Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, January 24, 2023; 5:30 p.m.
BRH Boardroom / Zoom video conference
This hybrid meeting may be accessed by the public via the following link:
https://bartletthospital.zoom.us/j/93293926195

or call
1-888-788-0099 and enter webinar ID 932 9392 6195

I. CALL TO ORDER

II. 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

IV. APPROVE AGENDA

V. PUBLIC PARTICIPATION

VI. CONSENT AGENDA (Pg.3)
- A. December 27, 2022, Board of Directors Meeting Minutes (Pg.4)
- B. November 2022 Financials (Pg.10)

VII. OLD BUSINESS
- ➢ Hospital Capacity Update – Kim McDowell

VIII. NEW BUSINESS

IX. MEDICAL STAFF REPORT – Dr. Rosenfeld
- ➢ Trauma Patient Admission Policies – **ACTION ITEM** (Pg.20)

X. COMMITTEE MINUTES/REPORTS (Pg.26)
- A. January 6, 2023, Draft Planning Committee Minutes – Deb Johnston (Pg.27)
- B. January 13, 2023, Draft Finance Committee Minutes – Max Mertz (Pg.30)
  1. Phased Approach to Financial Stability Plan – **ACTION ITEM** (Pg.33)
  2. da Vinci Lease Agreement – **ACTION ITEM** (Pg.38)
  3. Audit Services - **ACTION ITEM** (Pg.40)
- C. January 19, 2023, Draft Board Quality Committee Minutes – Dr. Jones (Pg.43)

- Annual Management Plans – **ACTION ITEM** (Pg.45)

XI. MANAGEMENT REPORTS (Pg.46)

A. CEO Management Report – David Keith (Pg.47)
B. CFO Management Report – Sam Muse (Pg.54)
C. CHRO Management Report – Dallas Hargrave (Pg.60)
D. COO / CNO Management Report – Kim McDowell (Pg.62)
E. CBHO Management Report – Tracy Dompeling (Pg.66)
F. Legal Management Report – Barbra Nault / Robert Palmer (Pg.70)

XII. CBJ LIAISON REPORT – Carole Triem

XIII. PRESIDENT REPORT – Kenny Solomon-Gross

XIV. BOARD CALENDAR – February 2023 (Pg.71)

XV. BOARD COMMENTS AND QUESTIONS

XVI. EXECUTIVE SESSION

A. Credentialing Report – Dr. Rosenfeld
B. January 3, 2023, Medical Staff Meeting Minutes – Dr. Rosenfeld
C. Patient Safety Dashboard – Gail Moorehead
D. Legal and Litigation – Barbra Nault / Robert Palmer

Motion by xx, to recess into executive session to discuss several matters:

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

And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

XVII. ADJOURNMENT

NEXT MEETING – Tuesday, February 28, 2023; 5:30 p.m.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 19, 2023**

From: Kenny Solomon-Gross, Board President

♦ ISSUE

The board is being asked to approve the consent agenda.

♦ BACKGROUND

- There are two items on the consent agenda.

- Behind this cover memo are:
    1) Draft minutes of the December 27, 2022, Board of Directors Meeting.
    2) November 2022 Financials

- Sam Muse, Chief Financial Officer will be present to brief the board.

♦ OPTIONS

Approve the consent agenda as presented to the board.

Amend the consent agenda and approve the amended consent agenda.

Seek additional information.

♦ LEADERSHIP'S RECOMMENDATION

Approve the consent agenda as presented to the board.

♦ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the consent agenda consisting of approval of the minutes from the December 27, 2022 Board of Directors meeting and the November 2022 Financials.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
December 27, 2022 – 5:30 p.m.
BRH Boardroom and Zoom

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

LAND ACKNOWLEDGEMENT – Ms. Young opened the meeting with a reading of the newly adopted land acknowledgment.

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

ROLL CALL:
Board Members Present

Kenny Solomon-Gross, President	Brenda Knapp, Vice President	Deb Johnston, Secretary
Mark Johnson	Hal Geiger	Iola Young
Lisa Petersen	Max Mertz	*Lindy Jones, MD*

Also Present *(Zoom attendees italicized)*

David Keith, CEO	Sam Muse, Interim CFO	Tracy Dompeling, CBHO
Kim McDowell, CCO	Dallas Hargrave, HR Director	*Joseph Roth, MD, COS*
Robert Palmer, CBJ Attorney	*Sherri Layne, CBJ Attorney*	*Dave Branding, JAMHI*
Nate Rumsey, Business. Development	*Erin Hardin, Community Relations*	*Nathan Overson, Compliance*
Sam Norton, Interim IT Director	Anita Moffitt, Exec. Assistant	

APPROVE AGENDA – ***MOTION by Ms. Johnston to approve agenda as written. Mr. Geiger seconded. There being no objections, agenda approved.***

PUBLIC PARTICIPATION – None

CONSENT AGENDA – ***MOTION by Ms. Knapp to approve consent agenda. Ms. Johnston seconded. There being no objection, the November 22, 2022, Board of Directors Minutes, October 2022 Financials and FY22 Financial Audit approved.***

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported the following: No Covid patients in-house; a few RSV (Respiratory Syncytial Virus) and flu patients; no employees out with Covid; PPE supplies are good. Seeing a lot of RSV patients through the Emergency Department, mostly pediatric patients. Hospitals throughout Alaska having issues with capacity due to inundation of RSV patients.

MEDICAL STAFF REPORT – Dr. Roth reported the following: Dr. Malter will be Vice Chief of Staff next year, Dr. Rosenfeld, Chief of Staff. Diagnostic imaging has voiced concerns about after-hours emergent evaluations; there is a policy in place for this, but many physicians are unaware of it. Dr. Strickler will discuss with the Medical Staff Executive Committee (MSEC) at next month's meeting. Credentials Committee continues to work on creating policies for Robotics, Nurse Practitioners and Physician Assistants. This is a laborious process that requires a lot of time and effort. Credentialing for robotics and these providers cannot move ahead without policies in place.

COMMITTEE REPORTS:

Board Compliance and Audit Committee - Minutes from the November 18th meeting in the packet. Verbal update had been provided at the November Board of Directors (BOD) meeting.

Finance Committee – Ms. Johnston noted the minutes from the December 9th meeting accurately reflect the discussions from the meeting. She reminded the Board that comparative financial statements for the financial audit are not available this year due to changes in accounting standards. The Board had been informed in 2021 that the internal control finding would carry over into this year.

Board Quality Committee – Minutes from the December 13th meeting in the packet. Dr. Jones reported the committee is looking for different quality measures to be able to provide more accurate, meaningful information to the Board. Work continues to keep the EMR (Electronic Medical Record) issue moving in the right direction.

Board Governance Committee – Minutes from December 20th meeting in the packet. Mr. Geiger reported wording has been added to compliance attestation to make it a more general attestation to be used when board members undergo their initial orientation. ***MOTION on behalf of the Governance Committee to approve the board member attestation as presented.*** Discussion held about the purpose of attestation. It is to obtain acknowledgement of board member's understanding of expectations in their role. **There being no objections board member attestation approved.**

Mr. Geiger reported the Board Self-Evaluation results had been reviewed and 4 recommendations based on results, adopted for presentation to the board.

1. Improve communications with the public and stakeholders.
2. Integrate the strategic plan with the budget process.
3. Use CBJ and hospital staff resources for better and more frequent board training opportunities. (Monthly optional training opportunities proposed.)
4. Improve onboarding orientation for new board members.

Mr. Solomon-Gross thanked Mr. Geiger for all the hard work put into the Governance Committee this past year.

MANAGEMENT REPORTS:

CEO Report – Mr. Keith noted this is the first time he has not been physically present for a BRH Board meeting and appreciated the opportunity to participate virtually while on vacation. He then reported the following:

- The Governor's budget is flat with the exception of an increase in Medicaid. There is a new methodology for calculating Medicaid payments to hospitals – resulting in an estimated $300,000 annual increase for BRH.
- The Legislative Fly-In is scheduled to take place in February. CEOs and Administrative leaders from across Alaska will descend on Juneau to press Alaska Hospital & Healthcare Association (AHHA) legislative

priorities. The most important priority to BRH is the Nurse Licensure Compact (NLC) that allows nurses to practice across state lines with a single license.

- Organizational changes are being made to help redistribute the work and improve accountability, oversight, and communication. The results of the wage and salary and FTE analyses will be used to determine any additional changes and financial impacts to the organizational structure in the future.
- Home Health and Hospice is on track and tentatively plans to begin seeing patients by the end of January.
- BRH continues to experience negative margins monthly and is currently at a ($5M) loss for the year. Without any mitigation, the loss will annualize to just over ($10M) by end FY 2023. In response, Senior Leadership is preparing a structured and formal plan to reduce the deficit and with the goal of entering the new FY (July 2023) in a breakeven or profitable position. The plan will be presented to the Finance Committee and full Board next month. A communication plan to employees and the community has been drafted.
- BRH is working with CBJ on the opportunity to manage and ultimately secure Wildflower Court (WFC) as part of the BRH system.

David noted 2023 will have many operational challenges and believe BRH has strong leadership on the Board and Senior Leadership Team (SLT). With assistance and alignment with our physician partners, BRH will be able to meet the challenges.

Mr. Mertz initiated discussion about how soon a plan needs to be put into action. Mr. Keith provided an overview of the actions already taken, and indicated that additional actions are being planned for. . When questioned about staff reductions, he stated they would come in the 3rd phase of the 3-phase plan – especially if costs do not come under control. It was noted that upwards to an estimated 145 positions were added between FY 2019 and 2021. Unfortunately, many of these positions are no longer supported by the workload. Ms. Knapp expressed the desire to have an action plan presented and put into place within 6 weeks. Mr. Keith acknowledged her concerns and stated actions have already been taken and will escalate. However, it's important the SLT and Board be thoughtful, respectful and actions implemented in an orderly fashion. Mr. Keith reiterated a draft action plan will be presented at the January 13th Finance Committee meeting. The hospital is already in the first phase of the plan. Phases 2 and 3 will require Board input and acknowledgment because of the severity of the actions. Mr. Geiger noted small changes can have big consequences. He encourages the board to have faith in management and give them time to carefully think things through. He then initiated discussion about organizational chart revisions and asked if those changes were final. Mr. Keith noted that there may be additional changes once the FTE analysis is completed and reviewed. Ms. Young initiated discussion about how BRH will communicate changes to staff and the community. Mr. Keith indicated the communication plan includes town hall meetings, speaking at Rotary and Chamber meetings, and addressing the Assembly. Speaking points will be provided to Board members to help communications when questioned by the public. Dr. Jones noted the importance of allowing SLT to be strategic in planning actions to increase revenue, which may mean hiring people in certain areas. Recruitment for vacant positions are posted internally, cross training staff to work in different areas will be offered before job elimination.

Mr. Mertz questioned whether SEARHC, as a tribal healthcare entity and local competitor, should be required to have a CON (Certificate of Need) for some of their expansion projects. SEARHC currently does not limit their patients to tribal beneficiaries. Mr. Palmer did not have an answer to the comment however did indicate he would look into the matter further. Mr. Keith stated also added that BRH and CBJ should consider working together to possibly reorganize itself in order to create a more agile, competitive structure for BRH. Mr. Keith will talk to the City Manager and Mr. Palmer about engaging in a study to determine what organizational structure between CBJ

and BRH would give the best competitive advantage in the current environment. Mr. Mertz agreed evaluating changes to the organizational structure with CBJ may be a good idea. He then clarified that he is not talking about legislative or regulatory changes regarding the CON, he thinks this is a question of law and needs to be pursued. Mr. Johnson initiated discussion about entities working collaboratively and state funding. Mr. Palmer given instruction to investigate the legalities of CON matter.

CFO Report – Mr. Muse reported the FY24 budget process has begun. Known cost increases include a 7% increase in health insurance plans; BRH is self-insured through CBJ. A 1% wage increase is being built into the budget. Meetings are being held with directors to provide guidance on how to prepare a budget from the bottom up which includes looking at every expenditure over the last 16 months and to anticipate a conservative 3% increase for supplies. Budgets will need to be determined for Wildflower Court and Home Health and Hospice. A draft of the budget will be submitted to CBJ for review and to Board of Directors for review and approval in mid-March. It will be introduced to the Assembly at the beginning of April and presented to the Assembly at the end of April; Final adoption will be the end of May.

CHRO Report – Mr. Hargrave reported BRH is reducing its pay rates for travelers after temporarily increasing them last year; a necessary action to get travelers during the pandemic. Reducing rates will likely affect future recruitment efforts. We will monitor the impact on hospital operations in clinical areas and will provide an update to the Board if our traveler pay strategy needs to be adapted again. He reported on a new pilot program that includes a higher sign on bonus than our current program for relocation expenses in exchange for the new employee committing to a longer period of employment at the hospital. This pilot program will initially be applied to hard to fill positions in Diagnostic Imaging department.

CCO Report – Ms. McDowell reported OR (Operating Room) 3 is empty and needs minor touchups and equipment placement before opening for surgeries. Call hours will be reduced by 1/3 in January, a direct result of heavy recruiting. 3 new members joined surgical services in December, reducing the number of travelers needed. The OR Committee has been working on OR start times: First surgical case of the day is to start at 0800, with the patient in the room at 0730. First case in room times improved from 68 % in September to 75 % in November. This allows more opportunities to add on surgeries when needed. After hour surgeries continue to be monitored have decreased by 50% since September. Drs. Newbury, Dannhardt and Hope have written letters of support for the daVinci robot. Robotics is one way to open the third OR to increase revenue. Less staff needed for robotic surgeries.

Mr. Muse reported he has been working closely with Mr. Palmer on the robotics contract. The two biggest hurdles of the contract are the indemnification language and the choice of venue. The indemnification language could leave BRH open to litigation if it doesn't mitigate those risks through training, credentialing, insurance policies, etc. Mr. Palmer reported Intuitive is the only vendor for this equipment so has a monopoly on the market. BRH must plan for extra costs and a balance between the business side and legal side is needed to move ahead. Without a choice of law provision, BRH could be required to use non-Alaskan attorneys, at triple the rate of Alaskan attorneys for any litigation. Discussion held about how often liability issues have come up with Intuitive and about ongoing training for physicians in a small community. Mr. Mertz expressed support for management to take these risks and move ahead without knowing future numbers. Dr. Jones expressed concern over who is going to use the robot. Mr. Johnson initiated discussion about the use of non-Alaskan lawyers. Ms. McDowell noted that as long as BRH is leasing the robot, Intuitive will provide ongoing clinical support and training. Ms. Johnston agreed with Mr. Mertz, a decision cannot be made solely on risks. Not acting out of fear of what may be, will be another barrier to staying relevant in the community. Ms. Dompeling reported instance of failed surgeon recruitment due lack of a robot.

Mr. Solomon – Gross called for a brief recess. The meeting recessed at 6:55 p.m. and resumed at 7:02 p.m.

CBHO Report – Ms. Dompeling reported working with behavioral health leaders on reviewing the behavioral health org chart, current vacant positions, and shared staffing opportunities to reduce costs. A need for financial support for startup of the crisis services programs has been identified. This would help with salary expenses for staff who will need to be onboarded 4-6 weeks prior to commencement of services. The need for financial support will be presented to the Alaska Mental Health Trust Authority (AMHTA) when they are in Juneau at the end of January and planning to tour the Aurora Behavioral Health Center (ABHC). Discussion held about Mental Health Unit running at ½ capacity affecting other areas of the hospital and efforts to increase the census. Rainforest Recovery Center has identified times when nursing staff could help on the Mental Health Unit. The ABHC should be open in May; BRH will be taking possession of the building around April 5th. A tour of the ABHC was given to the Legislative Delegation on December 23rd at which time capital and operating funding for crisis services was discussed.

Legal Report – Mr. Palmer reported since the last meeting, Ms. Nault' s office has worked with directors and senior leadership on the following: Professional services agreement for radiology services; Intuitive Surgical contract negotiations; Matters related to home health and hospice services at BRH; Matters related to Wildflower Court; Matters related to Juneau Bone and Joint Center; Reviews of clinical internship agreement and Memorandum of Understanding with UAA (University of Alaska Anchorage) Nursing Program.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 8:23 p.m. and resumed at 8:24 p.m.

CBJ LIAISON REPORT – No report

PRESIDENT REPORT – Mr. Solomon-Gross reported the following: He attended every committee meeting as well as several meetings with Mr. Keith, Mr. Palmer, and Ms. Nault over the past month; CBJ email addresses are changing from juneau.org to juneau.gov. He thanked Mr. Johnson and Ms. Young for extending their term on the board for one more month to allow extra time to recruit BRH Board member applicants. He thanked outgoing Chief of Staff, Dr. Joseph Roth and read a letter of acknowledgment of Dr. Roth's time in this position. As a thank you, a leaf will be engraved with Dr. Roth's name on it and placed on the Bartlett Regional Hospital Foundation's Giving Tree. Dr. Roth thanked Mr. Solomon-Gross and Board.

ELECTION OF BOARD OFFICERS – Mr. Solomon-Gross turned the gavel over to Ms. Knapp who explained the process for nomination of Board Officers for 2023 and then opened the floor for nominations.

