources, and Psychiatry, we have witnessed an inordinately high rate of attrition. Although the reasons for these departures is multifactorial, through unsolicited conversations I have had with leaving practitioners, common themes seem to be emerging. These include lack of supportive, consistent and nurturing leadership, threats of retaliation for perceived performance shortfalls and placement of unrealistic demands on employees. There has been a palpable culture change in the hospital that has led to many employees not feeling understood or appreciated by the current Administration. Some of these issues were outlined in the anonymous letter that the Board received last month.

On the recruitment front, again through unsolicited conversations, I have heard about frustrations while trying to get a meaningful contract with the administration. Frustrations like being promised job details at a meeting with our CEO, then receiving a contract which is different and less desirable, including pay levels significantly lower than previous pay for the same work and pay lower than Juneau's market dictates. Providers also report waiting inordinate amounts of time for counter offers from Administration. These frustrations and concerns have led to many in the medical staff losing trust in the administration and shying away from affiliation with the hospital.

Currently in Juneau we have 3 psychiatrists who live locally, have active medical licenses and Bartlett privileges and are ready and willing to get back to work immediately. Again, according to one of them, through another unsolicited conversation, they want the contract they had with the prior administration. They have been unable to come to agreement with the current

administration despite several weeks of negotiations. Although, I want our CEO to try to make the hospital run as efficiently and cost effectively as possible, the inability to recruit and retain psychiatric providers has led to a serious and unacceptable lapse of basic health care for our community and adverse patient outcomes for one of the most vulnerable segments of our society - those suffering from mental health conditions.

Thank you for your time, I am happy to discuss further with any board member or at the board meeting if other board members felt it is necessary

Lindy Jones  
907-723-1460

# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 21, 2023

From: CEO/Senior Leadership Team Report

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## Chief Executive Officer

Behavioral Health: Impediments to physician recruitment and supervision of advanced practice clinicians continue to challenge staffing for all Behavioral Health services, especially over the next two months. Two permanent and full-time psychiatrists have been successfully recruited; however, their tenures will begin at BRH in August and October respectively. The Medical Director of Behavioral Health Services at Fairbanks Memorial Hospital is in consultation with BRH Administration and assisting on these matters.

Social Admissions: Administration will be scrutinizing and reporting on social admits e.g., admissions to inpatient services not meeting inpatient admission criteria, and inpatient admissions for services that cannot be optimally delivered or managed by staff. This is due to the recent admission of an adolescent that may not have met admission criteria; currently working with State agencies on a plan of care and disposition for this child; and now experiencing a lack of or delayed placement. The Board can expect similar general information to be shared as part of the "Hospital Capacity Update" in the future.

Collaboration: Administration has met with JAMHI Health & Wellness leadership to begin discussions about establishing a mutually beneficial relationship around the management and coordination of outpatient psychiatric services. A second round of meetings with SEARHC leadership is planned for August. The goal is to discuss improved coordination of SEARHC patients as well as opportunities for partnering. A site visit to Virginia Mason to discuss care coordination and a potential stronger relationship is being planned for late August, early September. BRH currently has an affiliation agreement with Virginia Mason.

# Bartlett Regional Hospital

Fireweed Award Honorees: Bartlett celebrated the first anniversary of the Fireweed Award and recognized Luke Dihle, Houston Laws, Blanca Perez, and Kefirah “Keke” Holbrook as the latest round of recipients for their exceptional care and service to the community. This past year the hospital has received over 165 nominations and formally recognized 16 outstanding employees.

Healthcare Advertising Awards Winner: Bartlett and Coffey Communications were selected as a Gold Winner for outstanding work in the ‘Website’ category in the 40<sup>th</sup> Annual Healthcare Advertising Awards. Bartlett’s website underwent a refresh this past year as part of the hospital’s digital advertising efforts. This year, over 4,300 entries were received, making the awards the largest and the most well recognized healthcare advertising awards competition. Gold awards were given to 530 entries, silver awards to 352 entries, and bronze awards to 238 entries.

## **Chief Financial Officer**

Juneau Bone and Joint Center property purchase: The City and Borough Assembly approved a supplemental ordinance appropriating \$8.1M of expenditure authority to Bartlett to pursue the purchase of the building and land at 3200 & 3220 Hospital Drive, owned by BBGJ Development LLC. As part of the due diligence, Bartlett has engaged DOWL engineering group to perform work related to potential flooding issues in that area. As this work is performed, Bartlett will continue to negotiate with the sellers on the final purchase agreement.

