

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, August 23, 2022; 5:30 p.m.
Zoom Meeting

This virtual meeting is open to the public and may be accessed 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. ROLL CALL
- III. INTRODUCTION OF CEO
- IV. APPROVE AGENDA
- V. PUBLIC PARTICIPATION
- VI. CONSENT AGENDA
 - A. [July 26, 2022 Board of Directors Meeting Minutes](#) (Pg.3)
 - B. [August 16, 2022 BRH & Assembly Joint Committee Meeting Minutes](#) (Pg.7)
 - C. [May 2022 Financials](#) (Pg.10)
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- VII. OLD BUSINESS
 - A. Covid Update
 - B. [Family Practice Building Acquisition](#) – ACTION ITEM (Pg.27)
- VIII. NEW BUSINESS
 - A. Land Acknowledgement
 - B. [MRI & CT Replacement Appropriation Request](#) – ACTION ITEM (Pg.47)
- IX. MEDICAL STAFF REPORT
- X. COMMITTEE MINUTES/REPORTS
 - A. [August 9, 2022 Draft Planning Committee Minutes](#) (Pg.49)
 - Development of the third OR – ACTION ITEM
 - B. [August 12, 2022 Draft Finance Committee Minutes](#) (Pg.52)
 - C. [August 19, 2022 Board Compliance and Audit Committee Minutes](#) (Pg.54)

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XII.	CBJ LIAISON REPORT	
XIII.	PRESIDENT REPORT	
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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, September 27, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 26, 2022 – 5:30 p.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 5:33 p.m. by Kenny Solomon-Gross, Board President. Roll call taken.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

Kenny Solomon-Gross, President
Mark Johnson
Max Mertz

Brenda Knapp, Vice President
Hal Geiger
Lisa Petersen

Deb Johnston, Secretary
Iola Young
Lindy Jones, MD

ALSO PRESENT (*Zoom attendees italicized*)

Jerel Humphrey, Interim CEO
Dallas Hargrave, HR Director
Barbara Nault, Legal Advisor
Michelle Hale, CBJ Liaison

Bob Tyk, Interim CFO
Tracy Dompeling, CBHO
Sherri Layne, CBJ Attorney
Anita Moffitt, Executive Assistant

Kim McDowell, CCO
Joseph Roth, MD
Steven Strickler, DO

APPROVE AGENDA – Mr. Solomon-Gross requested the Physician Recruitment Committee Discussion listed under New Business be tabled until next month. He also requested the removal of April Financials on the Consent Agenda. May Financials should be in the packet, not April. ***MOTION by Ms. Knapp to approve the agenda as amended. Mr. Geiger seconded. There being no objections, agenda approved.***

CEO APPOINTMENT – Mr. Solomon-Gross announced the Board will be taking action to appoint David Keith the new CEO of Bartlett Regional Hospital. Each Board member stated why they felt Mr. Keith would be a good fit for the position. Some reasons stated: He interviewed very well providing good answers to tough questions, has prior CEO experience, experience in Alaska and with the statewide healthcare system and he has a focus on recruitment and retention. Mr. Solomon-Gross thanked the recruitment team, Board, Dallas Hargrave and the citizens of Juneau. All three candidates felt very welcomed by the members of the community and the staff at BRH. All candidates were thoroughly vetted before coming to Juneau and he feels that we are going to have a very successful organization going forward. ***MOTION by Mr. Geiger to appoint David Keith the new CEO of Bartlett Regional Hospital. Ms. Knapp seconded.*** Roll call vote taken. ***MOTION to appoint David Keith the new CEO unanimously approved.*** Mr. Solomon-Gross stated this meeting would be Interim CEO, Jerel Humphrey's last Board meeting. Mr. Keith has agreed to start on August 15th. Mr. Humphrey will continue to serve as interim until shortly after Mr. Keith comes on board. He thanked Mr. Humphrey for serving in this role for the past 10 months.

CONSENT AGENDA – ***MOTION by Ms. Knapp to approve the consent agenda as amended. Mr. Geiger seconded. There being no objection, the June 28, July 15, July 19, July 20 and July 23, 2022 Board of Directors Minutes approved.***

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 3 Covid positive patient in house, 0 on ventilators. We are seeing quite a bit of activity through the ED with Covid being a secondary diagnosis. There is a slight increase in the number of patients being admitted for Covid related complaints. 20 employees out with Covid, some with reinfections; Infection prevention and Employee Health are tracking these. PPE supplies are stable. Covid drive up numbers continue to increase. We are short staffed but are managing with our strong, resilient teams.

NEW BUSINESS

Physician Recruitment Committee Discussion – *Tabled until next month*

PUBLIC PARTICIPATION – Dr. Steven Strickler introduced himself and stated that he has worked in the Radiology Department for 14 years. He thanked the Board for finding a CEO that has vision for BRH. He also thanked the Board for purchasing new MRI and CT equipment needed to help BRH move forward in the future. He's excited that we will have CT profusion capabilities for detecting strokes and also for some advanced cardiac imaging that could really be utilized here in town. He stated there are discussions currently taking place about radiology services going forward in the City of Juneau. He requests that each Board member look for an email tonight regarding what he feels is the best direction for moving forward with radiology services. Mr. Solomon-Gross thanked Dr. Strickler for his time.

MEDICAL STAFF REPORT – Dr. Roth noted the minutes from the July 5th Medical Staff meeting are in the packet. Ms. McDowell and Mr. Tyk had reported that a team from Meditech will be on campus next month to hear the concerns from Medical Staff about the Electronic Medical Records (EMR) and hopefully make it easier to use. Dr. Roth is looking forward to having Mr. Keith come on board with his vast experience with Meditech. He has made it work in other facilities so hopefully he can make it work better here.

COMMITTEE REPORTS:

Finance Committee – Ms. Johnston reported the minutes from the July 18th meeting, included in the packet, accurately reflect the discussions from the meeting. There was a good discussion about the strategic initiatives that have been assigned to the Finance Committee. She thanked Mr. Tyk for what he had put together and for the work that he and his team has done so far this year towards succeeding and in completing our strategic initiatives.

Physician Recruitment Committee – Minutes from the July 12th meeting in the packet. Mr. Johnson reported there had been discussion about Orthopedic Surgery, which has become a higher priority recruitment issue. Also discussed the radiology issue, Neurology and Psychiatry. Mr. Humphrey reported that he continues to work with Orthopedic Surgeons on recruitment efforts on their behalf. He stated that if approached, or if BRH finds an Orthopedic Surgeon that wants to be employed by the hospital, we would be happy to do that as well. Getting additional total bone and joint orthopedic services in Juneau is a top priority.

Board Quality Committee – Minutes from the July 13th meeting in the packet. Dr. Jones reported the committee will work with Meditech and explore ways to ensure our EMR is not impacting patient care.

Board Governance Committee – Minutes from the July 14th meeting in the packet. Mr. Geiger reported draft by-laws for the Physician Recruitment Committee had been briefly discussed and then tabled. Goals, objectives and metrics for the new CEO were also discussed. Staff has volunteered to draft language to present to the committee. Brief discussion about strategic initiatives assigned to the committee. The meeting ended early and is scheduled to meet again on August 11th.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault expressed congratulations on finding a new CEO and thanked Mr. Humphrey for working with her on various things. She wished him the best of luck. She then reported the following: Since the last meeting, her office has continued to work with Senior Leadership on call coverage options. Continue to work with Compliance to help facilitate the preparation and distribution of notices to the affected 340B drug manufacturers as part of the hospital's corrective action plan. Worked with the Compliance and Pharmacy Directors to prepare and submit a 90-day status report to the Health Resources and Services Administration (HRSA) regarding the internal and external corrective action the hospital has been taking in connection with its 340B contract pharmacy program. Working with CBJ law to clarify a few

things for the Applied Behavioral Analysis services for the Juneau School District. Currently working with IT and the Contract Manager on a proposed agreement for IT support services.

HR Report – Mr. Hargrave reported there are more travelers than ever before. Turnover rates are also higher than usual. Recruitment and retention will be a priority for HR and the new CEO. Mr. Solomon-Gross expressed appreciation on behalf of the Board for the time and effort Mr. Hargrave has put into the CEO recruitment process and every issue he has been presented with.

CCO Report – Ms. McDowell highlighted from her report that we have hired permanent directors for the Physical Therapy and Rehab Services Department and the Emergency Department. We have also hired a permanent manager for Dietary that will hopefully be starting mid-September. We are very excited to have those positions filled as it's important to have this level of leadership in place. She expressed thanks to everyone that participated in the CEO recruitment process. She's very excited to move the organization forward with Mr. Keith. Mr. Solomon-Gross thanked Ms. McDowell for her thorough report.

CBHO Report – Ms. Dompeling stated she's been here for 6 weeks now and has developed her sea legs. She reported that the Interim Behavioral Health (BH) Nursing Director will be here for 10 more weeks and is looking at whether he may want to extend his agreement. We are recruiting for other positions in BH; BH Operations Director, BH Medical Director and BOPS Practice Manager. We do have some qualified, local applicants. We are experiencing some administrative staffing shortages in BH and are trying to figure out how to share staff to ensure essential functions are being completed. In the process of working on an employee agreement with a local provider that would be able to help out in BOPS and provide call coverage. A kickoff meeting with the contractors for the Crisis Care Center is scheduled to take place on August 2nd. Monthly updates will be provided to the Board as things should begin moving very quickly. Mr. Solomon-Gross requests to see recruitment plans for staffing the Crisis Care Center to ensure all positions are filled.

CFO Report – Mr. Tyk reported he and Ms. McDowell had a Zoom meeting with Meditech representatives on Monday to discuss issues and concerns about the EMR system. During the discussions, Meditech decided they will focus on physician complaints. They will provide a timeline by the end of this week of when they will come to town to meet with Medical Staff, Clinical IT staff, Mr. Tyk and Ms. McDowell, hopefully within the next three weeks. He also reported staffing changes in the accounting department. Blessy Robert has moved to Georgia but will continue to work remotely to assist Sam Muse who will serve as Interim Controller until a permanent Controller is hired. The grants manager and a fiscal analyst have taken positions with SEARHC and Sharon Price, another fiscal analyst has transferred to the recently vacated Executive Assistant position. Mr. Tyk and Ms. Robert have made some changes to these position descriptions to accurately reflect the duties in these positions. In response to Ms. Knapp, Mr. Tyk confirmed that one of the employees that went to SEARHC will receive a significant increase in salary. He could not speak for the second one but assumed that was the case. Mr. Solomon-Gross obtained confirmation that Meditech representatives will be coming to BRH to work with physicians on the Meditech issues. He noted that one of the qualities of the new CEO is experience in a successful Meditech implementation. Mr. Tyk will try to coordinate the Meditech visit to take place after Mr. Keith's arrival. Understanding how Meditech was built and installed at BRH is important to ensure the system will work as intended. Finding solutions for our EMR system and getting everyone on board is part of the strategic plan. Mr. Tyk will provide the amount of the annual Meditech fees as requested by Mr. Geiger.

CEO Report – Mr. Humphrey reported that we have received a letter of appreciation from the University of Alaska Anchorage (UAA) College of Health for our \$50,000 donation to support its nursing programs. He also reported Nathan (Nate) Rumsey will be joining BRH as the Business Development Strategist. Mr. Rumsey is retired Coast Guard, has extensive leadership skills, a strong analytical background and a civil engineering degree and MBA from Georgia Tech. He will work with directors to develop new initiatives and will be a very valuable asset to BRH going forward.

CBJ LIAISON REPORT – Ms. Hale thanked the Board and Mr. Hargrave for the incredible amount of time and effort put into the CEO recruitment process. She met with all three candidates and feels that Mr. Keith is a great choice. She reported July has been quiet leading up to the elections. There is a Committee of the Whole meeting on Monday and an Assembly meeting on August 8th. The 1% sales tax extension is on the ballot as is City Hall. All 3 Assembly candidates are running unopposed as are 2 School Board candidates. She has been talking with Mr. Solomon-Gross, the Mayor and Erin Walker-Tolles of Catholic Community Services about the funding shortfalls for Hospice and Home Health Services.

Conversations will need to continue and an in depth analysis conducted to find out where the Hospice and Home Care program should live. The new CEO can help with this analysis. Mr. Solomon-Gross noted the importance of Hospice and Home Care services and thanked Ms. Hale for taking this on. Ms. Hale noted the Assembly is very cautious about spending money, as is BRH, due to the uncertain economic climate. Ms. Knapp agreed that these services are critical. The hospital needs to be mindful of its bottom line while giving careful consideration when looking at the needs of the community. Ms. Hale noted the amount of the shortfall is frightening, she's not sure what will happen but will provide updates to the Board. This will need to be a collaborative, community project with creative thinking to find a solution.

PRESIDENT REPORT – Mr. Solomon-Gross stated “We have a CEO!” He then reported that he has been pretty busy the past month with the recruitment process. He thanked everyone for their hard work and support and feels a good selection was made. He has been involved with several other things and will continue to provide updates. Ms. Knapp thanked him for all that he has done.

BOARD CALENDAR – August calendar reviewed. The Governance Committee meeting will be held at 12:00pm on Thursday, August 25th to allow the new CEO to participate. Mr. Humphrey will send Mr. Geiger the draft language for the goals, objectives and metrics for the CEO. The Planning Committee meeting has been scheduled to take place on August 9th and should be able to return to the first Friday of each month again beginning in September.

BOARD COMMENTS AND QUESTIONS – None

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 6:40 p.m. after a 5-minute recess. They returned to regular session at 7:21 p.m.

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

ADJOURNMENT: 7:22 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, August 23, 2022

Bartlett Regional Hospital

Minutes
BRH and ASSEMBLY JOINT COMMITTEE MEETING
August 16, 2022 – 2:00 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 2:05 p.m. by Alicia Hughes-Skandijs, Chair.

BRH BOARD AND COMMITTEE MEMBERS* PRESENT

Kenny Solomon-Gross, President* Brenda Knapp, Vice President* Deb Johnston, Secretary*

CBJ ASSEMBLY COMMITTEE MEMBERS PRESENT

Alicia Hughes-Skandijs* Beth Weldon, Mayor* Christine Woll*

ALSO PRESENT

David Keith, BRH CEO Robert Palmer, CBJ Attorney Rorie Watt, City Manager
Dan Bleidorn, Lands & Res Mgr. Jill Maclean, CDD Director Anita Moffitt, Executive Assistant

PUBLIC PARTICIPATION – None

PROPERTY ACQUISITION

Family Practice Building – Ms. Hughes-Skandijs noted that Mr. Bleidorn and Director Maclean are available to answer questions about the materials presented today about the Family Practice property.

Mr. Solomon-Gross requested Mr. Bleidorn discuss the condition survey and recommendations included in the packet and that Director Maclean discuss the non-conforming letter. He's read it multiple times and does not fully understand it.

Mr. Bleidorn noted the condition survey and recommendations (put together by Marc Walker) are in the packet. He reported the building looks like a classic 1984 building with some of the original systems and windows. The roof is relatively new. There were no real surprises and the appraisal has a realistic price given the market at this time.

Ms. Hughes-Skandijs reminded everyone that this was supposed to have already gone to the Assembly as an agenda item but was pulled for further discussion. She asked Mr. Watt if he had anything to add. Mr. Watt reported there is an ordinance up for introduction for the appropriation of funds if BRH feels it's necessary to acquire the property. City code requires properties to be acquired at fair market value, which can be challenging in the real estate market. Code also requires that leased property is at fair market value. Determining if it's in the best interest of BRH to purchase the property lies with Administration and the Board.

Mayor Weldon requested Board members explain why they feel purchasing this property is a good idea and what the building is to be used for. Ms. Knapp stated the hospital is in need of more space and the campus area is very restricted. Appropriate space in Juneau is not always available and this particular property is already a medical facility in reasonably good condition. BRH is trying to become more available in the community without having all services on campus and may want to build on the property in the future. Purchasing this property would allow providers currently in the space to remain on location. She questioned the zoning of the property making it non-conforming and prohibitive for building upon.

Ms. Johnston stated Ms. Knapp did an excellent job explaining the rationale. She added that there are potential lines of service that BRH might like to expand to. Having space available for these services and for physicians we want to recruit to the community would be very helpful.

Mr. Solomon-Gross emphasized that BRH wants to make sure the physicians currently in the building aren't forced out with nowhere to go. Supporting physicians already in the community is important, as is expanding services. The building is in good shape and could work for what BRH's needs are today. With the competitive nature of healthcare in the community, it would allow us a stronger presence in the community.

Ms. Hughes-Skandijs opened the floor for questions.

At Ms. Woll's request, Ms. Maclean explained what the non-conforming certification means for potential expansion of BRH facilities on this property. Non-conforming refers to "grand fathered" status, being allowed to continue doing something that was permitted in the past but isn't any no longer. Borough wide land use codes changed in 1987. (No documentation as to why.) The practice is still allowed to continue its medical services as it did in 1983, but not allowed to change things unless they change to residential uses. Renovations cannot expand outside of the current structure and, there is only 1% of the property BRH would be able to build on. Within the Family Practice structure that exists today, if it remains for medical use, it's fine, however, if medical services were stopped for a continuous 365 days, the grand fathered status goes away and would now have to conform to today's code, D10 – multifamily zoning. She stated that if BRH only plans on medical services in the building and doesn't have plans to expand, the current zoning might be ok for the foreseeable future. If BRH wants the ability to expand, light commercial zoning might work and would offer the most flexibility. She did note there was an attempt 4 years ago to rezone a neighboring property light commercial that failed.

Ms. Knapp initiated a conversation about the zoning of the property and the types of properties around it. If this property is rezoned for light commercial, BRH would be allowed to expand the building and add units on the property. This would allow flexibility to meet BRH's needs but it still must meet parking requirements. The difference in rezoning requests of CBJ and that of the public is the timing. CBJ can request rezoning at any time and the public is limited to January or July. Ms. Maclean clarified that there is some documentation of the rezoning of 1987 but because it was borough wide, it is very high level and doesn't list every property.

Mayor Weldon asked if there had been any evidence of black mold in the building and if the current owners are ok with taking care of the underground tank. Mr. Bleidorn responded no black mold noted on the survey so he believes none had been found. Depending on the motion received today, he will speak to the owners about taking care of as many of the items listed as possible. It would be logical that the underground tank would be replaced at the conveyance.

Ms. Maclean stated regular maintenance of the building would not require bringing the building up to the current zoning code but if costs to reconstruct exceeds over 75% of the assessed value, excluding the foundation, it would have to conform to current code.

Ms. Hughes-Skandijs initiated discussion about how non-conformity effects the plans the BOD has for the property. When asked his opinion, Mr. Palmer stated it's up to the Assembly to approve light commercial zoning for the property. Ms. Knapp and Ms. Johnston expressed reluctance in moving forward with the purchase without knowing if the zoning will be changed. Mayor Weldon stated the Board has made a good case for buying the property and is surprised at the reluctance to move ahead. She feels that this property would give BRH some avenues it may not have been looking at before. Mr. Solomon-Gross agrees with Mayor Weldon and is not ready to give up on the property. Further discussion is needed. Ms. Knapp expressed concern that the physician group in the building would have no place to go if the property is purchased by someone else. It's important to support our physicians and consider our options.

Mr. Bleidorn stated a 30-day extension had been signed on August 5th. He will speak to the agent for the property and try to get a 60-day extension to allow time for further discussion. It will be presented at next week's Board meeting.

MOTION by Mr. Solomon-Gross that this move back to the BRH Board for consideration and push forward to the full Assembly if the Board decides to move forward with this property.

Mayor Weldon objected. This has been talked about long enough and should go to the Assembly now or be dropped.

Ms. Woll objected for a clarifying comment. The motion is to send this back to the Board for discussion then directly to the Assembly, not back to this committee. Mr. Solomon-Gross stated the matter will be discussed at the August 23rd Board of Directors meeting and directly forwarded to the Assembly if approved. Ms. Hughes-Skandijs asked committee members in support of moving this forward to the Board to raise their hands. By a show of hands, all committee members in support but Mayor Weldon. *MOTION* approved, 5-1.

BOARD COMMENTS AND QUESTIONS – Mr. Palmer stated that the appropriation of the funds for this property will be introduced at Monday's Assembly meeting, it will remain on the options list for the Assembly to make a determination when the time is right.

Ms. Hughes-Skandijs noted this committee had expired on June 30th and given an extension by the Assembly to be able to wrap up business. With the work of this committee concluded, this will be the final meeting. She thanked everyone for their contributions.

ADJOURNMENT: 3:04 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

To: BRH Finance Committee
From: Robert C. Tyk, FHFMA
Interim Chief Financial Officer

Re: May Financial Performance

The month of May continued with the fairly strong gross patient revenue numbers with all portions of the organization (inpatient, outpatient, RRC, BOPS, and physician revenue) showing increases when compared to the month of April. An increase in ancillary visits has assisted in driving revenue.

Med/Surg and Critical Care Unit patient days were down slightly from the month of April but Obstetrics and births both increased. BRH averages 25 births per month and in May we delivered 30 babies. Having an OB department truly is a part of being a community hospital and BRH is doing its part. We have seen an increase in a number of ancillary departments, specifically the Emergency Department, Laboratory, and Radiology. Much of this has been driven by the cruise season visitors.

Deductions from revenue showed a marked increase over the prior months. Contractual allowances have seen an increase along with Bad Debt and Charity Care. These are all formula driven numbers but Finance is working to better understand the *Why* of the issue. I plan to have a better explanation at the Finance Committee meeting. These increases resulted in a reduction in net patient revenue of over (\$300,000). Other operating revenue was reduced back to a more normal number because no grant revenue was booked in May as it was in March and April. These decreases resulted in total operating revenue decreasing by (\$830,000) when compared to April.

Salaries and benefits increased to 84.6% of total operating revenue in the month of May. This is the highest percentage in the past 12 months. This number is driven by both the reduction in total operating revenue as well as the increase in contract labor. I am investigating the sharp rise in contract labor, and will have an answer at the Finance meeting.

Other operating expenses fluctuated as they seem to do on a rather consistent basis from month to month. These fluctuations will require additional drill downs to better understand the numbers.

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.

On the Balance Sheet, cash rebounded in the month of May, even though cash collections were basically flat when compared to the month of April at \$7.7 million. April had three AP runs which impacted the cash in that month.

As always, I am available to answer questions. I have left a number of items to be addressed during the Finance meeting and for that I apologize.