- Board President – Ms. Johnston nominated Kenny Solomon-Gross for a third term as Board President and provided compelling reasons for doing so. Mr. Geiger seconded. ***There being no other nominations, Mr. Solomon-Gross was appointed Board President by unanimous consent.*** Mr. Solomon-Gross expressed his appreciation for being elected President again, it's an honor and privilege to serve in this role.

- Board Vice President – Ms. Knapp nominated Deborah Johnston for Board Vice-President. Mr. Geiger seconded. ***There being no other nominations, Ms. Johnston appointed Vice President by unanimous consent.***

- Board Secretary – Mr. Geiger nominated Max Mertz for Board Secretary. Ms. Knapp seconded. No other nominations. ***There being no other nominations, Mr. Mertz appointed Secretary by unanimous consent.*** Mr. Mertz thanked the board and acknowledged Ms. Knapp's officer roles over the years. She will serve on the Executive Committee in 2023.

BOARD CALENDAR – Mr. Solomon – Gross reported new committee assignments will be made before the January 6th Planning Committee meeting. January calendar reviewed; no changes made. Mr. Mertz will miss the Board meeting due to travel. Discussion held about why the Board meetings are scheduled for 5:30 p.m.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson noted he cleaned out his files and has old conference materials up for grabs if anyone would like to have them. Ms. Young stated it has been an honor, a great responsibility, and very rewarding to serve on the Board. Mr. Johnson noted that although she doesn't say much, when Ms. Young speaks, everyone listens. Mr. Solomon-Gross thanked Mr. Johnson and Ms. Young for serving on the board.

EXECUTIVE SESSION – ***MOTION by Mr. Geiger to recess into executive session to discuss several matters as written in the agenda:***

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

  And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

  And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

***Ms. Knapp* seconded.** Mr. Solomon-Gross reminded attendees that all information to be discussed in executive session is confidential. Attendees are to ensure there are no unauthorized people in the room with them or able to hear the conversations.

The Board entered executive session at 7:28 p.m. and returned to regular session at 7:34 p.m.

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

ADJOURNMENT: 7:34 p.m.

NEXT MEETING: 5:30 p.m. **–** Tuesday, January 24, 2023

To: BRH Finance Committee
From: Sam Muse
Interim Chief Financial Officer

Re: November Financial Performance

Overview

Inpatient volumes fell coming out of the summer months into the fall and remained down in November. Outpatient revenues also fell slightly in November. And, while expenditures were down nearly $1M dollars from October to November, they have not come down in line with revenues, leading to a loss of **$(2.8M)** for November.

Income Statement

Inpatient revenues held flat from October to November. Outpatient revenues were down $1.1M dollars month-over-month led by one-time revenue recognized in October of $900K for back-billed ECG/EKG charges and then a slight decline in volumes for November. The rolling six-month average monthly loss for the hospital is now **$(1.44M)**.

Deductions from revenue as a percentage of gross patient revenue were at 54.3%, well above the 12-month rolling average of 46.8%. We had several high dollar accounts ($100K>) on the AR in November that were finally paid by Medicare and/or Medicaid. Some of these were in process for several months. Additionally, there were older observation accounts in which the patient did not meet inpatient criteria but were kept in observation status due to unsafe discharge. In these cases, Medicare/Medicaid will only allow 48 hours of observation, and these accounts had over 700 hours billed because they were at Bartlett for over a month. Lastly, the ECG/EKG late charges recognized in October were addressed by some of the payers in November. These were added to the account and rebilled to ensure the revenue was recognized, but ultimately contractually adjusted to a large degree. Bottom line, when the final contractual adjustment on outstanding AR is greater than the amount allowed for (as part of the contractual reserve calculation) the result will be recognition of a more significant adjustment in that particular month, which was the case here.

Salaries expense of $4.3M was slightly below the 12-month rolling average of $4.4M. Total salaries and benefits were 93.4% of net operating revenues for the month, well above previous months. Again, this is really driven by revenues coming down significantly, but it highlights to an important point: that Bartlett must be able to reduce staffing costs & other costs more nimbly, commiserate with changes in volumes at the hospital.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) decreased $1M from the month prior. This was due to a cash loss from operations of $600K and capital expenditures in the month of $400K. It continues to be very important to keep a close eye on cash going forward, especially any cashflow decreases related to operating activities.

Net accounts receivable decreased $1.3M during the period. Again, the decrease was primarily related to increased write-offs/allowances in the month, as noted in the income statement section. Actual payments on account receivables for the month were $8.3M, up from the prior month and roughly average overall.

Current liabilities decreased $330K due to a payment made in November to the CMS for over reimbursement during FY22, as dictated by the completed Cost Report. This was offset by an increase in other payables, such as payroll liabilities.

Dashboard/Financial Indicators

On the Dashboard report, volumes were off from the prior month. In General, inpatient volumes were flat month-to-month and down year-to-year while outpatient revenues/volumes are up year-over-year and down month-to-month.

Days cash on hand is down slightly, but still around 6-7 months of cash based on operating expenditure levels of $347K a day.

Days in net receivables has increased to 76.1 and days in accounts payable increased to 49.5. We plan to take a closer look at the revenue cycle to see if there are methods we can use or implement to reduce receivables, boost cash

and decrease AR days going forward. Additionally, we look to streamline the AP process to ensure payments are out the door in a more efficient manner.

Conclusion

The Hospital remains in a structural deficit with current operations. Management is taking steps to address this deficit and anticipate that December will look more positive than November or October. However, many further actions are needed to ensure the sustainability of operations on a go-forward basis.

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF NOV 2022

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
						Gross Patient Revenue:						
$3,584,672	$4,736,760	-$1,152,089	-24.3%	$3,192,673	1.	Inpatient Revenue	$19,067,693	$25,045,596	-$5,977,903	-23.9%	$20,297,820	-6.1%
$942,642	$1,237,859	-$295,217	-23.8%	$950,044	2.	Inpatient Ancillary Revenue	$5,282,736	$6,545,162	-$1,262,427	-19.3%	$5,757,399	-8.2%
$4,527,314	$5,974,619	-$1,447,306	-24.2%	$4,142,717	3.	Total Inpatient Revenue	$24,350,429	$31,590,758	-$7,240,330	-22.9%	$26,055,219	-6.5%
$10,860,738	$11,003,774	-$143,036	-1.3%	$9,976,299	4.	Outpatient Revenue	$59,479,420	$58,182,458	$1,296,962	2.2%	$54,669,754	8.8%
$15,388,052	$16,978,393	-$1,590,342	-9.4%	$14,119,016	5.	Total Patient Revenue - Hospital	$83,829,849	$89,773,216	-$5,943,368	-6.6%	$80,724,973	3.8%
$259,792	$247,363	$12,429	5.0%	$166,861	6.	RRC Patient Revenue	$1,064,010	$1,307,938	-$243,929	-18.6%	$1,249,313	-14.8%
$196,646	$464,766	-$268,120	-57.7%	$413,225	7.	BHOPS Patient Revenue	$1,034,216	$2,457,454	-$1,423,238	-57.9%	$1,969,741	-47.5%
$891,445	$1,131,316	-$239,871	-21.2%	$827,856	8.	Physician Revenue	$5,564,568	$5,981,850	-$417,282	-7.0%	$4,896,730	13.6%
$16,735,935	$18,821,838	-$2,085,904	-11.1%	$15,526,958	9.	Total Gross Patient Revenue	$91,492,643	$99,520,458	-$8,027,817	-8.1%	$88,840,757	3.0%
						Deductions from Revenue:						
$3,122,174	$2,933,666	-$188,508	-6.4%	$2,875,635	10.	Inpatient Contractual Allowance	$14,255,010	$15,411,126	$1,156,116	7.5%	$12,480,781	14.2%
-$350,000	-$350,000	$0		-$308,333	10a.	Rural Demonstration Project	-$1,750,000	-$1,750,000	$0		-$308,333	
$5,111,022	$4,386,052	-$724,970	-16.5%	$4,414,193	11.	Outpatient Contractual Allowance	$25,702,131	$23,191,241	-$2,510,890	-10.8%	$21,960,076	17.0%
$567,279	$556,237	-$11,042	-2.0%	$547,175	12.	Physician Service Contractual Allowance	$3,360,968	$2,941,103	-$419,865	-14.3%	$2,838,362	18.4%
$24,782	$23,982	-$800	-3.3%	$23,902	13.	Other Deductions	$134,163	$126,802	-$7,361	-5.8%	$121,749	0.0%
$27,409	$114,312	$86,903	76.0%	$216,604	14.	Charity Care	$142,229	$604,427	$462,198	76.5%	$635,502	-77.6%
$590,288	$279,720	-$310,568	-111.0%	$23,326	15.	Bad Debt Expense	$2,033,925	$1,479,021	-$554,904	-37.5%	$1,878,099	8.3%
$9,092,954	$7,943,969	-$1,148,985	-14.5%	$7,792,502	16.	Total Deductions from Revenue	$43,878,426	$42,003,720	-$1,874,706	-4.5%	$39,606,236	10.8%
50.5%	*41.8%*			*50.5%*		*% Contractual Allowances / Total Gross Patient Revenue*	*45.4%*	*41.7%*			*41.6%*	
3.7%	*2.1%*			*1.5%*		*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*2.4%*	*2.1%*			*2.8%*	
54.3%	*42.2%*			*50.2%*		*% Total Deductions / Total Gross Patient Revenue*	*48.0%*	*42.2%*			*44.6%*	
$7,642,981	$10,877,869	-$3,234,889	-29.7%	$7,734,456	17.	Net Patient Revenue	$47,614,217	$57,516,738	-$9,902,523	-17.2%	$49,234,521	-3.3%
$68,846	$372,614	-$303,768	-81.5%	$2,170,951	18.	Other Operating Revenue	$768,842	$1,900,323	-$1,131,481	-59.5%	$4,287,145	-82.1%
$7,711,827	$11,250,483	-$3,538,656	-31.5%	$9,905,407	19.	Total Operating Revenue	$48,383,059	$59,417,061	-$11,034,004	-18.6%	$53,521,666	-9.6%
						Expenses:						
$4,305,853	$4,760,827	$454,974	9.6%	$4,184,946	20.	Salaries & Wages	$22,541,478	$24,280,248	$1,738,771	7.2%	$21,636,616	4.2%
$318,021	$426,942	$108,921	25.5%	$347,759	21.	Physician Wages	$1,634,732	$2,177,403	$542,671	24.9%	$1,787,592	-8.6%
$556,777	$76,765	-$480,012	-625.3%	$141,874	22.	Contract Labor	$3,656,507	$391,500	-$3,265,007	-834.0%	$912,533	300.7%
$2,023,430	$2,549,599	$526,169	20.6%	$2,371,632	23.	Employee Benefits	$10,800,841	$13,003,025	$2,202,184	16.9%	$12,081,943	-10.6%
$7,204,081	$7,814,133	$610,052	7.8%	$7,046,211			$38,633,558	$39,852,176	$1,218,619	3.1%	$36,418,684	6.1%
93.4%	69.5%			71.1%		% Salaries and Benefits / Total Operating Revenue	79.8%	67.1%			68.0%	
$98,090	$72,208	-$25,882	-35.8%	$40,688	24.	Medical Professional Fees	$306,891	$368,262	$61,372	16.7%	$306,241	0.2%
$346,250	$393,117	$46,867	11.9%	$416,828	25.	Physician Contracts	$1,566,533	$2,004,894	$438,361	21.9%	$1,818,714	-13.9%
$140,070	$217,299	$77,229	35.5%	$199,503	26.	Non-Medical Professional Fees	$1,226,134	$1,108,221	-$117,913	-10.6%	$899,583	36.3%
$1,325,465	$1,297,849	-$27,616	-2.1%	$1,241,206	27.	Materials & Supplies	$6,688,085	$6,618,947	-$69,138	-1.0%	$7,330,428	-8.8%
$187,073	$144,731	-$42,342	-29.3%	$126,857	28.	Utilities	$835,467	$738,098	-$97,369	-13.2%	$603,891	38.3%
$509,622	$407,395	-$102,227	-25.1%	$318,644	29.	Maintenance & Repairs	$2,289,665	$2,077,729	-$211,936	-10.2%	$2,246,129	1.9%
$29,889	$64,846	$34,957	53.9%	$76,991	30.	Rentals & Leases	$343,316	$330,708	-$12,608	-3.8%	$276,123	24.3%
$76,587	$77,533	$946	1.2%	$66,224	31.	Insurance	$384,763	$395,406	$10,643	2.7%	$351,200	9.6%
$592,791	$646,038	$53,248	8.2%	$640,504	32.	Depreciation & Amortization	$2,951,227	$3,294,792	$343,566	10.4%	$3,141,960	-6.1%
$32,000	$108,560	$108,560	100.0%	$49,761	33.	Interest Expense	$217,870	$553,658	$335,788	60.6%	$246,580	-11.6%
$106,732	$144,337	$37,605	26.1%	$171,096	34.	Other Operating Expenses	$701,646	$736,039	$34,393	4.7%	$658,420	6.6%
$10,648,650	$11,388,046	$771,397	6.8%	$10,394,513	35.	Total Expenses	$56,145,155	$58,078,930	$1,933,778	3.3%	$54,297,953	-3.4%
-$2,936,823	-$137,563	-$2,799,260	2034.9%	-$489,106	36.	Income (Loss) from Operations	-$7,762,096	$1,338,131	-$9,100,227	-680.1%	-$776,287	899.9%
						Non-Operating Revenue						
$1,124	$43,668	-$42,545	-97.4%	$102,277	37.	Interest Income	$12,494	$222,709	-$210,215	-94.4%	$511,013	-97.6%
$86,817	$61,308	$25,509	41.6%	$62,201	38.	Other Non-Operating Income	$348,177	$312,670	$35,507	11.4%	$595,948	-41.6%
$87,941	$104,976	-$17,036	-16.2%	$164,478	39.	Total Non-Operating Revenue	$360,671	$535,379	-$174,708	-32.6%	$1,106,961	-67.4%
-$2,848,882	-$32,587	-$2,816,295	8642.4%	-$324,628	40.	Net Income (Loss)	-$7,401,425	$1,873,510	-$9,274,935	-495.1%	$330,674	2338.3%
-38.08%	-1.22%			-4.94%		Income from Operations Margin	-16.04%	2.25%			-1.45%	
-36.94%	-0.29%			-3.28%		Net Income	-15.30%	3.15%			0.62%	

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD DECEMBER 21 THRU NOVEMBER 22

