Bartlett Regional Hospital

3260 Hospital Drive
Juneau, Alaska 99801
907.796.8900
bartletthospital.org

AGENDA – BOARD OF DIRECTORS MEETING

DATE: Tuesday, May 28, 2024, at 5:30 p.m.
LOCATION: BRH Boardroom and Zoom Videoconference
Virtual attendees may access this meeting via the following link:
https://bartletthospital.zoom.us/j/94002208623
or call 1-888-788-0099 and enter meeting ID 940 0220 8623

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – James Kohn

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

III. ROLL CALL

IV. APPROVAL OF AGENDA

V. PUBLIC PARTICIPATION

VI. CONSENT AGENDA (p. 3)
- A. April 23, 2024, Draft Board of Directors Meeting Minutes (p. 4)
- B. March 2024 Financials (p. 8)

VII. OLD BUSINESS
- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. CEO Search Update – Deb Johnston

VIII. NEW BUSINESS
- A. Provider Fitness Policy – **ACTION ITEM** – Kim McDowell, CNO/COO (p.19)
- B. Interim CEO Mid-year Review and Contract - **ACTION ITEM** – Chad Brown (p.20)
- C. Organizational Structure - **ACTION ITEM** – Chad Brown (p.24)

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

X. COMMITTEE MEETING MINUTES (p.26)
- A. May 3. 2024, Draft Planning Committee Minutes – Deb Johnston (p.27)
  - ➢ Advancement of ED Renovation Project – **ACTION ITEM** (p.29)
- B. May 10, 2024, Draft Finance Committee Minutes – Max Mertz (p.31)
  1. FUJI PACS Solution – **ACTION ITEM** (p.34)
  2. Resolution 2023-14(b)(AJ) - **ACTION ITEM** (p.63)

3. Ordinance 2023-14(b)(AI) – **ACTION ITEM** (p.64)
4. Sustainability Decision Points Recovery Plan - **ACTION ITEM** (p.66)

XI. ADMINISTRATION REPORTS (p.83)
- A. CEO and Executive Administration Report – Ian Worden, CEO (p.84)
- B. Home Health/Hospice/Wildflower Court – Kim Stout, Administrator (p.91)
- C. Legal Counsel – Robert Palmer

XII. BRH FOUNDATION REPORT – Maria Uchytil, Executive Director (p.93)

XIII. CBJ LIAISON REPORT – Wade Bryson

XIV. PRESIDENT REPORT – Kenny Solomon-Gross
- ➢ June Community Feedback Forums (p.95)

XV. BOARD CALENDAR – June 2024 (p.96)

XVI. BOARD COMMENTS AND QUESTIONS

XVII. EXECUTIVE SESSION (p.99)
- A. Credentialing Report – Alex Malter, MD
- B. May 14, 2024, Medical Staff Meeting Minutes – Alex Malter, MD
- C. Patient Safety Dashboard – Kim McDowell, COO/CNO
- D. Legal and Litigation – Robert Palmer
- E. Union Negotiations – Joe Wanner and John Fechter
- F. Personnel Matter – Chad Brown, Executive Director HR

XVIII. ADJOURNMENT

NEXT MEETING – Tuesday, June 25, 2024, 5:30 p.m.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

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

BACKGROUND

- There are two items on the consent agenda.

- Behind this cover memo are:
    a. Draft minutes of the April 23, 2024, Board of Directors Meeting
    b. March 2024 Financials

OPTIONS

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

ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

SUGGESTED MOTION

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

Bartlett Regional Hospital

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DRAFT MINUTES – BOARD OF DIRECTORS MEETING

DATE: April 23, 2024
LOCATION: BRH Boardroom and Zoom Videoconference

I. **CALL TO ORDER** –5:31 p.m. by Mr. Solomon-Gross, Board President

II. **LAND ACKNOWLEDGEMENT** –Mr. Brown provided the land acknowledgement.

III. **ROLL CALL**
Board Members Present: *(Virtual attendees italicized)*
President: Kenny Solomon-Gross, **Vice-President:** Deb Johnston**, Secretary:** Shelly Deering, Max Mertz, *Hal Geiger*, Lisa Petersen, John Raster, MD, and James Kohn

Absent: Lindy Jones, MD

Also Present: Ian Worden, Joe Wanner, Kim McDowell, Gail Moorehead, Kim Stout, Chad Brown, Nate Rumsey, Erin Hardin, Maria Uchytil, Wade Bryson, Alex Malter, MD., Rob Palmer, John Fechter, and Anita Moffitt

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

V. **PUBLIC PARTICIPATION** – Brent Tingey, DMD introduced himself as an orthodontist with practices in Juneau, Ketchikan and until recently, Petersburg. He expressed concerns about SEARHC's (Southeast Alask Regional Health Consortium) rapid expansion into the private sector of specialty care throughout Southeast Alaska and the inability of private practices to compete. Mr. Bryson initiated a discussion about SEARHC receiving higher reimbursement rates than BRH and private practices. Mr. Mertz noted SEARHC is a federally funded, non-profit organization. Services they offer are no longer limited to native beneficiaries or for the purpose of meeting unmet needs in the communities they serve.

VI. **CONSENT AGENDA** – MOTION by Ms. Johnston to approve the consent agenda. Mr. Geiger seconded. There being no objection, MOTION to approve consent agenda consisting of March 26, 2024, BOD (Board of Directors) Meeting Minutes and February 2024 financials approved.

VII. **OLD BUSINESS**
Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. There are 3 employees out with Covid and 0 Covid patients in house. Patient days in March: CCU – 60, Med Surg – 412, OB – 64, Nursery – 54, MHU – 262 (currently have 5 patients). There were 921 patients seen in the ED in March. RRC currently has 7 patients, Crisis has 2. There are 4 patients waiting for placement elsewhere.

CEO search update – Ms. Johnston reported the CEO Search Committee met on April 11th. The committee's goal is to complete the recruitment process by late August or early September.

VIII. NEW BUSINESS

Hall Render update – Mr. Worden reported following items have been identified as priorities for Hall Render to address:

1. BRH's status as a critical access hospital.
2. Federal and State laws around the competitive landscape in Juneau; CON (Certificate of Need), anti-trust, FMV (Fair Market Value) and pricing.
3. Medical Staff Bylaws pertaining to APPs (Advanced Practice Provider), BOD (Board of Directors) authority, hospital-based physicians, and conflict of interest (competitor physicians on committees that determine policies in key areas).
4. Physician compensation and FMV.

IX. MEDICAL STAFF REPORT

A medical staff update was provided by Alex Malter, MD. The April 9th Medical Staff Meeting was business as usual. Ms. McDowell and Mr. Wanner had provided an overview of BRH's financial situation. Dr. Malter also highlighted a memo (included in the packet) regarding addressing physician professional behavior.

X. COMMITTEE MEETING MINUTES

Planning Committee – Ms. Johnston reported minutes from the April 5th meeting accurately reflect discussions from the meeting. The ED (Emergency Department) renovation project continues to move forward. An action item will be brought before the BOD next month pertaining to solicitation of a CMAR (Construction Manager at Risk) contractor. She also reported the $3 Million dollars historically included in the CIP (Capital Improvement Projects) budget was not included in the FY25 budget due to an accumulated surplus of CIP funds not spent in prior years.

Finance Committee – Mr. Mertz reported draft minutes from the April 12th meeting accurately reflect discussions from the meeting. February financials and the FY25 budget power point presented to the Assembly had been reviewed. Senior leadership is evaluating best case scenarios for all non-core services and will bring the results to the May meeting for further discussion. Ultimately, decisions are going to have to be made about the services BRH can provide and will require input from the Assembly and the community. Decision point documents will be created to help provide the information necessary to make these decisions. Mr. Bryson reported there will be post budget discussions with the Committee of the Whole regarding BRH services. The Assembly has confidence in the BRH BOD and Senior Management to move BRH in the right direction.

Mr. Solomon-Gross called for a brief recess at 6:30 p.m. Meeting resumed at 6:42 p.m.

XI. ADMINISTRATION REPORTS

CEO and Executive Administration – Mr. Worden provided an overview of the CEO and Executive Administration report included in the packet. This report highlights the process for gathering, sharing, and reviewing information to be used in making the best decisions possible to move BRH forward to achieving long-term sustainability. He also highlighted the following: A newly established governance structure for the ISESC (Information Systems Executive Steering Committee), the Good Catch Program, the impact cruise season has on BRH, nursing programs graduation report, Grow our Own Program, and Human Resources key initiatives.

Home Health/Hospice/Wildflower Court (WFC) – Ms. Stout provided an update on Home Health and Hospice services and WFC. Current census: WFC - 46, Home Health - 20, Hospice - 9. Hospice average length of stay is 28.4 days and average daily census is 8.5. WFC had a re-visit survey on April 12th, at which time all findings from the February licensure health survey were completely cleared. WFC also underwent a CMS/Federal validation survey on April 8th and 9th with zero findings. Home Health had their licensure survey re-visit on April 18th at which time all findings from the March survey were cleared. She also provided an update on the new CMS minimum staffing standards for long-term care. Mr. Mertz initiated discussion about increasing Hospice admissions.

Legal Report – None

XII. BRH FOUNDATION REPORT

A BRH Foundation report was provided by Ms. Uchytil. The Grace and Phil Edelman scholarship application period has been extended to May 31st. Navy Band Northwest will perform at WFC at 2:00p.m. on May 5th. Ms. Uchytil and Ms. McDowell met with CBJ Tourism Manager to discuss mitigating logistical challenges at BRH due to the impacts of tourism and the possibility of receiving some cost reimbursements for Case Managers in the ED (Emergency Department). The Juneau Community Foundation has reached out to the Foundation for End-of-Life Care and the BRH Foundation about helping to reduce Hospice's deficit next year.

XIII. CBJ LIAISON REPORT

A CBJ Liaison report was provided by Mr. Bryson. He reported a Coast Guard ice breaker is on track to come to Juneau. This will bring younger families into the community. CBJ is ending its support of a designated encampment for the unsheltered population. Dispersed camping will make it harder for first responders when called to emergencies. It is unclear what the impact might be for the ED. He also reported the April 21st passing of Greg Weldon. Mayor Weldon and family request privacy at this time.

XIV. PRESIDENT REPORT

Mr. Solomon-Gross expressed condolences to Mayor Weldon and her family. Ms. Johnston provided the president's report. She reported that she sat through most of the budget presentations for members of the Assembly, board, and medical staff. Attendees were very appreciative of the level of detail provided. She also sat in on the first meeting of the newly created ISESC and the CEO Search Committee meeting.

Mr. Solomon-Gross presented Debbie Kesselring with a letter from Deputy Mayor, Michelle Hale, recognizing her for her 35 years of service to CBJ and BRH (6 years at CBJ's Mental Health Center and 29 at BRH). Ms. Kesselring is retiring from BRH and pursuing new opportunities. Mr. Solomon-Gross and Ms. Johnston expressed their appreciation for Ms. Kesselring's years of service and the guidance she provided in understanding the medical staff credentialing process.

XV. BOARD CALENDAR

May 2024 calendar reviewed. MOTION by Ms. Johnston to approve the May 2024 calendar as presented. Mr. Geiger seconded. There being no objections, MOTION approved.

XVI. BOARD COMMENTS AND QUESTIONS - None

Mr. Solomon-Gross called for a brief recess at 7:23 p.m. Meeting resumed at 7:30 p.m.

XVII. EXECUTIVE SESSION

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

- Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, patient safety dashboard, and union negotiations; and
- To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney.

Ms. Johnston seconded. Mr. Solomon-Gross reminded virtual attendees to ensure they are in a private area where no one else can hear the confidential conversations of the executive session.

The Board entered executive session at 7:31 p.m. and returned to regular session at 8:13 p.m.

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

XVIII. ADJOURNMENT – 8:15 p.m.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 10, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Financial Officer
RE: March Financial Performance

Income Statement

March inpatient revenues were lower month-over-month with the largest decrease being in Med/Surg and CCU. We saw a decreased average daily census in Med/Surg (11.4%) and CCU (28.9%). March outpatient revenue increased $359K month-over-month with the largest increase being in CT and MRI where we saw a combined increase of $281K.

Contractual and bad debt write-offs were 4% of gross revenues, below the 12-month average of 47.1%. The large variance from the average was driven by a decrease in uncompensated care. Uncompensated care decreased to 1.7% in March.

The result was net operating revenue totaling $11M, which is above the 12-month rolling average of $10.4M.

Major variations in expenses included Contract Labor, Physician Contracts, Non-Medical Professional fees, and Other Operating Expenses. Contract Labor was $231K over budget due to the ongoing use of contract employees in multiple departments, with the largest variance being in Imaging $125K. Physician Contracts were $286K over budget due to Anesthesia and Oncology not being budgeted. Non-Medical Professional fees were over budget by $235K due to a Seismic Evaluation $60K and a Parking Study $121K. Both of these expenses came over through the CBJ CIP cleanup. Other operating expenses were under budget by $112K primarily due to the expenditure of grant funds and credit card fees.

The Net loss for the Hospital for the month of March was $662K, and the rolling 12-month average monthly loss for the hospital is now **$(726K)**.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) decreased from the prior month from $22.7M to $19.6M. There were multiple factors that contributed to the decrease in cash including capital expenditures, reduction in current liabilities, increased A/R, and continued operating losses.

Net accounts receivable increased month-over-month to $32.3 from $31.9M.

Current liabilities decreased by $2M in the aggregate month-over-month, with a $1.8M decrease coming from payroll liabilities.

Wildflower Court (WFC)
For the month of March, WFC had $1.19M of net operating revenues on $1.29M of gross revenues.

From an expenditure standpoint, Contract labor continues to drive costs. Management is focused on reducing that amount, first through negotiating lower rates and, over time, by increasing direct employment traditional hiring processes as well as growing our own initiatives.

On a bottom-line basis, WFC had net operating income of $295K. It is important to note that this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. As noted above, Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

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

MONTH ACTUAL	MONTH BUDGET	MO $ VAR	MTD % VAR	PR YR MO			YTD ACTUAL	YTD BUDGET	YTD $ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
						Gross Patient Revenue:						
$4,256,841	$5,778,894	-$1,522,053	-26.3%	$4,397,999	1.	Inpatient Revenue	$38,656,892	$51,077,992	-$12,421,100	-24.3%	$35,144,162	10.0%
$2,276,676	$2,123,684	$152,992	7.2%	$1,138,631	2.	Inpatient Ancillary Revenue	$20,550,782	$18,770,593	$1,780,189	9.5%	$9,275,311	121.6%
$6,533,517	$7,902,578	-$1,369,061	-17.3%	$5,536,630	3.	Total Inpatient Revenue	$59,207,674	$69,848,585	-$10,640,911	-15.2%	$44,419,473	33.3%
$13,064,453	$13,227,930	-$163,477	-1.2%	$12,953,510	4.	Outpatient Revenue	$111,664,199	$116,917,888	-$5,253,689	-4.5%	$108,054,716	3.3%
$19,597,970	$21,130,508	-$1,532,538	-7.3%	$18,490,140	5.	Total Patient Revenue - Hospital	$170,871,873	$186,766,473	-$15,894,600	-8.5%	$152,474,189	12.1%
$478,477	$332,343	$146,134	44.0%	$364,205	6.	RRC Patient Revenue	$3,217,139	$2,937,481	$279,658	9.5%	$2,256,431	42.6%
$232,257	$191,718	$40,539	21.1%	$352,276	7.	BHOPS Patient Revenue	$2,071,124	$1,694,559	$376,565	22.2%	$2,028,979	2.1%
$1,283,305	$1,153,949	$129,356	11.2%	$1,087,842	8.	Physician Revenue	$11,033,311	$10,199,453	$833,858	8.2%	$9,616,806	14.7%
$21,592,009	$22,808,518	-$1,216,509	-5.3%	$20,294,463	9.	Total Gross Patient Revenue	$187,193,447	$201,597,966	-$14,404,519	-7.1%	$166,376,405	12.5%
						Deductions from Revenue:						
$2,498,340	$3,843,210	$1,450,247	37.7%	$3,649,854	10.	Inpatient Contractual Allowance	$27,788,681	$32,975,479	$5,186,798	15.7%	$22,988,981	20.9%
-$350,000	-$350,000	$0		-$308,333	10a.	Rural Demonstration Project	-$3,150,000	-$2,100,000	$1,050,000		-$308,333	
$6,134,582	$6,376,851	$242,269	3.8%	$5,189,817	11.	Outpatient Contractual Allowance	$47,826,489	$56,363,133	$8,536,644	15.1%	$45,925,615	4.1%
$714,490	$561,936	-$152,554	-27.1%	$655,082	12.	Physician Service Contractual Allowance	$6,209,924	$4,966,786	-$1,243,138	-25.0%	$5,805,573	7.0%
$591	$29,758	$29,167	98.0%	$31,862	13.	Other Deductions	$5,394	$263,024	$257,630	97.9%	$242,871	0.0%
$89,169	$46,586	-$42,583	-91.4%	$51,189	14.	Charity Care	$1,065,712	$411,760	-$653,952	-158.8%	$346,908	207.2%
$261,945	$471,601	$209,656	44.5%	$95,337	15.	Bad Debt Expense	$5,830,051	$4,168,341	-$1,661,710	-39.9%	$3,230,208	80.5%
$9,349,117	$10,979,942	$1,736,202	15.8%	$9,364,808	16.	Total Deductions from Revenue	$85,576,251	$97,048,523	$11,472,272	11.8%	$78,231,823	9.4%
41.7%	*47.3%*			*46.8%*		*% Contractual Allowances / Total Gross Patient Revenue*	*42.0%*	*46.8%*			*44.7%*	
1.6%	*2.3%*			*0.7%*		*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*3.7%*	*2.3%*			*2.2%*	
43.3%	*48.1%*			*46.1%*		*% Total Deductions / Total Gross Patient Revenue*	*45.7%*	*48.1%*			*47.0%*	
$12,242,892	$11,828,576	$519,693	4.4%	$10,929,655	17.	Net Patient Revenue	$101,617,196	$104,549,443	-$2,932,247	-2.8%	$88,144,582	15.3%
$183,984	$134,560	$49,424	36.7%	$328,934	18.	Other Operating Revenue	$993,302	$1,189,337	-$196,034	-16.5%	$2,122,725	-53.2%
$12,426,876	$11,963,136	$463,740	3.9%	$11,258,589	19.	Total Operating Revenue	$102,610,498	$105,738,780	-$3,128,281	-3.0%	$90,267,307	13.7%
						Expenses:						
$5,167,577	$5,193,241	$25,664	0.5%	$4,420,272	20.	Salaries & Wages	$45,374,197	$45,901,611	$527,414	1.1%	$40,397,984	12.3%
$295,459	$372,592	$77,133	20.7%	$316,323	21.	Physician Wages	$2,543,976	$3,293,245	$749,269	22.8%	$2,799,983	-9.1%
$721,027	$183,157	-$537,870	-293.7%	$566,082	22.	Contract Labor	$6,880,643	$1,618,891	-$5,261,752	-325.0%	$5,829,094	18.0%
$2,593,285	$2,903,879	$310,594	10.7%	$2,183,889	23.	Employee Benefits	$22,095,325	$25,666,508	$3,571,183	13.9%	$19,565,003	12.9%
$8,777,348	$8,652,869	-$124,479	-1.4%	$7,486,566			$76,894,141	$76,480,255	-$413,886	-0.5%	$68,592,064	12.1%
70.6%	72.3%			66.5%		% Salaries and Benefits / Total Operating Revenue	74.9%	72.3%			76.0%	
$82,613	$56,768	-$25,845	-45.5%	$67,384	24.	Medical Professional Fees	$661,728	$501,765	-$159,963	-31.9%	$633,313	4.5%
$599,332	$404,346	-$194,986	-48.2%	$230,299	25.	Physician Contracts	$4,374,959	$3,573,913	-$801,046	-22.4%	$2,717,623	61.0%
$499,775	$301,007	-$198,768	-66.0%	$255,334	26.	Non-Medical Professional Fees	$2,758,199	$2,660,528	-$97,671	-3.7%	$2,228,304	23.8%
$1,390,792	$1,548,147	$157,355	10.2%	$1,490,245	27.	Materials & Supplies	$13,566,693	$13,683,807	$117,114	0.9%	$12,028,264	12.8%
$186,865	$178,355	-$8,510	-4.8%	$184,856	28.	Utilities	$1,579,061	$1,576,454	-$2,607	-0.2%	$1,603,010	-1.5%
$538,299	$526,973	-$11,326	-2.1%	$554,509	29.	Maintenance & Repairs	$4,415,317	$4,657,786	$242,469	5.2%	$4,255,931	3.7%
$167,543	$125,241	-$42,302	-33.8%	$57,801	30.	Rentals & Leases	$1,275,363	$1,106,976	-$168,387	-15.2%	$597,905	113.3%
$71,733	$96,722	$24,989	25.8%	$76,169	31.	Insurance	$670,225	$854,914	$184,689	21.6%	$671,785	-0.2%
$515,981	$619,684	$103,703	16.7%	$582,707	32.	Depreciation & Amortization	$4,991,740	$5,477,199	$485,459	8.9%	$5,312,001	-6.0%
$85,453	$90,961	$5,508	6.1%	$583,894	33.	Interest Expense	$792,089	$803,983	$11,894	1.5%	$900,522	-12.0%
$148,365	$53,379	-$94,986	-177.9%	-$37,504	34.	Other Operating Expenses	$1,198,286	$471,875	-$726,411	-153.9%	$1,495,843	-19.9%
$13,064,099	$12,654,452	-$409,647	-3.2%	$11,532,260	35.	Total Expenses	$113,177,801	$111,849,455	-$1,328,346	-1.2%	$101,036,565	12.0%
-$637,223	-$691,316	$54,093	-7.8%	-$273,671	36.	Income (Loss) from Operations	-$10,567,303	-$6,110,675	-$4,456,628	72.9%	-$10,769,258	-1.9%
						Non-Operating Revenue						
$71,173	$84,932	-$13,759	-16.2%	$4,661	37.	Interest Income	$1,482,451	$750,685	$731,767	97.5%	$34,629	4181.0%
$199,067	$190,745	$8,322	4.4%	$82,599	38.	Other Non-Operating Income	$1,888,869	$1,685,945	$202,924	12.0%	$683,346	176.4%
$270,240	$275,677	-$5,437	-2.0%	$87,260	39.	Total Non-Operating Revenue	$3,371,320	$2,436,630	$934,690	38.4%	$717,975	369.6%
-$366,983	-$415,639	$48,656	-11.7%	-$186,411	40.	Net Income (Loss)	-$7,195,983	-$3,674,045	-$3,521,938	95.9%	-$10,051,283	28.4%
-5.13%	-5.78%			-2.43%		Income from Operations Margin	-10.30%	-5.78%			-11.93%	
-2.95%	-3.47%			-1.66%		Net Income	-7.01%	-3.47%			-11.14%	

