

AGENDA – BOARD OF DIRECTORS MEETING

DATE: Thursday, December 19, 2024, at 5:30 p.m.

LOCATION: BRH Boardroom and Zoom Videoconference

Virtual attendees may access this meeting via the following link:

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

or call 1-888-788-0099 and enter meeting ID 940 0220 8623

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Max Mertz

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

III. ROLL CALL

IV. APPROVAL OF AGENDA

V. PUBLIC PARTICIPATION

VI. CONSENT AGENDA

- A. November 26, 2024, Draft Board of Directors Meeting Minutes (p.3)
- B. October 2024 Financials (p.4)

VII. OLD BUSINESS

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. WFC Court Capacity Report – Deborah Koelsch, WFC Administrator
- C. Committee Restructuring – Deb Johnston – **ACTION ITEM** (p.25)
- D. ILWU Tentative Agreement – Chad Brown - **ACTION ITEM** (p.27)
 - Summary of ILWU Agreement Changes (p.29)

VIII. NEW BUSINESS

- Virginia Mason Affiliation – Deb Johnson - **ACTION ITEM** (p.32)

IX. MEDICAL STAFF REPORT - Alex Malter, MD, COS

- Med. Staff Policy for Approving and Ratifying Policies - **ACTION ITEM** (p.33)

X. COMMITTEE MEETING UPDATES

- A. December 9, 2024, Draft Compliance Committee Minutes – Hal Geiger (p.37)
 - 1. Identity Theft Prevention Program Policy – **ACTION ITEM** (p.40)
 - 2. Hospice/Home Health Compliance Policies – **ACTION ITEM** (p.46)
- B. December 11, 2024, Draft Planning Committee Minutes – Deb Johnston (p.49)

- C. December 13, 2024, Draft Finance Committee Minutes – Max Mertz (p.51)
- XI. ADMINISTRATION REPORTS (p.53)**
 - A. CEO and Administration Report – Joe Wanner, CEO (p.54)
 - B. Home Health and Hospice Services – Heather Richter, Director (p.56)
 - C. Wildflower Court – Deb Koelsch, WFC Administrator (p.58)
- XII. CBJ LIAISON REPORT – Wade Bryson**
- XIII. PRESIDENT REPORT – Kenny Solomon-Gross**
- XIV. ELECTION OF OFFICERS – Kenny Solomon-Gross – ACTION ITEM (p.59)**
- XV. BOARD CALENDAR – January 2025 (p.62)**
- XVI. BOARD COMMENTS AND QUESTIONS**
- XVII. EXECUTIVE SESSION (p.65)**
 - A. [Credentialing Report](#) – Alex Malter, MD
 - B. December 10, 2024, Medical Staff Meeting Minutes – Alex Malter, MD
 - C. [Patient Safety Dashboard](#) – Gail Moorehead, CQCO
- XVIII. ADJOURNMENT**
- NEXT MEETING – Tuesday, January 28, 2024, 5:30 p.m.**

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

- The Board of Directors is being asked to approve the consent agenda.

BACKGROUND

- There are two items on the consent agenda.
- Behind this cover memo are:
 - a. Draft minutes of the November 26, 2024, Board of Directors Meeting
 - b. October 2024 Financials

OPTIONS

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

ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

SUGGESTED MOTION

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

DRAFT MINUTES – BOARD OF DIRECTORS MEETING

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

I. CALL TO ORDER – 5:30 p.m. by Mr. Solomon-Gross, Board President

II. LAND ACKNOWLEDGEMENT – Mr. Solomon-Gross provided 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.

III. ROLL CALL

Board Members Present: *(Virtual attendees italicized)*

President: Kenny Solomon-Gross, **Vice-President:** Deb Johnston, **Secretary:** Shelly Deering, Max Mertz, Hal Geiger, Lisa Petersen, and John Raster, MD.

Also Present: *(Virtual attendees italicized)* Joe Wanner, Kim McDowell, Gail Moorehead, Chad Brown, Nicholas Rosenfeld, MD, Erin Hardin, Beth Weldon, Heather Richter, and Anita Moffitt.

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

V. PUBLIC PARTICIPATION – None

VI. CONSENT AGENDA – MOTION by Ms. Johnston to approve the consent agenda. Mr. Geiger seconded. There being no objection, MOTION to approve consent agenda consisting of October 21, 2024, BOD (Board of Directors) Meeting Minutes and September 2024 financials approved.

VII. OLD BUSINESS

Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. Patient days in October: Med Surg – 344, MHU - 153, CCU – 62, OB – 18, Nursery 15. The ED saw 818 patients in October. There are 3 patients waiting for transfer to assisted living facility, and 4 waiting for rehab. There are no Covid patients in-house. IV fluid supplies are stable.

Ophthalmology Update – Mr. Wanner reported Dr. Phillip Brunetti held a 3-day Ophthalmology clinic on November 18th, 19th, and 20th. Clinic went really well. Collaboration of multiple departments contributed to its success. Mr. Solomon-Gross and Dr. Raster reported hearing positive feedback from the community about the clinic. A brief discussion was held about Dr. Brunetti's long-term plans and what potential services he could provide.

NEW BUSINESS

Action Item: Wildflower Court (WFC) Administrator Appointment: Ms. McDowell reported Wildflower Court (WFC) is required by the State to have a Nursing Home Administrator (NHA) in place to manage, supervise or be in charge of the nursing home. As a result of Ms. Stout's resignation, the board is being asked to approve the appointment of Deborah Koelsch as the WFC, Long Term Care Facility NHA.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital approve the appointment of Deborah Koelsch as Wildflower Court Long Term Care Facility Nursing Home Administrator. Ms. Petersen seconded. Ms. McDowell, at Mr. Geiger's request, provided an overview of why Ms. Koelsch was chosen for the position. It was noted that Ms. McDowell has also applied for the NHA license. Mr. Mertz initiated discussion about the benefit of an NHA having a nursing background. There being no further discussion or objection, MOTION approved.

Board Committee Structure – Ms. Johnston asked that the board consider a restructuring of some committees to make them more efficient and effective. Her suggestion is to eliminate the Compliance and Audit Committee, combine Compliance with the Quality Committee, and combine Audit with Finance Committee. It is also recommended that one board member with a non-clinical background be appointed to the Quality and Compliance Committee. There would be no changes to the structure of the rest of the committees. Multiple board members expressed their support for these changes. Recommendations were made that there be set schedules for each of the committee meetings and that all board members serve at least one term on the Finance Committee or Planning Committee during their tenure on the board. Committee restructuring will be discussed further at next month's meeting.

- VIII. MEDICAL STAFF REPORT** – Dr. Rosenfeld reported business as usual at the November 12th Medical Staff Meeting. Medical Staff Bylaws will be presented to the Medical Staff for review at the December meeting and presented for approval at the January meeting. A new Vice-Chief of Staff will be voted in at the December Medical Staff meeting. Dr. Malter will present at the December Board of Directors meeting, a policy that defines guidelines and rules in terms of what needs to go before the Board for approval. Dr. Luke Mather will be the Chief of Staff next year.

IX. COMMITTEE MEETING UPDATES

Planning Committee – Ms. Johnston reported minutes from the November 1st meeting accurately reflect the conversations of the meeting. Discussions included updates on the ED (Emergency Department) renovation and other current projects as well as potential uses for the ABHC (Aurora Behavioral Health Center) space. There are no updates on the CON (Certificate of Need) yet. The ED renovation cannot move forward without the CON. Mr. Wanner will reach out to Kevin Jardell to see how we can move this forward.

Quality Committee – Dr. Raster reported minutes from the November 7th meeting accurately reflect the conversations of the meeting. The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores show BRH has a 4 out of 5-star rating. Employee survey results have not been tallied yet. The Hospital Performance Improvement Charter had

been reviewed and approved by the Quality Committee and is now before the Board for final approval. Ms. Moorehead explained why the charter is now before the board.

MOTION from the Quality Committee that the Board of Directors of Bartlett Regional Hospital approve the Hospital Performance Improvement Charter as presented. There being no further discussion or objection, MOTION approved.

Finance Committee – Mr. Mertz reported at the November 15th meeting, Chuck Cave, Interim CFO, had presented the financials. Through the end of September, BRH is 5 months into a positive bottom line, and it looks like October and November will also be good months. There has been about a \$7M turnaround since the first 3 months of last year. It's important for the community to know that we still have a lot of work to do but we are making progress. Mr. Wanner reported an RFP (Request for Proposals) was issued to solicit bids for auditing services for CBJ, JSD (Juneau School District) and BRH. There are currently two community elected chairs from CBJ Finance Committee, CBJ's Finance Director and the CFOs from BRH and JSD on the RFP Evaluation Committee. There are no representatives of the BRH BOD (Board of Directors). Mr. Solomon-Gross provided the history of this issue. As part of its fiduciary responsibility, it is important for the BOD to be part of the auditor selection process to ensure the auditing firm chosen has a breadth and depth of experience with healthcare financials. The JSD staff is not qualified to select a hospital auditor and BRH's CFO is not qualified to select a school district auditor.

MOTION from the Finance Committee: I move the Board of Directors of Bartlett Regional Hospital recommend to CBJ Leadership and Assembly to include Bartlett Regional Hospital board members in the selection process for the Bartlett Regional Hospital auditors in that the Bartlett Board believes that it is best suited to determine the best fit for an audit firm. There being no further discussion or objection, MOTION approved. Mr. Solomon-Gross and Mr. Wanner will present this to the appropriate members of CBJ management and Assembly.

Governance Committee – Ms. Petersen reported minutes from the November 21st meeting accurately reflect the conversations of the meeting. Topics of discussion included fiduciary responsibility, code of ethics paperwork and development of a committee work plan for 2025. The BOD retreat will probably take place in February. A set schedule will be determined for the 2025 Governance Committee meetings.

Mr. Solomon-Gross called for a brief recess at 6:22 p.m. Meeting resumed at 6:30 p.m.

X. ADMINISTRATION REPORTS

CEO and Administration – Mr. Wanner provided an overview of the CEO and Administration report included in the packet. This report includes highlights of key accomplishments and contributions of BRH over the past year and the operational plan to bring the organization's strategic goals to life. BRH leadership will conduct its annual review of the operational plan next month as part of the three-year strategy cycle. Their goal is to have a revised plan ready to share with the BOD and staff in January or February for discussion purposes. Education will be provided to the BOD to give them a clear understanding of what the three levels of the A3s are. Mr. Solomon-Gross suggested an A3 presentation at each future BOD meeting. Mr. Wanner also reported Dr. Woelber has signed a contract to become a .25 FTE to help support BRH in becoming an Orthopedic Center of Excellence. His first clinic days will be at the end of January, and he will return every two weeks thereafter. Dr. Woelber's specialty is joint replacement, but

he will cover some general orthopedics as well. Discussion was held about call coverage and follow-up care for his patients. The clinic will be located in the RRC (Rainforest Recovery Center) building. Mr. Wanner reported he had met with Tom Kruse of Virginia Mason Medical Center (VMMC) to discuss affiliation opportunities between BRH and VMMC. Mr. Wanner will present these opportunities to the committees as appropriate before presenting them to the BOD for further discussion. In addition to sharing buying power and providing educational opportunities to BRH, VMMC's goal is to increase the local services and availability of procedures here in Juneau. Mr. Kruse will be invited to participate in the February BOD retreat to discuss affiliation opportunities with the BOD.

Home Health/Hospice/Wildflower Court (WFC) – Ms. McDowell provided an update on WFC. Census is currently at 53. We are still working on stabilizing staffing and reducing contract labor. Staff is very positive about Deborah Koelsch coming on board as the WFC Administrator. Plans are being put in place so WFC can accept patients every day of the week instead of only twice a week. Mr. Solomon-Gross initiated a discussion about the use of CNAs.

Heather Richter provided an update on Home Health and Hospice services. Home Health currently has 18 patients with 11 pending referrals. Hospice currently has 4 patients with 1 pending referral. Home Health received its Medicaid provider number last week and is now able to begin the billing process. Ms. Richter and Amy Skilbred, of the Juneau Community Foundation, attended Juneau Afternoon on KTOO on October 31st to provide community outreach about services. The first annual "Light Up a Life" event is scheduled to take place at 5:00pm on Friday, December 13th in the hospital lobby. This event is a community remembrance event for those that have lost loved ones over the past year as well as a Hospice fundraiser event. Ms. Richter provided information about the types of outreaches and educational information is provided to the community. The 5-year plan for Hospice and Home Health services will be discussed at the January Finance Committee and BOD meetings. Ms. Richter highlighted some staffing changes.

XI. PRESIDENT REPORT

Mr. Solomon-Gross reported he was gone for part of the past month. He had met with Mr. Wanner and Ms. Johnston a couple of times and had read the minutes from all of the meetings to stay up to date. He and Mr. Mertz had a good meeting with Mr. Kruse and he is looking forward to meeting with the State to discuss the Critical Access Hospital (CAH) designation. We are currently in a holding pattern waiting to see if the SOLES Act passes. Mr. Wanner explained the SOLES Act. The BOD will need to discuss options if the SOLES Act passes. Ms. Deering initiated discussion about where the revenue comes from if we form an affiliation with VMMC.

XII. BOARD CALENDAR

December 2024 calendar reviewed. Mr. Geiger requested a Compliance Committee meeting be held at 12:00pm on December 9th. There were no other changes. MOTION by Mr. Geiger to approve the December calendar as amended. Dr. Raster seconded. There being no objection, MOTION approved.

- XIII. BOARD COMMENTS AND QUESTIONS** – Dr. Rosenfeld commended the BOD and BRH Administration for the improvement in finances and encourages communicating this progress to the community. He noted the medical staff, and the community would like to see what the BOD has planned for the future for treating substance abuse and mental health issues. 13% of the Alaska population suffers from substance abuse, the national average is 8%. Board member

applicant interviews may possibly be held on December 17th. There are currently 2 vacant seats on the BOD and Ms. Johnston and Mr. Geiger are up for reappointment.

XIV. EXECUTIVE SESSION

MOTION by Mr. Geiger to recess into executive session to discuss several matters as noticed in the agenda:

- Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, patient safety dashboard, and union negotiations.

Ms. Johnston seconded. There being no objection, MOTION approved. Mr. Solomon-Gross reminded virtual attendees to ensure they are in a secluded area where no one else can hear the confidential conversations of the executive session.

The Board entered executive session at 7:13 p.m. and returned to regular session at 7:33 p.m.

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

Mr. Geiger also reported that during executive session, the BOD provided guidance to staff to continue union negotiations.

XV. ADJOURNMENT – 7:35 p.m.

MEMORANDUM

DATE: December 12, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Charles Cave, Interim Chief Financial Officer
RE: October Financial Performance

Income Statement

October inpatient revenues were .6% greater than the prior month but 19% below budget. The only significant decrease in October was the reduction from the RRC. We saw an increased average daily census over the prior month in Med Surg (6.6%), but declines in Obstetrics (32.1%) and MHU (2.8%). October outpatient revenue decreased \$832K month-over-month with the largest decreases noted in CT, Pharmacy, Emergency Department and Lab. Outpatient ER visits fell 19% month over month.

Contractual and bad debt write-offs were 42.3% of gross revenues, below the 13 month average of 47.8%. Uncompensated care was at 2.2% in October compared to the 13 month average of 2.5%. The result was net operating revenue totaling \$11.4M, which exceeded the 12-month rolling average of \$11.0M.

Significant negative variations (from budget) in expenses included Contract Labor, Physician Contracts, and Rentals/Leases. Contract Labor was \$281K over budget due to the ongoing use of contract employees in multiple departments. Physician Contracts were \$208K over budget primarily due to Anesthesia not being budgeted. Rentals and Leases was \$39K over budget due to OR rental expenses. Significant positive variances existed in Salaries and Wages, Physician Wages and Employee Benefits.

The Net Gain/(Loss) for the Hospital for the month of October was \$152K, and the rolling 13-month average monthly loss for the hospital is now **\$(276K)**.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) increased from the prior month from \$29.3M to \$30.7M. The increase in cash is primarily due to the trending reductions in spending in both SWB and operating expenses. Cash collections in the month totaled \$13.3M, just below the YTD average.

Net accounts receivable decreased month-over-month to \$27.6M from \$30.7M.

Wildflower Court (WFC)

For the month of October, WFC had \$1.34M of net operating revenues on \$1.59M of gross revenues.

From an expenditure standpoint, Contract labor continues to drive costs, with a cost of \$254K during the month of October. We anticipate this decreasing over the coming months with the addition of CNA's from the most recent CNA class.