Respectfully submitted



BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MAY 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:						
\$3,929,079	\$4,617,381	-\$688,303	-14.9%	\$3,853,990	1. Inpatient Revenue	\$43,601,997	\$49,897,626	-\$6,295,629	-12.6%	\$40,478,490	7.7%
\$928,481	\$1,018,708	-\$90,228	-8.9%	\$994,166	2. Inpatient Ancillary Revenue	\$12,079,837	\$11,008,603	\$1,071,234	9.7%	\$10,586,997	14.1%
\$4,857,560	\$5,636,089	-\$778,531	-13.8%	\$4,848,156	3. Total Inpatient Revenue	\$55,681,834	\$60,906,229	-\$5,224,395	-8.6%	\$51,065,487	9.0%
\$11,601,673	\$10,376,492	\$1,225,181	11.8%	\$10,377,400	4. Outpatient Revenue	\$120,816,709	\$112,133,156	\$8,683,553	7.7%	\$108,983,876	10.9%
\$16,459,233	\$16,012,581	\$446,650	2.8%	\$15,225,556	5. Total Patient Revenue - Hospital	\$176,498,543	\$173,039,385	\$3,459,158	2.0%	\$160,049,363	10.3%
\$249,944	\$348,957	-\$99,013	-28.4%	\$279,368	6. RRC Patient Revenue	\$2,606,123	\$3,770,945	-\$1,164,822	-30.9%	\$1,929,786	35.0%
\$456,653	\$274,960	\$181,693	66.1%	\$339,418	7. BHOPS Patient Revenue	\$4,814,180	\$2,971,329	\$1,842,851	62.0%	\$3,062,377	57.2%
\$1,076,229	\$1,076,407	-\$178	0.0%	\$1,296,987	8. Physician Revenue	\$10,459,540	\$11,632,144	-\$1,172,604	-10.1%	\$11,176,358	-6.4%
\$18,242,059	\$17,712,905	\$529,152	3.0%	\$17,141,329	9. Total Gross Patient Revenue	\$194,378,386	\$191,413,803	\$2,964,583	1.5%	\$176,217,884	10.3%
					Deductions from Revenue:						
\$2,972,366	\$3,108,553	\$136,187	4.4%	\$3,258,876	10. Inpatient Contractual Allowance	\$30,513,160	\$33,635,945	\$3,122,785	9.3%	\$29,488,536	3.5%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$3,625,000	-\$2,475,000	\$1,150,000		-\$308,333	
\$4,860,343	\$4,119,122	-\$741,221	-18.0%	\$3,866,790	11. Outpatient Contractual Allowance	\$49,080,211	\$44,513,073	-\$4,567,138	-10.3%	\$41,481,053	18.3%
\$781,557	\$723,982	-\$57,575	-8.0%	\$513,703	12. Physician Service Contractual Allowance	\$6,134,751	\$7,823,674	\$1,688,923	21.6%	\$6,509,365	-5.8%
\$27,821	\$14,826	-\$12,995	-87.7%	\$0	13. Other Deductions	\$259,650	\$160,217	-\$99,433	-62.1%	\$136,686	0.0%
\$143,248	\$132,264	-\$10,984	-8.3%	\$99,125	14. Charity Care	\$1,187,956	\$1,429,300	\$241,345	16.9%	\$1,183,761	0.4%
\$725,275	\$103,725	-\$621,550	-599.2%	\$11,568	15. Bad Debt Expense	\$4,598,259	\$1,120,898	-\$3,477,361	-310.2%	\$925,395	396.9%
\$9,160,610	\$7,977,472	-\$1,183,138	-14.8%	\$7,441,729	16. Total Deductions from Revenue	\$88,148,987	\$86,208,107	-\$1,940,879	-2.3%	\$79,416,463	11.0%
45.3%	44.9%			44.6%	% Contractual Allowances / Total Gross Patient Revenue	42.2%	44.9%			43.8%	
4.8%	1.3%			0.6%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.0%	1.3%			1.2%	
50.2%	45.0%			43.4%	% Total Deductions / Total Gross Patient Revenue	45.3%	45.0%			45.1%	
\$9,081,449	\$9,735,433	-\$653,986	-6.7%	\$9,699,600	17. Net Patient Revenue	\$106,229,399	\$105,205,696	\$1,023,704	1.0%	\$96,801,421	9.7%
\$365,743	\$850,638	-\$484,895	-57.0%	\$617,599	18. Other Operating Revenue	\$10,656,412	\$9,192,356	\$1,464,056	15.9%	\$14,381,622	-25.9%
\$9,447,192	\$10,586,071	-\$1,138,879	-10.8%	\$10,317,199	19. Total Operating Revenue	\$116,885,811	\$114,398,052	\$2,487,760	2.2%	\$111,183,043	5.1%
					Expenses:						
\$4,357,166	\$4,649,578	\$292,412	6.3%	\$4,302,473	20. Salaries & Wages	\$47,620,688	\$50,245,502	\$2,624,814	5.2%	\$46,369,962	2.7%
\$422,325	\$317,591	-\$104,734	-33.0%	\$251,201	21. Physician Wages	\$3,802,650	\$3,432,025	-\$370,625	-10.8%	\$3,206,151	18.6%
\$789,120	\$101,315	-\$687,805	-678.9%	\$210,724	22. Contract Labor	\$2,618,545	\$1,094,859	-\$1,523,686	-139.2%	\$1,660,685	57.7%
\$2,427,959	\$2,388,670	-\$39,289	-1.6%	\$2,599,496	23. Employee Benefits	\$26,507,360	\$25,812,938	-\$694,422	-2.7%	\$25,377,258	4.5%
\$7,996,570	\$7,457,154	-\$539,416	-7.2%	\$7,363,894		\$80,549,243	\$80,585,324	\$36,081	0.0%	\$76,614,056	5.1%
84.6%	70.4%			71.4%	% Salaries and Benefits / Total Operating Revenue	68.9%	70.4%			68.9%	
\$63,462	\$86,001	\$22,539	26.2%	\$66,178	24. Medical Professional Fees	\$785,223	\$929,362	\$144,139	15.5%	\$1,051,633	-25.3%
\$412,311	\$175,007	-\$237,304	-135.6%	\$365,022	25. Physician Contracts	\$3,844,871	\$1,891,186	-\$1,953,685	-103.3%	\$3,320,700	15.8%
\$209,768	\$246,955	\$37,187	15.1%	\$200,348	26. Non-Medical Professional Fees	\$2,152,706	\$2,668,708	\$516,002	19.3%	\$2,169,862	-0.8%
\$1,435,271	\$1,256,685	-\$178,586	-14.2%	\$1,242,516	27. Materials & Supplies	\$15,645,905	\$13,580,187	-\$2,065,718	-15.2%	\$15,434,926	1.4%
\$214,545	\$132,415	-\$82,130	-62.0%	\$129,644	28. Utilities	\$1,733,531	\$1,430,978	-\$302,553	-21.1%	\$1,321,553	31.2%
\$521,697	\$383,887	-\$137,810	-35.9%	\$229,319	29. Maintenance & Repairs	\$5,015,938	\$4,148,502	-\$867,436	-20.9%	\$4,570,581	9.7%
\$77,726	\$38,827	-\$38,899	-100.2%	\$45,000	30. Rentals & Leases	\$708,205	\$419,570	-\$288,635	-68.8%	\$573,510	23.5%
\$67,712	\$56,110	-\$11,602	-20.7%	\$43,207	31. Insurance	\$838,819	\$606,333	-\$232,486	-38.3%	\$534,789	56.9%
\$585,394	\$648,351	\$62,957	9.7%	\$614,334	32. Depreciation & Amortization	\$6,819,198	\$7,006,357	\$187,160	2.7%	\$6,927,500	-1.6%
\$32,973	\$50,903	\$17,930	35.2%	\$49,359	33. Interest Expense	\$171,299	\$550,074	\$378,775	68.9%	\$554,012	-69.1%
\$191,849	\$133,288	-\$58,561	-43.9%	\$99,384	34. Other Operating Expenses	\$1,498,055	\$1,440,299	-\$57,756	-4.0%	\$1,137,172	31.7%
\$11,809,278	\$10,665,583	-\$1,143,695	-10.7%	\$10,448,205	35. Total Expenses	\$119,762,993	\$115,256,880	-\$4,506,112	-3.9%	\$114,210,294	-4.9%
-\$2,362,086	-\$79,512	-\$2,282,574	2870.7%	-\$131,006	36. Income (Loss) from Operations	-\$2,877,182	-\$858,828	-\$2,018,354	235.0%	-\$3,027,251	-5.0%
\$835	\$169,863	-\$169,028	-99.5%	\$102,551	37. Interest Income	\$819,625	\$1,835,616	-\$1,015,991	-55.3%	\$1,127,552	-27.3%
\$64,348	\$77,063	-\$12,715	-16.5%	\$73,423	38. Other Non-Operating Income	\$962,731	\$832,801	\$129,930	15.6%	\$1,917,990	-49.8%
\$65,183	\$246,926	-\$181,743	-73.6%	\$175,974	39. Total Non-Operating Revenue	\$1,782,356	\$2,668,417	-\$886,061	-33.2%	\$3,045,542	-41.5%
-\$2,296,903	\$167,414	-\$2,464,317	-1472.0%	\$44,968	40. Net Income (Loss)	-\$1,094,826	\$1,809,589	-\$2,904,415	-160.5%	\$18,291	6085.6%
-25.00%	-0.75%			-1.27%	Income from Operations Margin	-2.46%	-0.75%			-2.72%	
-24.31%	1.58%			0.44%	Net Income	-0.94%	1.58%			0.02%	

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

	May-21	June-21	July-21	August-21	#####	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,853,990	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976	\$3,929,079
2. Inpatient Ancillary Revenue	\$994,166	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773	\$928,481
3. Total Inpatient Revenue	\$4,848,156	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749	\$4,857,560
4. Outpatient Revenue	\$10,377,400	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953	\$11,601,673
5. Total Patient Revenue - Hospital	\$15,225,556	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702	\$16,459,233
6. RRC Patient Revenue	\$279,368	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848	\$249,944
7. BHOPS Patient Revenue	\$339,418	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$390,417	\$456,653
8. Physician Revenue	\$1,296,987	\$952,323	\$887,205	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$897,198	\$1,060,736	\$1,076,229
9. Total Gross Patient Revenue	\$17,141,329	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703	\$18,242,059
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,950,543	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383	\$2,972,366
10a. Rural Demonstration Project	\$0	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$3,866,790	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998	\$4,860,343
12. Physician Service Contractual Allowance	\$513,703	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784	\$781,557
13. Other Deductions	\$0	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$25,302	\$27,821
14. Charity Care	\$99,125	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914	\$86,009	\$114,562	\$143,248
15. Bad Debt Expense	\$11,568	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288	\$725,275
16. Total Deductions from Revenue	\$7,441,729	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317	\$9,160,610
% Contractual Allowances / Total Gross Patient Revenue	42.8%	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%	45.3%
% Bad Debt & Charity Care / Total Gross Patient Revenue	0.6%	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%	3.5%	4.8%
% Total Deductions / Total Gross Patient Revenue	43.4%	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%	50.2%
17. Net Patient Revenue	\$9,699,600	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386	\$9,081,449
18. Other Operating Revenue	\$617,599	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429	\$365,743
19. Total Operating Revenue	\$10,317,199	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815	\$9,447,192
Expenses:													
20. Salaries & Wages	\$4,302,473	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359	\$4,357,166
21. Physician Wages	\$251,201	\$327,662	\$340,047	\$349,470	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317	\$422,325
22. Contract Labor	\$210,724	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136	\$789,120
23. Employee Benefits	\$2,599,496	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370	\$2,427,959
	\$7,363,894	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701	\$7,537,287	\$7,488,182	\$7,996,570
% Salaries and Benefits / Total Operating Revenue	71.4%	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%
24. Medical Professional Fees	\$66,178	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167	\$63,462
25. Physician Contracts	\$365,022	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694	\$412,311
26. Non-Medical Professional Fees	\$200,348	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852	\$209,768
27. Materials & Supplies	\$1,242,516	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281	\$1,435,271
28. Utilities	\$129,644	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421	\$214,545
29. Maintenance & Repairs	\$229,319	\$654,916	\$422,017	\$361,725	\$559,794	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$521,697
30. Rentals & Leases	\$45,000	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113	\$64,215	\$77,726
31. Insurance	\$43,207	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075	\$102,592	\$70,720	\$67,712
32. Depreciation & Amortization	\$614,334	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119	\$585,394
33. Interest Expense	\$49,359	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973	\$32,973
34. Other Operating Expenses	\$99,384	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288	\$191,849
35. Total Expenses	\$10,448,205	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201	\$11,809,278
36. Income (Loss) from Operations	-\$131,006	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386	-\$2,362,086
Non-Operating Revenue													
37. Interest Income	\$102,551	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698	\$600	\$835
38. Other Non-Operating Income	\$73,423	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400	\$64,348
39. Total Non-Operating Revenue	\$175,974	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000	\$65,183
40. Net Income (Loss)	\$44,968	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386	-\$2,296,903

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
May 31, 2022

	<u>May-22</u>	<u>April-22</u>	<u>May-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	7,271,871	5,045,343	21,606,056	(14,334,186)
2. Board designated cash	27,375,730	29,926,473	35,008,869	(7,633,138)
3. Patient accounts receivable, net	18,180,691	17,502,612	15,785,030	2,395,661
4. Other receivables	1,323,543	1,583,406	1,151,553	171,990
5. Inventories	3,642,059	3,537,649	3,569,923	72,137
6. Prepaid Expenses	1,893,949	2,203,501	2,272,909	(378,960)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	59,719,780	59,830,921	79,423,217	(19,703,436)
Appropriated Cash:				
9. CIP Appropriated Funding	29,145,697	32,229,681	13,352,751	15,792,946
Property, plant & equipment				
10. Land, bldgs & equipment	153,025,175	152,973,023	149,080,856	3,944,319
11. Construction in progress	17,812,831	14,423,945	7,570,489	10,242,342
12. Total property & equipment	170,838,006	167,396,968	156,651,345	14,186,661
13. Less: accumulated depreciation	(108,329,760)	(107,744,366)	(100,968,052)	(7,361,708)
14. Net property and equipment	62,508,246	59,652,607	55,683,299	6,824,954
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	164,028,570	164,368,051	160,862,944	3,165,631
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,580,462	2,118,075	2,288,565	291,897
18. Accrued employee benefits	5,368,868	5,312,132	5,307,685	61,183
19. Accounts payable and accrued expenses	3,390,582	2,027,105	1,985,406	1,405,176
20. Due to 3rd party payors	2,706,739	2,704,813	4,051,027	(1,344,288)
21. Deferred revenue	697,168	740,335	(2,556,106)	3,253,274
22. Interest payable	165,131	127,892	252,238	(87,107)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	458,446	375,354	408,119	50,327
25. Total current liabilities	16,397,396	14,435,706	12,646,934	3,750,462
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	82,713	86,979	1,067,476	(984,764)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	83,260,907	83,265,173	86,690,245	(3,429,338)
31. Total liabilities	99,658,303	97,700,879	99,337,179	321,124
32. Fund Balance	64,370,267	66,667,170	61,525,763	2,844,505
33. Total liabilities and fund balance	164,028,570	164,368,051	160,862,944	3,165,631

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD MAY 21 THRU MAY 22

	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	21,507,086	24,125,641	20,222,641	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343	7,271,871
2. Board designated cash	35,107,839	35,189,438	34,296,146	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473	27,375,730
3. Patient accounts receivable, net	15,785,030	14,506,692	17,050,534	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612	18,180,691
4. Other receivables	1,151,553	3,663,675	3,664,168	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406	1,323,543
5. Inventories	3,569,923	3,438,976	3,312,784	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649	3,642,059
6. Prepaid Expenses	2,272,909	1,757,985	3,134,789	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501	1,893,949
7. Other assets	28,877	29,877	30,377	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937
8. Total current assets	79,423,217	82,712,284	81,711,439	75,481,097	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921	59,719,780
Appropriated Cash:													
9. CIP Appropriated Funding	13,352,751	13,352,751	11,932,679	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681	29,145,697
Property, plant & equipment													
10. Land, bldgs & equipment	149,080,856	149,516,701	149,599,849	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023	153,025,175
11. Construction in progress	7,570,489	7,264,903	8,767,880	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285	14,423,945	17,812,831
12. Total property & equipment	156,651,345	156,781,604	158,367,729	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968	170,838,006
13. Less: accumulated depreciation	(100,968,052)	(101,584,465)	(102,194,394)	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)	(108,329,760)
14. Net property and equipment	55,683,293	55,197,139	56,173,335	57,875,266	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602	62,508,246
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
16. Total assets	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	2,288,565	3,186,973	997,915	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075	2,580,462
18. Accrued employee benefits	5,307,685	5,257,558	5,158,329	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132	5,368,868
19. Accounts payable and accrued expenses	1,985,406	2,637,899	2,703,162	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105	3,390,582
20. Due to 3rd party payors	4,051,027	-	99,234	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813	2,706,739
21. Deferred revenue	(2,556,106)	15,404	654,388	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335	697,168
22. Interest payable	252,238	315,297	(30,075)	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892	165,131
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000
24. Other payables	408,119	467,554	182,945	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354	458,446
25. Total current liabilities	12,646,934	12,790,685	10,675,898	14,474,039	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706	16,397,396
Long-term Liabilities:													
26. Bonds payable	16,350,000	16,350,000	16,350,000	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000
27. Bonds payable - premium/discount	1,067,476	1,053,776	1,040,075	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979	82,713
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
30. Total long-term liabilities	86,690,245	86,676,545	86,662,844	86,648,938	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173	83,260,907
31. Total liabilities	99,337,179	99,467,230	97,338,742	101,122,977	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879	99,658,303
32. Fund Balance	61,525,763	64,198,623	64,882,392	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170	64,370,267
33. Total liabilities and fund balance	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570

**Bartlett Regional Hospital
Dashboard Report for May 2022**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	407	378	8%	393	3.6%	5,135	4,086	26%	4,182
Patient Days - Critical Care Unit	93	101	-8%	78	19.2%	1,021	1,092	-7%	1,013
Avg. Daily Census - Acute	16.1	15.5	4%	15.2	6.1%	18.4	15.5	19%	15.5
Patient Days - Obstetrics	80	63	26%	83	-3.6%	705	685	3%	700
Total Hospital Patient Days	580	543	7%	618	-6.1%	6,861	5,863	17%	5,895
Births									
Births	30	26	17%	34	-11.8%	280	277	1%	274
Patient Days - Nursery	61	52	16%	64	-4.7%	561	567	-1%	555
Mental Health Unit									
Patient Days - Mental Health Unit	165	248	-33%	180	-8.3%	1,672	2,680	-38%	1,658
Avg. Daily Census - MHU	5.3	8.0	-33%	5.8	-8.3%	5.0	8.0	-38%	4.9
Rain Forest Recovery:									
Patient Days - RRC	236	248	-5%	161	46.6%	1,981	2,680	-26%	1,274
Avg. Daily Census - RRC	8	8.0	-5%	5	46.6%	6	8.0	-26%	3.8
Outpatient visits	51	88	-42%	32	59.4%	466	949	-51%	843
Inpatient: Admissions									
Med/Surg	61	58	5%	63	-3.2%	650	626	4%	368
Critical Care Unit	45	36	24%	32	40.6%	430	391	10%	368
Obstetrics	32	28	16%	33	-3.0%	302	297	2%	296
Nursery	30	26	17%	34	-11.8%	280	277	1%	276
Mental Health Unit	14	21	-34%	24	-41.7%	246	228	8%	223
Total Admissions - Inpatient Status	182	168	8%	186	-2.2%	1,908	1,819	5%	1,531
Admissions - "Observation" Status									
Med/Surg	74	63	18%	71	4.2%	743	679	9%	671
Critical Care Unit	30	27	12%	23	30.4%	280	288	-3%	294
Mental Health Unit	5	2	110%	2	150.0%	36	26	40%	21
Obstetrics	22	14	54%	18	22.2%	170	154	10%	155
Total Admissions to Observation	131	106	23%	114	12.0%	1,229	1,147	7%	1,141
Surgery:									
Inpatient Surgery Cases	57	50	13%	48	18.8%	506	543	-7%	542
Endoscopy Cases	103	89	16%	126	-18.3%	1,095	962	14%	1,037
Same Day Surgery Cases	101	119	-15%	102	-1.0%	1,120	1,283	-13%	1,275
Total Surgery Cases	261	258	1%	276	-5.4%	2,721	2,788	-2%	2,854
Total Surgery Minutes	18,078	18,480	-2%	17,804	1.5%	184,373	199,708	-8%	198,855
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,125	968	16%	1,096	2.6%	10,902	10,456	4%	10,440
Cardiac Rehab Visits	130	58	124%	64	103.1%	487	628	-22%	616
Lab Visits	1,999	292	584%	1,312	52.4%	17,218	3,159	445%	4,795
Lab Tests	9,458	9,940	-5%	9,076	4.2%	103,428	107,418	-4%	106,649
Radiology Visits	956	815	17%	841	13.7%	9,205	8,804	5%	8,892
Radiology Tests	2,689	2,371	13%	2,256	19.2%	26,088	25,627	2%	24,877
Sleep Study Visits	16	23	-30%	33	-51.5%	215	246	-13%	276
Physician Clinics:									
Hospitalists	215	236	-9%	221	-2.7%	2,430	2,552	-5%	2,328
Bartlett Oncology Clinic	86	86	0%	83	3.6%	994	927	7%	925
Ophthalmology Clinic	74	95	-22%	83	-10.8%	722	1,024	-30%	978
Behavioral Health Outpatient visits	610	408	50%	701	-13.0%	7,332	4,404	66%	5,704
Bartlett Surgery Specialty Clinic visits	250	232	8%	298	-16.1%	2,575	2,506	3%	2,649
	1,235	1,056	17%	1,386	-10.9%	14,053	11,412	23%	12,584
Other Operating Indicators:									
Dietary Meals Served	11,685	20,134	-42%	23,626	-19.5%	167,407	217,574	-23%	224,499
Laundry Pounds (Per 100)	410	381	8%	394	1.7%	4,342	4,119	5%	4,173

**Bartlett Regional Hospital
Financial Indicators for May 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,086	5,338	-4.7%	4,592	5,028	5,166	-2.7%	4,331
Contractual Allowance %	45.3%	43.6%	3.9%	42.8%	42.2%	43.6%	-3.2%	43.8%
Bad Debt & Charity Care %	4.8%	1.3%	257.4%	0.6%	3.0%	1.3%	123.4%	1.2%
Wages as a % of Net Revenue	61.3%	52.1%	17.8%	49.1%	50.9%	52.1%	-2.3%	52.9%
Productive Staff Hours Per Adjusted Patient Day	25.7	27.4	-6.2%	23.2	23.4	23.6	-0.7%	20.2
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	4.1	-4.5%	3.6	3.6	3.8	-5.3%	3.5
Overtime/Premium % of Productive	6.46%	5.06%	27.6%	5.06%	7.73%	6.25%	23.7%	6.25%
Days Cash on Hand	20	23	-10.8%	68	22	23	-4.2%	67
Board Designated Days Cash on Hand	156	175	-10.8%	153	168	175	-4.2%	153
Days in Net Receivables	58.5	59	0.0%	52	58.5	59	0.0%	52
Days in Accounts Payable	35.5	36	0.0%	23	35.5	36	0.0%	23
Total CMI	1.39							
MCR CMI	1.44							
MCD CMI	1.29							
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					56.4%	33.7%	67.4%	61.9%
Total debt-to-capitalization (without PERS)					14.4%	33.7%	-57.4%	15.7%
Current Ratio					3.64	2.00	82.1%	7.26
Debt-to-Cash Flow (with PERS)					12.96	2.7	380.1%	9.17
Debt-to-Cash Flow (without PERS)					3.30	2.7	22.2%	2.32
Aged A/R 90 days & greater					48.5%	19.8%	144.9%	48.3%
Bad Debt Write off					1.3%	0.8%	62.5%	-0.5%
Cash Collections					80.8%	99.4%	-18.7%	98.4%
Charity Care Write off					0.8%	1.4%	-42.9%	1.6%
Cost of Collections (Hospital only)					5.4%	2.8%	92.9%	4.5%
Discharged not Final Billed (DNFB)					10.3%	4.7%	119.1%	13.8%
Unbilled & Claims on Hold (DNSP)					12.6%	5.1%	147.1%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					1.4%	21.3%	-93.4%	0.0%

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MSDRG) weight for each discharge and dividing the total number of discharges.

Bartlett Regional Hospital

Write-Offs May 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Adminstrative		
SP Prompt Pay Disc	\$8,826.14	140
Medicare Patient <120 days		
Authorization/Alert Missing	\$778.00	1
1115 Waiver Svcs on Commercial Ins		
Denied Appeals /Timely		
BOPS Provider NOT Eligible to Bill		
Mental Health BD MHU, RRC BOPS	86464.32	85
No Provider Enrollment		
	\$96,068.46	226
Collections		
One Time Ins PPD		
Collections SPPPD	\$49,277.25	140
	\$49,277.25	

May 2022 ME Totals

- Charity \$40,545.54 (except for MHBD which is included on the sheet attached due to lack of policy on this date)
- Claims on hold \$0.00 -0-
- POS Collections \$3,782.53
- Cares Adjustments \$2,623.28
- HRSA PMTS \$554.37

Molecular Lab Revenue \$219,000.00

To: BRH Finance Committee
From: Robert C. Tyk, FHFMA
Interim Chief Financial Officer

Re: June Financial Performance

As we finish up Fiscal Year 22, we can look back at how the finances have changed over the past year. Keeping in mind that FY 21 was a year that occurred during COVID, the changes are still noteworthy. Gross Patient Revenue increased by 10% when compared to FY 21. Four percent was the increase that was budgeted in FY 22 so the balance is attributed to volume increases. BRH had a 17.4 % increase in hospital patient days between FY 21 and FY22. This would be expected coming off the lower volumes that were a result of COVID restrictions. So BRH has had a very good rebound with Gross Patient Revenue.

