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## AGENDA – BOARD OF DIRECTORS MEETING

**DATE** Tuesday, September 23, 2025, at 5:30 p.m.  
**LOCATION** BRH Boardroom and TEAMS Videoconference  
This hybrid meeting may be accessed by the public via the following link:  
<https://bit.ly/BRHBoardofDirectorsMeetings2025>

Meeting ID: 295 750 175 155

Meeting Passcode: K4ka96dC

**Join by Phone:** 1 469 998 7360

**Phone Conference ID:** 465 244 905#

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### I. CALL TO ORDER

### II. LAND ACKNOWLEDGEMENT – John Raster, MD

*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. August 26, 2025, Draft Board of Directors Meeting Minutes (p.4)
  - B. July 2025 Financials (p.9)
  - C. Medical Staff Policy (p.22)
- ### VII. OLD BUSINESS (p.36)
- A. Hospital Capacity Update – Kim McDowell, CNO/COO
  - B. Home Health and Hospice Services Update – Heather Paige, Director (p.37)
  - C. Wildflower Court Update – Deb Koelsch, WFC Administrator (p.38)
  - D. Foundation Update – Melissa McCormick, Executive Director (p.39)
  - E. HR Board Summary – Chad Brown (p.40)
- ### VIII. NEW BUSINESS
- A. Sepsis A3 Presentation – Gail Moorehead, CQCO (p.41)
  - B. Practice Acquisition – Joe Wanner, CEO – **ACTION ITEM** (p.44)
  - C. Sobering Center – Joe Wanner, CEO – **ACTION ITEM** (p.45)

### IX. MEDICAL STAFF REPORT – Luke Mather, MD, COS

- X. **COMMITTEE MEETING UPDATES**
    - Sept. 18, 2025, Draft Finance & Audit Meeting Minutes – Shelly Deering (p.52)
      - Steris Washer – **ACTION ITEM** (p.54)
  - XI. **ADMINISTRATION REPORTS** (p.71)
    - CEO and Administration Report – Joe Wanner, CEO (p.72)
  - XII. **CBJ LIAISON REPORT** – Neil Steininger
  - XIII. **PRESIDENT REPORT** – Deb Johnston
  - XIV. **BOARD CALENDAR** – October 2025 (p.73)
  - XV. **BOARD COMMENTS AND QUESTIONS**
  - XVI. **EXECUTIVE SESSION** (p.76)
    - A. Credentialing Report – Luke Mather, MD
    - B. September 9, 2025, Medical Staff Meeting Minutes – Luke Mather, MD
    - C. Patient Safety Dashboards – Gail Moorehead, CQCO
      - a. Patient Dashboard
      - b. Resident Dashboard
    - D. Legal Update – Gail Moorehead, CQCO
  - XVII. **ADJOURNMENT**
- NEXT MEETING** – Tuesday, October 28, 2025, 5:30 p.m.

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Deborah (Deb) Johnston, Board President

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### ISSUE

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

### BACKGROUND

- There are four items on the consent agenda.
- Behind this cover memo are:
  - A. Draft minutes of August 26, 2025, Board of Directors Meeting
  - B. July 2025 Financials
  - C. Revisions to Medical Staff Documents
    - I. Delineation of privileges for Family Medicine with OB
    - II. Senior Medical Staff Fitness Policy

### OPTIONS

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

### ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

### SUGGESTED MOTION

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

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## DRAFT MINUTES – BOARD OF DIRECTORS MEETING

**DATE:** August 26, 2025

**LOCATION:** BRH Classrooms and TEAMS Videoconference

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- I. **CALL TO ORDER** – 5:30 p.m. by Deborah (Deb) Johnston, Board President
- II. **LAND ACKNOWLEDGEMENT** – Ms. Davis provided the land acknowledgement: *Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.
- III. **ROLL CALL**  
**Board Members Present:** *(Virtual attendees italicized)*  
**President:** Deb Johnston, **Vice-President:** John Raster, MD, **Secretary:** Hal Geiger, *Lisa Petersen*, Chris Letterman, Max Mertz, Kenny Solomon-Gross, Brent Tingey, DMD, and Shelly Deering.  
  
**Also Present:** *(Virtual attendees italicized)* Joe Wanner, Angela Davis, Kim McDowell, Chad Brown, *Deb Koelsch*, Heather Paige, Alex Malter, MD, Neil Steininger, *Melissa McCormick*, Jennifer Twito, *Erin Hardin*, Mark Sabbatini, and Anita Moffitt.
- IV. **APPROVAL OF AGENDA** – MOTION by Mr. Geiger to approve the agenda as presented. Ms. Deering seconded. There being no objection, MOTION approved.
- V. **PUBLIC PARTICIPATION** – None
- VI. **CONSENT AGENDA** – MOTION by Mr. Solomon-Gross to approve the consent agenda. Mr. Letterman seconded. There being no objection, MOTION to approve consent agenda consisting of the July 22, 2025, Board of Directors (BOD) meeting minutes, August 15, 2025, Special BOD meeting minutes, preliminary June 2025 Financials, revisions to the Medical Staff Bylaws, Organization Manual, General Surgery Delineation of Privileges (DOP), Radiation Oncology DOP, and Elective Cardioversion Policy was approved.
- VII. **OLD BUSINESS**  
**Hospital Capacity Update** - Kim McDowell, CNO/COO reported patient days in July: CCU – 84 , Med Surg – 448, MHU – 135, OB – 45, and Newborn Nursery 40. The ED saw 1,210 patients in July. There are 2 patients waiting for assisted living placement and 1 waiting for long-term care placement. There are 2 Covid positive patients in the hospital

and several staff out. There are 6 Covid positive residents in Wildflower Court. Masking in WFC has been instituted again.