Revenue Cycle Review: We continue to work with Guidehouse on a comprehensive review of Bartlett’s revenue cycle processes and procedures. Guidehouse has been provided with preliminary data, has interviewed staff, and are in the process of putting together some preliminary findings. A final report is expected at the end of August.

WFC Financial Transition: On 7/5/2023, Bartlett Hospital made a payment of \$549,969 to BNY Mellon to redeem Wildflower Court’s debt, prior to the transition. The debt will be retired on 07/21/2023. Additionally, Bartlett and WFC are in the process of figuring out final dollar amounts for all PTO cash outs and the residual 401K liability. When those numbers are finalized, Bartlett

# Bartlett Regional Hospital

will transfer the funds to WFC as part of the final purchase price of the operations. Bartlett has taken over payroll responsibilities at Wildflower Court and continues to work through the transition of accounts payable, billing, and the accounting and reconciliation functions.

ED Renovation Project: Bartlett is engaged in discussions with Architects Alaska, CBJ Engineering, and internal staff regarding several initial concept drawings from Architects Alaska. As we await cost estimates for these designs, staff are collecting feedback on the benefits or drawbacks of each design and providing that feedback to the design staff.

## **Chief Operating Officer/Chief Nursing Officer**

Anesthesia Contract: Seattle Anesthesia Services (SAS) and Bartlett are now in active contract negotiations for anesthesiology services. Negotiations are going well, and we are currently awaiting SAS response to the contract.

Radiology Contract: Alaska Imaging/Solorad LLC was chosen to provide radiology services to Bartlett. Bartlett legal has drawn up the contract and active negotiation will start soon. Bartlett is excited to work with Alaska Imaging/Solorad LLC on providing services to our facility.

Nursing Administration: Nursing has reinstated the Clinical Documentation Committee to start regular discussions between clinical departments and IT. This committee will establish a charter to set goals identifying Electronic Health Record challenges and needs, but primarily addressing documentation burnout - as it is one of the leading causes of clinical and nursing burnout nationwide.

Behavioral Health Services: Aurora Behavioral Health Center (ABHC) officially opened in June. BRH hosted open houses to allow donors, key stakeholders, and the community an opportunity to appreciate the space and ask questions. ABHC houses Bartlett Outpatient Psychiatric Services

# Bartlett Regional Hospital

(BOPS), Applied Behavioral Analysis (ABA), 23-hour Crisis Stabilization Observation and 7-day Crisis Stabilization Residential for both adults and adolescents (12-17 yrs.).

The Crisis Now Model also includes having a Mobile Crisis Team (MCT) which consists of a Paramedic and a Clinician such as a Licensed Professional Counselor that can respond to a person in crisis in the field. COO/CNO met with the MCT staff in Anchorage to ascertain information on how their MCT functioned and how it was funded. Currently their MCT is funded through Anchorage alcohol tax. With the MCT reimbursement being so low, the program has to be subsidized. COO/CNO is working with community partners to determine who is best to provide MCT services.

Recruitment of staff for crisis services continues to be challenging, which could delay the opening of those services. Working with Human Resources and key stakeholders on strategies to improve recruitment efforts and results. The final construction of the Aurora Behavioral Health Center third floor is being completed by Dawson, which should allow for occupancy next month. Currently patients are actively being seen at BOPS and ABA.

Grants: The State of Alaska has granted Behavioral Health two grants for FY24;

- Comprehensive Behavioral Health Treatment and Recovery Residential Withdrawal Management and Residential SUD Services Grant. This is for Rainforest Recovery Center (RRC) in the amount of \$270,126.27. This grant will help cover wages for Behavioral Health Aides (BHAs) working at RRC. The original grant request was for \$415,000. This grant has been awarded to BRH for many years and is much lower than previous years. BRH's grants administrator will reach out and ascertain why the granted amount was less than years past.
- Crisis Stabilization and Residential grant for both adults and adolescents for FY24, in the amount of \$500,000. The funds will be used to support staff wages who are covering services for these programs.



# Bartlett Regional Hospital

- The Alaska Mental Health Trust Authority will conduct a Program and Planning Committee on July 26<sup>th</sup>. BRH ABHC is on the agenda for Commencement of Operations Assistance. The FY24 allocation requested is \$476,200.00 to help support and stand-up new crisis stabilization services in the community and manage unplanned operation delays. Kim McDowell, COO/CNO, Jennifer Carson, Interim Executive Director of Behavioral Health, and Sam Muse, CFO, will be on the call to answer any questions after the allocation proposal is presented by Travis Welch, Program Officer Alaska Mental Health Trust Authority.

