

AGENDA – BOARD OF DIRECTORS MEETING

DATE	Tuesday, July 22, 2025, at 5:30 p.m.			
LOCATION	BRH Boardroom and TEAMS Videoconference This hybrid meeting may be accessed by the public via the following link: https://bit.ly/BRHBoardofDirectorsMeetings2025			
Meeting ID: 295 750 175 155		Meeting Passcode: K4ka96dC		
Join by Phone: 1 469 998 7360		Phone Conference ID: 465 244 905#		

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Shelly Deering

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 (p.3)

- A. June 24, 2025, Draft Board of Directors Meeting Minutes (p.4)
- B. May 2025 Financials (p.9)

VII. OLD BUSINESS (p.24)

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. Home Health and Hospice Services Update – Heather Paige, Director (p.25)
- C. Wildflower Court Update – Deb Koelsch, WFC Administrator (p.27)
- D. Foundation Update – Melissa McCormick, Executive Director (p.28)
- E. HR Board Summary – Chad Brown (p.31)
- F. CEO Evaluation – Chad Brown – **ACTION ITEM** (p.32)

VIII. NEW BUSINESS (p.36)

- A. Lab Testing A3 Presentation – Kim McDowell, CNO/COO (p.37)

IX. MEDICAL STAFF REPORT – Luke Mather, MD, COS (p.38)

- BRH 2025 Application Fee – **ACTION ITEM** (p.39)

X. COMMITTEE MEETING UPDATES (p.42)

- A. June 25, 2025, Draft Joint Conference Meeting Minutes – Deb Johnston (p.43)

- B. July 15, 2025, Draft Finance and Audit Committee Minutes – Max Mertz (p.45)
- C. July 16, 2025, Draft Governance Meeting Minutes – Hal Geiger (p.47)
 - Revised Board Policy Manual – **ACTION ITEM** (p.49)

XI. ADMINISTRATION REPORTS (p.62)

- A. CEO and Administration Report – Joe Wanner, CEO (p.63)
- B. Dell Workstations Refresh – Joe Wanner, CEO (p.64)

XII. CBJ LIAISON REPORT – Neil Steininger

XIII. PRESIDENT REPORT – Deb Johnston

XIV. BOARD CALENDAR – August 2025 (p.70)

XV. BOARD COMMENTS AND QUESTIONS

XVI. EXECUTIVE SESSION (p.73)

- A. Credentialing Report – Luke Mather, MD
- B. July 8, 2025, Medical Staff Meeting Minutes – Luke Mather, MD
- C. Patient Safety Dashboards – Gail Moorehead, CQCO
 - a. Patient Dashboard
 - b. Resident Dashboard
- D. Legal Update – Gail Moorehead, CQCO

XVII. ADJOURNMENT

NEXT MEETING – Tuesday, August 26, 2025, 5:30 p.m.

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, 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 June 24, 2025, Board of Directors Meeting
 - b. May 2025 Financials

OPTIONS

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

ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

SUGGESTED MOTION

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

DRAFT MINUTES – BOARD OF DIRECTORS MEETING

DATE: June 24, 2025

LOCATION: BRH Boardroom and TEAMS Videoconference

- I. CALL TO ORDER** – 5:31 p.m. by Deborah (Deb) Johnston, Board President
- II. LAND ACKNOWLEDGEMENT** – Mr. Geiger 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: Deb Johnston, **Vice-President:** John Raster, MD, **Secretary:** Hal Geiger, Lisa Petersen, Kenny Solomon-Gross, Chris Letterman, Brent Tingey, DMD, and Shelly Deering (Ms. Deering joined the meeting at 6:00 p.m.)

Absent: Max Mertz

Also Present: (*Virtual attendees italicized*) Joe Wanner, Kim McDowell, Gail Moorehead, Chad Brown, Deb Koelsch, Heather Paige, Luke Mather, MD, Melissa McCormick, Neil Steininger, Chris Cairns, and Anita Moffitt.

- IV. APPROVAL OF AGENDA** – MOTION by Mr. Solomon-Gross to approve the agenda as presented. Ms. Petersen seconded. There being no objection, MOTION approved.

V. PUBLIC PARTICIPATION – None

Mr. Wanner introduced Angela Davis as the new Chief Financial Officer (CFO) of Bartlett Regional Hospital. Angela is a diamond in the rough and brings many years of healthcare experience with her to the organization.

- VI. CONSENT AGENDA** – MOTION by Mr. Geiger to approve the consent agenda. Mr. Solomon-Gross seconded. There being no objection, MOTION to approve consent agenda consisting of the May 27, 2025, Board of Directors (BOD) meeting minutes and April 2025 Financials approved.

VII. OLD BUSINESS

Hospital Capacity Update - Kim McDowell, CNO/COO reported patient days in May: CCU – 111, Med Surg – 450, MHU – 163, OB – 68, and Newborn Nursery 43. The ED saw almost 1,200 patients in May. There are 9 patients waiting for placement elsewhere: 3 for sub-acute rehab, 4 for long-term care, and 2 for assisted living. Census has been extremely high, higher than we have seen in prior cruise seasons. We are working on a Code Triage plan to determine what happens when we are at capacity and unable to take patients from outlying communities.

Home Health and Hospice Services Update – Ms. McDowell reported Home Health had 13 admissions with 1 recertification for the month of May. There are 11 admissions pending, and 14 patients currently receiving service. Hospice had 7 admissions in May and has 7 patients currently receiving services. They are currently slightly overstaffed and should be able to do provide more education and outreach to the providers and community members after onboarding their new staff members.

Wildflower Court (WFC) Update – Ms. Koelsch reported WFC currently has 55 residents. The new CNA class is well underway and clinicals will be starting soon. 24% of WFC's staff consists of travelers. A discussion was held about the percentage of travelers throughout the hospital. BRH currently has 67 travelers, the highest number it has had in a long time. Staffing shortages are a nationwide problem. In Juneau, shortages in housing and daycare are big contributors to staffing shortages in all industries, not just BRH. Options to address the housing shortage are to be discussed at Finance and Planning Committee meetings.

Foundation Update – Ms. McCormick reported the following: The Foundation Scholarship Committee is meeting tomorrow to select the recipients of the Grace and Phil Edelman Health Science Scholarship. There are currently 34 employees enrolled in Give From the Heart campaign. The Foundation has hired a part-time administrative assistant that will be working up to 15 hours per week. The Foundation has invested \$52,527 in BRH through June 16, 2025. The Foundation will be holding wellness activities for BRH staff on August 1st and for BRH staff and their children on the 2nd. Hotshot Coffee will be closing its BRH shop in August, we are looking for another vendor to take it over.

VIII. NEW BUSINESS

Information Systems Presentation – Mr. Cairns introduced himself as the Director of Information Systems (IS). He then provided an overview of the IS security presentation included in the packet.

Multi Factor Authentication (MFA) A3 Presentation – Mr. Cairns provided an overview of the MFA A3 presentation included in the packet. MFA is the industry standard for protecting against user impersonation, account intrusion, and system compromise. CBJ's insurance requires all participating organizations under its umbrella to enforce MFA during any remote access processes. This A3 outlines the plan to achieve 100% compliance by staff, providers, contractors, and third-party users that access the hospital's information systems.

CEO Evaluation – Mr. Brown reported the Governance Committee had drafted a proposed CEO evaluation survey. He then provided an overview of the survey, amended

by Mr. Brown and Mr. Geiger, included in tonight's packet. This survey is designed to assess the CEO's performance based on input from the BRH Board of Directors with help from other stakeholder groups. A lengthy conversation was held about the evaluation process, scoring, goal weights, and things that Mr. Wanner would have no control over. Because this was not listed as an action item, action was not taken during this evening's meeting. The proposed CEO evaluation will be presented at next month's meeting for further discussion and approval.

IX. MEDICAL STAFF REPORT - Chief of Staff, Luke Mather, MD., reported the big topic from June 10, 2025, Medical Staff meeting was a newly created delineation of privileges (DOP) for a Certified Surgical Assistant. Certified Surgical Assistants will assist in orthopedic procedures within the operating room. The DOP was presented and approved by the medical staff and is now before the board for consideration. This provider will be classified as an Advanced Practice Professional (APP). These providers can work independently and would not need to be employed by the hospital.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital to approve the proposed Certified Surgical Assist privilege as presented to the board. Dr. Raster seconded. Mr. Geiger, Dr. Raster, and Mr. Solomon-Gross expressed their support for this new DOP. There being no objection, MOTION approved.

Ms. Johnston called for a brief recess at 6:50 p.m., meeting resumed at 7:02 p.m.

X. COMMITTEE MEETING UPDATES

Planning Committee Meeting – Mr. Geiger reported minutes from the June 12th meeting accurately reflect the conversations from the meeting. The biggest discussion was about the Master Facility Plan which Mr. Wanner will talk about during his report.

Governance Committee Meeting – Mr. Geiger reported minutes from the June 17th meeting accurately reflect the conversations from the meeting. The CEO evaluation and Board Policy Manual were reviewed and feedback provided. Mr. Geiger noted the suggested changes to the Board Policy Manual and has provided an updated version to the Board for review at tonight's meeting. It will be brought back at next month's Board of Directors meeting for consideration of approval. There will be a Governance meeting held in July, but the manual will not be reviewed by the committee again. Mr. Letterman noted a lot of work was put into these edits to make the manual clearer and more succinct. He thanked Mr. Geiger for taking the time to make those edits.

Finance and Audit Committee Meeting – Mr. Wanner reported the minutes from the June 20th meeting accurately reflect the conversations from the meeting. He also reported that April was back in the black. Year-to-date BRH is at a 3.8% operating margin with a net gain of 5.2%. There had been quite a bit of time discussing housing issues and representatives from the Foundation for End-of-Life Care were there to talk about Hospice.

XI. ADMINISTRATION REPORTS

CEO and Administration report – Mr. Wanner provided an overview of his written report included in the packet. These highlights included large healthcare facilities laying off employees, expanding OR block time, and high census. He reported BRH, Capital City

Fire and Rescue (CCFR), and Gastineau Human Services (GHS) continue working together to find a location for the sobering center. He also provided an overview of the preliminary schedule for Capital Healthcare Planning (CHP) to conduct its Master Facility Plan assessment. Requested data will be submitted to CHP prior to their mid-July site visit.

Mr. Brown reported BRH received \$40K from the Alaska Hospital & Healthcare Association (AHHA) to send up to 20 leaders to the Duke University Healthcare Leadership Certification course. 16 leaders enrolled in the course, 14 successfully completed it. 100% of the leaders stated they would recommend the course. BRH has chosen to continue investing in the development of its leaders by creating an internal leadership academy to focus on tactical and practical leadership knowledge and skills. Senior leadership is working to finalize funding opportunities to continue offering the Duke Healthcare Leadership course to address strategic leadership knowledge and skills. Ms. McDowell said she really gained a lot from the 12-week course. Ms. Petersen asked if board members would be able to attend this.

XII. CBJ LIAISON REPORT - Mr. Steininger reported the following from the June 9th Assembly meeting: The Assembly did their final passage of the city budget and a mill rate of 10.24 was adopted. They moved forward on the plan to demolish the properties on Telephone Hill and to do site preparation work for redevelopment. Upcoming discussions will include moving the city voting to a form of rank choice voting, ballot initiatives, and a sales tax ordinance. There was a special Assembly meeting yesterday to conduct interviews and make board appointments to Docks and Harbor and the Planning Commission. Recruitment had to be extended for the Airport and Eaglecrest boards. If you know anyone that may be interested, encourage them to apply. He also reported that the Committee of the Whole (COW) had received an update on solid waste in Juneau. The dump is nearing its end of life, and the city is looking for options to replace it.

XIII. PRESIDENT REPORT - Ms. Johnston reported lots has happened since last meeting. A meeting was held with physicians from Juneau Bone and Joint Center (JBJC) to hear their concerns about BRH's expansion in orthopedic services. She feels there is work to be done to repair relationships between BRH and JBJC and more discussions to be had.

XIV. BOARD CALENDAR - July 2025 calendar reviewed. The following changes were made: A Governance Committee meeting will be held on July 16th at 12:00 p.m. The Quality and Compliance Committee meeting will be held at 3:30 p. m. on July 10th. There were no other changes.

MOTION by Mr. Solomon-Gross that the Board of Directors of Bartlett Regional Hospital to approve the July 2025 calendar as amended. Mr. Geiger seconded. There being no objection, MOTION approved.

XV. BOARD COMMENTS AND QUESTIONS - Mr. Solomon-Gross thanked Ms. Johnston and Mr. Geiger for covering the Planning Committee during his absence. Mr. Geiger thanked BRH and Valley Medical for bringing another granddaughter safely into Juneau.

XVI. EXECUTIVE SESSION

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

- o 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 Dashboards, and legal updates.

Dr. Raster seconded. There being no objection, MOTION approved.

The Board entered executive session at 7:45 p.m., after a 10-minute break, and returned to regular session at 8:20 p.m.

MOTION by Mr. Geiger to accept the credentialing report as presented. Dr. Raster seconded. There being no objection, MOTION approved.

XVII. ADJOURNMENT – 8:21 p.m.

Next Meeting: 5:30 p.m. Tuesday, July 22, 2025

MEMORANDUM

DATE: July 15, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Angela Davis, Chief Financial Officer
RE: May Financial Performance

Income Statement

May Inpatient Revenues were 6% greater than the prior month and 7% below budget. The significant increase in May, over the prior period, was driven by an increase in patient days in Med/Surg 22.3% and CCU 40.5%. May Outpatient Revenue increased \$748k month-over-month with the largest increases noted in Operating Room, CT Scan, MRI, Med/Surg, and Critical Care.

Contractual and Bad Debt write-offs were 48.3% of Gross Revenues, above the 13-month average of 45.6%. Uncompensated Care was at 4.7% in May compared to the 13-month average of 2.9%. This was largely driven by the recognition of uncollectable accounts at WFC. The result was Net Operating Revenue totaling \$13.7M, which exceeded the 13-month rolling average of \$13.1M.

Significant negative variations (from budget) in expenses included Contract Labor, Medical Professional Fees, Contracts, Utilities, and Rentals/Leases. Contract Labor was \$1M over budget due to the ongoing use of contract employees in multiple departments. Physician Contracts were \$204K over budget primarily due to Anesthesia not being budgeted. Medical Professional Fees were over budget \$50K. Utilities were \$10K and Rentals and Leases were \$21K over budget due to OR rental expenses.

The Net Gain/(Loss) for the Hospital for the month of May was \$1.2M, and the rolling 13-month average monthly gain for the hospital is now \$800K.

Balance Sheet

Unrestricted Cash (Cash + Board Designated Cash) increased from the prior month from \$38.6M to \$34.4M. The increase in cash is primarily due to a slowdown in A/P payments during the implementation of NetSuite and an increase in May collections.

Net Accounts Receivable were flat month-over-month at \$28.6M, reflecting a decrease of \$31K.

Wildflower Court (WFC)

For the month of May, WFC had \$806K of Net Operating Revenues on \$1.66M of Gross Revenues. We had a true up in Bad Debt of \$600K for the month in addition to the April increase. This was based on an evaluation of the collectability of the A/R. A Business line A/R analysis will be completed for June to ensure appropriate reserves.

From an expenditure standpoint, Contract Labor continues to drive costs, with a cost of \$453K during the month of May. We anticipate the costs decrease over the coming months with the addition of 14 CNAs from the most recent CNA class.

On a bottom-line basis, WFC had a Net Operating Loss of \$1.1M. May financials include correction of previously misclassified expenses identified through routine financial oversight. The reclassification had no impact on total expenses and ensures more accurate reporting at the department level. The adjustment supports clearer financial presentation and reinforces our commitment to financial transparency and accountability. Process improvements have been implemented to prevent recurrence.

It is important to note this income statement only reflects direct costs, as there is no allocation of administrative expenses. Bartlett has increased the administrative cost burden related to the addition of WFC. Furthermore, the financial statement does not take into consideration depreciation, which measures the cost of maintaining and replacing buildings, furniture, and equipment at WFC. With the inclusion of these costs, the operating margin is much closer to breakeven.