**Home Health and Hospice Services Update** – Ms. Paige reported Home Health had 23 admissions with 5 recertifications for the month of July. There are 7 admissions pending as of August 20<sup>th</sup> and 25 patients are currently receiving services. Hospice had 4 admissions in July and has 4 patients currently receiving services. Hospice Average Daily Census (ADC) for the month of July was 8 and the average Length of Stay (LOS) was 19 days.

**Wildflower Court (WFC) Update** – Ms. Koelsch reported the ADC for WFC was 53.58 in July. It is currently 56. Staffing with travelers is currently at 21%.

**Foundation Update** – Ms. McCormick reported the following: The Grace and Phil Edelman Scholarship total distribution for the 2025-2026 school year is \$31K. We had a great turnout for the wellness events for the BRH staff and their families on August 1<sup>st</sup> and 3<sup>rd</sup>. Planning has begun for the Donor Appreciation Pig Roast to be held at the Juneau Yacht Club on October 4<sup>th</sup>. Foundation investments in BRH through August 21<sup>st</sup> are \$54,127. At Mr. Solomon-Gross' request, Ms. McCormick provided an update on the gift shop and the efforts underway to incentivize another vendor to run the coffee shop. Estimated startup cost is \$10K. Mr. Wanner will talk to Ms. McCormick about BRH possibly purchasing the coffee makers to help reduce the start up costs of opening a new shop.

## VIII. NEW BUSINESS

**Workforce Development Program A3 Presentation** – Ms. Twito introduced herself as the Training and Workforce Program Director. She then provided an overview of the Certified Nurse Aide (CNA) Program presentation included in the packet. Hospitals across the nation are experiencing critical CNA shortages. BRH's CNA program was accredited by the AK Board of Nursing in the spring of 2021. It is an 8-week hybrid course with 140 hours of in person, on-line and clinical components. Our goal is to build and sustain a local CNA training program that supports BRH strategy, strengthens Grow our Own Keep Our Own (GOKO) initiatives, and improve recruitment and retention. (Contracted travel CRNAs are 3 times as expensive as permanent CNAs.) BRH has created a dedicated space for training and testing. Mr. Mertz initiated a discussion about rate of pay for CNAs. Ms. Twito highlighted the number of trained CNAs and the pass rate of students from June 2023 through May 2025. 25 of the 36 CNAs trained during this time have been retained by BRH. 13 students have completed the summer cohort and will sit for the state licensing exam on September 2<sup>nd</sup>. BRH is constantly expanding partnerships for nursing programs. Current partners include Alaska Pacific University's Licensed Practical Nursing (LPN) program and LPN to associate's degree Nurse (RN) bridge program., University of Alaska Anchorage (UAA) Associate Degree Nursing program, Nightingale Nursing Solutions Bachelor's Degree Nursing program, Columbia University's direct entry Master of Nursing program, and the University of Providence's direct entry Bachelor of Nursing program. BRH also provides a link on its website for students to request to schedule clinical rotations at BRH. Ms. Twito also highlighted expanding partnerships for Allied Health programs, apprenticeship model vendor certifications, high school and college job shadow opportunities and the K-12

pipeline programs. Board members expressed appreciation for the presentation and for all of the hard work put into these programs.

**IX. MEDICAL STAFF REPORT** – Alex Malter, MD., reported the August 12<sup>th</sup> Medical Staff meeting was business as usual.

**X. COMMITTEE MEETING UPDATES**

**Governance Committee Meeting** – Mr. Geiger reported the last board self-evaluation, conducted a couple of years ago was very complicated with lots of numbers. The Governance Committee reviewed and approved a simplified evaluation process (draft included in the packet) that is now before the board for consideration of approval.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital adopt this draft as its self-evaluation tool for this year. Mr. Mertz seconded. There being no objection, MOTION approved.

**Joint Planning and Finance & Audit Committee Meeting** – Mr. Solomon-Gross reported the minutes from the August 15<sup>th</sup> meeting accurately reflect the conversations from the meeting. He noted that they had received updates on current projects and the progress on the Master Facility Plan. Planning Committee will not meet in September. Mr. Mertz reported that Ms. Davis had provided an overview of the preliminary financial statements for the end of the fiscal year. There is roughly a \$15M turnaround from the year prior. He also noted the committee approved the action item for the replacement of the Dukane nurse call system with a Hillrom/Baxter call system. This action item is now before the board for consideration of approval. Ms. McDowell reported the current Dukane system is at its end of life and will be unrepairable if any infrastructure parts fail. She then highlighted the steps taken to determine what was needed and what the cost would be to replace the current system with the Hillrom/Baxter call system.

MOTION from the Finance Committee that the Board of Directors of Bartlett Regional Hospital to approve an amount, not to exceed \$1.1M for the Hillrom/Baxter replacement nurse call system. There being no discussion or objection, MOTION approved.

Mr. Mertz reported a discussion about the housing shortage in Juneau had also been held during the meeting. Unavailability of housing greatly impacts recruitment efforts, so we are looking at options to resolve this issue. One option includes the expansion of Bartlett House. Mr. Wanner is working with the BRH Foundation and Wayne Jensen to determine if this is even possible. If so, discussions will need to be held about whether the Foundation can take this project on or not and if it would be possible for BRH to grant the Foundation money to help fund the project. Since this is a statewide problem, Mr. Wanner has also engaged with the state to see if they would help support this initiative through the Rural Health Transportation Fund. BRH would include this project in the FY27 budget if approved. Ms. Johnston added that there had also been a very high-level discussion at the meeting about the number and type of units we would want.

Ms. Johnston expressed appreciation to Mr. Mertz for sticking with the BOD through the series of turnovers of CFOs over the years. She and Mr. Solomon-Gross greatly appreciate the guidance and support they have received from Mr. Mertz.