Other pieces of the financials have not been as positive. Total Deductions from Revenue increased by 2.1 percentage points or the equivalent of \$4.4 million from year to year. A large portion of that number resides in the Bad Debt Expense which increased by \$2.7 million. We have also seen an increase in Inpatient and Outpatient Contractual Allowances.

We have seen some billing issues in both May and June that have driven up our AR. We discovered an issue with our claims having accurate NDC numbers. NDC stands for National Drug Code. Every pharmacy item has to have an NDC number attached to the claim. We discovered that some of these claims were being denied by Medicaid because of inaccurate NDC numbers. So that we were not sending out fraudulent claims we decided to hold all Medicaid claims as we worked to fix the issue. This has caused our Medicaid AR to increase by \$4 million dollars. Medicare AR has increased by \$2.9 million as a result of some blood product billing issues as well as a few high dollar amount claims that we are awaiting payment. All of these items have increased the AR which then causes the projected Contractual Allowance as well as the Bad Debt numbers to increase since they are formula driven. Once these billing issues are rectified, the AR will decrease and the C/A and Bad Debt should decrease.

I also believe that Bad Debt has increased in a large part because of the issues revolving around the economy and COVID. These may take longer to rectify.

On both a monthly as well as year-to-date basis, Operating Expenses have increased over the past few years. BRH has seen Operating Expenses increase between 6.5 and 10.3% since 2019. This is not unexpected when you realize all the issues revolving around the COVID crisis. I am sure that people are tired about hearing about COVID issues but it is a fact of life.

Two areas drove the majority of the increase in Operating Expenses....Salaries & Benefits as well as Supplies. In Salaries & Benefits, we have seen an increase of 8% from 2019-2020; 7% from 2020-2021; 8% from 2021-2022. This is driven by an annual 2% salary increase as well as the increase in the use of traveling staff who are paid a much higher hourly rate. The use of travelers has not decreased as we have hoped it would be. Supplies had a smaller increase of 6.4% from 2019-2020 but a 22.7% increase from 2020-2021. This increase has been the result of supply shortages as well as supply and demand. The inflation that we are seeing now within the country does not appear to be slowing so we can expect further increases in the next fiscal year. Initiating a staffing productivity system at BRH would assist in understanding and managing the salary issues.

During the month of June, these increases in Deductions from Revenues as well and continue higher Operating Expenses resulted in a Net Loss of \$1.392 million for the month of June and \$2.486 million year-to-date.

As we have discussed in other meetings, the challenges that need to be addressed at BRH are many but they are surmountable. BRH needs to expand services in the face of its competition and thereby increase revenues; we need to continue working to manage the expenses within the organization and we need to continually look for better ways to operate.

Respectfully submitted

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF JUNE 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
\$3,968,043	\$4,468,452	-\$500,409	-11.2%	\$3,321,408	1.	\$47,570,040	\$54,366,078	-\$6,796,038	-12.5%	\$43,799,897	8.6%
\$1,049,117	\$985,844	\$63,273	6.4%	\$851,522	2.	\$13,128,954	\$11,994,447	\$1,134,507	9.5%	\$11,438,519	14.8%
\$5,017,160	\$5,454,296	-\$437,136	-8.0%	\$4,172,930	3.	\$60,698,994	\$66,360,525	-\$5,661,531	-8.5%	\$55,238,416	9.9%
\$11,242,830	\$10,041,775	\$1,201,055	12.0%	\$10,492,206	4.	\$132,059,538	\$122,174,931	\$9,884,607	8.1%	\$119,476,083	10.5%
\$16,259,990	\$15,496,071	\$763,919	4.9%	\$14,665,136	5.	\$192,758,532	\$188,535,456	\$4,223,076	2.2%	\$174,714,499	10.3%
\$196,884	\$337,695	-\$140,811	-41.7%	\$240,984	6.	\$2,803,007	\$4,108,640	-\$1,305,633	-31.8%	\$2,170,770	29.1%
\$529,944	\$266,090	\$263,854	99.2%	\$310,660	7.	\$5,344,124	\$3,237,419	\$2,106,705	65.1%	\$3,373,036	58.4%
\$862,360	\$1,041,682	-\$179,322	-17.2%	\$952,323	8.	\$11,321,900	\$12,673,826	-\$1,351,926	-10.7%	\$12,128,681	-6.7%
\$17,849,178	\$17,141,538	\$707,640	4.1%	\$16,169,103	9.	\$212,227,563	\$208,555,341	\$3,672,222	1.8%	\$192,386,986	10.3%
\$3,105,403	\$3,015,532	-\$89,871	-3.0%	-\$1,487,957	10.	\$33,618,563	\$36,651,477	-\$3,032,914	8.3%	\$27,692,246	21.4%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a.	-\$3,975,000	-\$2,700,000	\$1,275,000		-\$308,333	
\$5,284,968	\$3,986,246	-\$1,298,722	-32.6%	\$4,113,806	11.	\$54,365,178	\$48,499,319	-\$5,865,859	-12.1%	\$45,594,860	19.2%
\$407,030	\$700,627	-\$293,597	41.9%	\$841,479	12.	\$6,541,781	\$8,524,301	-\$1,982,520	23.3%	\$7,350,844	-11.0%
\$27,703	\$14,348	-\$13,355	-93.1%	\$45,991	13.	\$287,353	\$174,565	-\$112,788	-64.6%	\$182,676	0.0%
\$56,435	\$127,997	-\$71,562	55.9%	\$183,914	14.	\$1,244,390	\$1,557,297	-\$312,907	20.1%	\$1,367,675	-9.0%
-\$344,442	\$100,379	\$444,821	443.1%	\$540,975	15.	\$4,253,816	\$1,221,277	-\$3,032,539	-248.3%	\$1,466,370	190.1%
\$8,187,097	\$7,720,129	-\$466,968	-6.0%	\$3,929,875	16.	\$96,336,081	\$93,928,236	-\$2,407,845	-2.6%	\$83,346,338	15.6%
47.3%	44.9%			21.4%		42.7%	44.9%			41.8%	
-1.6%	1.3%			4.5%		2.6%	1.3%			1.5%	
45.9%	45.0%			24.3%		45.4%	45.0%			43.3%	
\$9,662,081	\$9,421,409	\$240,672	2.6%	\$12,239,228	17.	\$115,891,482	\$114,627,105	\$1,264,377	1.1%	\$109,040,648	6.3%
\$430,405	\$823,197	-\$392,792	-47.7%	\$766,409	18.	\$11,086,816	\$10,015,553	\$1,071,263	10.7%	\$15,148,031	-26.8%
\$10,092,486	\$10,244,606	-\$152,120	-1.5%	\$13,005,637	19.	\$126,978,298	\$124,642,658	\$2,335,640	1.9%	\$124,188,679	2.2%
\$4,497,152	\$4,499,605	\$2,453	0.1%	\$4,903,653	20.	\$52,117,839	\$54,745,107	-\$2,627,268	4.8%	\$51,273,615	1.6%
\$260,633	\$307,344	-\$46,712	15.2%	\$327,662	21.	\$4,063,282	\$3,739,369	-\$323,913	-8.7%	\$3,533,813	15.0%
\$820,571	\$98,047	-\$722,524	-736.9%	\$351,667	22.	\$3,439,117	\$1,192,906	-\$2,246,211	-188.3%	\$2,012,352	70.9%
\$2,434,120	\$2,311,598	-\$122,522	-5.3%	-\$310,714	23.	\$28,941,480	\$28,124,536	-\$816,944	-2.9%	\$25,066,545	15.5%
\$8,012,476	\$7,216,594	-\$795,881	-11.0%	\$5,272,268		\$88,561,718	\$87,801,918	-\$759,800	-0.9%	\$81,886,325	8.2%
79.4%	70.4%			40.5%		69.7%	70.4%			65.9%	
\$48,386	\$83,226	-\$34,840	41.9%	\$80,048	24.	\$833,609	\$1,012,588	-\$178,979	17.7%	\$1,131,681	-26.3%
\$514,752	\$169,360	-\$345,392	-203.9%	\$357,100	25.	\$4,359,623	\$2,060,546	-\$2,299,077	-111.6%	\$3,677,800	18.5%
\$246,454	\$238,991	-\$7,463	-3.1%	\$272,967	26.	\$2,399,160	\$2,907,699	-\$508,539	17.5%	\$2,442,829	-1.8%
\$1,331,112	\$1,216,130	-\$114,982	-9.5%	\$1,435,947	27.	\$16,977,017	\$14,796,317	-\$2,180,700	-14.7%	\$16,870,873	0.6%
\$98,852	\$128,150	-\$29,298	22.9%	\$72,814	28.	\$1,832,383	\$1,559,128	-\$273,255	-17.5%	\$1,394,367	31.4%
\$435,114	\$371,514	-\$63,600	-17.1%	\$654,916	29.	\$5,451,052	\$4,520,016	-\$931,036	-20.6%	\$5,225,496	4.3%
\$51,336	\$37,571	-\$13,765	-36.6%	\$43,979	30.	\$759,541	\$457,141	-\$302,400	-66.2%	\$617,489	23.0%
\$66,848	\$54,298	-\$12,550	-23.1%	\$211,857	31.	\$905,667	\$660,631	-\$245,036	-37.1%	\$746,645	21.3%
\$584,119	\$627,434	-\$43,315	6.9%	\$616,414	32.	\$7,403,317	\$7,633,791	-\$230,474	3.0%	\$7,543,914	-1.9%
\$32,973	\$49,260	-\$16,287	33.1%	\$106,264	33.	\$204,272	\$599,334	-\$395,062	65.9%	\$660,276	-69.1%
\$127,071	\$128,979	-\$1,908	1.5%	\$133,684	34.	\$1,625,127	\$1,569,278	-\$55,849	-3.6%	\$1,270,856	27.9%
\$11,549,493	\$10,321,507	-\$1,227,985	-11.9%	\$9,258,258	35.	\$131,312,486	\$125,578,387	-\$5,734,099	-4.6%	\$123,468,551	-6.4%
-\$1,457,007	-\$76,901	-\$1,380,106	1794.7%	\$3,747,379	36.	-\$4,334,188	-\$935,729	-\$3,398,459	363.2%	\$720,128	-701.9%
\$733	\$164,384	-\$163,652	-99.6%	-\$704,695	37.	\$820,357	\$2,000,000	-\$1,179,643	-59.0%	\$422,857	94.0%
\$64,269	\$74,581	-\$10,312	-13.8%	\$896,646	38.	\$1,027,000	\$907,382	\$119,618	13.2%	\$2,814,636	-63.5%
\$65,002	\$238,965	-\$173,964	-72.8%	\$191,951	39.	\$1,847,357	\$2,907,382	-\$1,060,025	-36.5%	\$3,237,493	-42.9%
-\$1,392,005	\$162,064	-\$1,554,069	-958.9%	\$3,939,330	40.	-\$2,486,831	\$1,971,653	-\$4,458,484	-226.1%	\$3,957,621	162.8%

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

	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976	\$3,929,079	\$3,968,043
2. Inpatient Ancillary Revenue	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773	\$928,481	\$1,049,117
3. Total Inpatient Revenue	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749	\$4,857,560	\$5,017,160
4. Outpatient Revenue	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953	\$11,601,673	\$11,242,830
5. Total Patient Revenue - Hospital	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702	\$16,459,233	\$16,259,990
6. RRC Patient Revenue	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848	\$249,944	\$196,884
7. BHOPS Patient Revenue	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$390,417	\$456,653	\$529,944
8. Physician Revenue	\$952,323	\$887,905	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$897,198	\$1,060,736	\$1,076,229	\$862,360
9. Total Gross Patient Revenue	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703	\$18,242,059	\$17,849,178
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383	\$2,972,366	\$3,105,403
10a. Rural Demonstration Project	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998	\$4,860,343	\$5,284,968
12. Physician Service Contractual Allowance	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784	\$781,557	\$407,030
13. Other Deductions	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$25,302	\$27,821	\$27,703
14. Charity Care	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914	\$86,009	\$114,562	\$143,248	\$56,435
15. Bad Debt Expense	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288	\$725,275	-\$344,442
16. Total Deductions from Revenue	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317	\$9,160,610	\$8,187,097
% Contractual Allowances / Total Gross Patient Revenue	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%	45.3%	47.3%
% Bad Debt & Charity Care / Total Gross Patient Revenue	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	3.5%	4.8%	-1.6%	
% Total Deductions / Total Gross Patient Revenue	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%	50.2%	45.9%
17. Net Patient Revenue	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386	\$9,081,449	\$9,662,081
18. Other Operating Revenue	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429	\$365,743	\$430,405
19. Total Operating Revenue	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815	\$9,447,192	\$10,092,486
Expenses:													
20. Salaries & Wages	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359	\$4,357,166	\$4,497,152
21. Physician Wages	\$327,662	\$340,047	\$349,477	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317	\$422,325	\$260,633
22. Contract Labor	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136	\$789,120	\$820,571
23. Employee Benefits	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370	\$2,427,959	\$2,434,120
	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701	\$7,537,287	\$7,488,182	\$7,996,570	\$8,012,476
% Salaries and Benefits / Total Operating Revenue	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%
24. Medical Professional Fees	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167	\$63,462	\$48,386
25. Physician Contracts	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694	\$412,311	\$514,752
26. Non-Medical Professional Fees	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852	\$209,768	\$246,454
27. Materials & Supplies	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281	\$1,435,271	\$1,331,112
28. Utilities	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421	\$214,545	\$98,852
29. Maintenance & Repairs	\$654,916	\$422,017	\$361,725	\$559,794	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$521,697	\$435,114
30. Rentals & Leases	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113	\$64,215	\$77,726	\$51,336
31. Insurance	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075	\$102,592	\$70,720	\$67,712	\$66,848
32. Depreciation & Amortization	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119	\$585,394	\$584,119
33. Interest Expense	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973	\$32,973	\$32,973
34. Other Operating Expenses	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288	\$191,849	\$127,071
35. Total Expenses	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201	\$11,809,278	\$11,549,493
36. Income (Loss) from Operations	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386	-\$2,362,086	-\$1,457,007
Non-Operating Revenue													
37. Interest Income	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698	\$600	\$835	\$733
38. Other Non-Operating Income	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400	\$64,348	\$64,269
39. Total Non-Operating Revenue	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000	\$65,183	\$65,002
40. Net Income (Loss)	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386	-\$2,296,903	-\$1,392,005

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
June 30, 2022

	<u>June-22</u>	<u>May-22</u>	<u>June-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	5,967,974	7,271,871	23,440,312	(17,472,338)
2. Board designated cash	27,374,717	27,375,730	32,376,022	(5,001,305)
3. Patient accounts receivable, net	18,966,587	18,180,691	15,313,708	3,652,879
4. Other receivables	1,501,123	1,323,543	4,539,052	(3,037,929)
5. Inventories	3,613,561	3,642,059	3,581,333	32,228
6. Prepaid Expenses	1,717,382	1,893,949	1,644,868	72,514
7. Other assets	32,937	31,937	29,877	3,060
8. Total current assets	59,174,281	59,719,780	80,925,172	(21,750,891)
Appropriated Cash:				
9. CIP Appropriated Funding	28,560,714	29,145,697	14,298,992	14,261,723
Property, plant & equipment				
10. Land, bldgs & equipment	153,025,325	153,025,175	149,769,470	3,255,855
11. Construction in progress	18,510,117	17,812,831	10,349,696	8,160,421
12. Total property & equipment	171,535,442	170,838,006	160,119,166	11,416,276
13. Less: accumulated depreciation	(108,913,879)	(108,329,760)	(101,584,465)	(7,329,413)
14. Net property and equipment	62,621,563	62,508,251	58,534,707	4,086,864
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,654,846	-
16. Total assets	163,011,403	164,028,570	166,413,713	(3,402,304)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,849,971	2,580,462	3,186,973	(337,002)
18. Accrued employee benefits	4,822,998	5,368,868	5,257,343	(434,345)
19. Accounts payable and accrued expenses	4,609,541	3,390,582	3,091,905	1,517,636
20. Due to 3rd party payors	2,708,665	2,706,739	1,795,228	913,437
21. Deferred revenue	649,002	697,168	654,002	(5,000)
22. Interest payable	105,323	165,131	315,297	(209,973)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	1,000	458,446	1,300,191	(1,299,191)
25. Total current liabilities	16,776,500	16,397,396	16,510,939	265,562
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	17,350,000	(1,120,000)
27. Bonds payable - premium/discount	78,446	82,713	139,484	(61,038)
28. Net Pension Liability	62,063,897	62,063,897	62,063,897	-
29. Deferred In-Flows	4,884,297	4,884,297	4,884,297	-
30. Total long-term liabilities	83,256,640	83,260,907	84,437,678	(1,181,038)
31. Total liabilities	100,033,140	99,658,303	100,948,617	(915,476)
32. Fund Balance	62,978,263	64,370,267	65,465,094	(2,486,830)
33. Total liabilities and fund balance	163,011,403	164,028,570	166,413,713	(3,402,304)

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD JUNE 21 THRU JUNE 22

	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	24,125,641	20,222,641	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343	7,271,871	5,967,974
2. Board designated cash	35,189,438	34,296,146	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473	27,375,730	27,374,717
3. Patient accounts receivable, net	14,506,692	17,050,534	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612	18,180,691	18,966,587
4. Other receivables	3,663,675	3,664,168	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406	1,323,543	1,501,123
5. Inventories	3,438,976	3,312,784	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649	3,642,059	3,613,561
6. Prepaid Expenses	1,757,985	3,134,789	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501	1,893,949	1,717,382
7. Other assets	29,877	30,377	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937	32,937
8. Total current assets	82,712,284	81,711,439	75,481,097	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921	59,719,780	59,174,281
Appropriated Cash:													
9. CIP Appropriated Funding	13,352,751	11,932,679	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681	29,145,697	28,560,714
Property, plant & equipment													
10. Land, bldgs & equipment	149,516,701	149,599,849	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023	153,025,175	153,025,325
11. Construction in progress	7,264,903	8,767,880	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285	14,423,945	17,812,831	18,510,117
12. Total property & equipment	156,781,604	158,367,729	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968	170,838,006	171,535,442
13. Less: accumulated depreciation	(101,584,465)	(102,194,394)	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)	(108,329,760)	(108,913,879)
14. Net property and equipment	55,197,139	56,173,335	57,875,266	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602	62,508,246	62,621,563
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
16. Total assets	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	3,186,973	997,915	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075	2,580,462	2,849,971
18. Accrued employee benefits	5,257,558	5,158,329	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132	5,368,868	4,822,998
19. Accounts payable and accrued expenses	2,637,899	2,703,162	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105	3,390,582	4,609,541
20. Due to 3rd party payors	-	99,234	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813	2,706,739	2,708,665
21. Deferred revenue	15,404	654,388	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335	697,168	649,002
22. Interest payable	315,297	(30,075)	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892	165,131	105,323
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000
24. Other payables	467,554	182,945	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354	458,446	1,000
25. Total current liabilities	12,790,685	10,675,898	14,474,039	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706	16,397,396	16,776,500
Long-term Liabilities:													
26. Bonds payable	16,350,000	16,350,000	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000
27. Bonds payable - premium/discount	1,053,776	1,040,075	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979	82,713	78,446
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
30. Total long-term liabilities	86,676,545	86,662,844	86,648,938	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173	83,260,907	83,256,640
31. Total liabilities	99,467,230	97,338,742	101,122,977	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879	99,658,303	100,033,140
32. Fund Balance	64,198,623	64,882,392	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170	64,370,267	62,978,263
33. Total liabilities and fund balance	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403

**Bartlett Regional Hospital
Dashboard Report for June 2022**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	506	366	38%	361	40.2%	5,641	4,452	27%	4,543
Patient Days - Critical Care Unit	78	98	-20%	76	2.6%	1,099	1,190	-8%	1,089
Avg. Daily Census - Acute	19.5	15.0	30%	14.6	33.3%	18.5	15.5	19%	15.4
Patient Days - Obstetrics	45	61	-27%	50	-10.0%	750	746	1%	750
Total Hospital Patient Days	629	525	20%	487	29.2%	7,490	6,388	17%	6,382
Births									
Births	21	25	-15%	20	5.0%	301	302	0%	294
Patient Days - Nursery	48	51	-6%	36	33.3%	609	618	-1%	591
Mental Health Unit									
Patient Days - Mental Health Unit	121	240	-50%	132	-8.3%	1,793	2,920	-39%	1,790
Avg. Daily Census - MHU	4.0	8.0	-50%	4.4	-8.3%	4.9	8.0	-39%	4.9
Rain Forest Recovery:									
Patient Days - RRC	187	240	-22%	160	16.9%	2,168	2,920	-26%	1,434
Avg. Daily Census - RRC	6	8.0	-22%	5	16.9%	6	8.0	-26%	3.9
Outpatient visits	65	85	-24%	22	195.5%	531	1,034	-49%	865
Inpatient: Admissions									
Med/Surg	66	56	18%	59	11.9%	716	682	5%	319
Critical Care Unit	36	35	3%	32	12.5%	466	426	9%	319
Obstetrics	22	27	-17%	23	-4.3%	324	324	0%	319
Nursery	22	25	-11%	20	10.0%	302	302	0%	296
Mental Health Unit	23	20	13%	18	27.8%	269	248	8%	241
Total Admissions - Inpatient Status	169	163	4%	152	11.2%	2,077	1,982	5%	1,494
Admissions - "Observation" Status									
Med/Surg	70	61	15%	67	4.5%	813	740	10%	738
Critical Care Unit	27	26	5%	21	28.6%	307	314	-2%	315
Mental Health Unit	5	2	117%	3	66.7%	41	28	46%	24
Obstetrics	13	14	-6%	14	-7.1%	183	168	9%	169
Total Admissions to Observation	115	103	12%	105	-12.2%	1,344	1,250	8%	1,246
Surgery:									
Inpatient Surgery Cases	57	49	17%	52	9.6%	563	592	-5%	594
Endoscopy Cases	91	86	6%	113	-19.5%	1,186	1,048	13%	1,150
Same Day Surgery Cases	117	115	2%	93	25.8%	1,237	1,398	-12%	1,368
Total Surgery Cases	265	250	6%	258	2.7%	2,986	3,038	-2%	3,112
Total Surgery Minutes	18,593	17,884	4%	18,410	1.0%	202,966	217,592	-7%	217,265
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,219	936	30%	1,152	5.8%	12,121	11,392	6%	11,592
Cardiac Rehab Visits	107	56	90%	55	94.5%	594	684	-13%	671
Lab Visits	1,668	283	490%	493	238.3%	18,886	3,442	449%	5,288
Lab Tests	9,915	9,620	3%	8,952	10.8%	113,343	117,038	-3%	115,601
Radiology Visits	901	788	14%	894	0.8%	10,106	9,592	5%	9,786
Radiology Tests	2,697	2,295	18%	2,307	16.9%	28,785	27,922	3%	27,184
Sleep Study Visits	22	22	0%	19	15.8%	237	268	-12%	295
Physician Clinics:									
Hospitalists	216	228	-5%	189	14.3%	2,646	2,780	-5%	2,517
Bartlett Oncology Clinic	95	83	14%	92	3.3%	1,089	1,010	8%	1,033
Ophthalmology Clinic	91	92	-1%	1	9000.0%	813	1,116	-27%	979
Behavioral Health Outpatient visits	674	394	71%	612	10.1%	8,006	4,798	67%	6,316
Bartlett Surgery Specialty Clinic visits	145	224	-35%	275	-47.3%	2,720	2,730	0%	2,924
	1,221	1,022	19%	1,169	4.4%	15,274	12,434	23%	13,769
Other Operating Indicators:									
Dietary Meals Served	11,686	19,484	-40%	21,905	0.0%	179,093	237,058	-24%	246,404
Laundry Pounds (Per 100)	411	369	11%	371	0.2%	4,752	4,488	6%	4,544

**Bartlett Regional Hospital
Financial Indicators for June 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,094	5,166	-1.4%	3,952	5,033	5,166	-2.6%	4,300
Contractual Allowance %	47.3%	43.6%	8.5%	19.5%	42.7%	43.6%	-2.2%	41.8%
Bad Debt & Charity Care %	-1.6%	1.3%	-221.1%	4.5%	2.6%	1.3%	94.5%	1.5%
Wages as a % of Net Revenue	57.7%	52.1%	10.9%	45.6%	51.4%	52.1%	-1.2%	52.1%
Productive Staff Hours Per Adjusted Patient Day	25.0	26.0	-3.8%	19.8	25.8	26.0	-0.8%	22.1
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	4.0	-3.6%	3.3	4.0	4.2	-4.9%	3.8
Overtime/Premium % of Productive	8.29%	6.39%	29.8%	6.39%	7.70%	6.11%	26.0%	6.11%
Days Cash on Hand	16	18	-11.6%	84	18	18	-4.8%	76
Board Designated Days Cash on Hand	153	173	-11.6%	169	165	173	-4.8%	169
Days in Net Receivables	61.4	61	0.0%	44	61.4	61	0.0%	44
Days in Accounts Payable	43.6	44	0.0%	27	43.6	44	0.0%	27
Total CMI	1.33							
MCR CMI	1.50							
MCD CMI	1.26							
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					56.9%	33.7%	68.9%	61.9%
Total debt-to-capitalization (without PERS)					14.5%	33.7%	-57.0%	15.7%
Current Ratio					3.53	2.00	76.4%	7.26
Debt-to-Cash Flow (with PERS)					16.26	2.7	502.2%	9.17
Debt-to-Cash Flow (without PERS)					4.14	2.7	53.3%	2.32
Aged A/R 90 days & greater					47.4%	19.8%	139.4%	48.3%
Bad Debt Write off					-0.6%	0.8%	-175.0%	-0.5%
Cash Collections					85.8%	99.4%	-13.7%	98.4%
Charity Care Write off					0.3%	1.4%	-78.6%	1.6%
Cost of Collections (Hospital only)					5.2%	2.8%	85.7%	4.5%
Discharged not Final Billed (DNFB)					10.6%	4.7%	125.5%	13.8%
Unbilled & Claims on Hold (DNSP)					13.0%	5.1%	154.9%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					6.2%	21.3%	-70.9%	0.0%

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MSDRG) weight for each discharge and dividing the total number of discharges.