On a bottom-line basis, WFC had net operating income of \$287K. It is important to note that this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. As noted above, Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

BARTLETT REGIONAL HOSPITAL and WFC
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF OCTOBER 2024

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$5,835,839	\$6,438,962	-\$603,123	-9.4%	\$4,259,435	1. Inpatient Revenue	\$24,987,925	\$26,292,403	-\$1,036,600	-3.9%	\$17,368,097	43.9%
\$1,171,298	\$1,214,016	-\$42,718	-3.5%	\$2,544,906	2. Inpatient Ancillary Revenue	\$5,002,473	\$4,957,218	\$45,255	0.9%	\$9,171,849	-45.5%
\$7,007,137	\$7,652,978	-\$645,841	-8.4%	\$6,804,341	3. Total Inpatient Revenue	\$29,990,398	\$31,249,621	-\$991,345	-3.2%	\$26,539,946	13.0%
\$13,637,452	\$13,485,073	\$152,379	1.1%	\$11,719,376	4. Outpatient Revenue	\$58,857,917	\$55,064,036	\$3,793,881	6.9%	\$51,364,438	14.6%
\$20,644,589	\$21,138,051	-\$493,462	-2.3%	\$18,523,717	5. Total Patient Revenue - Hospital	\$88,848,315	\$86,313,657	\$2,802,536	3.2%	\$77,904,384	14.0%
\$0	\$350,439	-\$350,439	-100.0%	\$355,172	6. RRC Patient Revenue	\$966,207	\$1,430,961	-\$464,754	-32.5%	\$1,208,420	-20.0%
\$137,687	\$265,914	-\$128,227	-48.2%	\$224,099	7. BHOPS Patient Revenue	\$549,876	\$1,085,823	-\$535,947	-49.4%	\$964,565	-43.0%
\$1,778,097	\$1,196,083	\$582,014	48.7%	\$1,200,962	8. Physician Revenue	\$7,009,921	\$4,884,009	\$2,125,912	43.5%	\$4,423,005	58.5%
\$22,560,373	\$22,950,487	-\$390,114	-1.7%	\$20,303,950	9. Total Gross Patient Revenue	\$97,374,319	\$93,714,450	\$3,927,747	4.2%	\$84,500,374	15.2%
\$2,077,696	\$3,933,614	\$614,314	15.6%	\$3,453,444	10. Inpatient Contractual Allowance	\$13,326,521	\$17,018,862	\$3,692,341	21.7%	\$10,938,892	21.8%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,400,000	-\$2,800,000	-\$1,400,000		-\$308,333	
\$6,228,575	\$5,798,408	-\$671,015	-11.6%	\$5,150,505	11. Outpatient Contractual Allowance	\$25,728,858	\$23,006,590	-\$2,722,268	-11.8%	\$21,585,497	19.2%
\$1,058,252	\$698,286	-\$483,232	-69.2%	\$570,520	12. Physician Service Contractual Allowance	\$3,978,358	\$2,770,619	-\$1,207,739	-43.6%	\$2,553,259	55.8%
\$0	\$572	-\$2,208	-386.0%	\$30,096	13. Other Deductions	\$2,780	\$2,269	-\$511	-22.5%	\$121,693	0.0%
\$72,184	\$148,751	\$138,783	93.3%	\$178,785	14. Charity Care	\$148,929	\$590,206	\$441,277	74.8%	\$544,647	-72.7%
\$447,615	\$795,455	\$286,237	36.0%	\$615,584	15. Bad Debt Expense	\$1,691,712	\$3,156,161	\$1,464,449	46.4%	\$3,280,428	-48.4%
\$9,534,322	\$11,025,086	-\$117,121	-1.1%	\$9,690,601	16. Total Deductions from Revenue	\$43,477,158	\$43,744,707	\$267,549	0.6%	\$38,716,083	12.3%
40.0%	45.4%			45.2%	% Contractual Allowances / Total Gross Patient Revenue	42.8%	45.7%			41.1%	
2.3%	4.1%			3.9%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.9%	4.0%			4.5%	
42.3%	48.0%			47.7%	% Total Deductions / Total Gross Patient Revenue	44.6%	46.7%			45.8%	
\$13,026,051	\$11,925,401	-\$507,235	-4.3%	\$10,613,349	17. Net Patient Revenue	\$53,897,161	\$49,969,743	\$4,195,296	8.4%	\$45,784,291	17.7%
\$60,632	\$70,439	\$9,253	13.1%	\$63,173	18. Other Operating Revenue	\$371,860	\$279,478	-\$1,597	-0.6%	\$514,248	-27.7%
\$13,086,683	\$11,995,840	\$1,090,843	9.1%	\$10,676,522	19. Total Operating Revenue	\$54,269,021	\$50,249,221	\$4,193,699	8.3%	\$46,298,539	17.2%
\$4,973,800	\$5,260,716	\$286,916	5.5%	\$5,152,936	20. Salaries & Wages	\$20,253,032	\$20,873,153	\$620,121	3.0%	\$19,966,414	1.4%
\$351,244	\$472,906	\$121,662	25.7%	\$281,043	21. Physician Wages	\$1,356,835	\$1,876,368	\$519,533	27.7%	\$1,130,069	20.1%
\$634,255	\$98,665	-\$535,590	-542.8%	\$822,225	22. Contract Labor	\$2,412,542	\$391,478	-\$2,021,064	-516.3%	\$2,987,940	-19.3%
\$2,405,564	\$2,930,479	\$524,915	17.9%	\$2,456,957	23. Employee Benefits	\$9,619,592	\$11,627,362	\$2,007,770	17.3%	\$9,560,781	0.6%
\$8,364,863	\$8,762,766	\$397,903	4.5%	\$8,713,161		\$33,642,001	\$34,768,361	\$1,126,360	3.2%	\$33,645,204	0.0%
63.9%	73.0%			81.6%	% Salaries and Benefits / Total Operating Revenue	62.0%	69.2%			72.7%	
\$45,748	\$80,397	\$34,649	43.1%	\$63,206	24. Medical Professional Fees	\$245,325	\$318,994	\$73,669	23.1%	\$291,719	-15.9%
\$417,190	\$209,615	-\$207,575	-99.0%	\$357,944	25. Physician Contracts	\$1,923,532	\$831,691	-\$1,091,841	-131.3%	\$1,487,025	29.4%
\$280,330	\$437,749	\$157,419	36.0%	\$325,699	26. Non-Medical Professional Fees	\$1,084,301	\$1,736,878	\$652,577	37.6%	\$1,371,433	-20.9%
\$1,751,543	\$1,781,052	\$29,509	1.7%	\$1,469,100	27. Materials & Supplies	\$6,535,395	\$7,066,777	\$531,382	7.5%	\$6,630,027	-1.4%
\$198,018	\$200,324	\$2,306	1.2%	\$191,774	28. Utilities	\$597,042	\$794,835	\$197,793	24.9%	\$711,130	-16.0%
\$509,256	\$497,789	-\$11,467	-2.3%	\$430,909	29. Maintenance & Repairs	\$1,929,520	\$1,975,095	\$45,575	2.3%	\$2,089,337	-7.6%
\$86,330	\$49,076	-\$37,254	-75.9%	\$170,695	30. Rentals & Leases	\$332,470	\$194,717	-\$137,753	-70.7%	\$537,258	-38.1%
\$94,812	\$94,108	-\$704	-0.7%	\$71,733	31. Insurance	\$357,016	\$373,391	\$16,375	4.4%	\$307,324	16.2%
\$591,616	\$691,746	\$100,130	14.5%	\$494,721	32. Depreciation & Amortization	\$2,397,693	\$2,744,670	\$346,977	12.6%	\$2,170,177	10.5%
\$84,959	\$85,415	\$456	0.5%	\$86,938	33. Interest Expense	\$339,980	\$338,907	-\$1,073	-0.3%	\$347,792	-2.2%
\$165,343	\$188,240	\$22,897	12.2%	-\$1,262,946	34. Other Operating Expenses	\$553,449	\$746,900	\$193,451	25.9%	\$510,421	8.4%
\$12,590,008	\$13,078,277	\$488,269	3.7%	\$11,112,934	35. Total Expenses	\$49,937,724	\$51,891,216	\$1,953,492	3.8%	\$50,098,847	-0.3%
\$496,675	-\$1,082,437	\$1,579,112	-145.9%	-\$436,412	36. Income (Loss) from Operations	\$4,331,297	-\$1,641,995	\$5,973,292	-363.8%	-\$3,800,308	-214.0%
-\$91,098	\$152,876	\$243,974	159.6%	\$1,112	37. Interest Income	\$645,134	\$606,575	\$205,637	33.9%	\$15,226	4137.1%
\$34,025	\$27,369	-\$6,656	-24.3%	\$212,011	38. Other Non-Operating Income	\$159,251	\$108,595	\$31,760	29.2%	\$867,662	-81.6%
-\$57,073	\$180,245	\$237,318	131.7%	\$213,123	39. Total Non-Operating Revenue	\$804,385	\$715,170	\$89,215	12.5%	\$882,888	-8.9%
\$439,602	-\$902,192	\$1,341,794	-148.7%	-\$223,289	40. Net Income (Loss)	\$5,135,682	-\$926,825	\$6,062,507	-654.1%	-\$2,917,420	276.0%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,244,902	\$5,220,376	-\$975,474	-18.7%	\$4,259,435	1. Gross Patient Revenue:	\$18,427,733	\$21,316,506	-\$2,888,773	-13.6%	\$17,368,097	6.1%
\$1,171,298	\$1,214,016	-\$42,718	-3.5%	\$2,544,906	2. Inpatient Revenue	\$5,002,473	\$4,957,218	\$45,255	0.9%	\$9,171,849	-45.5%
\$5,416,200	\$6,434,392	-\$1,018,192	-15.8%	\$6,804,341	3. Total Inpatient Revenue	\$23,430,206	\$26,273,724	-\$2,843,518	-10.8%	\$26,539,946	-11.7%
\$13,637,452	\$13,485,073	\$152,379	1.1%	\$11,719,376	4. Outpatient Revenue	\$58,857,917	\$55,064,036	\$3,793,881	6.9%	\$51,364,438	14.6%
\$19,053,652	\$19,919,465	-\$865,813	-4.3%	\$18,523,717	5. Total Patient Revenue - Hospital	\$82,288,123	\$81,337,760	\$950,363	1.2%	\$77,904,384	5.6%
\$0	\$350,439	-\$350,439	-100.0%	\$355,172	6. RRC Patient Revenue	\$966,206	\$1,430,961	-\$464,755	-32.5%	\$1,208,420	#REF!
\$137,687	\$265,914	-\$128,227	-48.2%	\$224,099	7. BHOPS Patient Revenue	\$549,876	\$1,085,823	-\$535,947	-49.4%	\$964,565	0.2%
\$1,778,097	\$1,196,083	\$582,014	48.7%	\$1,200,962	8. Physician Revenue	\$7,009,921	\$4,884,009	\$2,125,912	43.5%	\$4,423,005	58.5%
\$20,969,436	\$21,731,901	-\$762,465	-3.5%	\$20,303,950	9. Total Gross Patient Revenue	\$90,814,126	\$88,738,553	\$2,075,573	2.3%	\$84,500,374	7.5%
\$1,829,415	\$3,824,265	-\$1,994,850	-52.2%	\$3,453,444	10. Inpatient Contractual Allowance	\$12,319,066	\$15,184,992	-\$2,865,926	-18.9%	\$10,938,892	12.6%
-\$350,000	-\$350,000	\$0	0.0%	-\$308,333	10a. Rural Demonstration Project	-\$1,400,000	-\$1,400,000	\$0	0.0%	-\$308,333	354.1%
\$6,228,575	\$5,798,408	\$430,167	7.4%	\$5,150,505	11. Outpatient Contractual Allowance	\$25,728,857	\$23,006,590	\$2,722,267	11.8%	\$21,585,497	19.2%
\$1,058,252	\$698,286	\$359,966	51.5%	\$570,520	12. Physician Service Contractual Allowance	\$3,978,358	\$2,770,619	\$1,207,739	43.6%	\$2,553,259	55.8%
\$0	\$572	-\$572	-100.0%	\$30,096	13. Other Deductions	\$2,780	\$2,269	\$511	22.5%	\$121,693	-97.7%
\$72,184	\$148,751	-\$76,567	-51.5%	\$178,785	14. Charity Care	\$148,930	\$590,206	-\$441,276	-74.8%	\$544,647	-72.7%
\$447,615	\$795,455	-\$347,840	-43.7%	\$615,584	15. Bad Debt Expense	\$1,691,711	\$3,156,161	-\$1,464,450	-46.4%	\$3,280,428	-48.4%
\$9,286,041	\$10,915,737	-\$1,629,696	-14.9%	\$9,690,601	16. Total Deductions from Revenue	\$42,469,702	\$43,310,837	-\$841,135	-1.9%	\$38,716,083	9.7%
43.5%	20.8%			45.2%	% Contractual Allowances / Total Gross Patient Revenue	44.7%	46.2%			41.1%	
2.5%	4.3%			3.9%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.0%	4.2%			4.5%	
44.3%	50.2%			47.7%	% Total Deductions / Total Gross Patient Revenue	46.8%	48.8%			45.8%	
\$11,683,395	\$10,816,164	-\$2,392,161	-22.1%	\$10,613,349	17. Net Patient Revenue	\$48,344,424	\$45,427,716	\$1,234,438	2.7%	\$45,784,291	5.6%
\$60,632	\$70,439	-\$9,807	-13.9%	\$63,173	18. Other Operating Revenue	\$371,859	\$279,478	-\$1,597	-0.6%	\$514,248	-27.7%
\$11,744,027	\$10,886,603	\$857,424	7.9%	\$10,676,522	19. Total Operating Revenue	\$48,716,283	\$45,707,194	\$1,232,841	2.7%	\$46,298,539	5.2%
\$4,526,457	\$4,950,664	\$424,207	8.6%	\$5,152,936	20. Salaries & Wages	\$18,583,410	\$19,642,953	\$1,059,543	5.4%	\$19,966,414	-6.9%
\$351,244	\$472,906	\$121,662	25.7%	\$281,043	21. Physician Wages	\$1,356,835	\$1,876,368	\$519,533	27.7%	\$1,130,069	20.1%
\$379,865	\$98,665	-\$281,200	-285.0%	\$822,225	22. Contract Labor	\$1,378,099	\$391,478	-\$986,621	-252.0%	\$2,987,940	-53.9%
\$2,197,997	\$2,753,086	\$555,089	20.2%	\$2,456,957	23. Employee Benefits	\$8,903,324	\$10,923,513	\$2,020,189	18.5%	\$9,560,781	-6.9%
\$7,455,563	\$8,275,321	\$819,758	9.9%	\$8,713,161		\$30,221,668	\$32,834,312	\$2,612,644	8.0%	\$33,645,204	-10.2%
63.5%	76.0%			81.6%	% Salaries and Benefits / Total Operating Revenue	62.0%	71.8%			72.7%	
\$45,748	\$80,397	\$34,649	43.1%	\$63,206	24. Medical Professional Fees	\$245,326	\$318,994	\$73,668	23.1%	\$291,719	-15.9%
\$411,440	\$203,755	-\$207,685	-101.9%	\$357,944	25. Physician Contracts	\$1,900,532	\$808,439	-\$1,092,093	-135.1%	\$1,487,025	27.8%
\$262,408	\$336,850	\$74,442	22.1%	\$325,699	26. Non-Medical Professional Fees	\$1,037,685	\$1,336,538	\$298,853	22.4%	\$1,371,433	-24.3%
\$1,660,276	\$1,700,621	\$40,345	2.4%	\$1,469,100	27. Materials & Supplies	\$6,298,258	\$6,747,650	\$449,392	6.7%	\$6,630,027	-5.0%
\$188,979	\$176,424	-\$12,555	-7.1%	\$191,774	28. Utilities	\$562,089	\$700,008	\$137,919	19.7%	\$711,130	-21.0%
\$490,303	\$482,926	-\$7,377	-1.5%	\$430,909	29. Maintenance & Repairs	\$1,860,613	\$1,916,122	\$55,509	2.9%	\$2,089,337	-10.9%
\$85,990	\$46,952	-\$39,038	-83.1%	\$170,695	30. Rentals & Leases	\$330,040	\$186,292	-\$143,748	-77.2%	\$537,258	-38.6%
\$94,812	\$94,108	-\$704	-0.7%	\$71,733	31. Insurance	\$357,017	\$373,391	\$16,374	4.4%	\$307,324	16.2%
\$591,616	\$675,368	\$83,752	12.4%	\$494,721	32. Depreciation & Amortization	\$2,397,692	\$2,679,687	\$281,995	10.5%	\$2,170,177	10.5%
\$84,959	\$85,415	\$456	0.5%	\$86,938	33. Interest Expense	\$339,980	\$338,907	-\$1,073	-0.3%	\$347,792	-2.2%
\$162,467	\$182,786	\$20,319	11.1%	-\$1,262,946	34. Other Operating Expenses	\$540,044	\$725,265	\$185,221	25.5%	\$510,421	5.8%
\$11,534,561	\$12,340,923	\$806,362	6.5%	\$11,112,934	35. Total Expenses	\$46,090,944	\$48,965,605	\$2,874,661	5.9%	\$50,098,847	-8.0%
\$209,466	-\$1,454,320	\$1,663,786	-114.4%	-\$436,412	36. Income (Loss) from Operations	\$2,625,339	-\$3,258,411	\$5,883,750	-180.6%	-\$3,800,308	-169.1%
-\$91,098	\$152,876	\$56,127	36.7%	\$1,112	37. Interest Income	\$645,134	\$606,575	\$205,637	33.9%	\$15,226	4137.1%
\$34,025	\$27,369	\$15,403	56.3%	\$212,011	38. Other Non-Operating Income	\$159,250	\$108,595	\$31,760	29.2%	\$867,662	-81.6%
-\$57,073	\$180,245	\$71,530	39.7%	\$213,123	39. Total Non-Operating Revenue	\$804,384	\$715,170	\$89,214	12.5%	\$882,888	-8.9%
\$152,393	-\$1,274,075	\$1,426,468	-112.0%	-\$223,289	40. Net Income (Loss)	\$3,429,723	-\$2,543,241	\$5,972,964	-234.9%	-\$2,917,420	217.6%

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

MONTH ACTUAL		YTD ACTUAL
	Gross Patient Revenue:	
\$1,590,937	1. Inpatient Revenue	\$6,560,192
\$0	2. Inpatient Ancillary Revenue	\$0
<u>\$1,590,937</u>	3. Total Inpatient Revenue	<u>\$6,560,192</u>
\$0	4. Outpatient Revenue	\$0
<u>\$1,590,937</u>	5. Total Patient Revenue - WFC	<u>\$6,560,192</u>
<u>\$1,590,937</u>	9. Total Gross Patient Revenue	<u>\$6,560,192</u>
	Deductions from Revenue:	
\$248,281	10. Inpatient Contractual Allowance	\$1,007,454
\$0	10a. Rural Demonstration Project	\$0
\$0	11. Outpatient Contractual Allowance	\$0
\$0	12. Physician Service Contractual Allowance	\$0
\$0	13. Other Deductions	\$0
\$0	14. Charity Care	\$0
\$0	15. Bad Debt Expense	\$0
<u>\$248,281</u>	16. Total Deductions from Revenue	<u>\$1,007,454</u>
15.6%	% Contractual Allowances / Total Gross Patient Revenue	15.4%
0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%
15.6%	% Total Deductions / Total Gross Patient Revenue	15.4%
\$1,342,656	17. Net Patient Revenue	\$5,552,738
\$0	18. Other Operating Revenue	\$0
<u>\$1,342,656</u>	19. Total Operating Revenue	<u>\$5,552,738</u>
	Expenses:	
\$447,343	20. Salaries & Wages	\$1,669,622
\$0	21. Physician Wages	\$0
\$254,390	22. Contract Labor	\$1,034,443
<u>\$207,567</u>	23. Employee Benefits	<u>\$716,268</u>
<u>\$909,300</u>		<u>\$3,420,333</u>
67.7%	% Salaries and Benefits / Total Operating Revenue	61.6%