**XI. ADMINISTRATION REPORTS**

CEO and Administration report – Mr. Wanner reported the following: BRH is the only hospital in Alaska to achieve a Center for Medicare and Medicaid Services (CMS) 5-star quality rating. He also reported that BRH put in a lot of work and effort into responding to the state’s Request for Information (RFI) for the Rural Health Transformation Funds that was due on August 18<sup>th</sup>. BRH continues to have staffing issues. Opening day of the Bartlett Family Medicine Clinic is September 2<sup>nd</sup>. Dr. Miller’s recently vacated space is being set up for visiting specialists to conduct clinics in. BRH is cohosting the annual Chamber dinner this year with SouthEast Alaska Regional Health Consortium (SEARHC) on October 10<sup>th</sup>. We are working with the medical staff and Credentials Committee to allow Certified Registered Nurse Anesthetists (CRNAs) to provide anesthesia services in our operating rooms. Mr. Mertz initiated a discussion about the sleep off center. With the change in leadership, it is no longer an option to continue sleep off services at Gastineau Human Services (GHS). Mr. Wanner is working with St. Vincent DePaul (SVD) on a possible short-term solution. Ms. Johnston reported that SVD, with the help of Mr. Wanner and Noelle Derse, have submitted a grant application to CBJ for funding to renovate the SVD sleep off space as originally planned. In the meantime, SVD has tentatively volunteered to host the Covid cabin in their parking lot for sleep off services. Ms. Johnston stated that she had received information about the grant application from several people, including Robert Barr. Because of this, she believes the city supports this plan. Dr. Raster initiated a conversation about dermatology services and about pediatrician Hannah Parker, MD. Dr. Parker is interested in moving to Juneau and joining the Bartlett Family Medicine clinic next spring. Mr. Wanner reported that he has appointed Heather Paige, Dr. Taylor Dunn, Heather Richter, Jen Carson, and Anya Maier to the Home Health & Hospice (HH&H) Professional Advisory Committee.

**XII. PRESIDENT REPORT** - Ms. Johnston reported that she, and others will be interviewed tomorrow to provide feedback for the Master Facility Plan.

**XIII. CBJ LIAISON REPORT** – Mr. Steinger expressed thanks for the update on the sobering center. It will be a topic of discussion at the Assembly’s next Finance Committee meeting. He reported city staff have been very busy with the flood and monitoring the HESCO barriers. There is an election coming up in October. There are three questions on the ballot related to financial aspects of the city. These questions are related to the mill rate, sales tax exemptions, and seasonal sales tax. Lots of conversations have been held and will continue to be held about safety in the Teal Street area. Public hearings are being held this week related to the comprehensive plan for CBJ. Rank choice voting will be on the agenda for public comment at the November Assembly meeting.

**XIV. BOARD CALENDAR** - September 2025 calendar reviewed. Finance Committee meeting moved to September 18<sup>th</sup> at 12:00pm, Ms. Deering will chair the meeting. There were no other changes.

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

**November and December Board of Directors (BOD) Meetings** - Ms. Johnston noted the November and December BOD meetings are scheduled to take place 2 days before a

holiday. She proposed moving the November meeting to November 18<sup>th</sup> and the December meeting to December 16<sup>th</sup>. There were no objections to these proposed changes.

**XV. BOARD COMMENTS AND QUESTIONS** – Mr. Brown read a comment entered into the chat by Ms. Twito. She said none of the workforce development programs we have developed would be successful without our frontline staff and BRH leadership. She also gave special thanks to her team who does most of the heavy lifting to ensure students are successful.

**XVI. 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 Dashboards, and legal updates.

Mr. Mertz seconded. There being no objection, MOTION approved.

The Board entered executive session at 7:15 p.m., after a 10-minute break, and returned to regular session at 7:25 p.m. (Mr. Solomon-Gross left the meeting at 7:25.)

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

Ms. Deering stated on behalf of Mr. Solomon-Gross, that Dr. Strickler has been a great asset to the Credentials Committee for many years and he wants the board to recognize all of the hard work Dr. Strickler had done for the committee. Mr. Mertz added that Dr. Steve Strickler and his wife Michelle have been heavily involved in the community the whole time they have lived here. They've been very active in Rotary and various non-profits, a couple of which Michelle started. They have been great community assets and Mr. Mertz hopes the Stricklers stay in Juneau.

**XVII. ADJOURNMENT** – 7:27 p.m.

**Next Meeting:** 5:30 p.m. Tuesday, September 23<sup>rd</sup>, 2025

### MEMORANDUM

**DATE:** September 18, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Angela Davis, Chief Financial Officer  
**RE:** July Financial Performance

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#### **Income Statement**

July Inpatient Revenues exceeded budget 2.5% and down from prior year due to the planned shift in service lines. The significant increase in July, over the prior period, was driven by an increase in Emergency Room 14.8%, Occupational Therapy 18.9% and Ultrasound 10.5%. July Outpatient Revenue increased \$1.5M month-over-month with the largest volume increases noted in Emergency Room 14.8%, Occupational Therapy 18.9% and Ultrasound 10.5%.

Contractual and Bad Debt write-offs were 46% of Gross Revenues, on par with the 13-month average of 46.2%. Uncompensated Care was at 0.2% in July compared to the 13-month average of 3.0%. The result was Net Operating Revenue totaling \$14.2M, which exceeded the 13-month rolling average of \$13.1M.

Insignificant expense variations from budget overall with some shift in expense line items the most notable of \$304K in Materials and Supplies. Physician Contracts and Medical Professional Fees over budget \$50K and \$42K respectively due to OR anesthesia services and additional materials and supplies to support opening the third operating room.

The Net Gain/(Loss) for consolidated hospital operations for the month of July was \$315K, and the rolling 13-month average monthly gain for the hospital is now \$664K.