**BARTLETT REGIONAL HOSPITAL - CONSOLIDATED
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MAY 2025**

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO							PRIOR YTD % CHG
					Gross Patient Revenue:						
\$6,243,836	\$6,676,344	-\$432,508	-6.5%	\$5,752,616	1. Inpatient Revenue		\$65,845,374	\$70,370,149	-\$4,524,775	-6.4%	\$59,850,678 10.0%
\$1,196,024	\$1,260,419	-\$64,395	-5.1%	\$1,243,342	2. Inpatient Ancillary Revenue		\$11,984,671	\$13,285,004	-\$1,300,333	-9.8%	\$12,431,116 -3.6%
\$7,439,859	\$7,936,763	-\$496,904	-6.3%	\$6,995,958	3. Total Inpatient Revenue		\$77,830,045	\$83,655,153	-\$5,825,108	-7.0%	\$72,281,795 7.7%
\$16,496,174	\$13,973,452	\$2,522,722	18.1%	\$15,747,736	4. Outpatient Revenue		\$163,073,457	\$147,283,436	\$15,790,021	10.7%	\$141,171,356 15.5%
\$23,936,033	\$21,910,215	\$2,025,818	9.2%	\$22,743,693	5. Total Patient Revenue - Hospital		\$240,903,501	\$230,938,589	\$9,964,912	4.3%	\$213,453,150 12.9%
\$0	\$363,157	-\$363,157	-100.0%	\$435,031	6. RRC Patient Revenue		\$966,333	\$3,827,751	-\$2,861,418	-74.8%	\$3,980,202 -75.7%
\$109,754	\$275,524	-\$165,770	-60.2%	\$240,999	7. BHOPS Patient Revenue		\$1,444,124	\$2,904,080	-\$1,459,956	-50.3%	\$2,494,754 -42.1%
\$2,198,215	\$1,238,802	\$959,413	77.4%	\$1,756,062	8. Physician Revenue		\$19,446,798	\$13,057,253	\$6,389,545	48.9%	\$14,514,906 34.0%
\$26,244,002	\$23,787,698	\$2,456,304	10.3%	\$25,175,785	9. Total Gross Patient Revenue		\$262,760,756	\$250,727,673	\$12,033,083	4.8%	\$234,443,012 12.1%
					Deductions from Revenue:						
\$1,059,750	\$2,596,680	-\$1,536,930	-59.2%	\$1,065,418	10. Inpatient Contractual Allowance		\$16,728,310	\$28,060,891	-\$11,332,581	-40.4%	\$17,898,804 -6.5%
\$2,286,697	\$986,937	\$1,299,760	131.7%	\$2,907,378	10a. Rural Demonstration Project		\$13,282,583	\$10,665,286	\$2,617,297	9.3%	\$14,163,768 -6.2%
\$6,894,251	\$5,798,406	\$1,095,845	18.9%	\$6,775,046	11. Outpatient Contractual Allowance		\$70,992,653	\$62,660,222	\$8,332,431	13.3%	\$60,582,673 17.2%
\$1,188,689	\$698,286	\$490,403	70.2%	\$952,258	12. Physician Service Contractual Allowance		\$11,025,484	\$7,545,994	\$3,479,490	46.1%	\$8,141,918 35.4%
\$1,784	\$572	\$1,212	211.8%	\$6,922	13. Other Deductions		\$19,059	\$6,180	\$12,879	208.4%	\$12,905 47.7%
\$20,626	\$148,751	-\$128,125	-86.1%	\$62,565	14. Charity Care		\$678,617	\$1,607,470	-\$928,853	-57.8%	\$1,369,534 -50.4%
\$1,214,652	\$795,456	\$419,196	52.7%	-\$424,656	15. Bad Debt Expense		\$7,958,869	\$8,596,050	-\$637,181	-7.4%	\$5,668,079 40.4%
\$12,666,449	\$11,025,088	\$1,641,361	14.9%	\$11,344,930	16. Total Deductions from Revenue		\$120,685,577	\$119,142,093	\$1,543,484	1.3%	\$107,837,681 11.9%
34.8%	13.9%			34.9%	% Contractual Allowances / Total Gross Patient Revenue		42.6%		43.4%		43.0%
4.7%	4.0%			-1.4%	% Bad Debt & Charity Care / Total Gross Patient Revenue		3.3%		4.1%		3.0%
48.3%	46.3%			45.1%	% Total Deductions / Total Gross Patient Revenue		45.9%		47.5%		46.0%
\$13,577,553	\$12,762,610	\$814,943	6.4%	\$13,830,856	17. Net Patient Revenue		\$142,075,179	\$131,585,580	\$13,576,567	10.3%	\$126,605,331 12.2%
\$163,132	\$70,439	\$92,693	131.6%	\$173,435	18. Other Operating Revenue		\$1,002,859	\$761,182	-\$1,597	-0.2%	\$1,623,377 -38.2%
\$13,740,685	\$12,833,049	\$907,636	7.1%	\$14,004,291	19. Total Operating Revenue		\$143,078,038	\$132,346,762	\$13,574,970	10.3%	\$128,228,709 11.6%
					Expenses:						
\$5,161,681	\$5,260,723	\$99,042	1.9%	\$5,175,037	20. Salaries & Wages		\$55,452,306	\$56,849,672	\$1,397,366	2.5%	\$55,632,828 -0.3%
\$360,051	\$472,907	\$112,856	23.9%	\$292,964	21. Physician Wages		\$3,779,356	\$5,110,435	\$1,331,079	26.0%	\$3,139,166 20.4%
\$1,130,472	\$98,664	-\$1,031,808	-1045.8%	\$715,971	22. Contract Labor		\$8,304,790	\$1,066,218	-\$7,238,572	-678.9%	\$8,431,263 -1.5%
\$2,406,985	\$2,930,487	\$523,502	17.9%	\$2,193,917	23. Employee Benefits		\$26,291,352	\$31,668,026	\$5,376,674	17.0%	\$26,774,894 -1.8%
\$9,059,189	\$8,762,781	-\$296,408	-3.4%	\$8,377,889	65.9% 59.8% % Salaries and Benefits / Total Operating Revenue		\$93,827,804	\$94,694,351	\$866,547	0.9%	\$93,978,150 -0.2%
					65.6% 71.6% % Salaries and Benefits / Total Operating Revenue						73.3%
\$129,938	\$80,398	-\$49,540	-61.6%	\$101,389	24. Medical Professional Fees						
\$413,004	\$209,611	-\$203,393	-97.0%	\$525,989	25. Physician Contracts		\$868,841	\$868,807	-\$34	0.0%	\$841,213 3.3%
\$131,742	\$437,746	\$306,004	69.9%	\$319,275	26. Non-Medical Professional Fees		\$5,393,378	\$2,265,172	-\$3,128,206	-138.1%	\$5,414,578 -0.4%
\$1,358,751	\$1,781,077	\$422,326	23.7%	\$1,773,481	27. Materials & Supplies		\$2,769,980	\$4,730,518	\$1,960,538	41.4%	\$3,337,576 -17.0%
\$210,319	\$200,323	-\$9,996	-5.0%	\$156,513	28. Utilities		\$16,273,030	\$19,246,979	\$2,973,949	15.5%	\$17,158,639 -5.2%
\$396,696	\$497,789	\$101,093	20.3%	\$514,500	29. Maintenance & Repairs		\$1,961,490	\$2,164,800	\$203,310	9.4%	\$1,913,360 2.5%
\$69,979	\$49,075	-\$20,904	-42.6%	\$75,161	30. Rentals & Leases		\$4,983,936	\$5,379,323	\$395,387	7.4%	\$5,364,285 -7.1%
\$691	\$94,107	\$93,416	99.3%	\$72,582	31. Insurance		\$862,880	\$530,325	-\$332,555	-62.7%	\$1,423,988 -39.4%
\$594,200	\$691,745	\$97,545	14.1%	\$509,967	32. Depreciation & Amortization		\$1,040,886	\$1,016,958	-\$23,928	-2.4%	\$814,543 27.8%
\$80,508	\$85,416	\$4,908	5.7%	\$85,398	33. Interest Expense		\$6,589,685	\$7,475,321	\$885,636	11.8%	\$6,014,511 9.6%
\$144,659	\$188,253	\$43,594	23.2%	\$183,277	34. Other Operating Expenses		\$914,489	\$923,040	\$8,551	0.9%	\$962,850 -5.0%
\$12,589,675	\$13,078,321	\$488,646	3.7%	\$12,695,421	35. Total Expenses		\$1,478,598	\$2,034,257	\$555,659	27.3%	\$1,492,639 -0.9%
					35. Total Expenses		\$136,964,998	\$141,329,851	\$4,364,854	3.1%	\$138,716,331 -1.3%
\$1,151,010	-\$245,272	\$1,396,282	569.3%	\$1,308,869	36. Income (Loss) from Operations						
					Non-Operating Revenue		\$6,113,041	-\$8,983,089	\$15,096,130	-168.1%	-\$10,487,622 -158.3%
\$151	\$152,877	-\$152,726	-99.9%	\$2,747	37. Interest Income		\$1,192,119	\$1,652,055	\$205,637	12.4%	\$1,461,355 -18.4%
\$79,712	\$27,369	\$52,343	191.2%	\$205,562	38. Other Non-Operating Income		\$621,973	\$295,769	\$31,760	10.7%	\$2,295,828 -72.9%
\$79,863	\$180,246	-\$100,383	-55.7%	\$208,309	39. Total Non-Operating Revenue						
\$1,230,873	-\$65,026	\$1,295,899	1992.9%	\$1,517,178	40. Net Income (Loss)		\$1,814,093	\$1,947,824	-\$133,731	-6.9%	\$3,757,183 -51.7%
					40. Net Income (Loss)		\$7,927,133	-\$7,035,265	\$14,962,398	-212.7%	-\$6,730,440 -217.8%
8.38%	-1.91%			9.35%	Income from Operations Margin						
8.96%	-0.51%			10.83%	Net Income						
							4.27%		-6.79%		-8.18%
							5.54%		-5.32%		-5.25%

WILDFLOWER COURT
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MAY 2025

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
\$1,662,149	\$1,262,108	\$400,041	31.7%	\$1,209,171	1.	Inpatient Revenue	\$17,761,069	\$13,302,910	\$4,458,159	33.5%	\$12,836,993	38.4%
\$0	\$0	\$0	0.0%	\$0	2.	Inpatient Ancillary Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$1,662,149	\$1,262,108	\$400,041	31.7%	\$1,209,171	3.	Total Inpatient Revenue	\$17,761,069	\$13,302,910	\$4,458,159	33.5%	\$12,836,993	38.4%
\$0	\$0	\$0	0.0%	\$0	4.	Outpatient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$1,662,149	\$1,262,108	\$400,041	31.7%	\$1,209,171	5.	Total Patient Revenue - Hospital	\$17,761,069	\$13,302,910	\$4,458,159	33.5%	\$12,836,993	38.4%
\$0	\$0	\$0	0.0%	\$0	6.	RRC Patient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	7.	BHOPS Patient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	8.	Physician Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$1,662,149	\$1,262,108	\$400,041	31.7%	\$1,209,171	9.	Total Gross Patient Revenue	\$17,761,069	\$13,302,910	\$4,458,159	33.5%	\$12,836,993	38.4%
Deductions from Revenue:												
\$255,856	\$109,349	\$146,507	134.0%	\$108,497	10.	Inpatient Contractual Allowance	\$2,679,795	\$1,181,678	\$1,498,117	126.8%	\$1,032,080	159.6%
\$0	\$0	\$0	0.0%	\$0	10a.	Rural Demonstration Project	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	11.	Outpatient Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	12.	Physician Service Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	13.	Other Deductions	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	14.	Charity Care	\$0	\$0	\$0	0.0%	\$0	0.0%
\$600,000	\$0	\$600,000	0.0%	\$0	15.	Bad Debt Expense	\$1,200,000	\$0	\$1,200,000	0.0%	\$0	0.0%
\$855,856	\$109,349	\$746,507	682.7%	\$108,497	16.	Total Deductions from Revenue	\$3,879,795	\$1,181,678	\$2,698,117	228.3%	\$1,032,080	275.9%
15.4%	8.7%				9.0%	% Contractual Allowances / Total Gross Patient Revenue	15.1%	8.9%			8.0%	
36.1%	0.0%				0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	6.8%	0.0%			0.0%	
51.5%	8.7%				9.0%	% Total Deductions / Total Gross Patient Revenue	21.8%	8.9%			8.0%	
\$806,293	\$1,152,759	\$1,146,548	99.5%	\$1,100,675	17.	Net Patient Revenue	\$13,881,274	\$12,121,232	\$7,156,276	59.0%	\$11,804,913	17.6%
\$0	\$0	\$0	0.0%	\$0	18.	Other Operating Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$806,293	\$1,152,759	-\$346,466	-30.1%	\$1,100,675	19.	Total Operating Revenue Expenses:	\$13,881,274	\$12,121,232	\$7,156,276	59.0%	\$11,804,913	17.6%
\$908,283	\$310,051	\$598,232	192.9%	\$381,691	20.	Salaries & Wages	\$4,778,668	\$3,350,544	\$1,428,124	42.6%	\$3,498,226	36.6%
\$0	\$0	\$0	0.0%	\$0	21.	Physician Wages	\$0	\$0	\$0	0.0%	\$0	0.0%
\$453,303	\$0	\$453,303	0.0%	\$286,741	22.	Contract Labor	\$2,793,266	\$0	\$2,793,266	0.0%	\$3,720,752	-24.9%
\$412,677	\$177,394	\$235,283	132.6%	\$158,038	23.	Employee Benefits	\$2,050,127	\$1,916,987	\$133,140	6.9%	\$1,421,726	44.2%
\$1,774,263	\$487,445	\$1,286,818	264.0%	\$826,470	24.	Medical Professional Fees	\$9,622,061	\$5,267,531	\$4,354,530	82.7%	\$8,640,703	11.4%
220.1%	42.3%				25.	Physician Contracts	69.3%	43.5%			73.2%	
\$0	\$0	\$0	0.0%	\$0	26.	Non-Medical Professional Fees	\$0	\$0	\$0	0.0%	\$0	0.0%
\$5,000	\$5,860	-\$860	-14.7%	\$5,750	27.	Materials & Supplies	\$54,500	\$63,329	-\$8,829	-13.9%	\$57,500	-5.2%
\$4,267	\$100,898	-\$96,631	-95.8%	\$5,547	28.	Utilities	\$77,243	\$1,090,356	-\$1,013,113	-92.9%	\$52,819	46.2%
\$69,305	\$80,430	-\$11,125	-13.8%	\$44,171	29.	Maintenance & Repairs	\$602,314	\$869,164	-\$266,850	-30.7%	\$572,142	5.3%
\$16,649	\$23,901	-\$7,252	-30.3%	\$18,378	30.	Rentals & Leases	\$197,545	\$258,271	-\$60,726	-23.5%	\$155,542	27.0%
\$4,132	\$14,863	-\$10,731	-72.2%	\$12,088	31.	Insurance	\$142,421	\$160,616	-\$18,195	-11.3%	\$79,924	78.2%
\$0	\$2,123	-\$2,123	-100.0%	\$0	32.	Depreciation & Amortization	\$4,685	\$22,945	-\$18,260	-79.6%	\$3,523	33.0%
\$0	\$0	\$0	0.0%	\$0	33.	Interest Expense	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$16,377	-\$16,377	-100.0%	\$0	34.	Other Operating Expenses	\$0	\$176,985	-\$176,985	-100.0%	\$0	0.0%
\$3,758	\$5,452	-\$1,694	-31.1%	\$20,452	35.	Total Expenses	\$24,888	\$58,923	-\$34,035	-57.8%	\$34,036	-26.9%
\$1,877,374	\$737,349	\$1,140,025	154.6%	\$932,855	36.	Income (Loss) from Operations Non-Operating Revenue	\$10,725,657	\$7,968,120	\$2,757,537	34.6%	\$9,596,189	11.8%
-\$1,071,082	\$415,410	-\$1,486,492	-357.8%	\$167,819	37.	Interest Income	\$3,155,617	\$4,153,112	-\$997,495	-24.0%	\$2,208,723	42.9%
\$0	\$0	\$0	0.0%	\$0	38.	Other Non-Operating Income	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	39.	Total Non-Operating Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
-\$1,071,082	\$415,410	-\$1,486,492	-357.8%	\$167,819	40.	Net Income (Loss)	\$3,155,617	\$4,153,112	-\$997,495	-24.0%	\$2,208,723	-42.9%