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

MONTH ACTUAL	MONTH BUDGET	MO $ VAR	MTD % VAR	PR YR MO			YTD ACTUAL	YTD BUDGET	YTD $ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
						Gross Patient Revenue:						
$4,256,841	$5,778,894	-$1,522,053	-26.3%	$4,397,999	1.	Inpatient Revenue	$38,656,892	$51,077,992	-$12,421,100	-24.3%	$35,144,162	10.0%
$979,559	$1,065,267	-$85,708	-8.0%	$1,138,631	2.	Inpatient Ancillary Revenue	$10,108,775	$9,415,556	$693,219	7.4%	$9,275,311	9.0%
$5,236,400	$6,844,161	-$1,607,761	-23.5%	$5,536,630	3.	Total Inpatient Revenue	$48,765,667	$60,493,548	-$11,727,881	-19.4%	$44,419,473	9.8%
$13,064,453	$13,227,930	-$163,477	-1.2%	$12,953,510	4.	Outpatient Revenue	$111,664,199	$116,917,888	-$5,253,689	-4.5%	$108,054,716	3.3%
$18,300,853	$20,072,091	-$1,771,238	-8.8%	$18,490,140	5.	Total Patient Revenue - Hospital	$160,429,866	$177,411,436	-$16,981,570	-9.6%	$152,474,189	5.2%
$478,477	$332,343	$146,134	44.0%	$364,205	6.	RRC Patient Revenue	$3,217,139	$2,937,481	$279,658	9.5%	$2,256,431	42.6%
$232,257	$191,718	$40,539	21.1%	$352,276	7.	BHOPS Patient Revenue	$2,071,124	$1,694,559	$376,565	22.2%	$2,028,979	2.1%
$1,283,305	$1,153,949	$129,356	11.2%	$1,087,842	8.	Physician Revenue	$11,033,311	$10,199,453	$833,858	8.2%	$9,616,806	14.7%
$20,294,892	$21,750,101	-$1,455,209	-6.7%	$20,294,463	9.	Total Gross Patient Revenue	$176,751,440	$192,242,929	-$15,491,489	-8.1%	$166,376,405	6.2%
						Deductions from Revenue:						
$2,392,963	$3,843,210	$1,450,247	37.7%	$3,649,854	10.	Inpatient Contractual Allowance	$26,948,222	$34,025,479	-$7,077,257	-20.8%	$22,988,981	17.2%
-$350,000	-$350,000	$0		-$308,333	10a.	Rural Demonstration Project	-$3,150,000	-$3,150,000	$0		-$308,333	
$6,134,582	$6,376,851	$242,269	3.8%	$5,189,817	11.	Outpatient Contractual Allowance	$47,826,489	$56,363,133	-$8,536,644	-15.1%	$45,925,615	4.1%
$714,490	$561,936	-$152,554	-27.1%	$655,082	12.	Physician Service Contractual Allowance	$6,209,924	$4,966,786	$1,243,138	25.0%	$5,805,573	7.0%
$591	$29,758	$29,167	98.0%	$31,862	13.	Other Deductions	$5,394	$263,024	-$257,630	-97.9%	$242,871	0.0%
$89,169	$46,586	-$42,583	-91.4%	$51,189	14.	Charity Care	$1,065,712	$411,760	$653,952	158.8%	$346,908	207.2%
$261,945	$471,601	$209,656	44.5%	$95,337	15.	Bad Debt Expense	$5,830,051	$4,168,341	$1,661,710	39.9%	$3,230,208	80.5%
$9,243,740	$10,979,942	$1,736,202	15.8%	$9,364,808	16.	Total Deductions from Revenue	$84,735,792	$97,048,523	-$12,312,731	-12.7%	$78,231,823	8.3%
43.8%	*49.6%*			*46.8%*		*% Contractual Allowances / Total Gross Patient Revenue*	*44.0%*	*49.6%*			*44.7%*	
1.7%	*2.4%*			*0.7%*		*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*3.9%*	*2.4%*			*2.2%*	
45.5%	*50.5%*			*46.1%*		*% Total Deductions / Total Gross Patient Revenue*	*47.9%*	*50.5%*			*47.0%*	
$11,051,152	$10,770,159	$280,993	2.6%	$10,929,655	17.	Net Patient Revenue	$92,015,648	$95,194,406	-$27,804,220	-29.2%	$88,144,582	4.4%
$183,984	$134,560	$49,424	36.7%	$328,934	18.	Other Operating Revenue	$993,302	$1,189,337	-$196,034	-16.5%	$2,122,725	-53.2%
$11,235,136	$10,904,719	$330,417	3.0%	$11,258,589	19.	Total Operating Revenue	$93,008,950	$96,383,743	-$28,000,254	-29.1%	$90,267,307	3.0%
						Expenses:						
$4,823,090	$4,889,806	$66,716	1.4%	$4,420,272	20.	Salaries & Wages	$42,634,049	$43,219,638	$585,589	1.4%	$40,397,984	5.5%
$295,459	$330,127	$34,668	10.5%	$316,323	21.	Physician Wages	$2,543,976	$2,917,903	$373,927	12.8%	$2,799,983	-9.1%
$414,246	$183,157	-$231,089	-126.2%	$566,082	22.	Contract Labor	$3,723,217	$1,618,891	-$2,104,326	-130.0%	$5,829,094	-36.1%
$2,448,007	$2,663,753	$215,746	8.1%	$2,183,889	23.	Employee Benefits	$20,983,115	$23,544,092	$2,560,977	10.9%	$19,565,003	7.2%
$7,980,802	$8,066,843	$86,041	1.1%	$7,486,566			$69,884,357	$71,300,524	$1,416,167	2.0%	$68,592,064	1.9%
71.0%	74.0%			66.5%		% Salaries and Benefits / Total Operating Revenue	75.1%	74.0%			76.0%	
$82,613	$56,768	-$25,845	-45.5%	$67,384	24.	Medical Professional Fees	$661,728	$501,765	-$159,963	-31.9%	$633,313	4.5%
$582,082	$295,434	-$286,648	-97.0%	$230,299	25.	Physician Contracts	$4,328,959	$2,611,272	-$1,717,687	-65.8%	$2,717,623	59.3%
$494,795	$259,475	-$235,320	-90.7%	$255,334	26.	Non-Medical Professional Fees	$2,711,635	$2,293,443	-$418,192	-18.2%	$2,228,304	21.7%
$1,342,442	$1,424,767	$82,325	5.8%	$1,490,245	27.	Materials & Supplies	$13,154,864	$12,593,287	-$561,577	-4.5%	$12,028,264	9.4%
$164,539	$178,355	$13,816	7.7%	$184,856	28.	Utilities	$1,461,003	$1,576,454	$115,451	7.3%	$1,603,010	-8.9%
$532,531	$526,973	-$5,558	-1.1%	$554,509	29.	Maintenance & Repairs	$4,345,001	$4,657,786	$312,785	6.7%	$4,255,931	2.1%
$167,234	$125,241	-$41,993	-33.5%	$57,801	30.	Rentals & Leases	$1,271,839	$1,106,976	-$164,863	-14.9%	$597,905	112.7%
$71,733	$83,133	$11,400	13.7%	$76,169	31.	Insurance	$670,225	$734,804	$64,579	8.8%	$671,785	-0.2%
$515,981	$619,684	$103,703	16.7%	$582,707	32.	Depreciation & Amortization	$4,991,740	$5,477,199	$485,459	8.9%	$5,312,001	-6.0%
$85,453	$90,961	$5,508	6.1%	$583,894	33.	Interest Expense	$792,089	$803,983	$11,894	1.5%	$900,522	-12.0%
$146,770	$35,038	-$111,732	-318.9%	-$37,504	34.	Other Operating Expenses	$1,189,042	$309,765	-$879,277	-283.9%	$1,495,843	-20.5%
$12,166,975	$11,762,672	-$404,303	-3.4%	$11,532,260	35.	Total Expenses	$105,462,482	$103,967,258	-$1,495,224	-1.4%	$101,036,565	4.4%
-$931,839	-$857,953	-$73,886	8.6%	-$273,671	36.	Income (Loss) from Operations	-$12,453,532	-$7,583,515	-$4,870,017	64.2%	-$10,769,258	15.6%
						Non-Operating Revenue						
$71,173	$84,932	-$13,759	-16.2%	$4,661	37.	Interest Income	$1,482,451	$750,685	$731,767	97.5%	$34,629	4181.0%
$199,067	$190,745	$8,322	4.4%	$82,599	38.	Other Non-Operating Income	$1,888,869	$1,685,945	$202,924	12.0%	$683,346	176.4%
$270,240	$275,677	-$5,437	-2.0%	$87,260	39.	Total Non-Operating Revenue	$3,371,320	$2,436,630	$934,690	38.4%	$717,975	369.6%
-$661,599	-$582,276	-$79,323	13.6%	-$186,411	40.	Net Income (Loss)	-$9,082,212	-$5,146,885	-$3,935,327	76.5%	-$10,051,283	9.6%
-8.29%	-7.87%			-2.43%		Income from Operations Margin	-13.39%	-7.87%			-11.93%	
-5.89%	-5.34%			-1.66%		Net Income	-9.76%	-5.34%			-11.14%	

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

MONTH ACTUAL	MONTH BUDGET	MO $ VAR			YTD ACTUAL	YTD BUDGET	YTD $ VAR
				Gross Patient Revenue:			
$0	$0	$0	1.	Inpatient Revenue	$0	$0	$0
$1,297,117	$1,058,417	$238,700	2.	Inpatient Ancillary Revenue	$10,442,008	$9,355,037	$693,219
$1,297,117	$1,058,417	$238,700	3.	Total Inpatient Revenue	$10,442,008	$9,355,037	$693,219
$0	$0	$0	4.	Outpatient Revenue	$0	$0	$0
$1,297,117	$1,058,417	$238,700	5.	Total Patient Revenue - WFC	$10,442,008	$9,355,037	$693,219
$1,297,117	$1,058,417	$238,700	9.	Total Gross Patient Revenue	$10,442,008	$9,355,037	$693,219
				Deductions from Revenue:			
$105,377	$0	$105,377	10.	Inpatient Contractual Allowance	$840,458	$0	$840,458
$0	$0	$0	10a.	Rural Demonstration Project	$0	$0	$0
$0	$0	$0	11.	Outpatient Contractual Allowance	$0	$0	$0
$0	$0	$0	12.	Physician Service Contractual Allowance	$0	$0	$0
$0	$0	$0	13.	Other Deductions	$0	$0	$0
$0	$0	$0	14.	Charity Care	$0	$0	$0
$0	$0	$0	15.	Bad Debt Expense	$0	$0	$0
$105,377	$0	$105,377	16.	Total Deductions from Revenue	$840,458	$0	$840,458
8.1%	*0.0%*			*% Contractual Allowances / Total Gross Patient Revenue*	*8.0%*	*0.0%*	
0.0%	*0.0%*			*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*0.0%*	*0.0%*	
8.1%	*0.0%*			*% Total Deductions / Total Gross Patient Revenue*	*8.0%*	*0.0%*	
$1,191,740	$1,058,417	$133,323	17.	Net Patient Revenue	$9,601,550	$9,355,037	$1,533,677
$0	$0	$0	18.	Other Operating Revenue	$0	$0	-$196,034
$1,191,740	$1,058,417	$133,323	19.	Total Operating Revenue	$9,601,550	$9,355,037	$1,337,643
				Expenses:			
$344,487	$303,435	-$41,052	20.	Salaries & Wages	$2,740,147	$2,681,973	-$58,174
$0	$42,465	$42,465	21.	Physician Wages	$0	$375,342	$375,342
$306,781	$0	-$306,781	22.	Contract Labor	$3,157,425	$0	-$3,157,425
$145,278	$240,126	$94,848	23.	Employee Benefits	$1,112,210	$2,122,416	$1,010,206
$796,546	$586,026	-$210,520			$7,009,782	$5,179,731	-$1,830,051
66.8%	55.4%			% Salaries and Benefits / Total Operating Revenue	73.0%	55.4%	
$0	$0	$0	24.	Medical Professional Fees	$0	$0	$0
$17,250	$108,912	$91,662	25.	Physician Contracts	$46,000	$962,641	$916,641
$4,980	$41,532	$36,552	26.	Non-Medical Professional Fees	$46,563	$367,085	$320,522
$48,350	$123,380	$75,030	27.	Materials & Supplies	$411,829	$1,090,520	$678,691
$22,326	$0	-$22,326	28.	Utilities	$118,058	$0	-$118,058
$5,768	$0	-$5,768	29.	Maintenance & Repairs	$70,316	$0	-$70,316
$309	$0	-$309	30.	Rentals & Leases	$3,524	$0	-$3,524
$0	$13,589	$13,589	31.	Insurance	$0	$120,110	$120,110
$0	$0	$0	32.	Depreciation & Amortization	$0	$0	$0
$0	$0	$0	33.	Interest Expense	$0	$0	$0
$1,595	$18,341	$16,746	34.	Other Operating Expenses	$9,244	$162,110	$152,866
$897,124	$891,780	-$5,344	35.	Total Expenses	$7,715,316	$7,882,197	$166,881
$294,616	$166,637	$127,979	36.	Income (Loss) from Operations	$1,886,234	$1,472,840	$413,394
				Non-Operating Revenue			
$0	$0	$0	37.	Interest Income	$0	$0	$0
$0	$0	$0	38.	Other Non-Operating Income	$0	$0	$0
$0	$0	$0	39.	Total Non-Operating Revenue	$0	$0	$0
$294,616	$166,637	$127,979	40.	Net Income (Loss)	$1,886,234	$1,472,840	$413,394
24.72%	15.74%			Income from Operations Margin	19.65%	15.74%	
24.72%	15.74%			Net Income	19.65%	15.74%	

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

	Moody's Not-for-profit Healthcare Medians	Desired Position	FY 2024
Liquidity Ratios			
Current ratio	2.00	Above	3.11
Days in accounts receivable	48.2	Below	83.80
Days in accounts payable	62.8	Below	29.21
Days cash on hand*	167.9	Above	77.0
Profitability Ratios			
Operating margin	2.7%	Above	-10.3%
Excess margin	5.6%	Above	-7.0%
Activity Ratios			
Average age of Plant	11.2	Below	18.19
Capital Structure Ratios			
Total debt-to-capitalization	34.9%	Below	61.2%
Total debt-to-total operating revenue	34.6%	Below	72.9%

* Benchmark is BBB rated companies

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD APRIL 23 THRU MARCH 24

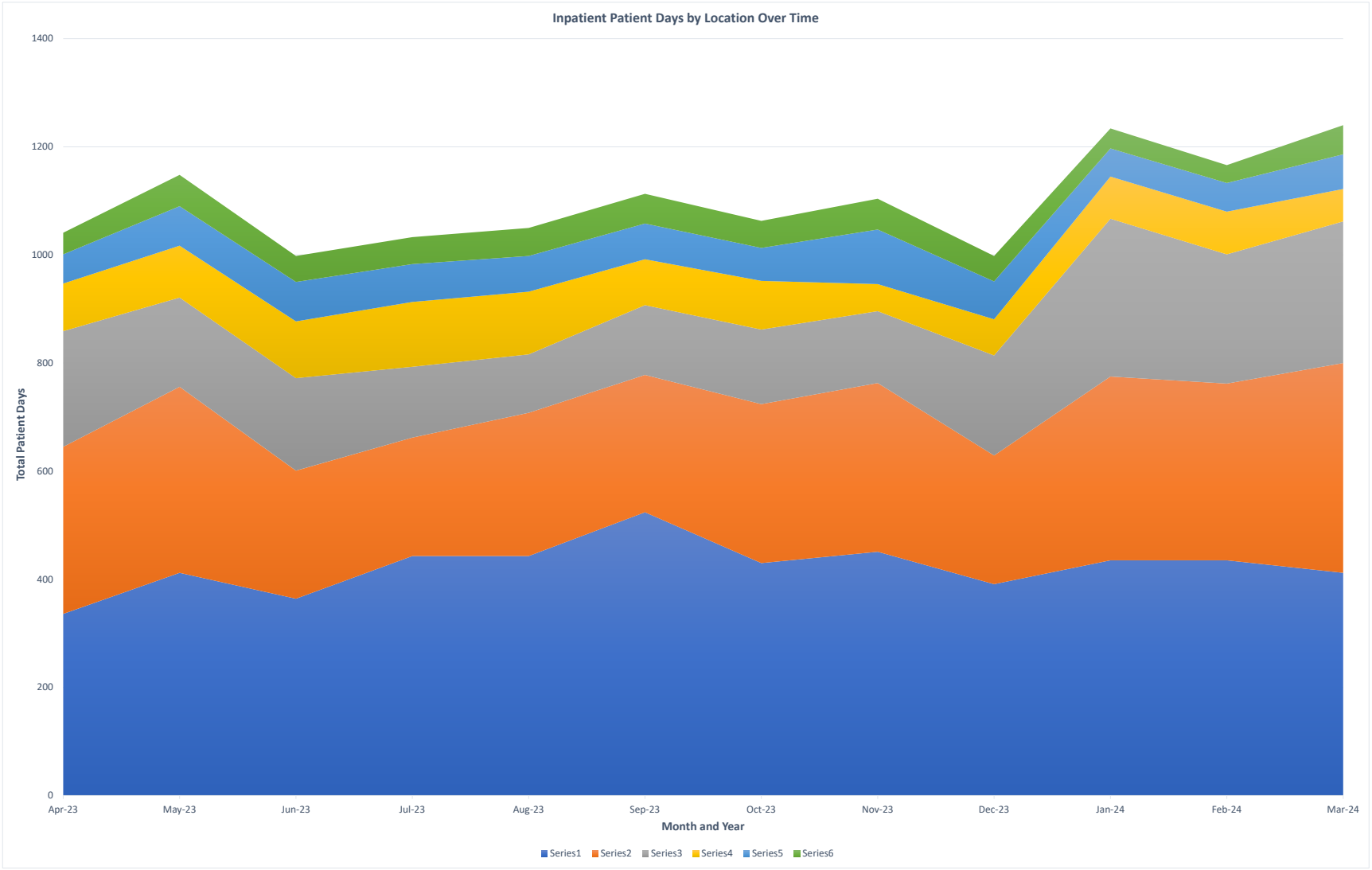
	April-23	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24
Gross Patient Revenue:												
1. Inpatient Revenue	$3,681,133	$4,225,508	$4,098,928	$4,242,424	$4,253,749	$4,612,488	$4,259,435	$3,988,757	$4,222,640	$4,465,612	$4,354,946	$4,256,841
2. Inpatient Ancillary Revenue	$1,065,939	$1,061,531	$1,175,099	$1,213,356	$1,295,265	$1,207,835	$1,218,991	$980,859	$1,004,218	$1,271,189	$937,503	$979,559
3. Total Inpatient Revenue	$4,747,072	$5,287,039	$5,274,027	$5,455,780	$5,549,014	$5,820,323	$5,478,426	$4,969,616	$5,226,858	$5,736,801	$5,292,449	$5,236,400
4. Outpatient Revenue	$12,187,045	$12,507,831	$13,744,438	$13,102,559	$14,182,989	$12,359,514	$11,719,376	$10,707,445	$12,266,492	$11,555,507	$12,705,864	$13,064,453
5. Total Patient Revenue - Hospital	$16,934,117	$17,794,870	$19,018,465	$18,558,339	$19,732,003	$18,179,837	$17,197,802	$15,677,061	$17,493,350	$17,292,308	$17,998,313	$18,300,853
6. RRC Patient Revenue	$331,649	$375,532	$270,145	$246,267	$310,499	$296,483	$355,172	$391,055	$294,581	$425,830	$418,776	$478,477
7. BHOPS Patient Revenue	$219,617	$242,171	$242,232	$236,340	$342,612	$161,515	$224,099	$227,052	$239,714	$194,728	$212,808	$232,257
8. Physician Revenue	$998,192	$1,230,629	$1,061,811	$983,599	$1,245,920	$992,524	$1,200,962	$906,503	$1,082,095	$1,403,549	$1,744,854	$1,283,305
9. Total Gross Patient Revenue	$18,483,575	$19,643,202	$20,592,653	$20,024,545	$21,631,034	$19,630,359	$18,978,035	$17,201,671	$19,109,740	$19,316,415	$20,374,751	$20,294,892
Deductions from Revenue:												
10. Inpatient Contractual Allowance	$2,223,574	$2,868,064	$2,353,583	$3,190,077	$2,286,274	$2,677,511	$3,430,104	$3,853,034	$2,805,127	$3,437,685	$2,904,313	$2,392,963
10a. Rural Demonstration Project	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000
11. Outpatient Contractual Allowance	$5,432,655	$5,132,514	$5,552,589	$5,651,316	$5,447,660	$5,336,016	$5,150,505	$4,572,434	$5,324,224	$4,930,858	$5,278,894	$6,134,582
12. Physician Service Contractual Allowance	$650,179	$709,218	$682,788	$523,629	$710,207	$748,903	$570,520	$615,091	$538,211	$827,524	$961,349	$714,490
13. Other Deductions	$23,594	$30,282	$28,884	$27,898	$28,145	$35,555	$30,096	-$119,253	$591	$1,181	$591	$591
14. Charity Care	$30,737	$83,234	$48,450	$52,888	$152,387	$160,587	$178,785	$67,893	$165,043	$86,390	$112,570	$89,169
15. Bad Debt Expense	$142,685	$663,739	$515,314	$995,105	$1,080,279	$589,461	$615,584	-$59,933	$937,678	$554,246	$855,686	$261,945
16. Total Deductions from Revenue	$8,153,424	$9,137,051	$8,831,608	$10,090,913	$9,354,952	$9,198,033	$9,625,594	$8,579,266	$9,420,874	$9,487,884	$9,763,403	$9,243,740
% Contractual Allowances / Total Gross Patient Revenue	*43.0%*	*42.6%*	*40.0%*	*45.0%*	*37.4%*	*42.9%*	*46.4%*	*50.5%*	*43.5%*	*45.8%*	*43.2%*	*43.8%*
% Bad Debt & Charity Care / Total Gross Patient Revenue	*0.9%*	*3.8%*	*2.7%*	*5.2%*	*5.7%*	*3.8%*	*4.2%*	*0.0%*	*5.8%*	*3.3%*	*4.8%*	*1.7%*
% Total Deductions / Total Gross Patient Revenue	*44.1%*	*46.5%*	*42.9%*	*50.4%*	*43.2%*	*46.9%*	*50.7%*	*49.9%*	*49.3%*	*49.1%*	*47.9%*	*45.5%*
17. Net Patient Revenue	$10,330,151	$10,506,151	$11,761,045	$9,933,632	$12,276,082	$10,432,326	$9,352,441	$8,622,405	$9,688,866	$9,828,531	$10,611,348	$11,051,152
18. Other Operating Revenue	$363,227	$226,256	$845,504	$64,574	$66,281	$320,220	$63,173	$62,521	$76,702	$102,985	$52,862	$183,984
19. Total Operating Revenue	$10,693,378	$10,732,407	$12,606,549	$9,998,206	$12,342,363	$10,752,546	$9,415,614	$8,684,926	$9,765,568	$9,931,516	$10,664,210	$11,235,136
Expenses:												
20. Salaries & Wages	$4,269,341	$4,470,801	$4,392,535	$4,509,486	$4,661,026	$4,780,938	$4,875,621	$4,594,095	$5,040,712	$4,633,447	$4,715,635	$4,823,090
21. Physician Wages	$294,790	$281,273	$258,161	$285,907	$284,305	$278,815	$281,043	$297,570	$179,268	$335,706	$305,904	$295,459
22. Contract Labor	$440,373	$559,311	$570,995	$416,754	$461,504	$395,611	$370,037	$326,325	$507,401	$428,819	$402,520	$414,246
23. Employee Benefits	$2,453,740	$2,245,914	$2,054,678	$2,198,682	$2,339,061	$2,286,966	$2,331,343	$2,286,725	$2,409,083	$2,422,623	$2,260,625	$2,448,007
	$7,458,244	$7,557,299	$7,276,369	$7,410,829	$7,745,896	$7,742,330	$7,858,044	$7,504,715	$8,136,464	$7,820,595	$7,684,684	$7,980,802
% Salaries and Benefits / Total Operating Revenue	69.7%	70.4%	57.7%	74.1%	62.8%	72.0%	83.5%	86.4%	83.3%	78.7%	72.1%	71.0%
24. Medical Professional Fees	$77,653	$38,897	$83,986	$89,318	$87,575	$51,620	$63,206	$49,053	$72,525	$87,769	$78,049	$82,613
25. Physician Contracts	$249,530	$214,409	$472,150	$391,878	$365,250	$371,953	$357,944	$461,340	$601,382	$591,140	$605,990	$582,082
26. Non-Medical Professional Fees	$220,269	$257,239	$417,375	$230,315	$432,810	$373,810	$310,620	$277,695	$249,856	$133,982	$207,752	$494,795
27. Materials & Supplies	$1,328,029	$1,587,203	$1,767,300	$1,526,291	$1,845,858	$1,680,600	$1,436,674	$1,294,488	$1,222,074	$1,345,411	$1,461,026	$1,342,442
28. Utilities	$135,629	$150,532	$122,094	$142,859	$214,852	$138,871	$161,157	$135,177	$169,900	$132,615	$201,033	$164,539
29. Maintenance & Repairs	$548,490	$348,717	$428,196	$449,955	$713,878	$470,513	$426,520	$410,319	$469,640	$453,927	$417,718	$532,531
30. Rentals & Leases	$59,555	$49,304	$62,793	$42,445	$284,124	$38,850	$170,386	$100,269	$82,769	$257,278	$128,484	$167,234
31. Insurance	$78,489	$78,804	$72,992	$117,103	$71,963	$46,525	$71,733	$75,969	$71,733	$71,733	$71,733	$71,733
32. Depreciation & Amortization	$589,596	$572,134	$574,504	$563,321	$562,018	$550,118	$494,721	$499,760	$484,431	$727,175	$594,215	$515,981
33. Interest Expense	$50,000	$35,000	$100,000	$35,000	$90,900	$90,900	$130,992	$86,938	$84,417	$102,140	$85,349	$85,453
34. Other Operating Expenses	$27,051	$141,657	$199,905	$114,060	$92,965	$186,088	$115,521	$291,412	$164,583	-$187,251	$264,894	$146,770
35. Total Expenses	$10,822,535	$11,031,195	$11,577,664	$11,113,374	$12,508,089	$11,742,178	$11,597,518	$11,187,135	$11,809,774	$11,536,514	$11,800,927	$12,166,975
36. Income (Loss) from Operations	-$129,157	-$298,788	$1,028,885	-$1,115,168	-$165,726	-$989,632	-$2,181,904	-$2,502,209	-$2,044,206	-$1,604,998	-$1,136,717	-$931,839
Non-Operating Revenue												
37. Interest Income	$5,623	$2,604	$1,414	$10,835	$1,408	$1,871	$1,112	$340,909	$928,374	$151,036	-$24,267	$71,173
38. Other Non-Operating Income	$78,452	$98,333	-$207,144	$232,452	$205,690	$217,509	$212,011	$199,504	$201,616	$220,727	$200,294	$199,067
39. Total Non-Operating Revenue	$84,075	$100,937	-$205,730	$243,287	$207,098	$219,380	$213,123	$540,413	$1,129,990	$371,763	$176,027	$270,240
40. Net Income (Loss)	-$45,082	-$197,851	$823,155	-$871,881	$41,372	-$770,252	-$1,968,781	-$1,961,796	-$914,216	-$1,233,235	-$960,690	-$661,599