Bartlett Regional Hospital

Write-Offs June 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Adminstrative		
SP Prompt Pay Disc	\$15,506.45	197
Medicare Patient <120 days		
Authorization/Alert Missing		
1115 Waiver Svcs on Commercial Ins		
Denied Appeals /Timely	\$10,734.69	6
BOPS Provider NOT Eligible to Bill		
Mental Health BD MHU, RRC BOPS	15925.61	98
No Provider Enrollment		
	\$42,166.75	226
Collections		
One Time Ins PPD		
Collections SPPPD	\$79,669.36	197
	\$49,277.25	

June 2022 ME Totals

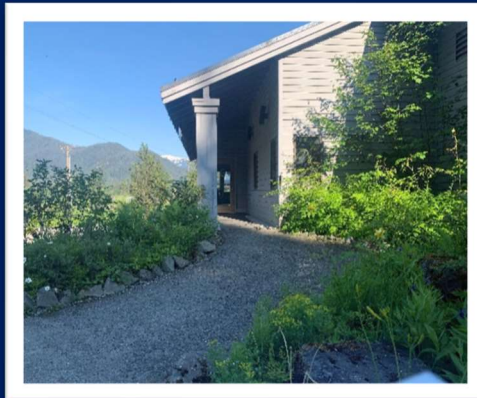
- Charity \$40,509.30 (except for MHBD which is included on the sheet attached due to lack of policy on this date)
- Claims on hold \$0.00 -0-
- POS Collections \$20,448.01
- Cares Adjustments \$395,512.03
- HRSA PMTS \$1,900

Molecular Lab Revenue \$141,200



CONDITION SURVEY

FAMILY PRACTICE BUILDING



June 24, 2022



EXECUTIVE SUMMARY

The Family Practice Building/Property is a three-story building located on 10301 Glacier Highway 99801 currently used as medical and chiropractic offices. The building was originally designed in 1984 and constructed in 1985. The first floor tenant areas were built out sometime after the original 1985 construction. A small medical lab is located in the upper floor space, and the mechanical systems and equipment of the building are largely original. The hydronic boiler was replaced in 2005 and the hot water heater was last replaced in 2013, but the heating and domestic water systems appear to be mostly unmodified. Generally, the mechanical systems have been well maintained and have been replaced as needed.

The lower floor also includes mechanical rooms and two office suites adjacent to unfinished area. The main floor includes a medical clinic, and the upper floor is an unfinished storage space and a Lab. The building has been in continuous use as office space since construction.

Survey performed by the following:

Jensen Yorba Wall, Inc. (522 West 10th Street, Juneau AK 99801)

Charlene Steinman – Architectural
Armando DeGuzman – Architectural



RESPEC (9109 Mendenhall Mall Rd, Suite 4, Juneau, AK 99801)

Doug Murray – Mechanical
Ben Haight – Electrical
Stephen Bishop – Mechanical



The following is a summary of recommendations:

- Replace ramp and guardrails at Southwest leading to door 003.1
- Exterior paint looks to be in fair condition but is reaching the end of its life. Recommend building be repainted within the next 5 years.
- Clear / clean all crawl space vents.
- Add spray foam insulation between second floor joist along the South side of the building. This will require cut and patching of the GWB ceiling above the ACP.

- Provide accessible toilet room at Main Floor. Provide access to accessible toilet room to all tenants of each suite on the Lower Floor.
- Add 'van accessible' signage to West side accessible parking signage. Stripe accessible parking stalls and aisles (West and East sides of building).
- Replace knob hardware at doors with lever style hardware.
- Provide accessible reception counters at public reception areas. This can be accomplished by adding a small counter in front of the existing counters to meet the requirement.
- Replaced underground tank with an aboveground double walled tank in the future.
- First floor ventilation should be examined for a solution to the lack of fresh make-up air.
- Replace all light switches as they have exceeded their service life.
- Add emergency lighting for the exterior egress pathways.
- Replace receptacles within proximity to exam room or laboratory sinks with GFCI protected.
- The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

ARCHITECTURAL CONDITIONS

Code Summary:

- Location: 10301 Glacier Ave., Juneau AK 99801
- Legal: Fraction of USS No. 2136
- Site Area: 2 Acres
- Construction Type: V-B
- Building Area: 10,400 sf

ARCHITECTURAL



Parking: No striping is provided at parking area. It is estimated that 38 spaces are available on the site. Signage for 3 accessible parking stalls is provided, as well as signage for Ambulance parking. No van accessible stall parking signage is provided.

Roof: The metal roofing was replaced by Design North in 2013-2014 and snow stops were installed in 2021 that have helped with the snow fall. The roof appears to be in good condition. The lower roof on the Southeast corner has some tree debris and more wear due to its location in the shade. Most of the fascia is in fair condition except for approximately 100 Linear feet in poor condition on the North side dormer that should be replaced prior to painting the building.



Windows: The windows are aluminum clad with a combination of casement operation and fixed that appear to be original from the 1984 building construction. The windows are in fair condition with some minor watermarks on wood window sills. The seal between panes did not appear broken in any of the windows, although the rubber seals on some of the operable windows were dry and brittle. A couple of the windows needed new operable window hardware but were still usable. Note that not all casement window operation was tested.

Exterior Doors: Exterior wood doors are worn and weathered. Although still functional, they are reaching the end of their useful life.



Foundations: Foundations are the original to the building and no improvements have been made since original construction. The structural wood members and concrete foundation walls in the crawlspace look to be in good condition, the metal brackets that connect the columns to the beams are rusted but appear to be surface rust only.

Siding: The building was last painted in 2010. Paint looks to be in fair condition but is reaching the end of its life. Mildew is showing on the Southeast side of the building where the Main Floor meets the exterior wall. See above for recommendations.



Exterior Decks/Ramps: Overall, the wood is in good condition. Construction of the ramps is comprised of joists hanging off a ledger with Simpson hangers. The ramp structure on the Southwest corner is in poor condition. The wood appears acceptable, but the Simpson hangers are rusted and should be replaced. The ramp also needs handrail extensions on both ends/both sides.

Exterior Stairs: The South concrete stairs have a good amount of ice melt surface damage although still in fair condition.

Floor Finishes: Floor finishes are comprised mostly of carpet (broadloom and tile), linoleum, vinyl plank tile, sheet vinyl and some quarry tile at entry ways. For the most part, carpet is in good to fair condition with the carpet at the stairs from the main floor to the upper floor in poor condition. Floor base is a combination of wood and rubber base. Wood base on the Main floor shows some wear and tear, but in good condition. Third floor is unfinished.

Interior Doors and hardware: Interior doors are wood with wood frame, a combination of lever and knob hardware. Doors are in generally in good condition. No kickplates are provided on any doors leading to some cracking and peeling of the bottom edge of some doors.



Casework: Cabinets are wood with plastic laminate countertops, all in good condition. Upper Floor Lab area is plastic laminate cabinets with plastic laminate countertops in good condition. Many counter areas have a sink.

Ceilings: Ceilings are primarily 2'x2' suspended acoustical ceiling system, square edge with wide track in good condition. Light fixtures are mounted within the ceiling grid. Third floor ceiling is taped sheetrock, no finish.

Wall finishes: Walls are primarily painted sheetrock in good condition. Some toilet areas have rigid plastic panel wainscot in good condition. Third floor walls are taped sheetrock, no finish.

Specialties: Toilet accessories appear to be in good working condition. They are older models so an upgrade would be good but not necessary at this time.

ADA and accessibility elements:



Exterior parking: Based on the estimated available parking, 2 accessible parking stalls are required with one being signed as 'van accessible'. Signage is provided for 3 accessible parking areas on the North, West, and East sides of the building. No striping is provided to designate accessible parking stalls and access aisles. Signage at the East side of the building is difficult to see within the vegetation that has overgrown the sign. Recommend moving the sign or trimming vegetation so sign is visible. At the north side of the building, the slope at the accessible stall exceeds allowable limits – accessible parking cannot be located in this area. Recommend removing sign for accessible parking. At the West side of the building, recommend

adding "Van Accessible" signage below existing accessible signage to meet van accessible requirement. Provide parking striping at accessible parking areas to show parking stalls and accessible aisles per code requirements.



Public Service Counters: Lower and Main Floors: Reception counter areas do not provide an accessible height counter 36" H maximum and 36" W minimum.



Toilet Rooms: The first floor contains an accessible toilet room in the Chiropractor Suite. The Main floor toilet room designated as accessible does not meet accessibility requirements due to lack of clear floor space at the toilet. Other toilet rooms on the floor are not accessible.

requirements due to lack of clear floor space at the toilet. Other toilet rooms on the floor are not accessible.

MECHANICAL



Plumbing System: The domestic water piping is copper and is largely insulated. The domestic waste piping is typically cast iron with some ABS likely added in later tenant improvements. A water service and meter are located in the unimproved crawlspace outside the boiler room. There is a reduced pressure backflow preventer (RPBP) segregating the entire domestic system from the city service. There does not appear to be an RPBP segregating the upper floor lab domestic water from the rest of the domestic system. The plumbing fixtures appear mostly original to the building with some replacements and tenant improvement modifications since the building was constructed. There are no hot water tempering or anti scald devices located at the lavatories or showers. Heated domestic hot water is provided by a single oil-fired hot water tank. The domestic water system is circulated by a single hot water recirculation pump located in the boiler room. Overall, the plumbing system is in good condition.

Major Plumbing Equipment:

- **Oil Fired Hot Water Heater:** Model- Bock 51E, Heating is provided by an oil-fired burner. Volume capacity: 50 gallons. Heating capacity: 161GPH @ 90F. The hot water heater is in good condition and has a likely service life of 5-15 years.



Heating System: The building is heated by a single oil-fired hydronic boiler located in the lower floor boiler room. The hydronic piping is copper and mostly original. The piping is generally in fair condition. Heating water is distributed via perimeter fin-tubes, unit heaters, and fan unit heating coils. Individual zones and rooms are controlled by local thermostats. There is evidence of repaired hydronic leakage especially around several ventilation units. There is no current evidence of piping leaks. Terminal unit heaters, baseboards and heating coils appears to be original and are in fair condition. The hot water heater and boiler share a common double wall chimney which terminates at the roof. There is evidence of previous water leakage down the chimney stack. There was no evidence of ongoing water damage on the chimney stack. The chimney breeching that is visible in the mechanical room is in fair condition.

Major Heating Equipment:

- **Boiler:** Model- Weil McLain Commercial 580. Installed in 2015. Net capacity: 448MBH. The boiler is in good condition and should have a service life of 10-20 years.
- **Zone Pumps:** P-1, P-2 and P-3. P-1 was replaced in recently replaced in 2019 and is in very good condition. P-2 and P-3 are older but are in fairly good condition.

Fuel Oil System: Fuel oil is used to produce building heat and hot water from the domestic water heater. An existing underground oil storage tank (UST) supplies oil to the basement appliances via a copper supply and return pipe. Since the UST is original it is presumed to be single wall. The majority of the oil supply and return piping appears to be original. Portions of the oil supply and return have been modified at the hot water heater and boiler appliances. In 2021, there was a reported failure in the fuel oil system. The underground tank was reportedly tested for water and contaminate leaks and was determined to be leak free. The exterior fuel lines were also excavated and reportedly were in good condition, but are single wall, direct buried. The failure of the fuel system was fixed by replacing the fuel filter and firomatic valve assembly.

The underground oil tank is likely nearing the end of its service life and should be replaced with an aboveground double walled tank in the future.



Ventilation system: The building is ventilated by a combination of forced air and operable windows. The upper floor is ventilated by five different single fan units, four are located in the upper floor, and one located in the lower floor fan room. Forced air ventilation is provided through taped metal uninsulated ductwork. The ductwork is typically in fair to good condition. The four upper floor-based fan units provide outside air through four separate louvers located on the corners of the building. Ventilation air is circulated to the outer offices through ceiling-based supply and return grilles. The central nurses station on the upper floor is supplied air from Ventilation Unit-“P” via various floor grilles. The lower floor Ventilation Unit-“P” has an oversized dedicated OSA duct that terminates in a louver on the south wall. All the fan units are original to the building. There is evidence that there has been hydronic repair work at several of the fan unit heating coils.

The lower floor occupied spaces are ventilated by a combination of operable windows and exhaust fans. The exterior rooms generally have no mechanical ventilation and rely on operable windows to meet code ventilation requirements. Interior rooms currently have no supply ventilation air and rely on inline exhaust fans tied to operable room switches. Typically, the exhaust fans are working, but are in poor condition.

The lower floor had a noticeably humid smell. The dank smell is likely from infiltration from the dirt floor crawlspaces below since there is no make-up air path on the lower floor space, especially if the exterior windows are closed. Most likely there is inadequate fresh air being pulled into the lower floor. The lower floor fan room original design called for additional fan units to serve future tenant spaces. This area may still be utilized to provide additional positive ventilation air to the lower floor.

The upper level and storage areas contain no ventilation except for a single wall mounted exhaust fan in the small lab space. The lab also includes a window mounted air conditioning unit.

Major Ventilation Equipment:

- **Ventilation Unit “P”:** Model- Pace SCF-79A-M1. Located in the lower floor Fan Room.
- **Ventilation Units “Q and T”:** Similar to Ventilation Unit “P”. Model- Pace SCF-79A-M1. Located in upper level spaces.
- **Ventilation Units “R and S”:** Similar to Ventilation Unit “P”. Model- Pace SCF-63A-M1. Located in upper level spaces.
- The ventilation units are typically in fair condition but are near the end of their service life. Repairs can be made to extend the service life of the ventilation units. Estimated service life of 0-10 years.





HVAC controls: The controls are a mix of non-DDC pneumatic and localized electronic controls.

The Pneumatic actuators are in poor condition and several actuators and room sensors have been replaced in kind with non-DDC electronic controls. The pneumatic controls are failing and are outdated. The pneumatics will likely need to be wholly replaced in the near future. Expected service life of 0-5 years.

The Pneumatic controls piping is charged by a newer air compressor and dryer which are in good condition. Compressor was installed within the last 10 years.

Fire Suppression: The building is not currently sprinklered. Renovation and installation of a new sprinkler system would likely require a new upgraded water service.

ELECTRICAL



Electrical Service and Distribution: A 400 ampere, 208Y/120 volt utility service is routed underground into the lower floor to a current transformer enclosure with two 2 inch steel conduits enclosing single conductors. From the line (utility) side of the current transformers, feeders are routed to two smaller meters and main disconnects serving the two medical clinics in the lower floor. From the load (customer) side of the current transformers, three individual feeders are routed through separately enclosed circuit breakers to appliance panels in the lower floor, on the main floor, and on the second floor in the laboratory area. The three noted appliance panels are metered by the utility using a single meter connected to the current transformers.

There is a total of five service disconnects which is allowable by the National Electrical Code (NEC) and complies with the CBJ Title 19. Several of the disconnects are not clearly identified as service disconnects as required by code, and the disconnects are located well inside the building which is no longer allowed by code. This situation might be “grandfathered”, but any major building modifications will probably require this to be upgraded to current code. At the very least, a placard should be posted on the building’s exterior, identifying the service disconnects’ location.

All the appliance panels are panelboard style with dead front covers over the circuit terminations on the circuit breakers. The panels are in good condition, but the circuit breakers have reached their service life and should be replaced.

All the appliance panels are fed from the service and distribution equipment in the lower floor with single conductors in conduit. The conduits appear to be in good condition. The conductors were not viewed but it’s anticipated that they are also in good condition.

The grounding system is not visible, and its condition not verified. With any modifications to the building, the system should be tested with a “drop of potential” type meter.



Branch Circuits and Receptacles: All the branch circuits for lighting, receptacles and appliances appear to use single conductors in conduit. All appear to conform to codes and are in good condition.

Convenience receptacles are distributed throughout the building as individual devices and as multi-outlet strips. The receptacles in the toilet rooms include ground fault circuit interrupters (GFCI). Most, if not all, receptacles appear to have been installed with the original construction and have exceeded their service life.

None of the receptacles within proximity to exam room or laboratory sinks are GFCI protected as required by the present codes. This was not required at the time the building was constructed. However, they should be replaced accordingly.

It does not appear the receptacles in the waiting room or other rooms where children might be present are “tamper resistant” types as required by the present codes. They were not available or required at the time of construction.

Lighting and Lighting Controls: Most of the interior illumination is accomplished using 2ft x 4ft troffers in the suspended ceiling. All utilize fluorescent lamps. There are some recessed cylinders in the public areas and the main nurse’s station, fitted for incandescent type lamps (some might be using LED lamps now). All the fixtures have exceeded their service life.



All the interior lighting is controlled with manually operated switches strategically located to control specific rooms. All the switches have exceeded their service life and should be replaced.

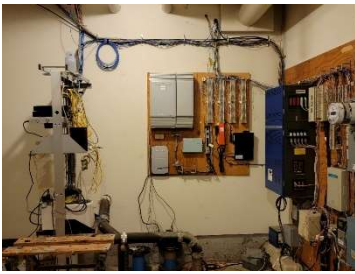


The exterior lighting includes wall mounted fixtures at all the entries, except the lower back door to Suite #100. Post mounted fixtures are distributed throughout the parking and driveway areas. The luminaires are now fitted with LED type lamps. All of the fixtures have exceeded their service life.

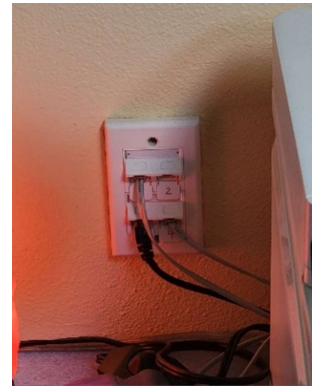
The exterior lighting is controlled by a mechanical timer located in the lower floor with the electrical service equipment.

Emergency light fixtures and electrically illuminated exit signs are in most of the egress routes. There are some exits that lack signs and proper emergency lights as required by the present codes. The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

There is no emergency lighting for the exterior egress pathways. It is recommended for this type of facility even though it might not be strictly required by the present codes.



Data & Communications: The building was originally constructed with basic telephone service. With the advent of data networks and their general development over time since the original construction, data circuits have been routed throughout the building. The main distribution frame (MDF) is in the lower floor in the same room as the electrical service equipment. The circuits disperse from there to workstation and telephone terminals throughout the building. All the cables appear to be routed in an open manner, mostly concealed above suspended ceilings and within walls. Some circuits drop from the ceiling over the main nurse's station. The circuits and MDF are in fair condition.



ADDITIONAL PHOTOS



South end exterior stairs



Outlets near sink



Underground storage tank location



Paint at Column



Main floor entry



Bathroom Fixtures



Unfinished crawl space



Boiler room relief and outside air louver

Highly recommended to be performed by the seller:

- Replace ramp and guardrails at Southwest leading to door 003.1
- Replaced underground tank with an aboveground double walled tank in the future.
- Add emergency lighting for the exterior egress pathways.
- Replace receptacles within proximity to exam room or laboratory sinks with GFCI protected.
- The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

Consider recommending to be performed by the seller:

- Add spray foam insulation between second floor joist along the South side of the building. This will require cut and patching of the GWB ceiling above the ACP.
- Provide accessible toilet room at Main Floor. Provide access to accessible toilet room to all tenants of each suite on the Lower Floor.
- Replace knob hardware at doors with lever style hardware
- Provide accessible reception counters at public reception areas. This can be accomplished by adding a small counter in front of the existing counters to meet the requirement.
- Replace all light switches as they have exceeded their service life.

Buyer should consider:

- Exterior paint looks to be in fair condition but is reaching the end of its life. Recommend building be repainted within the next 5 years.
- Add 'van accessible' signage to West side accessible parking signage. Stripe accessible parking stalls and aisles (West and East sides of building).

- First floor ventilation should be examined for a solution to the lack of fresh make-up air.
- Clean debris build up from roof primarily on the south side of the building.
- Replace pneumatic controls with digital and replace leaking components at air handling units.
- A placard should be posted on the building's exterior, identifying the service disconnects' location.

Other considerations:

Snow plowing contract

Maintenance worker for snow shoveling, grounds, repairs etc. Consider 1 FTE assigned.




**DIRECTOR'S REVIEW STAFF REPORT
NONCONFORMING CERTIFICATION
NCC2022 0015**

(907) 586-0715

CDD_Admin@juneau.org

www.juneau.org/community-development

155 S. Seward Street • Juneau, AK 99801

DATE: July 11, 2022
TO: Jill Maclean, Director, AICP
BY: Joseph Meyers, Planner II 

PROPOSAL: A Nonconforming Situation Review for use and parking

KEY CONSIDERATIONS FOR REVIEW:

- Nonconforming for use and number of off-street parking spaces.
- Conforming for dimensional standards.
- Conditional Use Permit (CUP) issued in 1983 for a 7,500 square foot medical office building (CU83-15).
- Lot, structure, and use were conforming when established.