BARTLETT REGIONAL HOSPITAL - CONSOLIDATED
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD MAY 24 THRU MAY 25

	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25	March-25	April-25	May-25
Gross Patient Revenue:													
1. Inpatient Revenue	\$5,752,616	\$6,137,670	\$7,036,846	\$6,333,852	\$5,781,389	\$5,835,839	\$5,442,089	\$5,761,789	\$5,864,861	\$5,418,484	\$6,487,556	\$5,638,768	\$6,243,836
2. Inpatient Ancillary Revenue	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,680	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129	\$873,506	\$757,887	\$1,110,830	\$1,045,914	\$1,196,024
3. Total Inpatient Revenue	\$6,995,958	\$7,336,963	\$8,361,643	\$7,669,532	\$6,951,960	\$7,007,137	\$6,437,189	\$6,764,918	\$6,738,367	\$6,176,371	\$7,598,386	\$6,684,682	\$7,439,859
4. Outpatient Revenue	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262	\$15,054,642	\$13,032,189	\$15,325,176	\$16,403,194	\$16,496,174
5. Total Patient Revenue - Hospital	\$22,721,969	\$20,790,308	\$23,923,458	\$22,858,453	\$21,421,689	\$20,644,589	\$19,717,203	\$21,268,180	\$21,793,009	\$19,208,560	\$22,923,562	\$23,087,876	\$23,936,033
6. RRC Patient Revenue	\$435,031	\$489,071	\$440,031	\$357,129	\$169,173	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519	\$130,229	\$115,172	\$139,025	\$179,488	\$109,754
8. Physician Revenue	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639	\$1,907,427	\$1,349,574	\$1,887,382	\$1,930,977	\$2,198,215
9. Total Gross Patient Revenue	\$25,154,061	\$22,677,758	\$26,133,153	\$25,457,625	\$23,223,168	\$22,560,373	\$21,298,926	\$23,070,338	\$23,830,665	\$20,673,306	\$24,949,969	\$25,198,341	\$26,244,002
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$4,294,069	\$2,682,210	\$4,401,472	\$3,446,469	\$3,407,027	\$2,077,696	\$2,148,694	\$2,377,844	\$2,744,850	\$2,380,591	\$3,971,487	\$3,208,320	\$3,346,447
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	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,922	\$6,228,575	\$5,775,864	\$6,169,628	\$6,547,477	\$6,031,575	\$6,751,395	\$6,972,714	\$6,894,251
12. Physician Service Contractual Allowance	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503	\$1,099,811	\$733,272	\$1,057,958	\$1,137,410	\$1,188,689
13. Other Deductions	\$3,621	\$2,362	\$3,761	\$2,780	\$0	\$0	\$0	\$0	\$1,847	\$0	\$3,536	\$0	\$1,784
14. Charity Care	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762	\$84,326	\$113,106	\$122,396	\$128,935	\$20,626
15. Bad Debt Expense	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245	\$775,909	\$236,012	\$811,226	\$1,294,463	\$1,214,652
16. Total Deductions from Revenue	\$11,312,856	\$9,783,119	\$12,285,949	\$11,269,378	\$10,397,413	\$9,534,322	\$9,312,228	\$10,290,333	\$10,902,373	\$9,146,403	\$12,367,998	\$12,391,842	\$12,666,449
% Contractual Allowances / Total Gross Patient Rev	46.4%	39.2%	45.4%	42.2%	43.1%	40.0%	39.6%	39.7%	42.1%	42.5%	45.8%	43.5%	43.6%
% Bad Debt & Charity Care / Total Gross Patient Rev	-1.4%	3.9%	1.6%	2.0%	1.6%	2.3%	4.1%	4.9%	3.6%	1.7%	3.7%	5.6%	4.7%
% Total Deductions / Total Gross Patient Revenue	45.0%	43.1%	47.0%	44.3%	44.8%	42.3%	43.7%	44.6%	45.7%	44.2%	49.6%	49.2%	48.3%
17. Net Patient Revenue	\$13,841,205	\$12,894,639	\$13,847,204	\$14,188,247	\$12,825,755	\$13,026,051	\$11,986,698	\$12,780,005	\$12,928,292	\$11,526,903	\$12,581,971	\$12,806,499	\$13,577,553
18. Other Operating Revenue	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277	\$71,012	\$60,792	\$58,680	\$66,417	\$163,132
19. Total Operating Revenue	\$14,014,640	\$13,283,515	\$13,906,793	\$14,267,939	\$12,997,702	\$13,086,683	\$12,103,388	\$12,874,282	\$12,999,304	\$11,587,695	\$12,640,651	\$12,872,916	\$13,740,685
Expenses:													
20. Salaries & Wages	\$5,175,037	\$5,182,118	\$5,135,073	\$5,099,406	\$5,044,753	\$4,973,800	\$4,861,654	\$5,059,649	\$5,130,892	\$4,481,647	\$5,277,064	\$5,226,689	\$5,161,681
21. Physician Wages	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884	\$309,939	\$354,116	\$307,618	\$397,674	\$360,051
22. Contract Labor	\$715,971	\$712,586	\$630,817	\$588,960	\$558,510	\$634,255	\$554,682	\$866,065	\$927,693	\$822,660	\$697,358	\$893,319	\$1,130,472
23. Employee Benefits	\$2,193,917	\$2,414,946	\$2,456,644	\$2,412,833	\$2,344,551	\$2,405,564	\$2,316,425	\$2,361,836	\$2,471,749	\$2,104,826	\$2,556,596	\$2,453,339	\$2,406,985
	\$8,377,889	\$8,632,494	\$8,563,897	\$8,441,999	\$8,271,242	\$8,364,863	\$8,027,000	\$8,686,434	\$8,840,273	\$7,763,249	\$8,838,636	\$8,971,021	\$9,059,189
% Salaries and Benefits / Total Operating Revenue	59.8%	65.0%	61.6%	59.2%	63.6%	63.9%	66.3%	67.5%	68.0%	67.0%	69.9%	69.7%	65.9%
24. Medical Professional Fees	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746	\$123,102	\$97,625	\$156,199	\$9,118	\$129,938
25. Physician Contracts	\$525,989	\$503,458	\$435,265	\$547,070	\$524,007	\$417,190	\$400,474	\$527,193	\$574,288	\$512,616	\$683,932	\$358,340	\$413,004
26. Non-Medical Professional Fees	\$319,275	\$264,856	\$242,874	\$236,089	\$325,008	\$280,330	\$245,038	\$238,269	\$328,395	\$291,969	\$271,386	\$178,882	\$131,742
27. Materials & Supplies	\$1,773,481	\$826,116	\$1,797,463	\$1,408,355	\$1,578,034	\$1,751,543	\$1,169,143	\$1,131,616	\$1,820,032	\$1,450,017	\$1,364,019	\$1,444,059	\$1,358,751
28. Utilities	\$156,513	\$155,446	\$105,506	\$134,771	\$158,747	\$198,018	\$241,730	\$169,613	\$155,260	\$188,211	\$226,811	\$172,504	\$210,319
29. Maintenance & Repairs	\$514,501	\$348,181	\$502,568	\$476,871	\$440,825	\$509,256	\$375,714	\$351,913	\$401,011	\$518,190	\$437,940	\$572,953	\$396,696
30. Rentals & Leases	\$75,161	\$79,537	\$77,872	\$86,495	\$81,773	\$86,330	\$68,753	\$73,218	\$82,475	\$67,965	\$94,346	\$73,675	\$69,979
31. Insurance	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354	\$106,441	\$94,812	\$103,273	\$186,412	\$691
32. Depreciation & Amortization	\$509,967	\$1,790,292	\$577,714	\$627,553	\$600,810	\$591,616	\$584,994	\$628,647	\$592,526	\$590,864	\$606,712	\$594,050	\$594,200
33. Interest Expense	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657	\$82,986	\$80,466	\$80,567	\$80,496	\$80,508
34. Other Operating Expenses	\$183,277	\$157,408	\$135,919	\$144,158	\$108,029	\$165,343	\$171,850	\$116,648	\$60,931	\$154,620	\$137,753	\$138,689	\$144,659
35. Total Expenses	\$12,695,422	\$12,982,415	\$12,669,204	\$12,361,781	\$12,316,731	\$12,590,008	\$11,522,200	\$12,155,308	\$13,167,720	\$11,810,604	\$13,001,574	\$12,780,199	\$12,589,675
36. Income (Loss) from Operations	\$1,319,218	\$301,100	\$1,237,589	\$1,906,158	\$680,971	\$496,675	\$581,188	\$718,974	-\$168,416	-\$222,909	-\$360,923	\$92,717	\$1,151,010
Non-Operating Revenue													
37. Interest Income	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201	\$198,776	\$307,065	\$158,666	\$269,860	\$151
38. Other Non-Operating Income	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025	\$33,570	\$34,480	\$151,377	\$51,139	\$62,066	\$50,381	\$79,712
39. Total Non-Operating Revenue	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721	\$350,153	\$358,204	\$220,732	\$320,241	\$79,863
40. Net Income (Loss)	\$1,527,527	\$942,759	\$1,583,703	\$2,157,933	\$944,540	\$439,602	\$783,426	\$197,253	\$181,737	\$135,295	-\$140,191	\$412,958	\$1,230,873

BARTLETT REGIONAL HOSPITAL AND WFC
Selected Ratios
May 2025

	Moody's Not-for-profit Healthcare Medians	Desired Position	May-25	Apr-25	Mar-25	Dec-24	Sep-24	Jun-24
Liquidity Ratios								
Current ratio	2.00	Above	3.97	4.11	4.41	3.71	3.39	3.32
Days in accounts receivable	48.2	Below	67.56	69.00	68.10	63.3	64.38	71.9
Days in accounts payable	62.8	Below	32.80	27.37	17.59	27.47	44.08	32.46
Days cash on hand*	167.9	Below	110.5	115.2	110.7	114.8	100.2	84.4
Profitability Ratios								
Operating margin	2.7%	Above	4.3%	3.8%	4.2%	7.1%	8.8%	-7.3%
Excess margin	5.6%	Below	5.5%	5.2%	5.5%	7.7%	10.9%	-4.2%
EBIDA margin*	7.2%	Above	10.8%	10.5%	10.7%	12.9%	8.7%	
Activity Ratios								
Average age of Plant	11.2	Below	20.35	20.22	20.14	19.99	19.7	15.84

* Benchmark is BBB rated companies

Bartlett Regional Hospital
Balance Sheet
As of May 31, 2025

Financial Row	As of May 2025	As of Apr 2025	As of May 2024	Change from Prior FY
ASSETS				
Current Assets				
01.Cash and Cash Equivalents	\$20,554,546	\$18,759,663	\$6,379,741	\$14,174,805
02.Board Designated Cash	\$18,059,758	\$17,600,683	\$14,986,650	\$3,073,108
03.Patient accounts receivable, net	\$28,614,175	\$28,645,061	\$31,832,445	(\$3,218,270)
04.Other Receivables	\$1,771,331	\$1,497,966	\$2,174,474	(\$403,143)
05.Inventories	\$5,136,548	\$4,774,690	\$3,935,467	\$1,201,081
06.Prepaid Expenses	\$2,566,795	\$2,318,516	\$2,110,680	\$456,115
07.Other assets	\$2,220,224	\$2,239,522	\$3,017,177	(\$796,953)
08.Total Current Assets	\$78,923,378	\$75,836,101	\$64,436,634	\$14,486,744
Appropriated.Cash:				
9.CIP Appropriated Funding	\$8,510,656	\$8,510,656	\$10,625,547	(\$2,114,891)
Property, Plant & Equipment				
10.Land, Bldgs & Equipment	\$205,482,350	\$205,482,350	\$160,275,129	\$45,207,221
11.Construction in Progress	\$13,884,511	\$13,423,835	\$37,166,431	(\$23,281,920)
12.Total Property & Equipment	\$219,366,861	\$218,906,185	\$197,441,560	\$21,925,301
13.Less: Accumulated Depreciation	(\$146,100,179)	(\$145,525,277)	(\$121,497,410)	(\$24,602,769)
14.Net Property and Equipment	\$73,266,682	\$73,380,908	\$75,944,150	(\$2,677,468)
15.Deferred outflows/Contribution to Pension Plan	\$11,855,390	\$11,855,390	\$11,862,711	(\$7,321)
16.Total Assets	\$172,556,106	\$169,583,055	\$162,869,042	\$9,687,064
LIABILITIES.& FUND BALANCE				
Current Liabilities:				
17.Payroll Liabilities	\$3,633,620	\$3,089,777	\$3,464,341	\$169,279
18.Accrued Employee Benefits	\$5,997,550	\$5,983,658	\$4,985,433	\$1,012,117
19.Accounts Payable and Accrued Expenses	\$4,392,057	\$3,672,003	\$4,975,548	(\$583,491)
20.Due to 3rd Party Payors	\$1,506,602	\$1,156,602	\$1,202,163	\$304,439
21.Deferred Revenue	\$49,876	\$66,542	\$190,667	(\$140,791)
22.Interest Payable	\$578,135	\$479,840	\$625,455	(\$47,320)
23. Note Payable - Current Portion	\$1,086,350	\$1,086,350	\$2,115,347	(\$1,028,997)
24.Other Payables	\$3,010,516	\$2,929,328	\$3,135,806	(\$125,290)
25.Total Current Liabilities	\$20,254,705	\$18,464,099	\$20,694,760	(\$440,055)
Long-Term Liabilities:				
26.Bonds Payable	\$30,085,000	\$30,085,000	\$30,930,000	(\$845,000)
27.Bonds Payable - Premium/Discount	\$1,717,451	\$1,736,125	\$1,932,121	(\$214,670)
28.Net Pension Liability	\$38,061,021	\$38,061,021	\$43,221,408	(\$5,160,387)
29.Deferred InFlows	\$1,758,258	\$1,758,258	\$2,763,011	(\$1,004,753)
30.Total long-Term Liabilities	\$71,621,730	\$71,640,404	\$78,846,540	(\$7,224,810)
31.Total Liabilities	\$91,876,434	\$90,104,503	\$99,541,300	(\$7,664,866)
32.Fund Balance	\$80,679,672	\$79,478,552	\$63,324,744	\$17,354,928
33.Total Liabilities and Fund Balance	\$172,556,106	\$169,583,055	\$162,869,042	\$9,687,064

BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD MAY 24 THRU MAY 25

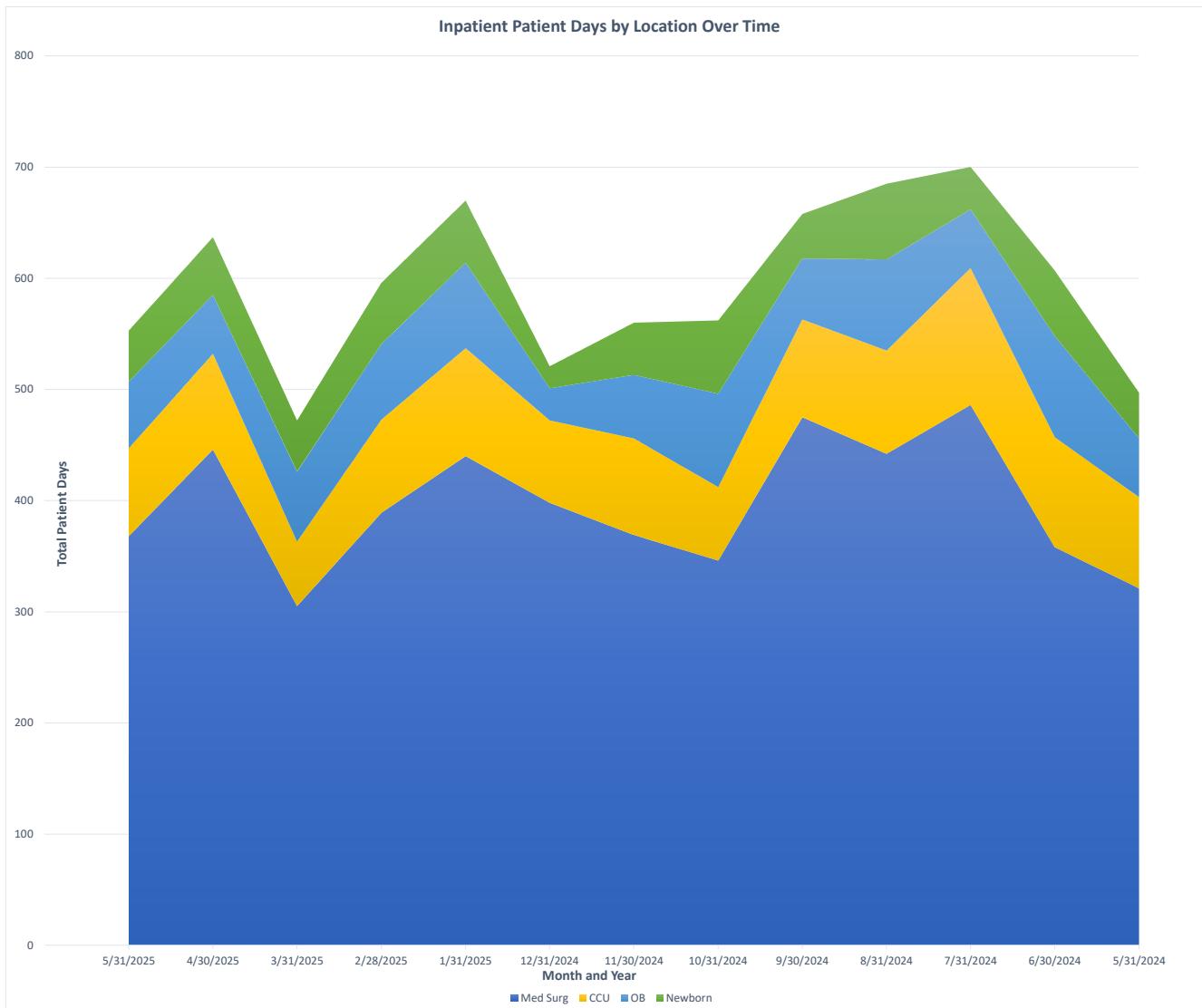
	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25	March-25	April-25	May-25
ASSETS													
Current Assets:													
1. Cash and cash equivalents	6,379,741	9,575,609	9,520,297	8,403,064	13,687,893	14,658,747	14,582,659	18,197,194	20,083,100	19,724,894	17,239,054	18,759,663	20,554,546
2. Board designated cash	14,986,650	14,196,017	14,664,603	15,131,098	15,589,449	16,045,942	17,303,448	16,488,365	16,469,088	16,924,828	17,141,757	17,600,683	18,059,758
3. Patient accounts receivable, net	31,832,445	28,985,006	29,383,820	29,219,006	30,701,215	28,758,626	29,878,021	28,387,944	28,360,656	26,849,025	28,025,817	28,645,061	28,614,175
4. Other receivables	2,174,474	4,262,353	4,437,855	4,261,982	2,796,413	1,755,846	1,866,592	1,326,477	1,186,255	868,749	954,280	1,497,966	1,771,331
5. Inventories	3,935,467	4,302,000	4,291,752	4,348,116	4,393,224	4,393,224	4,341,305	4,875,673	4,375,909	4,393,212	4,393,212	4,774,690	5,136,548
6. Prepaid Expenses	2,110,680	1,821,317	3,795,464	3,954,488	4,106,167	3,820,465	3,598,515	3,143,557	3,254,182	3,209,424	2,895,358	2,318,516	2,566,795
7. Other assets	3,017,177	2,997,880	2,978,582	2,959,285	2,990,763	2,970,963	2,325,556	2,306,258	2,286,960	2,267,663	2,248,367	2,239,522	2,220,224
8. Total current assets	64,436,634	66,140,182	69,072,373	68,277,039	74,265,124	72,403,813	73,896,096	74,725,468	76,016,150	74,237,795	72,897,845	75,836,101	78,923,378
Appropriated Cash:													
9. CIP Appropriated Funding	10,625,547	9,424,275	9,424,275	9,424,275	9,417,202	9,417,202	8,987,334	8,987,334	8,510,656	8,510,656	8,510,656	8,510,656	8,510,656
Property, plant & equipment													
10. Land, bldgs & equipment	160,275,129	186,233,640	186,233,640	186,233,640	203,853,370	203,837,770	203,837,770	205,146,377	205,146,377	205,146,377	205,388,911	205,482,350	205,482,350
11. Construction in progress	37,166,431	12,634,974	12,820,903	12,999,508	13,172,200	13,479,089	14,352,417	13,215,359	13,724,375	13,755,981	13,521,984	13,423,835	13,884,511
12. Total property & equipment	197,441,560	198,868,614	199,054,543	199,233,148	217,025,570	217,316,859	218,190,187	218,361,736	218,870,752	218,902,358	218,910,896	218,906,185	219,366,861
13. Less: accumulated depreciation	(121,497,410)	(123,268,404)	(123,826,820)	(124,435,075)	(141,187,471)	(142,033,616)	(142,599,313)	(143,208,663)	(143,781,891)	(144,353,458)	(144,940,873)	(145,525,277)	(146,100,179)
14. Net property and equipment	75,944,150	75,600,210	75,227,723	74,798,073	75,838,099	75,283,243	75,590,874	75,153,073	75,088,861	74,548,900	73,970,023	73,380,908	73,266,682
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,862,711	11,862,711	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390
16. Total assets	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265	171,471,057	169,152,741	167,233,914	169,583,055	172,556,106
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	3,464,341	3,865,388	4,339,660	2,420,459	3,431,381	3,174,212	3,416,737	3,999,447	2,251,154	2,083,462	2,800,977	3,089,777	3,633,620
18. Accrued employee benefits	4,985,433	4,872,324	4,876,509	5,434,909	5,417,327	4,710,551	4,848,424	4,862,610	5,493,775	5,810,148	5,786,393	5,983,658	5,997,550
19. Accounts payable and accrued expenses	4,975,548	4,472,411	5,341,549	3,092,998	5,763,314	4,011,837	4,370,944	5,244,734	6,501,715	4,994,863	2,354,478	3,672,003	4,392,057
20. Due to 3rd party payors	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602
21. Deferred revenue	190,667	24,000	24,000	24,000	24,000	33,209	33,209	33,209	116,542	99,876	83,209	66,542	49,876
22. Interest payable	625,455	189,183	294,363	314,143	419,228	524,410	609,247	168,428	270,490	283,258	381,617	479,840	578,135
23. Note payable - current portion	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,086,350	2,116,350	2,116,350	1,086,350	1,086,350	1,086,350	1,086,350
24. Other payables	3,135,806	3,189,292	3,274,372	3,506,714	3,555,850	3,054,281	2,556,096	2,556,864	2,819,784	2,776,915	2,881,885	2,929,328	3,010,516
25. Total current liabilities	20,694,760	19,930,108	21,467,963	18,110,733	21,928,610	18,780,449	19,077,609	20,138,244	20,726,412	18,291,474	16,531,511	18,464,099	19,904,705
Long-term Liabilities:													
26. Bonds payable	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000
27. Bonds payable - premium/discount	1,932,121	1,911,109	1,889,815	1,868,520	1,847,206	1,825,892	1,833,574	1,812,260	1,792,147	1,773,473	1,754,799	1,736,125	1,717,451
28. Net Pension Liability	43,221,408	43,221,408	43,221,408	43,221,408	38,134,052	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021
29. Deferred In-Flows	2,763,011	2,763,011	2,763,011	2,763,011	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258
30. Total long-term liabilities	78,846,540	78,825,528	78,804,234	78,782,939	72,669,516	72,575,171	72,582,853	71,716,539	71,696,426	71,677,752	71,659,078	71,640,404	71,621,730
31. Total liabilities	99,541,300	98,755,636	100,272,197	96,893,672	94,598,126	91,355,620	91,660,462	91,854,783	92,422,838	89,969,226	88,190,589	90,104,503	91,526,435
32. Fund Balance	63,327,744	64,271,741	65,314,886	67,468,424	76,777,689	77,604,028	78,669,232	78,866,482	79,048,219	79,183,515	79,043,325	79,478,552	80,679,671
33. Total liabilities and fund balance	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265	171,471,057	169,152,741	167,233,914	169,583,055	172,206,106

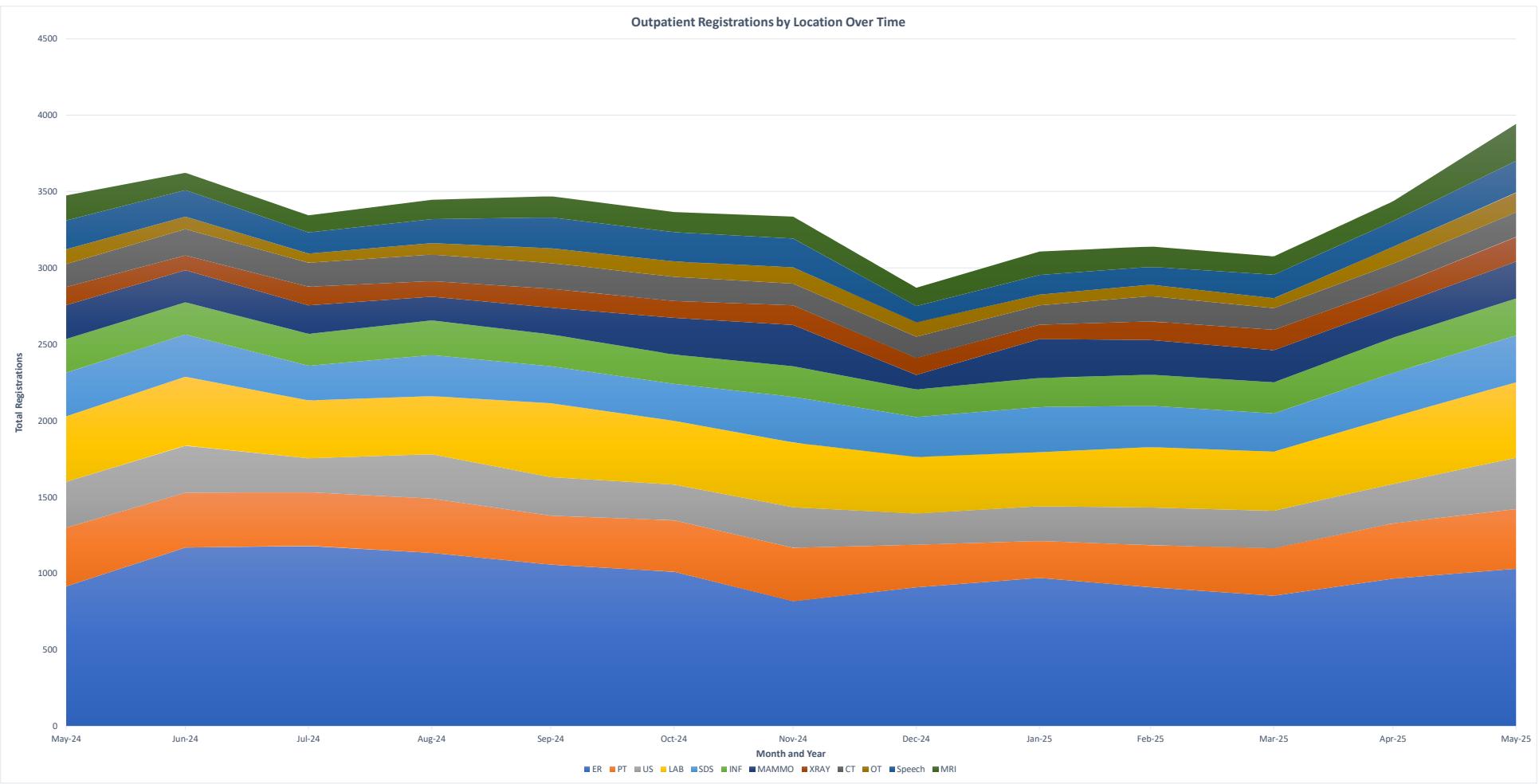
HOME HEALTH
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MAY 2025

MONTH	MONTH	MTD %	YTD	YTD %	PRIOR		
ACTUAL	BUDGET	MO \$ VAR	VAR	YTD \$ VAR	YTD %		
		PR YR MO	ACT	CHG	ACT	ACT	CHG
Gross Patient Revenue:							
\$0	\$0	\$0	0.0%	\$0	1. Inpatient Revenue	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	2. Inpatient Ancillary Revenue	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	3. Total Inpatient Revenue	\$0	0.0%
\$0	\$38,659	-\$38,659	-100.0%	\$0	4. Outpatient Revenue	\$403,837	\$407,461
\$0	\$38,659	-\$38,659	-100.0%	\$0	5. Total Patient Revenue - Hospital	\$403,837	\$407,461
\$0	\$0	\$0	0.0%	\$0	6. RRC Patient Revenue	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	7. BHOPS Patient Revenue	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	8. Physician Revenue	\$0	0.0%
\$0	\$38,659	-\$38,659	-100.0%	\$0	9. Total Gross Patient Revenue	\$403,837	\$407,461
Deductions from Revenue:							
\$0	\$0	\$0	0.0%	\$0	10. Inpatient Contractual Allowance	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	10a. Rural Demonstration Project	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	11. Outpatient Contractual Allowance	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	12. Physician Service Contractual Allowance	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	13. Other Deductions	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	14. Charity Care	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	15. Bad Debt Expense	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	16. Total Deductions from Revenue	\$0	0.0%
0.0%	0.0%			0.0%	% Contractual Allowances / Total Gross Patient Revenue	0.0%	0.0%
0.0%	0.0%			0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%
0.0%	0.0%			0.0%	% Total Deductions / Total Gross Patient Revenue	0.0%	0.0%
\$0	\$38,659	-\$38,659	-100.0%	\$0	17. Net Patient Revenue	\$403,837	\$407,461
\$0	\$0	\$0	0.0%	\$0	18. Other Operating Revenue	\$0	0.0%
\$0	\$38,659	-\$38,659	-100.0%	\$0	19. Total Operating Revenue	\$403,837	\$407,461
Expenses:							
\$33,275	\$46,356	-\$13,081	-28.2%	\$0	20. Salaries & Wages	\$368,920	\$500,928
\$0	\$0	\$0	0.0%	\$0	21. Physician Wages	\$0	0.0%
\$19,749	\$0	\$19,749	0.0%	\$0	22. Contract Labor	\$55,858	\$55,858
\$15,066	\$22,870	-\$7,804	-34.1%	\$0	23. Employee Benefits	\$174,812	\$247,139
\$68,090	\$69,226	-\$1,136	-1.6%	\$0		\$599,590	\$748,067
0.0%	179.1%			0.0%	% Salaries and Benefits / Total Operating Revenue	148.5%	183.6%
\$0	\$0	\$0	0.0%	\$0	24. Medical Professional Fees	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	25. Physician Contracts	\$0	0.0%
\$0	\$8,493	-\$8,493	-100.0%	\$0	26. Non-Medical Professional Fees	\$0	91,781
\$4,327	\$2,316	\$2,011	86.8%	\$0	27. Materials & Supplies	\$7,887	\$25,011
\$0	\$170	-\$170	-100.0%	\$0	28. Utilities	\$643	\$1,836
\$0	\$0	\$0	0.0%	\$0	29. Maintenance & Repairs	\$125	\$125
\$1,334	\$1,299	\$35	2.7%	\$0	30. Rentals & Leases	\$11,844	\$14,042
\$0	\$0	\$0	0.0%	\$0	31. Insurance	\$0	\$0
\$0	\$0	\$0	0.0%	\$0	32. Depreciation & Amortization	\$0	\$0
\$0	\$0	\$0	0.0%	\$0	33. Interest Expense	\$0	\$0
\$3,380	\$4,638	-\$1,258	-27.1%	\$0	34. Other Operating Expenses	\$41,716	\$50,113
\$77,131	\$86,142	-\$9,011	-10.5%	\$0	35. Total Expenses	\$661,804	\$930,850
Income (Loss) from Operations							
-\$77,131	-\$47,483	-\$29,648	62.4%	\$0	Non-Operating Revenue	-\$257,967	-\$523,389
\$0	\$0	\$0	0.0%	\$0	36. Interest Income	\$0	\$0
\$0	\$0	\$0	0.0%	\$0	37. Other Non-Operating Income	\$0	\$0
\$0	\$0	\$0	0.0%	\$0	39. Total Non-Operating Revenue	\$0	\$0
-\$77,131	-\$47,483	-\$29,648	62.4%	\$0	40. Net Income (Loss)	-\$257,967	-\$523,389

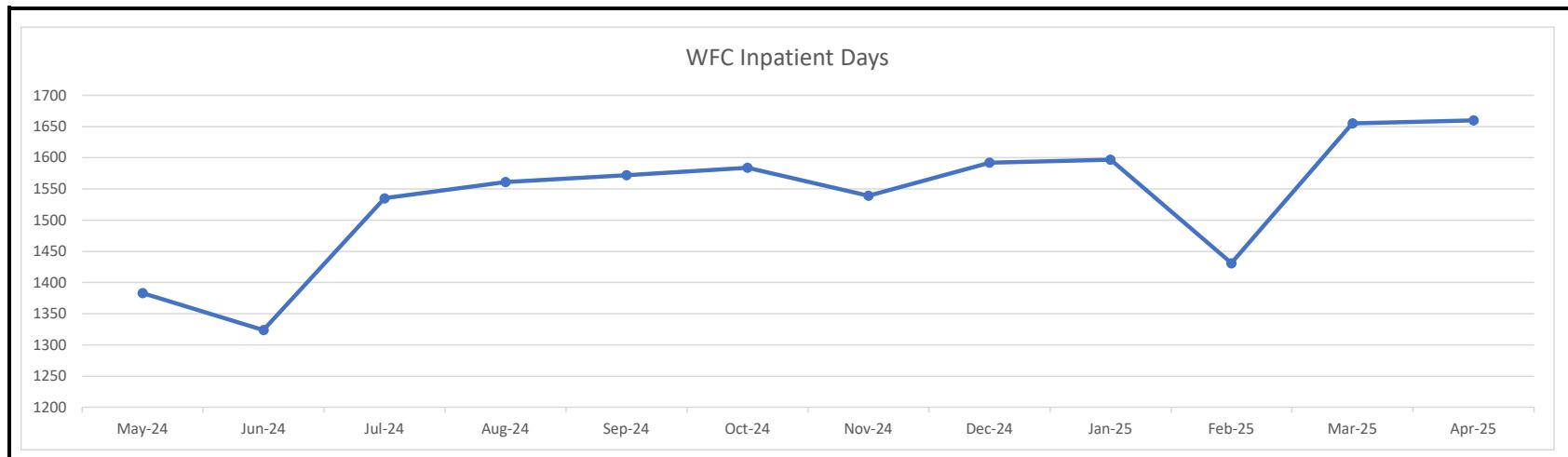
HOSPICE
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MAY 2025