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
March 24, 2024

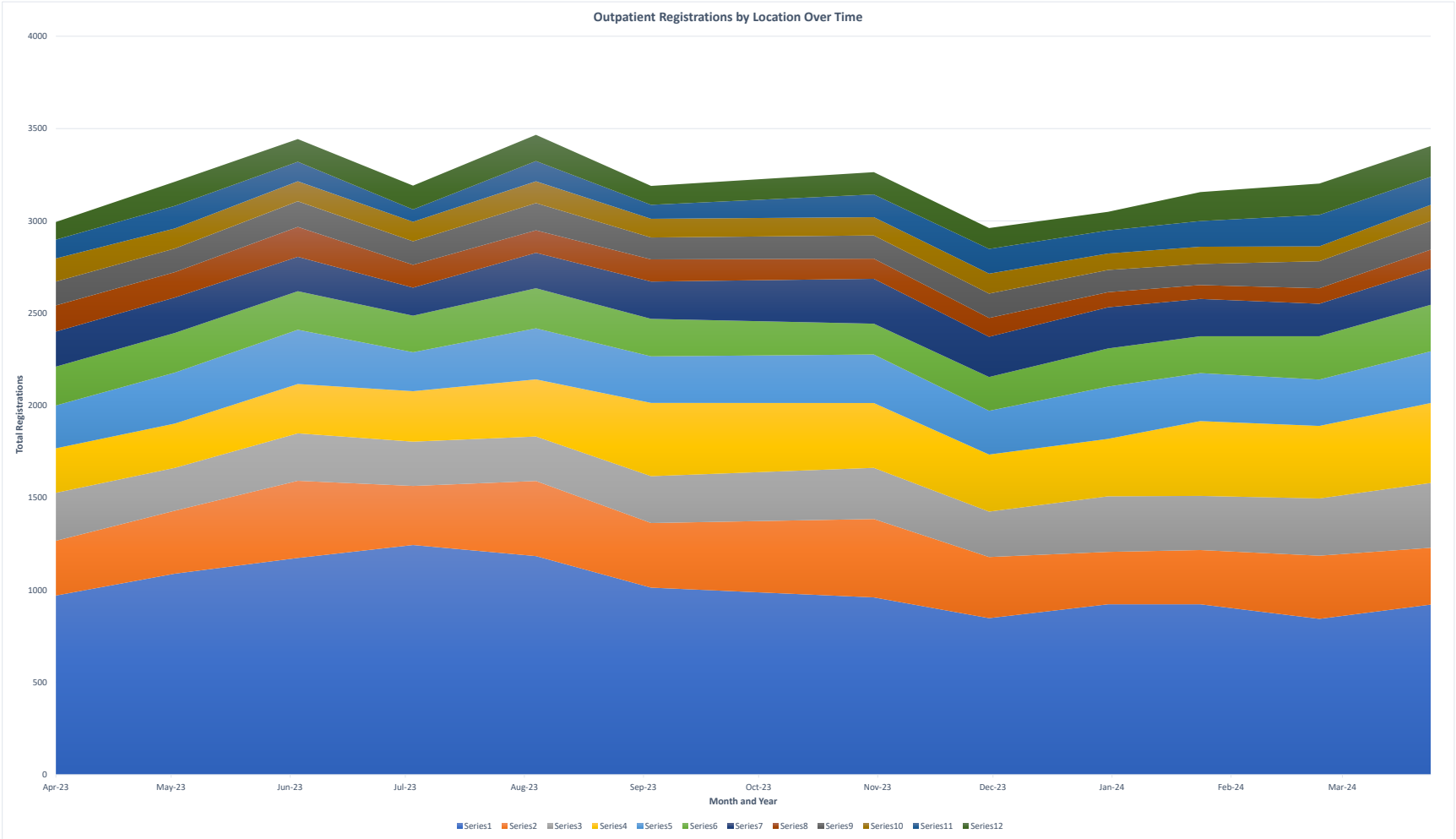
	March-24	February-24	March-23	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	5,658,916	3,192,117	19,656,133	(13,997,217)
2. Board designated cash	14,002,474	19,557,453	18,787,517	(4,785,043)
3. Patient accounts receivable, net	32,306,493	31,955,366	20,109,468	12,197,026
4. Other receivables	1,571,605	1,458,065	(187,981)	1,759,586
5. Inventories	3,815,240	3,740,723	4,058,651	(243,411)
6. Prepaid Expenses	2,774,768	3,067,093	2,330,340	444,429
7. Other assets	3,058,697	3,079,994	758,152	2,300,545
8. Total current assets	63,188,193	66,050,811	65,512,280	(2,324,085)
Appropriated Cash:				
9. CIP Appropriated Funding	10,625,547	11,127,357	18,394,881	(7,769,334)
Property, plant & equipment				
10. Land, bldgs & equipment	160,275,129	157,682,804	156,635,078	3,640,052
11. Construction in progress	36,773,284	37,897,950	29,918,878	6,854,406
12. Total property & equipment	197,048,413	195,580,754	186,553,956	10,494,458
13. Less: accumulated depreciation	(120,513,233)	(120,016,256)	(114,121,608)	(6,391,626)
14. Net property and equipment	76,535,180	75,564,498	72,432,348	4,102,832
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,012,716	849,995
16. Total assets	162,211,631	164,605,377	167,352,225	(5,140,592)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,672,495	4,484,237	1,890,256	782,239
18. Accrued employee benefits	5,567,058	5,053,138	5,098,329	468,730
19. Accounts payable and accrued expenses	4,054,292	4,989,768	4,023,191	31,101
20. Due to 3rd party payors	1,394,450	1,394,450	2,173,274	(778,824)
21. Deferred revenue	524,000	690,667	407,203	116,797
22. Interest payable	415,207	309,989	408,246	6,961
23. Note payable - current portion	2,115,347	2,115,347	1,770,000	345,347
24. Other payables	3,605,362	3,358,250	1,098,987	2,506,375
25. Total current liabilities	20,348,211	22,395,846	16,869,486	3,478,726
Long-term Liabilities:				
26. Bonds payable	30,930,000	30,930,000	32,775,000	(1,845,000)
27. Bonds payable - premium/discount	1,974,144	1,995,156	2,522,472	(548,328)
28. Net Pension Liability	43,221,408	43,221,408	15,568,546	27,652,862
29. Deferred In-Flows	2,763,011	2,763,011	45,156,052	(42,393,041)
30. Total long-term liabilities	78,888,563	78,909,575	96,022,070	(17,133,507)
31. Total liabilities	99,236,774	101,305,421	112,891,556	(13,654,781)
32. Fund Balance	62,974,858	63,299,955	54,460,670	8,514,188
33. Total liabilities and fund balance	162,211,631	164,605,377	167,352,225	(5,140,592)

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD APRIL 23 THRU MARCH 24

	April-23	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24
ASSETS												
Current Assets:												
1. Cash and cash equivalents	20,861,399	21,716,162	25,702,351	23,792,203	23,273,745	19,591,946	16,888,905	12,734,272	9,392,647	9,642,805	3,192,115	5,658,916
2. Board designated cash	18,787,517	18,787,517	17,493,703	18,065,645	18,699,623	19,249,741	19,744,462	20,036,503	18,625,341	19,100,858	19,557,453	14,002,474
3. Patient accounts receivable, net	19,090,559	19,629,284	20,669,786	20,721,436	21,710,131	23,868,411	25,649,252	26,543,155	27,903,274	29,315,301	31,955,366	32,306,493
4. Other receivables	(143,666)	(225,255)	872,487	728,026	697,841	951,040	401,435	439,081	1,459,238	1,619,405	1,458,065	1,571,605
5. Inventories	4,293,197	4,135,158	3,895,961	3,730,523	3,973,048	4,058,163	4,024,829	4,037,249	4,212,926	4,091,013	3,740,723	3,815,240
6. Prepaid Expenses	2,193,977	1,696,269	1,418,167	1,730,916	3,611,522	3,587,587	3,385,598	3,485,451	3,377,805	3,236,536	3,067,093	2,774,768
7. Other assets	758,152	750,044	750,043	729,004	2,328,294	2,328,594	2,330,194	3,242,573	3,242,573	3,099,292	3,079,994	3,058,697
8. Total current assets	65,841,135	66,489,179	70,802,498	69,497,753	74,294,204	73,635,482	72,424,675	70,518,284	68,213,804	70,105,210	66,050,809	63,188,193
Appropriated Cash:												
9. CIP Appropriated Funding	18,394,881	18,394,881	13,022,949	13,022,949	13,231,716	13,231,716	13,022,949	13,022,949	11,127,357	11,127,357	11,127,357	10,625,547
Property, plant & equipment												
10. Land, bldgs & equipment	156,716,305	156,716,305	156,470,440	156,461,818	156,461,818	156,461,818	156,461,818	156,661,054	156,661,054	156,662,431	157,682,804	160,275,129
11. Construction in progress	30,000,864	30,078,150	32,542,171	32,616,618	32,848,142	32,892,082	34,490,817	34,337,859	37,075,935	37,204,711	37,897,950	36,773,284
12. Total property & equipment	186,717,169	186,794,455	189,012,611	189,078,436	189,309,960	189,353,900	190,952,635	190,998,913	193,736,989	193,867,142	195,580,754	197,048,413
13. Less: accumulated depreciation	(114,711,204)	(115,283,339)	(115,695,170)	(116,258,491)	(116,820,509)	(117,370,627)	(117,865,348)	(118,365,108)	(118,849,538)	(119,441,632)	(120,016,256)	(120,513,233)
14. Net property and equipment	72,005,965	71,511,116	73,317,441	72,819,945	72,489,451	71,983,273	73,087,287	72,633,805	74,887,451	74,425,510	75,564,498	76,535,180
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	11,012,716	11,012,716	11,012,716	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711
16. Total assets	167,254,697	167,407,892	168,155,604	166,353,363	171,028,087	170,713,182	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375	162,211,631
LIABILITIES & FUND BALANCE												
Current liabilities:												
17. Payroll liabilities	2,266,794	2,668,095	2,912,993	3,642,621	4,235,192	2,328,597	2,910,445	3,257,343	3,708,487	4,491,739	4,484,237	2,672,495
18. Accrued employee benefits	5,018,585	5,056,010	4,516,747	4,765,323	4,785,079	5,376,240	5,485,243	4,823,879	4,766,998	4,801,021	5,053,138	5,567,058
19. Accounts payable and accrued expenses	3,567,923	3,511,654	4,259,881	4,544,391	5,213,501	5,260,666	3,791,300	5,101,452	4,823,877	7,665,297	4,989,768	4,054,292
20. Due to 3rd party payors	1,999,056	1,999,056	1,999,056	1,798,682	1,798,682	1,798,682	1,546,212	1,394,450	1,394,450	1,394,450	1,394,450	1,394,450
21. Deferred revenue	364,037	320,870	277,703	111,037	1,944,370	1,777,703	1,611,037	1,190,667	1,024,000	857,334	690,667	524,000
22. Interest payable	408,246	408,246	182,385	182,385	204,462	429,154	539,881	658,556	209,890	312,477	309,989	415,207
23. Note payable - current portion	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	2,040,347	2,070,347	2,070,347	2,115,347	2,115,347
24. Other payables	1,147,476	1,220,730	1,803,637	1,893,547	2,660,724	2,886,957	2,991,426	3,313,689	3,409,128	3,337,816	3,358,250	3,605,362
25. Total current liabilities	16,542,117	16,954,661	17,722,402	18,707,986	22,612,010	21,627,999	20,645,544	21,780,383	21,407,177	24,930,481	22,395,846	20,348,211
Long-term Liabilities:												
26. Bonds payable	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	31,960,000	31,960,000	30,930,000	30,930,000
27. Bonds payable - premium/discount	2,522,472	2,522,472	2,451,804	2,451,804	2,451,804	2,380,478	2,356,689	2,062,554	2,038,766	2,016,167	1,995,156	1,974,144
28. Net Pension Liability	15,568,546	15,568,546	15,568,546	15,568,546	15,568,546	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408
29. Deferred In-Flows	45,156,052	45,156,052	45,156,052	45,156,052	45,156,052	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011
30. Total long-term liabilities	96,022,070	96,022,070	95,951,402	95,951,402	95,951,402	81,139,897	81,116,108	80,821,973	79,983,185	79,960,586	78,909,575	78,888,563
31. Total liabilities	112,564,187	112,976,731	113,673,803	114,659,387	118,563,411	102,767,896	101,761,652	102,602,356	101,390,362	104,891,067	101,305,421	99,236,774
32. Fund Balance	54,690,510	54,431,161	54,481,801	51,693,976	52,464,676	67,945,286	68,635,972	65,435,395	64,700,962	62,629,722	63,299,955	62,974,858
33. Total liabilities and fund balance	167,254,697	167,407,892	168,155,604	166,353,363	171,028,087	170,713,182	170,397,623	168,037,750	166,091,323	167,520,788	164,605,375	162,211,631



	FY2024 Month and Patient Days											
Group/Location	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medical/Surgical Unit	336	336	364	443	443	524	430	451	391	435	435	412
Chemical Dependency InPt	309	309	237	219	265	254	294	312	238	340	327	388
Mental Health Unit InPt	214	214	171	131	108	129	138	133	185	292	239	262
Critical Care Unit InPt	88	88	105	120	116	85	90	50	67	78	79	60
Obstetrics Unit InPt	54	54	73	70	66	66	61	101	70	52	53	64
Newborn Nursery InPt	40	40	48	50	52	55	50	57	47	37	33	54



	FY2024 Month and Registrations											
Group/Location	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Emergency Room	970	970	1089	1244	1,184	1013	960	848	923	923	844	921
Physical Therapy Outpatient	297	297	341	320	407	350	425	331	284	294	342	308
Ultrasound	260	260	232	240	241	254	277	246	301	293	310	351
Laboratory Outpatient	241	241	240	273	309	397	351	309	311	405	393	433
Same Day Surgery	232	232	276	211	277	252	263	237	283	260	251	280
Infusion Center Outpatient	210	210	215	198	217	203	167	183	207	200	235	252
Mammography	190	190	192	152	192	202	243	218	223	202	176	197
Xray	142	142	137	124	122	120	109	102	82	75	84	102
Computerized Tomography	129	129	128	127	147	119	126	132	120	114	146	155
Occupational Therapy OutPt	125	125	109	106	118	101	99	108	89	94	81	88
Speech Therapy Outpatient	102	102	122	67	110	76	123	134	125	139	170	152
Magnetic Resonance Imaging	96	96	131	129	142	102	121	113	101	157	170	166

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kim McDowell, Chief Nursing Officer/Chief Operating Officer

ISSUE

- The Board of Directors is being asked to suspend the enforcement of the Medical Staff Provider Fitness Policy.

BACKGROUND

- Bartlett Regional Hospital recently became aware of a pending legal case involving Yale New Haven Hospital in Connecticut and their over age 70 fitness policy for providers. The court is expected to rule in 2024. Bartlett Regional Hospital has a similar Medical Staff policy that was created in 2012.

- Kim McDowell Chief Nursing Officer/Chief Operating Officer will be present to brief The Board.

ADMINISTRATION'S RECOMMENDATION

- Suspend the enforcement of the Medical Staff policy on Provider Fitness for all providers pending the outcome of the Yale New Haven Hospital case.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital suspend the enforcement of the Medical Staff Provider Fitness policy for all providers pending the outcome of the Yale New Haven Hospital case.

Bartlett Regional Hospital

3260 Hospital Drive
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MEMORANDUM

DATE: May 24, 2024
TO: Bartlett Regional Hospital – Board of Director
FROM: Chad A. Brown, Executive Director – Human Resources
SUBJECT: Interim CEO Mid-year Review & Contract Update

Mid-Year Review

It is critically important for the board and staff to ensure our leadership meets the expectations set by our Board or Directors.

Documentation – The attached documents will serve as the foundation to provide feedback on the performance of the CEO.

- CEO – Report Card
- Mid-Year Review Form

Timing – Each member of the Board and members of the BRH Senior Leadership Team will provide their feedback by June 18, 2024. The Executive Director of Human Resources will aggregate scores and comments and provide them to the board.

Process – Given the nature of these conversations the review will be done in executive session at the June 25, 2024, board meeting.

Contract Update

When Mr. Worden was hired as the Interim CEO, it was anticipated that he would hold the position for roughly 3-4 months while we identified a new CEO. Given that a new CEO has not yet been identified and Mr. Worden's willingness to extend his time through the end of the year, BRH HR is requesting authorization from the board to review and amend his contract.

Proposed Motion

I move the Board of Directors of Bartlett Regional Hospital authorize the Executive Director of Human Resources to review and amend the contract including extending the time through the end of 2024.