STAFF RECOMMENDATION:

Staff recommends the following situations receive

Nonconforming Certification:

- Nonconforming Use (CBJ 49.30.230)
- Nonconforming Parking (CBJ 49.30.270)

ABANDONMENT:

If a nonconforming situation is deemed to be abandoned by the Director, the decision may be reconsidered in accordance with CBJ 49.30.220. After reconsideration is reviewed, an appeal may be filed in accordance with CBJ 49.20.110.

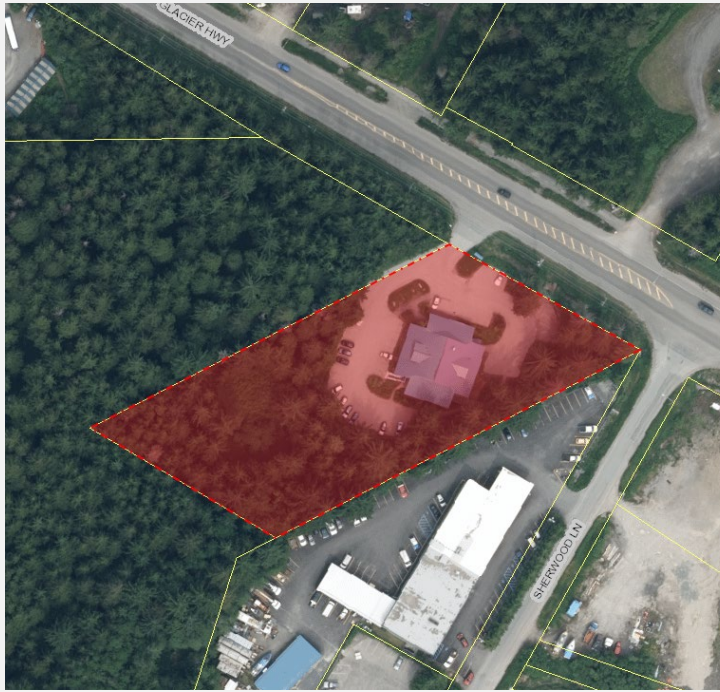
NONCOMPLIANCE:

If a situation fails to be certified as nonconforming, an appeal of this decision may be filed in accordance with CBJ 49.20.110.

GENERAL INFORMATION	
Property Owner	Family Practice Building, LLC
Applicant	City and Borough of Juneau / Bartlett Regional Hospital
Property Address	10301 Glacier Highway
Legal Description	USS 2136 Lot 1
Parcel Number	4B1701130010
Zoning	D10
Lot Size	87,120 Square Feet
Water/Sewer	City and Borough of Juneau
Access	Glacier Highway
Existing Land Use	Commercial
Associated Applications	N/A

CBJ 49.30.215: Accidental damage or destruction. Structures receiving a nonconforming certification may have the right to reconstruct a nonconforming structure per CBJ Chapter 49.30.

SITE FEATURES AND ZONING

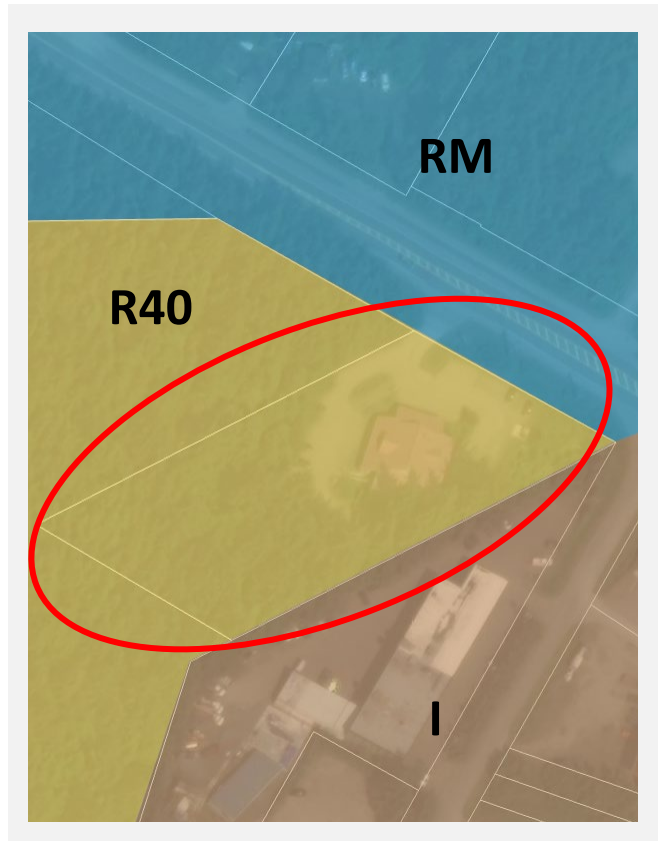
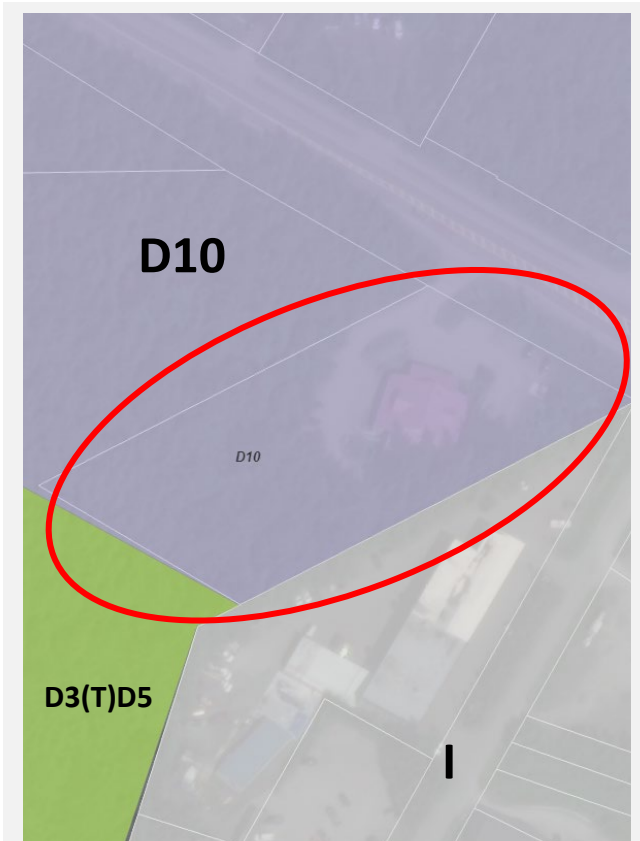


SURROUNDING ZONING AND LAND USES	
Northeast (ROW)	Glacier Highway
Northwest (D10)	Vacant
Southeast (I)	Commercial Office
Southwest (D3(T)D5)	Vacant

SITE FEATURES	
Anadromous	None
Flood Zone	Zone X
Hazard	No known
Hillside	None
Wetlands	None
Parking District	None
Historic District	None
Overlay Districts	None

CURRENT ZONING MAP

ZONING AT TIME OF ESTABLISHMENT



ZONING HISTORY

Year	Zoning District	Summary
1969	R40 Residential	In 1969, the lot and surrounding area was zoned R40. The R40 zoning district required a 40,000 square foot minimum lot size, 200-foot lot width, and 100-foot lot depth*. Required setbacks were 25 feet front, 25 feet rear, and 15 feet on each side. One off-street parking space was required per 400 square feet of gross floor area for a total of 26 parking spaces. A CUP (CU83-15) was received in 1983 for a 7,500 square foot medical office building with 31 parking spaces provided in the R40 zoning district. Dimensional requirements were met at time of establishment.
1987	D10 Residential	In 1987, the lot and surrounding area was zoned D10. The D10 zoning district requires a 6,000 square foot minimum lot size, a 50-foot lot width, and an 85-foot lot depth*. Required setbacks are 20 feet front, 20 feet rear, and 5 feet on each side. One off-street parking space per 200 square feet of gross floor area is required for a total of 53 parking spaces. Maximum lot coverage is 50% and minimum vegetative cover is 30%. The commercial and medical use of this site became nonconforming. Off-street parking became nonconforming. Other dimensional requirements were met.
2021	*All zoning districts – lot depth repealed	On August 23, 2021, the CBJ Assembly adopted Ordinance 2021-28, repealing lot depth as a minimum dimensional standard. Other dimensional standards for the D10 zoning district remain the same.

BACKGROUND INFORMATION

The applicant requests a Nonconforming Situation Review for use and parking. The lot was platted in 1983 and the structure was constructed in 1984.

A CUP was issued in 1983 (CU83-15) for a 7,500 square foot medical office building in the R40 zoning district.

INFORMATION REVIEWED

Year	Type	Summary
1983	Topographic Plat	Lot size, lot dimensions.
1983	Subdivision Waiver Plat	Geographic context.
1983	Conditional Use Permit (CU83-15)	Establishment of use.
1984	As-Built Survey	Setbacks, lot coverage.
1984	Building Permit (BLD-016681)	Structure history.
1985	Certificate of Occupancy	Structure established.
2013	Aerial Imagery	Vegetative cover.

Year	Type	Summary
2022	Assessor’s Data	Lot coverage, lot size, use.
2022	ADA Parking Email	ADA parking spaces.

ANALYSIS

Zoning District Comparison Table – The table below lists the required standards for the D10 zoning district compared to the lot. A description of these situations is provided in the following sections. Items bolded do not meet current requirements.

Standard		Requirement	Existing	Code Reference
Lot Minimums	Size	6,000 square feet	87,120 square feet	CBJ 49.25.400
	Width	50 feet	233 feet	CBJ 49.25.400
Setback Minimums	Front	20 feet	73 feet	CBJ 49.25.400
	Rear	20 feet	233 feet	CBJ 49.25.400
	Side	5 feet	46 feet	CBJ 49.25.400
	Side	5 feet	58 feet	CBJ 49.25.400
	Street Side	13 feet	N/A	CBJ 49.25.400
Lot Coverage Maximum		50%	12%	CBJ 49.25.400
Height Maximum	Permissible	35 feet	Two stories in height	CBJ 49.25.400
	Accessory	25 feet	N/A	CBJ 49.25.400
Maximum Dwelling Units		10	0	CBJ 49.25.500
Use		Residential	Commercial – Medical	CBJ 49.25.300
Vegetative Cover Minimum		30%	0	CBJ 49.50.300
Parking Minimum		53 (1 per 200 square feet)	31	CBJ 49.40.210(a)

Minimum Lot Requirements – The lot size and lot width are conforming for dimensional standards.

Finding: Staff finds the lot conforming for lot size and lot width.

Minimum Setback Requirements – The structure meets the minimum dimensional standards for setbacks in the D10 zoning district.

Finding: Staff finds the structure conforming for setbacks.

Lot Coverage – Based on the stamped site plan and Assessor’s data, lot coverage is not exceeded.

Finding: Staff finds the lot conforming for lot coverage.

Structure Height – Based on Assessor’s Photos, the structure is two stories in height and likely does not exceed the maximum height allowed.

Finding: Staff finds the structure conforming for height.

Residential Density – The use of the lot is a medical office building. No residential units exist at this time.

Finding: N/A.

Use – A CUP was issued in 1983 for a medical office building.

Finding: Staff finds the lot nonconforming for use.

Vegetative Cover – Geographic Information System aerial imagery shows that minimum vegetative cover requirements are met.

Finding: Staff finds the lot conforming for vegetative cover.

Parking – CBJ 49.40.210 requires 53 off-street parking spaces, and 31 off-street parking spaces are provided with three (3) ADA accessible. Back-out parking may be allowed for single-family dwellings in residential zoning districts per CBJ 49.40.230(b)(7)(A).

Finding: Staff finds the use nonconforming for number of off-street parking spaces.

Finding: Staff finds the use conforming for type of off-street parking spaces, three (3) ADA accessible parking spaces are provided on-site, and no back-out parking existing.

Modifications to Nonconforming ADA Parking: *Accessible spaces are required where parking facilities are altered or added. The term ‘alterations’ includes resurfacing of vehicular ways (2004 ADAAG 106.5). Resurfacing or resealing and projects that add new parking spaces constitute alterations (or additions) and must include accessible spaces as required in the scoping table. Normal maintenance, such as pothole repair, surface patching, or repainting in place existing striping for a few spaces, is not considered an alteration except where it affects a facility’s usability.*

NONCOMPLIANT SITUATIONS

CBJ 49.30.310(j) Failure of a situation to qualify for nonconforming certification. If a situation does not qualify for or is denied nonconforming certification, it is noncompliant and the property is subject to enforcement actions consistent with this title.

No information has been found to suggest noncompliant situations exist on the lot.

ABANDONMENT

CBJ 49.30.220(b) Abandonment of a nonconforming situation. A nonconforming situation is abandoned if any of the following events occur:

- (1) The owner indicates in writing that the nonconforming situation is being permanently discontinued;
- (2) The nonconforming situation is damaged, destroyed, removed or demolished intentionally by the owner or intentionally by an authorized agent of the owner;
- (3) The nonconforming structure is moved;
- (4) The owner takes action consistent with an intent to abandon the nonconforming situation;
- (5) The structure(s) associated with the nonconforming situation has been vacant for 365 consecutive days;
- (6) Except for a structure with a nonconforming residential density, the nonconforming use has ceased and not substantially resumed for 365 consecutive days; or
- (7) A structure with a nonconforming residential density has been unoccupied for 1095 consecutive days.

No information has been submitted to suggest the nonconforming situations on the lot have been abandoned.

Finding: Staff finds none of the above events have taken place and the nonconforming situations are not deemed abandoned.

FINDINGS

1. Was the nonconforming situation allowed, or not prohibited by law, when it was established?

Analysis: The use, and off-street parking were conforming when established.

Finding: Yes. The nonconforming situations were allowed or not prohibited by law when established.

2. Has the nonconforming situation been abandoned?

Analysis: No additional analysis needed.

Finding: No. The nonconforming situations have not been abandoned.

RECOMMENDATION

Staff recommends that the Director adopt the analysis and findings, and find the following situations on the lot to be **NONCONFORMING** to the Title 49 Land Use Code and issue a Nonconforming Certification for the following situations:

- Nonconforming Uses (CBJ 49.30.230):
 - Medical offices in a D10 residential zoning district
- Nonconforming Parking (CBJ 49.30.270):
 - 31 off-street parking spaces

STAFF REPORT ATTACHMENTS

Item	Description
Attachment A	Application Packet
Attachment B	Information Reviewed



(907) 586-0715
CDD_Admin@juneau.org
www.juneau.org/community-development
155 S. Seward Street • Juneau, AK 99801

NONCONFORMING CERTIFICATE

Date: July 11, 2022
File No.: NCC2022 0015

City and Borough of Juneau / Bartlett Regional Hospital
155 South Seward Street
Juneau, AK 99801

Proposal: A Nonconforming Situation Review for use and parking

Property Address: 10301 Glacier Highway
Property Legal Description: USS 2136 Lot 1
Property Parcel Code No.: 4B1701130010

The Director of Community Development adopted the analysis and findings listed in the attached memorandum dated July 11, 2022, and has found the following situations on the lot to be certified nonconforming to the Title 49 Land Use Code of the City and Borough of Juneau:

- Nonconforming Uses (CBJ 49.30.230):
 - Medical offices in a D10 residential zoning district
- Nonconforming Parking (CBJ 49.30.270):
 - 31 off-street parking spaces

This Nonconforming Certificate applies to the nonconforming situations stated above. The nonconforming rights provided herein may be relinquished under certain circumstances provided under the CBJ Title 49 Land Use Code. It is the responsibility of the owner or agent of the owner to ensure that all development on the lot is in compliance with this certification and the CBJ Title 49 Land Use Code.

CBJ 49.30.215: Accidental damage or destruction. *Structures receiving a nonconforming certification may have the right to reconstruct a nonconforming structure per CBJ Chapter 49.30.*

This Nonconforming Certificate constitutes a final decision of the Director of Community Development. Appeals must be brought to the CBJ Planning Commission in accordance with CBJ 49.20.110. Appeals must be filed by 4:30 PM on the day twenty days from the date the decision is filed.

City and Borough of Juneau / Bartlett Regional Hospital

File No.: NCC2022 0015

July 11, 2022

Page 2 of 2

If you have any questions regarding your project or anticipate any changes to your plans, please call the Community Development Department at (907) 586-0715.



Project Planner:

Joseph Meyers, Planner II
Community Development Department



Jill Maclean, Director, AICP
Community Development Department

NOTE: The Americans with Disabilities Act (ADA) is a federal civil rights law that may affect this development project. ADA regulations have access requirements above and beyond CBJ-adopted regulations. Owners and designers are responsible for compliance with ADA. Contact an ADA - trained architect or other ADA trained personnel with questions about the ADA: Department of Justice (202) 272-5434, or fax (202) 272-5447, NW Disability Business Technical Center (800) 949-4232, or fax (360) 438-3208.

DATE: August 23, 2022

TO: Kenny Solomon-Gross,
BRH Board of Directors

FROM: Robert C. Tyk, Interim Chief Financial Officer

SUBJECT: BE23-042 BRH MRI and CT Replacement Project
Recommendation for appropriation request

CBJ opened bids for the above referenced project on August 17, 2022. Two bids were received (please see posting notice attached). Staff recommends awarding the Base Bid and Additive Alternate No. 1, making Cornerstone General Contractors, Inc. the apparent low bidder at \$2,329,698.

As the low bid is 65% above the Architect's estimate of \$1,411,739, additional funding in the amount of \$1,185,900 is needed to cover the projected total project cost of \$3.5M. CIP B55-084 CT/MRI Replacement is currently funded at \$2.3M.

Action Requested

Staff requests that the Board of Directors recommend that CIP B55-084 be increased by an appropriation request of \$1,185,900 to be funded from Bartlett Fund Balance and forwarded to the CBJ Public Works and Facilities Committee the CBJ Assembly for approval.

MEMORANDUM

CITY/BOROUGH OF JUNEAU

155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

EMAILED MEMORANDUM

TO: Renee' Loree
CBJ Purchasing Officer

Date: August 17, 2022

FROM: Caleb Comas *CC*
Contract Administrator

File: 2152

SUBJ: POSTING NOTICE OF BIDS
Bartlett Regional Hospital
MRI & CT Replacement
Contract No. BE23-042

This memo is to post a notice of the results of the bid opening on *CC* ~~June~~ August 17, 2022, for the subject project. The bidders and their total bids are as follows:

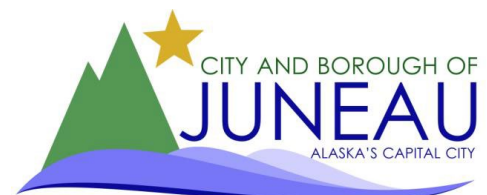
Bidders	Base Bid	Alternate No. 1	Total Bid
Cornerstone General Contractors, Inc.	\$2,259,494	\$70,204	\$2,329,698
Carver Construction, LLC	\$2,233,700	\$119,943	\$2,353,643
<i>Architect's Estimate</i>	<i>\$1,315,843</i>	<i>\$95,896</i>	<i>\$1,411,739</i>

The apparent low bidder is **Cornerstone General Contractors, Inc.** Recommendation to award the Base Bid and Additive Alternate No. 1 for the Total Bid amount of \$2,329,698 will be forwarded to the CBJ Assembly for approval at the Special Assembly Meeting on August 29, 2022. Award is subject to an appropriation of funds by the City & Borough of Juneau Assembly.

This notice begins the protest period per Purchasing Code 53.50.062. Protests will be executed in accordance with CBJ Ordinance 53.50.062 "Protests", and 53.50.080 "Administration of Protest." The CBJ Purchasing Code is available online at: <http://www.juneau.org/law-department> or from the CBJ Purchasing Division at (907) 586-5215.

The apparent low bidder has until **4:30 p.m. on August 24, 2022**, to submit the Subcontractor Report, Section 00360, to the Engineering Department Contracts Office. The Subcontractor Report must be submitted even if there are no subcontractors planned for the job.

c. Bidders
Rusty Shivers, CBJ Project Manager
Jeanne Rynne, CBJ City Architect



Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

August 9, 2022 – 4:00 p.m.

Zoom Videoconference

Called to order at 4:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Mark Johnson*, Max Mertz*, Deb Johnston, Hal Geiger, Lisa Petersen and Iola Young

ALSO PRESENT: Bob Tyk, Kim McDowell, Tracy Dompeling, Dallas Hargrave, Marc Walker, Sara Dodd, Nate Rumsey, Nathan Overson, Jeanne Rynne, and Anita Moffitt

APPROVAL OF AGENDA – Mr. Johnson made a MOTION to approve the agenda as written. Mr. Mertz seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson made a MOTION to approve the minutes from the June 13, 2022 Planning Committee meeting. Mr. Mertz seconded. There being no objections, minutes approved.

NEW BUSINESS:

Operating Room Remodel – Mr. Tyk was experiencing audio difficulties and unable to provide update at this time.

OLD BUSINESS:

Family Practice Building Update – Mr. Tyk unable to provide update due to audio difficulties. Mr. Walker reported the building is in good condition but he is unable to speak to the zoning of it. Discussion with the CBJ Zoning Committee or City Manager needs to be held. Mr. Mertz raised questions about previous zoning of this property. He suggested tabling this conversation until the next meeting. Questions should be organized prior to that meeting to allow a more thorough discussion. Mr. Johnson noted it would be helpful to know what the total cost of the recommended upgrades would be. The hospital also needs to identify what they will use the building for before talking to CBJ.

Mr. Tyk joined the meeting at 4:15 and reported the following: There is to be a BRH & Assembly Joint Committee meeting on the 16th of this month to discuss zoning of the Family Practice property so this topic will be tabled until the next Planning meeting. Mr. Solomon-Gross may be able to provide an update during his report at the Board meeting.

Operating Room (OR) Remodel - Mr. Tyk identified plans for adding lights and booms in the existing ORs. He expressed concern about having to undo that work in the future when we try to bring the rooms up to speed to make them more efficient than they are now. He noted we currently have 2 ORs in operation and one used as storage. For this facility to generate revenue, we need to have 3 functioning ORs and bringing in a Davinci robot should be considered. He suggests the new CEO and the Board Planning Committee look at moving the OR remodel up in the ranks in terms of what we need to do. Ms. Knapp stated recommendations from Mr. Keith and staff regarding what the costs are, and what should be moved down the list of priorities will be needed. Mr. Johnson is in support of this suggestion. The vast majority of surgical residents are taught robotics so having this available could help recruitment efforts in the future. Mr. Tyk reported the Davita robot now offers a leased program. They have provided proformas to BRH for oncology gynecological procedures as well as urological procedures. Mr. Keith will work with staff to provide information for the Board to help determine if we should move ahead with this suggestion.

Master Facility Plan and Timeline – Mr. Walker reported the facility plan and timeline, included in the packet, are up to date. The OR lights and booms listed on the spreadsheet under future projects, has a very rough estimate of \$3 Million. On the timeline, it is something that should be considered sooner rather than later. Planning and design is currently projected to take place in the 4th quarter of 2022 but can easily change. Supplies and equipment currently stored in the 3rd OR suite would be cleared out to allow for the renovation, electrical upgrade and installation of lights and booms. **Mr. Johnson made a MOTION to move this item, along with additional information to be provided by Administration, to the Board for discussion. Mr. Mertz seconded.** At Mr. Johnson’s request, Mr. Walker provided clarification of the project. The initial budget only included replacement of the lights and booms in surgical suites. The proposed project includes an upgrade to electrical infrastructure to support things like the Davinici robots in the future. It wouldn’t make sense to replace lights and booms now only to have to remove them again when the inevitable upgrades to electrical infrastructure is done in the future. \$3 Million is a very rough estimate that includes the lights, booms, electrical upgrade and other finishes that will allow us to be ready to implement projects of the future. Ms. Knapp stated there is a motion on the floor to move forward to the Board for consideration; to conceptually approve the idea of accepting the recommendation of developing the 3rd OR suite. Staff is to bring relative costs, timeline and cost benefit information to Planning and Finance Committees for consideration and a final recommendation to the Board. There being no objections and no further comments, *MOTION* approved.