\$0	24. Medical Professional Fees	\$0
\$5,750	25. Physician Contracts	\$23,000
\$17,922	26. Non-Medical Professional Fees	\$46,615
\$91,267	27. Materials & Supplies	\$237,136
\$9,039	28. Utilities	\$34,953
\$18,953	29. Maintenance & Repairs	\$68,906
\$340	30. Rentals & Leases	\$2,429
\$0	31. Insurance	\$0
\$0	32. Depreciation & Amortization	\$0
\$0	33. Interest Expense	\$0
\$2,876	34. Other Operating Expenses	\$13,406
<u>\$1,055,447</u>	35. Total Expenses	<u>\$3,846,778</u>
\$287,209	36. Income (Loss) from Operations	\$1,705,960
	Non-Operating Revenue	
\$0	37. Interest Income	\$0
\$0	38. Other Non-Operating Income	\$0
<u>\$0</u>	39. Total Non-Operating Revenue	<u>\$0</u>
<u>\$287,209</u>	40. Net Income (Loss)	<u>\$1,705,960</u>

BARTLETT REGIONAL HOSPITAL and WFC
Selected Ratios
FOR THE MONTH AND YEAR TO DATE OF OCTOBER 2024

	Moody's Not-for-profit Healthcare Medians	Desired Position	FY 2025
Liquidity Ratios			
Current ratio	2.00	Above	3.79
Days in accounts receivable	48.2	Below	64.80
Days in accounts payable	62.8	Below	30.25
Days cash on hand*	167.9	Above	103.8
Profitability Ratios			
Operating margin	2.7%	Above	8.0%
Excess margin	5.6%	Above	9.5%
EBIDA margin*	7.2%	Above	9.5%
Activity Ratios			
Average age of Plant	11.2	Below	19.96
Capital Structure Ratios			
Total debt-to-capitalization	34.9%	Below	54.4%
Total debt-to-total operating revenue	34.6%	Below	56.7%

* Benchmark is BBB rated companies

BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD OCTOBER 23 THRU OCTOBER 24

	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,259,435	\$3,988,757	\$4,222,640	\$4,465,612	\$4,354,946	\$4,256,841	\$3,813,391	\$4,543,445	\$4,796,565	\$5,218,823	\$4,744,639	\$4,219,370	\$4,244,902
2. Inpatient Ancillary Revenue	\$1,218,991	\$980,859	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298
3. Total Inpatient Revenue	\$5,478,426	\$4,969,616	\$5,226,858	\$5,736,801	\$5,292,449	\$5,236,400	\$4,892,391	\$5,786,787	\$5,995,858	\$6,543,620	\$6,080,446	\$5,389,941	\$5,416,200
4. Outpatient Revenue	\$11,719,376	\$10,707,445	\$12,266,492	\$11,555,507	\$12,705,864	\$13,064,453	\$13,626,429	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452
5. Total Patient Revenue - Hospital	\$17,197,802	\$15,677,061	\$17,493,350	\$17,292,308	\$17,998,313	\$18,300,853	\$18,518,820	\$21,512,798	\$19,449,203	\$22,105,435	\$21,269,367	\$19,859,670	\$19,053,652
6. RRC Patient Revenue	\$355,172	\$391,055	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0
7. BHOPS Patient Revenue	\$224,099	\$227,052	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687
8. Physician Revenue	\$1,200,962	\$906,503	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097
9. Total Gross Patient Revenue	\$18,978,035	\$17,201,671	\$19,109,740	\$19,316,415	\$20,374,751	\$20,294,892	\$20,754,977	\$23,944,890	\$21,336,653	\$24,315,130	\$23,868,413	\$21,661,149	\$20,969,436
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$3,430,104	\$3,853,034	\$2,805,127	\$3,437,685	\$2,904,313	\$2,392,963	\$3,714,725	\$4,185,572	\$2,420,010	\$4,114,486	\$3,209,953	\$3,165,212	\$1,829,415
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	-\$350,000
11. Outpatient Contractual Allowance	\$5,150,505	\$4,572,434	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,921	\$6,228,575
12. Physician Service Contractual Allowance	\$570,520	\$615,091	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252
13. Other Deductions	\$30,096	-\$119,253	\$591	\$1,181	\$591	\$591	\$591	\$3,621	\$2,362	\$0	\$2,780	\$0	\$0
14. Charity Care	\$178,785	\$67,893	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184
15. Bad Debt Expense	\$615,584	-\$59,933	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615
16. Total Deductions from Revenue	\$9,625,594	\$8,579,266	\$9,420,874	\$9,487,884	\$9,763,403	\$9,243,740	\$10,830,418	\$11,204,359	\$9,520,919	\$11,995,202	\$11,032,862	\$10,155,597	\$9,286,041
% Contractual Allowances / Total Gross Patient Revenue	46.4%	50.5%	43.5%	45.8%	43.2%	43.8%	49.8%	48.3%	40.5%	47.6%	44.0%	45.1%	41.8%
% Bad Debt & Charity Care / Total Gross Patient Revenue	4.2%	0.0%	5.8%	3.3%	4.8%	1.7%	2.4%	1.5%	4.1%	2.2%	1.7%	2.5%	2.5%
% Total Deductions / Total Gross Patient Revenue	50.7%	49.9%	49.3%	49.1%	47.9%	45.5%	52.2%	46.8%	44.6%	49.3%	46.2%	46.9%	44.3%
17. Net Patient Revenue	\$9,352,441	\$8,622,405	\$9,688,866	\$9,828,531	\$10,611,348	\$11,051,152	\$9,924,559	\$12,740,531	\$11,815,734	\$12,319,928	\$12,835,551	\$11,505,552	\$11,683,395
18. Other Operating Revenue	\$63,173	\$62,521	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632
19. Total Operating Revenue	\$9,415,614	\$8,684,926	\$9,765,568	\$9,931,516	\$10,664,210	\$11,235,136	\$10,381,198	\$12,913,966	\$12,204,610	\$12,379,517	\$12,915,243	\$11,677,499	\$11,744,027
Expenses:													
20. Salaries & Wages	\$4,875,621	\$4,594,095	\$5,040,712	\$4,633,447	\$4,715,635	\$4,823,090	\$4,707,207	\$4,793,346	\$4,863,164	\$4,730,962	\$4,717,797	\$4,608,194	\$4,526,457
21. Physician Wages	\$281,043	\$297,570	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244
22. Contract Labor	\$370,037	\$326,325	\$507,401	\$428,819	\$402,520	\$414,246	\$558,063	\$429,230	\$525,507	\$419,547	\$284,223	\$294,464	\$379,865
23. Employee Benefits	\$2,331,343	\$2,286,725	\$2,409,083	\$2,422,623	\$2,260,625	\$2,448,007	\$2,334,173	\$2,035,879	\$2,255,591	\$2,294,578	\$2,241,316	\$2,169,433	\$2,197,997
	\$7,858,044	\$7,504,715	\$8,136,464	\$7,820,595	\$7,684,684	\$7,980,802	\$7,901,669	\$7,551,419	\$7,967,106	\$7,786,450	\$7,584,136	\$7,395,519	\$7,455,563
% Salaries and Benefits / Total Operating Revenue	83.5%	86.4%	83.3%	78.7%	72.1%	71.0%	76.1%	58.5%	65.3%	62.9%	58.7%	63.3%	63.5%
24. Medical Professional Fees	\$63,206	\$49,053	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748
25. Physician Contracts	\$357,944	\$461,340	\$601,382	\$591,140	\$605,990	\$582,082	\$507,880	\$520,239	\$497,708	\$429,515	\$541,320	\$518,257	\$411,440
26. Non-Medical Professional Fees	\$310,620	\$277,695	\$249,856	\$133,982	\$207,752	\$494,795	\$259,394	\$313,728	\$261,314	\$233,845	\$224,093	\$317,339	\$262,408
27. Materials & Supplies	\$1,436,674	\$1,294,488	\$1,222,074	\$1,345,411	\$1,461,026	\$1,342,442	\$1,702,324	\$1,729,310	\$784,458	\$1,765,156	\$1,334,258	\$1,538,569	\$1,660,276
28. Utilities	\$161,157	\$135,177	\$169,900	\$132,615	\$201,033	\$164,539	\$158,681	\$138,135	\$133,312	\$103,530	\$120,465	\$149,115	\$188,979
29. Maintenance & Repairs	\$426,520	\$410,319	\$469,640	\$453,927	\$417,718	\$532,531	\$436,949	\$502,413	\$347,520	\$475,078	\$467,003	\$428,228	\$490,303
30. Rentals & Leases	\$170,386	\$100,269	\$82,769	\$257,278	\$128,484	\$167,234	\$73,466	\$75,161	\$79,537	\$77,532	\$85,085	\$81,433	\$85,990
31. Insurance	\$71,733	\$75,969	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812
32. Depreciation & Amortization	\$494,721	\$499,760	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$575,622	\$600,810	\$591,616
33. Interest Expense	\$130,992	\$86,938	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959
34. Other Operating Expenses	\$115,521	\$291,412	\$164,583	-\$187,251	\$264,894	\$146,770	\$106,736	\$162,825	\$155,609	\$133,081	\$137,302	\$107,193	\$162,467
35. Total Expenses	\$11,597,518	\$11,187,135	\$11,809,774	\$11,536,514	\$11,800,927	\$12,166,975	\$11,895,094	\$11,762,566	\$12,241,483	\$11,812,027	\$11,327,704	\$11,364,719	\$11,534,561
36. Income (Loss) from Operations	-\$2,181,904	-\$2,502,209	-\$2,044,206	-\$1,604,998	-\$1,136,717	-\$931,839	-\$1,513,896	\$1,151,400	-\$36,873	\$567,490	\$1,587,539	\$312,780	\$209,466
Non-Operating Revenue													
37. Interest Income	\$1,112	\$340,909	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098
38. Other Non-Operating Income	\$212,011	\$199,504	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025
39. Total Non-Operating Revenue	\$213,123	\$540,413	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073
40. Net Income (Loss)	-\$1,968,781	-\$1,961,796	-\$914,216	-\$1,233,235	-\$960,690	-\$661,599	-\$1,336,343	\$1,359,709	\$604,786	\$913,604	\$1,839,314	\$576,349	\$152,393

BARTLETT REGIONAL HOSPITAL - CONSOLIDATED
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD OCTOBER 23 THRU OCTOBER 24

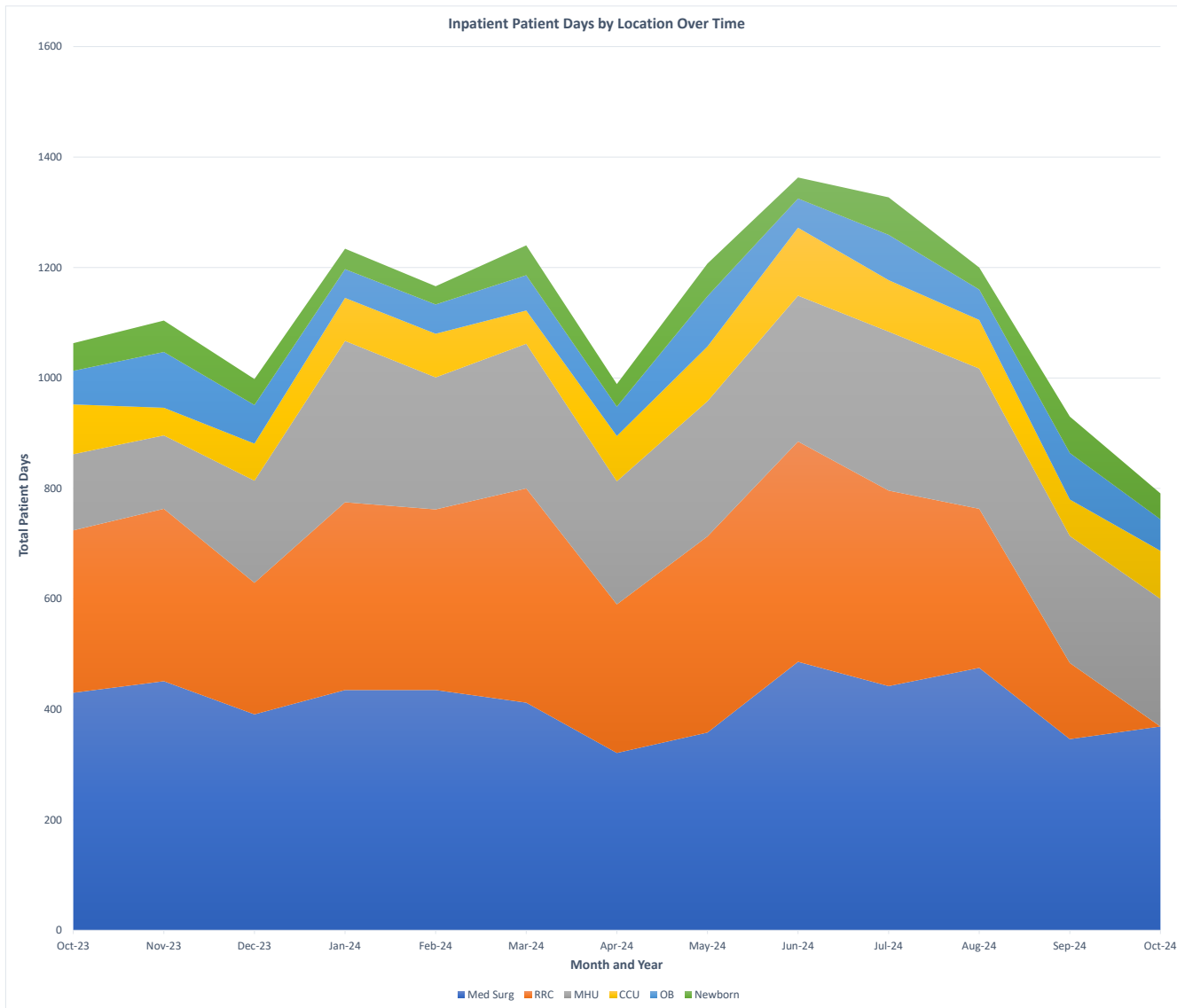
	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24
Gross Patient Revenue:						(1,297,117.00)							
1. Inpatient Revenue	\$5,585,351	\$5,295,579	\$5,432,383	\$5,629,347	\$5,583,132	\$5,553,958	\$4,999,206	\$5,752,616	\$6,137,670	\$6,800,207	\$6,333,852	\$5,781,389	\$5,835,839
2. Inpatient Ancillary Revenue	\$1,218,991	\$980,859	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298
3. Total Inpatient Revenue	\$6,804,342	\$6,276,438	\$6,436,601	\$6,900,536	\$6,520,635	\$6,533,517	\$6,078,206	\$6,995,958	\$7,336,963	\$8,125,004	\$7,669,659	\$6,951,960	\$7,007,137
4. Outpatient Revenue	\$11,719,376	\$10,707,445	\$12,266,492	\$11,586,964	\$12,705,864	\$13,064,453	\$13,646,771	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452
5. Total Patient Revenue - Hospital	\$18,523,718	\$16,983,883	\$18,703,093	\$18,487,500	\$19,226,499	\$19,597,970	\$19,724,977	\$22,721,969	\$20,790,308	\$23,686,819	\$22,858,580	\$21,421,689	\$20,644,589
6. RRC Patient Revenue	\$355,172	\$391,055	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0
7. BHOPS Patient Revenue	\$224,099	\$227,052	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687
8. Physician Revenue	\$1,200,962	\$906,503	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097
9. Total Gross Patient Revenue	\$20,303,951	\$18,508,493	\$20,319,483	\$20,511,607	\$21,602,937	\$21,592,009	\$21,961,134	\$25,154,061	\$22,677,758	\$25,896,514	\$25,457,626	\$23,223,168	\$22,560,373
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$3,495,111	\$3,929,102	\$2,881,195	\$3,437,685	\$3,011,800	\$2,498,340	\$3,797,850	\$4,294,069	\$2,682,210	\$4,396,957	\$3,444,841	\$3,407,027	\$2,077,696
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	-\$350,000
11. Outpatient Contractual Allowance	\$5,150,505	\$4,572,434	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,922	\$6,228,575
12. Physician Service Contractual Allowance	\$570,520	\$615,091	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252
13. Other Deductions	\$30,096	-\$119,253	\$591	\$1,181	\$591	\$591	\$591	\$3,621	\$2,362	\$0	\$2,780	\$0	\$0
14. Charity Care	\$178,785	\$67,893	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184
15. Bad Debt Expense	\$615,584	-\$59,933	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615
16. Total Deductions from Revenue	\$9,690,601	\$8,655,334	\$9,496,942	\$9,487,884	\$9,870,890	\$9,349,117	\$10,913,543	\$11,312,856	\$9,783,119	\$12,277,673	\$11,267,750	\$10,397,413	\$9,534,322
% Contractual Allowances / Total Gross Pati	43.7%	50.5%	43.5%	45.8%	43.2%	41.7%	47.4%	46.4%	39.2%	45.8%	42.2%	43.1%	40.0%
% Bad Debt & Charity Care / Total Gross Pati	3.9%	0.0%	5.8%	3.3%	4.8%	1.6%	2.3%	-1.4%	3.9%	1.6%	2.0%	1.6%	2.3%
% Total Deductions / Total Gross Patient Revenue	47.7%	49.9%	49.3%	49.1%	47.9%	43.3%	49.7%	45.0%	43.1%	47.4%	44.3%	44.8%	42.3%
17. Net Patient Revenue	\$10,613,350	\$9,853,159	\$10,822,541	\$11,023,723	\$11,732,047	\$12,242,892	\$11,047,591	\$13,841,205	\$12,894,639	\$13,618,841	\$14,189,876	\$12,825,755	\$13,026,051
18. Other Operating Revenue	\$63,173	\$62,521	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632
19. Total Operating Revenue	\$10,676,523	\$9,915,680	\$10,899,243	\$11,126,708	\$11,784,909	\$12,426,876	\$11,504,230	\$14,014,640	\$13,283,515	\$13,678,430	\$14,269,568	\$12,997,702	\$13,086,683
Expenses:													
20. Salaries & Wages	\$5,152,936	\$4,895,106	\$5,380,618	\$4,956,687	\$5,007,794	\$5,167,577	\$5,083,594	\$5,175,037	\$5,182,118	\$5,135,073	\$5,099,406	\$5,044,753	\$4,973,800
21. Physician Wages	\$281,043	\$297,570	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244
22. Contract Labor	\$822,225	\$751,536	\$882,491	\$953,207	\$584,442	\$721,027	\$834,649	\$715,971	\$712,586	\$630,817	\$588,960	\$558,510	\$634,255
23. Employee Benefits	\$2,456,957	\$2,419,132	\$2,556,946	\$2,572,510	\$2,392,671	\$2,593,285	\$2,485,652	\$2,193,917	\$2,414,946	\$2,456,644	\$2,412,833	\$2,344,551	\$2,405,564
% Salaries and Benefits / Total Operating Revenue	81.6%	86.4%	83.3%	78.7%	72.1%	70.6%	75.7%	59.8%	65.0%	62.6%	59.2%	63.6%	63.9%
24. Medical Professional Fees	\$63,206	\$49,053	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748
25. Physician Contracts	\$357,944	\$484,340	\$607,132	\$596,890	\$600,240	\$599,332	\$513,630	\$525,989	\$503,458	\$435,265	\$547,070	\$524,007	\$417,190
26. Non-Medical Professional Fees	\$325,699	\$281,263	\$251,501	\$141,486	\$212,740	\$499,775	\$260,102	\$319,275	\$264,856	\$242,874	\$236,089	\$325,008	\$280,330
27. Materials & Supplies	\$1,469,100	\$1,359,247	\$1,282,168	\$1,396,049	\$1,508,410	\$1,390,792	\$1,818,465	\$1,773,481	\$826,116	\$1,797,463	\$1,408,355	\$1,578,034	\$1,751,543
28. Utilities	\$191,774	\$148,892	\$183,551	\$140,236	\$208,387	\$186,865	\$177,787	\$156,513	\$155,446	\$105,506	\$134,771	\$158,747	\$198,018
29. Maintenance & Repairs	\$430,909	\$419,779	\$477,169	\$459,043	\$431,688	\$538,299	\$434,710	\$514,501	\$502,568	\$476,871	\$540,825	\$509,256	\$509,256
30. Rentals & Leases	\$170,695	\$100,578	\$83,078	\$257,586	\$129,319	\$167,543	\$73,466	\$75,161	\$79,537	\$77,872	\$86,495	\$81,773	\$86,330
31. Insurance	\$71,733	\$75,969	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812
32. Depreciation & Amortization	\$494,721	\$499,760	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$627,553	\$600,810	\$591,616
33. Interest Expense	\$86,938	\$86,938	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959
34. Other Operating Expenses	-\$1,262,946	\$292,300	\$166,640	-\$186,237	\$266,797	\$148,365	\$111,076	\$183,277	\$157,408	\$135,919	\$144,158	\$108,029	\$165,343
35. Total Expenses	\$11,112,934	\$12,161,463	\$12,763,668	\$12,611,980	\$12,477,738	\$13,064,099	\$12,843,112	\$12,695,422	\$12,982,415	\$12,669,204	\$12,361,781	\$12,316,731	\$12,590,008
36. Income (Loss) from Operations	-\$436,411	-\$2,245,783	-\$1,864,425	-\$1,485,272	-\$692,829	-\$637,223	-\$1,338,882	\$1,319,218	\$301,100	\$1,009,226	\$1,907,787	\$680,971	\$496,675
Non-Operating Revenue													
37. Interest Income	\$1,112	\$340,909	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098
38. Other Non-Operating Income	\$212,011	\$199,504	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025
39. Total Non-Operating Revenue	\$213,123	\$540,413	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073
40. Net Income (Loss)	-\$223,288	-\$1,705,370	-\$734,435	-\$1,113,509	-\$516,802	-\$366,983	-\$1,161,329	\$1,527,527	\$942,759	\$1,355,340	\$2,159,562	\$944,540	\$439,602