Bartlett Regional Hospital – CEO 6 Month Progress Report

MARKET DIFFERENTIATORS	CURRENT STATE	DESIRED FUTURE STATE
EVEN PLAYING FIELD IN THE MARKET • Remove Anti-Trust Issues in Market • Same Reimbursement for Same Service • Critical Access Hospital Designation	• Market reimbursement levels are anti competitive • Certificate of Need requirements vary (SEAHC)) • Bartlett Hospital not designated as Critical Access • Plans & Strategies are in the public domain • Growth plans in the past have been stolen	• Anti-Trust Laws Enforced in Market • Same Reimbursement for Same Service • Critical Access Hospital Designation • Restricted Public Access to Strategy/Plans • Even Playing Field in Market Achieved
EXCELLENCE IN SERVICE DELIVERY • ED, Lab, Rx, Nursing, Physicians • Be Great at the Basics (CORE) • Financial Stewardship • Top Decile Performance in Quality	• Annual CORE Hospital loses are $10M • Invested in Public Health Service Lines at a loss • Culture of financial stewardship not present • Loss of key service lines over the past few years • Limited Ability to Measure Performance • No Strategic Plan	• Annual CORE Hospital Margin 3% Achieved • Divestment of Non-Viable Public Health Service Lines • Implemented Strategic Plan Against Timeline • Aligned A3's to 5 Strategic Objectives • Retention of ALL Service Lines • Top Decile Performance
COMMUNITY REACH • Native Alaskan Outreach • Stand Alone Urgent Care • Hard Wired Partnerships with Independent Providers	• Limited Bartlett Out-Reach with Native Alaskans • Limited relationships with Independent providers • Stand Alone Urgent Care hasn't been assessed. • Referral leakage is not optimal • Cost of entry for community outreach is high	• Out-Reach Partnership with Native Alaskans • Strong ("sticky") Relationship with Independent Providers • Stand Alone Urgent Care if Viable. • Halt to Referral Leakage
GROWTH • Woman's Oncology • Orthopedics • Diagnostic Imaging • Outpatient 340B Program	• Absence of Centers of Excellence • Woman's Oncology Limited • Failed Outpatient 340B program. • Diagnostic Imaging Expansion has started • Orthopedics is limited	• Centers of Excellence for Woman's Achieved • Woman's Oncology Service Line Expansion • Outpatient 340B Program Implemented • Diagnostic Imaging Expansion Growth • Orthopedics Program Established
LEADERSHIP • Leadership Continuity • Succession Planning • Manage Our Talent • Support High Performers	• 8 CEO's in 9 years • Leadership Trust Issues by Staff • Talent Actively Leaving Bartlett • Poor Employee Engagement Scores • Poor Continuity of Leadership	• CEO Continuity Plan (minimum 3 year tenure) • BRH Restructuring Plan Implemented • Elevation of Top Inhouse Talent • Improved Employee Engagement Scores • Leadership Succession Plan

CEO 6 MONTH PROGRESS REPORT

ACCOMPLISHMENTS:

- ✓ Engaged Legal in Anti-Trust Laws Within Market
- ✓ Assessing Reimbursement Levels for Same Service in Market
- ✓ Developed Strategic Plan & Aligned All A3's to Strategic Objectives
- ✓ Implemented A3 Improvement Plans for ALL BRH Departments
- ✓ Assess Financial Viability of BRH & Non-Core Public Health Entities
- ✓ IS Assessment and IS Governance
- ✓ Developed Balanced Scorecard to Measure Strategic Performance
- ✓ PACS Decision Point
- ✓ Assessing Referral Leakage
- ✓ Initiated Independent Partnership Assessment
- ✓ Developing Growth Plan:
  - ✓ Woman's Oncology Service Line Expansion
  - ✓ Outpatient 340B Program
  - ✓ Diagnostic Imaging Expansion
  - ✓ Orthopedics
- ✓ Rebuilt Relationships with City, CBJ, Board, Medical Staff, and Hospital Leadership.
- ✓ Prepared BRH Restructuring Plan
- ✓ Top Inhouse Talent Assessment Underway
- ✓ Developed Employee Engagement Response Plan

Developed Criteria Based Restructuring Plan

GOALS FOR THE NEXT 6 MONTHS:

- ✓ Socialize Strategic Plan
- ✓ Complete Restructuring
- ✓ Market Differention Plans for Desired Future State
- ✓ Financially Viable by Year End
- ✓ Complete IS Assessment

Bartlett Regional Hospital

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2024 CEO Mid-Year Review

Please rate your assessment of the CEO's performance for each category below, and please provide your comments and suggestions in the open space on page two.

RELATIONSHIP WITH BOARD

- Works effectively as a partner with the board.
- Provides open and accurate communication and information to the board.

	Needs Improvement		Meets Expectations		Exceeds Expectations

EXECUTIVE LEADERSHIP

- Selects and develops a cohesive executive team that delivers positive results for the system.
- Implements an ongoing leadership succession plan.

	Needs Improvement		Meets Expectations		Exceeds Expectations

STRATEGY & GROWTH

- Translates mission/vision/values into effective strategies.
- Successfully implements the strategic plan.
- Demonstrates the ability to change and adapt strategy as needed.

	Needs Improvement		Meets Expectations		Exceeds Expectations

QUALITY

- Ensures the delivery of patient services while meeting or exceeding the system's quality standards.
- Delivers continuous improvement of quality outcomes.

	Needs Improvement		Meets Expectations		Exceeds Expectations

FISCAL MANAGEMENT

- Protects the system's long-term financial health.
- Establishes a sound annual financial plan while maintaining appropriate financial controls.

	Needs Improvement		Meets Expectations		Exceeds Expectations

PEOPLE

- Ensures the system recruits and retains a well-qualified and diverse work force.
- Fosters a highly engaged work force.

	Needs Improvement		Meets Expectations		Exceeds Expectations

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PHYSICIANS & MEDICAL STAFF

- Maintains positive relationships with the medical staff.
- Balances the needs of both private practice and system-employed physicians.
- Works effectively in partnership with the medical staff.

	Needs Improvement		Meets Expectations		Exceeds Expectations

COMMUNITY & EXTERNAL RELATIONS

- Establishes positive working relationships and effectively represents the system with external constituency groups, including elected officials.
- Identifies and leads the appropriate role for the system in emerging community challenges, such as population health, economic development and other community initiatives.

	Needs Improvement		Meets Expectations		Exceeds Expectations

PERSONAL & PROFESSIONAL ATTRIBUTES

- Demonstrates the highest standards of personal and professional integrity.
- Effectively communicates internally and externally.
- Accepts feedback gracefully and respects divergent viewpoints.
- Successfully leads system-wide change.

	Needs Improvement		Meets Expectations		Exceeds Expectations

Please comment on the CEO's strengths:

Pease comment on the CEO's opportunities for improvement:

Completed by Name _____ Title _____

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MEMORANDUM

DATE: May 24, 2024
TO: Bartlett Regional Hospital – Board of Director
FROM: Chad A. Brown, Executive Director – Human Resources
SUBJECT: Organizational Structure

As part of our phased approach to adapt to changing market conditions and enhance operational efficiency we are requesting the board provide the CEO authorization to move forward with building a sustainable organizational structure.

BACKGROUND

With leadership turnover, organizational structure shifts range from minimal to dramatic, all of which create uncertainty and a lack of consistency. In addition, acute financial and economic pressures also necessitate a review of our current structure.

GOAL

Our goal is to build an organizational structure that is beyond the preferences of any one individual, while positioning the hospital to complete the recovery path, prepare for strategic thoughtful growth, and continue to provide needed high quality healthcare services to our community.

Organizational Restructuring Components

1. Audit and Analysis
    - Conduct a thorough assessment of our organization's current state, identifying challenges and areas for improvement.
    - Evaluate existing processes, roles, and responsibilities.
2. Goal Setting
    - Define clear objectives for the transition process and align restructuring goals with our strategic vision of long-term sustainability.
3. Planning and Implementation
    - Develop a plan that outlines specific changes and organizational adjustments.
    - Consider legal, economic constraints, as well as long term organizational needs.
4. Communication
    - Communicate the rationale behind the restructuring plan to all stakeholders.
    - Address any concerns and emphasize the long-term benefits.

NEXT STEPS

- The proposed motion below seeks approval to proceed with Organizational Restructuring Components as outlined above.
- Upon approval, we will come back with a detailed plan for the July Board Meeting.

SUGGESTED MOTION

I move the Board of Directors of Bartlett Regional Hospital to authorize the hospital's CEO to work with staff to build a sustainable organizational structure to be presented in detail to the Board for final approval.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Ian Worden, Chief Executive Officer

ISSUE

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

BACKGROUND

- Behind this cover memo are:
    a. May 3, 2024, Draft Planning Committee Meeting Minutes
    b. May 10, 2024, Draft Finance Committee Meeting Minutes

OPTIONS

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

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DRAFT MINUTES – BOARD PLANNING COMMITTEE MEETING

DATE: Friday, May 3, 2024, at 12:00 p.m.
LOCATION: BRH Boardroom & Zoom Videoconference

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

II. **ROLL CALL**
***Committee and Board Members Present** *(Zoom attendees italicized):* *Deb Johnston, **Hal Geiger*, and *James Kohn,

Also Present *(Zoom attendees italicized):* Ian Worden, Kim McDowell, Gail Moorehead, Nate Rumsey, Chad Brown, Chris Letterman, Paul Hawkins, *Jeanne Rynne, Denise Koch*, and Anita Moffitt

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

IV. **PUBLIC PARTICIPATION** - None

V. **APPROVAL OF MINUTES** – MOTION by Mr. Geiger to approve the April 5, 2024, minutes. Mr. Kohn seconded. There being no objection, MOTION approved.

VI. **OLD BUSINESS**
ED (Emergency Department) Renovation and Expansion Project - Mr. Rumsey provided an update on the ED renovation and expansion project. We have achieved the 35% completion of the design phase. The federal funding for this project will require additional regulations and could result in additional overhead, time, and costs. Ms. Rynne reported although we have been approved for $4 Million Congressionally Delegated Spending, we have to submit an application for the HRSA (Health Resources and Services Administration) grant before June 12th. She highlighted some of the federal regulation requirements to be anticipated for this project and the associated timelines. She also reported the selection process for the CMAR (Construction Manager at Risk) has begun. The design team has been put on hold until a CMAR is onboard. An update on the Denali Commission grant should be available within the next couple of months.

BRH Project Updates – Ms. Rynne provided an update on the following projects: Chiller #2 replacement, CT scanners/MRI infrastructure upgrade, underground fuel line replacement, ground floor asbestos abatement, WFC (Wildflower Court) life safety condition assessment, Juneau Medical Center oncology tenant improvement and the WFC fuel tank installation.

VII. NEW BUSINESS

Facility Master Plan – Mr. Rumsey provided a high-level overview of the FMP (Facility Master Plan). Changes to the FMP will continue to be made as the hospital's strategic goals are developed. Discussion held about prioritization of projects.

PACS (Picture Archiving and Communication System) Solution – Action Item

Ms. McDowell reported the Planning Committee is being asked to approve the replacement of DI's (Diagnostic Imaging) current PACS which is at its end of life. She highlighted information from the decision point document included in the packet. Mr. Hawkins provided additional information including how this system connects BRH with other facilities, how other departments could benefit from this new system and the opportunities for additional revenue. Ms. Johnston reported the level of detail included in this decision point document is what we can expect for projects going forward. Decision point documents are part of the process for moving projects through the newly established ISESC (Information Systems Executive Steering Committee).

MOTION by Mr. Kohn that the Planning Committee of Bartlett Regional Hospital to approve the implementation of the FUJI PACS Solution and move it to the Finance Committee for approval and to identify funding. Mr. Geiger seconded. There being no objection, MOTION approved.

VIII. COMMITTEE COMMENTS AND QUESTIONS – None

Next meeting – 12:00pm, Friday, June 7th

IX. ADJOURNMENT – 12:43 p.m.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Deb Johnston, Planning Committee Chair

ISSUE

- The Board of Directors is being asked to provide additional direction regarding the execution of the Emergency Department Renovation and Expansion project.

BACKGROUND

- Direction was provided to Administration at the September 26, 2023, Board of Director's meeting to continue to the 65% design milestone for Concept B (current design selection), as well as to continue efforts to formulate funding plans that maximize outside partnerships.
- The anticipated cost to execute the project is $10,545,000.
- The Emergency Department renovation and expansion project is approaching the 35% design milestone (anticipated milestone reached in mid-April).
- Funding:
    a. Approximately $3.5 million in bond funds have been set aside and are available for the execution of this project.
    b. $4M in Congressionally Directed Spending has been approved to support this project through the Federal FY24 appropriations process.
    c. A $2M grant application to provide further financial support will be submitted to the Denali Commission. We anticipate grant funding decisions by mid-August.
    d. Bartlett has also requested $2M for this project as a part of the City and Borough of Juneau FY25 Legislative Capital Priorities list. We anticipate additional information regarding the status of this request in the June/July timeframe.
- Project Timeline:
    a. The revised Certificate of Need was submitted to the State of Alaska on March 4th, 2024. We anticipate a decision from the State no later than June 17th, 2024.
    b. The current procurement plan includes use of the Construction Manager at Risk delivery method. This delivery method was approved by the Board and by the CBJ Assembly for the previous iteration of this project. In order to maximize the benefits of this delivery method, it is important to bring the construction contractor on board as close to the 35% design milestone as possible.

c. CBJ Engineering is prepared to start the solicitation for the CMAR procurement on April 9th. This would allow us to hire the construction contractor by mid-to-late June, and to finalize the 95% design documents by mid-September.

- A delay in providing additional direction will delay the execution of the project and will increase the likelihood of cost overruns.
- Nate Rumsey, Executive Director of Business Development and Strategy, will be present to brief the board.

OPTIONS

- Approve the recommendation to direct Administration to proceed with the execution of the project as presented to the board.
- Amend the recommendation based on additional information or discussion.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve the recommendation as presented.

SUGGESTED MOTION

- I move that the Board of Directors of Bartlett Regional Hospital approve of the project plan as presented, and direct Administration to continue with existing outside funding efforts, and to work with CBJ Engineering to commence the Request for Proposal process for the selection of a Construction Management at Risk contractor.

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DRAFT MINUTES – BOARD FINANCE COMMITTEE MEETING

DATE: Friday, May 10th, 2024, at 12:00pm
LOCATION: BRH Boardroom & Zoom Videoconference

I. **CALL TO ORDER** – 12:00 p.m.

II. **ROLL CALL**
Board Members Present *(*Committee Members, Zoom attendees italicized):* Kenny Solomon-Gross, Max Mertz*, James Kohn, Lisa Petersen, *Shelly Deering*, Deb Johnston**

Also Present *(Zoom attendees italicized):* Joe Wanner*, Nate Rumsey, Chad Brown, Kim McDowell, Ian Worden, Erin Hardin, Sharon Price, *Hannah Sofhauser, Heather Ritcher, Rebekah Mills, Leslye Galey, Kris Muller, Jenn Carson, Nathan Overson, Alaska Galore Harv and Marve, Chris Letterman, Jennifer Twito, Brunis Soto,*

III. **APPROVAL OF AGENDA** – MOTION by Mr. Mertz to approve the agenda. There being no objection, MOTION approved.

IV. **PUBLIC PARTICIPATION** - None

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

VI. **MARCH 2024 FINANCIAL STATEMENT REVIEW AND DISCUSSION**
A financial update was provided by Joe Wanner, CFO.

VII. **BRH SUSTAINABILITY DECISION POINT – ACTION ITEM**
Ms. Hardin said looking at the proposed timeline, issuing a formal notice for a public comment would be a good proactive step to update the community and have them engage with us. Within the three-week window between the May 29th CBJ/BRH joint meeting and June 19th, we could have a news release to the media announcing the Community Feedback event. She recommends that at least two of these events be planned. She also recommends that a page is built on the hospital's website where the public can read the same information that would be presented at the Community Feedback event and have a section for written comments.

Mr. Wanner presented the sustainability and recovery plan. It showed the financial analysis of the RRC (Rainforest Recovery Center), ABA (Applied Behavioral Analysis), Crisis Center, BOPS (Bartlett Outpatient Psychiatric Services), Home Health, and Hospice.

The financial analysis shows that the RRC isn't sustainable and will either need to be subsidized or closed. Mr. Mertz asked if there is a possibility that there are any providers that would want to take over this program. Mr. Worden said that could be an option, it just hasn't been explored yet.
The ABA program will be closed and the ownership will be taken over by the two former providers as a private practice.
The Crisis Center has only been open to adolescent patients due to the building layout and staffing concerns. Ms. McDowell said that even if this program was at full census, it would still be operating at a loss. The financial analysis results for the Crisis Center shows that it needs to either be subsidized or close. Mr. Mertz would like to have ideas for what programs or services that we can put into the Crisis building to be discussed in the next Finance Committee meeting.
The BOPS programs financial analysis shows that it needs to reduce cost or be subsidized. Ms. McDowell said that she and Jenn Carson are working on realigning this program to be more financially sustainable and will have results within the next two months. Mr. Mertz asked if we could revisit this in the July Finance Committee meeting to go over their plan for improving the productivity levels and realignment.
When looking that the Options Matrix portion of the presentation, Mr. Mertz suggested adding "Realignment" as an option. This can be updated for the Assembly presentation.
Home Health and Hospice programs show that it needs to have reduce costs, subsidize or close. While the Home Health program is operating at a loss, the FY24 Performa revenue estimate is lower than what it actually made. There was a third party interested in obtaining the Hospice program and possibly Home Health as well. One of the options for reducing costs is to move both programs out of leased office space and into a space at BRH. Mr. Mertz said he would recommend updating the "reduce cost" and "close" in the Options Matrix be changed to N/A. Mr. Mertz would also like "Change of Ownership" added to the Options Matrix. He would also like to have more information about the third party that is interested in these two programs so that it can be presented to the Assembly as well.

Ms. Deering made the **MOTION** that the Finance Committee of Bartlett Regional Hospital advance the Sustainability & Recovery Plan, with the approved amendments discussed today, and with the hospital's Administration's recommendations to the full board for consideration at the May 28th meeting, with the request to open a formal period of public comment. Ms. Johnston seconded the **MOTION**. There being no objection, the **MOTION** is approved.

VIII. ORDINANCE 2023-14(B)(AI) – ACTION ITEM

Ms. Deering made the MOTION that the Finance Committee of Bartlett Regional Hospital approve the forwarding Ordinance 2023-14(b)(AI) to the Assembly for introduction on May 13th and ask for unanimous consent for the $74K BRH Foundation appropriation. Ms. Johnston seconded the MOTION. There being no objection, the MOTION is approved.

IX. RESOLUTION 2023-14(B)(AJ) – ACTION ITEM

Ms. Deering made the MOTION that the Finance Committee of Bartlett Regional Hospital approve the forwarding Resolution 2023-14(b)(AJ) to the Assembly for introduction on May 13th and ask for unanimous consent for the $8.1M JBJC (Juneau Bone and Joint

Center) de-appropriation. Ms. Johnston seconded the MOTION. There being no objection, the MOTION is approved.

X. NEW PACS (PICTURE ARCHIVING COMMUNICATIONS SYSTEM) FOR DI- ACTION ITEM
Ms. Deering made the MOTION that the Finance Committee of Bartlett Regional Hospital to approve the implementation of the FUJI PACS Solution and move it to the Board of Directors for approval. Ms. Johnston seconded the MOTION. There being no objection, the MOTION is approved.

XI. COMMITTEE COMMENTS AND QUESTIONS – Next meeting moved to June 24th, 2024, at 12:00pm

XII. ADJOURNMENT – 2:04 p.m.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Planning Committee
FROM: Kim McDowell, COO/CNO

ISSUE

- The Board of Directors is being asked to approve the implementation of a new PACS (Picture Archiving Communications System) in DI (Diagnostic Imaging).

BACKGROUND

- The Imaging Department's McKesson PACS solution can no longer be upgraded and is now at end of life. The DI Department conducted a full evaluation of the PACS marketplace to determine the best fit for Bartlett. An evaluation of 10 PACS vendors was conducted and concluded with two viable options for Bartlett – Fuji and Agfa (McKesson was unable to provide a quote). In addition, a meeting was conducted with Alaska Imaging (AI) to review the viability of Nuvodia, an outsourced PACS/RIS solution provider for AI. However, upon further investigation, the Nuvodia solution was deemed unviable since both their PACS & radiology information system (RIS)are not in production.

  Fuji PACS ranked higher than Agfa on 3 of the 6 criteria, while both were tied on the remaining 3 criteria. Fuji provides a better payback on capital, is a better technical/functional fit for the DI Department and is ranked best in KLAS for PACS. Given a payback of 5.1 years, Fuji is the recommended solution for Bartlett and DI.

- Behind this cover memo is the Decision Point Document for PACS

- Kim McDowell, Chief Nursing Officer/ Chief Operating Officer and Chris Letterman, Executive Director of Information Services, will be present to brief the Board of Directors.

Bartlett Regional Hospital

OPTIONS

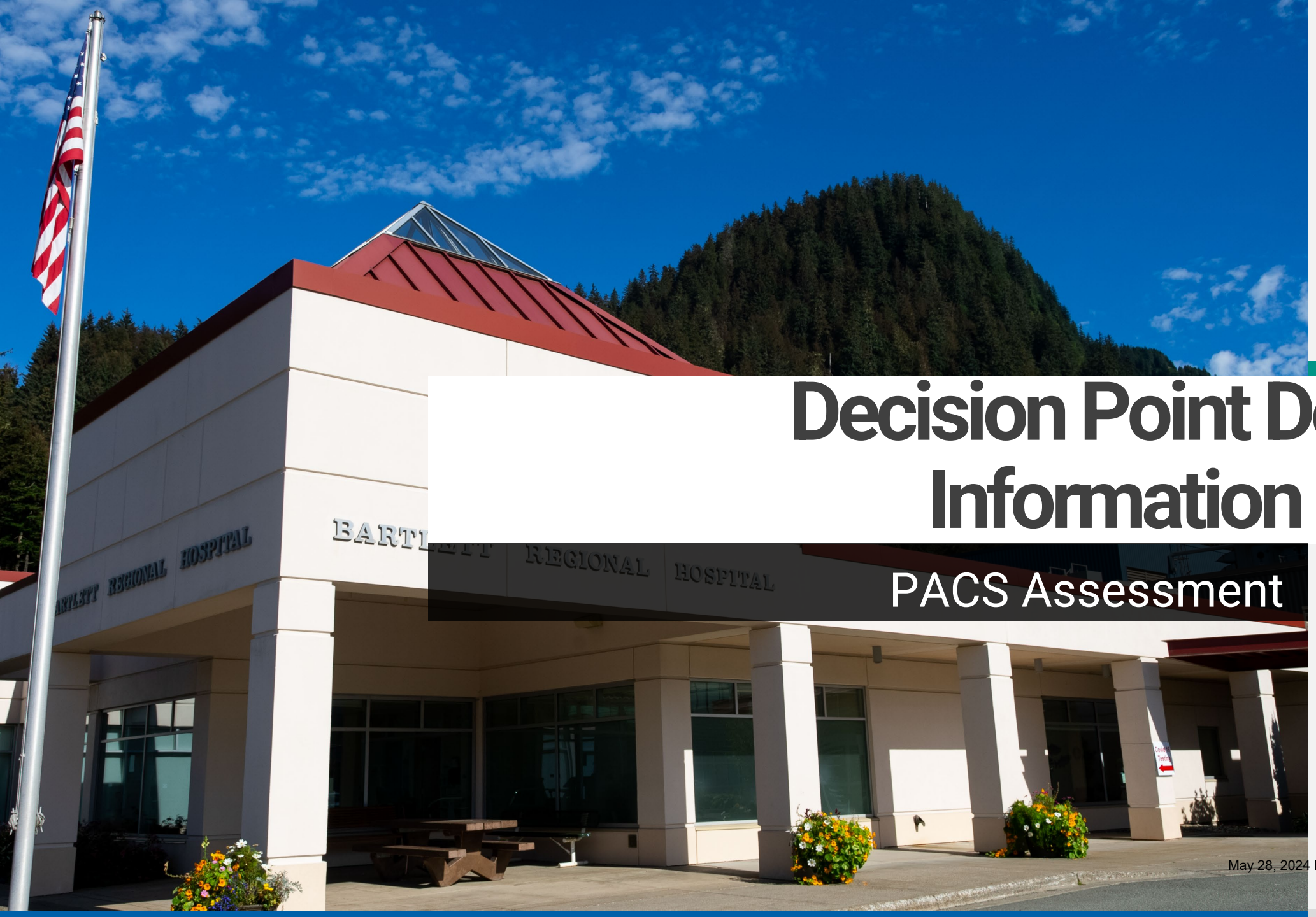
- Approve the implementation of the FUJI PACS Solution as presented.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve the implementation of the FUJI PACS Solution as presented.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the implementation of the FUJI PACS Solution.