#### **Balance Sheet**

Unrestricted Cash (Cash + Board Designated Cash) decreased from the prior month from \$38.1M to \$35.6M. The decrease in cash is primarily due catching up A/P payments that were slow to process during the implementation of NetSuite as noted in the decrease in accounts payable of \$1.2M.

Net Accounts Receivable were \$28.6M consistent with prior months .

### **Wildflower Court (WFC)**

For the month of July, WFC had \$1.41M of Net Operating Revenues on \$1.64M of Gross Revenues. The contractual allowance includes an estimated reimbursement reduction as preliminarily indicated by the State.

Expenditures exceeded budget \$105K with salaries and wages the primary driver by \$117K. Contract labor exceeded budget \$5K reflecting an increase in employed staff and decrease in contractors.

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

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$6,117,942	\$6,010,911	\$107,031	1.8%	\$7,036,846	1. Inpatient Revenue	\$6,117,942	\$6,010,911	\$107,031	1.8%	\$7,036,846	-13.1%
\$1,249,367	\$1,178,460	\$70,907	6.0%	\$1,324,797	2. Inpatient Ancillary Revenue	\$1,249,367	\$1,178,460	\$70,907	6.0%	\$1,324,797	-5.7%
\$7,367,309	\$7,189,371	\$177,938	2.5%	\$8,361,643	3. Total Inpatient Revenue	\$7,367,309	\$7,189,371	\$177,938	2.5%	\$8,361,643	-11.9%
\$17,051,806	\$16,049,648	\$1,002,158	6.2%	\$15,561,815	4. Outpatient Revenue	\$17,051,806	\$16,049,648	\$1,002,158	6.2%	\$15,561,815	9.6%
\$24,419,115	\$23,239,018	\$1,180,097	5.1%	\$23,923,458	5. Total Patient Revenue - Hospital	\$24,419,115	\$23,239,018	\$1,180,097	5.1%	\$23,923,458	2.1%
\$0	\$11	-\$11	-100.0%	\$440,031	6. RRC Patient Revenue	\$0	\$11	-\$11	-100.0%	\$440,031	-100.0%
\$93,440	\$209,910	-\$116,469	-55.5%	\$182,057	7. BHOPS Patient Revenue	\$93,440	\$209,910	-\$116,469	-55.5%	\$182,057	-48.7%
\$1,778,440	\$1,844,302	-\$65,862	-3.6%	\$1,587,607	8. Physician Revenue	\$1,778,440	\$1,844,302	-\$65,862	-3.6%	\$1,587,607	12.0%
\$26,290,996	\$25,293,241	\$997,754	3.9%	\$26,133,153	9. Total Gross Patient Revenue	\$26,290,996	\$25,293,241	\$997,754	3.9%	\$26,133,153	0.6%
Deductions from Revenue:											
\$1,579,288	\$2,049,279	-\$469,991	-22.9%	\$2,283,422	10. Inpatient Contractual Allowance	\$1,579,288	\$2,049,279	-\$469,991	-22.9%	\$2,283,422	-30.8%
\$2,368,186	\$1,399,728	\$968,458	69.2%	\$1,768,050	10a. Rural Demonstration Project	\$2,368,186	\$1,399,728	\$968,458	69.2%	\$1,768,050	33.9%
\$7,043,750	\$4,961,245	\$2,082,506	42.0%	\$6,874,937	11. Outpatient Contractual Allowance	\$7,043,750	\$4,961,245	\$2,082,506	42.0%	\$6,874,937	2.5%
\$1,046,940	\$862,644	\$184,295	21.4%	\$932,568	12. Physician Service Contractual Allowance	\$1,046,940	\$862,644	\$184,295	21.4%	\$932,568	12.3%
\$0	\$0	\$0	#DIV/0!	\$3,761	13. Other Deductions	\$0	\$0	\$0	0.0%	\$3,761	-100.0%
\$27,423	\$38,157	-\$10,733	-28.1%	\$40,798	14. Charity Care	\$27,423	\$38,157	-\$10,733	-28.1%	\$40,798	-32.8%
\$26,236	\$661,382	-\$635,146	-96.0%	\$382,413	15. Bad Debt Expense	\$26,236	\$661,382	-\$635,146	-96.0%	\$382,413	-93.1%
\$12,091,824	\$9,972,435	\$2,119,389	21.3%	\$12,285,950	16. Total Deductions from Revenue	\$12,091,824	\$9,972,435	\$2,119,389	21.3%	\$12,285,950	-1.6%
36.8%	11.5%			38.6%	% Contractual Allowances / Total Gross Patient Revenue	45.8%	36.7%			45.4%	
0.2%	2.8%			1.6%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.2%	2.8%			1.6%	
46.0%	39.4%			47.0%	% Total Deductions / Total Gross Patient Revenue	46.0%	39.4%			47.0%	