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO							PRIOR YTD % CHG	
\$0	\$0	\$0	0.0%	\$0	1. Inpatient Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	2. Inpatient Ancillary Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	3. Total Inpatient Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$45,866	-\$45,866	-100.0%	\$0	4. Outpatient Revenue		\$459,925	\$483,439	-\$23,514	-4.9%	\$0	0.0%
\$0	\$45,866	-\$45,866	-100.0%	\$0	5. Total Patient Revenue - Hospital		\$459,925	\$483,439	-\$23,514	-4.9%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	6. RRC Patient Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	7. BHOPS Patient Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	8. Physician Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$45,866	-\$45,866	-100.0%	\$0	9. Total Gross Patient Revenue		\$459,925	\$483,439	-\$23,514	-4.9%	\$0	0.0%
Deductions from Revenue:												
\$0	\$0	\$0	0.0%	\$0	10. Inpatient Contractual Allowance		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	10a. Rural Demonstration Project		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	11. Outpatient Contractual Allowance		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	12. Physician Service Contractual Allowance		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	13. Other Deductions		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	14. Charity Care		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	15. Bad Debt Expense		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	16. Total Deductions from Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
0.0%	0.0%		0.0%		% Contractual Allowances / Total Gross Patient Revenue		0.0%	0.0%			0.0%	
0.0%	0.0%		0.0%		% Bad Debt & Charity Care / Total Gross Patient Revenue		0.0%	0.0%			0.0%	
0.0%	0.0%		0.0%		% Total Deductions / Total Gross Patient Revenue		0.0%	0.0%			0.0%	
\$0	\$45,866	-\$45,866	-100.0%	\$0	17. Net Patient Revenue		\$459,925	\$483,439	-\$23,514	-4.9%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	18. Other Operating Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$45,866	-\$45,866	-100.0%	\$0	19. Total Operating Revenue		\$459,925	\$483,439	-\$23,514	-4.9%	\$0	0.0%
Expenses:												
\$49,037	\$52,453	-\$3,416	-6.5%	\$0	20. Salaries & Wages		\$315,206	\$566,811	-\$251,605	-44.4%	\$59,130	433.1%
\$0	\$0	\$0	0.0%	\$0	21. Physician Wages		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	22. Contract Labor		\$0	\$0	\$0	0.0%	\$0	0.0%
\$21,553	\$26,101	-\$4,548	-17.4%	\$0	23. Employee Benefits		\$142,383	\$282,062	-\$139,679	-49.5%	\$26,811	431.1%
\$70,590	\$78,554	-\$7,964	-10.1%	\$0			\$457,589	\$848,873	-\$391,284	-46.1%	\$85,941	432.4%
0.0%	171.3%		0.0%		% Salaries and Benefits / Total Operating Revenue		99.5%	175.6%			0.0%	
\$0	\$0	\$0	0.0%	\$0	24. Medical Professional Fees		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$3,822	-\$3,822	-100.0%	\$0	25. Physician Contracts		\$0	\$41,301	-\$41,301	-100.0%	\$2,850	-100.0%
\$0	\$850	-\$850	-100.0%	\$0	26. Non-Medical Professional Fees		\$0	\$9,178	-\$9,178	-100.0%	\$1,750	-100.0%
\$1,591	\$6,091	-\$4,500	-73.9%	\$0	27. Materials & Supplies		\$26,297	\$65,807	-\$39,510	-60.0%	\$2,112	1145.2%
\$204	\$0	\$204	0.0%	\$0	28. Utilities		\$980	\$0	\$980	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	29. Maintenance & Repairs		\$0	\$0	\$0	0.0%	\$0	0.0%
\$1,334	\$1,299	\$35	2.7%	\$0	30. Rentals & Leases		\$11,844	\$14,042	-\$2,198	-15.7%	\$2,535	367.3%
\$0	\$407	-\$407	-100.0%	\$0	31. Insurance		\$0	\$4,405	-\$4,405	-100.0%	\$4,799	-100.0%
\$0	\$0	\$0	0.0%	\$0	32. Depreciation & Amortization		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	33. Interest Expense		\$0	\$0	\$0	0.0%	\$0	0.0%
\$7,712	\$1,928	\$5,784	300.0%	\$0	34. Other Operating Expenses		\$38,547	\$20,834	\$17,713	85.0%	\$3,961	873.2%
\$81,431	\$92,951	-\$11,520	-12.4%	\$0	35. Total Expenses		\$535,258	\$1,004,440	-\$469,182	-46.7%	\$103,947	414.9%
-\$81,431	-\$47,085	-\$34,346	72.9%	\$0	36. Income (Loss) from Operations		-\$75,333	-\$521,001	\$445,668	-85.5%	-\$103,947	-27.5%
\$0	\$0	\$0	0.0%	\$0	37. Interest Income		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	38. Other Non-Operating Income		\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	39. Total Non-Operating Revenue		\$0	\$0	\$0	0.0%	\$0	0.0%
-\$81,431	-\$47,085	-\$34,346	72.9%	\$0	40. Net Income (Loss)		-\$75,333	-\$521,001	\$445,668	-85.5%	-\$103,947	27.5%





Group/Location	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Emergency Room	1169	1180	1134	1057	1010	818	908	971	909	853	965	1030	1172
Physical Therapy Outpatient	359	352	355	321	338	349	280	242	275	312	362	391	349
Ultrasound	308	222	291	251	233	265	204	226	247	245	260	335	276
Laboratory Outpatient	452	378	381	484	417	425	371	355	396	386	438	495	515
Same Day Surgery	277	227	268	243	242	298	261	294	270	251	288	306	327
Infusion Center Outpatient	210	208	227	209	192	201	180	191	203	203	230	243	197
Mammography	209	187	155	174	241	270	95	255	228	211	203	242	238
Xray	98	123	102	124	110	128	111	94	122	133	129	161	145
Computerized Tomography	172	157	174	168	159	142	140	126	165	142	151	161	162
Occupational Therapy OutPt	82	59	75	98	100	107	94	71	74	66	110	129	86
Speech Therapy Outpatient	173	139	157	202	192	188	106	128	118	153	170	208	170
Magnetic Resonance Imaging	113	111	127	138	131	145	119	154	133	120	129	242	158



Group/Location	FY 2025 Inpatient Days												
	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
WFC Inpatient Days	1383	1324	1535	1561	1572	1584	1539	1592	1597	1431	1655	1660	*1705

*May 2025 is a placeholder calculation pending actual data.

Bartlett Regional Medical Center
Home Health Department
4 Year Projection

	Projected				
	FY25	FY26	FY27	FY28	FY29
9. Total Gross Patient Revenue	756,466	771,595	802,459	834,558	867,940
16. Total Deductions from Revenue	6,147	154,319	160,492	166,912	173,588
<i>% Contractual Allowances / Total Gross Patient Revenue</i>					
<i>% Bad Debt & Charity Care / Total Gross Patient Revenue</i>					
<i>% Total Deductions / Total Gross Patient Revenue</i>					
17. Net Patient Revenue	\$ 750,319	\$ 617,276	\$ 641,967	\$ 667,646	\$ 694,352
City/Other Contribution		100,000			
19. Total Operating Revenue	\$ 750,319	\$ 717,276	\$ 641,967	\$ 667,646	\$ 694,352
Expenses:					
20. Salaries & Wages	484,126	484,126	513,610	529,018	544,888
21. Physician Wages					
22. Contract Labor	35,285				
23. Employee Benefits	231,651	231,651	245,758	253,131	260,725
	\$ 751,062	\$ 715,777	\$ 759,368	\$ 782,149	\$ 805,613
24. Medical Professional Fees					
25. Physician Contracts					
26. Non-Medical Professional Fees					
27. Materials & Supplies	11,279	15,854	16,488	17,148	17,834
28. Utilities	965	706	727	749	771
29. Maintenance & Repairs	187	129	133	137	141
30. Rentals & Leases	15,689	16,364	17,182	18,042	18,944
31. Insurance					
32. Depreciation & Amortization					
33. Interest Expense					
34. Other Operating Expenses	52,714	76,776	79,079	81,452	83,895
35. Total Expenses	\$ 831,896	\$ 825,606	\$ 872,977	\$ 899,675	\$ 927,198
40. Net Income (Loss)	\$ (81,577)	\$ (108,329)	\$ (231,010)	\$ (232,029)	\$ (232,846)

Bartlett Regional Medical Center
Home Health Department
4 Year Projection

	Projected				
	FY25	FY26	FY27	FY28	FY29
9. Total Gross Patient Revenue	756,466	832,113	865,397	900,013	936,014
16. Total Deductions from Revenue	6,147	166,423	173,079	180,003	187,203
<i>% Contractual Allowances / Total Gross Patient Revenue</i>					
<i>% Bad Debt & Charity Care / Total Gross Patient Revenue</i>					
<i>% Total Deductions / Total Gross Patient Revenue</i>					
17. Net Patient Revenue	\$ 750,319	\$ 665,690	\$ 692,318	\$ 720,010	\$ 748,811
City/Other Contribution		100,000			
19. Total Operating Revenue	\$ 750,319	\$ 765,690	\$ 692,318	\$ 720,010	\$ 748,811
Expenses:					
20. Salaries & Wages	484,126	484,126	513,610	529,018	544,888
21. Physician Wages					
22. Contract Labor	35,285				
23. Employee Benefits	231,651	231,651	245,758	253,131	260,725
	\$ 751,062	\$ 715,777	\$ 759,368	\$ 782,149	\$ 805,613
24. Medical Professional Fees					
25. Physician Contracts					
26. Non-Medical Professional Fees					
27. Materials & Supplies	11,279	17,097	17,781	18,493	19,232
28. Utilities	965	706	727	749	771
29. Maintenance & Repairs	187	129	133	137	141
30. Rentals & Leases	15,689	16,364	17,182	18,042	18,944
31. Insurance					
32. Depreciation & Amortization					
33. Interest Expense					
34. Other Operating Expenses	52,714	76,776	79,079	81,452	83,895
35. Total Expenses	\$ 831,896	\$ 826,849	\$ 874,270	\$ 901,020	\$ 928,596
40. Net Income (Loss)	\$ (81,577)	\$ (61,159)	\$ (181,953)	\$ (181,009)	\$ (179,785)

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- The board will be briefed on the current hospital capacity and the latest updates for Home Health & Hospice Services, Wildflower Court, the Bartlett Regional Hospital Foundation, HR Board Summary and the CEO Evaluation in the form of standing reports.
- Behind this cover memo:
 - a. Home Health & Hospice Services report
 - b. Wildflower Court report
 - c. Bartlett Regional Hospital Foundation report
 - d. HR Board Summary
 - e. CEO Evaluation

OPTIONS

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



MEMORANDUM

DATE: July 14, 2025,
TO: Bartlett Regional Hospital Board of Directors
FROM: Heather L. Paige, Director Home Health and Hospice Services
SUBJECT: Home Health and Hospice Report

The following is a brief update as of 7/14/25 on the status of the Home Health and Hospice programs at Bartlett Regional Hospital.

Census updates:

Home Health:

- The program had 13 admissions with 1 recertifications for the month of June. There are 5 admissions pending, and 20 patients currently on service.

Hospice:

- The Hospice program had 7 admissions for the month of June, and 7 patients are currently receiving service.
- The Hospice Average Daily Census (ADC) for the month of June was 7.
- The Hospice Average Length of Stay for June was 35.2 days. Which is up by 9 days.

Program Updates:

Home Health and Hospice:

- The Home Health program received Medicaid provider enrollment approval on November 13th, 2024 and has begun implementation of Electronic Visit Verification (EVV) services as required for Medicaid reimbursement. The clinical staff started using Therap for EVV as required for Medicaid reimbursement. Medicaid visits from Nov 13, 2025 – June 16th are manually being entered for reimbursement and are 45% complete.
- The program director met with Alaska Medicaid leadership alongside the Director of Patient Financial Services in an attempt to resolve ongoing issues with delayed or denied service authorizations. We received access to a secure portal in which to submit requests directly, which may resolve these issues and allow for prompt reimbursement of services, as we continue to see a resolution in initial requests.
- Current RN staffing is 3 permanent RN's and 2 traveler RN's. Travelers continue to struggle with housing and vehicle use. An offer to a 4th RN has been accepted and will be released from her current department on August 31st.
- Our Admin II / Volunteer Coordinator position will be vacant on Aug 1st. Our Clinical Manager position will be vacant on October 1st. Both positions have been posted.

- Float pool RN staffing is now included in our department. Two RN's have oriented and have been scheduled for on-call shifts.
- Director reached out to Hospitalist Staff to provide education on our referral process to reduce delays in starting services, and provide a Q&A format to increase partnership for continuity of care.

Recent Outreach and Education:

- Hospice leadership is working alongside the Foundation for End of Life Care and BRH Foundation to provide community education around death and dying, hospice services, and other community resources. Leadership met with the FELC board and discussed how funding can support Hospice. Discussions included planning a community event in the fall for providers and community members to attend with the purpose of providing awareness of end-of-life issues and Hospice availability.
- Director met with Jessica Gutzwiller, director of community outreach from Aurora Integrated Oncology Foundation to discuss how they can partner with Hospice to help patients with terminal diagnosis of cancer.
- The program director has been in contact with South East Regional Eldercare Coalition, and will attend their broad meeting next month to provide information about our services.