Decision Point Document
Information Systems

PACS Assessment

Bartlett Regional Hospital

Table of Contents

Decision Point Document: PACS Solution
Executive Sponsor: Kimberly McDowell, COO/CNO

Decision to be Made:

The Imaging department's McKesson PACS solution can no longer be upgraded and is now end of life. McKesson offers an upgrade path that entails a costly platform change to their next generation solution. Since the costs of the McKesson PACS upgrade path are considerable, the Diagnostic Imaging department conducted a full evaluation of the PACS market place to determine the best fit for Bartlett. An evaluation of 10 PACS vendors were conducted, and concluded with two viable options for Bartlett – Fuji and Agfa. In addition, a meeting was conducted with Alaska Imaging to review the viability of Nuvodia, an out sourced PACS/RIS solution provider for AI. However, upon further investigation, the Nuvodia solution was deemed unviable since both their PACS & RIS are not in production.

***Decision to be Made**: Acquisition, Funding, and Implementation of a new PACS Solution for Bartlett and Diagnostic Imaging;*

Recommendation and Rationale:

RECOMMENDATION: Implementation of the FUJI PACS Solution

SUMMARY:

1. **Capital Request of about $735K**
2. **Total 5 Year TCO of $1.27M**
3. **Annual Benefits/Savings: $150K in System Retirement Savings; $120K in Increased Revenue**
4. **Payback on $1.27M is 5.1 Years and an IIR of 19%**

Decision Outcome:

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

Leadership Team Authorization:

Approved by CEO, Ian Worden

Date:

Decision Point Number: 2024-001

PACS Assessment Team

Decision Point Requested: Ian Worden

Executive Sponsor: Kim McDowall
Chris Letterman
Paul Hawkins
Brenden Secor
Dr. Strickler
Max Salassi
Cliff Hohban

Executive Summary

Executive Summary

BACKGROUND: *The Diagnostic Imaging (DI) department's McKesson PACS solution is now end of life, and can only be upgraded through a complete and costly platform change to their next generation solution. The DI conducted a full evaluation of the PACS market place to determine the best fit for Bartlett. Two viable options emerged –* ***Fuji and Agfa****.*

A meeting was also held with Alaska Imaging (Bartlett Radiology Service Provider) to assess their partnership with Nuvodia as a potential outsourcing solution for Bartlett's PACS/RIS. It was determined that the Nuvodia was no viable given their PACS/RIS solutions have not been implemented nor in production.

Terms of Reference: *the CEO requested a formal Decision Point to evaluate the Total Cost of Ownership (TCO), Costs Savings, Technical Fit, and Alignment to the Functional Organizational Strategies for Bartlett for all viable alternatives.*

Viable Alternatives: *Agfa and Fuji were identified as viable alternatives that could support Radiology and Cardiology; Nuvodia was ruled out because their PACS/RIS is not in production. McKesson did not provide a quote for this analysis – prior quotes proved to be too costly*

Executive Summary - SCORECARD

SCORECARD	FUJIFILM Value from Innovation	Agfa
CRITERIA	FUJI	AGFA
Financial Analysis	1	2
Technical Fit Assessment	1	2
Best in KLAS	1	2
Support of Use Cases	1	1
Alignment to Strategy	1	1
Use Cases Supported	1	1

SUMMARY:

Fuji PACS ranked higher than Agfa on 3 of the 6 criteria, while both were tied on the remaining 3 criteria.

Fuji provides a better payback on capital, is a better technical/functional fit for the Diagnostic Imaging Department, and is raked best in KLAS for PACS.

Given a payback of 5.1 years, Fuji is the recommended solution for Bartlett and Diagnostic Imaging.

Executive Summary – Assessment Collateral

Financials

Financial Analysis:

Net 5 year investment: $1.27M

Anticipated annual IS expense reduction $270K.

Payback on $1.2M 5.1 years.

Technical Fit Assessment

DESCRIPTION: A Technical Fit Assessment was conducted on the top PACS Vendors in the marketplace assessing general design, collaboration and platform attributes. Only 2 Vendors supported both Cardiology and Radiology within a consolidated platform.

PACS Vendor Comparison Ranks:

1. **FUJI - Synapse PACS**
2. **AGFA - Enterprise Imaging PACS**
3. SECTRA - Sectra PACS
4. KONICA MINOLTA - EXA PACS
5. PHILLIPS - Image Management Vue PACS (Carestream)
6. GE HEALTHCARE - Centricity PACS
7. INTELERAD - IntelePACS
8. Image Information Systems- iQ-Systems PACS
9. RadNet - eRAD PACS
10. **Mach7 - Enterprise PACS**

PACS Vendor Rankings

FUJIFILM Value from Innovation

Agfa

Financials

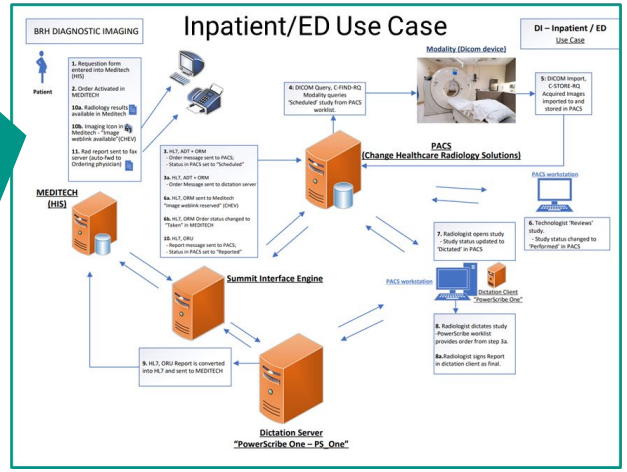
Financial Analysis:

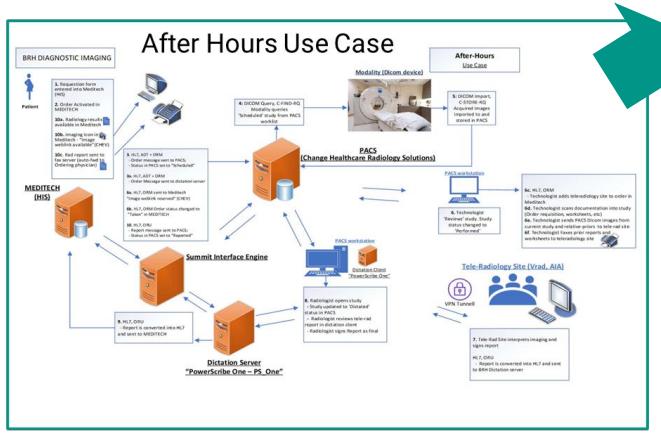
Net 5 year investment: $1.9M

Anticipated annual IS expense reduction $270K.

Payback on $1.9M > 8 years.

Use Case Assessment





Best in KLAS

FujiFilm – Score of 86.7

AGFA – Score of 85.0

Support of the Foundational Organizational Strategies

Alignment To Foundational Organizational Strategies

1. **High Quality:** The implementation of a high-quality, cost-effective Picture Archiving and Communication System (PACS) will enable us to embrace future technologies in diagnostic imaging. Currently, we are using a 2008 system that has been upgraded as much as possible without a complete platform change.

2. **Seamless Services** are ensured by centralizing all patient images and reports in one accessible location, integrated with Electronic Health Records (EHR). This allows healthcare providers to access imaging studies for all visits and imported images without data silos for Bartlett patients, in compliance with the 21st Century Cures Act.

3. **Operational Processes** are streamlined through integration with EHR, modalities, and PACS, enabling automated processes and seamless information sharing. Orders are sent to PACS, images trigger exam completion in EHR, and data such as radiation dose, contrast amount, and measurements flow into the patient's report without transcription errors.

4. **Relationships**: maintains strong relationships with clinicians by providing them with equal or improved access to necessary data for delivering excellent patient care.

5. **Nuturing/Developing the Clinical Eco-System**: Supporting the growth and development of the clinical ecosystem is facilitated by a scalable image storage service capable of accommodating not only radiology but also cardiology, pathology, physical therapy, wound care, surgical services, and surgical planning.

Financial Analysis

Financial Analysis

DESCRIPTION:

- A Total Cost of Ownership (TCO) Analysis was completed for Agfa and Fuji PACS Solutions to compare the five year total costs.
- McKesson costs were not part of this analysis since they could not respond to the request for a quotation – it should be mentioned that prior quotations were more costly than both Agfa & Fuji PACS solutions.
- Novodia was also not part of this analysis since they were unable to provide costs given they have not implemented their PACS solution (Mach7) or their RIS to date.

COST/BENEFIT COMPONENTS:

- TCO Components Included Capital, One Time Operating, and Ongoing Operating Costs

- In addition, savings and revenue enhancement were identified as part of the benefit realization assessment – Benefits were identical for both the Agfa & Fuji solutions.

Financial Analysis - Findings

FUJIFILM
Value from Innovation

Bartlett FUJI PACS Total Cost of Ownership
Imaging Department

13-Mar-24

Program TCO	Year 1	Year 2	Year 3	Year 4	Year 5	Total
TOTAL CAPITAL COSTS	$735,440	$0	$0	$0	$0	$735,440
TOTAL NON-REOCURRING OPERATING COSTS	$54,500	$0	$0	$0	$0	$54,500
TOTAL OPERATING COSTS	$41,000	$107,387	$112,925	$112,925	$112,925	$487,162
TOTAL PROGRAM CASH FLOW	$830,940	$107,387	$112,925	$112,925	$112,925	$1,277,102
TOTAL PROGRAM SAVINGS	$0	$270,000	$270,000	$270,000	$270,000	$1,080,000
TOTAL PROGRAM CASH FLOW w/ SAVINGS	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102
TOTAL PROGRAM CASH FLOW	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102
Contingency (Not Applied)	$0	$0	$0	$0	$0	$0
TOTAL PROGRAM CASH FLOW	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102

Financial Analysis:

Net 5 year investment: $1.27M

Anticipated annual IS expense reduction $270K.

Payback on $1.2M 5.1 years.

Bartlett AGFA PACS Total Cost of Ownership
Imaging Department

13-Mar-24

Program TCO	Year 1	Year 2	Year 3	Year 4	Year 5	Total
TOTAL CAPITAL COSTS	$978,837	$0	$306,392	$100,000	$50,000	$1,435,229
TOTAL NON-REOCURRING OPERATING COSTS	$0	$0	$0	$0	$0	$0
TOTAL OPERATING COSTS	$35,000	$92,361	$112,925	$112,925	$112,925	$466,136
TOTAL PROGRAM CASH FLOW	$1,013,837	$92,361	$419,317	$212,925	$162,925	$1,901,365
TOTAL PROGRAM SAVINGS	$0	$270,000	$270,000	$270,000	$270,000	$1,080,000
TOTAL PROGRAM CASH FLOW w/ SAVINGS	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365
TOTAL PROGRAM CASH FLOW	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365
Contingency (Not Applied)	$0	$0	$0	$0	$0	$0
TOTAL PROGRAM CASH FLOW	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365

Financial Analysis:

Net 5 year investment: $1.9M

Anticipated annual IS expense reduction $270K.

Payback on $1.9M > 8 years.

Financial Analysis – FUJI PACS

Financial Plan Summary:

- Total 5 year cash flow is $1.27M to implement FUJI PACS
- Assumes $735K Capital Expense; Savings derived from McKesson System Retirement ($150K) and Revenue Growth ($120K)

Bartlett FUJI PACS Total Cost of Ownership
Imaging Department

13-Mar-24

Program TCO	Year 1	Year 2	Year 3	Year 4	Year 5	Total
TOTAL CAPITAL COSTS	$735,440	$0	$0	$0	$0	$735,440
TOTAL NON-REOCURRING OPERATING COSTS	$54,500	$0	$0	$0	$0	$54,500
TOTAL OPERATING COSTS	$41,000	$107,387	$112,925	$112,925	$112,925	$487,162
TOTAL PROGRAM CASH FLOW	$830,940	$107,387	$112,925	$112,925	$112,925	$1,277,102
TOTAL PROGRAM SAVINGS	$0	$270,000	$270,000	$270,000	$270,000	$1,080,000
TOTAL PROGRAM CASH FLOW w/ SAVINGS	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102
TOTAL PROGRAM CASH FLOW	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102
Contingency (Not Applied)	$0	$0	$0	$0	$0	$0
TOTAL PROGRAM CASH FLOW	$830,940	-$162,613	-$157,075	-$157,075	-$157,075	$197,102

Financial Analysis:

Net 5 year investment: $1.27M

Anticipated annual IS expense reduction $270K.

Payback on $1.2M 5.1 years.

Financial Analysis – AGFA PACS

Financial Plan Summary:

- Total 5 year cash flow is $1.9M to implement AGFA PACS
- Assumes $1.4M Capital Expense; Savings derived from McKesson System Retirement ($150K) and Revenue Growth ($120K)

Bartlett AGFA PACS Total Cost of Ownership
Imaging Department

13-Mar-24

Program TCO	Year 1	Year 2	Year 3	Year 4	Year 5	Total
TOTAL CAPITAL COSTS	$978,837	$0	$306,392	$100,000	$50,000	$1,435,229
TOTAL NON-REOCURRING OPERATING COSTS	$0	$0	$0	$0	$0	$0
TOTAL OPERATING COSTS	$35,000	$92,361	$112,925	$112,925	$112,925	$466,136
TOTAL PROGRAM CASH FLOW	$1,013,837	$92,361	$419,317	$212,925	$162,925	$1,901,365
TOTAL PROGRAM SAVINGS	$0	$270,000	$270,000	$270,000	$270,000	$1,080,000
TOTAL PROGRAM CASH FLOW w/ SAVINGS	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365
TOTAL PROGRAM CASH FLOW	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365
Contingency (Not Applied)	$0	$0	$0	$0	$0	$0
TOTAL PROGRAM CASH FLOW	$1,013,837	-$177,639	$149,317	-$57,075	-$107,075	$821,365

Financial Analysis:

Net 5 year investment: $1.9M

Anticipated annual IS expense reduction $270K.

Payback on $1.9M > 8 years.

PACS Technical Fit Assessment

2024 Best in KLAS – Imaging (PACS) Systems

Imaging Systems

Cardiology
Merative Merge Cardio 82.8

Cardiology Hemodynamics
Merative Merge Hemo 91.5

Image Exchange
Nuance PowerShare 90.2

Oncology: Medical
Epic Beacon 87.2

Oncology: Radiation
Elekta MOSAIQ - Radiation Oncology 86.3

PACS: Large (>300K Studies)
Sectra PACS 88.6

PACS: Small (≤300K Studies)
Sectra PACS 91.0

Speech Recognition: Front-End Imaging
3M MModal Fluency for Imaging 88.8

Universal Viewer (Imaging)
AGFA HealthCare Enterprise Imaging XERO Viewer 85.0

Vendor Neutral Archive (VNA)
Fujifilm Synapse VNA (TeraMedica) 86.7

2024 Best in KLAS
Image Distribution
(Currently Own)

PowerShare – Score of 90.2

2024 Best in KLAS
PACS

FujiFilm – Score of 86.7

AGFA – Score of 85.0

PACS Technical Fit Assessment

DESCRIPTION: A Technical Fit Assessment was conducted on the top PACS Vendors in the marketplace assessing general design, collaboration and platform attributes. Only 2 Vendors supported both Cardiology and Radiology within a consolidated platform.

PACS Vendor Comparison Ranks:

1. **FUJI - Synapse PACS**
2. **AGFA - Enterprise Imaging PACS**
3. SECTRA - Sectra PACS
4. KONICA MINOLTA - EXA PACS
5. PHILLIPS - Image Management Vue PACS (Carestream)
6. GE HEALTHCARE - Centricity PACS
7. INTELERAD - IntelePACS
8. Image Information Systems- iQ-Systems PACS
9. RadNet - eRAD PACS
10. **Mach7 - Enterprise PACS**

Bartlett Diagnostic Imaging Top 2 Vendors Based on Technical Fit Assessment

Note: Nuvodia is currently implementing the Mach 7 PACS

Technical Fit Assessment - General

Company name	Agfa HealthCare	Avreo, Inc	Candelis	CoActiv Medical	Emsow	Fujifilm Healthcare Americas Corp.	GE Healthcare	Image Information Systems	Infinitt	Integrated Modular Systems Inc.	Intelerad Medical Systems Inc
Product name	Enterprise Imaging	interWORKS	ImageGrid PACS	EXAM-PACS	Imaging Wave	Synapse PACS	Centricity PACS	iQ-System PACS	InfinittPACS	imsiRIS-PACS	IntelePACS
Number of years offering CURRENT PACS product line	9	20 plus	15	18	10	23	25	17	16	16 years	23
Approximate number of clients installed	400 plus	Confidential	4,000 plus	Confidential	Approx. 700	Greater than 700 U.S.; greater than 2,500 Worldwide	Greater than 1,200	5,750	5,000 plus	20	304
What proprietary software integrates with your PACS	Enterprise Imaging supports industry standards including DICOM and HL7 while also supporting newer technologies	Avreo's RIS	N/A	Any RIS or EMR via HL7 or URL link; Dragon speech rec, OrthoView templating, PowerScribe, peerVue, PET/CT fusion, mammo	Lots of EMRS, need a separate list for this	Synapse integrates well with all Systems that support DICOM, HL7, IHE, HTML, OIDC, and APIs	EMR/AdvVis/VR/ortho/peer review as well as other SW that supports HL7, DICOM, HTML and IHE	Philips ISP, Siemens Syngo, TeraRecon Post Processing, Materialise OrthoView, Dolbey Fusion, NUANCE Dragon Professional	RIS, mammo, cardiology, 3D, dental, ophth. any third-party software that is HL7, DICOM, IHE standards-based	imsiRIS	Successfully integrated with several 3rd party providers such as TeraRecon; Voxar; TraumaCAD; Siemens Sungo; Philips Intellispace
What features differentiate your PACS from competitors	EI platform simplifies the Imaging IT footprint by providing a single converged sol that delivers PACS services	Workflow-driven radiology management; Value-added services	Robust image routing, DICOM tag morphing, and HL7 engine with the ability for diagnostic image teleradiology review	Reliability, Ease-of-use, Rapid Deployment	EMR plus PACS plusBilling software all-in-one	More than two decades of experience and continued investments in enterprise imaging (EI) solutions	Add on options to augment Radiology diagnosis and workflows	Unlimited number of users and studies by default	All products developed in-house; all on a single database platform, reducing hardware and support requirements	RIS integration	IntelePACS is highly performant and scalable

Technical Fit Assessment – General

Konica Minolta	Lifetrack Medical Systems	Novarad	PaxeraHealth Corp.	Philips	Plum Medical Solutions	RamSoft	Sclmage, Inc.	Sectra	Siemens Healthineers Syngo Carbon	Vepro AG	Voyager Imaging
Does your company offer turnkey solutions, software only or both	Both turnkey and software only solutions are offered	Avreo partners with Channel Partners to offer complete turnkey solutions	Both	Both	Both	Both	Both	Both	Both	Both	Intelerad offers, SaaS; Turnkey; On-prem hosting; Cloud hosting; Managed Services
What is your primary system design (Web-based, client/server, etc.)	Centr client/server for diagn workflows, web based viewing for enterpr access running off a rules-based workflow engine	Avreo interWORKS is a web-based application delivered via hyperlink from a standard web browser	Client/Server, Service-Oriented Architecture, Web-based referring physician support	Web-based	Web-based	Browser-based client-server (HTML5); Web accessible content	We have capabilities to both depending on client needs	Web-based, cloud-based or thick-client based PACS	Web-based	Web-based	Offers a zero-footprint web-based viewer. Cloud PACS (private or public) are available along with hybrid models
Are all solution components developed by you, or do you leverage partnerships to meet the full spectrum of PACS req	All core Enterprise Imaging services (VNA, Diagnostic Rad/Cardio, Encounter based, Enterprise Viewer) are dev by Agfa	Avreo develops its own RIS and PACS software code with an in-house engineering staff	Key components are developed by us (routing engine, HL7 engine, visualization components, morphing and others)	Developed in-house	MNSSSProprietary+ opensource, opentext partnership for integrations	Fully developed by Fujifilm	All software components developed or distributed by GE Healthcare	Greater than 90% developed in-house	All products developed in-house	Leverage partnerships	Self-developed

Technical Fit Assessment – Collaboration Architecture

Company name	Agfa HealthCare	Avreo, Inc	Candelis	CoActiv Medical	Emsow	Fujifilm Healthcare Americas Corp.	GE Healthcare	Image Information Systems	Infinitt	Integrated Modular Systems Inc.	Intelerad Medical Systems Inc
Brokered or broker-less RIS interface (or both)	Bidirectional integration engine using HL7 and/or FHIR (ADT, ORU, ORM, SIU), DICOM, IHE	An interface to a non-Avreo RIS will be brokerless. The Avreo RIS requires no interface	Broker not necessary	Broker-less	Broker-less	Broker-less	Brokered	Brokerless or MIRTH-based	Brokerless	Brokerless	Brokerless
Which RIS interface with your PACS? Specify specific vendors' systems on which your PACS has been validated	Integrations with more than 100 RIS vendors globally, integration capability is vendor neutral	Avreo is HL7 compliant and has interfaced with many RIS products	HL7 and XML integrations with a large number of vendors	CoActiv EXAM-RIS, Swearingen, MedInformatix, Origin, Allscripts, Meditech, Cerner; any RIS via HL7 or URL link	Interntally developed RIS	Epic Radiant, Meditech, Cerner, McKesson, GE, Siemens, and many more. Any RIS that integrates using HL7 will be supported	Most RIS syst supported as long as HL7 supported	MEDAVIS, i-Solutions, M1, EVA and many more	Integr with INFINITT RIS is brokerless/ seamless;interfaces with any standards-based third-party RIS through HL7 interface	Unknown	Intelerad has successfully integrated and validated with over 30 RIS solutions
IHE (Integrating the Healthcare Environment) standards	All relevant radiology, cardiology, IT infrastructure integration profiles are supported	No, but we monitor the standards heavily	DICOM, HL7, XDS	Yes	N/A	Yes, see IHE statement	Yes	Yes	Yes	Yes	Implements transactions req in the IHE Tech Framework to support most of the IHE Integr
Images are stored/ compressed/ uncompressed	Lossy and lossless image compression supported	Stores all images at no more than lossless compression	Optional based upon user preference	All im acq at lossless, digital mammo stored at lossless	Images are stored as they were received	Images are stored with lossless and lossy compression	Both are supported based on customer needs	Compr/uncompr, 28 options incl. JPEG, JPEG 2000, JPEG LS	Site selectable-lossless/JPEG 2000 or lossy	Both	Images are stored as lossless DICOM JPEG2000
Local archive: server level / archive level	Yes, Vendor-agnostic for local archive and cloud-based options	Yes, all levels supported	Local archive can be either server level or archive level	Locally, mirrored cloud storage in datacenters, offsite dis recovery options including media	Upon request	Both	Both. Also Tier 1-4 support for VNA	Yes	Local Archive yes. Offsite disaster recovery option	Both supported	For local archiving both short-term and long-term storage options are available
Long term archive (please specify)	Yes, vendor-agnostic for local archive and cloud-based options	Yes, Avreo supports storing images to a long-term archive	ImageGrid can act as a long term archive	Cloud-based Vendor-Neutral Redundant Extended Archiving and disaster recovery in mirrored Tier-IV datacenters	Yes (Amazon Glacier)	Local, data replication for Disaster Recovery, Cloud-based DR	Onsite/remote/ cloud-based. Edison Datalogue VNA (Vendor Neutral Archive)	SATA, CD, DVD, tape, NAS, Glacier	All online	Spinning disk and hosted archive	Long-term archives are avail locally on-prem, or through Intelerad's Nuage - Long Term Storage service