\$14,199,172	\$15,320,806	-\$1,121,634	-7.3%	\$13,847,203	17. Net Patient Revenue	\$14,199,172	\$15,320,806	-\$1,121,634	-7.3%	\$13,847,203	2.5%
\$60,364	\$53,350	\$7,013	13.1%	\$59,588	18. Other Operating Revenue	\$60,364	\$53,350	\$7,013	13.1%	\$59,588	1.3%
\$14,259,536	\$15,374,156	-\$1,114,621	-7.2%	\$13,906,792	19. Total Operating Revenue	\$14,259,536	\$15,374,156	-\$1,114,621	-7.2%	\$13,906,792	2.5%
Expenses:											
\$5,555,198	\$5,448,066	\$107,132	2.0%	\$5,135,073	20. Salaries & Wages	\$5,555,198	\$5,448,066	\$107,132	2.0%	\$5,135,073	8.2%
\$368,248	\$481,869	-\$113,621	-23.6%	\$341,363	21. Physician Wages	\$368,248	\$481,869	-\$113,621	-23.6%	\$341,363	7.9%
\$931,382	\$802,781	\$128,602	16.0%	\$630,818	22. Contract Labor	\$931,382	\$802,781	\$128,602	16.0%	\$630,818	47.6%
\$2,462,200	\$2,635,076	-\$172,876	-6.6%	\$2,456,644	23. Employee Benefits	\$2,462,200	\$2,635,076	-\$172,876	-6.6%	\$2,456,644	0.2%
\$9,317,028	\$9,367,792	-\$50,764	-0.5%	\$8,563,898	% Salaries and Benefits / Total Operating Revenue	\$9,317,028	\$9,367,792	-\$50,764	-0.5%	\$8,563,898	8.8%
65.3%	60.9%			61.6%		65.3%	60.9%			61.6%	
\$94,294	\$52,532	\$41,762	79.5%	\$53,186	24. Medical Professional Fees	\$94,294	\$52,532	\$41,762	79.5%	\$53,186	77.3%
\$574,525	\$524,441	\$50,084	9.5%	\$435,265	25. Physician Contracts	\$574,525	\$524,441	\$50,084	9.5%	\$435,265	32.0%
\$314,109	\$284,326	\$29,783	10.5%	\$242,873	26. Non-Medical Professional Fees	\$314,109	\$284,326	\$29,783	10.5%	\$242,873	29.3%
\$2,011,334	\$1,707,886	\$303,448	17.8%	\$1,797,463	27. Materials & Supplies	\$2,011,334	\$1,707,886	\$303,448	17.8%	\$1,797,463	11.9%
\$200,001	\$184,886	\$15,114	8.2%	\$105,506	28. Utilities	\$200,001	\$184,886	\$15,114	8.2%	\$105,506	89.6%
\$394,385	\$470,578	-\$76,193	-16.2%	\$502,568	29. Maintenance & Repairs	\$394,385	\$470,578	-\$76,193	-16.2%	\$502,568	-21.5%
\$103,251	\$93,884	\$9,367	10.0%	\$77,872	30. Rentals & Leases	\$103,251	\$93,884	\$9,367	10.0%	\$77,872	32.6%
\$131,096	\$105,200	\$25,896	24.6%	\$91,879	31. Insurance	\$131,096	\$105,200	\$25,896	24.6%	\$91,879	42.7%
\$579,866	\$630,704	-\$50,838	-8.1%	\$577,713	32. Depreciation & Amortization	\$579,866	\$630,704	-\$50,838	-8.1%	\$577,713	0.4%
\$148,980	\$88,527	\$60,453	68.3%	\$85,061	33. Interest Expense	\$148,980	\$88,527	\$60,453	68.3%	\$85,061	75.1%
\$129,331	\$157,128	-\$27,797	-17.7%	\$135,919	34. Other Operating Expenses	\$129,331	\$157,128	-\$27,797	-17.7%	\$135,919	-4.8%
\$13,998,199	\$13,667,884	\$330,316	2.4%	\$12,669,202	35. Total Expenses	\$13,998,199	\$13,667,884	\$330,316	2.4%	\$12,669,202	10.5%
\$261,336	\$1,706,273	-\$1,444,936	-84.7%	\$1,237,589	36. Income (Loss) from Operations Non-Operating Revenue	\$261,336	\$1,706,273	-\$1,444,936	-84.7%	\$1,237,589	-78.9%
\$61	\$101,525	-\$101,464	-99.9%	\$302,387	37. Interest Income	\$61	\$101,525	-\$101,464	-99.9%	\$302,387	-100.0%
\$53,093	\$84,910	-\$31,817	-37.5%	\$43,727	38. Other Non-Operating Income	\$53,093	\$84,910	-\$31,817	-37.5%	\$43,727	21.4%
\$53,154	\$186,435	-\$133,281	-71.5%	\$346,114	39. Total Non-Operating Revenue	\$53,154	\$186,435	-\$133,281	-71.5%	\$346,114	-84.6%
\$314,490	\$1,892,707	-\$1,578,218	-83.4%	\$1,583,704	40. Net Income (Loss)	\$314,490	\$1,892,707	-\$1,578,218	-83.4%	\$1,583,704	-80.1%
1.83%	11.10%			8.90%	Income from Operations Margin	1.83%	11.10%			8.90%	
2.21%	12.31%			11.39%	Net Income	2.21%	12.31%			11.39%	