MEMORANDUM

DATE: July 17, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah Koelsch, Wildflower Court Administrator

WILDFLOWER COURT (WFC):

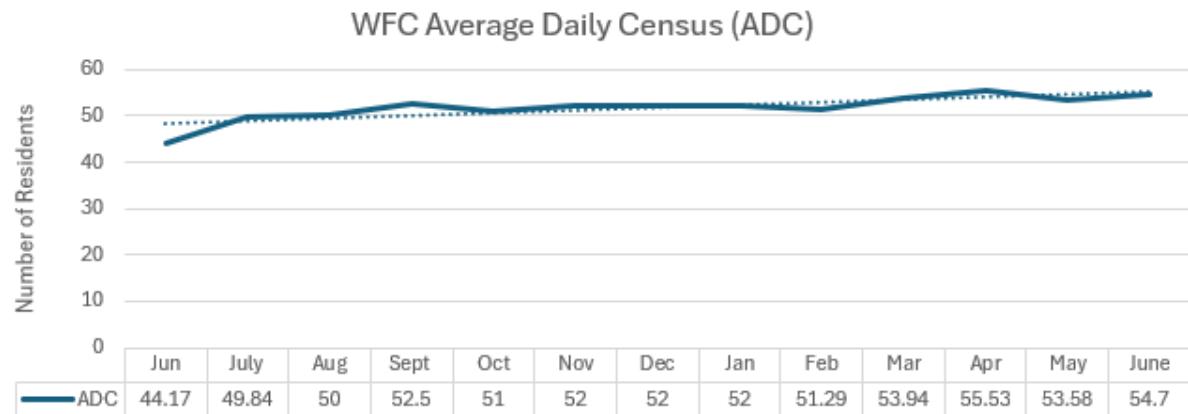
The WFC team continues to work on Quality Improvement Performance Improvement (QAPI) initiatives. The identified projects came from multiple resources and reports, such as CMS Care Compare Five-Star Ratings of Nursing Homes quarterly report, State of Alaska/Federal Survey findings, staff and resident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

Current performance improvement projects (PIPs) include:

1. Medication Management
2. Care Plan Management
3. Fall Reduction
4. Staff Development/Competency Evaluation
5. Nursing Department Accountability: Cultivating Excellence

June 2025, WFC census information

- Average Daily Census (ADC) 54.70
- Average Daily Census Long-term Care residents 45.13
- Average Daily Census Skilled Nursing residents 9.57
- Occupancy Rate 86.83%



MEMORANDUM

DATE: July 16, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Melissa McCormick, Executive Director Bartlett Foundation

Current Activity/Fundraising/Events:

1. The application period for the Grace and Phil Edelman Health Science Scholarship has closed and the Foundation Scholarship Committee met. We have awarded 15 scholarship recipients. Awardees have been notified and the total distribution for 2025-26 school year is \$31,000.
2. The Foundation is offering two free wellness activities for Bartlett Hospital employees on August 1st and August 3rd. There is a Paint and Sip event (mocktails) for adults at the Huddle on 9/1 from 7-9 pm and a Cookies and Canvas event at the Rainforest Play Place in the Mendenhall Mall on 9/3 from noon to 2 pm. These are both FREE events for Bartlett staff and you can sign up by emailing our office. Sponsored by Bartlett Regional Hospital Foundation.
3. Planning has begun for our Donor Appreciation event for the Fall 2025.
4. Foundation investment in Bartlett Regional Hospital through July 16, 2025:

2025 Bartlett Regional Hospital Employee Service Awards	\$250
2025 Excellence in Nursing Awards	\$1,000
Fireweed Awards	\$600
Hospice Bootcamp Training	\$3,118
Infusion center headpieces	\$1,000
Foundation IV PICC line training, IV scalp trainers for difficult infant IV placement, 2 Blue Phantom Ultrasound Training Blocks for Ultrasound Guided IV	\$3,675
Safe Sitter Materials and Training Equipment	\$2,227
Training for Emergency Department (ED)	\$11,857
Bartlett Employee thank you gifts for payroll deduction	\$600
Barlett House bedding donation for Columbia Students	\$300
LPN Education Q1 Funding	\$5,000
Hospice Education Q1 Discretionary Funding	\$2,000
Love Your Neighbor MIH fundraising campaign	\$1,000
Bladder Scanner	\$5,000
Edelman Spring Scholarship Awards	\$16,500
Total	\$54,127



*This FREE event is
sponsored by the
Bartlett Regional
Hospital Foundation



COOKIES AND CANVAS

FREE WELLNESS
EVENT
for Bartlett Staff &
their families

Sunday, August 3rd
12 pm- 2 pm
Rainforest Play Place at
the Mendenhall Mall

To reserve your spot today, email
mlmcormick@bartlethospital.org



Paint & Sip

WELLNESS ACTIVITY

ALL STAFF AT BARTLETT REGIONAL
HOSPITAL PAINT FREE!

Friday,
August 1st
7-9 PM at
The Huddle
(located in the
Mendenhall Mall Annex)

If you'd like to bring a non-BRH
friend, please consider a
donation up to \$50 to help
cover supply costs.

Event includes a non-alcoholic
mocktail, snacks, and all
painting supplies.



To reserve your spot, contact
mlmccormick@bartlethospital.org

EMPLOYEE ENGAGEMENT

- 1) Using employee engagement data to improve employee satisfaction.
 - Rounding Tracking – Tracking is back on track, and current Senior Leadership have been consistently exceeding Goal of 80%.
 - Cup o Jo with Joe
 - End of Season Corn Hole Tournament & Family Event
 - End of July Celebratory Event

KEY INITIATIVES

- 1) Implementing intuitive user-friendly technology
 - Time & Attendance – Optimization Phase – Ongoing
 - Digital / Paperless Transformation – 100% of Active Files COMPLETE
 - New fully integrated Pro - HCM system Including – [Phase 1 \(Target Roll out 10/25\)](#), heading to build phase. [Phase 2 \(Target roll out 3/26\)](#).

Applicant Tracking	Performance Reviews
Employee Self Service	Paperless / Electronic Processes
Predictive Analytics	Succession Planning
Integrated Benefits Enrollment – Working with UKG Integrations Team	Payroll – Currently in Build Process

ADDITIONAL CRITICAL PROJECTS

- Policy Review: All BRH HR Policies – approximately 50% Completed
 - Expected Completion FY26-Q2
- Succession Planning – Pushed to FY26 Q2
- Oversight of Strategic Goal #2 A3s – Ongoing

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Chad Brown, Human Resources Director

ISSUE

- The board is being asked to approve the proposed CEO evaluation survey.

BACKGROUND

- Per section 0840 of BRH Board Bylaws - Annually, or more frequently, as the Board deems necessary, the Board shall review the performance of the CEO.
- The Governance Committee had drafted a proposed CEO evaluation survey at its June 17th meeting. Mr. Brown and Mr. Geiger made minor revisions based on the committee members' feedback and presented the revised draft to the board for review at its June 24th meeting. Discussions were held but no action was taken.
- Behind this cover memo:
 - Revised CEO evaluation survey

OPTIONS

- Approve the revised CEO evaluation survey as presented.
- Amend the revised CEO evaluation survey and approve amended survey.
- Seek more information

ADMINISTRATION'S RECOMMENDATION

- Approve the revised CEO evaluation survey as presented.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the revised CEO evaluation survey as presented.

2025 CEO Evaluation

This survey is designed to assess the CEO's performance based on input from the Bartlett Regional Hospital Board of Directors with help from other stakeholder groups. All individual responses are confidential.

Section 1: Strategic Leadership & Governance (To be answered individually by Board members.)

Quantitative (Rating Scale 1-100 Point Scale)

1. The CEO effectively communicates and executes the organization's strategic vision.
2. The CEO ensures financial stability and fiscal responsibility.
3. The CEO fosters positive and collaborative relationships with the Board and community leaders.

Qualitative (Text Response)

- What are three (3) things the CEO is doing well?
- What are three (3) things the CEO should improve?
- How well does the CEO align with the organization's long-term goals?

Section 2: Organizational and Board Goals. (To be answered individually by Board members. The goals were previously set forth in the previous year. The numerical weights are to be determined at the next Board meeting. Suggest weights should be offered as percentages that sum to 100%.) *Comments in this section are required to support score.*

1. Maintain an operating margin of >2.5%	weight _____
- <i>Measures of success: Maintain operating margin of >2.5%</i>	
(<i>Score 1-100 points + comments</i>)	
2. Increase employee satisfaction	weight _____
- <i>Measures of success:</i>	
1. Measured improvement in employee engagement	
2. The existence of a valid measurement process	
(<i>Score 1-100 points + comments</i>)	
3. Expand orthopedic services in Juneau	weight _____
- <i>Measure of success: a 5% increase in volumes for specific service lines, emphasizing reduction in outmigration of services.</i>	
(<i>Score 1-100 points + comments</i>)	
4. Create an opportunity for primary care providers who would prefer to be	weight _____

hospital employees and remain practicing in Juneau.

- *Measures of success:* Establish this opportunity.

(Score 1-100 points + comments)

5. Improve physician satisfaction

weight ____

- *Measures of success:* (1) measured improvement in physician satisfaction and engagement, (2) the existence of a valid measurement process.

(Score 1-100 points + comments)

6. Reduce contract labor (traveler/locums) expenses

weight ____

- *Measure of success:* a reduction in contract labor expenses of 20%.

(Score 1-100 points + comments)

Section 3: Medical Staff Relations & Patient Care (To be answered individually by the Medical Staff Executive Committee)

Quantitative (Rating Scale 1-100)

1. The CEO engages effectively with medical leadership.
2. The CEO prioritizes and supports high-quality patient care.
3. The CEO provides support and opportunities for medical staff to influence decisions that affect their work and patient care?

Qualitative (Text Response)

- What are three (3) things the CEO is doing well?
- What are three (3) things the CEO should improve? (Specific to collaboration with the medical staff)
- How has the CEO provided support and opportunities for medical staff to influence decisions that affect their work?

Section 4: Operational Efficiency & Organizational Culture (To be answered individually by Senior Leadership)

Quantitative (Rating Scale 1-100)

1. The CEO effectively manages resources for operational success.
2. The CEO fosters a positive and inclusive organizational culture.
3. The CEO encourages innovation and continuous improvement.

Qualitative (Text Response)

- What are three (3) things the CEO is doing well?
- What are three (3) things the CEO should improve?
- What recommendations do you have for improving organizational effectiveness?

Section 5: Community & External Relations (City Manager, Deputy City Manager, Board Liaison)

Quantitative (Rating Scale 1-100)

1. The CEO represents the organization positively in the community.
2. The CEO fosters strong relationships with external partners and regulators.
3. The CEO engages effectively with city leadership to address concerns.

Qualitative (Text Response)

- What are three (3) things the CEO is doing well?
- What are three (3) things the CEO should improve?
- Are there any concerns regarding external relations, communication, or social impact?

Section 7: Future Goals (To be set by the Board during the performance evaluation process, to be communicated to CEO for the upcoming year)

Provide three (3) to five (5) future goals:

1. Goal 1 - Measure of success
2. Goal 2 - Measure of success
3. Goal 3 - Measure of success
4. Goal 4 - Measure of success
5. Goal 5 - Measure of success

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- The Board of Directors will receive monthly A3 presentations that support accomplishment of a strategy in the hospital's strategic plan.

BACKGROUND

- Bartlett Regional Hospital's 2025 - 2028 Strategic Plan development process uses LEAN A3s and Key Performance Indicators (KPIs) to support accomplishment of each strategy in the strategic plan.
 - ❖ Strategy 1 – Deliver seamless continuity of care
 - ❖ Strategy 2 – Support the development and alignment of employees, providers, and partners
 - ❖ Strategy 3 – Improve infrastructure to meet community needs
 - ❖ Strategy 4 – Optimize and drive strategic clinical growth
 - ❖ Strategy 5 – Promote a distinct identity and brand

LEAN refers to a set of principles and practices focused on eliminating waste and maximizing value to improve efficiency and profitability through continuous improvement. An A3 is a problem-solving practice of getting the problem, analysis, corrective actions and the action plan down on a single sheet of paper.

- Behind this cover memo:
 - ❖ Lab Testing A3 presentation
- John Fortin, Laboratory Director, will be present to brief the board.

OPTIONS

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

EXECUTIVE SPONSORS: Kim McDowell

TEAM MEMBERS: John Fortin, Sam Galorport, Michelle Baxter, Britt Watters and Dr Joseph Rank

PROBLEM STATEMENT: January 2024: Hospital Laboratories across the country were financially impacted due to changes of reimbursement from insurance companies, starting in November 2023. Hospital's exemptions were removed and no longer can charge for testing if not done at that facility. Bartlett Laboratory project is to validate previously sent out testing with higher volumes to become available for in-house testing.

SCOPE (IN/OUT):IN: BRH LabOUT: Non- BRH Lab

BACKGROUND/CURRENT CONDITIONS: (1/24) No in-house testing for Vitamin D, Chlamydia trachomatis (CT) / Neisseria gonorrhoeae (NG), Procalcitonin. (7/24) No in-house testing for MVP (multi vaginal panel), Ferritin, Folate, and Vitamin B12. (11/24) No in-house testing for the Bio-Fire Blood Culture panel. (2/25) No in-house testing for Prostate Specific Antigen (PSA), Free Prostate Specific Antigen (FPSA) and Transferrin

Since creating a pathway for these labs to be run in-house, BRH lab has been able to bill ~\$647,855 (6/25).

ROOT CAUSE ANALYSIS: In 2023 Hospital Laboratories across the country were financially impacted due to changes of reimbursement from insurance companies.

GOAL: Reduce the impact of lost of revenue by validating tests which can be placed on current equipment or tests which provide better reimbursement. To continue to offer in-house testing that provides faster results and treatment for patients.

COUNTERMEASURES (PLAN): Perform in-house validations with tests that have higher volumes of send outs. Continue to review utilization reports from reference laboratories to determine other high-volume tests that could be performed on in-house analyzers. All validations have now been completed. Continue to monitor volumes and revenue for new tests.

KPI's (MEASURE): Increase in-house testing for Vitamin D, and Chlamydia trachomatis (CT) / Neisseria gonorrhoeae (NG), Procalcitonin, MVP (multi vaginal panel), Ferritin, Folate, Vitamin B12, Bio-Fire Blood Culture panel, Prostate Specific Antigen(PSA), Free Prostate Specific Antigen (FPSA) and transferrin by 100% using marketing directed at specific groups.

FOLLOW UP ACTIONS (ACT):

- Work with PIO to advertise strategically regarding testing that is available in house
- Monitor total bill for tests which validations have been completed.

MEMORANDUM

DATE: June 24, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Luke Mather, MD Chief of Staff

ISSUE

- The board is being asked to approve the updated BRH Application Fee Policy

BACKGROUND

- The application fee is outlined in the Bylaws in Section 2, which relates to Medical Staff Dues, Fines, Assessments, and the Application Fee. This document serves as an updated version of the previous BRH Application policy. The purpose of this application fee is to assist in covering the costs related to the processing of both initial and reappointment applications for Medical Staff and Advanced Practice Professionals or Advanced Practice Clinicians.
- The Medical Executive Committee (MEC) approved the proposed updated BRH Application Fee Policy, July 8, 2025, meeting.
- The Medical Staff approved the proposed updated BRH Application Fee Policy, July 8, 2025, meeting.
- Behind this cover memo are:
 - Draft Application Fee Policy
 - Application Expenses
- Luke Mather, MD, Chief of Staff, will be present to brief the board.

OPTIONS

- Approve the BRH Application Fee Policy as presented to the board.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve the proposed BRH Application Fee Policy as presented to the Board.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the proposed BRH Application Fee Policy as presented to the Board.

Bartlett Regional Hospital

Title: Application Fee

Department/s: BRH Hospital Administration

PURPOSE

The purpose of the application fee is to offset costs for processing Medical Staff and Advanced Practice Professionals or Advance Practice Clinicians initial and reappointment applications.

DEFINITIONS:

Practitioner – Means any individual who is applying for Medical Staff Membership (MD, DO, DPM, DDS, DMD) and Advanced Practice Professionals (or Advanced Practice Clinicians).

BRH – Means Bartlett Regional Hospital

POLICY

Fees for processing Initial and Reappointment applications will be accessed to the Practitioner unless otherwise excluded as outlined within this policy. All payments will be made directly to the Bartlett Regional Hospital as outlined in the initial and reappointment application.

APPLICATION FEES

- A. **Initial Application Fee** – The application processing fee is \$200.00
- B. **Reappointment Application Late Fee** – The application processing fee is \$125.00. This fee is applicable if the reappointment application is submitted after the 45-day deadline.

PAYMENT OPTIONS

- A. **Check:** Checks are to be payable to Bartlett Regional Hospital with a reference of "Initial Application" or "Reappoint Application".
 1. Checks should be sent to: Medical Staff Services Department, c/o Bartlett Regional Hospital, 3260 Hospital Drive, Juneau, Alaska 99801.
 2. Returned Checks: In the event a check is returned due to insufficient funds, the practitioner has 60 days to make restitution. After 60 days, the Practitioner privileges will be voluntarily relinquished and/or the application process shall be deemed incomplete and no further processing of the application will not take place. The practitioner is responsible for any additional fees associated with a returned check.
- C. **Credit/Debit Card:** The application fee can be paid using the electronic payment method through <https://www.bartlethospital.org/forms/provider-initial-application-fee/>.

D. Non-Refundable Fees- The fees above are considered non-refundable if any work has begun on a Practitioner's credentialing application.

EXCLUSIONS:

Application fees do not apply to the following Practitioners.

- A. BRH Employed (W-2) Practitioners**
- B. BRH Contracted (I-9) Providers – Only if their contract outlines a waiver of application fees for credentialing.**
- C. Medical Resident**
- D. Medical/Physician Assistant Student**
- E. Telemedicine (As long as it is stated in their contract and/or the distant site is Joint Commission Certified.)**

BRH CREDENTIALING EXPENSES

Initial Application

1. Precheck - \$60
2. NPDB – \$2.50
3. FSMB - \$9.00
4. AMA - \$44
5. National Student Clearinghouse - \$19.95-\$24.95
6. ECFMG - \$71
7. Board Verification
 - American Board of Dentistry - \$60
 - American Osteopathic Association - \$25
 - American Board Medical Specialties - \$8.25
 - American Academy of Nurse Practitioner - \$40
8. The Work Number - \$73.24-133.19

Reappointment Application

1. NPDB - \$ 2.50
2. FSMB - \$9.00
3. Board Verification
 - American Board of Dentistry - \$60
 - American Osteopathic Association - \$25
 - American Board Medical Specialties – \$8.25
 - American Academy of Nurse Practitioner - \$40
4. The Work Number - \$73.24 – 133.19

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- These are the draft minutes, and 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 and action items from each committee meeting held since the last Board of Directors meeting.
 - A. June 25, 2025, Draft Joint Conference Meeting Minutes
 - B. July 10, 2025, Draft Quality and Compliance Committee Meeting Minutes
 - C. July 15, 2025, Draft Finance and Audit Committee Meeting Minutes
 - D. July 16, 2025, Draft Board Governance Committee Meeting Minutes
 - Revised Board Policy Manual – **ACTION ITEM**

This will be informational only and no action will be taken.