	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22	October-22
Gross Patient Revenue:											
1. Inpatient Revenue	$3,672,150	$4,412,846	$3,829,268	$3,872,858	$3,587,976	$3,929,079	$3,968,043	$4,215,688	$4,027,710	$3,982,584	$3,257,040
2. Inpatient Ancillary Revenue	$1,073,788	$1,160,613	$981,373	$1,081,410	$1,096,773	$928,481	$1,049,117	$1,140,316	$1,099,216	$1,197,792	$902,770
3. Total Inpatient Revenue	$4,745,938	$5,573,459	$4,810,641	$4,954,268	$4,684,749	$4,857,560	$5,017,160	$5,356,004	$5,126,926	$5,180,376	$4,159,810
4. Outpatient Revenue	$11,143,687	$10,491,837	$10,234,016	$11,452,789	$11,222,953	$11,601,673	$11,242,830	$11,360,235	$13,314,095	$11,947,076	$11,997,275
5. Total Patient Revenue - Hospital	$15,889,625	$16,065,296	$15,044,657	$16,407,057	$15,907,702	$16,459,233	$16,259,990	$16,716,239	$18,441,021	$17,127,452	$16,157,085
6. RRC Patient Revenue	$252,501	$190,248	$243,856	$211,413	$208,848	$249,944	$196,884	$182,885	$218,659	$146,310	$256,364
7. BHOPS Patient Revenue	$574,433	$406,510	$391,780	$624,646	$390,417	$456,653	$529,944	$199,460	$196,611	$243,492	$198,007
8. Physician Revenue	$854,494	$775,989	$898,164	$897,198	$1,060,736	$1,076,229	$862,360	$1,205,276	$1,295,030	$1,043,040	$1,129,777
9. Total Gross Patient Revenue	$17,571,053	$17,438,043	$16,578,457	$18,140,314	$17,567,703	$18,242,059	$17,849,178	$18,303,860	$20,151,321	$18,560,294	$17,741,233
Deductions from Revenue:											
10. Inpatient Contractual Allowance	$2,807,374	$3,082,649	$2,671,339	$2,791,603	$2,490,383	$2,972,366	$3,105,403	$3,188,205	$2,874,182	$3,041,724	$2,028,725
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
11. Outpatient Contractual Allowance	$4,173,471	$4,207,232	$4,270,949	$4,780,143	$4,827,998	$4,860,343	$5,284,968	$4,768,716	$5,287,432	$5,373,622	$5,161,340
12. Physician Service Contractual Allowance	$475,883	$452,923	$494,154	$515,089	$576,784	$781,557	$407,030	$719,575	$792,835	$593,392	$687,887
13. Other Deductions	$21,140	$20,316	$22,490	$20,832	$25,302	$27,821	$27,703	$25,242	$23,107	$29,475	$31,557
14. Charity Care	$45,611	$132,111	$30,914	$86,009	$114,562	$143,248	$56,435	$64,841	$16,786	$23,558	$9,635
15. Bad Debt Expense	$1,011,727	$281,765	$9,964	$198,141	$493,288	$725,275	-$344,442	$766,855	$121,762	$105,424	$449,596
16. Total Deductions from Revenue	$8,185,206	$7,826,996	$7,149,810	$8,041,817	$8,178,317	$9,160,610	$8,187,097	$9,183,434	$8,766,104	$8,817,195	$8,018,740
% Contractual Allowances / Total Gross Patient Revenue	*40.4%*	*42.4%*	*42.7%*	*42.6%*	*42.9%*	*45.3%*	*47.3%*	*45.5%*	*42.7%*	*46.7%*	*42.4%*
% Bad Debt & Charity Care / Total Gross Patient Revenue	*6.0%*	*2.4%*	*0.2%*	*1.6%*	*3.5%*	*4.8%*	*-1.6%*	*4.5%*	*0.7%*	*0.7%*	*2.6%*
% Total Deductions / Total Gross Patient Revenue	*46.6%*	*44.9%*	*43.1%*	*44.3%*	*46.6%*	*50.2%*	*45.9%*	*50.2%*	*43.5%*	*47.5%*	*45.2%*
17. Net Patient Revenue	$9,385,847	$9,611,047	$9,428,647	$10,098,497	$9,389,386	$9,081,449	$9,662,081	$9,120,426	$11,385,217	$9,743,099	$9,722,493
18. Other Operating Revenue	$3,342,074	$353,598	$351,197	$1,068,226	$888,429	$365,743	$430,405	$365,270	$35,967	$237,857	$60,903
19. Total Operating Revenue	$12,727,921	$9,964,645	$9,779,844	$11,166,723	$10,277,815	$9,447,192	$10,092,486	$9,485,696	$11,421,184	$9,980,956	$9,783,396
Expenses:											
20. Salaries & Wages	$4,448,979	$4,187,133	$4,172,073	$4,501,362	$4,317,359	$4,357,166	$4,497,152	$4,400,364	$4,638,771	$4,447,158	$4,749,331
21. Physician Wages	$235,235	$310,416	$329,545	$273,221	$444,317	$422,325	$260,633	$267,548	$363,200	$303,118	$382,845
22. Contract Labor	$116,802	$131,180	$209,851	$259,925	$199,136	$789,120	$820,571	$633,674	$896,896	$500,550	$1,063,275
23. Employee Benefits	$2,384,712	$2,390,367	$2,192,232	$2,502,779	$2,527,370	$2,427,959	$2,434,120	$2,374,084	$2,078,228	$2,184,768	$2,136,626
	$7,185,728	$7,019,096	$6,903,701	$7,537,287	$7,488,182	$7,996,570	$8,012,476	$7,675,670	$7,977,095	$7,435,594	$8,332,077
% Salaries and Benefits / Total Operating Revenue	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%	80.9%	69.8%	74.5%	85.2%
24. Medical Professional Fees	$50,370	$103,234	$165,961	$41,788	$54,167	$63,462	$48,386	$38,713	$95,316	$27,897	$46,875
25. Physician Contracts	$326,380	$390,072	$322,387	$325,313	$249,694	$412,311	$514,752	$326,821	$399,851	$300,750	$192,862
26. Non-Medical Professional Fees	$194,816	$251,322	$203,518	$211,847	$181,852	$209,768	$246,454	$221,282	$223,427	$326,262	$283,400
27. Materials & Supplies	$1,553,150	$1,344,539	$1,354,348	$1,346,888	$1,281,281	$1,435,271	$1,331,112	$1,305,218	$1,507,512	$1,297,313	$1,238,474
28. Utilities	$157,087	$253,444	$199,502	$187,642	$117,421	$214,545	$98,852	$121,693	$140,725	$170,796	$215,122
29. Maintenance & Repairs	$456,037	$434,349	$440,614	$448,823	$468,289	$521,697	$435,114	$426,346	$536,097	$308,219	$508,187
30. Rentals & Leases	$97,199	$48,761	$60,069	$84,113	$64,215	$77,726	$51,336	$86,650	$75,688	$69,747	$81,343
31. Insurance	$60,796	$65,724	$120,075	$102,592	$70,720	$67,712	$66,848	$74,882	$78,806	$74,478	$80,011
32. Depreciation & Amortization	$640,537	$645,931	$600,353	$606,903	$598,119	$585,394	$584,119	$594,379	$589,009	$585,314	$585,000
33. Interest Expense	-$241,751	$34,580	$32,973	$32,973	$32,973	$32,973	$32,973	$32,973	$32,919	$32,919	$32,000
34. Other Operating Expenses	$119,674	$119,261	$186,388	$125,175	$97,288	$191,849	$127,071	$93,683	$148,396	$190,795	$115,397
35. Total Expenses	$10,600,023	$10,710,313	$10,589,889	$11,051,344	$10,704,201	$11,809,278	$11,549,493	$10,998,310	$11,804,841	$10,820,084	$11,710,748
36. Income (Loss) from Operations	$2,127,898	-$745,668	-$810,045	$115,379	-$426,386	-$2,362,086	-$1,457,007	-$1,512,614	-$383,657	-$839,128	-$1,927,352
Non-Operating Revenue											
37. Interest Income	$102,195	$100,015	$102,268	$2,698	$600	$835	$733	$1,988	$1,332	$5,860	$2,190
38. Other Non-Operating Income	$61,340	$62,183	$59,617	$61,897	$57,400	$64,348	$64,269	$61,858	$70,916	$67,229	$61,357
39. Total Non-Operating Revenue	$163,535	$162,198	$161,885	$64,595	$58,000	$65,183	$65,002	$63,846	$72,248	$73,089	$63,547
40. Net Income (Loss)	$2,291,433	-$583,470	-$648,160	$179,974	-$368,386	-$2,296,903	-$1,392,005	-$1,448,768	-$311,409	-$766,039	-$1,863,805

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
November 30, 2022

	November-22	October-22	November-21	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	14,652,954	15,612,199	19,700,052	(5,047,098)
2. Board designated cash	28,579,509	28,579,509	30,341,553	(1,762,043)
3. Patient accounts receivable, net	19,385,684	20,740,871	17,902,598	1,483,086
4. Other receivables	(353,012)	(136,876)	907,038	(1,260,050)
5. Inventories	4,086,504	4,081,522	3,745,351	341,154
6. Prepaid Expenses	3,098,133	3,322,738	2,939,487	158,646
7. Other assets	755,752	755,753	31,936	723,817
8. Total current assets	70,205,524	72,955,716	75,568,015	(5,362,488)
Appropriated Cash:				
9. CIP Appropriated Funding	28,184,484	28,184,484	18,853,710	9,330,774
Property, plant & equipment				
10. Land, bldgs & equipment	156,049,480	153,625,432	152,031,616	4,017,864
11. Construction in progress	20,317,356	22,545,584	11,100,753	9,216,602
12. Total property & equipment	176,366,836	176,171,016	163,132,369	13,234,466
13. Less: accumulated depreciation	(111,760,833)	(111,168,043)	(104,715,882)	(7,044,951)
14. Net property and equipment	64,606,003	65,002,978	58,416,493	6,189,515
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	12,654,846	(1,642,130)
16. Total assets	174,008,727	177,155,890	165,493,060	8,515,671
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,735,584	2,448,280	2,523,324	212,259
18. Accrued employee benefits	4,988,949	5,126,480	4,974,135	14,814
19. Accounts payable and accrued expenses	5,388,795	4,964,766	2,654,776	2,734,019
20. Due to 3rd party payors	2,246,688	3,165,930	2,367,164	(120,476)
21. Deferred revenue	583,485	626,652	956,168	(372,683)
22. Interest payable	186,175	186,175	445,609	(259,433)
23. Note payable - current portion	1,490,000	1,490,000	910,000	580,000
24. Other payables	1,254,223	1,195,898	456,756	797,467
25. Total current liabilities	18,873,899	19,204,181	15,287,932	3,585,967
Long-term Liabilities:				
26. Bonds payable	34,545,000	34,545,000	17,350,000	17,195,000
27. Bonds payable - premium/discount	2,754,701	2,754,701	111,164	2,643,537
28. Net Pension Liability	15,568,546	15,568,546	62,063,897	(46,495,351)
29. Deferred In-Flows	45,156,052	45,156,052	4,884,297	40,271,755
30. Total long-term liabilities	98,024,299	98,024,299	84,409,358	13,614,941
31. Total liabilities	116,898,198	117,228,480	99,697,290	17,200,908
32. Fund Balance	57,110,529	59,927,410	65,795,768	(8,685,239)
33. Total liabilities and fund balance	174,008,727	177,155,890	165,493,060	8,515,671

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD DECEMBER 21 THRU NOVEMBER 22

	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22	October-22
Gross Patient Revenue:											
1. Inpatient Revenue	$3,672,150	$4,412,846	$3,829,268	$3,872,858	$3,587,976	$3,929,079	$3,968,043	$4,215,688	$4,027,710	$3,982,584	$3,257,040
2. Inpatient Ancillary Revenue	$1,073,788	$1,160,613	$981,373	$1,081,410	$1,096,773	$928,481	$1,049,117	$1,140,316	$1,099,216	$1,197,792	$902,770
3. Total Inpatient Revenue	$4,745,938	$5,573,459	$4,810,641	$4,954,268	$4,684,749	$4,857,560	$5,017,160	$5,356,004	$5,126,926	$5,180,376	$4,159,810
4. Outpatient Revenue	$11,143,687	$10,491,837	$10,234,016	$11,452,789	$11,222,953	$11,601,673	$11,242,830	$11,360,235	$13,314,095	$11,947,076	$11,997,275
5. Total Patient Revenue - Hospital	$15,889,625	$16,065,296	$15,044,657	$16,407,057	$15,907,702	$16,459,233	$16,259,990	$16,716,239	$18,441,021	$17,127,452	$16,157,085
6. RRC Patient Revenue	$252,501	$190,248	$243,856	$211,413	$208,848	$249,944	$196,884	$182,885	$218,659	$146,310	$256,364
7. BHOPS Patient Revenue	$574,433	$406,510	$391,780	$624,646	$390,417	$456,653	$529,944	$199,460	$196,611	$243,492	$198,007
8. Physician Revenue	$854,494	$775,989	$898,164	$897,198	$1,060,736	$1,076,229	$862,360	$1,205,276	$1,295,030	$1,043,040	$1,129,777
9. Total Gross Patient Revenue	$17,571,053	$17,438,043	$16,578,457	$18,140,314	$17,567,703	$18,242,059	$17,849,178	$18,303,860	$20,151,321	$18,560,294	$17,741,233
Deductions from Revenue:											
10. Inpatient Contractual Allowance	$2,807,374	$3,082,649	$2,671,339	$2,791,603	$2,490,383	$2,972,366	$3,105,403	$3,188,205	$2,874,182	$3,041,724	$2,028,725
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
11. Outpatient Contractual Allowance	$4,173,471	$4,207,232	$4,270,949	$4,780,143	$4,827,998	$4,860,343	$5,284,968	$4,768,716	$5,287,432	$5,373,622	$5,161,340
12. Physician Service Contractual Allowance	$475,883	$452,923	$494,154	$515,089	$576,784	$781,557	$407,030	$719,575	$792,835	$593,392	$687,887
13. Other Deductions	$21,140	$20,316	$22,490	$20,832	$25,302	$27,821	$27,703	$25,242	$23,107	$29,475	$31,557
14. Charity Care	$45,611	$132,111	$30,914	$86,009	$114,562	$143,248	$56,435	$64,841	$16,786	$23,558	$9,635
15. Bad Debt Expense	$1,011,727	$281,765	$9,964	$198,141	$493,288	$725,275	-$344,442	$766,855	$121,762	$105,424	$449,596
16. Total Deductions from Revenue	$8,185,206	$7,826,996	$7,149,810	$8,041,817	$8,178,317	$9,160,610	$8,187,097	$9,183,434	$8,766,104	$8,817,195	$8,018,740
% Contractual Allowances / Total Gross Patient Revenue	*40.4%*	*42.4%*	*42.7%*	*42.6%*	*42.9%*	*45.3%*	*47.3%*	*45.5%*	*42.7%*	*46.7%*	*42.4%*
% Bad Debt & Charity Care / Total Gross Patient Revenue	*6.0%*	*2.4%*	*0.2%*	*1.6%*	*3.5%*	*4.8%*	*-1.6%*	*4.5%*	*0.7%*	*0.7%*	*2.6%*
% Total Deductions / Total Gross Patient Revenue	*46.6%*	*44.9%*	*43.1%*	*44.3%*	*46.6%*	*50.2%*	*45.9%*	*50.2%*	*43.5%*	*47.5%*	*45.2%*
17. Net Patient Revenue	$9,385,847	$9,611,047	$9,428,647	$10,098,497	$9,389,386	$9,081,449	$9,662,081	$9,120,426	$11,385,217	$9,743,099	$9,722,493
18. Other Operating Revenue	$3,342,074	$353,598	$351,197	$1,068,226	$888,429	$365,743	$430,405	$365,270	$35,967	$237,857	$60,903
19. Total Operating Revenue	$12,727,921	$9,964,645	$9,779,844	$11,166,723	$10,277,815	$9,447,192	$10,092,486	$9,485,696	$11,421,184	$9,980,956	$9,783,396
Expenses:											
20. Salaries & Wages	$4,448,979	$4,187,133	$4,172,073	$4,501,362	$4,317,359	$4,357,166	$4,497,152	$4,400,364	$4,638,771	$4,447,158	$4,749,331
21. Physician Wages	$235,235	$310,416	$329,545	$273,221	$444,317	$422,325	$260,633	$267,548	$363,200	$303,118	$382,845
22. Contract Labor	$116,802	$131,180	$209,851	$259,925	$199,136	$789,120	$820,571	$633,674	$896,896	$500,550	$1,063,275
23. Employee Benefits	$2,384,712	$2,390,367	$2,192,232	$2,502,779	$2,527,370	$2,427,959	$2,434,120	$2,374,084	$2,078,228	$2,184,768	$2,136,626
	$7,185,728	$7,019,096	$6,903,701	$7,537,287	$7,488,182	$7,996,570	$8,012,476	$7,675,670	$7,977,095	$7,435,594	$8,332,077
% Salaries and Benefits / Total Operating Revenue	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%	80.9%	69.8%	74.5%	85.2%
24. Medical Professional Fees	$50,370	$103,234	$165,961	$41,788	$54,167	$63,462	$48,386	$38,713	$95,316	$27,897	$46,875
25. Physician Contracts	$326,380	$390,072	$322,387	$325,313	$249,694	$412,311	$514,752	$326,821	$399,851	$300,750	$192,862
26. Non-Medical Professional Fees	$194,816	$251,322	$203,518	$211,847	$181,852	$209,768	$246,454	$221,282	$223,427	$326,262	$283,400
27. Materials & Supplies	$1,553,150	$1,344,539	$1,354,348	$1,346,888	$1,281,281	$1,435,271	$1,331,112	$1,305,218	$1,507,512	$1,297,313	$1,238,474
28. Utilities	$157,087	$253,444	$199,502	$187,642	$117,421	$214,545	$98,852	$121,693	$140,725	$170,796	$215,122
29. Maintenance & Repairs	$456,037	$434,349	$440,614	$448,823	$468,289	$521,697	$435,114	$426,346	$536,097	$308,219	$508,187
30. Rentals & Leases	$97,199	$48,761	$60,069	$84,113	$64,215	$77,726	$51,336	$86,650	$75,688	$69,747	$81,343
31. Insurance	$60,796	$65,724	$120,075	$102,592	$70,720	$67,712	$66,848	$74,882	$78,806	$74,478	$80,011
32. Depreciation & Amortization	$640,537	$645,931	$600,353	$606,903	$598,119	$585,394	$584,119	$594,379	$589,009	$585,314	$585,000
33. Interest Expense	-$241,751	$34,580	$32,973	$32,973	$32,973	$32,973	$32,973	$32,973	$32,919	$32,919	$32,000
34. Other Operating Expenses	$119,674	$119,261	$186,388	$125,175	$97,288	$191,849	$127,071	$93,683	$148,396	$190,795	$115,397
35. Total Expenses	$10,600,023	$10,710,313	$10,589,889	$11,051,344	$10,704,201	$11,809,278	$11,549,493	$10,998,310	$11,804,841	$10,820,084	$11,710,748
36. Income (Loss) from Operations	$2,127,898	-$745,668	-$810,045	$115,379	-$426,386	-$2,362,086	-$1,457,007	-$1,512,614	-$383,657	-$839,128	-$1,927,352
Non-Operating Revenue											
37. Interest Income	$102,195	$100,015	$102,268	$2,698	$600	$835	$733	$1,988	$1,332	$5,860	$2,190
38. Other Non-Operating Income	$61,340	$62,183	$59,617	$61,897	$57,400	$64,348	$64,269	$61,858	$70,916	$67,229	$61,357
39. Total Non-Operating Revenue	$163,535	$162,198	$161,885	$64,595	$58,000	$65,183	$65,002	$63,846	$72,248	$73,089	$63,547
40. Net Income (Loss)	$2,291,433	-$583,470	-$648,160	$179,974	-$368,386	-$2,296,903	-$1,392,005	-$1,448,768	-$311,409	-$766,039	-$1,863,805