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	Gross Patient Revenue:						
\$0	\$0	\$0	0.0%	\$0	1. Inpatient Revenue	\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	-9.9%
\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	2. Inpatient Ancillary Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
					3. Total Inpatient Revenue	\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	-9.9%
\$0	\$0	\$0	0.0%	\$0	4. Outpatient Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	5. Total Patient Revenue - Hospital	\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	-9.9%
\$0	\$0	\$0	0.0%	\$0	6. RRC Patient Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	7. BHOPS Patient Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	8. Physician Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	9. Total Gross Patient Revenue	\$1,638,153	\$1,305,229	\$332,924	25.5%	\$1,818,024	-9.9%
					Deductions from Revenue:						
\$227,782	\$0	\$227,782	0.0%	\$282,471	10. Inpatient Contractual Allowance	\$227,782	\$0	\$227,782	0.0%	\$282,471	-19.4%
\$0	\$0	\$0	0.0%	\$0	10a. Rural Demonstration Project	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	13. Other Deductions	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	14. Charity Care	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	15. Bad Debt Expense	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$227,782	\$0	\$227,782	0.0%	\$282,471	16. Total Deductions from Revenue	\$227,782	\$0	\$227,782	0.0%	\$282,471	-19.4%
13.9%	0.0%			15.5%	% Contractual Allowances / Total Gross Patient Revenue	13.9%	0.0%			15.5%	
0.0%	0.0%			0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%			0.0%	
13.9%	0.0%			15.5%	% Total Deductions / Total Gross Patient Revenue	13.9%	0.0%			15.5%	
\$1,410,371	\$1,305,229	\$560,707	43.0%	\$1,535,553	17. Net Patient Revenue	\$1,410,371	\$1,305,229	\$560,707	43.0%	\$1,535,553	-8.2%
\$0	\$0	\$0	0.0%	\$0	18. Other Operating Revenue	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$1,410,371	\$1,305,229	\$105,142	8.1%	\$1,535,553	19. Total Operating Revenue	\$1,410,371	\$1,305,229	\$560,707	43.0%	\$1,535,553	-8.2%
					Expenses:						
\$493,862	\$377,195	\$116,668	30.9%	\$404,111	20. Salaries & Wages	\$493,862	\$377,195	\$116,668	30.9%	\$404,111	22.2%
\$0	\$0	\$0	0.0%	\$0	21. Physician Wages	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$283,425	\$278,073	\$5,352	1.9%	\$211,270	22. Contract Labor	\$283,425	\$278,073	\$5,352	1.9%	\$211,270	34.2%
\$193,507	\$187,260	\$6,247	3.3%	\$162,066	23. Employee Benefits	\$193,507	\$187,260	\$6,247	3.3%	\$162,066	19.4%
\$970,794	\$642,527	\$128,266	15.2%	\$777,448	% Salaries and Benefits / Total Operating Revenue	\$970,794	\$642,527	\$128,266	15.2%	\$777,448	24.9%
68.8%	64.6%			50.6%		68.8%	64.6%			50.6%	
-\$3,738	\$0	-\$3,738	0.0%	\$0	24. Medical Professional Fees	-\$3,738	\$0	-\$3,738	0.0%	\$0	#DIV/0!
\$0	\$5,730	-\$5,730	-100.0%	\$5,750	25. Physician Contracts	\$0	\$5,730	-\$5,730	-100.0%	\$5,750	-100.0%
\$3,965	\$22,831	-\$18,866	-82.6%	\$9,029	26. Non-Medical Professional Fees	\$3,965	\$22,831	-\$18,866	-82.6%	\$9,029	-56.1%
\$41,948	\$45,854	-\$3,906	-8.5%	\$32,307	27. Materials & Supplies	\$41,948	\$45,854	-\$3,906	-8.5%	\$32,307	29.8%
\$11,270	\$14,440	-\$3,170	-22.0%	\$1,976	28. Utilities	\$11,270	\$14,440	-\$3,170	-22.0%	\$1,976	470.4%
\$21,631	\$8,847	\$12,784	144.5%	\$27,490	29. Maintenance & Repairs	\$21,631	\$8,847	\$12,784	144.5%	\$27,490	-21.3%
\$260	\$332	-\$72	-21.6%	\$340	30. Rentals & Leases	\$260	\$332	-\$72	-21.6%	\$340	-23.5%
\$0	\$0	\$0	0.0%	\$0	31. Insurance	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	32. Depreciation & Amortization	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	33. Interest Expense	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$1,346	\$1,949	-\$603	-30.9%	\$2,838	34. Other Operating Expenses	\$1,346	\$1,949	-\$603	-30.9%	\$2,838	-52.6%
\$1,047,476	\$942,512	\$104,964	11.1%	\$857,177	35. Total Expenses	\$1,047,476	\$942,512	\$104,964	11.1%	\$857,177	22.2%
\$362,895	\$362,717	\$178	0.0%	\$678,376	36. Income (Loss) from Operations	\$362,895	\$362,717	\$178	0.0%	\$678,376	-46.5%
\$0	\$0	\$0	0.0%	\$0	37. Interest Income	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	38. Other Non-Operating Income	\$0	\$0	\$0	0.0%	\$0	#DIV/0!
\$0	\$0	\$0	0.0%	\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$362,895	\$362,717	\$178	0.0%	\$678,376	40. Net Income (Loss)	\$362,895	\$362,717	\$178	0.0%	\$678,376	46.5%