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
October 31, 2024

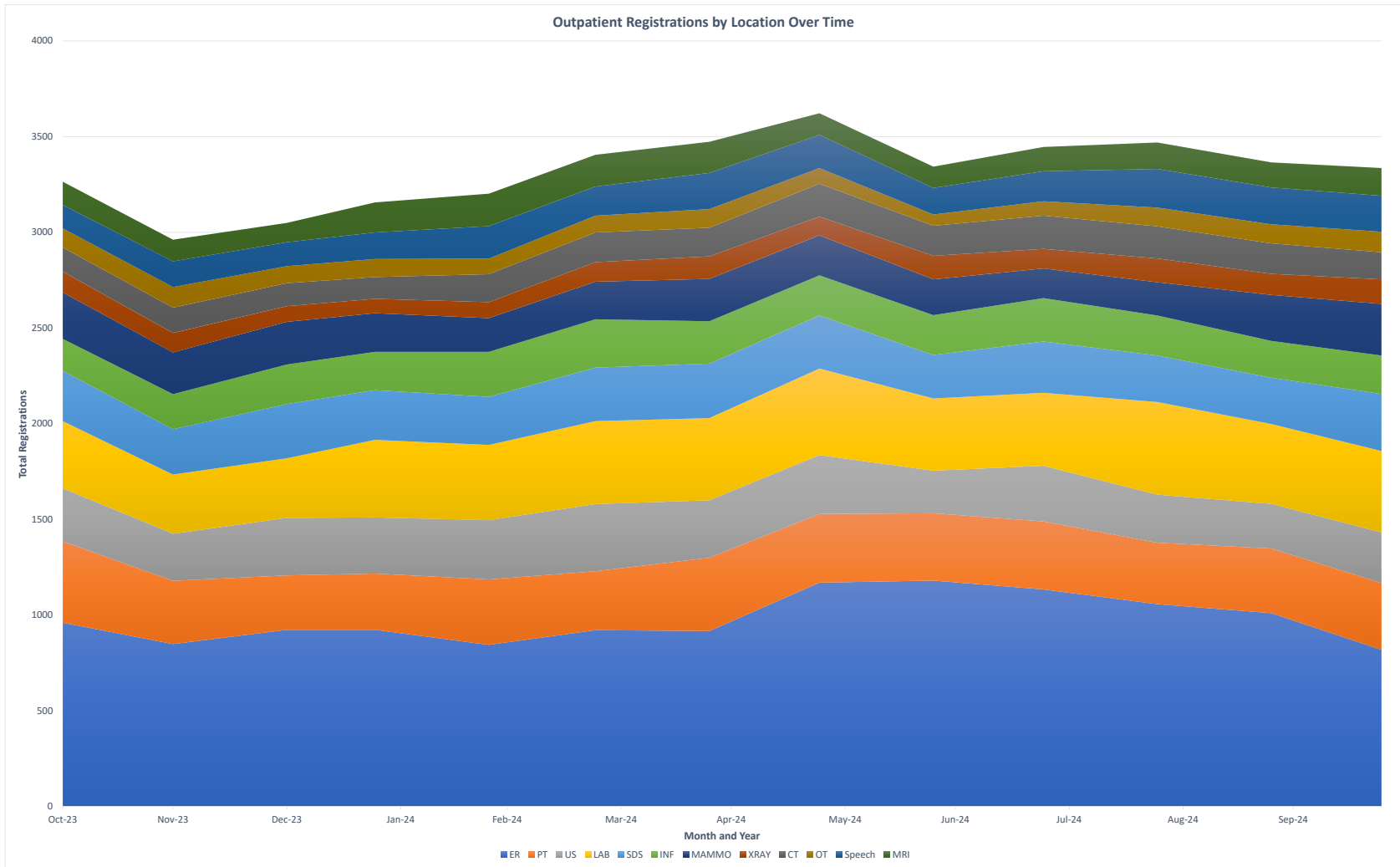
	<u>October-24</u>	<u>September-24</u>	<u>October-23</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	14,658,747	13,687,893	17,369,902	(2,711,155)
2. Board designated cash	16,045,942	15,589,449	19,744,462	(3,698,520)
3. Patient accounts receivable, net	28,758,626	30,701,215	28,069,571	689,055
4. Other receivables	1,755,846	2,796,413	147,732	1,608,114
5. Inventories	4,393,224	4,393,224	4,116,066	277,158
6. Prepaid Expenses	3,820,465	4,106,167	3,552,954	267,511
7. Other assets	2,970,963	2,990,763	3,291,497	(320,534)
8. Total current assets	72,403,813	74,265,124	76,292,184	(3,888,371)
Appropriated Cash:				
9. CIP Appropriated Funding	9,417,202	9,417,202	13,022,949	(3,605,747)
Property, plant & equipment				
10. Land, bldgs & equipment	203,837,770	203,853,370	174,071,395	29,766,375
11. Construction in progress	13,479,089	13,172,200	34,490,817	(21,011,728)
12. Total property & equipment	217,316,859	217,025,570	208,562,212	8,754,647
13. Less: accumulated depreciation	(142,033,616)	(141,187,471)	(134,036,231)	(7,997,385)
14. Net property and equipment	75,283,243	75,838,099	74,525,981	757,262
15. Deferred outflows/Contribution to Pension Plan	11,855,390	11,855,390	11,862,711	(7,321)
16. Total assets	168,959,648	171,375,815	175,703,825	(6,744,177)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	3,174,212	3,431,381	3,567,299	(393,087)
18. Accrued employee benefits	4,710,551	5,417,327	5,485,243	(774,692)
19. Accounts payable and accrued expenses	4,011,837	5,763,314	5,378,272	(1,366,435)
20. Due to 3rd party payors	1,156,602	1,202,163	3,048,058	(1,891,456)
21. Deferred revenue	33,209	24,000	1,357,334	(1,324,125)
22. Interest payable	524,410	419,228	547,830	(23,420)
23. Note payable - current portion	2,115,347	2,115,347	2,040,347	75,000
24. Other payables	3,054,281	3,555,850	3,852,883	(798,602)
25. Total current liabilities	18,780,449	21,928,610	25,277,266	(6,496,817)
Long-term Liabilities:				
26. Bonds payable	30,930,000	30,930,000	32,775,000	(1,845,000)
27. Bonds payable - premium/discount	1,825,892	1,847,206	2,086,342	(260,450)
28. Net Pension Liability	38,061,021	38,134,052	43,294,439	(5,233,418)
29. Deferred In-Flows	1,758,258	1,758,258	2,763,011	(1,004,753)
30. Total long-term liabilities	72,575,171	72,669,516	80,918,792	(8,343,621)
31. Total liabilities	91,355,620	94,598,126	106,196,058	(14,840,438)
32. Fund Balance	77,604,028	76,777,689	69,507,769	8,096,259
33. Total liabilities and fund balance	168,959,648	171,375,815	175,703,825	(6,744,177)

BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD OCTOBER 23 THRU OCTOBER 24

	October-23	November-23	December-23	January-24	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24
ASSETS													
Current Assets:													
1. Cash and cash equivalents	16,888,905	12,734,272	9,392,647	9,642,805	3,192,115	5,658,916	4,174,871	6,379,741	9,575,609	9,520,297	8,403,064	13,687,893	14,658,747
2. Board designated cash	19,744,462	20,036,503	18,625,341	19,100,858	19,557,453	14,002,474	14,495,980	14,986,650	14,196,017	14,664,603	15,131,098	15,589,449	16,045,942
3. Patient accounts receivable, net	25,649,252	26,543,155	27,903,274	29,315,301	31,955,366	32,306,493	32,762,890	31,832,445	28,985,006	29,383,820	29,219,006	30,701,215	28,758,626
4. Other receivables	401,435	439,081	1,459,238	1,619,405	1,458,065	1,571,605	1,722,080	2,174,474	4,262,353	4,437,855	4,261,982	2,796,413	1,755,846
5. Inventories	4,024,829	4,037,249	4,212,926	4,091,013	3,740,723	3,815,240	3,600,091	3,935,467	4,302,000	4,291,752	4,348,116	4,393,224	4,393,224
6. Prepaid Expenses	3,385,598	3,485,451	3,377,805	3,236,536	3,067,093	2,774,768	2,481,324	2,110,680	1,821,317	3,795,464	3,954,488	4,106,167	3,820,465
7. Other assets	2,330,194	3,242,573	3,242,573	3,099,292	3,079,994	3,058,697	3,039,100	3,017,177	2,997,880	2,978,582	2,959,285	2,990,763	2,970,963
8. Total current assets	72,424,675	70,518,284	68,213,804	70,105,210	66,050,809	63,188,193	62,276,336	64,436,634	66,140,182	69,072,373	68,277,039	74,265,124	72,403,813
Appropriated Cash:													
9. CIP Appropriated Funding	13,022,949	13,022,949	11,127,357	11,127,357	11,127,357	10,625,547	10,625,547	10,625,547	9,424,275	9,424,275	9,424,275	9,417,202	9,417,202
Property, plant & equipment													
10. Land, bldgs & equipment	156,461,818	156,661,054	156,661,054	156,662,431	157,682,804	160,275,129	160,275,129	160,275,129	186,233,640	186,233,640	186,233,640	203,853,370	203,837,770
11. Construction in progress	34,490,817	34,337,859	37,075,935	37,204,711	37,897,950	36,773,284	37,060,441	37,166,431	12,634,974	12,820,903	12,999,508	13,172,200	13,479,089
12. Total property & equipment	190,952,635	190,998,913	193,736,989	193,867,142	195,580,753	197,048,413	197,335,570	197,441,560	198,868,614	199,054,543	199,233,148	217,025,570	217,316,859
13. Less: accumulated depreciation	(117,865,348)	(118,365,108)	(118,849,538)	(119,441,632)	(120,016,256)	(120,513,233)	(121,006,740)	(121,497,410)	(123,268,404)	(123,826,820)	(124,435,075)	(141,187,471)	(142,033,616)
14. Net property and equipment	73,087,287	72,633,805	74,887,451	74,425,510	75,564,498	76,535,180	76,328,830	75,944,150	75,600,210	75,227,723	74,798,073	75,838,099	75,283,243
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,855,390	11,855,390
16. Total assets	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	2,910,445	3,257,343	3,708,487	4,491,739	4,484,237	2,672,495	2,931,450	3,464,341	3,865,388	4,339,660	2,420,459	3,431,381	3,174,212
18. Accrued employee benefits	5,485,243	4,823,879	4,766,998	4,801,021	5,053,138	5,567,058	5,634,997	4,985,433	4,872,324	4,876,509	5,434,909	5,417,327	4,710,551
19. Accounts payable and accrued expenses	3,791,300	5,101,452	4,823,877	7,665,297	4,989,768	4,054,292	3,997,812	4,975,548	4,472,411	5,341,549	3,092,998	5,763,314	4,011,837
20. Due to 3rd party payors	1,546,212	1,394,450	1,394,450	1,394,450	1,394,450	1,394,450	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,156,602
21. Deferred revenue	1,611,037	1,190,667	1,024,000	857,334	690,667	524,000	357,334	190,667	24,000	24,000	24,000	24,000	33,209
22. Interest payable	539,881	658,556	209,890	312,477	309,989	415,207	520,278	625,455	189,183	294,363	314,143	419,228	524,410
23. Note payable - current portion	1,770,000	2,040,347	2,070,347	2,070,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347
24. Other payables	2,991,426	3,313,689	3,409,128	3,337,816	3,358,250	3,605,362	3,655,928	3,135,806	3,189,292	3,274,372	3,506,714	3,555,850	3,054,281
25. Total current liabilities	20,645,544	21,780,383	21,407,177	24,930,481	22,395,846	20,348,211	20,415,309	20,694,760	19,930,108	21,467,963	18,110,733	21,928,610	18,780,449
Long-term Liabilities:													
26. Bonds payable	32,775,000	32,775,000	31,960,000	31,960,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000
27. Bonds payable - premium/discount	2,356,689	2,062,554	2,038,766	2,016,167	1,995,156	1,974,144	1,953,133	1,932,121	1,911,109	1,889,815	1,868,520	1,847,206	1,825,892
28. Net Pension Liability	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	38,134,052	38,061,021
29. Deferred In-Flows	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	1,758,258	1,758,258
30. Total long-term liabilities	81,116,108	80,821,973	79,983,185	79,960,586	78,909,575	78,888,563	78,867,552	78,846,540	78,825,528	78,804,234	78,782,939	72,669,516	72,575,171
31. Total liabilities	101,761,652	102,602,356	101,390,362	104,891,067	101,305,421	99,236,774	99,282,861	99,541,300	98,755,636	100,272,197	96,893,672	94,598,126	91,355,620
32. Fund Balance	68,635,972	65,435,395	64,700,962	62,629,722	63,299,955	62,974,858	61,810,566	63,327,744	64,271,741	65,314,886	67,468,424	76,777,689	77,604,028
33. Total liabilities and fund balance	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648