Psychiatric Provider Coverage: Dr. Mikki Barker, who was to join BRH as the Medical Director of Psychiatry in August, is no longer able to commit to BRH or the Medical Director role. While this will cause a delay, Dr. James DiGioia was successfully recruited to be the Medical Director of Psychiatry. He initially applied for the outpatient psychiatrist position. He has extensive experience including medical directorship. He will be joining us at the end of October when he and his wife move to Juneau.

Dr. Marie Roy Babbitt officially signed as a permanent psychiatrist. She is a board-certified child and adolescent psychiatrist. Once credentialed she will start providing telehealth services for BOPS until her and her family officially moves to Juneau at the end of the year. Once on-site she will help stand up Crisis Services.

There is an immediate concern of not having adequate provider coverage to support all of our behavioral health services. We have two (2) FT psychiatrist (locums), one (1) PT psychiatrist (12 hours a week who is not credentialed for inpatients) and two (2) mid-levels (APCs) on site. These providers cover call shifts on MHU. The APCs lost their sponsoring physician on July 17<sup>th</sup> due to the current Medical Staff bylaws that require APCs have a sponsoring physician who is required to be an active medical staff member. Locums are not considered active staff members thus the APCs currently have no sponsor to allow them to provide inpatient services or on-call. Due to this the two psychiatrists are the only providers to provide coverage to the MHU, call and consults

# Bartlett Regional Hospital

24/7 which is not sustainable. As a result, all potential admissions to MHU will be evaluated prior to admission to determine the appropriateness of admission to MHU. This could cause patients to be held in the emergency department prior to placement.

Negotiations with Dr. Tarim, Dr. Gallardo, and Dr. Karazja to support on-call services for inpatient services are ongoing. These negotiations include contract review by our Contract Administrator and Legal.

The shortage of providers has also caused a rather large waitlist at BOPS. The current BOPS waitlist consists of 78 adults, 28 adolescents, and 11 children to get services started. RRC has 10 individuals awaiting a bed for treatment and 6 individuals for outpatient substance use disorder (SUD) services.

Conversations have started with providers based in Fairbanks that have shown interest in providing support and collaboration regarding Behavioral Health. Fairbanks Memorial Hospital Behavioral Health Department utilizes independent advance practice clinicians, and there are no restrictions on managing mid-levels by their physicians, including locums.

In-House Nephrology: Dr. Chandran and his team provided a draft contract for services that supports in-house Nephrology services to BRH. Dr. Chandran's proposal is essentially risk free for BRH, which will allow BRH to trail dialysis services for our inpatients. The contract is currently with BRH Legal.

Cardiology: Discussions with cardiology looking at different models to bring two cardiologists to Juneau are ongoing. They have committed to us that they would provide 24/7 coverage and see in-patients and out-patients. This will provide much needed cardiology services to the Southeast. BRH is currently conducting a Fair Market Valuation (FMV) of their services.

**Chief Quality & Compliance Officer**

# Bartlett Regional Hospital

Executive Director, Human Resource: Administration invited two candidates for the Executive Director of Human Resources on campus for interviews. One candidate is currently entertaining an offer, while the other candidate withdrew after evaluating the housing market in Juneau. Staff are still actively recruiting other potential candidates until an offer is accepted.

A new staff member previously from Wildflower Court will be joining the BRH Human Resource Department as a generalist. This is just one effort to begin blending WFC and BRH operations.

Keep Our Own: The Administration has selected Press Ganey to coordinate Employee Engagement and the Culture of Patient Safety survey(s). In 2013 Press Ganey acquired Morehead Associate, which was one of the industry's foremost employee and physician engagement firms. Morehead is recognized for its scientific rigor, extensive employee and physician benchmarking database, and consulting expertise. The survey process will begin late this summer and the results will be shared with the Board by November. A new "Employee Engagement Committee" will be formulated to help interpret the results as well as assist Administration in executing improvement opportunities. The Board can expect additional information in the near future.

Grow Our Own: The latest certified nursing assistants (CNA) training program class of eight students has begun and will conclude on August 11th. The next new cohort of students will begin this October. Fifteen (15) high school students participated in a four-week shadowing opportunity in their respective fields of interest. For example, students rotated through finance, case management, physical therapy, operating room, and clinical nursing departments. BRH also hosted twelve (12) college interns in clinical departments.

This fall, BRH will host the first cohort of licensed practical nurses (LPN) beginning with Alaska Pacific University on August 21st. They will be completing most of their training at Wildflower Court with some clinical rotations throughout the Hospital. They will be graduating in May 2024. BRH will also receive students from UAA and Nightengale College for LPN training this fall.