Technical Fit Assessment – Collaboration Architecture

Konica Minolta	Lifetrack Medical Systems	Novarad	PaxeraHealth Corp.	Philips	Plum Medical Solutions	RamSoft	Sclmage, Inc.	Sectra	Siemens Healthineers Syngo Carbon	Vepro AG	Voyager Imaging
Exa Enterprise Imaging	LifeSys	NovaPACS	PaxeraUltima	Vue PACS	iQ-4Cloud	PowerServer	PICOM365 Enterprise Imaging	IDS7 24.2	Syngo Carbon	EMR Manager	Voyager PACS
7 years	4.5	30	11 years	10	6	More than 20 years	20	Sectra has provided PACS for over 35 years. IDS7 has been available since 2007	10 years	30	15 plus years
300	200	630	2,500 plus worldwide	Over 2,000 worldwide	450	More than 600 worldwide	2,000 plus	Sectra has over 1,800 installations of PACS worldwide	More than 1,700	Confidential	500 plus
All	Integrates with any HL7 compliant EHR/ HIS and DICOM/ DICOM modality worklist-compliant imaging device	Any software with HL7 interface	3D module	Standards based (HL7, DICOM, IHE)	By request	Will integrate with any system that supports the industry standards including including: DICOM, HL7, and FHIR	Vendor agnostic and integrates with third party apps for 3D CT, 3D echo, NM SPECT/ PET/CFR, ortho templating, voice dictation and AI	Sectra does not utilize any proprietary software	syngo Workflow, syngo.via, Smart Reporting, Nuance, and teamplay	Speech recognition, digital dictation / transcription, Pre-operative planning, Advanced visualization, HIS, RIS and other sub-systems	HIS, RIS and other information systems
Server-side rendering, diagnostic zero-footprint, single database for PACS RIS and billing	We believe each site is unique and have adopted a "Your PACs, Your Way" mentality	Enterprise Imaging capabilities built-in. Advanced image processing and AI	Built-in AI, Business intelligence, Zero footprint viewer, Mobile viewing from native app, Advanced collaboration module	A multisite, multi-domain, standards based, imaging platform with efficient diagnostic tools and native multimedia interactive reporting	Roll out a cloud PACS within 15 minutes. Zero upfront costs. Full diag zero footprint	Offers a Single RISPACS DB Platform, with unlim workflows, scalability, and ease of integration	PICOM365 Enterprise Imaging goes beyond PACS to provide an information highway that facilitates access to all patient data	Providing a solution that is easy to use, always available, and has comprehensive capabilities are core parts of the Sectra system design philosophy	Extending beyond simple reading and reporting, Syngo Carbon allows you to easily integrate modular solutions	Any type of Medical and non-medical data such as images, films, documents or waveforms is centrally archived and shared	Scalability from base to enterprise system. Operates reliably on medium and low bandwidth

Technical Fit Assessment - Platform

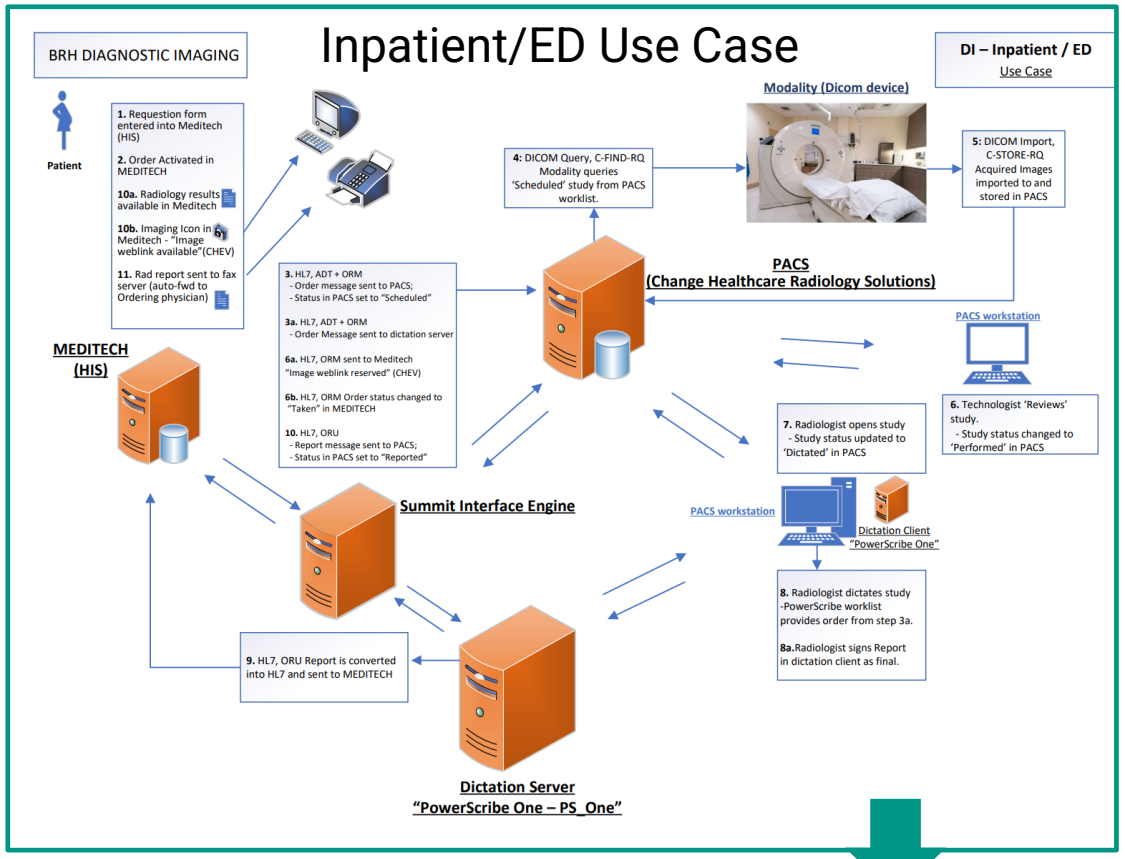
Company name	Agfa HealthCare	Avreo, Inc	Candelis	CoActiv Medical	Emsow	Fujifilm Healthcare Americas Corp.	GE Healthcare	Image Information Systems	Infinitt	Integrated Modular Systems Inc.	Intelerad Medical Systems Inc
Both	Both software and turnkey solutions	Both available	Both turnkey and software only solutions are offered, with different confi and categories	Both software only and turnkey	Both	Both Turnkey and software only options are offered	Both	Sectra offers both a SaaS and software only solution	Client/Server and web-based	Both	Yes
Web-based	Hybrid cloud, supporting both on-premise and cloud	on-premises, cloud, and hybrid	Web-based	Client-server and web-based	Cloud-based PACS, hybrid PACS (Cloud plus local caching) or portable PACS	100% web based, Cloud Hosted or On-premise	Web-based system design offered on-premise, in the Cloud or Hybrid	Sectra utilizes both web based and client/server designs	Client/server	Client/server	Can be Web based or client server or combination
Developed all by Konica Minolta	All developed in house; adv vis features and deep learning applications delivered through our ecosystem of partners	Core products are developed and supported by Novarad but co. does not leverage partnerships for some third party applications	All solution components are developed in-house by PaxeraHealth	Single application with embedded native 3-D functionality tied into the workflow	Greater than 90% developed in-house	All solution components for PACS are developed by RamSoft internally	SciImage develops all enterprise imaging, image exchange and interoperability software for radiology, cardiology and beyond in-house	Sectra's primary components are developed by Sectra	Yes, developed by Siemens Healthineers	All solution components developed by Vepro	Developed by our company

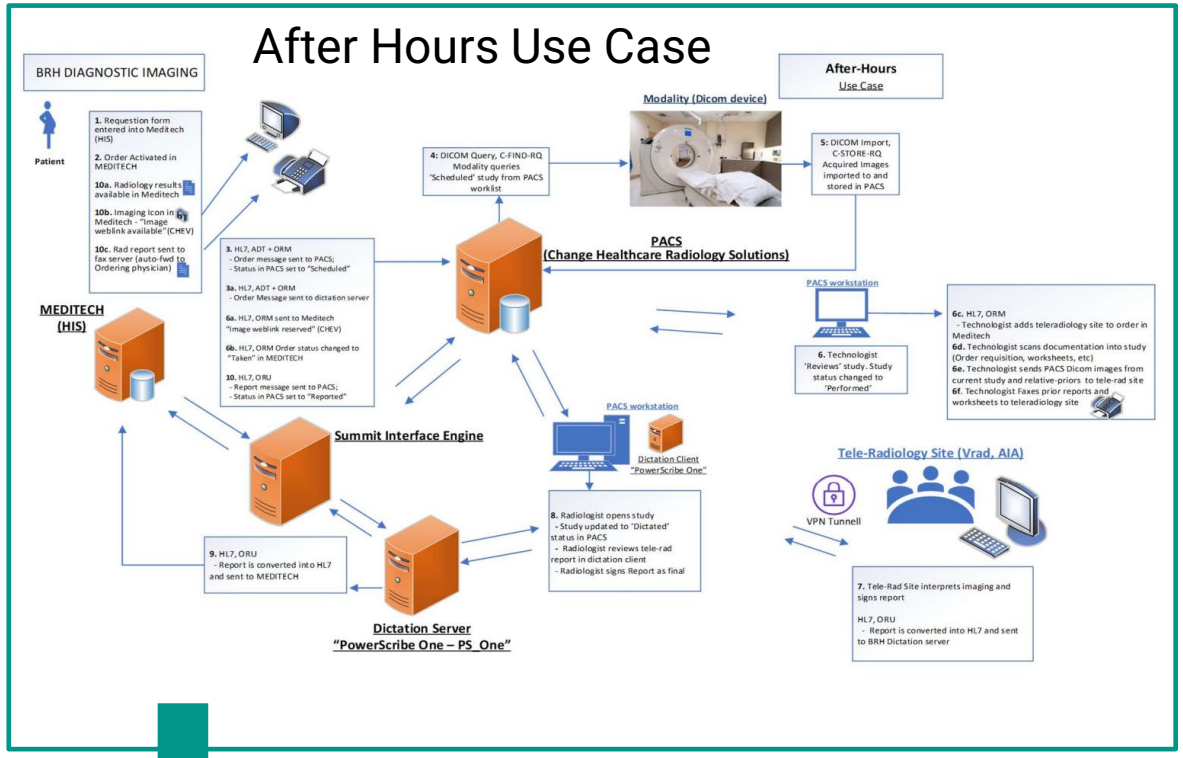
Technical Fit Assessment - Platform

Konica Minolta	Lifetrack Medical Systems	Novarad	PaxeraHealth Corp.	Philips	Plum Medical Solutions	RamSoft	Scimage, Inc.	Sectra	Siemens Healthineers Syngo Carbon	Vepro AG	Voyager Imaging
Broker-less	Broker-less RIS interface (HL7 or direct SQL); LifeSys is an integrated RIS PACS system	Both	Brokered	Both	Brokerless or MIRTH-based	Broker-less for in-house RIS and third-party RIS systems; bidirectional integration; engine using HL7 and/or FHIR	Either. PICOM365 includes most core RIS functions and can be configured with or without a broker or to act as the RIS/HIS	Brokerless	Both	Broker-less	Brokerless
All vendors	LifeSys is an integrated RIS PACS system; LifeSys can integrate with any standard RIS via HL7	Epic, Nova RIS	Integration with PaxeraRIS is seamless; interfaces with any standards-based third-party RIS including (SAP, EPIC, etc)	Virtually every RIS offered in global markets (home grown or OEM) that uses standard interfaces	MEDAVIS, i-Solutions, M1, EVA and many more	GE, Cerner, Change-Healthcare, Epic, Meditech, Cerner, and have completed many more (EHR/HIS/RIS) using HL7	PICOM365 integrates with all major RIS/HIS, EHR and VNA vendors via industry standards (DICOM, HL7, IHE)	Epic, GE, Siemens, Cerner, CPSI, Epic, Meditech, Medinformatix, Greenway, Allscripts, Athena, eClinicalworks, Nextgen, AllegianceMD	All RIS capable of HL7 communications are supported	Vepro PACS is seamlessly integrated to Vepro RIS	Voyager RIS, Kestral, Comrad, Occam, ACCS and others
N/A	Complies with all IHE standards	XDS	XDS and XDS-I IHE profiles	Yes	Yes	IHE compliant since 2015	Yes	https://sectra.com/medical/knowledge-center/conformance-statements/	Yes	Yes	Portable and working on others
Compressed	Yes	Compressed	Can store the images compressed or uncompressed	User selectable; lossless or lossy	Compressed/uncompressed, 28 options	Images are stored compr/uncompr based on site pref	Proprietary format	Sectra prefers to store images in DICOMJPEG2000	Lossless compressed	By default im are stored lossless compr w a ratio of 3:1	Yes
Server level with opti life cycle management module to move im/studies off server onto Archive level	High avail server and/or any network attached storage	Both available	Yes, vendor-agnostic for local archive and cloud-based options, off-site disaster recovery offered	Both	Yes	Determined by the client. We support both cloud and on premise archives	Either/or, both	Sectra will ingest images in DICOM JPEG2000	Either	High-availability clustered servers for local archive can be combined with cloud storage	Can be configured in different and multiple formats
San cloud storage etc	Support local, cloud, or hybrid high availability storage as well as concurrent long-term local, cloud or hybrid arch	Wasabi	Provides various solutions including SAN storage, DAS, etc and tape library	SATA, DVD, tape, CAS, (including cloud offerings)	Cloud	Azure Cloud (Cloud Hosted)	Customer's media preference or Cloud; can act as VNA	Sectra will archive images in DICOM JPEG2000	DICOM, media, cloud storage providers (Amazon S3, Microsoft Azure, Google)	Cloud based or onsite audit proof LTA on WORM File Servers by VEPRO or 3rd party	Exams can be stored on multiple volumes of storage and storage life can be configured on multiple paramaters

PACS Use Cases

Use Cases





Both Fuji and Agfa support the two primary "end to end" Use Cases of Diagnostic Imaging for Bartlett.

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bartletthospital.org

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28th, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CFO

ISSUE

- The Board of Directors is being asked to forward Resolution 2023-14(b)(AJ) to the CBJ Assembly for the $8.1M JBJC (Juneau Bone and Joint Center) de-appropriation.

OPTIONS

- Approve forwarding the Resolution to the CBJ Assembly as presented.
- Amend the Resolution and approve forwarding the amended Resolution to the CBJ Assembly.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve forwarding Resolution 2023-14(b)(AJ) to the CBJ Assembly as presented.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve forwarding Resolution 2023-14(b)(AJ) to the CBJ Assembly for introduction on May 13th and ask for unanimous consent for the $8.1M JBJC de-appropriation.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 10th, 2024
TO: Bartlett Regional Board of Directors
FROM: Joe Wanner, CFO

ISSUE

- The Board of Directors is being asked to forward Ordinance 2023-14(b)(AI) to the CBJ Assembly for appropriating $74K to the Manager for the Crisis Stabilization Capital Improvement Project; funding provided by a donation from the Bartlett Regional Hospital Foundation.

BACKGROUND

- Behind this cover memo is Ordinance 2023-14(b)(AI)

OPTIONS

- Approve forwarding the Ordinance to the CBJ Assembly as presented.
- Amend the Ordinance and approve forwarding the amended Ordinance to the Assembly.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve forwarding Ordinance 2023-14(b)(AI) to the CBJ Assembly as presented.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve forwarding Ordinance 2023-14(b)(AI) to the CBJ Assembly for introduction on May 13th and ask for unanimous consent for the $74K BRH Foundation appropriation.

Presented by: The Manager
Introduced: May 13, 2024
Drafted by: Finance

ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA

Serial No. 2023-14(b)(AI)

An Ordinance Appropriating $74,000 to the Manager for the Crisis Stabilization Capital Improvement Project; Funding Provided by a Donation from the Bartlett Regional Hospital Foundation.

BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is a noncode ordinance.

Section 2. Appropriation. There is appropriated to the Manager the sum of $74,000 to the Crisis Stabilization Capital Improvement Project (B55-080).

Section 3. Source of Funds

Donation Revenue	$74,000

Section 5. Effective Date. This ordinance shall become effective upon adoption.

Adopted this _____ day of _____, 2024.

_____
Beth A. Weldon, Mayor

Attest:

_____
Elizabeth J. McEwen, Municipal Clerk

Bartlett Regional Hospital

MEMORANDUM

DATE: May 10, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CFO

ISSUE

- The Board of Directors is being asked to approve a sustainability and recovery plan to address Bartlett Regional Hospital's $10M annual budget deficit.

BACKGROUND

- In light of the hospital's $10M annual budget deficit, a comprehensive programmatic and financial analysis of six (6) previously identified non-core hospital services has been conducted and a sustainability and recovery plan developed.
- Behind this cover memo is a Sustainability & Recovery Plan presentation.

OPTIONS

- Approve the Sustainability and Recovery Plan as presented to the board.
- Amend the Sustainability and Recovery Plan and approve the amended plan.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve the Sustainability and Recovery Plan as presented to the board.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the Sustainability & Recovery Plan as presented with the hospital Administration's recommendations and request a formal period of public comment be opened.

BRH Sustainability & Recovery Plan

Board of Directors Meeting – May 28, 2024

Bartlett Regional Hospital

Bartlett Regional Hospital Sustainability & Recovery Plan

BACKGROUND:

Bartlett Regional Hospital is currently running a $10M annual budget deficit which risks its long-term financial sustainability and viability. An analysis was conducted comparing incoming revenue and operating expense for each of the following non-core hospital services:

RRC - ABA - Crisis Center - BOPS - Home Health - Hospice

Proposed Timeline:

- ✓ Bartlett Finance Committee – May 10th
  - Decision-Point Presentation and Management Recommendations
- Bartlett Board of Directors – May 28th
  - Decision-Point Review and Board Direction
- CBJ/BRH Joint Meeting – May 29th
- Community Feedback/Engagement Period - May 29th – June 19th
- Bartlett Finance Committee – June 24th
  - Review of Community Feedback/Formal Recommendations to Board
- Bartlett Board of Directors – June 25th
  - Review and Approve Final Recommendations

Bartlett Regional Hospital Strategic Goals 2024-2027

VISION: Bartlett Regional Hospital provides its community with quality, patient centered care in a sustainable manner.

Deliver seamless continuity of care

Deliver quality, cost effective medical care, meeting patients where they are with the services they need.

Support the development and alignment of employees, providers, and partners

Cultivate a work environment that enables our employees, providers, and partners to thrive, aligning around our shared mission, vision, and values.

Improve infrastructure to meet community needs

Develop and maintain the physical and technological infrastructure needed to meet the growing health care services, access, and convenience needs of our patients.

Optimize and drive strategic clinical growth

Achieve long term sustainability through optimization of operations and selective investment in service line growth.

Promote a distinct identity and brand

Strengthen community engagement and increase awareness of the range and quality of services offered, elevating the reputation of the organization within Southeast Alaska.

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program

FY2025
Sustainability & Recovery Plan

	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
FY2025 Financials – Budgeted							
Revenue	$138.3	$1.77M	$461K	$2.0M	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.2M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$1.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Rainforest Recovery Center (RRC)

History & Background

Rainforest Recovery Center (RRC) is a 16-bed residential and outpatient treatment program. CBJ transferred management of RRC to Bartlett in 2000 due to operating losses well in excess of $1M in the years leading up to the transfer (per CBJ CAFR), and a perception that Bartlett would be better suited to manage the program. CBJ provided limited funding to cover these losses until 2019. In FY's 2005, 2010, 2015 and 2023 RRC was subsidized $1.66M, $1.77M, $1.8M, and $1M, respectively. Subsidization through grants and tax revenue dropped to $270K in 2024.

Current Conditions

1) RRC is currently losing $655K during 8 months of operation. It is budgeted to lose approximately $782K for FY2025.
2) Payor Mix is 89% Medicaid, 5% Commercial, and 4% private.
3) 40% of the patient population are CBJ residents.
4) Currently operating at base staff which can serve 16 residential patients.
5) There are currently 4 residential treatment programs in SE Alaska including RRC, and 30 programs statewide.
6) RRC cared for 316 unique patients during the last 3 years, with 25 patients receiving care more than once.

Proforma Analysis

Stat	FY23	FY24 Annualized	FY25 Budget
Pt Days	2,969	3,374	3,610
Outpatient Visits	338	344	350
Collections per pt day	$487.66	$479.90	$490
Max Capacity Potential	$2.848M	$2.810M	$2.861M
Actual Collections	$1.448M	$1.619M	$1.769M
Operating Costs	$2.987M	$2.973M	$2.551M

Analysis

1) Wages and benefits exceeded net revenue by $1.4M in 2023, $900K in FY24, and $522K in the FY25 budget. Direct payroll costs far exceeding net revenues is difficult to fix.
2) Service reduction would not have a significant decrease in operating costs (meals, etc.), however any reduction in service would reduce revenue significantly thereby exacerbating the operating loss.
3) Staffing levels currently at minimal staffing levels.
4) Program would need to operate at 100% of capacity (with no increases to costs) to cover staffing costs in FY24.
5) Program closure would have minimal impact on Emergency Department utilization per ED physician leader.

Board Recommendation: Determine whether a 3rd party can be identified to take the program over in full from Bartlett. If this is not realistic, closure of the program. This program could be retained if the CBJ Assembly chose to provide a permanent subsidy. This is a difficult financial recommendation and is in no way a reflection of the individuals who provide and receive these services.

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program

FY2025
Sustainability & Recovery Plan

	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
FY2025 Financials – Budgeted							
Revenue	$138.3	$1.77M	$461K	$2.0M	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.2M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$1.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Applied Behavior Analysis (ABA) Therapy

History & Background

Applied Behavior Analysis (ABA) is a program that had been privately contracted with the Juneau School District (JSD) prior to Summer 2021. ABA serves ages 2-21 with an autism diagnosis. June 2021, BRH hired an ABA Director with plans to accept referrals starting June 2021. Deemed to be a community need.