Bartlett Regional Hospital
Dashboard Report for November 2022

	CURRENT MONTH						YEAR TO DATE			
Facility Utilization:	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**	**Prior Month**	**% Over (Under) Pr Yr**	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**
Hospital Inpatient:Patient Days										
Patient Days - Med/Surg	438	540	-18.8%	397	421	10.3%	2,445	2,752	-11%	2,297
Patient Days - Critical Care Unit	83	96	-14%	81	67	2.5%	414	492	-16%	512
Avg. Daily Census - Acute	17.4	21.2	-18%	15.9	15.7	9.0%	18.7	21.2	-12%	18.4
Patient Days - Obstetrics	45	62	-27%	62	47	-27.4%	270	316	-15%	313
Total Hospital Patient Days	**566**	**698**	**-19%**	**540**	**575**	4.8%	**3,129**	**3,560**	-12%	**3,122**
Births	19	24	-22%	26	18	-26.9%	106	125	-15%	126
Patient Days - Nursery	32	48	-33%	47	40	-31.9%	225	243	-7%	235
Mental Health Unit										
Patient Days - Mental Health Unit	103	154	-33%	108	138	-4.6%	555	783	-29%	798
Avg. Daily Census - MHU	3.3	5.1	-35%	3.6	4	-7.7%	3.6	5.1	-29%	5.2
Rain Forest Recovery:										
Patient Days - RRC	235	162	45%	120	239	95.8%	970	824	18%	805
Avg. Daily Census - RRC	8	5.4	41%	4	8	89.5%	6	5.4	18%	5
Outpatient visits	29	42	-31%	28	34	3.6%	187	215	-13%	210
Inpatient: Admissions										
Med/Surg	54	66	-18%	54	50	0.0%	302	335	-10%	323
Critical Care Unit	32	57	-44%	37	34	-13.5%	192	290	-34%	207
Obstetrics	19	26	-28%	29	18	-34.5%	108	135	-20%	138
Nursery	19	24	-22%	25	19	-24.0%	110	124	-11%	125
Mental Health Unit	16	24	-33%	15	16	6.7%	84	122	-31%	123
Total Admissions - Inpatient Status	**140**	**197**	-29%	**160**	**137**	-12.5%	**796**	**1,006**	-21%	**916**
Admissions -"Observation" Status										
Med/Surg	64	71	-9%	83	48	-22.9%	296	360	-18%	367
Critical Care Unit	20	24	-18%	30	25	-33.3%	143	125	14%	116
Mental Health Unit	1	3	-71%	5	3	-80.0%	13	18	-26%	18
Obstetrics	16	15	8%	14	11	14.3%	77	75	2%	76
Total Admissions to Observation	**101**	**113**	-11%	**132**	**87**	16.1%	**529**	**578**	-9%	**577**
Surgery:										
Inpatient Surgery Cases	38	47	-19%	38	38	0.0%	241	240	0%	231
Endoscopy Cases	103	86	20%	87	109	18.4%	533	439	21%	428
Same Day Surgery Cases	109	101	8%	75	135	45.3%	567	515	10%	474
Total Surgery Cases	**250**	**234**	7%	**200**	**282**	25.0%	**1,341**	**1,194**	12%	**1,133**
Total Surgery Minutes	17,538	15,647	12%	13,446	18,424	30.4%	89,000	79,798	12%	76,755
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,052	997	6%	834	1,001	26.1%	5,553	5,084	9%	5,249
Cardiac Rehab Visits	84	31	173%	0	81	#DIV/0!	542	157	246%	187
Lab Tests	9,237	9,680	-5%	9,422	10,648	-2.0%	51,597	49,370	5%	50,415
Diagnostic Imaging Tests	2,374	2,321	2%	2,155	2,442	10.2%	12,802	11,836	8%	11,765
Sleep Study Visits	18	21	-13%	29	19	-37.9%	78	106	-26%	122
Physician Clinics:										
Hospitalists	193	237	-18%	249	214	-22.5%	1,107	1,207	-8%	1,237
Bartlett Oncology Clinic	109	94	16%	87	115	25.3%	538	480	12%	484
Ophthalmology Clinic	77	71	8%	46	73	67.4%	464	362	28%	342
Behavioral Health Outpatient visits	733	645	14%	658	695	11.4%	3,510	3,289	7%	3,211
Bartlett Surgery Specialty Clinic visits	211	223	-5%	232	252	-9.1%	1,297	1,138	14%	1,119
Total Physician Clinics	**1,323**	**1,270**	**4%**	**1,272**	**1,349**	**4.0%**	**6,916**	**6,477**	**7%**	**6,393**
Other Operating Indicators:										
Dietary Meals Served	14,146	17,185	-18%	15,302	12,582	12.4%	68,094	87,641	-22%	78,324
Laundry Pounds (Per 100)	384	559	-31%	374	403	-4.7%	2,027	2,849	-29%	1,938

Bartlett Regional Hospital
Financial Indicators for November 2022

	CURRENT MONTH				YEAR TO DATE			
Facility Utilization:	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,837	5,631	-14.1%	3,905	4,991	5,839	-14.5%	4,815
Contractual Allowance %	50.5%	40.0%	26.3%	48.5%	45.4%	40.0%	13.6%	41.6%
Bad Debt & Charity Care %	3.7%	2.1%	76.3%	1.5%	2.4%	2.1%	13.6%	2.8%
Wages as a % of Net Revenue	67.8%	48.4%	40.1%	60.4%	58.5%	46.7%	25.2%	49.4%
Productive Staff Hours Per Adjusted Patient Day	24.8	27.5	-9.9%	19.4	25.3	27.0	-6.3%	22.7
Non-Productive Staff Hours Per Adjusted Patient Day	4.1	4.3	-4.6%	3.4	3.9	4.2	-6.6%	3.7
Overtime/Premium % of Productive	10.44%	7.92%	31.9%	10.31%	8.04%	7.92%	1.5%	7.97%
Days Cash on Hand	44	41	6.8%	61	42	41	3.0%	59
Board Designated Days Cash on Hand	169	159	6.8%	151	163	159	3.0%	151
Days in Net Receivables	76.1	76	0.0%	57	65.1	65	0.0%	57
Days in Accounts Payable	49.5	49	0.0%	16	27.2	27	0.0%	16
Total CMI	1.24							
MCR CMI	1.44							
MCD CMI	1.08							

Bartlett Regional Hospital

Write-Offs November 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Adminstrative	$734.88	1
SP Prompt Pay Disc	$50,322.43	148
Medicare Patient <120 days		
Authorization/Alert Missing	$79,349.88	7
1115 Waiver Svcs on Commercial Ins	$1,101.75	4
Denied Appeals /Exhausted/Timely	$40,856.51	13
BOPS Provider NOT Eligible to Bill		
Mental Health BD MHU, RRC BOPS		
No Provider Enrollment		
	$172,365.45	

Collections

One Time Ins PPD		
Collections SPPPD	$10,371.60	148

November 2022 ME Totals

- Charity $25,429.73
- **Claims on hold -0- $0.00**
- POS Collections $6,852.64
- Cares Adjustments $-427.57 (some reversals)

Molecular Lab Revenue $11,900.00

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: Nicholas Rosenfeld, MD – Chief of Staff

♦ ISSUE

The board is being asked to approve the policy for admission of trauma patients and the policy for admission of trauma patients awaiting medevac as approved by the Medical Staff Executive Committee.

♦ BACKGROUND

- The following plans were presented and approved at the December 26, 2022 Medical Staff Executive Committee meeting.
- Behind this cover memo are:
    1) Policy for admission of trauma patients
    2) Policy for admission of trauma patients awaiting medevac.

- Gail Moorehead, Executive Director of Quality will be present to brief the board.

♦ OPTIONS

Approve the policies as presented to the board.

Amend the policies and approve the amended policies.

Seek additional information.

♦ LEADERSHIP'S RECOMMENDATION

Approve the policies as presented to the board.

♦ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the policy for admission of trauma patients and the policy for admission of trauma patients awaiting medevac.

Bartlett Regional Hospital

Title: **POLICY FOR ADMISSION OF TRAUMA PATIENTS**

Responsible Committee: Trauma Committee

Final Draft. Approved by Medical Staff on Dec 6, 2022.

PURPOSE: Trauma patients sometimes require admission to Bartlett Regional Hospital. There is sometimes disagreement about which service should be primary for these patients.

DEFINITIONS:

- A **trauma patient** is a patient who has suffered a traumatic injury who requires admission because of that injury. If a patient has sustained an injury but is being admitted for reasons other than that injury, they are not considered a trauma patient.
- Orthopedic injury is a peripheral orthopedic injury. Rib fracture and spine fractures are not considered orthopedic injuries.
- A **pregnant patient with a viable pregnancy** includes any woman who is 20 or more weeks pregnant
- **Pediatric patients** are patients 14 years old or younger
- A pathologic fracture is a fracture due to osteopenia, osteoperosis, metabolic bone disease, or tumor.

POLICY:

A. When an adult trauma patient requires admission to the hospital due to a traumatic injury(other than exceptions below), that patient should be admitted to the general surgery service.

B. Patients who have sustained only orthopedic injuries, and are being admitted because of their orthopedic injuries, should be admitted to the orthopedic service.

C. Pediatric patients may be admitted by a surgeon or their primary care provider. Both should be consulted and jointly decide.

D. Pregnant patients with traumatic injuries that have a viable pregnancy should be admitted by their obstetrical on call team.

E. Medically complex patients may require consultation of medical service.

F. Patients with only rib fractures, and without chest tubes, may be admitted to the medical service. If the patient requires CCU admission, general surgery may be consulted.

G. Patients with chest tubes should be admitted to the general surgery service.

H. Patients being admitted to a service other than general surgery who had ER trauma activations and/or requirement for serial (non-orthopedic) trauma exams should have a general surgery consult.

I. Patients with traumatic intracranial bleeds in whom a consulting neurosurgeon recommends that the patient not be medevaced, should be admitted to the medical service.

J. Stable spinal compression fractures or transverse process fractures of the thoracic and/or lumbar spine do not change the admitting service.

K. The primary admitting service can request a consulting service be consulted and/or see the patient in the emergency department prior to admission if they feel appropriate.

L. If there is disagreement on who should admit a patient based on this policy, the appropriate admitting physician is determined by the ER physician as per hospital rules and regulations (page 10, H5).

SCOPE: All trauma patients requiring admission

AGE SPECIFIC CONSIDERATIONS: See above.

REFERENCES: N/A

ATTACHMENTS: N/A

Bartlett Regional Hospital

Title: **POLICY FOR ADMISSION OF TRAUMA PATIENTS AWAITING MEDEVAC**

Responsible Committee: Trauma Committee

Final version: Approved by Medical Staff on 12.3.22

PURPOSE: It sometimes occurs that patients, who are victims of trauma, require admission to Bartlett Regional Hospital while awaiting medevac for trauma care. These patients do not all require surgery. There has been confusion in the past about who an appropriate admitting provider of these patients might be. The goal is always to medevac patients to appropriate level of care as soon as possible.

DEFINITIONS:

- A **trauma patient requiring medevac** is a patient who has suffered a traumatic injury who requires a medevac because of that injury.
- **Requiring admission prior to medevac** -patients with accepting providers at outside facility who cannot immediately leave due to weather, air craft availability, bed availability, or requiring surgery at BRH prior to medevac.
- Orthopedic injury- peripheral orthopedic injury. Rib fracture and stable compression fractures are not considered orthopedic injuries.

POLICY:

When an adult trauma patient requires admission to the hospital prior to transfer, that patient should be admitted to the general surgery service. This is the case regardless of

if that patient requires surgery or not. The exception is if the patient has only orthopedic injuries or is being medevaced due acute medical, not acute traumatic illness. In these cases the patient should be admitted by the orthopedic or medical services respectively. If a patient requires surgery at BRH prior to medevac, they should be admitted by the operating provider. If reason for medevac is that necessary hardware is unavailable, or anesthesia feels most appropriate for medevac, the patient should be admitted to the service most appropriate if patient was planning to have surgery at BRH.

SCOPE: All trauma patients requiring medevac who are older than 14.

AGE SPECIFIC CONSIDERATIONS: Patients 14 and younger may be admitted to the pediatric service if the general surgeon and pediatrician are in agreement on this issue.

REFERENCES: N/A

ATTACHMENTS: N/A

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: Anita Moffitt, Executive Assistant

♦ ISSUE

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

♦ BACKGROUND

- The board will be briefed on the discussions and actions taken at each committee meeting.

- Behind this cover memo are:
    - January 6, 2023 Draft Planning Committee Meeting Minutes
    - January 13, 2023 Draft Finance Committee Meeting Minutes
    - January 19, 2023 Draft Board Quality Committee Meeting Minutes

♦ OPTIONS

This is an information update.

Planning Committee Meeting Minutes
January 6, 2023 – 12:00 p.m.
BRH Boardroom / Zoom Videoconference

Called to order at 12:02 p.m., by Kenny Solomon-Gross (Committee Chair, Ms. Johnston joined the meeting later.)

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT *(Zoom attendees italicized)***:** Deborah Johnston***,** Brenda Knapp***,** *Mark Johnson**, *Max Mertz*, and *Kenny Solomon-Gross*

ALSO PRESENT *(Zoom attendees italicized)***:** David Keith**,** Kim McDowell, Dallas Hargrave, Tracy Dompeling, Sam Muse, Marc Walker, *Jeanne Rynne, Katie Koester*, Sara Dodd, Kim Stout, and Anita Moffitt

APPROVAL OF AGENDA – ***Ms. Knapp made a MOTION to approve the agenda as written. Mr. Solomon-Gross seconded. There being no objections, agenda approved as presented.***

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – ***Ms. Knapp made a MOTION to approve the minutes from the November 4, 2022 Planning Committee meeting. Mr. Solomon-Gross seconded. There being no objections, minutes approved.***

NEW BUSINESS: None

OLD BUSINESS:
Home Health and Hospice Services – Ms. Stout reported Home Health and Hospice Services will be under separate license from BRH; license application submitted in November. She provided an overview of the PowerPoint presentation included in the packet. PowerPoint includes mission and vision statement, benefits to the community, and Medicare conditions of participation for home health and for hospice services. Joint Commission uses same standards for accreditation as for the hospital. These services are currently lacking in the community but once implemented will allow more job opportunities, will be instrumental to BRH in the throughput of patients, impact to finances and reducing readmission rates and ED visits. Shared resources and manpower should help reduce costs and lower the hospital's Medicare spending for beneficiary dollar, a measure that impacts the overall star rating and reimbursements for BRH. BRH will have the full continuum of care by adding post-acute care providers. License has been applied for, position descriptions and policies and procedures are being developed. Forms have been developed but an address will need to be identified before they go to the printers. Two Electronic Health Record (EHR) platforms will be reviewed next week.

Both Home Health and Hospice services will require BRH to accept and sustain 10 patients before BRH can apply for accreditation; the Joint Commission will have 30 – 90 days to conduct an accreditation survey after BRH applies. After receiving accreditation, BRH can begin billing for these services. BRH hopes to have an EHR in place by the end of January to begin accepting patients and to be able to apply for accreditation in April. Hospice is mandated by regulatory requirements to have a volunteer program for end-of-life vigils. A position will be posted for a volunteer coordinator to help organize this and structure bereavement programs. Ms. Knapp observed that the budgets for Home Health and Hospice services would be rolled into BRH's budget, within CBJ's budget. She then initiated discussion about criteria for patients to qualify for home health care. Mr. Keith noted BRH has applied for licensure, Catholic Community Services (CCS) has closed, and the community currently has none of these services available. He asked if CCS had not closed and a change in ownership been applied for, would BRH have had to go through these steps. Mr. Overson responded; the

licensure piece would have been the same and the enrollment would have been relatively seamless. The federal ability to bill would have been transferred over to BRH through its new ownership. BRH could have avoided 3-6 months of expense to start the programs and would have been able to accommodate patients in need of these services without interruption. When CCS closed, it negated BRH's opportunity for change of ownership. Discussions will need to be held about licensure of Wildflower Court. In response to Mr. Mertz, Ms. Stout reported that billing for Home Health as well as Hospice services will be contracted out to a company specializing in these services.

Mr. Rumsey reported the financial projections included in the PowerPoint have been approached by two different methods. He explained that Ms. Stout had put together the initial startup cost and revenue opportunities as BRH ramps up the programs. Separately, research had been done on CMS data to find out the average daily charges on a per patient / episode basis for both home health and hospice services. Research was conducted on national standards for staffing these programs. Based on projections included in the packet, these programs would break even in the fourth quarter of the second year of operations with opportunities to exceed projections and potentially break even sooner. Due to the differing payment structures, the opportunity to create revenues is greater in Hospice services than in Home Health services. Home Health reimbursements are paid in a lump sum based on the patient's diagnosis, visits and supplies must be managed within that diagnosis payment; average payment is about $3,000 per month. Hospice is reimbursed on a daily rate; days 1-60 is $235.00 per day, days 60+ are reimbursed at $186.00 per day. If a patient has an exacerbation and hospice provides continuous home care for 24 hours, there is an additional payment of $1,723.00. Mr. Keith noted that Medicare/Medicaid payments have been restricted to such a degree due to abuse of the program. BRH will run these as profitable programs. Ms. Knapp initiated discussion about indigent patients that don't qualify for Medicaid. Mr. Mertz expressed appreciation for how much work has been put in and how quickly these programs are coming together. In response to Ms. Johnston, Mr. Rumsey reported over the first three years, BRH is projected to have 40 – 45 Home Health patients and 30 Hospice patients. Ms. Stout explained the meaning of respite and inpatient care. She also stated it would be very beneficial to educate the physicians and the community about the benefits of Hospice. Many people are not ready to choose end of life care because of fear.