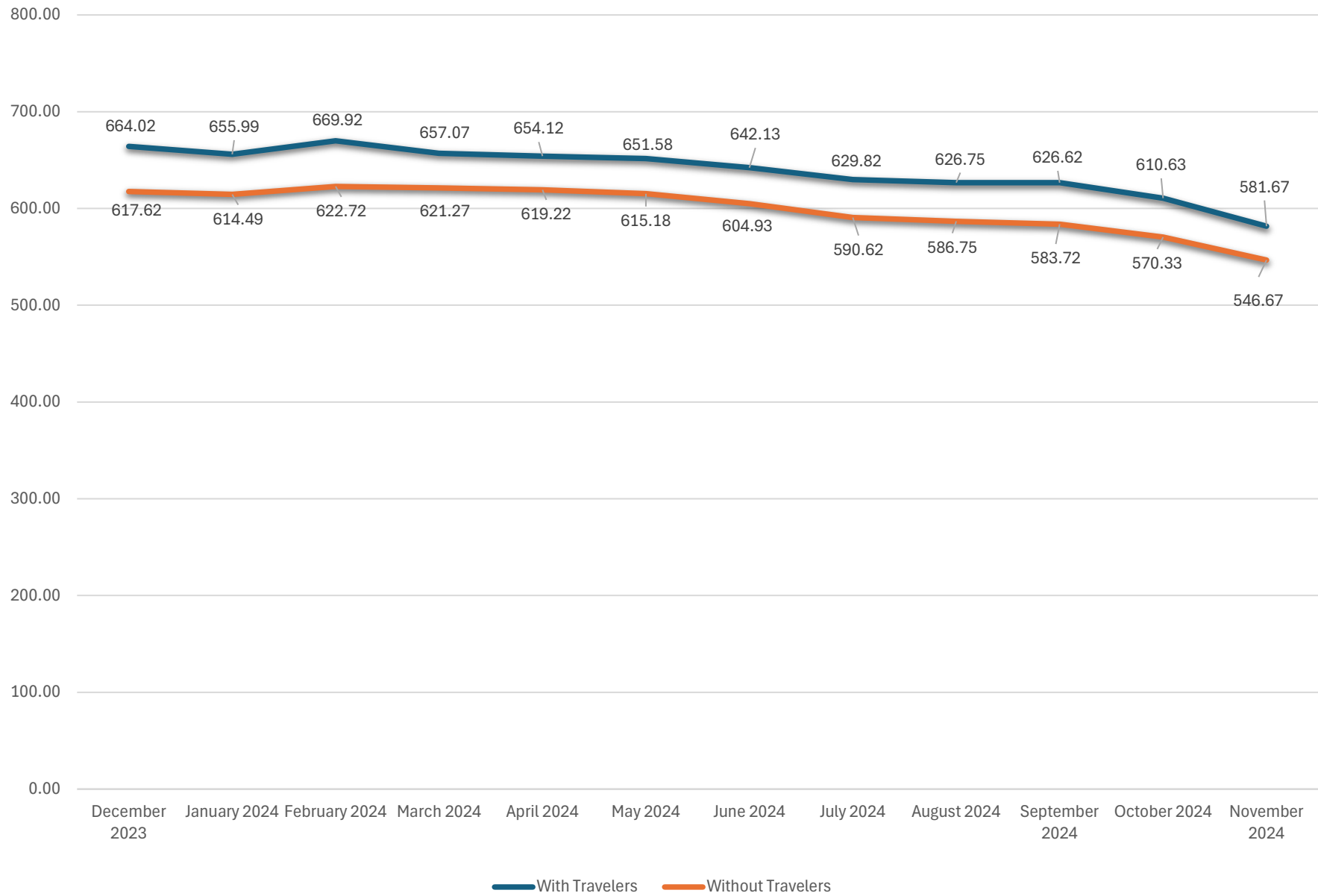
FY2025 Month and Patient Days													
Group/Location	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Medical/Surgical Unit	430	451	391	435	435	412	321	358	486	442	475	346	369
Chemical Dependency InPt	294	312	238	340	327	388	269	355	399	354	288	138	0
Mental Health Unit InPt	138	133	185	292	239	262	223	245	264	288	254	230	231
Critical Care Unit InPt	90	50	67	78	79	60	82	99	123	93	88	66	87
Obstetrics Unit InPt	61	101	70	52	53	64	53	91	53	82	55	84	57
Newborn Nursery InPt	50	57	47	37	33	54	41	59	38	68	40	66	47



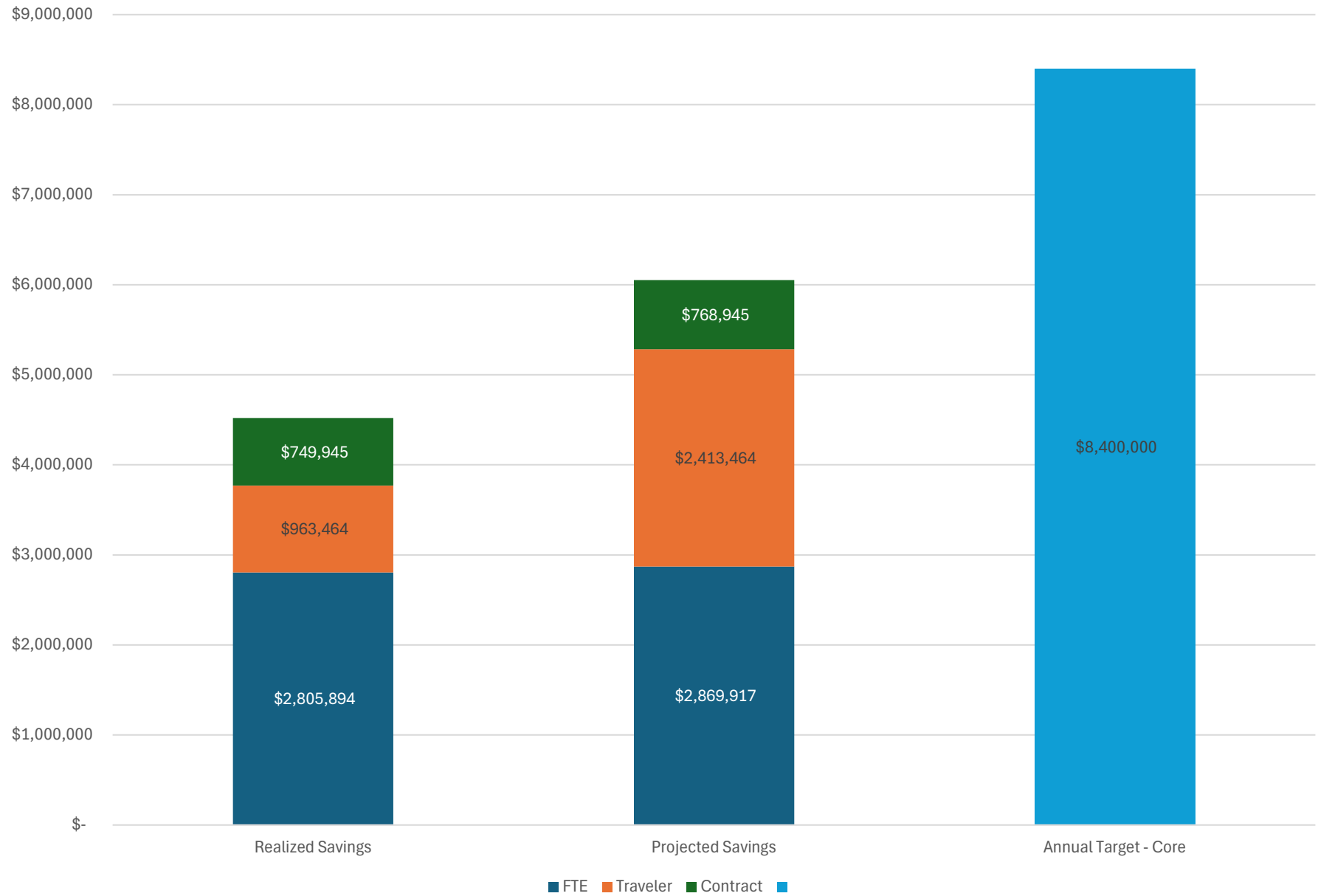
	FY2025 Month and Registrations												
Group/Location	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Emergency Room	960	848	923	923	844	921	916	1169	1180	1134	1057	1010	818
Physical Therapy Outpatient	425	331	284	294	342	308	383	359	352	355	321	338	349
Ultrasound	277	246	301	293	310	351	301	308	222	291	251	233	265
Laboratory Outpatient	351	309	311	405	393	433	429	452	378	381	484	417	425
Same Day Surgery	263	237	283	260	251	280	285	277	227	268	243	242	298
Infusion Center Outpatient	167	183	207	200	235	252	221	210	208	227	209	192	201
Mammography	243	218	223	202	176	197	221	209	187	155	174	241	270
Xray	109	102	82	75	84	102	118	98	123	102	124	110	128
Computerized Tomography	126	132	120	114	146	155	150	172	157	174	168	159	142
Occupational Therapy OutPt	99	108	89	94	81	88	97	82	59	75	98	100	107
Speech Therapy Outpatient	123	134	125	139	170	152	189	173	139	157	202	192	188
Magnetic Resonance Imaging	121	113	101	157	170	166	163	113	111	127	138	131	145

	MONTH - OCTOBER 2024							YEAR TO DATE THROUGH OCTOBER 2024								
	Enterprise Fund		SNF	Healthcare Ancillary		Public Health			Enterprise Fund		SNF	Healthcare Ancillary		Public Health		
	Hospital	WFC		Home Health	Hospice	Crisis	RRC		Hospital	WFC		Home Health	Hospice	Crisis	RRC	
Gross Patient Revenue:																
1. Inpatient Revenue	\$4,244,902		\$1,590,937		\$0		\$0	\$0	\$0	\$18,427,733		\$6,560,192		\$0		
2. Inpatient Ancillary Revenue	\$1,171,298		\$0		\$0		\$0	\$0	\$0	\$5,002,473		\$0		\$0		
3. Total Inpatient Revenue	\$5,416,200		\$1,590,937		\$0		\$0	\$0	\$0	\$23,430,206		\$6,560,192		\$0		
4. Outpatient Revenue	\$13,491,573		\$0		\$41,854		\$93,341	\$10,684	\$0	\$58,437,701		\$0		\$165,931		
5. Total Patient Revenue	\$18,907,773		\$1,590,937		\$41,854		\$93,341	\$10,684	\$0	\$81,867,908		\$6,560,192		\$165,931		
6. RRC Patient Revenue	\$0		\$0		\$0		\$0	\$0	\$0	\$0		\$0		\$0		
7. BHOPS Patient Revenue	\$137,687		\$0		\$0		\$0	\$0	\$0	\$549,876		\$0		\$0		
8. Physician Revenue	\$1,778,097		\$0		\$0		\$0	\$0	\$0	\$7,009,921		\$0		\$0		
9. Total Gross Patient Revenue	\$20,823,557		\$1,590,937		\$41,854		\$93,341	\$10,684	\$0	\$89,427,704		\$6,560,192		\$165,931		
Deductions from Revenue:																
10. Inpatient Contractual Allowance	\$1,479,415		\$248,281						\$0	\$10,919,066		\$1,007,454				
11. Outpatient Contractual Allowance	\$6,228,575		\$0						\$0	\$25,216,257		\$0				
12. Physician Service Contractual Allowance	\$1,058,252		\$0						\$0	\$3,978,358		\$0				
13. Other Deductions	\$0		\$0						\$0	\$2,780		\$0				
14. Charity Care	\$72,184		\$0						\$0	\$141,951		\$0				
15. Bad Debt Expense	\$447,615		\$0						\$0	\$1,654,393		\$0				
16. Total Deductions from Revenue	\$9,286,041		\$248,281		\$0		\$0	\$0	\$0	\$41,912,805		\$1,007,454		\$0		
% Contractual Allowances / Total Gross Patient Revenue	42.1%		15.6%		0.0%		0.0%	0.0%	0.0%	#DIV/0!	44.9%		15.4%		0.0%	
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.5%		0.0%		0.0%		0.0%	0.0%	0.0%	#DIV/0!	2.0%		0.0%		0.0%	
% Total Deductions / Total Gross Patient Revenue	44.6%		15.6%		0.0%		0.0%	0.0%	0.0%	#DIV/0!	46.9%		15.4%		0.0%	
17. Net Patient Revenue	\$11,537,516		\$1,342,656		\$41,854		\$93,341	\$10,684	\$0	\$47,514,899		\$5,552,737		\$165,931		
18. Other Operating Revenue	\$60,032		\$0		\$0		\$0	\$0	\$0	\$439,391		\$0		\$0		
19. Total Operating Revenue	\$11,597,548		\$1,342,656		\$41,854		\$93,341	\$10,684	\$0	\$47,954,290		\$5,552,737		\$165,931		
Expenses:																
20. Salaries & Wages	\$4,427,560		\$447,343		\$39,931		\$38,684	\$4,192	\$16,089	\$17,791,007		\$1,669,622		\$156,730		
21. Physician Wages	\$351,244		\$0		\$0		\$0	\$0	\$0	\$1,356,835		\$0		\$0		
22. Contract Labor	\$288,179		\$254,390		\$0		\$0	\$91,686	\$0	\$1,076,857		\$1,034,443		\$0		
23. Employee Benefits	\$2,150,871		\$207,567		\$18,618		\$17,892	\$32	\$10,585	\$8,506,967		\$716,268		\$73,635		
% Salaries and Benefits / Total Operating Revenue	62.2%		67.7%		139.9%		60.6%	897.7%	#DIV/0!	59.9%		61.6%		138.8%		
24. Medical Professional Fees	\$45,748		\$0		\$0		\$0	\$0	\$0	\$245,326		\$0		\$0		
25. Physician Contracts	\$411,440		\$5,750		\$0		\$0	\$0	\$0	\$1,899,107		\$23,000		\$0		
26. Non-Medical Professional Fees	\$259,491		\$17,922		\$0		\$0	\$2,917	\$0	\$1,008,518		\$46,615		\$0		
27. Materials & Supplies	\$1,659,045		\$91,267		\$950		\$125	\$0	\$156	\$6,274,416		\$237,136		\$5,799		
28. Utilities	\$188,806		\$9,039		\$0		\$134	\$0	\$39	\$559,633		\$34,953		\$205		
29. Maintenance & Repairs	\$490,179		\$18,953		\$125		\$0	\$0	\$0	\$1,860,488		\$68,906		\$125		
30. Rentals & Leases	\$83,387		\$340		\$1,302		\$1,302	\$0	\$0	\$319,104		\$2,429		\$5,206		
31. Insurance	\$94,812		\$0		\$0		\$0	\$0	\$0	\$357,017		\$0		\$0		
32. Depreciation & Amortization	\$569,153		\$0		\$0		\$0	\$9,177	\$13,286	\$2,307,841		\$0		\$0		
33. Interest Expense	\$74,612		\$0		\$0		\$0	\$10,348	\$0	\$298,590		\$0		\$0		
34. Other Operating Expenses	\$151,861		\$2,876		\$3,668		\$3,271	\$0	\$3,667	\$506,845		\$13,406		\$11,957		
35. Total Expenses	\$11,246,388		\$1,055,447		\$64,594		\$61,407	\$118,351	\$43,821	\$44,368,552		\$3,846,778		\$253,657		
36. Income (Loss) from Operations	\$ 351,160		\$ 287,209		\$ (22,740)		\$ 31,935	\$ (107,667)	\$ (43,821)	\$ 3,585,738		\$ 1,705,959		\$ (87,726)		
Non-Operating Revenue																
37. Interest Income	-\$91,098		\$0		\$0		\$0	\$0	\$0	\$645,134		\$0		\$0		
38. Other Non-Operating Income	\$34,025		\$0		\$0		\$0	\$0	\$0	\$159,250		\$0		\$0		
39. Total Non-Operating Revenue	-\$57,073		\$0		\$0		\$0	\$0	\$0	\$804,384		\$0		\$0		
40. Net Income (Loss)	294,087		287,209		(22,740)		31,935	(107,667)	(43,821)	4,390,122		1,705,959		(87,726)		
	581,296				9,195			(151,489)		6,096,081				(147,921)		
	439,002									5,135,684						

Change in Total FTE: December 2023 - October 2024



Actual to Target - Dollars



MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah Johnston, Board Vice-President

◆ ISSUE

The board is being asked to approve a revised committee structure.

◆ BACKGROUND

- In an effort to make Bartlett Regional Hospital Board Committees more efficient and effective, the proposed restructuring of committees has been made to provide greater alignment of issues covered by each committee: Discharge the Compliance and Audit Committee, create a Quality and Compliance Committee, create a Finance and Audit Committee. All other committees will remain the same.

Standing committees effective January 2025:

1. Finance and Audit Committee
2. Governance Committee
3. Planning Committee
4. Quality and Compliance Committee
5. Joint Conference Committee

There will be one board member appointed Liaison to the Credentialing Committee and one member appointed Liaison to the BRH Foundation.

Currently, all Quality Committee members have a clinical background. Because Compliance encompasses clinical and non-clinical aspects, there will be at least one member with a non-clinical background assigned to the Quality and Compliance Committee.

Per the bylaws, the Board shall assign duties and responsibilities to the committees or appoint other committees as it deems necessary. The President will appoint the Chair and members of all committees. Unless otherwise determined by the Board, committees shall consist of no fewer than two board members and shall serve until the committee is discharged. Committees will act in an advisory capacity but will not have the authority to take action on behalf of the Board.

- Deb Johnston, Board Vice-President will be present to brief the board.

◆ **OPTIONS**

Approve the revised committee structure as presented to the board.

Amend the revised committee structure and approve the amended committee structure.

Seek additional information.

◆ **BOARD PRESIDENT AND VICE-PRESIDENT RECOMMENDATION**

Approve the revised committee structure as presented to the board.