DRAFT MINUTES – JOINT CONFERENCE MEETING

DATE: Wednesday, June 25, 2025 – 5:30 p.m.
LOCATION: BRH Boardroom

- I. CALL TO ORDER** – 5:39 p.m. by Deb Johnston, Committee Chair
- II. ROLL CALL**
***Committee and Board Members Present:** *Deb Johnston, *John Raster, MD, * Luke Mather, MD., *Kenny Solomon-Gross, and *Amy Dressel, MD.
Also Present: Joe Wanner and Anita Moffitt
- III. APPROVAL OF AGENDA** – MOTION by Dr. Raster to approve the agenda as presented. Dr. Mather seconded. There being no objection, MOTION approved.
- IV. PUBLIC PARTICIPATION** – None
- V. APPROVAL OF THE MINUTES** - MOTION by Dr. Raster to approve the April 1, 2025, meeting minutes. Mr. Solomon-Gross seconded. There being no objection, MOTION approved.
- VI. NEW BUSINESS**
- Virginia Mason/Franciscan Health (VMFH) Affiliation** – Mr. Wanner provided an update on agreements related to Pulmonology, Rheumatology, and Cardiology services. He also reported that the Virginia Mason Institute is going to help BRH improve its processes for obtaining prior authorizations. Discussions were held about the following services: Rheumatology, Pulmonology, Cardiology, Pediatric Cardiology, Allergy, Ophthalmology, Dermatology, Neurology, Endocrinology and Nephrology, and Dialysis.
- Medical Executive Committee (MEC) Member Compensation** – Mr. Wanner provided an update on legal's advice for compensation for the MEC members. Compensation cannot be above Fair Market Value (FMV), and time must be tracked. Discussions were held about other options for compensation and hourly rate of pay. Dr. Mather expressed concern that by getting compensation, the medical staff may perceive that the MEC members would be representing hospital administration and not the medical staff. Mr. Wanner will discuss this matter with legal counsel and update the MEC. The MEC will share the information with the medical staff.
- Chief Medical Officer (CMO)** – Mr. Wanner noted hiring a CMO is done at the discretion of the CEO. He has determined not to hire one at this time due to the uncertainty around

the Medicaid cuts. Dr. Mather stated that the MEC doesn't have an opinion about hiring one, but some medical staff have expressed interest. Growth in BRH employed physicians would make a CMO more desirable. Hiring a CMO is still on the table but there are a lot of logistics to consider before doing so.

OR Block Time – Discussion held about expanding block time, block time utilization, anesthesia coverage and recruitment of Certified Registered Nurse Anesthetists (CRNA). Because BRH has never had CRNAs, a delineation of privileges would need to be drafted and approved. CRNAs will be classified as Advanced Practice Professionals (APP). Dr. Mather identified the need for better communication about block time availability.

VIII. COMMENTS AND QUESTIONS – Dr. Dressel initiated a discussion about the difficulty of getting providers to take Neonatal Resuscitation Program (NRP) call coverage. High risks and low compensation noted as reluctance for Hospitalists to provide this call coverage. Guidelines are being developed to identify what patients should be transferred elsewhere to help reduce the risks of negative outcomes. Dr. Dressel stated that she was disheartened to hear about the purchase of Family Practice in a news article. Mr. Wanner explained that Family Practice Physicians wanted it to be kept quiet until all patients and staff knew about it. He will try to have a better plan for communication in the future.

IX. ADJOURNMENT – 7:13 p.m.

Next Meeting - TBD

DRAFT MINUTES – BOARD FINANCE AND AUDIT COMMITTEE MEETING

DATE: Tuesday, July 15th, 2025, at 3:00 pm
LOCATION: BRH Boardroom & Teams Videoconference

I. CALL TO ORDER – Start time 3:01 pm

II. ROLL CALL

Committee* and Board Members Present (*Teams attendees italicized*): *Chris Letterman, Shelly Deering*, Dr. Tingey*, Hal Geiger, and Deb Johnston*

Also Present (*Teams attendees italicized*): *Angela Davis, Kim McDowell, Joe Wanner, Chad Brown, Gail Moorehead, Erin Hardin and Sharon Price*

III. APPROVAL OF AGENDA – Dr. Tingey approved the agenda, seconded by Ms. Johnston.

IV. PUBLIC PARTICIPATION – none

V. APPROVAL OF MINUTES – Dr. Tingey approved the June 20th, 2025 Finance and Audit Committee minutes. It was seconded by Ms. Johnston.

VI. MAY 2025 FINANCIAL STATEMENT REVIEW AND DISCUSSION

Ms. Davis gave a summary of the May financials. She said May ended with a net gain of \$1.2 million with some of this being due to seasonality but there was still overall improvement of the organization as a whole. There was an increase in patient days, Med/Surg was up 22.3% and CCU was up 40.5% over the prior month. Ms. Davis also said that the Home Health and Hospice May financials didn't provide revenue. There was a variance of about \$85,000 that will get cleaned up internally in the reporting. Our expenses on contract labor continue to run high. She said we are continuing to work on our internal staffing and our CNA training to mitigate that. The total positive operating margin was 8.38% for May and 4.27% year-to-date with this against the goal of 3% to keep a healthy cash flow. The year-to-date current net margin is 5.5% up from the 5.2% year-to-date in April. There has been an overall increase in the bottom line, meaning that the year-to-date for May was a positive net margin of \$7.9 million.

VII. HOME HEALTH FOUR YEAR PROJECTION

Ms. Davis presented two different scenarios for the Home Health projection. The first one is a conservative first year increase of 2% on the revenue and then it continues at a standard 4% revenue increase and a 3% expense increase. This does show that it would be continuing in a negative direction. The second scenario is a more aggressive approach. This is the year one revenue increases of 4% on revenue and the same 3% fixed expenses. This shows a little bit less of a loss but still not in

the positive. Mr. Wanner said it's always been projected that the Home Health and Hospice programs wouldn't be sustainable. We so have the \$100K contribution from CBJ included in the financials.

VIII. MEETING AJOURNED AT – 3:24 PM

IX. NEXT MEETING - August 8th, 2025 at 12:00 PM

DRAFT

MINUTES – BOARD GOVERNANCE COMMITTEE MEETING

DATE: Tuesday, July 16th, 2025, at 12:00 p.m.
LOCATION: BRH Boardroom & Teams Videoconference

I. CALL TO ORDER – 12:02 p.m.

II. ROLL CALL

***Committee and Board Members Present** (*Zoom attendees italicized*): * Hal Geiger, *Lisa Petersen, Deb Johnston, and *Chris Letterman

Also Present (*Zoom attendees italicized*): Joe Wanner, Gail Moorehead, Angela Davis, Kim McDowell, Chad Brown, *Beth Mow* and Sharon Price

III. APPROVAL OF AGENDA – MOTION by Ms. Petersen to approve the agenda. Mr. Letterman seconded it. There being no objection, the MOTION was approved.

IV. PUBLIC PARTICIPATION - None

V. APPROVAL OF MINUTES – MOTION by Mr. Letterman to approve the June 17th, 2025 minutes. Ms. Petersen seconded it. There being no objection, the MOTION was approved.

VI. OLD BUSINESS

- A. BOD Self Evaluation: Mr. Brown has the newest version of this document and will share it with Mr. Geiger. This agenda topic will be addressed again in the next meeting.
- B. CEO Evaluation: The Committee decided to add an option for each board member to provide a numeric score for the items in Section 2. Each score will be the board member's measure of how each board member thinks the CEO did on an 100-point scale. Each board member will also have the opportunity to leave a written comment under each question in this section. Further, the 100-point scale will also be used for all the sections of this document. It was decided that Section 5 be removed from the document. For Section 6, the Committee updated that this part will be sent to the city assembly liaison, city manager, and the deputy manager.

VII. NEW BUSINESS

A. Board Education: Mr. Wanner said he reached out to Virginia Mason, and they sent him a list of 11 items for Board education opportunities. It's not clear yet if these are virtual or in-person, or the costs associated with them. He said he will gather more information on how we can access these training opportunities, whether it cover over multiple days or have an additional trainer come during our strategy session this fall. Mr. Geiger said that he would be interested in more financial literacy training as well. Ms. Johnston said she would also like more training in understanding the credentialing process. Mr. Letterman said that adding Risk Management, both cyber and other types, would be beneficial. Mr. Warner will check back with Virginia Mason for opportunities on these topics.

VIII. COMMITTEE COMMENTS AND QUESTIONS - None

IX. ADJOURNMENT – 1:15 PM

DRAFT

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Hal Geiger, Governance Committee Chair

ISSUE

- The board is being asked to approve the revised Board Policy Manual.

BACKGROUND

- Per the BRH Board Bylaws and Board Manual:
 1. The Board of Directors of Bartlett Regional Hospital shall recommend bylaws and provide policies and procedures for the administrations and government of the Hospital as provided in CBJ 40.05.020. Accordingly, a manual of policies and procedures of the Board shall be maintained and established as the Board Manual.
 2. Policies and procedures shall become effective after being adopted by the Board of Directors and may be supplemented, deleted, or changed in the Board Policy Manual at the discretion of the Board of Directors requiring a simple motion and a majority of the directors.
 3. At least annually, the Governance Committee shall review the Board Policy Manual and propose changes or additions to comply with the most current bylaw or policy changes. This committee shall then forward its recommendations to the full board for consideration.
- Proposed changes to the Board Manual were reviewed and approved by the Governance Committee during its June 17, 2025, meeting. They were presented at the June 24th Board of Directors meeting for its first reading and review by the Board.
- Behind this cover memo:
 - Revised Board Policy Manual 2025

OPTIONS

- Approve the revised Board Policy Manual as presented.
- Amend the revised Board Policy Manual and approve amended Board Policy Manual.
- Seek more information

ADMINISTRATION'S RECOMMENDATION

- Approve the revised Board Policy Manual as presented.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the revised Board Policy Manual as presented.

Bartlett Regional Hospital

BOARD OF DIRECTORS

BOARD POLICY MANUAL

DRAFT

Bartlett Regional Hospital
Board of Directors Policy Manual
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Board of Directors Policy Manual

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DRAFT

0000 REFERENCE: QUORUM AND VOTING MAJORITIES

BYLAWS – RECOMMENDATION TO ADOPT, AMEND, OR REPEAL (BYLAWS & CBJ 40)
Prevailing vote of at least six members.

CHANGE TO POLICY MANUAL (§ 0120)
Prevailing vote of at least five members

USE OF DEDICATED FUND (§ 0410)
Prevailing vote of at least six members

REMOVAL OF BOARD MEMBER RECOMMENDATION (SEE BYLAWS § 0440)
Prevailing vote of at least six members

QUORUM – BOARD MEETING (SEE BYLAWS § 0620)
Five members of the Board shall constitute a quorum

VOTING ON REGULAR MOTIONS (SEE BYLAWS § 0720)
Prevailing vote of at least five members

APPOINTMENT OF CEO (SEE BYLAWS § 0810)
Prevailing vote of at least six members

0100 AUTHORITY AND CHANGES TO POLICY MANUAL

0110 AUTHORITY

The Board of Directors of Bartlett Regional Hospital (the Board or the Board of Directors) shall recommend bylaws and provide policies and procedures for the administrations and government of the Bartlett Regional Hospital (the Hospital) as provided in CBJ 40.05.020. Accordingly, a manual of policies and procedures of the Board of shall be maintained and established as the Board Manual.

0120 CHANGES TO THE BOARD POLICY MANUAL

Policies and procedures shall become effective after being adopted by the Board of Directors and may be supplemented, deleted, or changed in the *Board Policy Manual* at the discretion of the Board of Directors, requiring **a simple motion and a majority of the directors.**

0130 BOARD POLICY MANUAL ANNUAL REVIEW

Annually the Governance Committee shall review the Board Policy Manual and propose changes or additions to comply with the most current bylaw or policy changes. This committee shall then forward its recommendations to the full Board for consideration.

0200 BOARD-ENDORSED POLICY STATEMENTS

0210 BARTLETT REGIONAL HOSPITAL MISSION STATEMENT

We at Bartlett Regional Hospital are dedicated to providing our communities with compassionate, quality health care in a sustainable manner.

0220 BARTLETT REGIONAL HOSPITAL VISION STATEMENT

Bartlett Regional Hospital will be the best community hospital in Alaska.

0230 BARTLETT REGIONAL HOSPITAL CORE VALUES

At Bartlett Regional Hospital WE...C.A.R.E.

Courtesy

We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.

Accountability

We take responsibility for our actions and their collective outcomes, working as an effective, committed and cooperative team.

Respect

We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.

Excellence

We choose to do our best and work with commitment to continuous improvement. We provide high quality, professional healthcare to meet the changing needs of our community and region.

0250 SPEAKING FOR THE HOSPITAL BEFORE A LEGISLATIVE BODY

1. The chief executive officer (the CEO) of the Hospital shall inform the Board of Directors of positions taken by Alaska Hospital and Health Care Association (AHHA) on issues before state and federal legislative bodies. This notification should take place as issues arise.
2. When AHHA presents its positions to the legislative bodies and lists Bartlett Regional Hospital as a member group, this will be the position of the Hospital Board unless the Board takes a different stance and notifies AHHA.
3. No Bartlett Regional Hospital employee other than the CEO, or his or her designees, shall speak for the Hospital.

0300 BOARD OF DIRECTORS RULES, DUTIES, AND OPERATIONS

0310 AGENDA FOR BOARD MEETINGS

1. At the direction of the Board president, the CEO shall prepare an agenda of items of business to come before the Board at each Board meeting.
2. Board members who desire matters to be placed on the agenda shall bring those matters to the attention of the president prior to the meeting. Individuals and groups desiring to make presentations to the Board may contact the CEO and ask to be placed on the agenda.
3. The agenda shall be delivered to each Board member no later than three days before regular meetings and shall be delivered no later than twenty-four hours before special meetings.
4. The agenda shall include such reports and supplementary materials as are appropriate and available. Copies of the agenda and other materials shall be prepared for the public and the press and shall be available in the CEO's office and the Hospital's website. The meeting will be publicly noticed per the CBJ Code and the Board Bylaws.
5. Any member of the public may request the placement of an item on the Board agenda. The Board agenda shall include a designated time for the public to discuss an item not included on the prepared agenda.
6. An agenda for a special meeting may be prepared without a packet of information at the discretion of the CEO with concurrence of the Board president.
7. The order of business for regular Board meetings shall include the following:
 - i. Call to order
 - ii. Roll call
 - iii. Approval of agenda
 - iv. Public participation (not exceed 20 minutes or more than 3 minutes per speaker)
 - v. Announcements
 - vi. Consent agenda
 - vii. Old Business
 - viii. New Business
 - ix. Committee reports
 - x. Management reports
 - xi. Medical staff report
 - xii. Executive session (if needed)
 - xiii. Board comments and questions
 - xiv. Adjournment

0320 BOARD OF DIRECTORS COMMITTEE MEETINGS

1. Committee meetings may be called at any time by the committee chair or when a meeting is requested by a majority of the committee

2. All standing committees shall have no less than three committee members appointed by the Board president. The board president is an *ex officio* voting member of each standing committee. To conduct business, two committee members must be present. For any other committees, a majority of the total membership shall constitute a quorum of that committee.
3. Public notice shall be given of all committee meetings in accordance with CBJ code and the Board Bylaws, and the meeting shall be open to the public. A committee may recess into executive session as delineated by CBJ ordinance.
4. Minutes of all committee meetings shall be maintained and transmitted to all Board members.

0330 SCHEDULE FOR BOARD OFFICER ELECTIONS

Board officers shall be elected each December.

0340 STRATEGIC PLANNING

Annually, the CEO will lead a strategic planning process for the Board of Directors to establish the Board's strategic priorities for the coming year. This strategic plan will then serve as a guide for the organization's action plans until the next strategic plan is finalized.

0350 APPOINTMENT TO THE BARTLETT REGIONAL HOSPITAL FOUNDATION BOARD

The Board president may appoint one Board member to the foundation for a minimum of one year. The member may report back to the Board of Directors at the Board meeting.

0400 FINANCIAL OPERATIONS

0410 DEDICATED FUNDS

It is the policy of Bartlett Regional Hospital that all funds received or maintained by the Hospital that have been dedicated to specific purpose shall be sequestered and used only for the purpose for which the funds have been dedicated. However, the Board of Directors at a regular Board meeting shall have the authority **upon a six-member vote of the Board members in attendance** to otherwise specify the use of the funds.