Strategic Plan Update – Mr. Rumsey reported he is scheduled to meet with the Senior Leadership Team (SLT) next Tuesday to develop a final work plan for the strategic initiatives and priorities the Board of Directors had created. The goal is to provide concise and clear objectives and action items that BRH can work on to advance those initiatives. Two documents will be created, an external facing strategic plan and an internal working plan. Over the next month or so, Mr. Rumsey would like the Board to come together and start thinking about next year's strategic plan. He will meet with Ms. Johnston and Ms. Knapp after his meeting with SLT for further discussion. Mr. Keith noted the strategic plan is what drives BRH's budget.

Master Facility Plan and Timeline – No changes to this document.

Current Projects Update – Current project update list included in the packet. Ms. Rynne reported approval of the conditional use permit for the ED Expansion was granted by the Planning Commission on December 13th. The CBJ Planning Commission also recommended the Assembly approve the City/State Project application at its January 9th meeting. The public hearing for the Certificate of Need for the ED expansion was held on December 15th. Although the Department of Health has until March 13th to make a determination, we anticipate a decision to be made in late January. The CMAR (Construction Manager at Risk) contract for GC/CM (General Contractor/Construction Manager) was awarded to Dawson Construction. Windows and door frames have gone in on the behavioral health facility and the drywall is about 75% done, still on track for the targeted substantial completion date of April 5th. Mr. Walker reported the campus door replacement project is about 65% complete. Arrival of replacement chiller delayed until late February. Surge protection is now 100% complete. Staging for CT/MRI infrastructure upgrades is scheduled to start next week. A meeting with Northwind Architects scheduled to take place on December 28th to discuss the parking study has been postponed until mid-January. We are in the solicitation process for conceptual cost of the ground floor asbestos abatement project.

ABHC / Crisis Services Update – Ms. Dompeling reported a scoping meeting hosted by the Department of Health, was held earlier this week to discuss regulations and licensure and to obtain feedback from stakeholders creating crisis services. Meetings to discuss EHR needs for crisis services were held. Program Manager, Marshall Crosland has created a Smartsheet to help compile demographics for tracking statistics and to share with the board. Agnew :: Beck's business model report is due in a couple of weeks; this will help finalize our billing and revenue codes. Program Manager has been looking at nursing position descriptions to make sure they will work for the crisis programs. These positions will need to be posted sooner rather than later. We are working to identify the type of direct care staff needed and what positions can be shared across all behavioral health services. Substantial completion date for the building is April 5th. Ms. Dompeling is in conversation with Maria Uchytil of the BRH Foundation about activities to take place the last week in April such as tours of the building for Board members and legislators, an open house and ribbon cutting ceremony. BRH employees will be given the opportunity to tour the building before it opens for services. In response to Ms. Knapp, Ms. Dompeling reported Agnew :: Beck's very in depth business model is to be reported on at the end of January.

Comments – Mr. Johnson noted BRH typically loses money in the winter and makes up for it in the summer. He expressed his interest in seeing a comparison of previous years finances to projected deficits for this coming year.

Mr. Solomon-Gross thanked Ms. Dompeling and her team for all the work put into the behavioral health services programs and making it viable. He also thanked Mr. Rumsey, Mr. Overson and Ms. Stout for the work on the Home Health and Hospice services. Ms. Johnston expressed her appreciation for all the work that has been put into these programs as well.

Adjourned – 1:03

Next Meeting – 12:00 p.m., February 10, 2023

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Zoom Meeting
January 13, 2023, at 12:00pm

Called to order at 12:02 p.m. by Finance Chair, Max Mertz.

Finance Committee (*) & Board Members: Deb Johnston*, Max Mertz*, Hal Geiger, Kenny Solomon-Gross, Brenda Knapp, Lisa Peterson

Staff & Others: Sam Muse, CFO; David Keith, CEO; Dallas Hargrave, HR Director; Jennifer Knight, Interim Controller; Kris Muller, Senior Accountant; Tracy Dompeling, CBHO; Kim McDowell, CNO; Sam Norton, Interim IT Director; Erin Hardin, Director of Marketing & Strategy; Sharon Price, Executive Assistant to CFO; Sarita Knull, CBJ Controller; Claire Stremple; Carole Triem; Robert Palmer; Jodi Van Kirk.

Approval of Agenda: Finance Committee Meeting extended to two hours moving forward.
Mr. Mertz made a MOTION to approve the agenda.

Public Comment: None

Mr. Mertz made a MOTION to approve the minutes from the December 9, 2022, Finance Committee Meeting and Mr. Solomon-Gross seconded.

Financial Stability Plan and Progress Update: Mr. Muse said on Monday the 9th, we held an all-managers meeting and a townhall meeting to discuss the situation of current hospital finances, how we got there, and what the steps moving forward will be. We developed a three-phase plan to get costs under control.

Phase 1: Started on 11/23/22. This has shown good progress already. In December, overtime expenditures came down by $50k. This phase alone won't be enough to close the $10 million gap in the budget.
Phase 2: Started on 1/1/23. We are measuring this data to get an idea of what these reduction in costs will be.
Phase 3: Potential start on 3/30/23. This would be the most difficult changes but would have the most impact on the organization.

Mr. Muse said he would like this committee to approve this phased approach to be forwarded to the full BOD for approval. Town hall meeting showed that employees were engaged and coming up with strategies and ideas to help. Our goal is when we produce a budget for FY24 that will be neutral and will not show any losses. Our increase of FTE was in correlation to the need of addition help during height of Covid, and for the mental health programs that were added. At the moment, Phase 3 is just a potential option. Phases 1 and 2 are things that management should be able to affect and control without being impactful on the workforce operations. The activate phase dates aren't set in stone. We are monitoring how much we can get out of phase 1 and 2. The activation of phase 3 is all dependent on how much we can do with the first two phases. By March we will have a better idea of possible contingent delays, like capital projects. It will take full BOD approval to do any of the Phase 3 options. Ms. Knapp supports moving forward with this plan. As opposed to hiring travel nurses during the summer tourist season, we can look into hiring in town seasonal/casual workers.

Mr. Mertz made a MOTION to approve the phase approach for financial stability plan and any Phase 3 activity will come back for further board review. Ms. Johnston approved; Mr. Solomon-Gross seconded it.

Financial Report: October was a low revenue month. November revenue decreased about $1 million while expenditures stayed flat, making the total lost for November $2.8 million. This is one of the larger losses we have seen during this period. The six-month rolling average lost is about $1.44 million. In November, we had a lot of patient write-offs who had been in the hospital for months. This can contribute to the benefits to owning Wildflower Court and home & hospice care as our ancillary providers around the community aren't operating at full compacity and we have had a necessity to take in high level care patients. We can't bill for that revenue, so those amounts were contractually adjusted in November. The vast majority of our allowances from revenue are contractual allowances. A small portion of that is bad debt, like self-pay where we weren't able to bill for it and we aren't going to collect on it and have written it off. Contractual adjustments are negotiated with insurance companies, and we know we are going to be reimbursed at a lower rate than what are charges are. Salaries and expense for November was about $4.3 million which aligns with the 12-month rolling average. Salaries and benefits for the month were 93% of net operating revenue, which is high. We need to better staff to volumes that we are seeing.

Balance Sheet: Our cash position decreased in November by about $1 million. $600k of that was lost from operations and $400k of that was capital expenditures related to various equipment purchases. Net accounts receivable decreased by $1.3 million due to the contractual adjustments that were made. We had cash collections of about $8.3 million in a month that was up from the previous month. Current liabilities decreased by $330k mostly related to paying back CMS via NorCal. Our expenditures came in lower than what was anticipated, so after performing the cost report this fall, we owed back $900k to CMS causing the drop in liability. This was partially offset by the payroll liability.

Dashboard: Volumes were down from the prior month. In-patient volumes were flat. $350k is the rough amount of daily expenditures. AP and AR have both gone up. There was new employment transition in AP, and we are working to catch up and expect it to go down in time. We have been in discussion with various parties and plan over the next month to do and end-to-end revenue cycle review that could look at things like AR and ways we can improve cash collections. In conclusion, the hospital remains in a structural deficit, management is taking steps to address it. We anticipate December to have a smaller loss.

Mr. Mertz would like to add to the agenda for next Finance meeting, to discuss what the net receivable target will be and the plan to achieve it.

DaVinci: Intuitive made considerable concessions on the language within the agreement but did come far enough to make us feel 100% ready in terms of the liability. Mr. Muse said that Mr. Palmer suggested that we should check with our insurance company and see what putting this type of equipment on our plan would be, and what possible claims we could be looking at. We are in that process and have CBJ's risk department pulling the insurance information. Operationally, we have physicians and staff excited for this program. This is part of our strategic plan going forward with the OR. If we were to sign a lease agreement soon, we feel like we don't have to go to the assembly for it to be appropriated in 2023 because the lease payments don't start for six months after signing and maintenance payments don't start for 12 months after its up and running. The anticipated cost for the additional liability insurance could be $50-100k a year. The agreement needs one more review by Barbara Nault and then Mr. Muse feels confident with signing the lease.

Mr. Solomon-Gross made a MOTION to approve Mr. Keith to sign the DaVinci lease agreement with the stipulations that Mr. Muse has outlined in the memo. Ms. Johnston seconded.

CBJ Treasury Relationship: The treasury consists of cash, debt, and investments. Currently, the City maintains custody and management of all these functions. It could make sense for Bartlett to take back management of the Treasury. There are certain benefits that Bartlett could see, including ease of interfund reconciliations, streamlining processes, and implementing a separate investment strategy. Mr. Muse discussed the possibility of a change in Treasury with Jeff Rodgers. Bartlett is a complex entity and a big part of the central treasury for

CBJ, so it could ease burden on their staff. At year end, there are timing issues with cash reconciliation between the City and Bartlett that have the potential to delay the audit for Bartlett, which is another area of concern.

FY23 Audit: Elgee Rehfeld is Bartlett's current auditing firm, however, we would like to discuss a proposal to solicit new auditing services. The benefits of a change in auditor include obtaining a different perspective and having access to new and different healthcare insights. Currently CBJ, the Juneau School District and Bartlett are grouped together in a three-year contract with Elgee Rehfeld, one-year commitment with two renewals options. We could ask for an amendment to that contract, allowing Bartlett to break off, but any additional cost be to do this is not known. Getting a firm that is versed in healthcare will be beneficial, one that is a national firm with a network of resources. Mr. Solomon-Gross is in favor of engaging a new firm. Ms. Knapp agrees, but concerned about the potential increase cost, and questioned if we should do this this year. Mertz said that the first step is for Mr. Muse to work with Jeff Rodgers, the second is RFP process, and then research the cost. No action is needed from the BOD. Mr. Mertz would like the committee to have a say on which new firm is selected. This will stay on the agenda for next meeting.

Staffing Update: Finance department has had employee changeover recently. Jennifer Knight is now the Interim Controller and left a senior accountant position open. It's been difficult to get someone hired, so far, we have no applicants for the controller position. We are under resourced in the finance department. Mr. Keith said we might bring in a Locums temp worker.

Mr. Mertz made a MOTION to move to executive session. Started at 1:45pm, approved.

Back in session: 2:01pm

Next meeting: February 17th at 12noon.
(Updated to third Friday of every month)

Adjourned at 2:02pm

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 23, 2023**

From: Sam Muse, CFO

♦ ISSUE

The board is being asked to approve Bartlett management's phased approach for financial stability and require that, as part of the plan, any phase 3 activity come back for further board review before implementation.

♦ BACKGROUND

- Bartlett Hospital has incurred monthly operating losses since the beginning of the pandemic in 2020. Federal funding helped alleviate the pressure of the pandemic, inflation, and labor shortages for several years. However, the Federal funding has stopped, and Bartlett finds itself in a structural deficit. To align Bartlett for future success, Bartlett management has proposed and began implementing a phased approach to cost reductions.
- Behind this cover memo are: 1) overview of phased approach and 2) past Board and Committee discussion on financial stability.
- Sam Muse, CFO, will be present to brief the board.

♦ OPTIONS

Approve the phased approach to financial stability as presented to the board.
Amend the phased approach to financial stability and approve the amended plan.
Seek additional information.

♦ LEADERSHIP'S RECOMMENDATION

Approve the phased approach to financial stability as presented to the board.

♦ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the phased approach to financial stability and require that any phase 3 activity need further approval from the board of directors before implementation.

Phased Plan of Action

To reach our goal, activating all three phases will be necessary.

Phase 1 Considerations (Currently in progress)

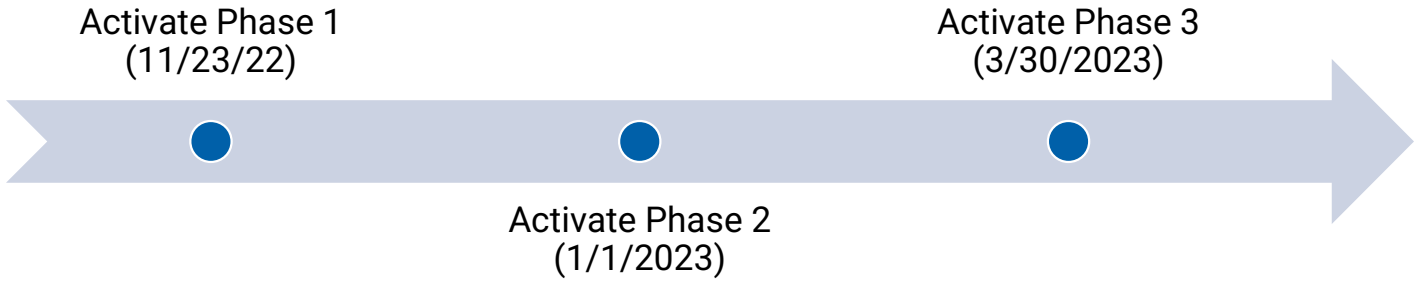
- Hiring restrictions
- Discretionary spending reductions
- Overtime reductions
- Purchasing reductions
- Travel reductions
- FY2024 budget reductions

Phase 2 Considerations (Currently in progress)

- Incentive pay cancellation
- Traveler/Locum reductions
- Contract/Agreement reductions
- PRN/Casual reductions
- Retirement incentive
- Staffing levels and productivity study action plan

Phase 3 Considerations

- Streamlining leadership
- Reduction in workforce
- Program eliminations
- Strategic initiative delays



FY2023 BOARD AND COMMITTEE FINANCIAL STABILITY DISCUSSION

Finance Committee 07 08 2022

The bottom line is that these increases and decreases resulted in a loss from operations of ($2,362,086) for the month, and ($2,877,182) year-to-date. As I have mentioned multiple times, BRH must get a handle on increasing revenue and decreasing expenses. – Bob Tyk

Finance Committee Meeting 08 12 2022

This month's report is more of an annual comparison of Fiscal Year 2022 and 2021. The numbers for FY21 were more distorted by Covid. Our gross revenue increased by 10% when compared to FY21. 4% of that is the rate increase for salaries and the other 6% is driven by an increase in volumes. Patient stays increased by 17.5% between FY21 and FY22 which is expected coming from our cruise and tourist season starting up again. On the negative side is our deductions in revenue which went up 2.1% comparing year to year which is about $4.4 million. A portion of that is bad debt and the other portion is our contractual adjustments. – Bob Tyk

Mr. Tyk said the provider relief money has been booked, the investment money and adjustment has not been booked, and we are waiting for CBJ to give us the adjustment that it will be $2 million hit that are investments will be reduced by. PERs has been completed. Alaska's traveler fees have gone up 41% Statewide.

Planning Committee 09 02 2022

Mr. Mertz wants to make sure BRH is not continuing with projects just because they are on the list. Mr. Keith stated SLT, engineers and staff will have discussions to make sure things line up with our strategic priorities and the strategic plan will be realigned. In the next 30-45 days, he said he and the team will be well versed on the projects. Because of cost escalations and logistic challenges, we need to make sure our revenue streams are strong enough to support our strategic and capital initiatives. We will be very strategic in our approach and will be able to articulate why we've made our decisions. Mr. Solomon-Gross reported that he and Mr. Keith have already discussed Mr. Keith's plans.

Finance Committee 09 09 2022

July is the third month in a row where Bartlett Regional Hospital (BRH) lost over a million dollars ($1,448,768.00). Volumes were at or slightly above the budget and better than the prior year. Gross revenues continue to run in the $18 million dollar range but deductions from revenue and expenses continue to undermine the gross revenue numbers. – Bob Tyk

Mr. Keith says that we recognize that there is a labor and productivity problem. Mr. Tyk pulled report that shows that 25% of the workforce was added in just the last two years.