◆ **SUGGESTED MOTION**

I move the Board of Directors of Bartlett Regional Hospital approve the revised committee structure as presented to the board.

MEMORANDUM

Date: December 11, 2024
To: Bartlett Regional Hospital Board of Directors
From: Chad A. Brown, Director of Human Resources
Re: Request for Approval of ILWU Tentative Agreement

Bartlett Regional Hospital representatives and the International Longshore and Warehouse Union (ILWU), Health Care Unit 2201, reached tentative agreement on a three-year collective bargaining agreement on November 26, 2024. The contract will take effect on July 1, 2024, and conclude on December 31, 2026. A portion of the monetary terms were implemented the first pay period in July 2024, and the remaining will be implemented upon ratification by the City & Borough of Juneau Assembly.

The Health Care Unit 2201 is currently in the process of voting to ratify the tentative agreement. This request is for approval of the tentative agreement and is conditioned on ILWU and affirmative vote the tentative agreement.

The tentative agreement contains annual cost of living increases to the pay schedule for the three years of the contract. In addition, there were some operational changes which do not have a monetary impact. See attached a summary sheet of changes for your review.

Economic Changes:

All economic terms will be effective the first payday of the relevant fiscal year.

Wages and Pay:

FY2025: The parties bargained a 2% increase to the pay schedule that is effective the first payday in July 2024. (Implemented)

FY2025: The parties bargained a .5% increase to be paid retroactively (to be implemented upon ratification of contract by CBJ Assembly)

FY2026: The parties bargained a 3% increase to the pay schedule that is effective the first payday in July 2025.

FY2027: The parties bargained a 5.5% increase to the pay schedule that is effective the first payday in July 2026.

Operational Changes:

There were operational changes that involved clarifying language and adding or subtracting terms of the Collective Bargaining Agreement.

Conclusion:

Overall contract negotiations were constructive and productive. Chief Negotiator - John Fechter, Chief Financial/Executive Officer - Joe Wanner, Chief Operations/Nursing Officer - Kim McDowell, Chief Quality & Compliance Officer - Gail Moorehead, Director of Human Resources - Chad Brown and HR Manager Tiffany Ridle, took part on the bargaining team on behalf of Bartlett Regional Hospital.

Request for Action:

I respectfully request that the Board of Directors approve the terms of this three-year contract and apply the same economic terms to non-represented positions that do not otherwise have an employment agreement in place.

Upon board approval, the Negotiation Team will work with the City Manager's Office and the Department of Law to draft an Assembly Resolution for the Assembly to ratify the tentative agreement at the next available Assembly meeting. Following ratification, we will ensure the Personnel Rules are updated accordingly and will submit an update of those rules to the Board at a future meeting.

SUGGESTED MOTION:

I move the Board of Directors of Bartlett Regional Hospital approve the tentative agreement between the ILWU and BRH and forward to the CBJ Assembly for ratification.

**Summary of Changes
BRH/ILWU Tentative Agreement
November 26, 2024**

This is a condensed and simplified summary of substantive changes only.

Article	Summary of Changes
Preamble	No changes
1 - Recognition	CBA no longer tries to define which positions are in bargaining unit
2- Union Security	No substantive changes
3 – Check/Off Dues	No changes
4- Mgt. Rights	No changes
5 – Compliance with Laws	No changes
6 – Hiring and Seniority	6.022: Should be coaching no less than once a month 6.023: 10 days’ notice of changes to position description 6.041/042: Clarification that seniority does not apply to contract positions, and contract work does not count towards probation period unless manager makes an exception
7 – Uninterrupted Patient Care	7.01: Prohibition on “picketing” defined as that occurring along Hospital Drive 7.02: Language suspending CBA during “emergency” defined as only when temporary and necessary, and subject to grievance
8 – Grievance Procedure	8.04 & 8.05: Language clarifying union control of grievance (i.e. whether to file or advance) and duty to identify class members
Article 9 – Hours of work	9.01: Pending agreement: Time paid to the minute (rather than quarter hour) when AKG time system is implemented 9.041 : Schedule changes with no premium pay due allowed for “corrective action”
10 – reserved	
11 – Wages	11.01: Pending agreement: 2.5% (with 0.5% of that paid retroactively), 3%, 5.5% wage increases 11.04/041: Management may hire at advanced step up to step 5, or rehire at previous rate of pay, seniority for rehires not retained 11.05: 30 days’ notice to union for new types of positions within bargaining unit 11.06: Auto mileage paid only upon receipt of necessary documentation 11.051/11.08: Clarification of pay step upon demotion or transfer or failure to complete probationary period 11.07: Pending agreement: Upon implementing UKG, evening and night shift both increased to \$3.65/hr, to be paid only for time within new shift windows, 1630-1859 (evening) and 1900 – 0659 (night). 11.16: New tier for longevity bonus of \$500 per year at 10 years of employment 11.171: Clarification of float pay for those working 1:1 with patients or assigned to float pool
12 – Employee Evaluations	No changes

13 – Floating/shift rotations	13.1: Employer must implement policy regarding timely achieving floating competencies 13.2: Employees involuntarily flipping from night/day schedule receive time-and-a-half premium for next shift Involuntary night shift allowed for 3 years (up from first year) of employment Involuntary ‘equitable rotation’ of shifts limited to employees with less than 10 years (down from 15 years) of employment
14 – Jury/Witness Duty	14.011: Clarification that employee shall be excused upon proof of actual attendance at jury duty, but proof must be provided
15 – Conscientious Objection	No changes
16 – Holidays	16.01: Juneteenth (June 19) added as holiday Alaska Day (Oct 18) replaced with Indigenous people’s day (2 nd Monday in Oct) 16.06: Clarifying select departments may remain open on holidays
17 – Personal Leave	17.011: 24 hours of personal leave “advanced” upon hire 17.06: Unused mandatory minimum leave usage paid out at end of year rather than canceled 17.08: Maximum leave balance reduced from 750 to 650 hours 17.10: Clarifying all unused leave has to be paid out at termination
18 – Other paid leave	18.011: Staff to be notified if there is a departmental education budget available for education courses
19 – Leaves of Absence	No changes
20 – FMLA	No changes
21 – Health Exams	Making influenza-related language more general, and removing deadlines, to state hospital will provide “any state of federally mandated” vaccines, and those not vaccinated will wear “appropriate PPE per state and federal guidelines.”
22 – Confidential Information	No changes
23 – Union access/bulletin boards	No changes
24 – Discipline/ Employee Responsibilities	No changes
25 – Patient Transport	25.01: Clarification consistent with Fair Labor Standards Act of travel time as paid time, both for trips within a single workday and overnight trips
26 – Health & Welfare	Housekeeping changes to align with plan on notice periods and deadlines and new high-deductible plan 26.01: Part-time employees will now pay pro-rated insurance premiums, consistent with other CBJ employees
27 – Pensions	No changes

28 – Misc Deductions	Remove article—no longer relevant.
29 – Savings Clause	No changes
30 – Conclusion of Bargaining	No changes
31 – Term of Agreement	3-year contract ending 1/1/2026
32 – Labor Management Committee	No changes

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CEO

ISSUE

- The board is being asked to delegate authority to the CEO to negotiate and execute a master affiliation agreement with Virginia Mason Franciscan Health Care Network (VMFH).

BACKGROUND

- The Board is responsible for approving all contracts for supplies, services, or professional services, or amendments thereto, relating to the Board's power and authority as established by CBJ 40.05.020. No contract may be approved unless the contract complies with the CBJ Charter and CBJ Municipal Code. Unless otherwise provided by law, the Board may delegate to the CEO authority to negotiate and/or execute all contracts or may establish parameters by contract type and/or dollar amount, for the exercise of such authority with or without approval of the Board.

BRH wishes to enter into an affiliation agreement with VMFH to benefit from increased buying power and educational opportunities, expansion of local specialty services and increasing the availability of medical procedures here in Juneau to allow patients to receive the care they need without having to travel.

- Joe Wanner, CEO, will be on hand to brief the board.

OPTIONS

- Approve the delegation of authority for the CEO to negotiate and execute a master affiliation agreement with Virginia Mason Franciscan Health Care Network.
- Seek additional information.

LEADERSHIP RECOMMENDATION

- Approve the delegation of authority for the CEO to negotiate and execute a master affiliation agreement with Virginia Mason Franciscan Health Care Network.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the delegation of authority for the CEO to negotiate and execute a master affiliation agreement with Virginia Mason Franciscan Health Care Network.

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Alex Malter, MD Chief of Staff

ISSUE

- The board is being asked to approve the Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures.

BACKGROUND

- Per the Board Bylaws, when the Medical Staff revises its bylaws, rules, regulation and policies, it will submit its recommendations for amendment to the Board of Directors (BOD) for its review and approval. (CBJ 40.15.040)

At the July 23rd BOD meeting, the BOD provided direction that Medical Staff policies are required to be approved by the BOD, procedures are not. The medical staff and administration are to make a distinction between a policy and procedure.

A policy providing guidelines for approving and ratifying policies, guidelines and procedures has been written and approved by the Medical Staff and Medical Staff Executive Committees on November 12, 2024, and is now being presented to the BOD for review and approval.

- Behind this cover memo:
 - Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures
- Dr. Malter, Chief of Staff will be present to brief the board and answer any questions

OPTIONS

- Approve the Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures as presented to the board.
- Amend the Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures and approve the amended policy.
- Seek additional information.

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

- Approve the Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the Medical Staff Policy for Approving and Ratifying Policies, Guidelines, and Procedures as presented to the board.

TITLE: Medical Staff Policy for Approving and Ratifying Policies, Guidelines and Procedures

DEPARTMENT: Medical Staff Services

CREATED: 11/12/2024

APPROVED BY MSEC: _____

APPROVED BY GENERAL MEDICAL STAFF: _____

APPROVED BY GOVERNING BOARD: _____

REVISED: N/A _____

PURPOSE

- To provide guidelines for the BRH Medical Staff to implement policies and procedures.
- To efficiently develop, approve, implement and maintain clear and well-written policies for Bartlett Regional Hospital (BRH) Medical Staff that promote BRH's mission, vision and strategic goals.
- To standardize policy management procedures and maintain version-control.
- To provide and maintain retrievable policy archives.
- To standardize policy approval, terms, abbreviations, and definitions to improve communication and clarity.

DEFINITIONS

Policy: A set of principles, guidelines, standards or rules for decision making and provider conduct

Procedure: The process followed to comply with a policy. A procedural document describes the specific steps necessary to complete a particular process or guideline.

Guidelines: The line or indication that helps one to follow a policy or a course of action and may include or outline specific procedures.

Document/Policy Owner: The individual who is responsible for the content, review and maintenance of a controlled document/policy.

Approver: The person, department or committee whose approval is required to implement the policy or procedure.

I. PROCEDURES AND GUIDELINES

Procedures should reference the BRH policy and/or evidence-based guideline when possible.

Procedures and Guidelines will be presented through the Medical Staff Executive Committee with final approval from the General Medical Staff.

A. Committee/Department Created Procedure Approved

- 1) Send to Medical Executive Committee
- 2) Approved by Medical Executive Committee and forwarded to the General Medical Staff for Approval
- 3) Approved by General Medical staff and referred back to the Medical Staff Office for Processing
- 4) Medical Staff Office notifies appropriate Committee/Department and Quality for implementation

- B. If at any step questions are raised or further clarification is needed, the document is returned to the Committee/Department for answers or clarification and submitted back to the committee requesting additional information.

EXAMPLE

- MEC asks for clarification or has questions – document is returned to Committee/Department
- Upon completion of request the Committee/Department returns document to MEC
- Upon MEC's approval it goes to step I.A(3) above.

- C. The Specialty Committee, Credentialing Committee, Medical Executive Committee, General Medical Staff may request that a procedure or guidelines be created and/or implemented.

- 1) If the procedure is specialty committee specific, it should be sent to that committee to create, and the approval process should be followed in this Section I.A.
- 2) If the procedure affects the General Medical Staff, it should be sent to the Credentialing Committee or Medical Executive Committee for creation and then approval process should be followed starting at I.A(1).

II. POLICY

- A. Policies should provide clear direction to meet focused objectives. If applicable, policy content should consider and outline the following:

- 1) Impact on patient/family, visitor, and employee safety.
- 2) Legal, risk, compliance, quality, regulatory accreditation, and organizational requirements (Federal Plain Language Guidelines).
- 3) Budgetary impact; billing and coding implications
- 4) Impact on Medical Staff.
- 5) Marketing and public relations impact.
- 6) Impact on environment of care,
- 7) Alignment with BRH's strategic plan and goals.

- B. Policies will be presented to the Medical Executive Committee with final approval from the BRH Governing Board.

- 1) Committee/Department Created Policy Approved
 - a. Send to Medical Executive Committee
 - b. Approved by Medical Executive Committee and forwarded to the General Medical Staff for Approval
 - c. Approved by General Medical Staff and forwarded to the BRH Governing Board for Approval
 - d. Approved by the BRH Governing Board and referred back to Medical Staff Office for Processing
 - e. Medical Staff Office notifies appropriate Committee/Department, Medical Staff Leadership Committee and Quality for implementation and posting on the BRH Policy Tech site
- 2) If at any step in II.B.(1) above questions are raised or need further clarification, the document is returned to the Committee/Department or Leadership Committee for clarification and submitted back to the level it was returned.

EXAMPLE

- MEC asks for clarification or has questions – document is returned to Committee/Department
- Upon completion of request the Committee/Department returns document to MEC
- Upon MEC's approval it goes to step 1.A(3) above.

C. The Specialty Committee, Credentialing Committee, Medical Executive Committee, General Medical Staff may request that a policy be created and/or implemented.

- 1) If the policy is specialty committee specific, it should be sent to that committee to create the procedure, and the approval process should be followed in this Section II.B.
- 2) If the policy affects the General Medical Staff, it should be sent to the Credentialing Committee or Medical Executive Committee for creation and then approval process should be followed starting at II.B(1).

REFERENCE

Bartlett Regional Hospital Policy Management Policy

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

- These are the draft minutes, and any presentation items from board committee meetings held since last month's Board of Directors meeting. A representative from each committee will be available to answer questions from board members.

BACKGROUND

- Behind this cover memo are the minutes, presentations and action items from each committee meeting held.
 - A. December 9, 2024, Draft Compliance and Audit Committee Minutes
 - B. December 11, 2024, Draft Planning Committee Meeting Minutes
 - C. December 13, 2024, Draft Finance Committee Meeting Minutes

OPTIONS

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

DRAFT MINUTES – BOARD COMPLIANCE & AUDIT COMMITTEE MEETING

DATE: Monday, December 9, 2024, at 12:00 p.m.
LOCATION: BRH Boardroom & Microsoft Teams

- I. **CALL TO ORDER** – 12:00 p.m. by Hal Geiger, Committee Chair
- II. **ROLL CALL**
***Committee and Board Members Present** (*Zoom attendees italicized*): *Hal Geiger and *Dr. John Raster, *Deb Johnston, and Shelly Deering

Also Present (*Zoom attendees italicized*): Gail Moorehead, Joe Wanner, Tami Lawson-Churchill, Rachael Stark, Chris Cairns and Anita Moffitt
- III. **APPROVAL OF MINUTES** – MOTION by Dr. Raster to approve the October 14, 2024, minutes. Ms. Johnston seconded. There being no objection, MOTION approved.
- IV. **APPROVAL OF AGENDA** – MOTION by Dr. Raster to approve the agenda. Ms. Johnston seconded. There being no objection, MOTION approved.
- V. **PUBLIC PARTICIPATION** - None
- VI. **OLD BUSINESS**
Compliance Dashboard – Ms. Moorehead highlighted the clarifying changes made to the dashboard under the Code of Conduct, Exclusion Screening, and Education metrics. She reported compliance training on critical access had been provided at the October 14th Compliance and Audit meeting. She also reported the engineer did return in October to conduct an unannounced survey due to the life safety and environment of care findings of the Joint Commission survey. All findings have been cleared. BRH received follow-up from the Joint Commission this morning on the corrective action plans submitted for the 42 findings from the initial 4-day survey. BRH has one week to submit additional plans for compliance on 12 of those findings (stained ceiling tiles, finishing on the OR doors, storing equipment in the hallways of the ED etc.)
- VII. **NEW BUSINESS**
Bartlett Compliance Workplan 2024 Update – Directors Tami Lawson-Churchill, Chris Cairns, and Rachael Stark introduced themselves. They are key players in doing the work of the compliance work plans. They, along with Deb Koelsch, Heather Richter and Gretchen Glaspy, are working with Ms. Moorehead to update the 2025 workplan. Ms.

Moorehead provided a status overview of the 2024 workplan. She stated that she will work with the chair of the committee to develop a board education plan for next year.

In response to Ms. Deering's question about the significant increase in repayments in Q3, Ms. Lawson-Churchill reported that a RAC (Recovery Audit Contractor) audit had been conducted resulting in the repayments, mostly for cataract surgeries performed in 2022.

Identity Theft Prevention Program Policy – Ms. Moorehead presented an Identity Theft Prevention Program Policy for the committee's review and approval. CMS (Center for Medicare and Medicaid Services) requires BRH to have a Board approved Identity Theft Prevention Policy in place. Mr. Geiger proposed some minor editorial changes.

MOTION by Dr. Raster that the Compliance and Audit Committee approve the policy set forth for the Identity Theft Prevention Program subject to minor editorial revision. Ms. Johnston seconded. There being no objection or further discussion, MOTION approved. This policy will be presented to the board for approval.