# Bartlett Regional Hospital

BRH Medical Staff Bylaw/Rules and Regulations Revision: The Herty Springer attorneys are in the process of revising the 'draft' BRH Medical Staff Bylaw/Rules and Regulations Revision Project documents. These documents are slated to be ready for review by the Medical Staff Executive Committee (MSEC) and BRH Administration by August 1, 2023. Once received, the MSEC will hold a special meeting to review/discuss the updates, as well as receive any input from Administration. These documents will be sent to the Medical Staff for a 30-day review. It is estimated that a draft version of the documents should be presented at the BRH BOD at their October 2023 meeting.

## **Executive Director Strategy & Business Development**

Organizational Strategy: Hospital administration has consolidated and incorporated feedback from the June 3rd Strategy session to update and revise proposed organizational Strategic Goals. A special Board of Directors meeting has been scheduled for August 15th to discuss organizational Strategic Goals. Follow-on work to update the Facility Master Plan, to include service line growth and off campus considerations, is underway.

Recruitment: We have had success recruiting multiple physicians for our Behavioral Health services. Dr. DiGioia will be joining our Behavioral Health Team on 10/29/2023 as an Adult Psychiatrist and our Behavioral Health Medical Director. Dr. Babbitt will be joining our Behavioral Health Team on 8/20/2023 as a Child and Adolescent Psychiatrist. Additionally, Dr. Vyas will be joining Bartlett Surgery and Specialty starting on 9/18/2023 as an Ophthalmologist. We will be increasing this service line from 3 days per month to 5 days per month for these services.

Facilities: The Bartlett Surgery and Specialty Clinic has been officially relocated to the Juneau Medical Center building on Bartlett's campus. Staff are continuing to work on enhancing and optimizing the new space to meet the needs of that team.

## **Executive Director, Post-Acute Services/ Administrator, Wildflower Court**

# Bartlett Regional Hospital

Home Health and Hospice Services: Bartlett Home Health (HH) and Hospice underwent State survey April 3, 4 and 5<sup>th</sup>, 2023. On 5/11/2023, BRH was notified by the State of Alaska, Department of Health, Division of Health Care Services that Bartlett Home Health and Hospice are compliant with the State requirements for hospice agencies and home health agencies and granted a provisional license for each service.

Home Health/Hospice now employ one home health clinical manager, one hospice clinical manager, one full-time RN, one casual RN, two casual chaplains and one administrative assistant/volunteer coordinator. HH/Hospice will also utilize BRH therapy staff (Physical Therapy, Occupational Therapy and Speech-Language Pathology), social worker(s) and dietician(s) to deliver care services. Two additional RNs will arrive at HH/Hospice within the next two months.

HH/Hospice is expected to begin seeing patients by the end of July. This is predicated upon successful implementation of the HH/Hospice electronic health record and complete orientation and training of our new staff members.

Wildflower Court/Long-Term Care: BRH has now taken full responsibility for Wildflower Court (WFC) operations. WFC staff members have successfully transitioned and are now oriented to BRH mission, vision and values. BRH Senior Leadership Team met with WFC residents on 6/19 in the form of a Town Hall meeting. SLT introduced themselves and talked about the future goals for improving overall quality and services at WFC.

WFC operations are being impacted by staff turnover/changes, particularly in the administrative and finance offices. As a result, WFC contracted with Ruth Johnson to assist with the financials as well as closing out accounts payable and/or transferring accounts payable to BRH. Ruth has former experience with WFC and was instrumental in assisting BRH in finalizing the requirements of the Transition Agreement.

**Executive Director, Information Systems:**

# Bartlett Regional Hospital

Hospital Incident Command System Activation (exercise) & Infrastructure Downtime: Information System (IS) Department took advantage of a planned downtime on 6/29 to perform an activation exercise of the Hospital Incident Command System (HICS). This downtime was necessitated by an earlier network problem discovered in Q1. That problem was traced to an issue in the core network switch's firmware. With this downtime, the core network switch was successfully upgraded and is no longer susceptible. This downtime was a significant event because all networking in the Hospital was impacted. This simulated a full network failure, which made it a good opportunity to exercise the HICS. Performing this exercise alongside the downtime was a great example of teamwork across the organization.

MEDITECH ED Module Adoption Project: The work to change over the Emergency Department from existing EMR to the enterprise EMR continues. While the project is being supported by both Emergency Department (ED) and IS staff participation, the build, implementation, and go-live are outsourced to Meditech. Our build resources (consultants), Jerijah Mobely and Keisha Duren have been working with ED staff and physicians on order sets and user experience. Later in July, Jerijah Mobely will be on-site for a week to go over order sets with principal stakeholders, continue work begun in early July with the ancillary groups; laboratory, pharmacy, and diagnostic imaging, and offer a hands-on provider familiarization to the new ED module in the hospital's computer training classroom. The Nursing orders work is surfacing as the most challenged workstream, and IS staff are monitoring it closely. To date, half of the training encounters for IS and the build resources have been delivered, and approximately 26% of the required dictionaries are ready for pre-live testing.