BOD Meeting 11 22 2022

Mr. Muse reported BRH is currently operating in a loss position. *Senior leadership has implemented several items to control costs going forward. During the upcoming budgeting process, the focus will be on operating as efficiently as possible. A draft of the budget is due to CBJ by March 1st and will go before the Assembly in April.*

Finance Committee 12 09 2022

Mr. Muse provided a detailed summary for the committee members regarding BRH's current financial performance and the need for structural change. Inpatient volumes and revenue fell in October compared to prior months while expenses remained stubbornly high, led by salaries and benefits. The result was a loss of $1.8M for the month. On the Dashboard report, volumes were off from the prior month.

BOD Meeting 12 27 2022

Organizational changes are being made to help redistribute the work and improve accountability, oversight, and communication. The results of the wage and salary and FTE analyses will be used to determine any additional changes and financial impacts to the organizational structure in the future. – David Keith

BRH continues to experience negative margins monthly and is currently at a ($5M) loss for the year. Without any mitigation, the loss will annualize to just over ($10M) by end FY 2023. In response, Senior Leadership is preparing a structured and formal plan to reduce the deficit and with the goal of entering the new FY (July 2023) in a breakeven or profitable position. The plan will be presented to the Finance Committee and full Board next month. A communication plan to employees and the community has been drafted. – David Keith

Mr. Muse reported the FY24 budget process has begun. *Known cost increases include a 7% increase in health insurance plans;* BRH is self-insured through CBJ*. A 1% wage increase is being built into the budget.* Meetings are being held with directors to provide guidance on how to prepare a budget from the bottom up which includes *looking at every expenditure over the last 16 months and to anticipate a conservative 3% increase for supplies.* Budgets will need to be determined for Wildflower Court and Home Health and Hospice. A draft of the budget will be submitted to CBJ for review and to Board of Directors for review and approval in mid-March. It will be introduced to the Assembly at the beginning of April and presented to the Assembly at the end of April; Final adoption will be the end of May.

Finance Committee 01 13 2023

Financial Stability Plan and Progress Update: Mr. Muse said on Monday the 9th, we held an all-managers meeting and a townhall meeting to discuss the situation of current hospital finances, how we got there, and what the steps moving forward will be. We developed a three-phase plan to get costs under control.

Phase 1: Started on 11/23/22. This has shown good progress already. In December, overtime expenditures came down by $50k. This phase alone won't be enough to close the $10 million gap in the budget.

Phase 2: Started on 1/1/23. We are measuring this data to get an idea of what these reduction in costs will be.

Phase 3: Potential start on 3/30/23. This would be the most difficult changes but would have the most impact on the organization.

Mr. Muse said he would like this committee to approve this phased approach to be forwarded to the full BOD for approval. Town hall meeting showed that employees were engaged and coming up with strategies and ideas to help. Our goal is when we produce a budget for FY24 that will be neutral and will not show any losses. Our increase of FTE was in correlation to the need of addition help during height of Covid, and for the mental health programs that were added.

Currently, Phase 3 is a potential option. Phases 1 and 2 are things that management should be able to affect and control without being impactful on the workforce operations. The activate phase dates aren't set in stone. We are monitoring how much we can get out of phase 1 and 2. The activation of phase 3 is all dependent on how much we can do with the first two phases. By March we will have a better idea of possible contingent delays, like capital projects. It will take full BOD approval to do any of the Phase 3 options. Ms. Knapp supports moving forward with this plan. As opposed to hiring travel nurses during the summer tourist season, we can investigate hiring in town seasonal/casual workers.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 23, 2023**

From: Sam Muse, CFO

♦ **ISSUE**

The board is being asked to direct the CEO to sign a lease agreement with Intuitive for da Vinci Robotic Surgical System, pending final due diligence with insurance company.

♦ **BACKGROUND**

- Bartlett is pursuing the lease of robotic surgery equipment from Intuitive. We believe that, outside of a final review of the BAA, the contract negotiations, specifically regarding indemnification, venue, and termination subject to appropriation, have reached their conclusion. While Intuitive has made considerable concessions from their original proposal, they maintained language regarding indemnification that has given our legal team pause, in hopes that we can work with our insurers to get a better understanding of the potential liability that Bartlett faces with potential litigation arising from operating the equipment.
- Behind this cover memo are: 1) memo to the Bartlett Finance Committee regarding da Vinci Robot status.
- Sam Muse, CFO will be present to brief the board.

♦ **OPTIONS**

Approve the request to sign the lease as presented to the board.
Amend the request to sign the lease and approve the amended request.
Seek additional information.

♦ **LEADERSHIP'S RECOMMENDATION**

Approve the approve the request to sign the lease as presented to the board.

♦ **SUGGESTED MOTION**

I move the Board of Directors of Bartlett Regional Hospital approve the request to sign the lease with Intuitive for the da Vinci Robot for the Robotic Surgical System.

Bartlett Regional Hospital

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

TO: Bartlett Finance Committee

FROM: Sam Muse, Chief Financial Officer

SUBJECT: da Vinci Robot

Current Status:

Bartlett is still pursuing the lease of robotic surgery equipment from Intuitive. We believe that, outside of a final review of the BAA, the contract negotiations, specifically regarding indemnification, venue, and termination subject to appropriation, have reached their conclusion. While Intuitive has made considerable concessions from their original proposal, they maintained language regarding indemnification that has given our legal team pause, in hopes that we can work with our insurers to get a better understanding of the potential liability that Bartlett faces with potential litigation arising from operating the equipment.

We do expect that the terms of the lease will become less favorable than they had previously been. Specifically, certain incentives that would have been obtained by signing the lease agreement prior to 1/1/2023 will likely be removed. These incentives 6 months additional free maintenance of the equipment (~$75K), $50K in credits for purchase of equipment necessary to run the robotics program and an interest rate of 3.5% as part of the lease payments.

Whether the agreement is signed today or in the months to come, any expenditures related to the program would not be incurred or need be appropriated this year. Either way, this will be part our FY24 budget that will go before the Assembly in the spring. Yearly expenditures related to the robot would be roughly $580,000.

Operationally, our teams have been meeting internally and finalizing some last pieces (ensuring proper power source, purchase of necessary equipment) so that we will be ready to get the program up and running as soon as the robot is on campus. We have received letters of support from various doctors who are interested in utilizing the robot here in Juneau and believe that they can champion the program. There would be a several months long wait after signing the lease before the Hospital would take receipt of any robotic equipment.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 23, 2023**

From: Sam Muse, CFO

♦ ISSUE

The board is being asked to approve forwarding a memo to the Assembly Finance Committee seeking acknowledgement and approval to continue with a standalone solicitation of audits services.

♦ BACKGROUND

- Bartlett Hospital has been traditionally incorporated, or grouped, with the City and Borough of Juneau and the Juneau School District for contracted audit services. For over 30 years these services have been performed by Elgee Rehfeld, LLC, a local CPA firm. For FY2022, Bartlett/CBJ/JSD signed a one-year contract with Elgee Rehfeld, with two options to renew for FY2023 & FY2024. Due to the long service of Elgee Rehfeld, the rotation to a new firm will provide a fresh perspective to the audit process. In fact, we believe that a fresh perspective from an audit firm with significant community hospital expertise and experience would provide valuable insights as to how we think about, process, account for and report on the Hospital's finances going forward
- Behind this cover memo are: 1) a memo to the Assembly Finance Committee from the Board President seeking approval to move forward with a standalone solicitation of audit services.
- Sam Muse, CFO will be present to brief the board.

♦ OPTIONS

Approve the memo to the Assembly Finance Committee as presented to the board.
Amend the memo to the Assembly Finance Committee and approve the amended memo to the Assembly Finance Committee.
Seek additional information.

♦ LEADERSHIP'S RECOMMENDATION

Approve the memo to the Assembly Finance Committee as presented to the board.

♦ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the memo to the Assembly Finance Committee from the Board President seeking acknowledgement and approval to continue with a standalone solicitation of audits services.

Bartlett Regional Hospital

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

To: Assembly Finance Committee

From: Kenny Solomon-Gross, Bartlett Regional Hospital Board President

Subject: Audit Engagement

Current Status:

Bartlett Hospital has been traditionally incorporated, or grouped, with the City and Borough of Juneau and the Juneau School District for contracted audit services. For over 30 years these services have been performed by Elgee Rehfeld, LLC, a local CPA firm. For FY2022, Bartlett/CBJ/JSD signed a one-year contract with Elgee Rehfeld, with two options to renew for FY2023 & FY2024.

Elgee Rehfeld is a highly respected accounting firm with an excellent reputation for good analysis and strong customer service. Elgee Rehfeld maintains a large clientele of governments, quasi-governmental organizations, tribes and tribal organizations, non-profits, and private businesses. But they are a smaller firm with fewer resources, specifically as they relate to the healthcare industry. And healthcare has become much more complex over the last decade with respect to revenue cycle, various regulations, the competitive environment, etc. The need to have a very experienced healthcare firm is even more important now than it was in the past.

Due to the long service of Elgee Rehfeld, the rotation to a new firm will provide a fresh perspective to the audit process. In fact, we believe that a fresh perspective from an audit firm with significant community hospital expertise and experience would provide valuable insights as to how we think about, process, account for and report on the Hospital's finances going forward. For example, a national auditing firm may possess a specialized revenue cycle division or persons that could provide a more nuanced review of our controls and processes in that arena or individuals who are versed in our specific EMR and our utilization and controls there. And, certainly, they would have personnel specifically versed on Federal and State health care legislation and its impact to the Hospital. These issues are top-of-mind as Bartlett Regional Hospital faces unprecedented financial challenges.

There are also drawbacks to consider, including the potential cost of splitting apart the engagement. Additionally, there would be a learning curve for a new audit firm which may cause some lost efficiencies or increase cost, and there could be timing/coordination issues, as Bartlett must still be included within CBJ's audit financial statements.

Moving forward, Bartlett is eager to involve the Board and the Assembly in the auditor solicitation and approval process, which hasn't been the case in the past. The Board would approve and forward any of management's recommendations on to the Assembly for final approval. As with all solicitations, we will weigh the pros against the cons and come up with the best solution for the City and for Bartlett.

Recommendation:

We ask for the Assembly's acknowledgement and approval to continue with our standalone solicitation of audit services so that Bartlett Hospital can move forward with a request for proposal process for auditing services for the FY2023 fiscal year.

Bartlett Regional Hospital

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

Board Quality Committee
January 19, 2023
Minutes

Called to order at 3:30 p.m. by Board Quality Committee Chair, Lindy Jones

Board Members: Mark Johnson*, Hal Geiger*, Lindy Jones*, Lisa Peterson*

Staff: Gail Moorehead*, Marc Walker*, Charlee Gribbon*, Deborah Koelsch*, Kim McDowell*, Dallas Hargrave*, Tracy Dompeling*

Guests: Sam Norton, Evan Price

Minutes from the December 2022 meeting were omitted from the packet and will be approved at the next meeting in March.

Old Business: None

New Business:

Motion to add the Infection Control Plan to the agenda by Lindy Jones, seconded by Mark Johnson.

Environment of Care Management Plan – Mark Walker

- Marc Walker reported on the Environment of care outcomes of 2023. The results of the five programs goals are provided in the packet. The management plans have no changes for the upcoming year. The 2023 goals were presented and are available in the packet.

Utilization Management Plan – Gail Moorehead

- Ms. Moorehead reviewed the Utilization Management Plan updates. There are minimal updates this year. All updates can be found in the packet.

Infection Prevention Plan – Charlee Gribbon

- Charlee shared her evaluation of the 2021 Infection Prevention Evaluation. She went over the 2022 goals and outlined if the measurements were met. Hand hygiene goals were not met in either BRH's observations or through Press Ganey scores. She outlined the changes that she is putting in place for 2023. The Surgical Site Infection goal was not met with a 0.6 per 100 procedures infection rate. We did not meet the influenza vaccination goal for employees.

- No changes were made to her Infection Prevention Plan or the Risk Assessment. The community assessment was changed due to small population changes. Charlee went over the Infection Prevention goals for 2023, which mirror the goals from 2022.

Patient Safety and Quality Improvement – Gail Moorehead

- Gail Moorehead reviewed the Patient Safety and Quality Improvement plan for 2023 which is available in the packet. Gail shared the evaluation of the 2022 plan outcomes along with the goals for 2023. No major changes were made to the plan for 2023.

The chairman asked if Sam Norton, Interim IT director could give an update on the ED Meditech implementation process. He updated the committee on the site visit that was just completed. The plan would be to have the system go live by the spring of 2024.

Motion made to approve the summary 2022 annual plan packets and forward to full board for approval made by Dr. Lindy Jones, seconded by Mark Johnson. Hearing no objections, the motion passes.

Adjournment: 4:45 p.m.

Next Quality Board meeting: March TBD

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: Lindy Jones, MD – Quality Committee Chair

♦ ISSUE

The board is being asked to approve the annual plans as presented through the Board Quality Committee.

♦ BACKGROUND

- The following annual plans were presented and approved at the Board Quality Committee meeting on Thursday, January 19th. The full plans are available in the 01 19 2023 Quality Committee Approved Management Plans posted on the BRH website and in the Boardvantage portal.
- The annual management plans are as follows:
    1) Medical Equipment Management Plan.
    2) Life Safety Management Plan
    3) Hazardous Materials and Waste Management Plan
    4) Safety Management Plan
    5) Security Management Plan
    6) Utility Systems Management Plan
    7) Utilization Management Plan
    8) Quality Management Plan
    9) Infection Control Plan
- Gail Moorehead, Executive Director of Quality will be present to brief the board.

♦ OPTIONS

Approve the annual plans as presented to the board.
Amend the annual plans and approve the amended plans.
Seek additional information.

♦ LEADERSHIP'S RECOMMENDATION

Approve the Management Plans as presented to the board.

♦ SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital approve the Medical Equipment, Life Safety, Hazardous Materials and Waste, Safety, Security, Utility Systems, Utilization, Quality and Infection Control annual management plans as presented.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: David Keith, CEO

♦ ISSUE

These are standing management reports to the board regarding the departments within Bartlett Regional Hospital and legal counsel.

♦ BACKGROUND

- The board will be briefed on senior leadership and department activity in the form of standing management reports.

- Behind this cover memo are standing management reports for:
  - Chief Executive Officer
  - Chief Financial Officer
  - Chief Clinical Officer
  - Chief Behavioral Health Officer
  - Chief Human Resources Officer
  - Legal Counsel

♦ OPTIONS

This is an information update. No action is necessary.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: David Keith, CEO

Aurora Behavioral Health Center: Bartlett hosted separate meetings and site visits (tours) at the Aurora Behavioral Health Center (ABHC) with the Juneau delegation and members of the Department of Family and Community Services. This was an opportunity to provide a status update on the construction and operations of the Center. Tracy Dumpling, Chief Behavioral Health Officer, responded to questions regarding start-up and construction costs and opportunities for additional financial support.

Emergency Department Project: The Certificate of Need (CON) conference call for the ED project was held December 15. As a result, 11 participants spoke in favor of the project and there were no negative comments. Public comments were collected through December 28. The Office of Rate Review will have 30 days to submit to the Alaska Department of Health their recommendation. It is anticipated that BRH will be notified by mid-February of the results. The decision to continue the Emergency Department project, however, is now under review and may be delayed considering the financial climate at BRH. The Finance Committee and Board will determine the outcome of the project.

Bartlett Home Health and Hospice: Home Health (HH) and Hospice policy and job description development is complete. BRH is now in the process of identifying and employing staff for both programs. BRH is also finalizing space/location, selecting and implementing electronic health record and other systems, securing contract pharmacy and durable medical equipment (DME) vendors, and securing a medical director. Estimated timeline in which BRH will notify the State to begin the review process and allow BRH to begin accepting patients is mid to late February. These services are currently non-existent in Juneau - a major gap in service delivery in a community this size. BRH considers HH and Hospice an important part of BRH's continuum of care strategy. Both services can be managed profitably.

Cost Reduction Plan: BRH rolled out an action plan to leaders and employees on strategies to reduce the ongoing monthly financial losses. Senior leaders met with directors and managers to solicit input and ideas prior to addressing all employees in a town hall meeting. The progressive three-phased plan addresses the Board's goal of mitigating as much loss this fiscal year (FY2023), in preparation of entering the new fiscal year (FY2024) on July 1 at a monthly breakeven scenario. The Finance Committee of the Board will be tracking mitigation results.

Wildflower Court Acquisition: BRH continues to negotiate with Wildflower Court (WFC) on the management and acquisition of the nursing home. A draft Letter of Intent (LOI) to acquire the nursing home and a Management Agreement (MA) allowing BRH to manage operations during the transition have been submitted to the WFC Board for their review and consideration. WFC is a value-add to the BRH continuum of care strategy e.g., providing post-acute care service to reduce non-acute care patients in the hospital. This provides improved patient through-put, reduces acute care costs, and results in better patient care and customer service outcomes.

Huna Totem Corporation: Met with Mickey Richardson and others representing the Aak'w Landing project to review the project. A discussion ensued about potential opportunities for incorporating medical space into their plan. BRH leadership will review options and discuss with the Planning Committee of the Board any strategic options.