Mr. Mertz asked for clarification on the dates on the timeline header and what process was used to identify the projects and dates in the timeline. Mr. Walker stated the 2021 noted on the header is a mistake and should be 2022. He then explained that Jensen Yorba Wall had been solicited to help develop the Master Facility Plan. They conducted staff interviews, a market analysis and an analysis of our existing facility. A list of projects was developed that had been identified during this process and presented to Senior Leadership to prioritize. This is a dynamic document and has been modified significantly over time. It is regularly brought to the Planning Committee and modified as needed.

Current Projects Update – Mr. Walker provided an overview of the project update list included in the packet. The ASU-11/ Endoscopy Fan system rebalance was completed, TAB report being reviewed. Underground work has been completed for the water main and RRC waste line repair. We are hopeful that the paving that was scheduled to take place on Saturday will be able to take place tomorrow if the weather cooperates. Site improvement projects continue to move ahead and paving the roadway may possibly take place within the next three weeks. Some of the doors that arrived for the fire door replacement project were damaged, putting this project 12-16 week out. Working with a contractor on a rough phasing plan for work to begin soon on the non-damaged doors. Contractor on board for the underground fuel line replacement. A third party inspection revealed the underground emergency generator fuel lines need to be replaced as well so will be added to the scope of work. A preconstruction meeting was held with Anderson Brothers on the surge protection project. Work will begin when parts and pieces are here. The CT Scanner/MRI project is currently out for bid.

Bops / Crisis Stabilization Project Update – Ms. Rynne reported construction is moving along and still on schedule for completion by March of 2023. Almost all interior wall framing, rough in plumbing and rough in mechanical completed. Electrical is still getting their rough in work done. Sheet rocking has begun on the walls on the basement level. Weather barrier up on outside of the building and they are finishing up on the last part of the roof. Working with Tracy Dompeling on procurement of furnishings and equipment for the building. We are on track with the current timeline and budget. Trying to expedite getting door frames here to avoid challenges with installation if not delivered on time.

Emergency Department (ED) Expansion Project Update - Ms. Rynne reported we just achieved schematic design. The design team, client group has been reviewing the designs. The schematic design construction estimates came in at \$10.7 Million. It had come in at \$10.2 during the concept phase. She does not feel it warrants increasing the budget at this time since another estimate will be provided when we are at 65% complete. We are currently at 35% complete. The city attorney does not feel that we should move forward with the GCCM (General Contractor/Construction Manager) process, previously approved by the Board, until a Certificate of Need (CON) determination is obtained. Due to this recommendation, the GCCM process has not been presented to the Assembly for approval. Because of this delay, it could be too late to use this process which would allow a contractor to come on in an advisory role early in the design phase.

The project can proceed the traditional way (design, bid, build) to keep it on schedule but won't have the added value of the contractor's input. At Ms. Rynne's suggestion, Mr. Overson provided an update on the CON. BRH has taken a parallel approach in submitting a Request for Determination. An argument was made to the State that BRH does not need to go to a full application for a CON, knowing that there is a reasonable likelihood that it will be declined. BRH is working with a CON expert to start the application process, but not submit it yet, in the event we do get declined for the Request for Determination. He reported the Commissioner's Office requested a second round of information yesterday making Mr. Overson cautiously optimistic that this is a positive sign. They have 30 days to make a determination, each time information is requested, it resets the 30 days. The state knows we're interested in getting this information sooner rather than later but it has to go through the Assistant Attorney General's office as well. Mr. Johnson initiated discussion about the use of the 3 additional rooms in the ED. The behavioral health room should be waived from the requirement that it would have 1,500 patients per year. The other two non-typical exam rooms are a triage negative pressure room and an airborne infection isolation room. Mr. Mertz asked what the risk is if the CON is not approved by the State. Mr. Overson would like to speak with CBJ Law about the ultra-conservative approach about the timing and letting us move forward. Every indication is that this would move forward under the current administration, the Office of Rate Review and the Commissioner's Officer are in full support. Mr. Mertz stated the GCCM process would be the most cost effective way of doing this project. Because we are being precluded from this process, he agrees that Mr. Overson should speak to Legal. Mr. Overson stated that Alexandria Hicks, the CON Program Coordinator from the state would probably be amenable to have a conversation with Mr. Palmer and Mr. Overson about some of the risks involved. Ms. Rynne volunteered to sit in on the conversation to answer any questions that may come up about the project. The Committee requests that Mr. Overson work with Alexandria Hicks and the City Attorney to try to move forward with the GCCM process precedent to having a CON determination. Ms. Rynne is to assist.

In response to Ms. Knapp, Ms. Rynne reported that the parking study has been assigned to a project manager. An RFP needs to be issued for consultant services. We are currently waiting for Long Building Technologies to submit a cost proposal for the Juneau Medical Center ventilation improvements.

Strategic Goal Initiatives – Ms. Knapp reported a thorough update had been provided by Mr. Humphrey at the last meeting and is reflected in the minutes. Mr. Keith will need to familiarize himself with the strategic plan and initiatives. He will provide support to the staff for recommendations to bring back to the committee and the full board. There is nothing else to be added at this time.

Comments – Ms. Knapp thanked everyone for their questions and input.

Next Meeting – 12:00 p.m., September 2, 2022

Adjourned – 5:12 p.m.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Zoom Meeting August 12th, 2022 at 12:00pm

Called to order at 12:00 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Max Mertz*, Brenda Knapp, Iola Young, and Kenny Solomon-Gross.

Staff & Others: Robert Tyk, Interim CFO, David Keith, CEO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Dallas Hargrave, HR Director, Blessy Robert, Controller, Sam Muse, Director of Accounting, Beth Mow, Contract Administrator, Tiara Ward, CBJ, and Sarita Knull, CBJ.

Public Comment: None

Ms. Johnson made a MOTION to approve the minutes from the June 17, 2022 and July 8, 2022 Finance Committee Meeting. Mr. Mertz and Mr. Geiger seconded, and they were approved.

June 2022 Financial Review – Bob Tyk

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. The bad debt and contractual allowances are calculated using two different spreadsheets. We have had two issues on the contractual side which had large impacts for May and mostly June. We had claims bounce back to us because the pharmaceutical NDC (National Drug Code) number was wrong, this is partly to Meditech issues and an error in the calculator in the system. To prevent further issues, we put a hold on all Medicaid claims until we could fix the NDC problem. We had Meditech consultants work with our pharmacy department and they will have it fixed in about a week. In the meantime, Tami Churchill, Director of PFS (Patient Finance Services), has been going through specific claims and manually fixing them. Our Accounts Receivable went up because of us holding these claims, which is what partly drove the bad debt and contractual allowance pieces. We also had a separate issue on the Medicare side with billing blood products, which has been corrected. What we should see in July, since we are still holding Medicaid claims, is a similar higher contractual adjustment percentages.

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.

Mr. Hargrave noted that healthcare labor markets has changed nationwide over the past year. The use and need for travel workers has increased but we hope it won't be a long term solution. He has committed to the Board and Senior Leaders about putting forward some recruitment retention ideas. We are getting a market wave study done and the results of that will help us with a plan.

Ms. Robert confirmed that the audit will start their field work on September 5th. For PERs, we did book an estimate of \$280,000 that is included in the financials. The final numbers came after we closed but the adjustment was small about \$24,000.

Balance Sheet:

Mr. Tyk, explained the journal entry tracking process for the deprecation of our current assets. Our cash is better than it has been in the past, holding claims is part of the increase.

Dashboard:

Mr. Tyk said there are increases over all since last year, this is all positive. We will remove the visit numbers in lab and radiology as those aren't important. Starting in July we will only record the number of tests done in those departments. He is hoping to bring to the committee the use of the website from the Alaska Hospital Association. It provides information from every hospital in Alaska, can sort by different data, and be able to compare yourself with other facilities. Next week Bob will have access to this website.

Financial Indicators:

Mr. Tyk said despite the increase in cash spending our numbers are still good. Days in Net Receivables has risen in part because of the Medicare and Medicaid claims being held. The Case Mix Index shows an increase as well, we had more sick in-house Medicaid patients. This part of the report will be modified in the coming months as we utilize the Alaska Hospital Association website to compare ourselves to other Alaskan hospitals.

Write Offs:

Mr. Tyk said an area we can try to improve in is the Point of Service Collections. The \$15,000 Mental Health write off is from the patients who we elected not to pursue for payment.

Ms. Johnston asked if there were any updates to the Board Strategic Initiatives assignments and if we can discuss the metrics of item 4.3 and how it can be measured. She would like to have a conversation about this in the next meeting.

Mr. Tyk said regarding the Meditech issue, asked medical staff to submit a list of concerns. These documents were forward to the Meditech consultants. Mr. Keith and Mr. Tyk will be having a conversation with Meditech next week to talk about the issue they have been able to identify and schedule when they will be visiting Juneau.

Next Meeting: Friday, September 9th at Noon, via Zoom

Additional Comments: None

Adjourned at 12:51 p.m.

Bartlett Regional Hospital

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Board Compliance & Audit Committee Meeting

Draft Minutes

August 19, 2022

Called to order at 12:01 PM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:

Board Members: *Iola Young, Committee Chair; *Brenda Knapp; *Deborah Johnston, Kenny Solomon-Gross, Hal Geiger, Mark Johnson

Staff/Other: Nathan Overson, Compliance Officer; David Keith, CEO; Kim McDowell, CCO; Dallas Hargrave, HR Director; Bob Tyk, CFO; Nate Rumsey, Erin Hardin

Board Compliance & Audit Committee Meeting Agenda Approval: *Ms. Knapp made a MOTION to approve the Agenda for the Board Annual Compliance & Audit Committee as presented. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting agenda without change.*

Ms. Young asked if there any members of the public that would like to speak or give public comment. Hearing none, Ms. Young continued with the agenda.

Previous Board Compliance Meeting Minutes Approval: *Ms. Johnston made a MOTION to approve the June 24th, 2022, Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Knapp seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Committee Compliance Training:

Mr. Overson gave an overview of the Hospital's Code of Conduct and how it is Bartlett's commitment to provide our services in compliance with all state and federal laws governing its operations and consistent with the highest standards of business and professional ethics. There was discussion from the Board about the attestation from staff. Mr. Overson explained that there is attestation to the Code of Conduct at new hire and onboarding for physicians, but the annual compliance training currently does not include an annual attestation. Part of the Compliance Department's education initiative is to add and track attestations for all employees and physicians annually.

Compliance Officer Report:

Mr. Overson reviewed new compliance dashboard and the data metrics with the Committee. Ms. Young asked for clarification on the "unit calculation" under "topic of concern" on the dashboard. Mr. Overson spoke to an identified issued concerning a National Drug Code (NDC) unit of measure calculation that was suspected of not calculating correctly out of the Electronic Medical Record (EMR), or possibly the pharmacy dictionary. Billing charges were not affected; however, action was taken to bring in a third-party expert to resolve the concern. The third-party expert is currently testing a solution and it is anticipated that they will have a fully implemented solution shortly.

Compliance Initiatives Update:

Mr. Rumsey, the newly hired Business Development Strategist, gave an update on the development of Service Line Committee's operational definitions and scope. He spoke to the goal of solidifying the overall process and the organization of the committee itself.

The Certificate of Need Request for Determination for the Emergency Room renovation/expansion has been submitted and we should hear back on the determination within 30 days.

The 340B Oversight Committee is approximately 90% complete with implementing recommendations from a 340B program review.

Board Strategic Goals and Key Initiatives:

The Committee discussed section 6 of the "Board Strategic Goals and Key Initiatives" document. Mr. Overson spoke to the excitement of having additional staff to help develop a more comprehensive education plan for the Hospital that would include department specific training on compliance risks and training metrics that could be measured.

Next Training Topic:

It was decided that the next training topic would be decided after the Board members, and the CEO, attend the upcoming governance training. The thought was that there may be a compliance topic that arises from governance training that could be used as a relevant training topic for this committee.

Meeting Adjourned: 11:56 PM

Next Meeting: November 18th Noon

Bartlett Regional Hospital

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August 23, 2022
Management Report
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

Bartlett Regional Hospital

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Management Report from Dallas Hargrave, Human Resource Director August 2022

CFO Recruitment: The CFO position has been posted and we have started to interview the most qualified candidates. The position is being advertised nationally.

Market Wage Analysis: The RFP for a third party consultant to conduct a market wage analysis has been reposted. We are seeking a consultant to compare the wages at the hospital for our job classifications that are not executives or physicians to the market. Once a responder is selected, we will know the approximate timeframe that this work will be completed.

Update on the utilization of Travelers: The utilization of temporary traveling staff at the hospital continues to be at a high level. However, our recruiters in HR report that our traveler utilization is starting to slowly decrease. In the last month, we have had two temporary traveling staff accept permanent positions in Juneau. As a reminder to the Board, in December 2021, we changed our pay policy for traveler positions. We continue to monitor the national average pay for different types of traveling positions and we do not go above the national average for the pay we are offering our travelers. The national pay rates for travelers have started to decrease in recent months, but are still at high levels.

New SHARP-1 Opportunity: Recently, Juneau received a designation of a Mental Health - Health Provider Shortage Area (HPSA). With this designation, certain mental health providers at the hospital are able to apply for federally funded student loan reimbursement through the State of Alaska. We have supported two of our employed mental health providers who have applied for this opportunity. It is noteworthy that while Juneau has the new Mental Health-HPSA designation, this does not include either "medical primary" or "dental care" at this point.

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August 2022 Chief Clinical Report Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

Cardiac Rehab

- 117 cardiac/pulmonary rehab visits occurred in July.
- Researching ideas on to increase our involvement in the community.

RT

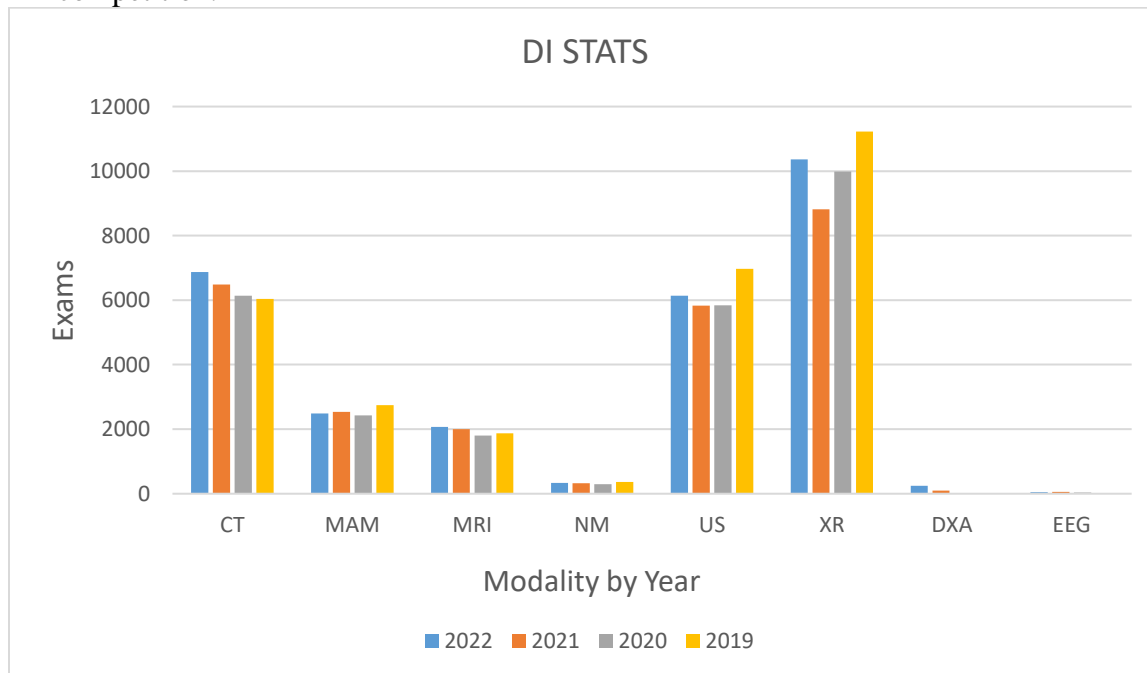
- Oxygen supplies remain solid.
- Respiratory Therapy is now fully staffed.

Sleep

- New sleep contractor and new Medical Director started 8/1/22. Messaging has gone out via Facebook, and BRH webpage. Information has also been sent to providers.
- Updating current sleep rooms to reflect a bedroom vs. a hospital room.

Diagnostic Imaging (DI)

- Imaging levels appear to be trending toward pre-Covid stats in most areas despite increasing competition.



- Contrast mitigation policy was effective. We were able to manage the shortage without significant impact on patient care and have resumed scanning at full capacity. We will continue to closely monitor the supply chain.
- CT/MRI project is out to bid. Expected to close 08/16/22.

Laboratory

- CBJ health yourself has approached the laboratory to perform a health fair this year. Health Fairs have been on hold due to the COVID pandemic. There will be a change for this year, as due to constraints with supplies, especially chemistry, we plan on sending the specimens to LabCorp vs in house testing. If we perform the health fair, it will occur in October of 2023.
- Laboratory has been in contact with Emergency Department(ED) and Rainforest Recovery Center (RRC) concerning the need to have fentanyl added to our test menus. RRC has been using an over the counter device for about a year, which is only for research. At that time, there was no FDA cleared test. Laboratory is now in contact with a FDA cleared test, which can be processed on current analyzer, the Siemens EXL. With a noticeable concern of use in our community, this will be valuable. We expect a couple months to validate.

Critical Care Unit

- Our new CNA, is doing great and should be off his orientation the middle of August. Staffing is looking good. There is still one CCU nurse out for family leave but they are able to be covered with extra PRN staff through the summer. We still have one PRN nurse precepting but it should be completed within a month.
- Documentation of reporting critical lab values was 96.4% for the month of July.
- With the return of our CCU nurse educator from maternity leave, we have resumed in-person monthly training at our staff meetings. July education was on Intraosseous (IO) insertion.

Med Surg

- Increased safety measures and hourly rounding on high-fall-risk patients seem to be working, fewer falls (one) in the month they've been implemented.
- Developed door frame magnets to assist in code status identification.
- Tracking data to identify areas for improvement with patient flow issues.
- TVs are being replaced as we get them, and they are working well.
- Staff appreciate the new downtime solution, Continuity.

Obstetrics Department (OB)

- The August drill for OB was led by Jess Sperry and the focus was on neonatal blood gases. Twelve OB RNs were in attendance and Jess created a great Jeopardy game to help reinforce interpretation of normal and abnormal gases as well as likely causes and treatments.
- Chelsea Stonex, our new graduate RN passed her NCLEX and is currently precepting full-time and doing an outstanding job!
- OB is working closely with Case Management and Human Resources in developing and growing our perinatal supports and Hello BABY program in addressing increased demand and workloads.

- OB team met with local stakeholders and BRH team members to start brainstorming possible early postpartum outreach through doula services or other maternal support services to help identify and target grant opportunities and program growth.

Pharmacy Department

- Pharmacy is meeting with Infection Prevention, Employee Health, nursing representatives, and Human Resources to plan for fall vaccinations. Flu vaccines are on order and expected to arrive late August. We are awaiting information from CDC and State of Alaska Public Health about COVID boosters.
- Pharmacy is hosting a fourth-year pharmacy student from University of Alaska Anchorage/ Idaho State University College of Pharmacy doing a clinical rotation for six weeks.
- We are working with Patient Financial Services and IT to identify and correct National Drug Code (NDC) quantity discrepancies.
- We are working with Tracy Dompeling to plan for equipment needed for medications for patients in the Crisis Care Center.
- The Pharmacy Purchasing technician attended the National Pharmacy Purchasing Association Conference in Las Vegas and brought back valuable information to share with the team.
- The Pharmacy team is orienting a new Pharmacy Technician 1.
- Drug shortages due to supply chain disruptions continue to keep the pharmacy staff, and especially our pharmacy purchaser, busy locating sufficient supply through alternative sources. Pharmacists are available to recommend substitutions.

Physical Therapy

- Our speech therapists are working with radiology and IT to improve image quality for reading Barium Swallow studies for more accurate results and better patient care.

Dietary

- New Dietary Manager hired and will start later this month. He comes with great experience!

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August 23, 2022 Behavioral Health Board Report Tracy Dompeling, Chief Behavioral Health Officer

BEHAVIORAL HEALTH

- New BH Operations Director hired - Jennifer Carson (starts September 6, 2022)

CRISIS CARE CENTER:

- New Crisis Care Center Program Manager hired (estimated start date of October 3, 2022)
- Continued engagement with Agnew : Beck to include a site visit on August 22, 2022. Currently working on general planning and service development as well as the overall staffing plan and financial forecast for expenses/reimbursement for services.
- Site-visit being planned in early to mid-October with RI International for a few BRH employees as well as community stakeholders for the Crisis Now model.
- Personnel recruitment efforts expected to start in October.

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Staffing:

- Short 4 full time RN positions and 3 BHA positions (actively recruiting for both with one pending transfer from another unit).

Program:

- Due to nursing shortage, daily assessment of acuity and staffing with census capped accordingly.
- Actively recruiting both permanent and travel RNs. Some prospects in the coming months.
- Currently capped at 5 patients due to staffing shortage. Prioritizing local and southeast admissions but continuing to review referrals from other areas of the state.
- Continuing to comply with reporting requirements for completion extension valid through January 2023. New in-house finding requiring additional environmental update to at least two sets of locking double doors.
- July data:
 - 15 admission, 17 discharges
 - Average Daily Census = 3.25
 - Average LOS = 7.58

RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT (12 BEDS):

Staffing:

- Elizabeth Williams, current PES therapist, will transfer to therapist role at RRC on September 6, 2022 to replace Anna Bullock who promoted to CIS Clinical Supervisor. Elizabeth Williams has continued to fulfill her PES job duties while her replacement was on boarded and trained.

Program:

- RRC currently has 7 residential patients, current patient census cap is 8 beds. Covid testing protocols limit ability to meet this as re-test at 1 week required prior to sharing a room with another patient. CBHO is working with infection control to determine if admission testing requirements can be updated based on current CDC and state guidance, allowing for increased census population.
- Current RRC waitlist is 9 patients.
- 33 RRC outpatients, 16 Psychiatric outpatients.
- Continuing to meet with New Service Line committee and BRH leadership to discuss billing for RRC Navigators.
- Outpatient DBT groups began this month with 5 patients participating consistently on a weekly basis.

- July data:
 - 10 admissions, 8 discharges
 - Average Daily Census = 7.58
 - Average LOS = 19.62
 - Against Treatment Advice Discharges = 0
 - Completed program = 5

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

Staffing:

- WMU remains closed. While the plan is for eventual reopening, no tentative date is set. Administrative and emergency process and protocols need resolved. Nursing coverage is again becoming an issue to staff this unit.

Program:

- Meeting scheduled this month to meet with DBH leadership to obtain guidance on billing and regulations for 1115 waiver services.
- July data:
 - 0 admits, 0 discharge

RRC OUTPATIENT TREATMENT:

Program:

- July data
 - 90 medication management and therapy appointments were attended (194 scheduled appointments)
 - 46 % Attended / 27 % No-Show / 27 % cancelled

PSYCHIATRIC EMERGENCY SERVICES (PES):

Staffing:

- Robin Farkas, hired for one of our vacant PES therapist positions. She has completed her NEO and is engaged in ongoing training.
- Felina Villareal, just accepted the second vacant PES position and will likely onboard mid to early October, relocating from Texas.