HOSPICE / HOME HEALTH COMPLIANCE POLICIES – Ms. Moorehead noted the Hospice and Home Health Compliance policies, included in the packet, had been written very quickly when BRH set up these services about a year and a half ago. They had not been presented to the board for approval. Ms. Moorehead suggested it would be more beneficial to amend these policies to just one line each. The policies would read: Bartlett Regional Hospital Hospice Services will be included and adhere to Bartlett Regional Hospital's compliance and ethics program management plan. Also, Bartlett Regional Hospital's Home Health Services will be included and adhere to Bartlett Regional Hospital's compliance and ethics program management plan. With these policies, when the state surveyors conduct surveys of either of those programs, they will be referred to BRH's compliance program rather than having separate documents. The committee agrees that this is an adequate policy statement. Ms. Moorehead noted that the hospital's compliance program will come back to the committee after the first of the year with the incorporation of Home Health, Hospice and WFC (Wildflower Court).

MOTION by Dr. Raster that the Compliance and Audit Committee approve the Hospice and Home Health Compliance Policies as amended. Each service's policy will state that the service will be included and adhere to Bartlett Regional Hospital's compliance and ethics program management plan. There being no objection or further discussion, MOTION approved. This policy will be presented to the board for approval.

VIII. COMMITTEE COMMENTS AND QUESTIONS – Dr. Raster expressed appreciation that Home Health and Hospice is owned by BRH and does not have to write all new policies from scratch. A full-service hospital is much more regulated institution than Home Health. Ms. Deering, Ms. Johnston, and Mr. Geiger thanked Ms. Moorehead and her team for the hard work on moving us ahead on the compliance program. Ms. Johnston thanked Mr. Geiger for his hard work on this as well. Ms. Moorehead expressed appreciation for the support from the committee.

IX. ADJOURNMENT – 12:31 p.m.

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Gail Moorehead, Chief Quality and compliance Officer

ISSUE

- The board is being asked to approve the Identity Theft Prevention Program Policy.

BACKGROUND

- Identity theft is fraud committed or attempted by using the identifying information of another person without his or her authority. BRH collects, transmits, and stores personal and confidential information for every customer. CMS has specific standards that require us to have a program in place to oversee our management of confidential information. These standards 16 CFT Part 681 and AS 45.48.010 explicitly direct our Board of Directors to have oversight for this program.
- Behind this cover memo:
 - Identity Theft Prevention Program Policy
- Gail Moorehead, Chief Quality and Compliance Officer will be present to brief the board.

OPTIONS

- Approve the Identity Theft Prevention Program Policy as presented to the board.
- Amend the Identity Theft Prevention Program Policy and approve the amended policy.
- Seek additional information.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the Identity Theft Prevention Program Policy as presented.

PURPOSE: Identity theft is fraud committed or attempted by using the identifying information of another person without his or her authority. BRH collects, transmits, and stores personal and confidential information for every customer. Identity theft is a potential threat faced by our customers. Accordingly, BRH has created and implemented a program to prevent identity theft for its customers.

DEFINITIONS:

- A. RED FLAGS – Warning signs related to a patient account that are used by BRH as guides to assist in the detection and respond to identity theft. Examples include unusual account activity, fraud alerts or suspicious documents or requests.
- B. IDENTIFYING INFORMATION - May include a Social Security number, account number, date of birth, driver's license number, and other unique electronic identification numbers or codes. Per Alaska law (effective July 1, 2009) just disclosing the patient's name alone is NOT a violation. The disclosure must include either SSN, DL #, credit card number or PIN, P/W, or access code for records.

POLICY:

- A. BRH will create and implement a program to identify, detect and respond to practices that could indicate identity theft.
- B. The BRH Board of Directors will be responsible for oversight of the program.
- C. The program will periodically conduct a risk assessment to determine effectiveness and update program components to reflect changes in risks to customers.

SCOPE: Applies to the Board of Directors, Senior Leadership and all staff handling sensitive patient information.

PROCEDURE:

- A. BRH will identify Red Flags that are relevant to its operations that may indicate identity theft.
 - A.1. The BRH Compliance Officer will oversee and assist financial departments in identifying possible Red Flags to be implemented at BRH (see Red Flag examples below).
 - A.1.1. Periodically, BRH will contact local law enforcement to learn of methods in use that may indicate identity theft and alert departments to these frauds and cons.
 - A.1.2. BRH will review previous ID theft experiences that occurred at BRH and provide education to relevant staff to highlight these events, so to avoid future re-occurrences.
 - A.1.3 BRH will, annually, review previously identified Red Flags for continued relevance and review Internet and other resources of possible Red Flags relevant to healthcare settings. These include (but are not limited to):
 - A.1.3.1. Alerts, notifications, or other warnings received from consumer reporting agencies, healthcare providers or fraud detection services.
 - A.1.3.2. The presentation of suspicious documents, suspicious personal identifying information, such as a suspicious address change; and
 - A.1.3.3. Notice from customers, victims of identity theft, or other persons regarding possible identity theft in connection with accounts held by BRH.
- B. BRH will develop and implement a process to detect the presence of Red Flags in day-to-day operations.
 - B.1. BRH will educate staff to identify and report suspicious activity related to patient accounts and / or attempts to obtain free medical services using the identity of another person.
 - B.2. BRH will implement a process to authenticate patients:
 - B.2.1. At registration, new patients will be asked to produce ID to verify their identity.
 - B.2.2. Returning patient will be asked to verify demographic information on file by the use of asking questions where the patient must provide specific information.
 - B.2.2.1. Staff will avoid YES and NO questions.
 - B.2.2.2. Staff will request that patients verify their SSN verbally.
 - B.2.3. BRH will develop a process to verify the validity of change-of-address requests.

- B.2.4. Staff will be educated to alert management or the Compliance Officer in the event of a discrepancy in information or complaints of identity theft.
- C. Should an identity theft incident be detected or a complaint of identity theft is received, BRH will respond promptly with an internal investigation overseen by the Compliance Officer. Should the investigation indicate a reasonable likelihood that a security breach occurred, BRH will mitigate possible harmful outcomes. This may include:
 - C.1. Contact each effected patient.
 - C.2. Contact law enforcement
 - C.3. Refraining from collecting on an account or turning that account over to the collection process.
 - C.4. Should BRH be the subject of an electronic security data incident that may result in unauthorized access to identifying information and identity theft, the hospital will:
 - C.4.1. Conduct a thorough investigation and remedy the cause of the incident.
 - C.4.2. Monitor accounts for signs of identity theft.
 - C.4.3. Contact customers affected by the incident.
 - C.4.4. Consider one or more of the following:
 - C.4.4.1. Reopening the patient's account with a new account number.
 - C.4.4.2. Not opening a new account.
 - C.4.4.3. Closing an existing account; or
 - C.4.4.4. Not attempting to collect on an account or not turning over an account to collections.
 - C.5. Once potentially fraudulent activity is detected, staff shall:
 - C.5.1. Gather all related documentation.
 - C.5.2. Write a description of the situation; and
 - C.5.3. Present this information to the Compliance Officer for follow-up action.
 - C.5.4. The Compliance Officer will be responsible for:
 - C.5.4.1. Informing effected patients.
 - C.5.4.2. Contacting law enforcement
 - C.5.4.3. Reviewing with Senior Leadership and relevant BRH departments any further appropriate actions as stated above.
 - C.6. The disclosure(s) mentioned above shall be in the most expeditious time possible and without unreasonable delay.
 - C.6.1. The method of disclosure to the patient shall either be via hard copy or electronic mail.
 - C.7. Should the internal investigation indicate identity theft for greater than 1000 Alaska resident patients, BRH (as required by Alaska law effective July 1, 2009) shall notify without unreasonable delay all consumer credit reporting agencies that compile and maintain files on consumers on a nationwide basis and provide the agencies with the timing, distribution, and content of the notices to state residents.
- D. The program to protect against ID theft will be approved by the BRH Board of Directors or a committee of the Board in a written resolution.
 - D.1. The Board will delegate a member of SLT in the oversight of:
 - D.1.1. The development, implementation, and administration of the program
 - D.1.2. Training of staff
 - D.1.3. Audit compliance
 - D.1.4. At least annual, a report to the Board on program effectiveness and significant incidents involving ID theft and BRH response, along with recommendations for program changes.
- E. At the onset of the prevention program and periodically thereafter, the Compliance Officer will oversee the planning and implementation of a risk assessment to determine:
 - E.1. Potential threats to customers identifying information at BRH.
 - E.2. Updates to the existing program.
 - E.3. Updates on Red Flags in use; and
 - E.4. Opportunities for staff and / or public education.
- F. Service Provider Arrangements: Where BRH engages an outside agency to perform an activity associated with patient accounts, the hospital will take steps to ensure that the agency is:
 - F.1. Directed to inform BRH of ID theft.
 - F.2. BRH will require that these agencies be underwritten contracts that explain Red Flags and identity theft. NOTE – HIPAA Business Associate Agreements will be the written contract vehicle.

- G. Staff training shall be conducted for all employees for whom it is foreseeable that they may come into contact with accounts and identify information that may be subject to ID theft.
 - G.1. The Compliance Officer is responsible for ensuring identity theft training for all requisite employees and contractors.
 - G.2. Employees must receive annual training in all elements of this policy.
 - G.3. To ensure maximum effectiveness, employees may continue to receive additional training as changes to the program are made.
- H. Hard Copy Distribution: Each BRH employee and contractor performing work for BRH will comply with the following practices:
 - H.1. Offices and file cabinets, desk drawers, overhead cabinets, and any other storage space containing documents with sensitive information will be locked when not in use.
 - H.2. Storage rooms containing documents with sensitive information and record retention areas will be locked at the end of each workday or when unsupervised.
 - H.3. Desks, workstations, work areas, printers and fax machines, and commonly shared work areas will be cleared of all documents containing sensitive information when not in use.
 - H.4. Documents containing identifying information are to be discarded per Disposal of Confidential Information policy
- I. Definition of Sensitive Information: includes the following items whether stored in electronic or printed format:
 - I.1. Credit card information, including:
 - I.1.1. Credit card number (in part or whole)
 - I.1.2. Credit card expiration date
 - I.1.3. Cardholder name
 - I.1.4. Cardholder address
 - I.2. Tax identification numbers, including:
 - I.2.1. Social Security number
 - I.2.2. Business identification number
 - I.2.3. Employer identification numbers
 - I.3. Payroll information, including, among other information:
 - I.3.1. Paychecks
 - I.3.2. Pay stubs
 - I.4. Cafeteria plan check requests and associated paperwork
 - I.5. Other personal information belonging to any customer, employee or contractor, examples of which include:
 - I.5.1. Date of birth
 - I.5.2. Address
 - I.5.3. Phone numbers (including cell phone)
 - I.5.4. Maiden name
 - I.5.5. Names
 - I.5.6. Customer number
 - I.5.7. Email address
- J. Social Security Number: BRH will not intentionally communicate to the general public a patient's social security number.
 - J.1. Exempt is the use of the patient's SSN for:
 - J.1.1. Background check.
 - J.1.2. Fraud prevention:
 - J.1.3. Medical treatment.
 - J.1.4. Individual's employment matters, including employment benefits.
- K. Business transactions that involve credit cards or debit cards will only print no more than the last four digits of the card number or the expiration date on any receipt or other physical record of the transaction.

REFERENCES: 16 CFR Part 681 & AS 45.48.010

Attachment
Red Flag Examples

Red Flag Examples - BRH may consider incorporating into its Program these Red Flag examples:

1. Suspicious Activity

- ☐ Activity on an account that was closed due to previously known identity theft.
- ☐ The photograph or physical description on the identification is not consistent with the appearance of the customer presenting for services.
- ☐ Information on the identification is not consistent with information provided by the patient presenting for services or the customer presenting the identification.
- ☐ Information on the identification is not consistent with readily accessible information that is on file with BRH.
- ☐ Documentation appears to have been altered or forged, or gives the appearance of having been destroyed and reassembled.
- ☐ Known or suspected drug seekers presenting identification that appears fraudulent.

2. Suspicious Personal Identifying Information

- ☐ Personal identifying information provided is inconsistent when compared against external information sources used by BRH. I.e.
 - (a) The address does not match any address on record; or
 - (b) The Social Security Number has not been issued or is listed on the Social Security Administration's Death Master File.
- ☐ Personal identifying information provided by the customer is not consistent with other personal identifying information provided by the customer. I.e.,
 - (a) There is a lack of correlation between the SSN number and date of birth.
- ☐ Personal identifying information provided is associated with known fraudulent activity as indicated by internal or third-party sources used by BRH. I.e.:
 - (a) The address on an application is the same as the address provided on a fraudulent application; or
 - (b) The phone number on an application is the same as the number provided on fraudulent application.
- ☐ Personal identifying information provided is of a type commonly associated with fraudulent activity as indicated by internal or third-party sources used by BRH. I.e.:
 - (a) The address on an application is fictitious, a mail drop, or a prison; or
 - (b) The phone number is invalid or is associated with a pager or answering service.
- ☐ The SSN provided is the same as that submitted by other persons presenting for services or other customer.
- ☐ The address or telephone number provided is the same as or similar to the account number or telephone number submitted by an unusually considerable number of other people opening accounts or other customers.
- ☐ The customer fails to provide all required personal identifying information on an application or in response to notification that the application is incomplete.
- ☐ If challenge questions are used to identify a patient, the person presenting for services cannot provide authenticating information beyond that which would be available from a wallet.
- ☐ A discrepancy between an individual's address on their insurance policy and their driver's license.
- ☐ Individuals presenting Medicare, Medicaid or other healthcare insurance coverage documents that are in the name of another individual.

3. Unusual Use of, or Suspicious Activity Related to an Account

- ☐ Shortly following the notice of a change of address, BRH receives a request for a new, additional, or replacement, or for the addition of authorized users on the account.
- ☐ A new account is used in a manner commonly associated with known patterns of fraud patterns. I.e., the customer fails to make the first payment or makes an initial payment but no subsequent payments.
- ☐ An account is used in a manner that is not consistent with established patterns of activity on the account. I.e.: Nonpayment when there is no history of late or missed payments.
- ☐ An account that has been inactive for a lengthy period of time is used
- ☐ Mail sent to the customer is returned repeatedly as undeliverable although the "customer" continues to appear at BRH for services.
- ☐ BRH is notified of unauthorized charges or transactions in connection with a customer's account. I.e.

EOB complaints

4. Notice From Customers.

- ☐ BRH is notified by a customer, a victim of identity theft, a law enforcement authority, or any other person that fraudulent activity for a patient has occurred.
- ☐ BRH is notified that the customer is not receiving their account statements.

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Gail Moorehead, Chief Quality and compliance Officer

ISSUE

- The board is being asked to approve the Home Health and Hospice Compliance Policies.

BACKGROUND

- Home Health and Hospice are under the BRH umbrella but for survey standards need to have policies and plans outlined for the state inspectors that demonstrate their compliance with CMS Conditions of Participation and State Regulations. The state inspectors wanted policies separate from Hospital policies and each entity. The two compliance plans were not brought forth to the board for approval and revisions were made at this time and are being submitted for board approval and review. Both programs do fall under the umbrella of the oversight of the board and the Hospital Compliance Program.
- Behind this cover memo are:
 1. Hospice Compliance Policy
 2. Home Health Compliance Policy
- Gail Moorehead, Chief Quality and Compliance Officer will be present to brief the board.

OPTIONS

- Approve the Hospice and Home Health Compliance Policies as presented to the board.
- Amend the Hospice and Home Health Compliance Policies and approve amended policies.
- Seek additional information.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the Hospice and Home Health Compliance Policies as presented.

POLICY

Bartlett Regional Hospital Hospice Services will be included and adhere to the Bartlett Regional Hospital Compliance & Ethics Program Management Plan.

REFERENCE

The Medicare Learning Network (2021); CMS Federal Register: Publication of the OIG Compliance Program Guidance for Hospices," Vol. 64, No. 192 (October 5, 1999)

POLICY

Bartlett Regional Hospital Home Health Services will be included and adhere to the Bartlett Regional Hospital Compliance & Ethics Program Management Plan.

REFERENCE

Medicare CoP #s: 484.65(e), 484.100; "The Medicare Fraud & Abuse: Prevent, Detect and Report Course," The Medicare Learning Network (2021); CMS Federal Register: Publication of the OIG Compliance Guidance for Home Health Agencies," Vol. 63, No. 152 (August 7, 1998)

DRAFT MINUTES – BOARD PLANNING COMMITTEE MEETING

DATE: Wednesday, December 11, 2024, at 12:00 p.m.

LOCATION: BRH Boardroom & Teams Videoconference

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

II. **ROLL CALL**

***Committee and Board Members Present** (*Zoom attendees italicized*): *Deb Johnston, *Hal Geiger, *John Raster, MD* and Shelly Deering

Also Present (*Zoom attendees italicized*): Joe Wanner, Kim McDowell, Gail Moorehead, Chuck Cave, Marc Walker, Chad Brown, Chris Cairns, *Erin Hardin, Beth Mow, Nate Rumsey, Jeanne Rynne, and Anita Moffitt*

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

IV. **PUBLIC PARTICIPATION** - None

V. **APPROVAL OF MINUTES** – MOTION by Mr. Geiger to approve the November 1, 2024, minutes. Dr. Raster seconded. There being no objection, MOTION approved.

VI. **OLD BUSINESS**

ED (Emergency Department) Renovation and Expansion Project – Mr. Wanner reported that he emailed Deputy Commissioner Ricci about the CON (Certificate of Need) but has not yet received a response. There is a meeting of representatives from BRH, the State, CBJ and the Senators' office scheduled to take place next week to discuss BRH's strategic plans. He will ask Ms. Ricci about the CON at that meeting if necessary.

BRH Project Updates – Ms. Rynne provided an update on the following projects:

CT scanners/MRI project, Ground floor asbestos abatement, ED Renovation Project, WFC (Wildflower Court) Life Safety Condition Assessment, WFC fuel tank installation, and WFC sidewalk replacement project. The asbestos abatement may be done by the end of December, well ahead of the April deadline. We have received word from HRSA (Health Resources and Services Administration) that we do not have to do anything else for the environmental or historical preservation review for the ED renovation project.