Financials: BRH incurred an operational $2.9M loss for the month of November. Despite the losses in November, it appears the cost mitigation strategies are now taking effect. Some expenses in December are showing favorable trends e.g., overtime, discretionary spending, incentive pay, and employment are trending downward. The Senior Leadership Team (SLT) continues to work directly with managers to continue revenue enhancement and expense control. There is an ongoing effort to reduce locums and reduce labor costs.

Strategic Priority #1: Services: Develop, Maintain, And Grow a Sustainable Service Portfolio That Is Responsive to Community Needs.

Community Relations/Marketing – Erin Hardin:

Request for Professional Services**:** The RFP for strategic marketing support has been issued and a non-mandatory pre-proposal conference was held on January 17th. Two eligible in-state marketing firms attended and expressed their interest in responding to the RFP. The RFP deadline is January 27th, at which time Erin and a review committee will evaluate the submissions with assistance from CBJ Purchasing.

Compliance – Nathan Overson:

Wildflower Court: Compliance is working with Nate Rumsey, Executive Director of Business Development and Strategy; Barbra Nault, Attorney; and the transition team in assisting in a smooth and timely ownership and operational transition.

Bartlett Home Health & Hospice: Compliance is working with Kim Stout, Executive Consultant; Barbra Nault, Attorney; and Beth Mow, Contracts Administrator to finalize agreements, policies & procedures, and Electronic Medical Record options as we anticipate completion of the state licensing requirements and prepare for our provisional license survey.

Strategic Priority #2: Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

Information Services – Sam Norton:

2.3 Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs: The Information Systems team continues to review and enhance information services disciplines to help ensure availability and reliability of systems and services. Following the needed 'patching' or updating of all non-EMR servers, focus now shifts to patching numerous computer servers that host and support our Meditech Electronic Medical Record system. These updates should be completed within 4-6 weeks. Routine patch cycles will be scheduled going forward.

Overall systems growth along including additional applications require expansion of our virtual server ecosystem. These components have been purchased and are being preconfigured by Dell before shipment to BRH. This infrastructure upgrade and expansion is expected to be completed within 2 months.

Strategic Priority #3: People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

Community Relations/Marketing – Erin Hardin:

Land Acknowledgement**:** A blank wall within the hospital has been identified for placement of a plaque. After working with the BRH Foundation Director to secure a plaque quote using the same materials as the hospital donor wall, it was determined to seek a more affordable solution. Erin is currently working with Alaska Litho to secure a quote for a custom clear vinyl wall decal.

Information Services – Sam Norton:

3.1 Resolve medical record system concerns: Principal IT goals include improving the performance and use of the Electronic Medical Record (EMR) and building a more integrated platform for patient care by transitioning the Emergency Department from T-Systems to Meditech.

ED physicians and nurses visited Logan Health Emergency Department in Montana to review their ED and use of Meditech Expanse version 2.1 (same version as Bartlett Regional Hospital). The outcome was favorable towards moving forward with a proposal from Meditech for integration of patient information through adding the Emergency Department module to our enterprise electronic health record. Information regarding costs, implementation, and recommended support is being collected and will be reviewed with ED and senior leadership in the next 2 weeks.

A proposal for review of the revenue cycle processes and Meditech Expanse for revenue cycle has been resubmitted to senior leadership for review. Using our financial metrics, workflow, and system configuration, this review would help point to opportunities for improvements in system configuration, and importantly, workflow processes.

Modifications in the January Meditech Expanse update include improvements for physical rehabilitation, and providers. These changes are reviewed with user departments and the Physician EMR committee. Physicians are now able customize their view of the most relevant information for more efficient workflow and also to streamline the order process when patients leave AMA.

The Physician EMR Committee is active and met January 13th to review progress and guide priorities for upcoming improvements in the EMR. The Committee formalized membership and select Dr. Nick Rosenfeld as chairperson. Information Services personnel continue to facilitate and organize these monthly meetings.

Hospitalist – Mignon F Benjamin MD:
New providers starting:

- Jan 2022: Dr. Michael Sheflo, MD
- March 2022: Dr. James Mckinney, MD
- June 2023: Lisa Evans, MD

Dr. Greer will assume the medical directorship of the hospitalist service on 4/1/2022.

We should be fully staffed by June 2022 until someone else retires.

Offer still stands to give an educational session to the board about the hospitalist service prior to Dr. Benjamin's retirement.

Medical Staff Services – Debbie Kesselring:

- **2023 Vice-Chief of Staff:** Onboarding/Orientation for the 2023 Vice-Chief of Staff has been completed.
- **2023 Chief of Staff:** Chief of Staff will attend outside education opportunity provided by Chartis (The Greeley). This will assist in their role as a Medical Staff leader.
- **2023 Board Director Education:** President of the BRH Board of Directors will attend outside education opportunity provided by Chartis (The Greeley). This will assist in their understanding of the Board's ultimate authority responsibility.
- **Board of Directors (BOD):** The BOD reviewer will be given an opportunity for a refresher to ensure current competency.
- **Credentials Committee:** Onboarding/Orientation has occurred for the newly appointed Committee member. The Committee member will be given the opportunity to attend an outside educational conference that will assist them as a new Committee member.
- **Physician Lounge:** Met with key stakeholders to ensure continuity with food, cleanliness, compliance of patient information, and etc. of the physician lounge. The new process that has been put in place has proven successful. Will monitor accordingly.

Strategic Priority #4: Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

Community Relations/Marketing – Erin Hardin:

Cost Reduction Plan Communications Support**:** Erin continues to support SLT with the internal and external communications surrounding the hospital's cost reduction plan. Following the hospital's news release on January 13th outlining the plan, media interviews have taken place with KTOO, the Juneau Empire, and the KINY newsroom. The focus of January 2023 is continuing the dialogue with employees - an asynchronous online space has been created for employees to submit their questions and ideas to SLT. An FAQ resource for staff has been created and will be updated on a regular basis over the coming months.

Hospitalist – Mignon Benjamin:

Increase Revenue**:** We are looking at several ways to increase revenue. These include:

1. Continuously working on CDI (though the hospitalists currently have a better case mix index than the private physicians).

2. As of 1/1/23, there are new rules for documentation that lead to physician billing. We are working to see if there may be improvement in our coding/documentation to enhance revenue.
3. We are looking to see if there are other ways to bring in revenue similar to our stress tests. One possibility is Wildflower court, or swing beds since these encounters are not time sensitive so can be done when physicians are less busy.

Strategic Priority #5: Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

Information Services – Sam Norton:

5.1 Stay current on technology and resources to facilitate risk management, data security, and employee safety: Laptop, or mobile computers are at greater risk of loss. Thus, the need to accurately track these devices and ensure they are encrypted. The inventory of BRH laptops includes applying an "agent" on each device that reports key information back to our IT inventory tracking system. The inventory is 93% complete. BRH asset tags have also been applied to laptops. The full encryption process is over 70% complete with 16 deployed laptops left, some of which are used remotely. Completion is expected within 4-5 weeks. Progress on revising the annual security plan has been temporarily delayed with staffing constraints.

The laptop computer initiative, and the patching of servers described in section 2.3 above greatly improves our security posture. Another initiative upcoming is two-factor authentication which shrinks the "attack surface" for inappropriate access to BRH resources and is a key step towards a zero-trust security model.

Improvements were implemented to help ensure a standard Microsoft Windows deployment to end-user computers. This deployment can now be done more efficiently and remotely from the IT department.

Strategic Priority #6: Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

Compliance – Nathan Overson Compliance:

Program Annual Risk Assessment**:** The annual risk assessment for the Compliance Program has begun. Compliance is using elements of the Department of Health and Human Services' (HHS) Office of Inspector General (OIG) Compliance Program Guidance, the Federal Sentencing Guidelines, the OIG's Current Work

Plan, the U.S. Department of Justice's (DOJ) "Evaluation of Corporate Compliance Programs," and the Health Care Compliance Association's (HCCA) and OIG's "HCCA-OIG Compliance Effectiveness Roundtable's Measuring Compliance Program Effectiveness: A Resource Guide" as the foundation for the review. The results of this assessment will be used to continue to build upon the foundation for Bartlett's 2023 compliance work plan.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: Sam Muse, Chief Financial Officer - CFO

FY2024 Budget process: Initial budget meetings have occurred with all, or most, department directors and submissions are beginning to come back to the finance department. Finance staff will now perform preliminary reviews of the budgets and set additional times to meet with managers and discuss the submissions and how they fit in to the strategic plans and initiatives of the Hospital. We anticipate that the Finance Committee will review the draft budget at its March 17th meeting and move it forward to the full board for its review during its March 28th meeting. The board will forward the draft budget to the Assembly, and it will be introduced to the Assembly as part of the Manager's proposed budget on April 5th. Bartlett will be asked to present its budget to the Assembly on either April 19th or 26th, depending on final scheduling. During that meeting, the Assembly will have the opportunity to ask more in-depth questions about the contents of the budget and Bartlett's plans for the upcoming fiscal year. The final City budget – including Bartlett – is anticipated to be adopted at the June 12th Regular Assembly Meeting.

Financial Sustainability Plan: Bartlett is implementing a three phased approach to cost financial sustainability. The first two phases of this plan have currently been activated by Bartlett leadership. The last phase (3) of the plan includes more impactful, structural changes to Bartlett and management would seek Board approval on a specific plan before implementation of activation of this phase. As part of management's review of operations, we have received a draft version of our labor (FTE) assessment from HealthTrust. This report uses benchmark metrics in similar sized hospitals to help inform us on how similarly situated hospitals staff their departments. Senior Leadership met with HealthTrust to review and ask questions regarding the draft. Now, HealthTrust will be making final adjustments based on those comments and we anticipate the report to be finalized by the end of the month.

FY2023 Audit firm request for proposal: Currently, Bartlett is grouped with CBJ and JSD in a contract for audit services with Elgee Rehfeld, LLC. They have provided audit services to the hospital for over ten years. While we think highly of their services, we acknowledge that potential benefits of auditor rotation include a fresh perspective. Additionally, larger national firms may possess more depth in resources regarding Hospitals specific issues, which could add an additional resource for guidance going forward. As such, Bartlett is exploring separating our audit contract from CBJ's and issuing a request for proposal on a standalone Hospital audit engagement. To continue this path, we will ask the Assembly's approval to issue

the request for proposal and will ask for the Board's involvement in helping select any future auditor. If/when a selection is made by the Board and staff, it will go to the Assembly for final approval.

Robotics (da Vinci): We believe that, outside of a final review of the BAA (Business Associates Agreement), the contract negotiations, specifically regarding indemnification, venue, and termination subject to appropriation, have reached their conclusion. While Intuitive has made considerable concessions from their original proposal, they maintained language regarding indemnification that has given our legal team pause, in hopes that we can work with our insurers to get a better understanding of the potential liability that Bartlett faces with potential litigation arising from operating the equipment. Once this issue is resolved, Bartlett plans to enter into a lease for the equipment and begin implementation of the robotics program at the Hospital.

Strategic Priority #1: Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

Health Information Management (HIM) – Rachael Stark:

Fair Warning application software: HIM continues to utilize our Fair Warning application to monitor inappropriate access into the Medical Records. That program is working well, and we are meeting every two weeks with their team. The HIM Director is currently running an ad hoc report to ensure no inappropriate access occurs on high profile patients.

Food and Nutrition – Lowell Wilson:

Expand our dining option to accommodate the General Public: This is temporarily on hold. We are pushing back until we know what changes the food program will endure with the potential Wildflower Court (WFC) merger. Also reconsidering how well these fits as a goal to help make the hospital financially sustainable.

Patient Financial Services – Tami Lawson-Churchill:

Premera Contract negotiation for expanded surgical services: Our goal is to expand surgical services in our community and offer new technological advances for our patients. Our tactical plan is to negotiate an agreement with Premera Blue Cross Blue Sshield that will allow us to keep patient care within our community. A meeting is scheduled for the third week of January.

Physical Rehabilitation – Hallie Sikes, PT:

Evaluated first pelvic floor patient for new line of treatment. Documentation has been set up by Information Systems (IS) - thank you Sally! We have talked with Dr. Newberry about starting to gradually refer patients

(to give therapists time to be comfortable with new patient diagnoses and needs). Have cleared wait lists for everything but pediatric occupational therapy (OT) and speech and contacted Marketing to start working on increasing referrals now that we have more prn coverage to manage inpatient care.

Southeast Physician Services – Sara Dodd: Active recruitments:

1. Orthopedic Surgeon- Dr. Erik Woelber has been offered an employment contract. We are in the negotiation process.
2. Medical Oncologist- No update
3. Ophthalmologist- Alaska Retinal Consultants has added additional appointment slots to incorporate YAG (Yttrium aluminum garnet laser) Capsulotomy.
4. Neurologist- No current leads. Working with multiple groups on recruitment.
5. General Surgery- Dr. Evan Dannhardt has signed an employed locum's agreement and will be providing more consistent locum coverage in Juneau.

Strategic Priority #2: Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

HIM – Rachael Stark:

Work on patient portal: HIM continues to work with internal stakeholders to provide more options for the utilization of current BRH technology to enhance our patient portal.

Food and Nutrition – Lowell Wilson:

Self-Checkout: Due to staffing issues we have not been able to open the self-checkout and relocate our cashier to the island as they have still been doing food server duties.

Southeast Physician Services – Sara Dodd:

With support from multiple departments at Bartlett, we were able to begin performing YAG Capsulotomy at the Bartlett Surgery & Specialty Clinic (BSSC) on January 11th, 2023. Our team has already been receiving positive feedback from patients. The goal is to complete the backlog within 6-months.

Strategic Priority #3: People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

HIM – Rachael Stark:

HIM 2023 staff strategic priorities: The department continues to advance health information management knowledge and practice by promoting staff education while inspiring confidence in all new staff members.

HIM staff cross training initiatives: The department continues to work both internally and with other BRH sectors to cross train staff to adapt to the rapidly changing landscape of medical billing and coding. Work to train our staff who have expressed interest in new areas of the department is ongoing; and our collaboration with other departments to encourage their staff who might want to learn about HIM jobs continue.

HIM Policy improvement process: HIM continues their work to improve communication regarding internal HIM retention policies as well as BRH, RRC, and BOPS medical records policies. HIM will conduct a thorough review of all HIM policies in 2023.

Patient Financial Services-Tami Lawson-Churchill:

Enhancing Motivation and Performance: We are applying an array of motivational strategies within our department by instituting job sharing and work schedule flexibility. The objective is to increase employee satisfaction and retain quality employees. These types of intrinsic rewards will help to motivate and empower employees to remain dedicated to our company's mission and goals.

Physical Rehabilitation – Hallie Sikes, PT:

Working with rehab department at WFC to discuss what they can provide at present and what needs they might have. Coordinating with department therapists for mentorship as appropriate and opening channels to discuss appropriate patient referrals and inviting them to in-services in our department. Improving communication and coordination with MIH for managing care for wound patients that are difficult to manage without hospice and home care. Hoping to keep more people out of the ER and also support MIH as they take on more complicated endeavors.

Patient Access Services (PAS) – **Angelita Rivera**:

We are currently in the build process of implementing AccuReg, a front-end focused revenue cycle software. The tool is designed to eliminate registration errors, improve staff efficiency, and prevent denials. With the current labor pool, we are seeing fewer applicants with medical backgrounds, so with this new software we can have standardization of guidelines in place and automation of processes. This will

help when bringing on new staff who have not been exposed to the medical/insurance world. Many features come with AccuReg that our patients will benefit from as well. We plan for this software to go live in the spring.

PAS is also down three FTEs, for the most part we are able to fill the gaps with the Casuals. At times we do run short for a few hours on some shifts, but staff are assisting to help one another.

Strategic Priority #4: Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

Food and Nutrition – Lowell Wilson:

Inventory: We have finalized our inventory sheets and will have inventory by the end of the month. This will allow us to tighten up on spending and allow us the opportunity to set better guidelines for future orders to eliminate wastes where we can.

Patient Financial Services (PFS) - Tami Lawson-Churchill:

Cash Collection Goals: Cash is up from prior month at just over $8.8 million for the month of December. We are defining our collection goals consistent with the Healthcare Financial Management Association (HFMA) MAP Keys initiative for Revenue Cycle Industry Best Practice. We are working diligently each month to increase cash collections and reduce days in Accounts Receivables (AR).

Point of Service collections: As part of our goal to decrease days in AR and improve cash collections, PFS is working collaboratively with PAS to establish a more efficient and consistent POS process. We plan to provide a patient centric approach that will allow us to have necessary conversations with patients about their financial responsibility.

Strategic Priority #5: Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

HIM – Rachael Stark:

Release of Information Web Requests: HIM continues to utilize the BRH website to facilitate stakeholder satisfaction with our fillable forms online. The Release of Information fillable form continues to see

increased traffic as patients become more familiar with the new form. BRH HIM releases records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital and all facilities are included as options on our fillable form as a drop-down box. The ease of patient access to our fillable forms as well as the patient gratification in how easy it is to fill out the form has attributed to that increase.

Health Information Management: A total of 274 newborns were submitted by the HIM Department for 2022.