MEDITECH Optimization: The team of four Meditech subject matter experts (SME) continue to work alongside IS Clinical and hospital staff. As of 6/30 the burndown on the initial pool of 2,080 hours shows 1,164 delivered. At the time of this report 1,566 hours had been delivered through 7/16 which means our SMEs are coming to the end of the initial 3-month engagement. Of the 106 issues the SMEs have been working to address, they have also been working with individual

# Bartlett Regional Hospital

units to identify pain points and workflow improvements. While this work will continue for as long as we have hours under our Phase 1; we recognize the need is greater than current capacity. It is advisable, at this point to begin a conversation for Phase 2 follow-on engagements for a select couple of SMEs to continue optimization, Revenue cycle support, and knowledge transfer to IS Clinical staff as we have been able to recruit candidates into critical vacancies.

Reorganization and Recruitment Highlights: The IS recruitment efforts are beginning to show dividends. Since last month, offers were made to fill two RN Nurse Informaticist positions and we have secured a critical Senior Systems Administrator with a vast amount of expertise and knowledge of our M365/O365 environment. This expertise will be key in our fight to secure our Bartlett identities, which is what cyber threat actors are concentrating their efforts to obtain in attacking health care organizations. On the reorganization and realignment front, the IS Department is working with other senior leaders to develop a float plan for clinical staff interested in technology and improving EMR efficiency.

# Bartlett Regional Hospital

**To: Board of Directors of Bartlett Regional Hospital**

**July 25, 2023**

**From: Stuebaker Nault and CBJ Law**

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



# Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital

July 17, 2023

From: Kenny Solomon-Gross, Board President

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◆ **ISSUE**

The board is being asked to review and approve the Board Calendar for next month.

◆ **BACKGROUND**

Behind this cover memo is the calendar of Board of Director and Board Committee meetings scheduled to take place in the upcoming month

◆ **OPTIONS**

Approve the board calendar as presented to the board.

Amend the board calendar and approve the amended board calendar.

# August 2023

\*\*\*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	3	4	5
6	7	8 7:00am Credentials Committee (NOT A PUBLIC MEETING)	9	10 7:30am Governance Committee meeting (Public Meeting)	11	12
13	14	15 4:00pm Planning Committee meeting followed by Strategic Goals work session (PUBLIC MEETING)	16 12:00pm Finance Committee (PUBLIC MEETING)	17 7:00am Joint Conference (Public Meeting)	18	19
20	21	22 5:30pm Board of Directors (PUBLIC MEETING)	23	24	25	26
27	28	29	30	31		

### Committee Meeting Checkoff:

Board of Directors – 4<sup>th</sup> Tuesday every month  
 Board Compliance and Audit – 1<sup>st</sup> Wednesday every 3 months (Jan, April, July, Oct.)  
 Board Quality- 2<sup>nd</sup> Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)  
 Executive – As Needed  
 Finance – 3<sup>rd</sup> Friday every month

Joint Conference – Every 3 months  
 Physician Recruitment – As needed  
 Governance – 3<sup>rd</sup> Friday every month  
 Planning – 1<sup>st</sup> Friday every month

## August 2023 – BRH Board of Directors and Committee Meetings

**BRH Governance Committee Meeting 7:30am Thursday, August 10<sup>th</sup>**

<https://bartletthospital.zoom.us/j/92722624964>

Call 1 888 788 0099 Meeting ID: 927 2262 4964

**BRH Planning Committee Meeting immediately followed by Strategic Goals Work Session  
4:00pm Tuesday, August 15<sup>th</sup>**

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

**\*Public Comment will not be taken during Strategic Planning Work Session**

**BRH Joint Conference Meeting 7:00am Thursday, August 17<sup>th</sup>**

<https://bartletthospital.zoom.us/j/91851134686>

Call 1 888 788 0099 Meeting ID: 918 5113 4686

**\*Public Comment will not be taken.**

**BRH Finance Committee 12:00pm Wednesday, August 16<sup>th</sup>**

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

Call 1 888 788 0099 Meeting ID: 940 8863 0653

**BRH Board of Directors Meeting 5:30pm Tuesday, August 22<sup>nd</sup>**

<https://bartletthospital.zoom.us/j/97511467289>

Call 1 888 788 0099 Meeting ID: 975 1146 7289