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

	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25	March-25	April-25	May-25	June-25	July-25
Gross Patient Revenue:													
1. Inpatient Revenue	\$7,036,846	\$6,333,852	\$5,781,389	\$5,835,839	\$5,442,089	\$5,761,789	\$5,864,861	\$5,418,484	\$6,487,556	\$5,638,768	\$6,243,836	\$6,546,024	\$6,117,942
2. Inpatient Ancillary Revenue	\$1,324,797	\$1,335,680	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129	\$873,506	\$757,887	\$1,110,830	\$1,045,914	\$1,196,024	\$1,239,110	\$1,249,367
3. Total Inpatient Revenue	\$8,361,643	\$7,669,532	\$6,951,960	\$7,007,137	\$6,437,189	\$6,764,918	\$6,738,367	\$6,176,371	\$7,598,386	\$6,684,682	\$7,439,859	\$7,785,134	\$7,367,309
4. Outpatient Revenue	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262	\$15,054,642	\$13,032,189	\$15,325,176	\$16,403,194	\$16,496,174	\$16,329,090	\$17,051,806
5. Total Patient Revenue - Hospital	\$23,923,458	\$22,858,453	\$21,421,689	\$20,644,589	\$19,717,203	\$21,268,180	\$21,793,009	\$19,208,560	\$22,923,562	\$23,087,876	\$23,936,033	\$24,114,223	\$24,419,115
6. RRC Patient Revenue	\$440,031	\$357,129	\$169,173	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519	\$130,229	\$115,172	\$139,025	\$179,488	\$109,754	\$156,823	\$93,440
8. Physician Revenue	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639	\$1,907,427	\$1,349,574	\$1,887,382	\$1,930,977	\$2,198,215	\$2,024,844	\$1,778,440
9. Total Gross Patient Revenue	\$26,133,153	\$25,457,625	\$23,223,168	\$22,560,373	\$21,298,926	\$23,070,338	\$23,830,665	\$20,673,306	\$24,949,969	\$25,198,341	\$26,244,002	\$26,295,891	\$26,290,996
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$4,401,472	\$3,446,469	\$3,407,027	\$2,077,696	\$2,148,694	\$2,377,844	\$2,744,850	\$2,380,591	\$3,971,487	\$3,208,320	\$3,346,447	\$3,549,585	\$3,947,474
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	\$0	\$0	\$0
11. Outpatient Contractual Allowance	\$6,874,937	\$6,469,424	\$6,155,922	\$6,228,575	\$5,775,864	\$6,169,628	\$6,547,477	\$6,031,575	\$6,751,395	\$6,972,714	\$6,894,251	\$7,157,003	\$7,043,750
12. Physician Service Contractual Allowance	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503	\$1,099,811	\$733,272	\$1,057,958	\$1,137,410	\$1,188,689	\$1,271,767	\$1,046,940
13. Other Deductions	\$3,761	\$2,780	\$0	\$0	\$0	\$5,351	\$0	\$1,847	\$3,536	\$0	\$1,784	\$0	\$0
14. Charity Care	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762	\$84,326	\$113,106	\$122,396	\$128,935	\$20,626	\$120,010	\$27,423
15. Bad Debt Expense	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245	\$775,909	\$236,012	\$811,226	\$1,294,463	\$1,214,652	\$727,969	\$26,236
16. Total Deductions from Revenue	\$12,285,949	\$11,269,378	\$10,397,413	\$9,534,322	\$9,312,228	\$10,290,333	\$10,902,373	\$9,146,403	\$12,367,998	\$12,391,842	\$12,666,449	\$12,826,334	\$12,091,824
% Contractual Allowances / Total Gross Patient	45.4%	42.2%	43.1%	40.0%	39.6%	39.7%	42.1%	42.5%	45.8%	43.5%	43.6%	45.6%	45.8%
% Bad Debt & Charity Care / Total Gross Patient	1.6%	2.0%	1.6%	2.3%	4.1%	4.9%	3.6%	1.7%	3.7%	5.6%	4.7%	3.2%	0.2%
% Total Deductions / Total Gross Patient Revenue	47.0%	44.3%	44.8%	42.3%	43.7%	44.6%	45.7%	44.2%	49.6%	49.2%	48.3%	48.8%	46.0%
17. Net Patient Revenue	\$13,847,204	\$14,188,247	\$12,825,755	\$13,026,051	\$11,986,698	\$12,780,005	\$12,928,292	\$11,526,903	\$12,581,971	\$12,806,499	\$13,577,553	\$13,469,557	\$14,199,172
18. Other Operating Revenue	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277	\$71,012	\$60,792	\$58,680	\$66,417	\$163,132	\$65,304	\$60,364
19. Total Operating Revenue	\$13,906,793	\$14,267,939	\$12,997,702	\$13,086,683	\$12,103,388	\$12,874,282	\$12,999,304	\$11,587,695	\$12,640,651	\$12,872,916	\$13,740,685	\$13,534,861	\$14,259,536
Expenses:													
20. Salaries & Wages	\$5,135,073	\$5,099,406	\$5,044,753	\$4,973,800	\$4,861,654	\$5,059,649	\$5,130,892	\$4,481,647	\$5,277,064	\$5,226,689	\$5,161,681	\$5,110,542	\$5,555,198
21. Physician Wages	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884	\$309,939	\$354,116	\$307,618	\$397,674	\$360,051	\$336,762	\$368,248
22. Contract Labor	\$630,817	\$588,960	\$558,510	\$634,255	\$554,682	\$866,065	\$927,693	\$822,660	\$697,358	\$893,319	\$1,130,472	\$1,033,441	\$931,382
23. Employee Benefits	\$2,456,644	\$2,412,833	\$2,344,551	\$2,405,564	\$2,316,425	\$2,361,836	\$2,471,749	\$2,104,826	\$2,556,596	\$2,453,339	\$2,406,985	\$2,431,583	\$2,462,200
Total Salaries and Benefits	\$8,563,897	\$8,441,999	\$8,271,242	\$8,364,863	\$8,027,000	\$8,686,434	\$8,840,273	\$7,763,249	\$8,838,636	\$8,971,021	\$9,059,189	\$8,912,327	\$9,317,028
% Salaries and Benefits / Total Operating Revenue	61.6%	59.2%	63.6%	63.9%	66.3%	67.5%	68.0%	67.0%	69.9%	69.7%	65.9%	65.8%	65.3%
24. Medical Professional Fees	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746	\$123,102	\$97,625	\$156,199	\$9,118	\$129,938	\$33,198	\$94,294
25. Physician Contracts	\$435,265	\$547,070	\$524,007	\$417,190	\$400,474	\$527,193	\$574,288	\$512,616	\$683,932	\$358,340	\$413,004	\$390,131	\$574,525
26. Non-Medical Professional Fees	\$242,874	\$236,089	\$325,008	\$280,330	\$245,038	\$238,269	\$328,395	\$291,969	\$271,386	\$178,882	\$131,742	\$388,123	\$314,109
27. Materials & Supplies	\$1,797,463	\$1,408,355	\$1,578,034	\$1,751,543	\$1,169,143	\$1,131,616	\$1,820,032	\$1,450,017	\$1,364,019	\$1,444,059	\$1,358,751	\$1,608,482	\$2,011,334
28. Utilities	\$105,506	\$134,771	\$158,747	\$198,018	\$241,730	\$169,613	\$155,260	\$188,211	\$226,811	\$172,504	\$210,319	\$199,054	\$200,001
29. Maintenance & Repairs	\$502,568	\$476,871	\$440,825	\$509,256	\$375,714	\$351,913	\$401,011	\$518,190	\$437,940	\$572,953	\$396,696	\$758,757	\$394,385
30. Rentals & Leases	\$77,872	\$86,495	\$81,773	\$86,330	\$68,753	\$73,218	\$82,475	\$67,965	\$94,346	\$73,675	\$69,979	\$107,304	\$103,251
31. Insurance	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354	\$106,441	\$94,812	\$103,273	\$186,412	\$691	\$91,600	\$131,096
32. Depreciation & Amortization	\$577,714	\$627,553	\$600,810	\$591,616	\$584,994	\$628,647	\$592,526	\$590,864	\$606,712	\$594,050	\$594,200	\$420,744	\$579,866
33. Interest Expense	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657	\$82,986	\$80,466	\$80,567	\$80,496	\$80,508	\$80,439	\$148,980
34. Other Operating Expenses	\$135,919	\$144,158	\$108,029	\$165,343	\$171,850	\$116,648	\$60,931	\$154,620	\$137,753	\$138,689	\$144,659	\$201,915	\$129,331
35. Total Expenses	\$12,669,204	\$12,361,781	\$12,316,731	\$12,590,008	\$11,522,200	\$12,155,308	\$13,167,720	\$11,810,604	\$13,001,574	\$12,780,199	\$12,589,675	\$13,192,072	\$13,998,199
36. Income (Loss) from Operations	\$1,237,589	\$1,906,158	\$680,971	\$496,675	\$581,188	\$718,974	-\$168,416	-\$222,909	-\$360,923	\$92,717	\$1,151,010	\$342,789	\$261,336
37. Interest Income	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201	\$198,776	\$307,065	\$158,666	\$269,860	\$151	\$890	\$61
38. Other Non-Operating Income	\$43,727	\$42,772	\$38,727	\$34,025	\$33,570	\$34,480	\$151,377	\$51,139	\$62,066	\$50,381	\$79,712	\$52,516	\$53,093
39. Total Non-Operating Revenue	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721	\$350,153	\$358,204	\$220,732	\$320,241	\$79,863	\$53,406	\$53,154
40. Net Income (Loss)	\$1,583,703	\$2,157,933	\$944,540	\$439,602	\$783,426	\$197,253	\$181,737	\$135,295	-\$140,191	\$412,958	\$1,230,873	\$396,194	\$314,490