1) In June 2021, it was determined that ABA services would be added to BRH behavioral health programs. This program was co-located with Physical Rehab.

1) In July 2021, ABA services were thought to increase revenue to BRH from contracting with JSD. No proforma found. A total of 7 FTEs, including the director.

2) In October 2021, ABA opened an office off campus rented by BRH and had 62 referrals. Late 2023, ABA moved into the BRH Aurora Behavioral Health Center.

Current Conditions

1) ABA is currently losing $646K during 8 months of operation. It is budgeted to lose approximately $536K for FY2025.
2) Payor mix is 25% Medicaid, 67% Commercial and 2% other.

Proforma Analysis

1) A proforma was not found related to ABA.

FY 24 Data - Applied Behavior Analysis (ABA) Clinic	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
# of ABA Patients	17	17	17	17	18	18	18	18	18
# of Appointments scheduled	175	295	218	303	250	190	188	230	246
# of Appointments Attended	175	295	218	303	250	190	188	230	246
% of Appointments Attended	100%	100%	100%	100%	100%	100%	100%	100%	100%
# of Individuals on Waitlist	78	79	82	83	84	85	85	85	87
# of total hours	279	319.7	320.4	353.1	349.95	277	359	322	

Analysis

1) Wages & benefits exceeds net revenue by $849K with FY25 projected loss of $656K. Direct payroll costs far exceeding net revenues is difficult to fix, expenses exceeds gross charges, and ABA is a program that will not likely make enough revenue to be self sustainable.
2) ABA's two board-certified leaders have given their resignation notice effective June 13, 2024. This will result in the closing of the Bartlett program. Impacted program staff and families currently receiving services have been notified. These two staff intend to provide ABA therapy through private practice.

Board Recommendation: Support departing staff in start up of new ABA program through private practice.

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program	FY2025 Sustainability & Recovery Plan						
	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
FY2025 Financials – Budgeted							
Revenue	$138.3	$1.77M	$461K	$2.0M	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.2M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$1.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program

FY2025
Sustainability & Recovery Plan

FY2025 Financials – Budgeted	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
	Budget	**Budget**	**Budget**	**Estimate**	**Budget**	**Budget**	**Budget**
Revenue	$138.3	$1.77M	$461K	$960K	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.1M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$2.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Crisis Observation Services (COS)/Crisis Residential and Stabilization Services (CSS) for Adults and Adolescents

History & Background

Adolescent and adult crisis services are needed in Juneau. In 2019 BRH committed to opening Crisis services for adult and adolescents.

1) Crisis Observation Services (COS)/Crisis Residential Stabilization Services (CSS), were scheduled to open in March 2023. Due to delays, services opened in December 2023.

2) Due to facility layout and staffing concerns, BRH was unable to open all four programs and opened to just adolescents for Crisis and Residential services.

Current Conditions

1) COS/CSS has had 24 encounters of adolescents since opening in December 2023. COS/CSS is currently expected to lose $1.1M. It is expected to lose approximately $2.2M for FY2025, which is its first full year of operation.

2) COS/CSS is paid on fee for service demonstration. Volume continues to be low, with COS services being reimbursed at $121/hour and CSS reimbursed at $940/daily rate.

Proforma Analysis

1) In a proforma, COS adolescent occupancy was estimated at 23% and CSS adolescent occupancy estimated at 75%. There was Net Margin per the proforma with all four programs; however, it was minimal. Challenges with staffing were not included in proforma related to using contract staff. Proforma did not address the total addressable market. Total potential volume in market is not known.

Revenue	FY 2024 Proforma	FY 2024 Estimate	FY 2025 Proforma	FY 2025 Estimate	FY 2025 Budget
Medicaid Revenue	$ 2,015,260	$ 236,777	$ 2,037,854	$ 521,017	$ 1,969,356
Other Insurance Revenue	$ 25,613	$ 195,192	$ 26,598	$ 429,512	$ 25,704
Non-Resourced Revenue	$ -	$ 4,304	$ -	$ 9,471	
TOTAL REVENUE	**$ 2,040,873**	**$ 436,273**	**$ 2,064,452**	**$ 960,000**	**$ 1,995,060**

Expenses	FY 2024	FY 2024 Estimate	FY 2025 Proforma	FY 2025 Estimate	FY 2025 Budget
Wages, Taxes, Benefits - Direct Care Staff	$ 1,720,602	$ 1,399,747	$ 1,745,355	$ 2,902,955	$ 2,907,057
Wages, Taxes, Benefits - Management + Support	$ 309,968		$ 315,126		
Sub-total Salary + Benefits	**$ 2,030,570**	**$ 1,399,747**	**$ 2,060,481**	**$ 2,902,955**	**$ 2,907,057**
Shared Expenses (Facilities and Contract Staff)	$ 587,765	$ 80,954	$ 586,690	$ 221,371	$ 282,904
Sub-total Subtotal Other Expenses	**$ 587,765**	**$ 80,954**	**$ 586,690**	**$ 221,371**	**$ 282,904**
TOTAL EXPENSES	**$ 2,618,335**	**$ 1,480,701**	**$ 2,647,172**	**$ 3,124,326**	**$ 3,189,961**
Total revenue minus total expenses	**$ (577,462)**	**$ (1,044,428)**	**$ (582,720)**	**$ (2,164,326)**	**$ (1,194,901)**

Analysis

1) Wages & benefits estimated to exceed net revenue by $2M in FY25. This estimate is based on the first full quarter of operations where we have experienced volumes well below the proforma estimates.
2) Staffing levels currently at minimal staffing levels & are mostly contract labor.
3) Volumes and Revenue remain low and significantly below the proforma.

Board Recommendation: Program closure and space utilization plan development for Aurora building. This program could be retained if the CBJ Assembly chose to provide a permanent subsidy. This is a difficult financial recommendation and is in no way a reflection of the individuals who provide and receive these services.

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program

FY2025
Sustainability & Recovery Plan

	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
FY2025 Financials – Budgeted							
Revenue	$138.3	$1.77M	$461K	$2.0M	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.2M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$1.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Bartlett Outpatient Psychiatric Services (BOPS)

History & Background

Bartlett Outpatient Psychiatric Services (BOPS) opened in the 1990s and currently provides family psychotherapy and individual psychotherapy for ages 5 and up, as well as medication-assisted treatment for substance abuse disorder. BOPS utilizes the employed Psychiatrists that staff the hospital's inpatient Mental Health Unit (MHU) to help meet the communities need for Psychiatric services.

BOPS has grown from 4.12 FTEs in FY18 to 12.71 FTEs in FY24.

Proforma Analysis

1) A proforma was not found related to BOPS.

	2018	2019	2020	2021	2022	2023	2024	2025 Bud.
FTE's	4.12	5.41	11.67	13.63	15.93	14.98	12.71	13.69
Visits	4,817	4,171	4,955	6,667	2,352	3,813	3,516	3,811
Charges	2,025,921	2,478,345	3,040,990	3,104,126	4,717,012	1,975,223	1,856,228	2,112,325
Expenses	1,989,198	2,705,889	3,761,687	4,036,281	6,190,053	5,079,739	4,947,049	3,865,617

Current Conditions

1) BOPS is projected to lose $2.8M in FY25.
2) Payor mix is 33% Medicaid, 52% Commercial and 15% other.
3) Commercial payers pay per a Fee Schedule.
4) Current staffing includes 6 providers and 5 clinicians with 2 of them being remote.
5) FY23 saw 1160 patients receive service. FY24 saw 958 patients receive service.
6) FY24 <15% cancel/no show rate.
7) 3 adults and 3 children/adolescents on waitlist.

Analysis

1) Decreased expenses in FY25 due to decrease in contract labor.
2) Expenses far exceed gross charges.
3) Five (5) Provider FTEs required for minimum staffing for BOPS and MHU.

Board Recommendation: Manage as a core service and pursue outpatient service reductions. Changes are within management's purview and do not require Board approval.

Bartlett Regional Hospital – Sustainability & Recovery Plan FY2025

Financial Analysis By Program

FY2025
Sustainability & Recovery Plan

	Hospital/ WFC	RRC	ABA	Crisis Center	BOPS	Home Health	Hospice
FY2025 Financials – Budgeted							
Revenue	$138.3	$1.77M	$461K	$2.0M	$1.06M	$424K	$504K
Expense	$141.1	$2.55M	$1.11M	$3.2M	$3.86M	$1.36M	$951K
Margin	$2.85M	$782K	$656K	$1.2M	$2.8M	$934K	$448K
Options Matrix							
Increase Reimbursement	Option	n/a	n/a	n/a	n/a	n/a	n/a
Reduce Cost/Realign	Option	n/a	n/a	n/a	Option	n/a	n/a
Subsidize	n/a	Option	n/a	Option	n/a	Option	Option
Close/CHOW	n/a	Option	Option	Option	n/a	Option	Option

Home Health Services

History & Background

1) Bartlett's Home Health (HH) program was started in response to Catholic Community Services (CCS) closing their HH agency in October 2022. As a community need, BRH decided to develop its own program. BRH HH opened in May 2023 with patients first seen in August 2023.
2) BRH HH was developed in conjunction with a Hospice program, which had also previously been operated and managed in the community by CCS.
3) CCS had lower wages & benefits. BRH wage & benefit structure carries higher program costs while reimbursement rates have remained the same.

Current Conditions

1) HH has expended approximately $470k during 9 months of operation. It is budgeted to lose approximately $930k for FY2025, which is its first full year of operations.
2) Lack of consistently available physical rehab services provided has been a challenge due to staffing shortages.
3) The Director of the program recently resigned. It will likely take months to recruit an experienced leader.
4) Billing for services has yet to occur but is expected in May.
5) Working capital used to cover start up was approximately $105k.
6) HH and Hospice share leased space costing $2600 per month.
7) All patients served are in the CBJ area.
8) Payor Mix is 10% Medicaid, 79% Medicare, 9% private and 1% VA.
9) BRH has held initial discussions with a private HH and Hospice entity with interest in operating these programs in Juneau.

Proforma Analysis

1) A proforma was completed for HH using the assumption of combined services and management with Hospice. The proforma was presented to Board for approval in January 2023.
2) The combined HH and Hospice program was projected to breakeven 17-18 months after startup based mainly on net revenue growth due to volume, with Hospice as the more profitable service line. This assumed an average daily census (ADC) of 20 for HH and 25 for Hospice by month 18. HH has reached an ADC of 25 while Hospice remains at 10, or ~30% below proforma projections.
3) Proforma did not analyze the total addressable market. Although total potential volume is unknown, this service is largely constrained to the population of Juneau proper.
4) Alaska ranks 48/50 for home health utilization, according to 2020 and 2021 CMS data.

Stat	Proforma	Actual	Variance	Analysis
Episodes (admissions to HH services)	75	91	+16	Program growth occurred faster than anticipated but has relied significantly on therapy visits.
Charges per Episode	$3000	$3864	$864	Charges range significantly based on case-mix weights.
FY24 Expenses	$730K	$471K	$259k	Proforma assumed 50/50 split for expenses with Hospice and faster growth of that program
FY24 Revenues	$255K	$351K	$96K	Home Health has grown its patient base faster than anticipated

Analysis

1) Through March 2024, wage and benefit expenses exceed gross revenue by $55K. Direct payroll costs exceeding net revenues can be challenging to fix. The program appears to be trending in the right direction; however, with costs holding steady and revenues steadily increasing month over month.
2) Staffing levels currently at minimal levels and are shared with Hospice patients. However, HH is short on therapy staff. Adding those staff would add to net revenues but also to salaries and wages for incremental losses.
3) Volumes have been constrained (administrative decision) due to challenges meeting physical therapy needs.

Board Recommendation: The Board understands the importance of this program to the community and will work to ensure that services are retained in the community. Management will pursue transfer of operations to a 3rd party provider. If this is not successful, the Board and management will pursue permanent subsidization.

Hospice Services

History & Background

1) Bartlett's Hospice program was started in response to Catholic Community Services (CCS) closing their Hospice agency in October 2022. As a community need, BRH decided to develop its own program. BRH Hospice opened in May 2023 with patients first seen in August 2023.
2) BRH Hospice was developed in conjunction with a Home Health program, which had also previously been operated and managed in the community by CCS.
3) CCS had lower wages & benefits. BRH wage & benefit structure carries higher program costs while reimbursement rates have remained the same.

Current Conditions

1) Hospice has expended approximately $510k during 9 months of operation. It is budgeted to lose approximately $450k for FY 2025, which is its first full year of operations.
2) The growth and sustainability of Hospice programs are largely dependent on healthy referral patterns from PCPs.
3) The Director of program has recently taken on oversight of the associated Home Health program.
4) Billing for services has yet to occur but is expected imminently.
5) Working capital used to cover start up was approximately $170k.
6) HH and Hospice share leased space costing $2600 per month.
7) All patients are in the CBJ area.
8) Payor Mix is 13% Medicaid, 79% Medicare, 5% private and 3% VA.
9) BRH has held initial discussions with a private HH and Hospice entity with interest in operating these programs in Juneau.

Proforma Analysis

1) A proforma was completed for Hospice using the assumption of combined services and management with Hospice. The proforma was presented to Board for approval in January 2023.
2) The combined HH and Hospice program was projected to breakeven 17-18 months after startup based mainly on net revenue growth due to volume, with Hospice as the more profitable service line. This assumed an average daily census (ADC) of 20 for HH and 25 for Hospice by month 18. HH has reached an ADC of 25 while Hospice remains at 10, or ~30% below proforma projections.
3) Proforma did not analyze the total addressable market. Although total potential volume is unknown, this service is largely constrained to the population of Juneau proper.
4) Alaska ranks 48/50 for hospice utilization, according to 2020 and 2021 CMS data.

Stat	Proforma	Actual	Variance	Analysis
Admissions	69	39	-30	Proforma anticipated ADC of 15 by end of Year 1. Current ADC is 9-10.
Length of Stay	Avg: 92.1 Med: 17	27.8		LOS has steadily increased over time.
FY24 Expenses	$730K	$512K	$218k	Expenses lower in part due to challenges growing the program.
FY24 Revenues	$880K	$345K	$535K	Growth has not happened as quickly as anticipated in this program.

Analysis

1) Through March 2024, wage and benefit expenses exceed gross revenue by $140K. Direct payroll costs exceeding net revenues can be challenging to fix. The program appears to be trending in the right direction; however, with costs holding steady and revenues steadily increasing month over month.
2) Staffing levels currently at minimal levels and are shared with HH patients. Both programs require 24 hour on call availability of nursing staff. A reduction in staff would have an outsized impact on remaining staff.
3) Donations of approximately $200K have been collected in support of this program.

Board Recommendation: The Board understands the importance of this program to the community and will work to ensure that services are retained in the community. Management will pursue transfer of operations to a 3rd party provider. If this is not successful, the Board and management will pursue permanent subsidization.

Questions and Next Steps

Questions?

Proposed Timeline:

- ✓ Bartlett Finance Committee – May 10th
  - Decision-Point Presentation and Management Recommendations
- ✓ Bartlett Board of Directors – May 28th
  - Decision-Point Review and Board Direction
- CBJ/BRH Joint Meeting – May 29th
- Community Feedback/Engagement Period – May 29th – June 19th
- Bartlett Finance Committee – June 24th
  - Review of Community Feedback/Formal Recommendations to Board
- Bartlett Board of Directors – June 25th
  - Review and Approve Final Recommendations

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Ian Worden, Chief Executive Officer

ISSUE

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

BACKGROUND

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

OPTIONS

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

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: CEO and Executive Administration

CHIEF EXECUTIVE OFFICER

"Without strategy execution is aimless, without execution strategy is useless."

Morris Chang - Founder of Taiwan Semiconductor Manufacturing Company (TSMC)

After collaborative meetings with key stakeholders, on November 17, 2023, the hospital's Board of Directors adopted five Strategic Goals for the organization covering fiscal years 2024-27. The strategic goals are: 1) Deliver seamless continuity of care; 2) Support the development and alignment of employees, providers, and partners; 3) Improve infrastructure to meet community needs; 4) Optimize and drive strategic clinical growth; and 5) Promote a distinct identity and brand.

At the same meeting, the Board requested that management develop specific tactics and activities to meet those strategic goals. To achieve this important work, the "LEAN A3 Methodology" was implemented to align work activities across the organization that support the completion of the strategic goals. As you may recall, this is one of several important process discipline methodologies being implemented that I previously outlined in my March update. The A3 methodology is ongoing standard work for all leadership at Bartlett Regional Hospital and the group meets quarterly to present progress, collaborate, and celebrate wins.

Step 1: Strategies were assigned an owner. This provides clear accountability for implementing the activities necessary to achieve the strategies.

Strategy	Owner
Strategy #1 Deliver seamless continuity of care	Kim McDowell & Gail Moorehead
Strategy #2 Support the development and alignment of employees, providers, and partners	Chad Brown
Strategy #3 Improve the infrastructure to meet community needs	Chris Letterman
Strategy #4 Optimize and drive strategic clinical growth	Joe Wanner
Strategy #5 Promote a distinct identity and brand	Erin Hardin & Nate Rumsey

Step 2: All 92 A3s developed by BRH departments were aligned with one of the five strategic goals.

As a reminder, A3 is a problem-solving tool within the LEAN methodology. It is the practice of writing down on a single sheet of paper (size A3) a specific problem (or activity), analysis of the issue, and corrective actions. Effective use of A3 clarifies issues and promotes action and resolution with clear responsibility. It is a discipline designed to align activities with strategy, as well as develop leaders' critical thinking skills regarding business problems and solutions.

Step 3: The multi-year strategic goals were sorted into a timeline as follows:

1. FY 24 Sustainability and Recovery
2. FYs 25-26 Selective Investment in Growth
3. FY 27 Future Market Leadership

Step 4: The strategic goal for each period has three additional key elements:

1. Priority Focus – the priority to achieve.
2. Lean A3s – the A3(s) that align with that activity.
3. KPIs - key performance indicators that measure performance.

Step 5. Establish a Visual Management Board.

Visually publishing progress is an effective methodology to gain momentum, promote action, and improve performance. A visual management board is used to achieve progress. This technique allows all to see each other's progress. Green and red are used to indicate performance status. Management can hold huddles around the physical visual management board to explain strategy, progress, or identify impediments towards reaching the priority focus. An online SharePoint version of the visual management board is currently under development where all A3s will be available to view.

Summary:

Maintaining good organizational health requires a constant level of discipline. Within healthcare, standardization of the A3 methodology across the organization is a necessary and disciplined approach to ensuring the appropriate level of analysis and information are present as leaders make decisions.

Below are several pictures of the process and visual management board. Strategy 4 was used for illustrative purposes along with a picture of the visual management board.

Bartlett Regional Hospital Strategic Plan 2024 -2027 DRAFT 2 (April 9/24)

VISION: Bartlett Regional Hospital provides Its community with quality, patient centered care in a sustainable manner.

STRATEGIES	2024 Sustainability & Recovery	2025 - 2026 Selective Investment in Growth	2027 Future Market Leadership
I. Deliver seamless continuity of care: Deliver quality, cost effective medical care, meeting patients where they are with services they need	• Initiate Discussions with CBJ On Local Health Care • Assess Payer Contracts & Reimbursement Levels • Conduct a Legal Review of the Market • Evaluate Pharmacy 340B Opportunities • Implement Cruise Line Liaison Program	• Extend BRH Technologies to New Partners • Enhance Continuity of Care Across Care Venues & Organizational Boundaries. • Achieve Top Quartile Performance in Quality • Achieve High Reliability Organization Designation • Improve Patient Satisfaction	• Partner With Remote Health Care Providers • Increase Market Share for Surgery, Women's Services, & Orthopedics • Develop Strategy to Better Address Disparities in Healthcare.
II. Support the development and alignment of employees, providers, and partners: Cultivate a work environment that enables our employees, providers, and partners to thrive aligning around our mission, vision and values.	• Celebrate Successes with our Team Members • Implement Employee & Provider Engagement Survey Response Plans • Grow Our Own Keep Our Own Initiative • Implement Executive Team Rounding	• Achieve Top Employer of Choice Rating • Continue Employee & Provider Engagement Response Plans • Share Value Stories in Multiple Venues/Methods • Continue Employee/Physician Recognition Programs Aligned to BRH Values	• Maintain Employer of Choice • Achieve Health Care Training Site of Choice • Expand Relationships with Educational Institutions • Expand Grow Our Own Keep Our Own
III. Improve infrastructure to meet community needs: Develop and maintain the physical and technology infrastructure needed to meet the growing health care service, access, and convenience needs of our patients	• Conduct comprehensive IS Assessment • Survey Customers on IS Performance (VOC) • Conduct Applications Rationalization, IS Delivery, and Cyber Security • Build an IS Delivery Model & Governance • Create an IS Long Range Plan & Project Profile	• Initiate IS Long Range Plan 2025 -2027 • Focus on ERP/Finance, Meditech Optimization, PACS, Infrastructure Modernization, and Applications Rationalization • Build the Enterprise Architecture System Standards • Initiate Analytics Project	• Advance Telemedicine & Digital Transformation Projects to Improve Quality, Reduce Physician Burn Out, Consumers Interaction, & Financial Performance. • Enhance Interconnectivity Infrastructure to Support Interoperability with key Bartlett Partnerships. • Evaluate AI and Emerging Technologies
IV. Optimize and drive strategic clinical growth: Achieve long term sustainability through optimization of operations and selective investment in service line growth	• Implement Cost Controls • Initiate Orthopedics Center of Excellence • Organizational Re -design for Core and Non -Core Functions. • Initiate Reimbursement Maximization Program • Evaluate Facility Space Usage	• Women's Service Line Growth Plan • Operationalize Orthopedics Center of Excellence • Cardiovascular Diagnostics Growth Plan • Surgery Services Optimization & Growth • Facility Space Master Plan	• Continue to Grow Women's Service Lines, Orthopedics, Surgery and Cardiovascular Diagnostics • Expand Partnerships & Affiliations with Organizations who Align with BRH Mission • Evaluate Outpatient Service Opportunities
V. Promote a distinct identity and brand: Strengthen community engagement and increase awareness of the range and quality of services offered, elevation the reputation of the organization within Southeast Alaska	• Market Assessment (Risks, Competition, etc.) • Re-Visit Strategic Marketing/Communications Plan • Develop Community Engagement Plan • Build Out LEAN Visual Management Physical Space • Implement Targeted Digital Marketing Campaigns	• Evaluate Consumer Online Digital Platform • Leverage Market Assessment for Potential Service Expansion • Increase Philanthropic Engagements • Implement Community Engagement Plan • Assess Potential Re -Branding Plan	• Apply for Performance Excellence Designations • Implement (potentially) BRH Re -Branding • Promote New & Emerging Partnership Affiliations • Continue Marketing Plan for Service Line Growth