Program:

- July data:
 - 39 patients assessed for psychiatric emergency services
 - 33 adults; 6 children/adolescents
 - 21 day-time assessments; 18 evening/night-time assessments

CRISIS INTERVENTION SERVICES COMMUNITY BASED TEAM (CIS):

Program:

- In home and community visit policy submitted in Policy Tech for approval. Policy drafted for CIS department to create consistency in service provision, ensure safety and clarify CIS Clinician and Navigator roles, and increase billing capacity.
- Currently working with the local school district to expand the referral base to include direct referrals from middle school and high school counselors.
- Working with community partners to increase utilization of online referral process, improve efficiencies, and identify appropriate admission criteria, documentation, follow up procedures, and communications.
- July data:
 - 12 new patients were referred to CIS (9 Adults & 3 youth)
 - 3 patients are enrolled with CIS (1 adults & 2 youth)
 - 23 therapy and crisis intervention appointments provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

Staffing:

- New BOPS Practice Manager hired – Hannah Goodwin (starts September 6, 2022)

- Additional Behavioral Health Clinician position currently posted to assist in addressing requested therapeutic services and reduce waitlist.

Program:

- Cognitive Behavioral Therapy group began in July and has run successfully through July.
- Current BOPS waitlist is at 53, down from 80 in June.
- July data:
 - 519 psychiatric evaluation, medication management and therapy appointments held (739 appointments scheduled)
 - 70 % Attended / 11 % No-Show / 19 % cancelled

RRC NAVIGATORS:

Staffing:

- Navigator program fully staffed.

Program:

- Work group established to create billing process and opportunities under 1115 waiver.
- Working on purchase of vehicle for RRC Navigator and CIS community outreach program.
- Working with community partners to streamline referral processes and maximize efficiency and patient care.

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

Staffing:

- New Behavior Analyst started on August 8, 2022

Program:

- Two new patients in the intake process.
- School year begins August 16 and school services will resume shortly thereafter.
- Juneau School District is working on editing consultation contract for Behavior Analysts (this is in addition to school-based services currently provide and includes training, consultation, meeting, etc. to support the Juneau School District).
- July data:
 - Total caseload is at 16 following recent intake patients
 - 139 appointments attended; 93 % Attended / 0 % no-showed / 7 % cancelled
 - 52 Patients are on the waitlist
 - 206.1 total therapy hours provided

Bartlett Regional Hospital

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August 23, 2022 CFO Board Report Robert Tyk, Interim CFO

Accounting – Blessy Robert

- Preparing for FY22 year-end audit
- Currently recruiting for Grants accountant, Accounts payable specialist and Senior accountant.
- Preparing for cost report base year audit.
- Transitioning to the new fiscal year.

Health Information Management (HIM) – Rachael Stark

- HIM continues analyzing all inpatient, surgery, clinical and emergency room visits daily.
- We also release records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital. We now have a fillable form on our web page that has seen an increase in release for records. We are trying to put a drop down box so patients can chose between BOPS, RRC and Bartlett.
- We had a long time employee put in her notice and her last day is August 12, 2022. Juvy analyzed all inpatients, surgery, emergency room reports and clinical visits. We are recruiting to fill this position. We are planning on restructuring some of the studies in the department until we get another full time administrative clerk. All her hard work is greatly appreciated and she will be missed.
- We have one employee, Linda Mattson, who passed her coding test and is now certified and another employee, Aryana Churchill who will take her test this weekend.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill molecular labs.
- HIM continues to input all babies born at Bartlett Regional Hospital into the Vital Statistics application with the State of Alaska.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting every two weeks with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.

Case Management – Jeannette Lacey

- Case Mix Index

July CMI

Total In	153	CMI	1.24
MCR In	63	CMI	1.38
MCD In	38	CMI	1.12

- Alaska Transitions of Care
 - Alaska hospitals meeting to discuss and address challenges with transitions of care. Some of the topics we are looking at include:
 - Extended lengths of stay
 - Access to lower level of care- skilled nursing beds, physical rehab, assisted living
 - **Guardianship process**— Obtaining a state appointed guardian is the first step in securing funding sources and identifying care facilities for transition of care for some patients who lack

capacity to make health care and financial decisions. This can take several months, during which patients remain in the hospital because they are unable to care for themselves and lack family or other support who can care for them.

- During our meeting on August 1, Beth Goldstein with the Office of Public Advocacy joined us to review some of the processes and changes with establishing a public guardian and to listen to some of the concerns and challenges experienced from the hospital setting. She was able to offer suggestions/strategies on how to work more efficiently with OPA. She is also willing to offer education to individual hospitals.
- Staffing:
 - We continue to recruit for our Lead CDI Specialist and ED SWCM. We are making an offer for our ED RNCM position. We have a traveler ED SWCM and a traveler coming for the Lead CDI Specialist position.

Patient Financial Services (PFS) – Tami Lawson-Churchill

- Overall cash collections for the month of July is down over prior month at just over \$6.9Million.
- The increased days in AR and lack of monthly collections were as a result of two identified errors:
 - NDC issue in pharmacy dictionary in which NDC units were reporting incorrectly. Pharmacy is working with outside firm, Tegria to assist with this issue. Medicaid claims are currently being held until the issues have been resolved. \$2.5Million dollars in claims were on hold as of July 31st.
 - PFS also identified that a missing blood processing charge was causing blood claim rejections in early July. This also contributed slightly to the increased days in AR for the month of July but has since been resolved.
- PFS is still working with the city on an RFP for early out collections process
- Review of Revenue Integrity Management Resources (RIMR) report from our CDM audit has been completed. We will be setting up meetings with department managers identified, in the coming weeks.
- PARA Rev implementation of Price Transparency has been completed. We have identified a few discrepancies and we are working with PARA to rectify them.

Materials Management (MM) – Willy Dodd

- Materials Management is working on a schedule to complete cycle counts of Department level inventories. We will be reaching out to the effected Department Directors prior to our counts to let them know we will be conducting the counts and discuss any possible issues. Completing these counts throughout the year will assist in keeping inventory levels more accurate.
- MM is still in the process of reviewing and finalizing department policies and procedures. As these are completed, there will be notification sent out to some staff members to review and acknowledge the renewed policies. I will sent out an email to those parties once that is completed.
- MM is working on trialing and selecting a new handheld device for use in MM and in several departments. We will be working with the nursing staff to ensure they get a chance to trial the devices, as a primary user for issuing patient chargeable supplies. This trial should be happening in very soon, one of the units is currently on its way to us.
- MM is still searching for a larger long-term storage space, please reach out to Willy Dodd if you have any suggestions.

Facilities – Marc Walker

Laundry Department:

- At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.

Environmental Services:

- The department remains short staffed with 3 Full Time and 2 Casual positions currently open.

Biomed Department:

- The Biomed Department is fully staffed with a Supervisor and a Technician.

Security Department:

- The Department currently has one FT, 1 Part Time and 2 Casual position open.

Maintenance Department:

- The Maintenance Department currently has one full time and one casual position vacant. An offer has been made for the FT and we are awaiting a start date.

Close-out:**• RRC Siding and Window Replacement**

- Project is substantially complete. Punch list items are complete, project is in closeout.

Under Construction:**• ASU-11/Endo Fan**

- Final system rebalance completed. TAB report being reviewed by consultants.

• Behavioral Health Facility

- Interior partition framing is 99% complete throughout except for the third floor, which is 95%. Some modifications to the framing need to be made to accommodate plumbing, fire suppression, electrical, and HVAC components, which are located above the finished ceiling level. All exterior sheathing is in except for a small area at the elevator penthouse. About one third of the exterior walls have wind/vapor barriers and half of the exterior windows have temporary window "bucks." Subcontractor progress to date is as follows: Earthwork: 70%; concrete work: 80%; Plumbing Rough-In (RI): 95%; Mechanical RI: 95%; Fire Suppression RI: 95%; Pipe/Duct Insulation: 45%; and Electrical RI: 40%. The final completion date is anticipated to be mid-March of 2023.

• BRH New Water Main and RRC Waste Line Repairs

- All underground utilities are completed. Remaining work in this area is paving of the upper part by BRH building. Scheduled paving first week of August.

• BRH Site Improvements

- Phases I, II and III are complete. Currently working on Phase IV of the access road between the Administration Building and main parking lot. Work has been including some underground storm system work and conduit installation. Next week the Contractor will begin grading for curb and gutter and sidewalk preparation.

• Campus Door Upgrades

- Doors and frames have been delivered to contractor. Currently coordinating with BRH to establish a phasing plan prior to construction beginning.

• Chiller #2 Replacement

- Chiller arrival time approximately 9/30/2022. ACM abatement in electrical rooms in support of Chiller replacement work tentatively scheduled for August.

• Underground Fuel Line Replacement

- Bids opened June 28. Bid was awarded to Schmolck Mechanical for \$431,217; the Notice to Proceed was issued July 18. Schmolck has been informed that the underground emergency generator fuel lines now need to be replaced as well and will submit a cost proposal for the additional work. Completion date is December 15, 2022.

• BRH Surge Protection Campus TVSS (Transient Voltage Surge Suppression) Upgrades

- Notice to Proceed has been issued to Anderson Brothers Electric in the amount of \$297,000. Preconstruction conference to be scheduled soon. Work to be completed by April 2023.

In Design:**• CT Scanners/MRI Infrastructure Upgrades**

- Project is currently advertised for bid. Pre-bid conference and walkthrough was held on 7/25. Bids to open in early August. Architect's construction estimate range is \$1.1M-\$1.3M. Construction planned to begin September 2022 with completion in November 2023.

- **ED Addition and Renovation**

- Architects Alaska (AA) submitted Schematic Design phase documents on Thursday, July 14. Client groups and CBJ Engineering are reviewing them. The estimator pushed back their Schematic Design cost estimate delivery date to Monday, Aug 8. The project team has submitted all requested CON data to HPD per BRH's direction for them to prepare the CON application. Concurrently, the Request for Determination application is in review by the state. Request to use the GC/CM (General Contractor/Construction Manager) alternate procurement method for construction is slated to go to the Assembly on August 22 (first reading) and September 12 (adoption).

- **Valiant Administration Building Window Replacement**

- Scoping meeting for Phase 1 investigative repairs was held on May 6. Carver Construction has submitted a cost proposal in the amount of \$43,228 with a revised "Construction Work" description - - omitting work related directly to the store front glazing - - have been submitted to CBJ Contracting for the issuance of a Term Construction contract and a P.O. JYW is preparing a new proposal covering just the exploratory phase of the work. It is desired to have all parties under contract by August 1, 2022.

- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room)**

- Currently revising scope and value engineering the project in order to reduce construction cost. Planning to advertise bids late August for a late September 2022 bid opening.

- **BRH Surge Protection Phase 2 UPS (Uninterruptable Power Source)**

- CBJ and BRH are reviewing the fee proposal. Design for Phase 2 is estimated to be complete in April 2023.

Planning:

- **Parking Study**

- BRH Board of Directors has approved \$150,000 to be used for a Parking Study. This project has been assigned to CBJ Engineering.

- **Juneau Medical Center Ventilation Improvements**

- Long Building Technologies is the contractor selected through the term contract to provide cooling capacity to suite B of the Juneau Medical Center. Currently waiting for Long to submit cost proposal.

Information Systems – Scott Chille

Projects

- **Multi-Factor Authentication Project: [AUGUST 23rd]** Roll-out to all staff and providers for all remote authentication like Citrix, VPN, and Office365 access. Email blast and how-to guides sent out.
- **Office365 Native Application Install:** Ongoing by department through September. Installing latest versions of Office applications across the organization to take advantage of native features within the applications for better communication and collaboration.
- **MEDITECH Expense Web Presentation Layer (WPL):** Departmental rollouts starting early August thru December/January.

Department Updates

- New Clinical Systems Trainer and Desktop Support positions posted online.

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

- July Call Volumes:
 - Help Desk = 427
 - Clinical Support = 10

Information Security

- **Rapid7 Incident Detection and Response Report**
 - No MITRE ATT&CK Techniques detected in July 2022

- **Rapid7 Hunt Report:**
 - Hunt data from **879 endpoints** did not identify any indicators of compromise.
- **Cybereason (Endpoint Detection and Response) Report:**
 - **0** MalOps detected in July 2022
- **Attacks on Bartlett network (July)**
 - **4,824/minute | 6.95M/Day**

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

August 2022 Board Report

David Keith, CEO

CEO Report – David Keith

Special thanks to the Bartlett Regional Hospital (BRH) Board for allowing Terry Keith and me the opportunity to be part of the hospital team and the community. My arrival to Juneau, and Bartlett Regional Hospital (BRH) has been met with excitement and anticipation. The staff and community members have been incredibly welcoming to us both.

The following reflects my engagement over the past two week's activities.

- Orientation and onboarding with Human Resource department - complete
- Meetings held with SLT (Senior Leadership Team) members - complete
- One-to-one meetings scheduled with Board members – in progress
- Meeting scheduled with key physician leaders – in progress
- Meetings scheduled with key City leadership – in progress
- Meetings scheduled with key community leaders, including Catholic Community Services – in progress
- Meeting scheduled with Barbra Nault, attorney – in progress
- Meeting with Senator Sullivan policy staff – complete
- Meeting with ASHHA President Jared Kosen, - complete
- Welcoming video to all employees - complete

The following are items and issues that I will be following up on with the Board and Board committees as a result of my meetings, observations and discussions:

- Solorad LLC radiology contract
- Meditech Expense and optimization
- Physician alignment and recruitment
- Locums and other cost containment strategies
- Behavioral Health Services, construction, operations and budget impact
- Emergency Department construction
- Strategic planning and Master Facility Plan refinements
- Hospice and Home Health Services

Compliance and Risk - Nathan Overson

- Compliance has been working with the newly filled position of Business Development Strategist to identify the best path forward to finalize operations of the New Service Line Committee. The successful implementation of this committee is important to Compliance as it gives Compliance a venue to incorporate compliance considerations into organizational initiatives. It is also important in assisting

senior leadership make informed business decisions related to proposed services offered at BRH. A draft policy, a compliance check sheet and a flowchart are currently in review.

- BRH is still anticipating written decision from the Office of the Commissioner confirming that a Certificate of Need (CON) is not needed for the Crisis Care Center project.
- A Request for Determination (RFD) has been submitted to the DHSS – ORR for the Emergency Room renovation project, and we have received responses from the Office of Rate Review (ORR) requesting additional information on two separate occasions. Each time we have provided the requested information and are now waiting for their final response.
- The 340B Oversight Committee is approximately 90% complete with implementing recommendations from a 340B program review. Good work; to the Committee, the pharmacy team, and other supporting staff.

Community Relations/Marketing & Strategy – Erin Hardin

- Successful roll out of the Fireweed Award, a new hospital-wide employee service award. Nomination window is now open and first winners will be announced in early October.
- Completed initial pieces of a customized same-day surgery information packet for patients. Includes one-pager with a custom hospital map, morning-of reminders and key phone numbers. Long-term goal is to replicate hospital-wide for each applicable service area.
- Marketing campaign underway to increase awareness of our diabetes education program.
- Marketing campaign underway to increase awareness of the hospital's new partnership with Peak Neurology and Sleep Medicine to provide sleep services to Juneau.
- Marketing campaign underway to increase awareness of the hospital's partnerships with APU and UAA to provide clinical rotations for their respective associate nursing degree programs to Southeast Alaska.
- Conversations underway with Infection Prevention on distributing marketing materials for effective prevention reminders and gearing up for fall flu season.
- Results of website content audit performed by Coffey Communications will be completed and presented to Community Relations this month. Website refresh and intranet development project has now been communicated to all staff and received positive feedback to date.
- In tandem with the website refresh, an initial layout of a hospital branding guide and communications guidebook is underway. These crucial guides will help ensure hospital staff and board members communicate in all avenues in a clear, consistent, high-impact way.
- Interviews underway for a second Community Relations position focused on marketing.
- Planning conversations with Obstetrics and partners underway to help sponsor an annual community perinatal support walk/run for adults and children. Primary goal is to draw attention to the hospital's suite of free resources and support classes available to new mothers, specifically focusing on birth healing and reflection, 'real talk' support, and pregnancy and infant loss.

Physician Services, BSSC, BMOC, SEPS – Sara Dodd

Physician Services

Active recruitments:

- Orthopedic Surgeon
- Medical Oncologist
- Ophthalmologist
- Neurologist

Bartlett Surgery & Specialty Clinic

General Surgery:

- Collections/revenue good and steady.
- Use of locums to cover call is going well, but would like to narrow down our pool of locums.

Ophthalmology

- 6197: Successful eye clinic with Dr. Guess June 28-July 1. 14 Cataracts served which is up from all previous months. Looking forward to continuing revised scheduling model to take care of SE retina needs.

Bartlett Surgery & Specialty Clinic Volume												
	July	August	September	October	November	December	January	February	March	April	May	June
Office Visits	197	214	158	169	188	171	116	162	172	209	179	123
Hospital Visits	26	38	21	44	17	13	24	26	20	16	17	33
Procedures	102	180	117	155	102	125	103	156	147	155	153	114
Injections	32	43	26	12	22	24	26	16	22	26	24	25
In-Office Imaging	44	55	38	33	39	43	37	33	32	51	54	71
	401	530	360	413	368	376	306	393	393	457	427	366

Bartlett Medical Oncology Center

- Working with Erin Hardin on developing an oncology brochure
- With the addition of increased staff, we are reassessing our office workflows and redistributing tasks.
- Oncology has had an uptick in referrals this month. We have added extra telemedicine days to accommodate.
- We continue to work with our oncology patient navigator on ways we can increase support to oncology and hematology patients.

Southeast Physician Services	
	Claim Count
Rendering providers	July
Alpine Dermatology	126
Bartlett Medical Oncology	100
Bartlett Surgery & Specialty Clinic	647
Seattle Anesthesia Services	205
Southeast Radiology Consultants	755
Total	1833

Bartlett Medical Oncology Center												
	July	August	September	October	November	December	January	February	March	April	May	June
Office Visits	96	94	104	104	85	89	80	72	114	63	91	90
By Visit Type:												
Bone Marrow	0	0	0	0	0	0	0	0	0	1	0	0
Chemo Education w NP	5	4	4	7	6	3	6	10	2	2	6	3
Chemo Injection	0	0	1	0	0	0	0	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19	41	26	41	45
Hematology New Patient	3	2	0	4	3	2	0	1	2	1	6	1
New Patient w NP	5	0	0	0	0	0	0	0	0	0	0	3
Oncology New Patient	2	8	5	7	3	2	0	3	6	3	8	4
RN follow-up visit	0	0	0	0	0	0	0	0	0	0	2	0
Routine Visit w NP	20	23	24	19	25	14	17	13	21	18	6	26
Survivorship	0	0	0	0	0	0	0	1	0	0	0	0
Zoom Follow Up	29	7	8	8	7	13	48	27	28	4	11	9
Zoom NP Hematology	2	5	3	0	1	4	1	1	0	3	4	0
Zoom NP Oncology	3	4	5	6		6	4	5	2	6	4	7

Southeast Physician Services

- Medicaid Self Audit:
 - Finalizing the reports for RAT-STATS this week
 - Will begin audit the week of 7/18
- PARA:
 - Downloaded requested data into PARA Editor
 - Kick off call scheduled for Thursday 7/14
- Staffing:
 - Fiscal Support Technician position posted 7/8
 - Two applicants have applied and a selection has been made

Southeast Physician Services												
	Claims count											
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Alpine Dermatology	110	29	137	168	123	113	104	118	153	132	164	159
Bartlett Medical Oncology	96	94	104	103	87	89	80	76	112	67	86	95
Bartlett Surgery & Specialty Clinic	527	617	468	599	527	532	415	495	491	557	539	452
Seattle Anesthesia Services	197	191	157	195	143	201	146	135	213	160	216	212
Southeast Radiology Consultants	718	922	932	824	519	707	642	745	1017	786	652	999
Total	1648	1853	1798	1889	1399	1642	1387	1569	1986	1702	1657	1917

Business Development Strategy – Nate Rumsey

- **Organizational Familiarization:**
 - Have met with ~75% of Department Directors to gain a better understanding of the priorities and concerns of hospital leaders, as well as the active and future initiatives that will affect hospital operations.
 - Am scheduled to meet with remainder of Department Directors by 8/26/22.
- **Bartlett Strategic Initiatives:**
 - Reviewed BOD Strategic Initiatives and associated planning, assessment and report documents, including Facility Master Plan (2021) and Provider Network Development Analysis (2020).
 - Commenced discussions with Mr. Keith regarding the implementation of Strategic Initiatives and the continued development of strategic planning efforts for Bartlett.
- **New Service Line Committee:**
 - Scheduled a meeting for 9/7/22 with New Service Line Committee to establish and memorialize a formal process for new service line reviews, as well as to formalize the organization, roles, and responsibilities of the New Service Line Committee.
- **340B Oversight Committee:**
 - Participated in recent 340B Oversight Committee meeting and will support the committee’s review, analysis, and recommendations regarding the currently suspended 340B contract pharmacy program.
- **OR Renovation Project:**
 - Met with CFO, Dr. Newbury and OR Director to ascertain the status, follow-on actions, and transfer or roles and responsibilities required to advance this important project considering the OR Director’s impending departure on 8/18/22.

Bartlett Regional Hospital

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August 19, 2022

Secretary Pete Buttigieg
Office of the Secretary of Transportation
U.S. Department of Transportation
1200 New Jersey Avenue SE
Washington, DC 20590

RE: Bartlett Regional Hospital's Partnership with the City and Borough of Juneau to Develop a Comprehensive Safety Action Plan and Reach Zero Motor Vehicle Fatalities by 2050

Dear Secretary Buttigieg:

Bartlett Regional Hospital is proud to be partnering with the City and Borough of Juneau ("Juneau") in their efforts to develop a new comprehensive safety action plan, the development of which will lead to improved safety of our roadways for both motor vehicle passengers and pedestrians.

Our hospital serves a 15,000 square mile region of southeastern Alaska, with a service area covering nearly 55,000 Alaskans. In this capacity, we routinely come face to face with the consequences of motor vehicle accidents. On average, our Emergency Department receives approximately 85-95 patients a year, as a result of a motor vehicle crash. These patients sustained various level of injuries, from cervical strains, to multi-system trauma, such as cervical injury, head injuries, solid organ injury, and death.

As a result of this firsthand experience, we are fully committed to assisting Juneau in their efforts to reach zero roadway fatalities by 2050 and to ensuring that our roadways are safe for pedestrians and motorists alike.

It is our belief that through fully engaging with a wide cross section of interested parties in our community Juneau will be able to enact a comprehensive safety action plan that protects everyone equally and that considers all of the variables that stand between us and our goal of eliminating roadway fatalities and serious injuries.

We are proud to contribute to this cause on behalf of our fellow Alaskans.


Thank you for your consideration on this matter.

Sincerely,

Kenneth Solomon-Gross, Board President
Bartlett Regional Hospital

September 2022

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2 12:00 Planning Committee (PUBLIC MEETING)	3
4	5 	6	7	8	9 12:00pm Finance Committee (PUBLIC MEETING)	10
11	12	13	14	15	16	17
BRH CEO, CCO and Board members attending Governance Institute Leadership Conference in Colorado Springs, CO September 11 - 14						
18	19	20	21	22	23	24
25	26	27 5:30pm Board of Directors (PUBLIC MEETING)	28	29	30	

Committee Meeting Checkoff:

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

- Joint Conference – Every 3 months
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1st Friday every month

SEPTEMBER 2022 - BRH Board of Directors and Committee Meetings

BRH Planning Committee **1:00pm** **Friday, September 2nd**

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee **12:00pm** **Friday, September 9th**

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

Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board Quality Committee **3:30pm** **Wednesday, September 14th ?????**

<https://bartletthospital.zoom.us/j/93135229557>

Call 1 888 788 0099 Meeting ID: 931 3522 9557

BRH Board of Directors Meeting **5:30pm** **Tuesday, September 27th**

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195

Credentials Committee
Hospital Privileges for Board of Directors Consideration
Tuesday, August 23, 2020 5:30 p.m. – Robert F. Valliant Center Boardroom

INITIAL APPOINTMENT:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Ross Dodge, MD	Consulting	Sleep Disorder Evaluation (Interpretation)

Dr. Ross W. Dodge graduated from the Medical College of Virginia School of Medicine in 2008. Dr. Dodge is a board certified Internal Medicine provider at Peak Neurology and Sleep Medicine. Dr. Dodge will provide directorship for the BRH Sleep Lab program.