0420 CAPITAL RESERVE FUND

The Board of Directors has established a dedicated fund known as the Capital Reserve Fund. The purpose of the fund is to set aside monies for future use for the purchasing of building, and equipment necessary for maintenance of quality care at the Hospital and to fund fiscal needs which may occur from time to time.

The Board of Directors shall determine the amount of funds to be set aside to fund depreciation of Hospital assets. Contributions to the fund shall be made at least monthly during the fiscal year.

0440 BOARD OF DIRECTORS TRAVEL AND REIMBURSEMENT POLICY

It is the policy of Bartlett Regional Hospital to reimburse members of the Board of Directors for all usual and reasonable travel and other expenses made on behalf of **the Board if the travel and expense has been previously approved by the Board and the CEO.**

1. Expense Report

- i. Bartlett Regional Hospital's *Expense Reimbursement Report* should be completed by the director and submitted within a reasonable time—normally 10 working days following completion of the trip. Detailed receipts shall be attached for all lodging and meal charges. An acceptable receipt shall include the name of the vendor, date, and dollar amount of the expense.
- ii. The expense report must be signed by both the director submitting the report and the CEO.

0500 THE BOARD AND THE HOSPITAL'S CEO

0510 CEO DUTIES TO THE BOARD OF DIRECTORS

The CEO shall have the following duties and responsibilities with respect to the Board:

1. Conduct and coordinate for the Board a comprehensive orientation program for new members.

2. Develop a continuing education program for all members based, at least in part, on identified needs.
3. Prepare the agenda for Board meetings in conjunction with the president and the secretary of the Board.
4. Serve as the liaison between the Board, the Medical Staff, and the departments of the Hospital.
5. Report to the Board and the staff on the overall activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care. Reports should also include federal, state and local developments that affect the operation of the Hospital.
6. Forward reports to the Board reflecting the Hospital's quality of care, regulation compliance, and notable occurrences.
7. Carry out the policies established by the Board.
8. Perform such other duties as the Board may direct.
9. Oversee production, distribution, and archiving of meeting and committee meeting minutes. This must include the following:
 - i. The CEO shall provide each Board member with a copy of the minutes no less than five working days before the next Board or Board committee meeting.
 - ii. Recordings shall be made of each regular meeting of the Board and shall be provided as public documents of the Board for two years.
 - iii. A copy of the minutes shall be sent to the Chief of Staff.
 - iv. A copy of the approved minutes shall be posted in the Hospital's website.
 - v. Copies of the minutes will be sent to the City and Borough Assembly and to other agencies determined by the Board as essential to Board communications.
 - vi. Copies will be made available by request to the CEO's office.

0520 CEO ANNUAL EVALUATION

Annually, or more frequently as the Board deems necessary, the Board shall review the performance of the CEO. The president of the Board shall inform the CEO of the results of this evaluation. Minutes of the Board meeting shall document the evaluation of the CEO.

0530 CRITERIA FOR CEO EVALUATION

The CEO's performance shall be judged based on (1) performance relative to any job description adopted by the Board of Directors relating to the duties and responsibilities of the CEO, (2) progress towards any annual goals the presented to the CEO by the Board president, and (3) reasonable expectations of diligence, ethical behavior, and leadership that would be expected of someone in the CEO's position.

0540 CEO INTERIM COVERAGE

The Hospital's CEO shall maintain a current plan for interim CEO coverage. The plan shall be reviewed together with the Board every January and include identification of an immediate temporary CEO. The immediate temporary CEO will take the roles and responsibilities of the CEO upon the current CEO termination services or extended absence.

0550 TERMINATION OF SERVICES OF THE CEO

If the services of the CEO are terminated for any reason, the Board of Directors will take the following actions:

1. The president shall notify the Board of Directors, City and Borough mayor and assembly, Hospital employees, and local media.
2. The Board president shall form a committee to begin recruitment of interim CEO, unless the Board has already identified an interim CEO (see 0540, above).
3. If the recruitment of an interim CEO is necessary, the Board of Directors must approve selections criteria, interview candidates, and make an interim CEO selection.
4. The Board president shall form a recruitment committee to begin recruitment of a CEO.
5. The recruitment committee shall select candidates for interview by the Board of Directors.
6. The Board of Directors shall approve selection criteria, interview final candidates, and make a CEO selection. Medical staff, the Hospital staff, and community leaders must be given an opportunity to comment on CEO candidates prior to final selection by Board of Directors.

0560 PHYSICIAN RECRUITMENT PLAN

A physician recruitment plan shall be established by the Hospital's CEO, to be consistent with the overall strategic plan developed by the Board of Directors. All recruiting commitments and contracts must comply with the Hospital's Physician Recruitment Policy. The CEO has authority to negotiate and sign physician contracts, if the decision to contract has been separately authorized and approved by the Hospital's Board of Directors.

0600 MEDICAL STAFF

0610 MEDICAL STAFF APPLICATION

All applications for appointment to the medical staff shall be in writing on the prescribed form approved by the Board and shall be addressed to the CEO of the hospital. They shall contain full information concerning the applicant's requested privileges, education, practice competence, previous hospital experience, and any unfavorable history regard to licensure and hospital privileges.

0620 MEDICAL STAFF APPOINTMENT ACTIONS BY THE BOARD OF DIRECTORS

At its first regular meeting after receipt of a recommendation from the executive committee of the medical staff, the Board shall act on the recommendation.

0630 NOTICE TO MEDICAL STAFF OF BOARD ACTION OR DECISION

The Hospital CEO shall communicate a notice of any appointment decisions made by the Board to the affected applicant or medical staff member within ten days of the decision.

Notice of Board appointment decision shall be sent to the Hospital's chief of staff either in paper or electronic written form within ten days of the decision.

(End of Document)

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- This is a standing report from the CEO and Administration staff to the board 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 is the CEO and Administration report

OPTIONS

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



MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CEO
SUBJECT: Executive Administration Report

"The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic." - Peter Drucker

With the passage of the One Big Beautiful Bill Act we can now start working to understand its implications. While the impact of the bill appears to be less for Alaska than other states, I have no doubt that we will be impacted. The good news, as I see it, is that we have time to develop plans to address some issues while others we will need to start working on immediately. We expect to have roughly 18 months before we start to see changes to the Medicaid enrollments. The Act includes rural specific funding that will mitigate some of the expected cuts to Medicaid, and we are starting discussions on these funds immediately as the State of Alaska will need to apply by the end of the calendar year. Unfortunately, these funds will not help some of our partners we transfer patients to. There are additional exemptions and provisions in the bill that appear to benefit or delay the impact to Alaska and we are working to fully understand these, but due to the recent passage and complexity of the Act we do not yet have a complete analysis. We have active engagement from both U.S. Senator's offices, and we have started discussions on what the bill means for us, as well as other important programs to Bartlett including our expiring Rural Hospital Demonstration payments and the potential of the SOLES Act.

As we assess potential headwinds associated with this bill, we can be grateful we are preparing for these changes from a significantly better financial situation than we were 12 months ago. Through the first 11 months of fiscal year 2025 we had an operating margin of 4.3%, above our goal of 3%. The goal was set based on industry standards and is seen as the rate that enables hospitals to be successful in replacing capital and retaining staff. To fully appreciate the year-to-year change in our financial health, when we look at the net income for Bartlett we see a \$14.7 million positive swing, from a loss of \$6.7 million last year to a gain of \$7.9 million this year. This puts us in a better position to address the impact of this bill.

EXECUTIVE SPONSORS: Joseph Wanner, CEO

TEAM MEMBERS: Christopher Cairns, Alex Valentine, Kyle Lewis, Dylan Rossignol-Jobsis

PROBLEM STATEMENT:

Bartlett has not engaged in a comprehensive workstation endpoint replacement since 2019. Current practice is to order as needed replacement devices and components, which increases per unit costs, wastes money on repair of obsolete hardware, and bloats the roster of models and underlying hardware to support. This increased device management complexity poses real and serious cybersecurity risk. WFC lacks any standard at all and relies entirely on self-built devices with parts sourced from Amazon. Family Practice workstations are currently signed into with local admin and minimal network edge security, necessitating a full reimage or replacement of hardware before we can safely connect their devices to our network. IS has essentially zero self-spare laptop or desktop devices and this causes delays to urgent repair or replacement efforts.

SCOPE (IN/OUT):IN: All Bartlett laptop and desktop CPUs.OUT: Displays & accessories.**BACKGROUND/CURRENT CONDITIONS:**

The majority of BRH's current workstations have aged out of Dell Pro Support warranties, so the cost of repair or replacement falls entirely on BRH in both hard and soft dollars. Previous replacements did not observe Enterprise Architecture standards to minimize complexity. Many BRH endpoints have OS's that were cloned and therefore lack a hardware attestation key that allows for TPM based Bitlocker encryption and Windows 11 secure boot. Windows 10 is EOL Oct 2025 with Rural Health enterprise customers allowed to receive extended security updates until Oct 2026. We will need a comprehensive OS replacement plan anyway.

ROOT CAUSE ANALYSIS:

1. Lack of Enterprise Architecture Standards.
2. Leadership turnover.
3. Budgetary restrictions/Seeing workstations as capital items and not operating costs.
4. Poor inventory management & tracking

GOAL

1. Develop a timeline to replace all existing BRH desktops and laptops with devices under Dell Pro Support warranties.
2. Image all replacement devices with Windows 11.

COUNTERMEASURES (PLAN):

1. Replace 1/3rd of all workstations per year for the next 3 years and do this on a 5 year cadence.
2. Utilize replaced devices as shelf-spares and to hotswap for Windows 11, pure Entra join effort.

KPI's (MEASURE):

1. % of Windows 11 devices.
2. % decrease in tickets related to hardware.

FOLLOW UP ACTIONS (ACT):

1. Decide whether to Lease or buy workstations.

Decision Point Document: Dell Workstation Refresh

Executive Sponsor: Joseph Wanner, CEO

Decision to be Made:

Whether to replace 1/3rd of our workstations for the next 3 years and whether to do so via outright purchase or 5 year lease.

Recommendation and Rationale:

RECOMMENDATION: Replace 1/3rd of our workstations in FY26 and intend to do the same in FY27 & FY28.

Lease Price: \$270,806.85 / \$54,161.37 per year for a term of 5 years.

Purchase Price: \$254,937

Decision Outcome:

- Approved as recommended
- Approved with changes (appended to document)
- Returned (reasons appended to document)

Procurement Team:

Contract Language Vetted by:
Date:

Best Pricing Verified:
Date:

IS-ESC Authorization:

Approved by:
Date:

Decision Point Number:

2025-064

Dell Workstation Refresh – Invoice

Thank you for giving Dell Financial Services L.L.C. ("DFS") the opportunity to provide a technology financing solution. Enclosed is a financing proposal for your new technology needs. We look forward to discussing this opportunity in further detail with you. If you have any questions, please contact me at the phone number or email address below.

Term	60
Option	FMV
Payments:	Annual
Consolidation:	Monthly
Payments Due:	Advance
Interim Rent:	None
	5 Payments

Dell Quote Number	Summary Product Description	Unit Price	Quantity	Extended Price	Rate Factor	
3000192168462.1	Dell Pro Micro Plus QBM1250	\$1,263.37	170	\$214,772.90	0.21245	\$45,628.50
3000192168462.1	Dell Pro 14 Plus PB14250	\$1,328.59	28	\$37,200.52	0.21245	\$7,903.25
3000192168462.1	Dell Pro 14 Plus PB14250	\$1,481.79	2	\$2,963.58	0.21245	\$629.61
	Estimated PPT Annual Management Fee				0.01239	\$671.06
ACQUISITION TOTALS				\$254,937.00		\$54,161.37

Personal Property Taxes (PPT) are taxes that apply to qualified transactions depending on your local governance, regardless of how you pay for the solution (cash, CC, lease, etc.)

Finance Charge =
\$15,869.85 over 5 years
OR
\$3,173.97 per year

Full Purchase
Price

TCO 5yr lease = $\$54,161.37 \times 5$
= \$270,806.85

Dell Workstation Refresh – Advantages & Disadvantages of Leasing

Advantages:

- Cash flow over multiple years

Disadvantages:

- Exact devices must be returned.
- Asset Recovery results in zero \$'s recovered.
- HDDs must be wiped per HIPAA regulations.
- Do not own assets. Can buy at FMV after lease term but will incur additional cost



Bartlett Information Systems – Project Baseball Card

Project: Dell Workstation Refresh

PROJECT DESCRIPTION

This project will replace 1/3rd of all Bartlett Desktop & Laptops with the intention of recurring once every year for the next 3 years.

PROJECT TEAM		PROPOSED SOLUTION
Executive Sponsor: Joseph Wanner, CEO		ED = 25
Stakeholder Sponsor: Christopher Cairns, Director Information Systems		Med surg = 30
Team: Christopher Cairns, Alex Valentine, Kyle Lewis, Dylan Rossignol-Jobsis		FIN = 9
TOTAL COST OF OWNERSHIP		Purchase these devices →
Purchase or Lease	\$254,937.00	ED = 25
	\$270,806.85	Med surg = 30
VALUE PROPOSITION Check All That Apply		FIN = 9
<input type="checkbox"/> Care Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Patient Safety <input checked="" type="checkbox"/> Reduced Complexity		CM = 15
<input type="checkbox"/> Patient Satisfaction <input checked="" type="checkbox"/> Employee Engagement <input checked="" type="checkbox"/> Provider Engagement		EA & C Suite = 8
PRIMARY STRATEGY ALIGNEMENT (Check Only 1)		Hospitalists = 5
<input checked="" type="checkbox"/> Deliver seamless continuity of care <input type="checkbox"/> Support the development and alignment of employees, providers & partners <input checked="" type="checkbox"/> Improve infrastructure to meet community needs <input checked="" type="checkbox"/> Optimize strategic growth <input type="checkbox"/> Promote a distinct identify and brand		Meeting Rooms & Classroom = 15
		WFC = 40
		Family Practice = 20
		Laboratory = 23
		PT = 10

Bartlett Information Systems

Proposed Project Plan

FOUNDATIONAL PROJECT: Dell Workstation Refresh

DESCRIPTION: This project will replace 1/3rd of all Bartlett Desktop & Laptops with the intention of recurring once every year for the next 3 years.

PROPOSED TIMELINE:

- A** Approval Cycle **Q1/FY26**
- S** Start Project **Q1/FY26**
- E** Complete Project **Q2/FY26**

Value Proposition

- Financial Performance
- Patient Safety
- Care Quality
- Reduced Complexity
- Patient Satisfaction
- Employee Engagement
- Provider Engagement

Alignment to Strategy

- Deliver seamless continuity of care
- Support the development and alignment of employees, providers & partners
- Improve infrastructure to meet community needs
- Optimize strategic growth
- Promote a distinct identify and brand

IS Executive Steering Committee

- Decision Point Document
- Baseball Card
- Total Cost of Ownership
- LEAN A3
- Plan

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, 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.

SUGGESTED MOTION

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

August 2025

All public meetings will be virtual and in person. Participants wishing to join virtually are encouraged to do so by using the video conference meeting information listed on the next page and at the top of each meeting's agenda.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 12:00pm Planning Committee (PUBLIC MEETING)	2
3	4	5 7:00am Credentials Committee <i>(Not a public meeting)</i>	6	7	8 12:00pm Finance Committee (PUBLIC MEETING)	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 5:30pm Board of Directors (PUBLIC MEETING)	27	28	29	30
31						

August 2025 – BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00 pm Friday, August 1st

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

<https://bit.ly/BRHPlanningCommitteeMeetings2025> Meeting ID: 281 356 428 302 Passcode: dc9aos

Join by Phone: 1 469 998 7360 Phone Conference ID: 901 310 556#

BRH Board Finance and Audit Committee 12:00 pm Friday, August 8th

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

<https://bit.ly/BRHFinanceCommitteeMeetings2025> Meeting ID: 272 417 242 42 Passcode: FoafKQ

Join by Phone: 1 469 998 7360 Phone Conference ID: 215 796 66#

BRH Board of Directors Meeting 5:30pm Tuesday, August 26th

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

<https://bit.ly/BRHBoardofDirectorsMeetings2025> Meeting ID: 295 750 175 155 Passcode: K4ka96dC

Join by Phone: 1 469 998 7360 Phone Conference ID: 465 244 905#

MEMORANDUM

DATE: July 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

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

BACKGROUND

- Documents to be reviewed are:
 - a. Credentialing files summary report
 - b. July 8, 2025, Medical Staff Meeting Minutes
 - c. Patient Safety Dashboards

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, patient safety dashboards, and legal updates.