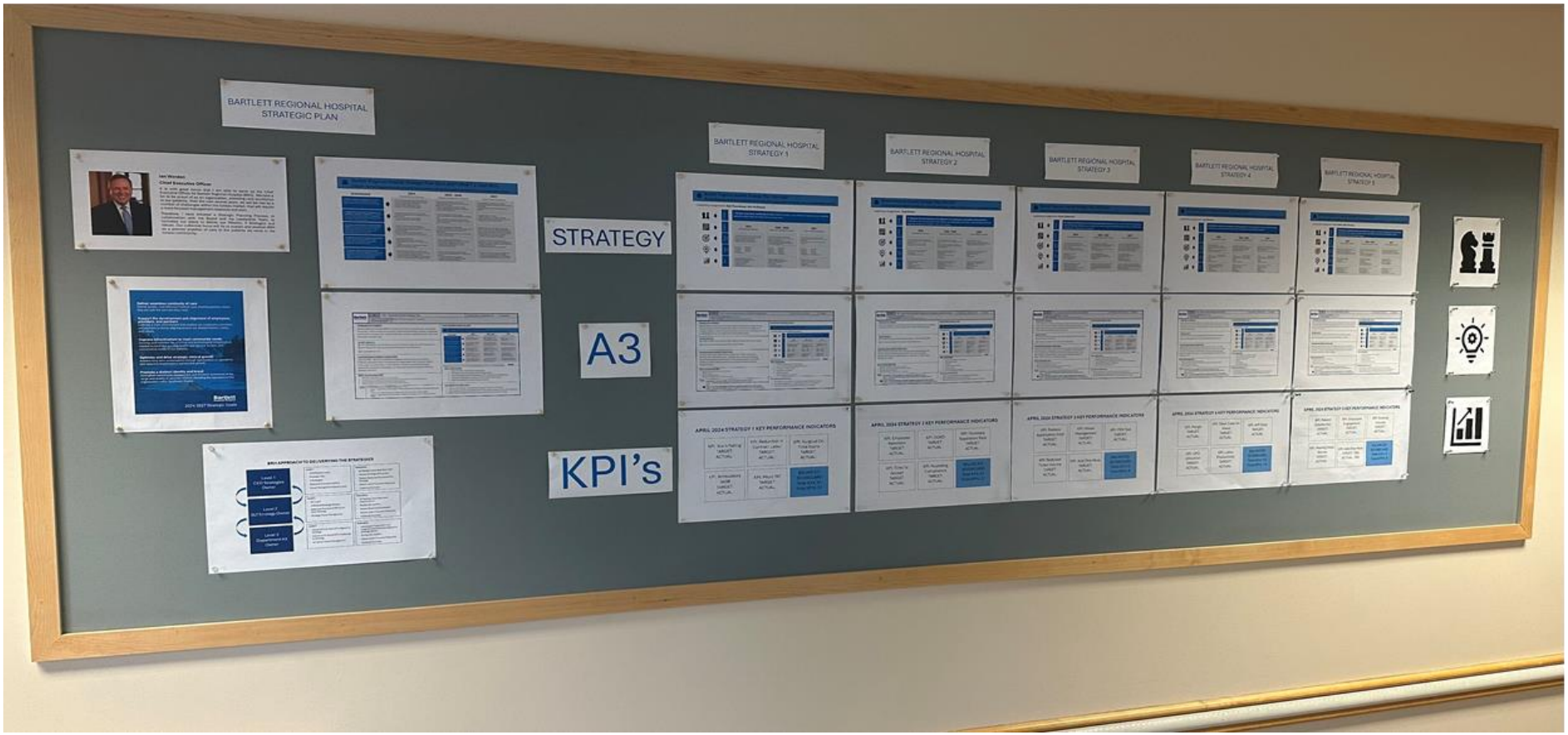
Bartlett Regional Hospital Strategic Plan 2024 -2027

Bartlett Regional Hospital provides Its community with quality, patient centered care in a sustainable manner.

Leadership Assignment: **Joe Wanner**

Strategy	**IV. Optimize and drive strategic clinical growth** Achieve long term sustainability through optimization of operations and selective investment in service line growth		
Timeline	**2024** Sustainability & Recovery	**2025 - 2026** Selective Investment in Growth	**2027** Future Market Leadership
Priority Focus	• Implement Cost Controls • Initiate Orthopedics Center of Excellence • Organizational Re -design for Core and Non -Core Functions. • Initiate Reimbursement Maximization Program • Evaluate Facility Space Usage	• Women's Service Line Growth Plan • Operationalize Orthopedics Center of Excellence • Cardiovascular Diagnostics Growth Plan • Surgery Services Optimization & Growth • Facility Space Master Plan	• Continue to Grow Women's Service Lines, Orthopedics, Surgery and Cardiovascular Diagnostics • Expand Partnerships & Affiliations with Organizations who Align with BRH Mission • Evaluate Outpatient Service Opportunities
LEAN A3's	• HIM (2) Orthopedics Program • General Accounting Functional Space Plan • Case Management (4) • PFS (3) • PAS (3) • Material Management (2)	• HIM (2) Orthopedics Program • General Accounting Women's' Services • Case Management (4) Diagnostics Imaging • PFS (3) • PAS (3) • Material Management (2)	• HIM (2) Orthopedics Program • General Accounting Woman's Services • Case Management (4) Diagnostic Imaging • PFS (3) • PAS (3) • Material Management (2)
KPI's	• Balanced Scorecard for Strategy #4 • Meet 3% Margin (by calendar yea end) • Days Cash On Hand KPI • AR Days • GPO Utilization • Labor Productivity KPI	• Balanced Scorecard for Strategy #4 • Maintain 3% Margin • Days Cash on Hand KPI • AR Days • GPO Utilization • Labor Productivity	• Balanced Scorecard for Strategy #4 • Maintain 3% Margin • Days Cash on Hand KPI • AR Days • GPO Utilization • Labor Productivity

BARTLETT REGIONAL HOSPITAL STRATEGIC PLAN – VISUAL MANAGEMENT BOARD



Community Relations:

A digital service line campaign, “Specialized Care Within Reach” will be launching at the end of May/early June and will run for 2-3 months. The digital campaign (display, video, and search) aims to spotlight Bartlett as a distinguished provider of top-notch local care within Southeast Alaska. This campaign aligns with the board’s strategy to promote a distinct identity and brand.

The primary objective of this campaign is to position Bartlett as the premier provider of high-quality local care within Southeast Alaska, ultimately driving patient engagement and reinforcing brand reputation. Specifically, the campaign aims to achieve the following goals:

1. *Showcase Bartlett's commitment to excellence*: Emphasize Bartlett's dedication to providing high-quality care, instill confidence in potential patients, and reinforce Bartlett's reputation as a trusted healthcare provider within the community.
2. *Highlight specific service lines*: Spotlight key service lines (Diagnostic Imaging, Oncology, Surgical Services, and Lab), demonstrating Bartlett's advanced medical capabilities and expertise in specialized care.
3. *Increase patient engagement*: Drive patient inquiries and appointments, increasing patient engagement with Bartlett's healthcare services.
4. *Enhance brand recognition*: Strengthen Bartlett's brand presence across digital channels, increasing awareness and recognition among the target audience.

Success metrics for this campaign will include traffic to the campaign landing page, growth in patient inquiries and appointments, positive feedback and engagement on social media platforms, and overall brand perception and recognition within the target audience. Following the campaign period, paid digital ad channels and metrics will be reviewed and will inform future digital campaigns and media buying efforts.

CHIEF NURSING OFFICER/CHIEF OPERATING OFFICER:

Seven LPN (Licensed Practical Nurse) graduates have been placed throughout the organization; two going to the Mother/Baby Unit, two to the Medical Surgical Unit and two to Wildflower Court. Bartlett is very excited to have LPNs working once again in our organization to help support our existing teams and decrease our contract labor. Another cohort of LPNs that are sponsored by BRH will begin soon after an interview process for the program admittance occurs. HUGE thanks to Staff Development, all the adjunct instructors and the partnership with Alaska Pacific University that helped make this possible.

Human Resources:

Key Initiatives

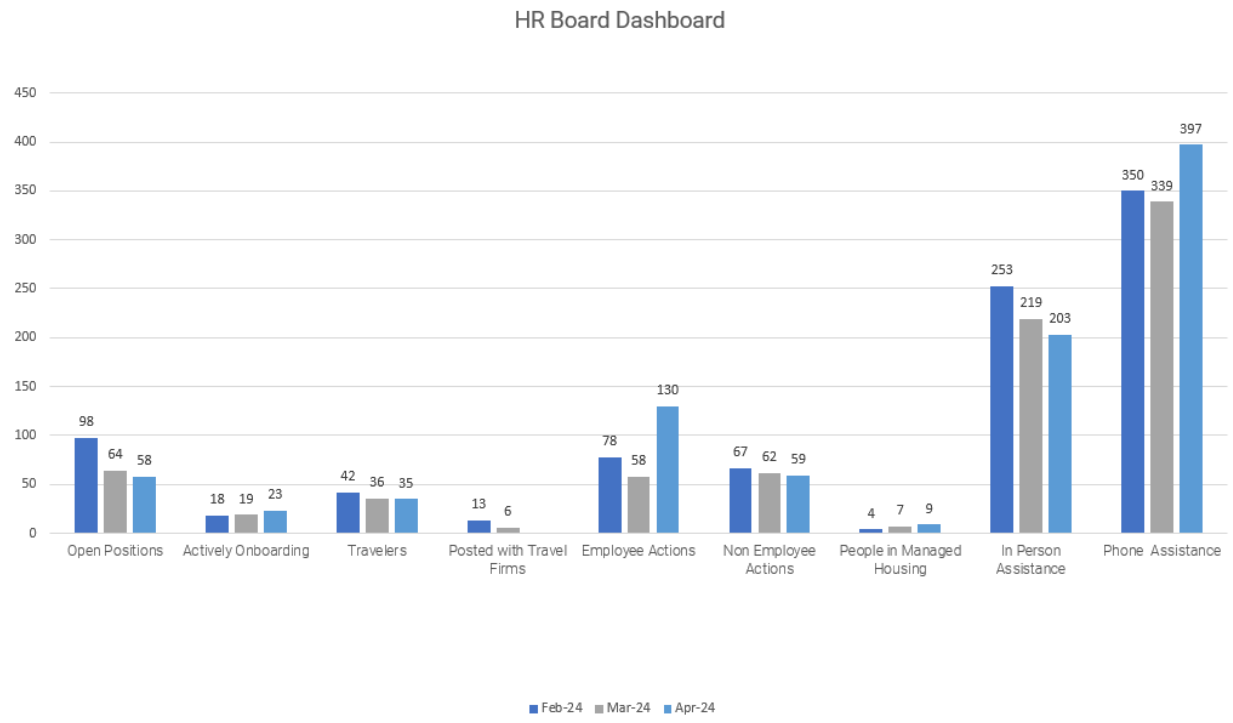
1) Using employee engagement data to improve employee satisfaction.
2) Reduction of contract staff
3) Enhancing New Employee and Supervisor/Manager Training

4) Implementing intuitive user-friendly technology to enhance employee experience and provide much needed data and reporting functionality.

Additional Critical Projects

- Union negotiations
- CEO Search
- Oversight of Strategic Goal #2 – A3s
- Digital / Paperless Transformation
- Transition to new Time and Attendance system.
- Implementation of consistent check-in meetings with recently hired staff to identify process improvements and increase engagement.
- Policy Review – All BRH HR Policies

Monthly Metrics



Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kim Stout, Post-Acute Care Services Executive Director

HOME HEALTH SERVICES

Home Health was notified on April 19th by the State of Alaska that Home Health was found to be in compliance with State/Federal regulations, effective 4/8/2024. We are now waiting on Centers for Medicare/Medicaid Services (CMS) to issue home health with a CMS Certification Number (CCN). The home care team and BRH finance department are actively preparing and performing pre-billing audits, to expedite the billing process as soon as all billing numbers are received.

Home Health welcomed Cameron Sanders, Occupational Therapist to the team on April 29th. Cameron brings many years of home health expertise and experience to our program and is excited to be returning to Juneau, working at Bartlett as an OT (Occupational Therapist) in the field that he loves, which is home health. We are excited to have him and feel he will be an excellent addition to our team.

Home Health has had a total of ninety-five admissions since inception of the program and currently has seventeen patients on service, with three pending admissions.

HOSPICE SERVICES

The hospice program director continues to work with the programs contracted billing specialist and BRH finance team to coordinate financial training to begin the reimbursement process. Once home health receives its CCN and licensure notification, completion of training will take place and billing implemented.

The Hospice program has had a total of forty-four admissions since August 2023, and has seven patients receiving service as of this date.

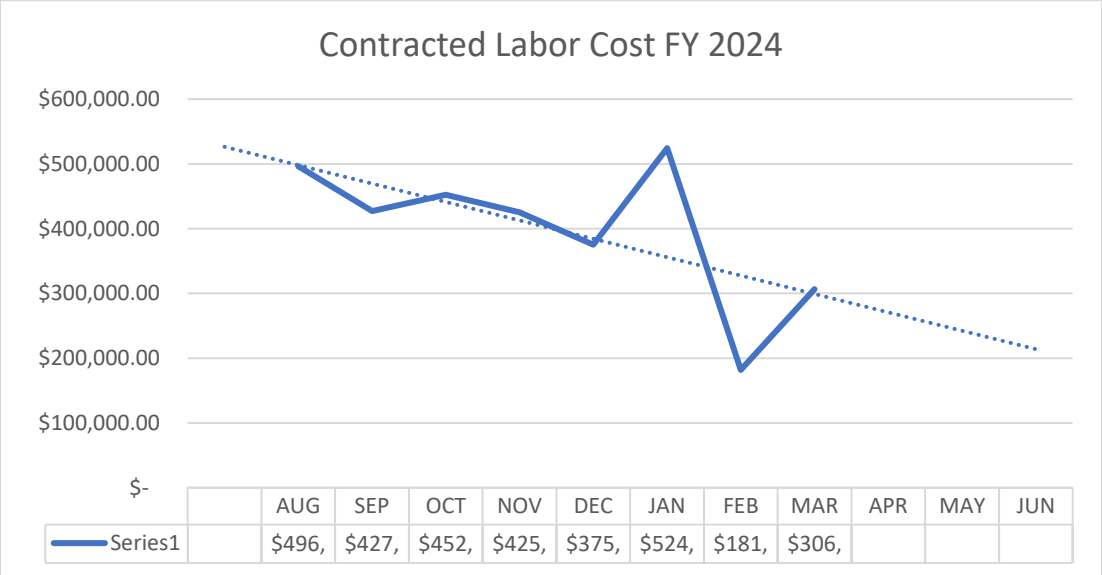
WILDFLOWER COURT (WFC)

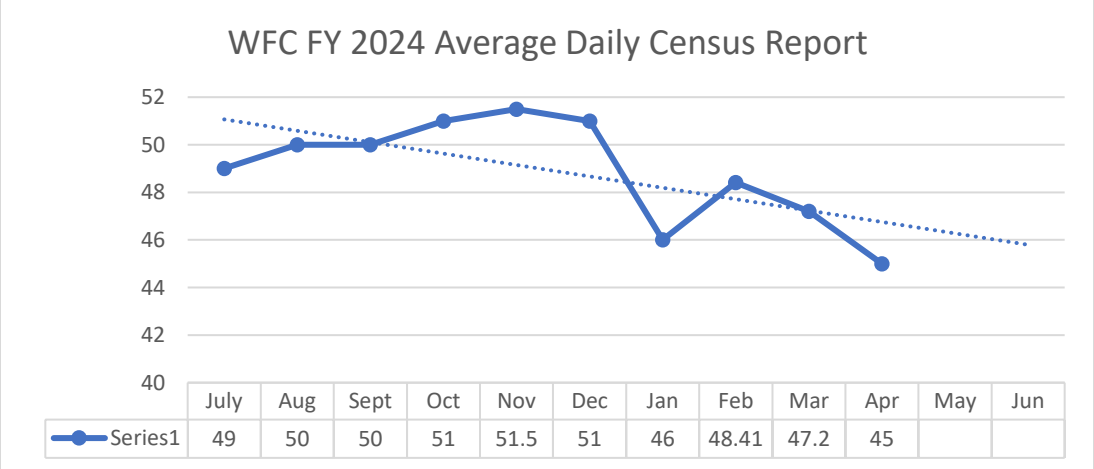
WFC's average daily census (ADC) for April, was forty-five (45). WFC has had five new admissions from 4/10/2024 through 5/15/2024. We currently have four Medicare A residents, two Medicare B residents, two private pay residents, one workman's compensation resident, and thirty-six long-term care residents. WFC has two pending long-term care referrals and one potential private pay referral.

Staffing is adequate for current needs and volume. WFC, with BRH's assistance, continues to strive to employ direct hire personnel and eliminate the use of travel nurses and certified nurse aides (CNA). We have been able to employ eight aides since January 2024 because of BRHs "Grow our Own" program. It is anticipated WFC will be able to eliminate all CNA travelers by the end of July 2024.

WFC continues to focus on decreasing falls/fall prevention; we currently have two residents on one-to-one supervision due to high rate of falls and concern for safety. He/she has experienced zero falls since implementation direct supervision.

WFC is excited to announce that BRH has received a $473,000 payment from Medicaid on our first batch of patient billing, 7/20/2023 through 7/31/2023. The finance team will continue to bill as quickly as possible to catch up and collect all of our accounts.





Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Maria Uchytil, Executive Director Bartlett Foundation

ISSUE

- This is a standing report to the board from Maria Uchytil regarding current Bartlett Foundation matters.

BACKGROUND

- The board will be briefed on current Bartlett Foundation matters in the form of a standing report.

- Behind this cover memo is the standing report for the Bartlett Foundation.

OPTIONS

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

Bartlett Regional Hospital

MEMORANDUM

DATE: May 8, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Maria E. Uchytil, Executive Director Bartlett Foundation

Current Activity/Fundraising/Events:

1. The application period for the Grace and Phil Edelman Health Science Scholarship closes on May 31st, materials are available on the Foundation's website https://www.brhfoundation.org/scholarships.
2. The pacific Fleet Navy Band performed at WFC on May 5th.
3. Wildlife Cruise scheduled for Sat. June 15th. Tickets on sale at https://blueherongifts.square.site/product/wildlife-cruise-2024/42
4. Foundation investment in BRH through April 30, 2024:

ED RN Education Q1 Funding	$20,000
Hospice Education Q1 Funding	$10,000
Suicide prevention Training	$1,500
ED and Hospice Education Q2 Funding	$6,500
Q1 Malnutrition Documentation Performance Improvement Project, (lunch and coffee cards)	$250
2024 Nursing of Excellence and Physician Appreciation Awards	$1,100
Total Amount To Date	$39,350

"If you haven't got charity in your heart, you have the worst kind of heart trouble."

Bob Hope

Bartlett Regional Hospital

MEMORANDUM

DATE: May 22, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Erin Hardin, Community Relations

ISSUE

- This is an information update to the board regarding the proposed community feedback forums planned for early June. The purpose of these special board meetings is to hear public comment on community healthcare priorities and non-core hospital programs.

BACKGROUND

- Bartlett Regional Hospital continues to face operating losses at unsustainable levels. This situation requires significant changes to core hospital operations and a community discussion on non-core services to ensure Bartlett remains independent and achieves long-term sustainability.
- Over the last several years Bartlett has added several ancillary and public health programs alongside its core services. These important community programs have been cross subsidized by the hospital for several years, largely due to insufficient state and federal funding that has led to low reimbursement rates.
- A thorough review of each of these programs was presented to the Finance Committee on May 10th and the Board of Directors on May 28th with proposed recommendations.
- The Board has given direction that it wishes to open a formal period of public comment on community healthcare priorities and non-core hospital programs.
- The public will be able to provide comment to the Board at Community Feedback Forums planned for Tuesday, June 4 and Monday, June 10 at 5:30 p.m. on the hospital campus. A virtual participation option will be available for both sessions.
- In addition, public comment can also be submitted by mail and electronically during the comment window (May 29 – June 19) through a designated webpage. All comments received during the window will be compiled and included in the public packet for the June 25th Board meeting.
- Following approval of the community feedback forum dates as part of the June calendar adoption, the hospital will advertise the forums through various channels, including a news release and social media.

OPTIONS

- This is an information update. Action will be taken under adoption of the calendar.

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Kenny Solomon-Gross, Board President

ISSUE

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

BACKGROUND

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

OPTIONS

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

SUGGESTED MOTION

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

June 2024

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

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

Committee Meeting Checkoff:
Board of Directors – 4th Tuesday every month
Board Compliance and Audit
Board Quality

Joint Conference
Finance
Governance
Planning

JUNE 2024 – BRH Board of Directors and Committee Meetings

BRH Special Board of Directors Meeting *Community Feedback Forum* 5:30pm Tuesday, June 4th
This hybrid meeting will be held in the Bartlett Regional Hospital Classrooms and via Zoom via the following link:
https://bartletthospital.zoom.us/j/99138048591
Call 1 888 788 0099 Meeting ID: 991 3804 8591

The purpose of this meeting is to hear public comment on community healthcare priorities and non-core hospital programs.

BRH Planning Committee 12:00pm Friday, June 7th
This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:
https://bartletthospital.zoom.us/j/95253799084
Call 1 888 788 0099 Meeting ID: 952 5379 9084

BRH Special Board of Directors Meeting *Community Feedback Forum* 5:30pm Monday, June 10th
This hybrid meeting will be held in the Bartlett Regional Hospital Classrooms and via Zoom via the following link:
https://bartletthospital.zoom.us/j/99138048591
Call 1 888 788 0099 Meeting ID: 991 3804 8591

The purpose of this meeting is to hear public comment on community healthcare priorities and non-core hospital programs.

BRH Finance Committee 12:00pm Monday, June 24th
This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:
https://bartletthospital.zoom.us/j/94088630653
Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board of Directors Meeting 5:30pm Tuesday, June 25th
This hybrid meeting will be held in the Bartlett Regional Hospital Boardroom and via Zoom via the following link:
https://bartletthospital.zoom.us/j/94002208623
Call 1 888 788 0099 Meeting ID: 940 0220 8623

Bartlett Regional Hospital

MEMORANDUM

DATE: May 28, 2024
TO: Bartlett Regional Hospital Board of Directors
FROM: Ian Worden, CEO

ISSUE

- The board will be briefed on confidential matters not subject to public disclosure, including the credentialing status of medical providers, discussions from the Medical Staff meeting, patient safety, any legal and litigation matters that need discussion and union negotiation updates.

BACKGROUND

- Behind this cover memo are:
    a. Credentialing files summary report
    b. May 7, 2024, Medical Staff Meeting Minutes
    c. Patient Safety Dashboard

- Additional topics to be discussed during executive session include:
    a. Legal and litigation Report
    b. Union negotiations
    c. Personnel Matter

OPTIONS

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

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital recess into executive session to discuss several matters:
    - Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, patient safety dashboard, union negotiations, and a personnel matter; and
    - To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney. *(Unnecessary staff and the Medical Chief of Staff may be excused from this portion of the session.)*