2. Theodore Wright, MD	Active	Internal Medicine
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Dr. Theodore C. Wright graduated from the University of Washington School of Medicine in 2010. Dr. Wright is a board certified Internal Medicine provider who will be joining the BRH Hospitalist program.

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Adam Esch, MD	Active	Emergency Department; Emergency Medicine, Administer Fluoroscopy, Ultra Sound, POCUS: Trauma (eFAST), Intrauterine Pregnancy, Abdominal Aortic Aneurysm (AAA), Cardiac/HD Assessment (RUSH), Biliary, Urinary Tract, Deep Venous Thrombosis (DVT), Soft-Tissue/Musculoskeletal, Thoracic/Airway, Ocular, Bowel, Procedural

Dr Adam E. Esch graduated from the University of Colorado School of Medicine in 2017. Dr Esch is a board eligible emergency medicine physician who is providing care at BRH Emergency Department/JEMA.

2. Rocky Saenz, DO	Locum Tenens	Radiology, Teleradiology, and Fluoroscopy
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Dr. Rocky C. Saenz graduated from the University of North Texas Health Science Center in 2000. Dr. Saenz is a board certified Radiologist who will provide services at BRH Diagnostic Imaging and Solo Rad.

3. Paul L. Weiden, MD	Consulting	Oncology and Conscious Sedation
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Dr. Weiden graduated from Harvard Medical School in Boston, MA in 1967. Dr. Weiden is a board certified Oncologist who is in private practice in Seattle, WA and provides services at the Bartlett Oncology Medical Clinic.

TELEMEDICINE(TELE-RADIOLOGY):

1. **Donald Garbett, MD** - (Telemedicine - RAPC; Teleradiology)
2. **Arlene Sussman, MD** (Telemedicine – vRAD; Teleradiology)

TELEMEDICINE (TELE-STROKE):

1. **Archit C. Bhatt, MD** – (Telemedicine – Providence Health and Services; Tele-Stroke)
2. **Maria Restrepo, MD** – (Telemedicine – Providence Health and Social Services; Tele-Stroke)
3. **Pawini Sachar, MD** – (Telemedicine – Providence Health and Services; Tele-Stroke)

CHANGE OF STATUS:

1. **Joseph Rank, MD** – (Locum Tenens to Active)

MEDICAL RESIDENT:

1. **Emily Fitzgerald, MD** – (Family Medicine Residency of Idaho/Valley Medical Care/BRH Emergency Medicine; Family Medicine w/OB and Emergency Medicine per BRH P&P 9500.104)
2. **Nathaniel Ord, MD** – (Family Medicine Residency of Idaho/Valley Medical Care/BRH Emergency Medicine; Family Medicine w/OB and Emergency Medicine per BRH P&P 9500.104)

CLOSURE/WITHDRAWAL OF FILE:

1. **Madeline Nguyen, MD** – ((Telemedicine – vRAD; Teleradiology)
2. **Ruth Thomson, MD** - (Telemedicine – Providence Health and Social Services; Tele-Stroke)

**Bartlett Regional Hospital
Medical Staff Meeting
Tuesday, August 2, 2022 at 6:15 p.m. – Robert F. Valliant Boardroom\WebEx
MINUTES**

MEMBERS PRESENT:

Allen, Carly DO	Anderson, Noble, MD
Benjamin, Brian, MD	Benjamin, Mimi, MD
Blanco, Jessica, DMD	Campolong, Kelsey, MD
Dressel, Amy, MD, Secretary	Esch, Adam, MD
Greer, Steven, MD	Haddock, Nathaniel, MD
Herron, Kacy MD	Huang, Eugene, MD
Jones, Lindy, MD	Kim, Daniel, MD
Kirk, J. Kennon, MD	Longworth, Maureen, MD
Luhrs, Kyleen, MD	Luhrs, Kayla, MD
Maier, Anya, MD	Malpass, Thomas, MD
Malter, Alex, MD	Mather, Luke, MD
Miller, Benjamin, DO	Moxley, Kelly DPM
Newbury, Nicholas, DO	Neyhart, Joy, DO
Olsen, Eric, MD	Perez, Norvin, MD
Peterson, Quigley, MD	Rosenfeld, Emily, MD
Rosenfeld, Nicholas, MD, Vice-Chief of Staff	Roth, Joseph, MD, Chief of Staff
Schwartz, Marna, MD	Scott, Jessica, MD
Shanley, Theresa, MD	Standerwick, Anne, MD
Strickler, Steven, DO	Than, Nandi, MD
Thompson, James, MD	Totten, Jodie, MD
Vanderbilt, Burton, MD	Weiden, Paul, MD
Welling, Richard, MD	Yoskin, Maurice, MD
Yost, Fredrick, MD	

MEMBERS ABSENT:

Bouchard, Chad, DO	Brown, Kenneth, MD
Buley, Catherine, MD	Cook, Jeannette, MD
Delsman, Erica, MD	Dooley, Laura, MD
Dunn, Taylor, MD	Gallardo, Kathy, MD
Garcia, Gustavo, MD	Garuba, Mariam, MD
Gentchos, George, MD	Gentchos, George, MD
Guess, Matthew, MD	Harrah, Daniel, MD
Hernandez, Dorothy, MD	Hightower, Charles, MD
Huffer, John, MD	Jackson, Keegan, MD, Past-Chief of Staff
Karazja, Monika, MD	Leither, Matthew, MD
Limstrom, Scott, MD	McPherson, Alan, MD
Miller, David, MD	Owens, Scott, MD
Peimann, Catherine, MD	Peimann, Nathan, MD
Powers, Glenn, MD	Raster, John, MD
Sanzone, Lauren, DDS	Schmidt, Jennifer, MD
Schneider, Don, Jr., MD	Schultz, Charles, DDS
Short, Helen, MD	Sonkiss, Joshua, MD
Taintor, Matthew, MD	Tarim, John, MD
Zumbro, David, MD	

MEMBERS EXCUSED:

Brooks, Beatrice, MD	Laktonen, Alberta, MD
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- I. **CALL TO ORDER:** The regular Medical Staff meeting was called to order by Dr. Joseph Roth, Chief of Staff at 6:20 p.m.

II. INTRODUCTION OF GUESTS: None

III. APPROVAL OF MINUTES: The minutes from the July 5, 2022 regular scheduled Medical Staff meeting were unanimously approved as written.

IV. OLD BUSINESS:

A. Administration – Jerel Humphrey, Interim CEO – *Not present*

1. July 2022 Board Report – Reviewed.

B. Other Senior Leadership Reports (FYI)

1. Finance – Bob Tyk Interim CFO – July 2022 – Reviewed.

a. Chief Executive Officer (CEO) - David Keith, will begin his new position of Chief Executive Officer (CEO) at BRH beginning August 15, 2022.

b. Finance – The Hospital continues to have good revenue. There was an issue with the National Drug Code (NDC) that Meditech is involved in resolving.

c. Staffing – The Hospital is utilizing travelers as a way to subsidize staffing needs. BRH has seen a rise in resignations as staff are leaving for higher wage opportunities.

d. Meditech On-Site Visit – A group from Meditech will be on-site for a visit mid-September to discuss the issues with Meditech Expanse. The Medical Staff were encouraged to form a group and create a list of issues with the current Meditech Expanse system. After a lengthy discussion, recommendations such as obtaining minutes from the IT Steering Committee, review the current workflow would be a good starting place. Dr. Nicholas Newbury and Dr. Alex Malter volunteered to meet on campus once the Meditech representatives arrive. Any provider who is interested in participating can contact Mr. Tyk for more information.

2. Clinical – Kim McDowell, CCO – July 2022 – Reviewed.

3. Behavioral Health – Tracy Dompeling, CBHO – July 2022 – Reviewed.

a. Director of Behavioral Health – The Director of Behavioral Health position should be posted for recruitment by the end of the August 2022.

C. Trauma Committee

a. Admission for Trauma Patients Policy (Approved by Trauma Committee on July 18, 2022) – Reviewed.

b. BRH Policy – Admission for Trauma Patients Awaiting Medivac (Approved by Trauma Committee on July 18, 2022) – Reviewed.

Dr. Jody Totten gave a brief overview of the Admissions for Trauma Patients and Admissions for Trauma Patients Awaiting Medivac draft policy and answered questions from the Medical Staff. In addition, she reported that both policies have been approved by the Trauma Committee and Surgical Care Committee are set to

be reviewed at the Med/Peds Committee, and Critical Care Committee. The goal of these policies is to add clarity when accepting pediatric, internal medicine, general surgery, and other types of patients both from providers from outside and in the community.

Discussion took place regarding the need for verbiage pertaining to pediatric patients. Dr. Joy Neyhart volunteered to assist the Trauma Committee with pediatric verbiage.

Dr. Totten stated that evidence indicates that orthopedic patients, who have underlying health issues, do better when admitted to a primary care provider, with a consult to Orthopedics. After additional discussion, Dr. Roth thanked Dr. Totten for her hard work on creating the policy. Dr. Totten announced that Medical Staff members could attend any Trauma Committee meetings for discussion purposes, however only members can vote.

D. Other

1. **Medical Staff Meetings** - Dr. Roth stated that it is his intention to keep the monthly Medical Staff meetings to one hour if possible.

V. NEW BUSINESS:

A. Committee Reports:

1. **Critical Care Committee** – Report reviewed. eICU verbal sign outs are too occur for new and complicated patients. If the care is ongoing or there are no changes, no verbal sign-outs are needed. Dr. Mimi Benjamin reported that recently she had an eICU physician refused to care for a new and straightforward patient.
2. **Medical Staff Quality Improvement Committee** – Business as usual.
3. **Surgical Care Committee** - Reviewed new policy on Trauma. Reviewed several core privileges. It was reported that Lori Holte, Surgical Services Director is relocating to Anchorage. Jack Fitzpatrick, consultant, had many great recommendations for Materials Management that has positively affected Surgical Services.
4. **Pharmacy and Therapeutic Committee** – Minutes in packet.
5. **Infection Control Committee** – Met today. Business as usual. Surgical sight infections discussed. The hospital has “observers” who discreetly watch staff/providers who hand wash. Anyone interested in being an observer can contact Charlee Gribbon.
6. **HIM/UR Committee** – No report.
7. **Credentials Committee** – Minutes in packet. Business as usual.
8. **OB/Neonatal Committee** – Reviewed charts. The next meeting will be held on September 19, 2022.
9. **Provider Education Committee** – Dr. Steve Strickler thanked Debbie Kesselring for her hard work pertaining to the BRH Continuing Medical Education (CME) program annual report that was submitted to the Washington State Medical Association (WSMA).
10. **Medicine/Pediatric Committee** - No meeting.
11. **Trauma Committee** – Already discussed previously under Old Business. .

12. **Emergency Care Committee** - No report.
13. **Provider Health and Wellness Committee** – No report.
14. **Behavioral Health Quality Committee** – No report. Dr. Roth asked if there has been any further evaluation/decision pertaining to behavioral health providers participating in on-call via telehealth. No one from the Behavioral Health program was present to report on this topic.
15. **Physician EHR Committee** – No report.
16. **Physician Recruitment Committee** – Business as usual. Discuss various recruiting issues.

B. **Tumor Board Meeting, Thursday, August 4, 2022** – FYI.

C. **Other** - None

VI. **BOARD OF DIRECTORS REPORT:** July 26, 2022 – Report reviewed.

VII. **NEXT MEETING:** The next Medical Staff meeting will be on **September 6, 2022** beginning at 6:15 p.m.

VIII. **ADJOURNMENT:** There being no further business, the regular scheduled Medical Staff regular meeting was adjourned at 7:10 p.m.

CME – The CME presentation this evening was presented by **Steven Kirtland, MD - Virginia Mason Franciscan Health - Pulmonary** on “**Pulmonary Potpourri**”

Joe Roth

Joseph Roth

Aug 11, 2022 8:09 AM AKDT

Joseph Roth, MD Chief of Staff

(Date)

PATIENT HARM DASHBOARD

JULY 2022

Hospital Acquired Conditions

Catheter Associated Urinary Tract Infection

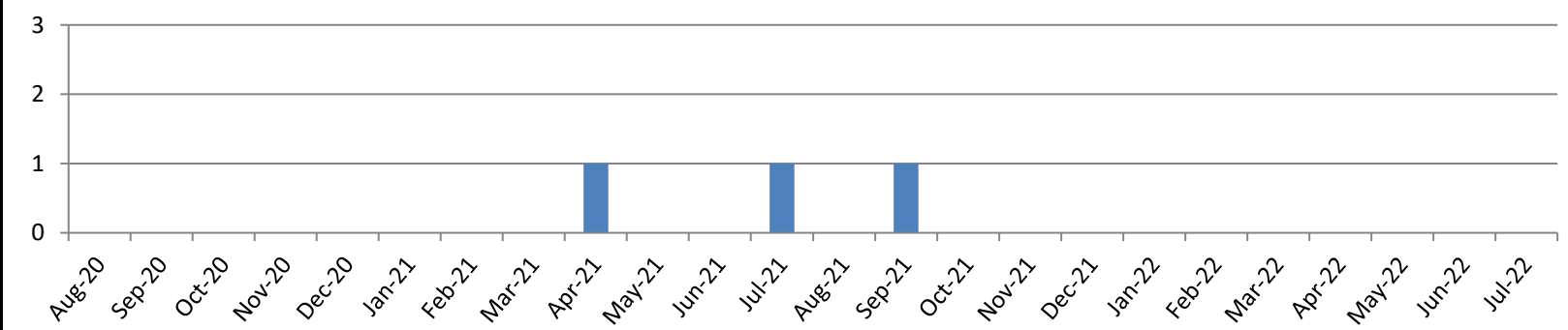
Harm Threshold: per NHSN definitions, BRH-attributable

Annual Totals

2020
0

2021
3

2022
0



Central Line Associated Bloodstream Infection

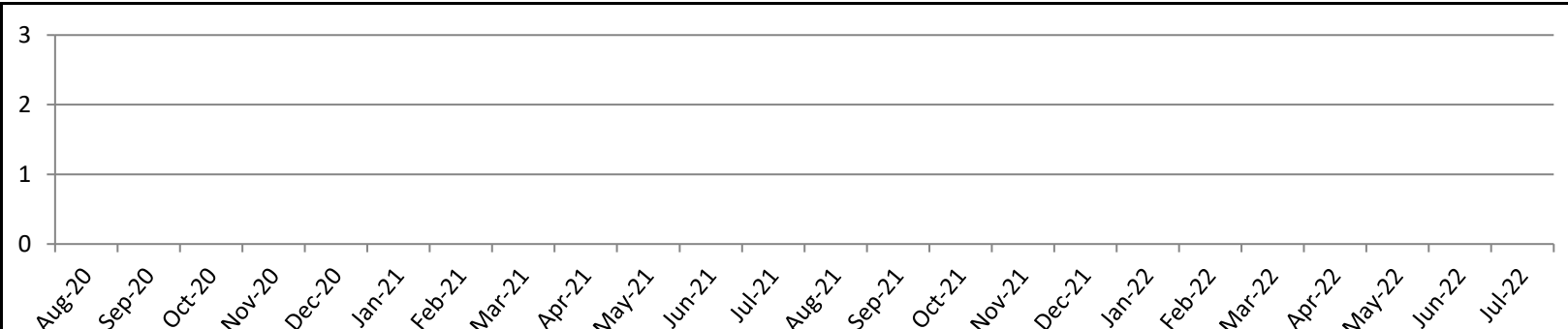
Harm Threshold: per NHSN definitions, BRH-attributable

Annual Totals

2020
0

2021
0

2022
0



Ventilator-Associated Pneumonia

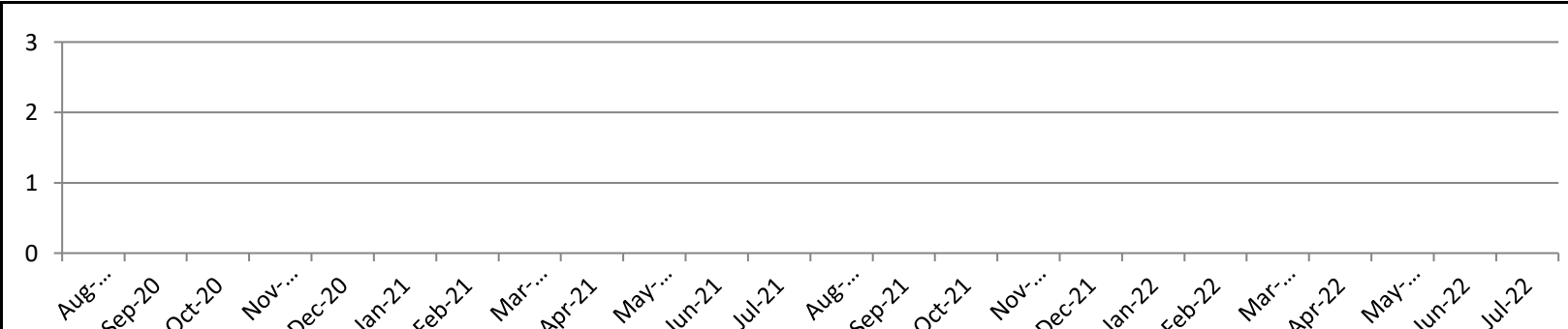
Harm Threshold: per NHSN definitions

Annual Totals

2020
0

2021
0

2022
0



Surgical Site Infection

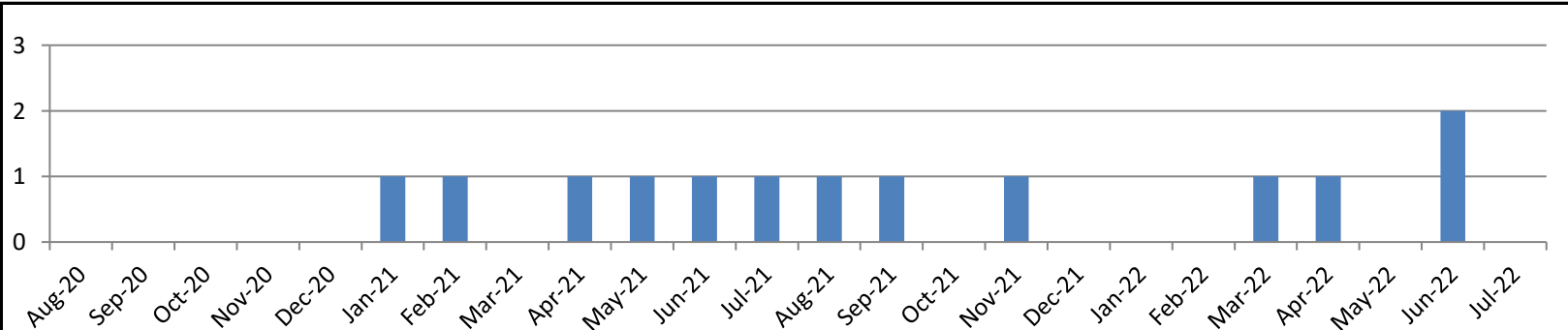
Harm Threshold: per NHSN definitions, non-superficial

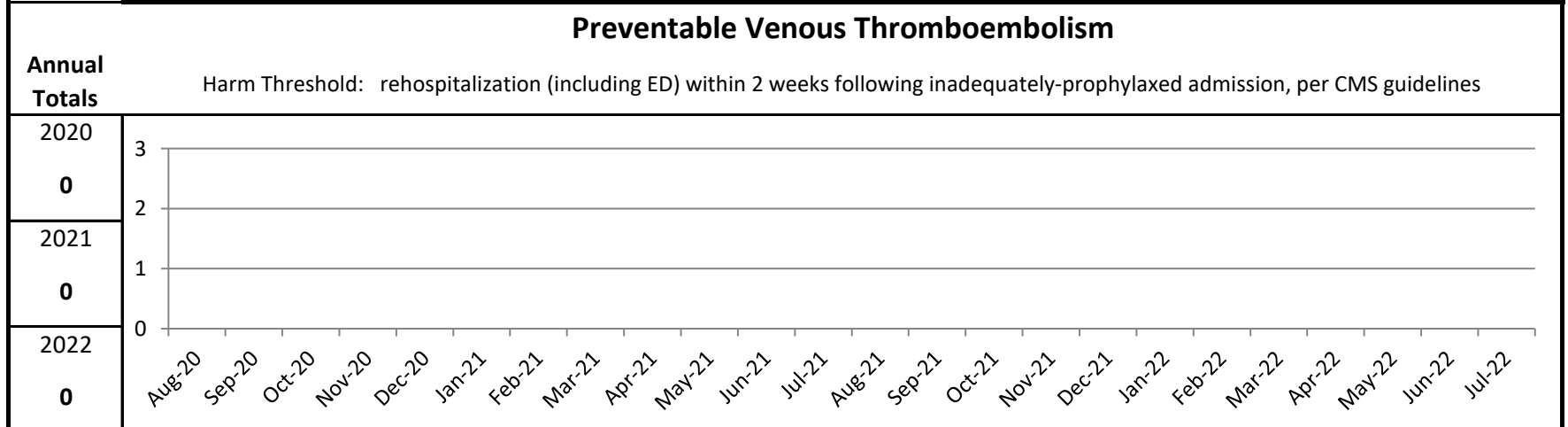
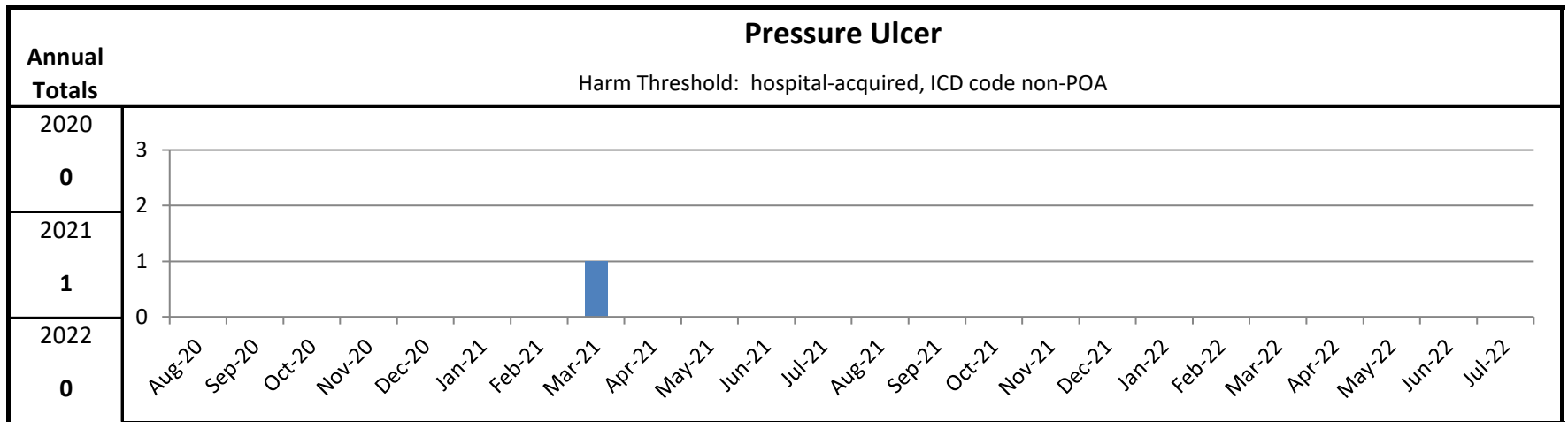
Annual Totals

2020
3

2021
9

2022
4





Safety Events