Strategic Priority #6: Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

Patient Financial Services - Tami Lawson-Churchill:

Revenue Integrity: We will be running monthly revenue & usage files for department manager review. This will assist managers in determining the appropriate use of charges confirming that all billable services are being performed and billed for accordingly. This will also help to protect Bartlett's margin and mission while also reducing the risk of non-compliance.

2023 Federal & State Price Transparency and Surprise Billing Act: In effort to improve healthcare price transparency, PFS continues to work with compliance and other hospital departments to ensure compliance with 2023 Federal & State Price Transparency and Surprise Billing Act regulations. This will help improve patient billing experience, reduce surprise billing and ensure compliance with Federal Regulations.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 19, 2023**

From: Dallas Hargrave, Chief Human Resource Officer

Quarterly Employment Statistics: Below are the employment statistics that are provided to the board of directors every quarter. These statistics are for the period of October 2022 to December 2022.

New Hires	42	
Separations	30	All Other Separations
	1	Retirement
	13	Casuals/temp
Total	44	
Contract/Travelers		
	2	CT/Xray Tech
	1	Histology Technologist
	1	MRI Tech
	3	OR Tech
	1	Rad Tech
	5	RN - Emergency Dept
	2	RN - Float Pool
	3	RN- Med/Surg
	2	RN-OR
	4	RN- Behavioral Health
	1	Social Work Case Manager
	1	Ultrasound Tech II
	2	Ultrasound/Echo Tech
	2	Ultrasound/Echo/Vascular Tech
	1	*Surgical Services Director
	1	*Behavioral Health Nursing Director
Total	32	

* Position was in place in the previous quarter, but was not reported until the 2nd quarter.

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	CDI Social Work Case Manager	FT and PT	Case Management
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	CT Technologist	FT	Diagnostic Imaging

Bartlett Regional Hospital

MRI Technologist	FT	Diagnostic Imaging
Physical Therapist	FT	Rehabilitation Services
Surgical Services Director	FS	Surgical Services
BH Nursing Director	FS	Behavioral Health
Dietitian	FT	Nutrition
RNs	FT	ALL UNITS

All Employee Turnover		
All Employee Types	**FT Employees**	**All Others**
6.28%	**4.13%**	**11.92%**

701 Employees
FS/FT employees = 508
All others = 193

Nurse Turnover		
All Nurse Types	**FT Nurses**	**All Others**
2.15%	**Below 1%**	**4.23%**

186 Nurses
FS/FT = 115
All others = 71

Grievances	1	Pending
Arbitration Cases	0	

Reports of Injury

Department/Employee	Brief overview
Medical Surgical	Employee was burned from handling Coffee
Medical Surgical	Employee Needlestick
Medical Surgical	Blood exposure, splashes of blood on RNs hands while holding infant while Lab staff was getting a sample from the infant
Medical Surgical	Patient spit in RNs eye while RN was removing items from patient's room
Medical Surgical	Patient on a 1:1, squeezed CNA's arm and punched her in the stomach.
Medical Surgical	Adolescent patient with violent outbursts threw items and repeatedly kicked and spit at multiple employees
Patient Access Services	Employee with ear pain, medical gas alarm sounded repeatedly for a period of time
Diagnostic Imaging	While transferring a patient in wheelchair, employee's fingers were crushed between door and construction barrier around door.
Critical Care Unit	Employee was kicked by patient
Applied Behavior Analysis	Employee sustained low back injury due to patient's body weight being supported
Surgical Services	Employee Needlestick
Obstetrics	Employee sustained tailbone pain after hitting door to c-section room with hip
Respiratory Therapy	Employee sustained low back pain while participating in mock code

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 20, 2023**

From: Kim McDowell, Chief Operating Officer (COO)/Chief Nursing Officer (CNO)

Contract Labor Reduction: Onboarding new nurse graduates/nurses over the next several weeks/months. This will reduce contract labor costs in areas such as the emergency department, operating room and medical/surgical unit. COO/CNO will continue to work with HR and unit directors to recruit and minimize contract labor.

Step Down Beds/Telemetry Beds: Medical/Surgical Telemetry project is moving forward. Data is being collected on the number of CCU patients that were admitted to CCU that would have met telemetry unit admission criteria.

Strategic Priority #1: Services: Develop, Maintain, And Grow a Sustainable Service Portfolio That Is Responsive to Community Needs.

Surgical Services – Gayle Littlejohn:

Yttrium aluminum garnet laser (YAG): Facilitated moving the YAG laser to Bartlett Surgery & Specialty Clinic (BSSC). This will allow BSSC to meet the demand for YAG laser and increase YAG services for patients.

Diagnostic Imaging – Paul Hawkins:

Accreditation: American College of Radiology (ACR) accreditation was obtained for all CT exams and The Lung Cancer Screening program. Diagnostic Imaging is now accredited in Mammography, Stereotactic Breast Biopsy, as well as brain, spine and extremity MRI. BRH's Diagnostic Imaging Department will be listed in the directory of accredited sites. Thank you to Cory Simpson, and Renee Daniels for the time spent on the application and implementation.

Strategic Priority #3: People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

Diagnostic Imaging- Paul Hawkins:

Recruitment: Diagnostic Imaging has created educational affiliations with universities and technical schools across the state and the country to focus on recruitment of students performing rotations at BRH for employment post-graduation.

Surgical Services – Gayle Littlejohn:

Decreasing Call Burden: Post-Anesthesia Care Unit (PACU)/Same Day Care (SDC) staff will start to call separate from operating room circulator call/duties. This will decrease the call burden on the operating room nurses. SDC nurses will also cross train to PACU, so they can also help with the call burden. Staff will get the needed and required training to ensure competency. Classes will start in January and February and weekend coverage of PACU will start in March.

Critical Care Unit- Audrey Rasmussen:

Fireweed Award: The second round of Fireweed Award recipients were honored in January. The community members who nominated employees also attended the ceremony on January 12th. There were 29 nominations in various departments for the quarter. Each nominee received a handwritten thank you note.

Strategic Priority #4: Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

Surgical Services – Gayle Littlejohn:

Contract Labor: Decrease the use of travelers by recruiting and retaining more permanent staff. Surgical Services will continue with plans of 'growing our own' and have two new OR RN's starting in March which will allow surgical services to reduce RN travelers by two.

Preference Cards: Reviewed 90% of the preference cards ensuring correct supplies and equipment are pulled for cases. This resulted in a decrease in the time to pick needed supplies and equipment for cases and yields less waste.

Pharmacy- Chris Sperry:

Revenue: Evaluating the use of compounding pharmacies by providing products that can be compounded in-house, as well as addressing medications that get sent directly to pharmacy for Infusion. This could yield significant cost savings.

Case Management- Jeanette Lacey:

Financial: Case Management is working with the deputy director for Public Assistance to discuss concerns about processes for hospitalized patients who need to be transitioned to a lower level of care but are stymied by lack of Medicaid. They are looking at creating a state-wide hospital liaison position that would streamline processes and communication.

Clinical Documentation Integrity (CDI)**:** By securing a thorough, complete, and accurate patient health record, we will achieve the correct reimbursement for resource utilization, the highest quality measures and outcomes, superior, communication between providers, and ultimately high patient satisfaction.

Chartwise platform: Planned to go alive in January, which will improve processes, tracking outcomes, and workflow between CDI, Health Information, and Quality. Currently, we review Medicare charts, but will begin reviewing Medicaid charts once Chartwise is online.

Case Mix Index for November**:**

	November 2022 CMI		
Total IN	123	CMI	1.24
MCR In	42	CMI	1.44
MCD In	35	CMI	1.08

Strategic Priority #5: Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

Surgical Services – Gayle Littlejohn:

Improved Discharge Instruction: In collaboration with the Medical Staff and Quality Committee created more accurate and thorough written post operative discharge instructions for patients. This will help ensure that patients and their families have clear instructions for next steps and follow up.

OB Department- Lauren Beason:

Balanced Beginnings**:** OB hosted the first class in a new series called "Balanced Beginnings" for pregnant and postpartum families. It is based on the Mothers and Babies program, which is an evidence-based parental stress management program to help reduce and prevent perinatal mood and anxiety issues. This curriculum shows the impact of early learning support and its long-term impact for families. The curriculum is funded by a grant secured from the Alaska Children's Trust to support the Hello BABY program here at Bartlett Regional Hospital. Currently OB has 6 staff members who are trained to teach this course.

Nursing Administration- Tonia Montez:

Process Improvement: In collaboration with Employee Health the Employee Exposure and Needlestick process was revised. Updated the policy and procedure to decrease administrative burden on staff, improve timeliness of response to the exposure event. This new process reduces resource needs from ED physicians and the ED staff.

Case Management- Jeanette Lacey:

Social Determinants of Health (SDOH): Case Management is working with the Quality Department and Health Information Management to prepare for 2023 CMS reporting on 5 domains of social determinants of health: Housing, Utilities, Transportation, Food, Inter-Personal Safety. Capturing these SDOH will also affect reimbursement when the state moves to APR-DRG reimbursement for Medicaid payments in July.

Emergency Department Multi-Visit Patient:- After care guidelines were established with the team on Multi-Visit Patients (MVP), BRH has seen a 44% reduction in visits. Between 2021 and 2022, there was a 24.5% drop in the number of patients who met (MVP) criteria for review which is three visits or more in 30 days.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) Inclusion Project: This is a collaborative effort across the organization with Quality, Case Management, Behavioral Health and others with the mission of improving and supporting the health and well-being of gender diverse patients, families, and staff. A needs assessment survey was conducted in November with 150 responses from staff about what we need to improve our standard of care for LGBQTIA patients. Many across the organization are interested in continued work on this initiative. Current priorities include advancing communication, training for staff, community engagement, ensuring a dynamic approach, and inclusion of LGBTQIA staff concerns and considerations.

Strategic Priority #6: Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

Surgical Services – Gayle Littlejohn:

Education: Maintain a robust education and cross training plan so surgical services staff continue to work at the top of their training and licensure. This will be accomplished in monthly department meetings to provide education on a regular basis to staff.

Medical/Surgical- Maggie Schoenfeld:

Education: In preparation for having telemetry patients on the med/surg unit all RN's will get Advanced Cardiac Life Support (ACLS) training. Training will also include med/surg specific mock codes.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 19, 2023**

From: Tracy Dompeling, Chief Behavioral Health Officer

Behavioral Health Reorganization Exercise: Behavioral Health leadership team met to review the organizational chart for the department, identifying opportunities for efficiencies, consolidation, and increased revenue opportunities. Fine tuning is needed to finalize the organizational chart but the team was pleased to identify a number of intentionally and upcoming vacant positions to be slated for positions at crisis services, thus reducing the number of new FTEs for the hospital.

Crisis Services: Several meetings with Agnew : Beck were held to ensure accurate data and information is incorporated into the business model (Pro Forma) which is expected in draft form for review at the end of January 2023. This will give the organization identification of any gap between services and revenue needing to be filled with potential grant funding. Division of Behavioral Health (DBH) is also interested in meeting with the CBHO to see the business model. The DBH will be watching the financial sustainability of these programs operated by Bartlett as well as Providence later this year or early 2024. It will be of interest to DBH and the State of Alaska in general if neither stakeholder is able to financially support these new services.

Once potential grant funding is approved for the State of Alaska, it is expected that additional grants might become available to support both Psychiatric Emergency and Crisis Services. It is the intention that Bartlett will seek these grant funds to help support initial program startup and program sustainability where needed.

Bartlett has requested a $4 million capital project from the Alaska State Legislature. This request is to support the overall cost of the Aurora Behavioral Health Center for square footage of crisis services as well as additional start up costs such as building the Electronic Medical Record for the services in Meditech. City Manager, Rorie Watt asked that because this is outside the standard process to submit Bartlett's priorities to CBJ as part of the legislative priority process, that Bartlett provide a memo to the Borough Assembly for clarification. CBJ's lobbyist Kevin Jardell will be able to assist Bartlett in sharing information about the project request with key legislators during the session.

Recruitment for crisis positions will begin within the next 30 days with a goal to have staff hired and starting in the positions by mid to late March 2023. This will provide for several weeks of policy and process

review and required educational training prior to service commencement. A formal request will be submitted to the Alaska Mental Health Trust to support initial start up salary costs for wages and benefits for employees during this time when services are not provided, and no revenue received. This will be shared with the Alaska Mental Health Trustees during a tour of the building on January 24, 2023 with a formal request submitted thereafter.

Rainforest Recovery Center: Leadership within this program has streamlined the application and intake process to provide a timelier response for patients needing substance use disorder residential treatment. Further, there has been improved collaboration both internally and with other hospital departments to promptly identify patients who need and are committed to treatment. This is an effort to enter patients into services in a timely manner and not lose their interest in sobriety to an inefficient admission process. These efforts have paid off as demonstrated by the census in the program reaching 14, the highest it has been since before the pandemic. The continued closure of the Withdrawal Management Unit has allowed for bedrooms at Rainforest to be utilized for patients, not staff offices, and for the increase in treatment beds. While the capacity of the program is 16, recent discovery of a plumbing issue in the last bedroom has hampered the team from reaching a goal of full capacity. Efforts are underway to address the plumbing issue and open the last treatment bedroom. The team has been commended on their work to improve service delivery wait times which will also result in increased revenue.

Strategic Priority #1: Services: Develop, Maintain, And Grow a Sustainable Service Portfolio That Is Responsive to Community Needs.

Mental Health Unit – Maria Milless: Nurse recruitment is in progress on the unit as it continues to work to increase the average daily census. This creates an opportunity to better serve those in need of psychiatric inpatient placement within Juneau, Southeast Alaska, and across Alaska.

Applied Behavioral Analysis – Jenna Wiersma: ABA is currently increasing its services to more families with five new initial assessments scheduled this month. January had a low census due to pediatric illnesses and holidays. ABA is also working to develop a cancellation list to ensure consistent patient hours and prevent drops in revenue from low census months. This waitlist will also be beneficial when providing services in the new Aurora Behavioral Health Center.

Rainforest Recovery Center – Scott Heaton: Rainforest Recovery Center is researching the feasibility of a potential increase in Medically Assisted Treatment (MAT) services as well as increasing other

outpatient services such as group offerings to increase revenue and improve productivity of positions within Behavioral Health.

Strategic Priority #4: Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

Mental Health Unit – Maria Milles: The unit has been increasing the Average Daily Census (ADC) and is working to continue this trend pending adequate nurse overage. Revenue for the unit is most directly tied to the ADC due to the daily reimbursement rate, evidenced by an increased census and revenue in October and December 2022. One challenge in this area is delayed nurse licensure in Alaska. Advocacy for Alaska to join the Nurse Licensure Compact Agreement is taking place both locally and on a statewide level through the Alaska Behavioral Health Association and Alaska Healthcare and Hospital Association.

The Mental Health Unit has been working to create a more efficient and responsive referral process for outside facilities seeking Designated Evaluation and Treatment (DET) program placement for patients under Title 47 holds. The goal is to continue improving the process to maintain and review referral packets 24/7 to assess placement appropriateness and a potential date of admission.

Applied Behavioral Analysis – Jenna Wiersma: Increasing billable hours for Behavioral Analysts to the maximum number of insurance-approved hours for each patient. This will not only provide for additional supports to children, adolescents and families in our community but will also increase revenue for the department.

Behavioral Health Outpatient Psychiatric Services – Hannah Sofhauser: BOPS administration will be working with providers and clinicians to set weekly productivity standards and streamline processes, such as the therapy waitlist, in an effort to maximize revenue.

Strategic Priority #5: Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

Mental Health Unit – Maria Milless: The Annual Environmental Care Assessment deficiencies from the Joint Commission were completed in January. The Joint Commission will provide on-site follow-up within 60 days to review remedies to the identified deficiencies.

Applied Behavioral Analysis – Jenna Wiersma: The first annual patient satisfaction survey will soon be sent out to ABA families. Services at ABA have been provided for just over a year. The survey will provide valuable information to the team on areas for improvement or recommendations for the department moving forward.

Strategic Priority #6: Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

Behavioral Health Outpatient Psychiatric Services – Hannah Sofhauser: BOPS has been examining every aspect of the patient experience to ensure it is providing the best patient care possible while maintaining compliance with regulations. This includes providing department wide training on HIPAA, updating new patient packets to include missing forms, and ensuring there are active behavioral health treatment plans for all current patients.

Bartlett Regional Hospital

To: Board of Directors of Bartlett Regional Hospital **January 19, 2023**

From: Studebaker Nault and CBJ Law

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

February 2023

*****Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by using the video conference meeting information listed on the next page and at the top of each agenda.**

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

Committee Meeting Checkoff:
Board of Directors – 4th Tuesday every month
Board Compliance and Audit – Every3 months
Board Quality – Every other month (Jan, Mar, May, July, Sept, and Nov.)
Executive Committee - As Needed
Finance – 3rd Friday every month
Joint Conference – Every 3 months
Physician Recruitment – As needed
Governance – As needed
Planning – 1st Friday every month

FEBRUARY 2023 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, February 10th
https://bartletthospital.zoom.us/j/94747501805
Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, February 17th
https://bartletthospital.zoom.us/j/94088630653
Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board of Directors Meeting 5:30pm Tuesday, February 28th
https://bartletthospital.zoom.us/j/97511467289
Call 1 888 788 0099 Meeting ID: 975 1146 7289