Options and Priorities for the use of ABHC (Aurora Behavioral Health Center) – Mr. Wanner provided cost estimates and some of the necessary renovations for conversion of the third floor of the ABHC center. The estimated cost to move the physical therapy department to that location is \$1,003,000 and would max out the space. The estimated cost to move Infusion Therapy to that space is \$890,000 and would require some additional operational considerations such as lab draws and adverse reaction care. Both options will be discussed at the next meeting where we will begin discussions about revising the

MFP (Master Facility Plan) and tying it into the organization's strategic plan. MFP discussions will include the RRC (Rainforest Recovery Center) building and BOPS (Bartlett Outpatient Psychiatric Services). In preparation for the next committee meeting, a copy of the MFP updated in 2021 will be provided to the board and committee members for review. These reviews will help determine what is still relevant and what needs to be added or changed based on our current strategic plan. Ms. Johnston initiated a discussion about hiring a consultant to assess existing space and conduct space needs analysis for specific programs.

Organizational Design – Mr. Brown provided an overview of the revised organizational chart included in the packet. Discussion was held about the number of direct reports assigned to the COO/CNO (Chief Operating Officer / Chief Nursing Officer.) There are succession plans in place to replace leaders as necessary. Strategic planning will include discussions about the roles needed to close the gap between leadership and staff and the positions needed to put people into as they advance in the succession planning process. A discussion was held about backup plans should this reporting structure not work.

Ms. Moorehead reported communications with frontline staff, employment engagement and leadership numbers have consistently improved at BRH over the past year while going down in most of the country. Press Ganey has asked how BRH is accomplishing this. This new structure supports professional development and growth by allowing more accountability and opportunities for more staff to get involved with things they haven't been involved in before.

Ms. Deering and Ms. Johnston expressed appreciation to staff for their hard work to get the organization to where it is now. Mr. Brown expressed appreciation for the leadership team for communicating the change process in a very methodical manner.

- VII. COMMITTEE COMMENTS AND QUESTIONS** – Dr. Raster provided an update on SEARHC's (Southeast Alaska Regional Health Consortium) procedure center and other outpatient services. He expressed concern that BRH will have to care for their patients that have complications. Mr. Geiger expressed appreciation for all of the hard work that had been done, especially on the organizational structure.

Next meeting – 12:00 p.m., Friday, January 3, 2025

- VIII. ADJOURNMENT** – 12:38 p.m.

DRAFT MINUTES – BOARD FINANCE COMMITTEE MEETING

DATE: Friday, December 13th, 2024, at 12:00pm

LOCATION: BRH Boardroom & Teams Videoconference

I. CALL TO ORDER – at 12:00 pm

II. ROLL CALL

Board Members Present (*Teams attendees italicized*): Max Mertz*, Shelly Deering*, Deb Johnston*, and Hal Geiger

Also Present (*Teams attendees italicized*): Kim McDowell, Erin Hardin, Brunis Soto, Noelle Derse, Kris Muller, Beth Mow, Gail Moorehead, Charles Cave*, Joe Wanner, Chad Brown, and Sharon Price

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

IV. PUBLIC PARTICIPATION - None

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

VI. OCTOBER 2024 FINANCIAL STATEMENT REVIEW AND DISCUSSION

A financial update was provided by Charles Cave, Interim CFO. Mr. Mertz asked why we have a bigger loss in investment income in October when the bond and equity markets were up. Mr. Cave said that information comes over from the city and generally has data that is 30 to 45 days behind.

Mr. Mertz would like to have the WFC census added to the inpatient stays chart and removing RRC moving forward.

Mr. Cave said that we were anticipating to get hit on our cost report for about \$1 million but in fact it came back that the government actually owes us about \$350K back. We were able to reverse that million off the prior year and that got reversed off for the audit report.

Mr. Brown said the FTE Committee is meeting with each department and going through what their base core staffing models are in comparison to the other external data from consultants that we've been provided. That way we make sure that we understand exactly, by department and shift, what every unit needs. Mr. Cave also said he will add a quarterly chart of FTE/Travelers numbers moving forward.

Mr. Mertz asked about evaluation process for GPO services with Virginia Mason. Mr. Wanner said they have reached out to us to do an evaluation even before the

procurement process. Mr. Mertz said he would like to see a draft report on what a potential proposal from VM would look like so that we can compare it on the savings. Mr. Cave said we have a draft audit for the current year and we should get the final before December 25th. The BOD can expect a report presentation of this in the January meeting.

- VII. STATE MEETING ON 12/19/24** – Mr. Wanner said he doesn't really have any information about what this meeting will be regarding. He said it might be about the \$10 million state grant for childhood mental health and them wanting to look at the third floor of the Auroa building. He has reach out to them but hasn't gotten a response back.

- VIII. COMMITTEE COMMENT AND QUESTIONS** – Ms. Johnston said the Planning Committee said they are working on updating the facilities master plan. If they move forward with their projects, there will be a cost estimate to get a consultant here to do an evaluation. She will have it to present to the Finance Committee by February. Mr. Cave said we are currently uploading data to the new accounting system (Netsuite), and with go live date of March 3rd, though it might be later. Controller recruitment is still ongoing. We have seen some resumes but none that meet the experience needed, especially in health care.

Next meeting: January 17th, 2025, at 12:00pm. After that, continue recurrence to the second Friday each month.

- IX. ADJOURNMENT** – 12:42 pm

MEMORANDUM

DATE: November 26, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

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

BACKGROUND

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

OPTIONS

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

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CEO
SUBJECT: Executive Administration Report

"Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do." - Thomas Edison

This quote resonates with me as the hospital has achieved four months of positive financial results to start FY2025 - results of the hard work we put in during the spring and summer months. Through this hard work and discipline, we have found ourselves in a much better financial position in which to move forward. With this in mind, and as we move into the second phase of our organizational strategic plan focusing on selective investment in growth, we are now able to start considering the opportunities in front of us and how best to proceed.

Strategic growth of services is important to our overall sustainability and provides the community with increased services. As shared previously, providing specialty orthopedic care is the first selective investment we are actively pursuing with the startup of Bartlett Orthopedic Specialists in 2025. We anticipate specialty orthopedic care will grow quickly in response to community need.

Affiliation is another important opportunity to help ensure our overall sustainability. Consideration of a potential affiliation agreement with Virginia Mason will be discussed during this month's board meeting. Virginia Mason and Bartlett have a longstanding professional relationship going on for over 25 years, including agreements for physician support and professional services. An affiliation would start with a Master Service Agreement to establish a foundation, with individual Statements of Work added detailing the specific services and benefits being delivered. An initial discussion with the board will help to outline the pros and cons of an affiliated agreement and establish a common understanding of the potential process moving forward.

We have made significant progress towards making Bartlett sustainable and improving the clinical services needed in the community. As we turn the page on the calendar and begin a new year, we need to maintain the disciplines that have brought us this far. As Jim Rohn noted, "discipline is the bridge between goals and accomplishment."

With that, I want to wish each of you a Merry Christmas and Happy Holidays.

Behavioral Health:

Mobile Crisis Team

- The Mobile Crisis Team (MCT) had a soft opening on November 25th. There are a few aspects of the program that still need to be worked out in regard to the collaboration with Juneau Police Department (JPD) and how the MCT will be dispatched by JPD. Currently Capital City Fire and Rescue (CCFR) and Mobile Integrated Health (MIH) can ask MCT for assistance on scene when it is clear that the person they are working with is having a behavioral health crisis or concern. The goal is to have JPD start dispatching by the year's end.

MCT is staffed with a Paramedic or EMT from CCFR and a Psychiatric Emergency Services (PES) clinician from BRH, and service hours are 7 days a week from 9 a.m. to 6 p.m. This collaborative team/program was started to help meet the behavioral health needs of community members. The MCT provides pre-crisis, crisis and post-crisis services. The goals of these services are meeting people where they are, engagement, symptom reduction, and stabilization.

Human Resources:

KEY INITIATIVES

1. Using employee engagement data to improve employee satisfaction.
 - Rounding Tracking – Senior Leadership have been consistently exceeding Goal of 80%
2. Enhancing Supervisor/Manager Training – targeted roll out F25-Q3.
3. Implementing intuitive user-friendly technology to enhance employee experience and provide much needed data and reporting functionality. Kickoff January 2025. Expected Go Live June 2025.
4. Engagement Survey 2025 – Initial results expected mid-December
 - a. Initial data shows increased participation of 2-5% over last year 45-48%
 - b. Initial results presented to Senior Leadership 12/17 to be presented to Board Quality and full Board in January.

Additional Critical Projects

1. Transition to new Time and Attendance system – Go Live 11/2024
2. Oversight of Strategic Goal #2 A3s – Ongoing
3. Policy Review – All BRH HR policies – Expected completion FY25-Q2
4. Succession Planning – Targeted for FY25-Q4
5. Digital / Paperless Transformation – Approximately 65% complete

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Heather Richter, Director Home Health and Hospice Services
SUBJECT: **Home Health and Hospice Report**

The following is a brief update as of 12/13/24 on the status of the Home Health and Hospice programs at Bartlett Regional Hospital.

Census updates:

Home Health:

- Home Health has had a total of 168 admissions, and 26 patients are currently on service. There are 5 admissions pending.
- The program had 10 admissions with 3 recertifications for the month of November.

Hospice:

- The Hospice program has had a total of 66 admissions, 5 of which are currently receiving service, with one admission pending.
- The Hospice Average Daily Census for the current quarter is 3.
- The Hospice Average Length of Stay for the current quarter is 28 days.

Licensure Updates:

Home Health and Hospice:

- The Home Health program received Medicaid provider enrollment approval on November 13th and has begun implementation of Electronic Visit Verification (EVV) services as required for Medicaid reimbursement. Initial training for EVV began 11/27/24.
- Financial training is ongoing for both programs. Authorization requests for Medicaid recipients are being sent out and the associated claims will be released following approval.

Outreach and Education:

- A Home Health & Hospice Facebook page was developed and went live on Tuesday, August 13th. We hope to provide the community with information on establishing

services, answer frequently asked questions, and provide updates on upcoming events associated with the programs.

- The program director met with SEARHC physicians alongside Dr. Bob Urata to explain eligibility, navigating the referral process, and importance of Home Health and Hospice services on Tuesday, August 20th.
- An education session took place with Wildflower Court staff will occur on Tuesday, August 20th. Coordination of care, eligibility, and referral processing was reviewed with the Wildflower Court Administrator, Director of Nursing, and Charge Nurse.
- Meeting with providers at Valley Medical Care to review eligibility, navigation of the referral process, hospice regulatory requirements, and coordination of care occurred on Monday, August 26th.
- The Hospice program established a quarterly newsletter, for which the first issue was released on Friday, September 26th. This newsletter includes information about services provided, how to donate, how to establish services, volunteer opportunities, upcoming events, and more. The newsletter is available on the Bartlett Home Health & Hospice Facebook page.
- The program Director attended the Southeast Regional Eldercare Coalition summit on October 1st-2nd, during which information on both Home Health and Hospice services was shared with community members as well as other local providers. Hospice volunteer recruitment also occurred at this summit.
- Home Health & Hospice staff participated in the Cancer Connection Community Health Forum on Saturday, October 26th. The hospice program received a total of three new volunteer applications as a result.
- The Director of Home Health & Hospice and Hospice Medical Social Worker attended the Juneau Afternoon segment on KTOO alongside the Juneau Community Foundation on October 31st. This segment served as an opportunity to provide the community with information on the current status of the Hospice program, where to donate, availability of services, how to enroll, and answers to frequently asked questions.
- Presentation at the AARP Juneau Community Action Team Meeting on Wednesday, November 20th.
- Hospice will provide an in-service to Bartlett Medical Oncology and Southeast Radiation Oncology providers and staff on Tuesday, December 10th.

Light Up a Life Community Celebration:

- The Hospice program held its first annual Light Up a Life event on December 13th, 2024. This holiday event that gave families and friends an opportunity to gather and honor the memory of those they've loved and lost also included a tree-lighting ceremony and silent auction. Guest speakers in attendance included Dr. Bob Urata and Mandy Mallott, who spoke on the importance of hospice services within the community. The event generated nearly \$5,000 in donated funds for the program. The event was featured in the Juneau Empire the following day: <https://www.juneauempire.com/news/stabilizing-local-hospice-and-home-health-services-celebrated-as-a-gift-at-holiday-gathering/>

MEMORANDUM

DATE: December 16, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah Koelsch, Wildflower Court Administrator

WILDFLOWER COURT (WFC):

WFC staff members are actively working on multiple Quality Improvement Performance Improvement (QAPI) initiatives. The identified projects came from multiple resources and reports, such as CMS Care Compare Five-Star Ratings of Nursing Homes quarterly report, State of Alaska/Federal Survey findings, staff and resident input, staff survey outcomes and WFC Annual Facility Assessment conclusions.

Current performance improvement projects (PIPs) include:

1. Medication Management
2. Catheter Management
3. Fall Reduction
4. A3: Supply, Equipment, standardization/LEAN
5. Advance Beneficiary Notice/Informed Consent
6. Staff Development/Competency Evaluation
7. Resident Satisfaction Survey (In process)
8. Employee Needs Assessment (In process)
9. Implementation of Town Hall meetings with WFC residents

November 2024, WFC census information

- Average Daily Census (ADC): 52
- Occupancy Rate: 82.54%
- Long-term Care residents: 42
- Skilled Nursing residents: 10

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

◆ **ISSUE**

The board is scheduled to elect its officers for calendar year 2025.

◆ **BACKGROUND**

- According to the board's bylaws and policy manual, the board will select its officers in December of each year if new annual appointment by CBJ Assembly occurs prior to December's Board of Directors meeting.
- The officers are: President, Vice-President and Secretary
- The current officers appointed in December 2023 are:
 - President – Kenny Solomon-Gross
 - Vice-President – Deborah Johnston
 - Secretary – Shelly Deering
- Nominations will be taken, and votes will be cast by open ballot.
- Officers will take office immediately after election and shall hold office for a one-year term and until successors shall have been elected. Officers shall serve at the pleasure of the Board.
- A copy of the appropriate section of the bylaws and board manual follows this cover memorandum.

◆ **OPTIONS**

Elect officers for the 2025 calendar year.
Take no action.

◆ **ADMINISTRATION'S RECOMMENDATION**

Elect officers for the 2025 calendar year.

◆ **SUGGESTED MOTIONS**

I move the Bartlett Regional Hospital Board of Directors elect _____ as President to serve from December 19, 2024, to the December 2025 Board of Directors meeting.

I move the Bartlett Regional Hospital Board of Directors elect _____ as Vice-President to serve from December 19, 2024, to the December 2025 Board of Directors meeting.

I move the Bartlett Regional Hospital Board of Directors elect _____ as Secretary to serve from December 19, 2024, to the December 2025 Board of Directors meeting.

ELECTION OF OFFICERS OF THE BOARD

BOARD BYLAWS

0152 OFFICERS

1. The officers of the Board shall be a President, a Vice President, and a Secretary.
2. Officers shall be elected annually according to the schedule in the Board Manual, and each shall **[take office immediately after election]**. **[Officers shall]** hold office for a one-year term and until successors shall have been elected. Officers shall serve at the pleasure of the Board.
3. Any officer may resign their office at any time by giving written notice to the Board. Such resignation shall take effect on the date of receipt or at any later time specified.
4. The President shall preside at all meetings of the Board and shall be ex- officio voting member of all committees. The President shall be the Chairperson of the Executive Committee.
5. The Vice-President shall act as President in the absence of the President, and when so acting, shall have the power and authority of the President. The Vice President shall succeed to the office of President for the unexpired term if that office becomes vacant.
6. The Secretary shall ensure the retention of minutes of all meetings of the Board and board committees and shall ensure appropriate public notice is given for all meetings of the Board and its committees in accordance with these bylaws or as required by law. The Secretary shall ensure that the records and reports of the Board are kept as required by law.
7. Upon a vacancy in the office of Vice President, or Secretary, the Board shall hold an election at its next regular meeting to fill such vacancy for the unexpired term.

BOARD MANUAL

0202 SCHEDULE FOR BOARD OFFICER ELECTIONS

Board officers shall be elected in December if CBJ Assembly annual appointments occur prior to Decembers Board of Directors meeting. Elections shall be held later at the meeting directly following new annual appointments by CBJ Assembly when appointments occur after December.

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

- The board is being asked to review and approve the board calendar for the next month.

BACKGROUND

- Behind this cover memo is the draft calendar of board and committee meetings scheduled to take place in the upcoming month.

OPTIONS


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

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the board calendar as presented.

January 2025

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.

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

Committee Meeting Checkoff:

January 2025 - BRH Board of Directors and Committee Meetings

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

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link

<https://bit.ly/BRHPlanningCommitteeMeetings2024>

Join by Phone: 1 469 998 7360

Meeting ID: 281 356 428 302

Meeting Passcode: dc9aos

BRH Board Finance Committee 12:00 pm Friday, January 17th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link

<https://bit.ly/2024FinanceCommittee>

Join by Phone: 1 469 998 7360

Meeting ID: 272 417 242 42

Meeting Passcode: FoafKQ

BRH Board Governance Committee 7:30 am Tuesday, January 21st

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link

<https://bit.ly/January2025BoardGovernance>

Join by Phone: 1 469 998 7360

Meeting ID: 255 218 933 907

Meeting Passcode: ko2H7jE2

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

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

<https://bit.ly/BRHBoardofDirectorsMeetings2025>

Join by Phone: 1 469 998 7360

Meeting ID: 295 750 175 155

Meeting Passcode: K4ka96dC

MEMORANDUM

DATE: December 19, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

- The board will be briefed on confidential matters not subject to public disclosure, including the credentialing status of medical providers, discussions from the Medical Staff meeting, patient safety, and union negotiations.

BACKGROUND

- Documents to be reviewed are:
 - a. Credentialing files summary report
 - b. December 10, 2024, Medical Staff Meeting Minutes
 - c. Patient Safety Dashboard

OPTIONS

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

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital recess into executive session to discuss several matters:
 - Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, and patient safety dashboard.