**BARTLETT REGIONAL HOSPITAL AND WFC**  
**Selected Ratios**  
**July 2025**

	Moody's Not-for-profit Healthcare Medians	Desired Position	Jul-25	Jun-25	May-25	Apr-25	Mar-25	Dec-24	Sep-24
<b>Liquidity Ratios</b>									
Current ratio	2.00	Above	3.81	3.89	3.97	4.11	4.41	3.71	3.39
Days in accounts receivable	48.2	Below	65.30	70.45	67.56	69.00	68.10	63.3	64.38
Days in accounts payable	62.8	Below	22.47	35.92	32.80	27.37	17.59	27.47	44.08
Days cash on hand*	167.9	Above	90.8	109.2	110.5	115.2	110.7	114.8	100.2
<b>Profitability Ratios</b>									
Operating margin	2.7%	Above	1.8%	4.1%	4.3%	3.8%	4.2%	7.1%	8.8%
Excess margin	5.6%	Above	2.2%	5.3%	5.5%	5.2%	5.5%	7.7%	10.9%
EBIDA margin*	7.2%	Above	7.3%	10.4%	10.8%	10.5%	10.7%	12.9%	8.7%
<b>Activity Ratios</b>									
Average age of Plant	11.2	Below	21.57	20.90	20.35	20.22	20.14	19.99	19.7

\* Benchmark is BBB rated companies

**Bartlett Regional Hospital**  
**Balance Sheet**  
**As Of July 31, 2025**

	Jul 2025	Jun 2025	Jul-24	Variance
<b>ASSETS</b>				
<b>Current Assets</b>				
01.Cash and Cash Equivalents	\$17,388,865	\$19,889,417	\$9,520,297	(\$2,500,552)
02.Board Designated Cash	\$18,251,975	\$18,059,758	\$14,664,603	\$192,217
03.Patient accounts receivable, net	\$28,438,366	\$30,280,385	\$29,383,820	(\$1,842,019)
04.Other Receivables	\$1,422,248	\$1,824,612	\$4,437,855	(\$402,364)
05.Inventories	\$5,864,950	\$5,206,742	\$4,291,752	\$658,208
06.Prepaid Expenses	\$4,608,436	\$2,224,535	\$3,795,464	\$2,383,901
07.Other assets	\$2,195,467	\$2,200,927	\$2,978,582	(\$5,460)
<b>08.Total Current Assets</b>	<b>\$78,170,307</b>	<b>\$79,686,377</b>	<b>\$69,072,373</b>	<b>(\$1,516,070)</b>
<b>Appropriated.Cash:</b>				
9.CIP Appropriated Funding	\$7,797,264	\$8,510,656	\$9,424,275	(\$713,392)
<b>Property, Plant &amp; Equipment</b>				
10.Land, Bldgs & Equipment	\$205,482,350	\$205,482,350	\$186,233,640	\$0
11.Construction in Progress	\$15,489,531	\$14,141,574	\$12,820,903	\$1,347,957
12.Total Property & Equipment	\$220,971,881	\$219,623,924	\$199,054,543	\$1,347,957
13.Less: Accumulated Depreciation	(\$147,237,440)	(\$146,501,625)	(\$123,826,820)	(\$735,815)
14.Net Property and Equipment	\$73,734,441	\$73,122,298	\$75,227,723	\$612,143
15.Deferred outflows/Contribution to Pension Plan	\$11,855,390	\$11,855,390	\$11,862,711	\$0
<b>16.Total Assets</b>	<b>\$171,557,402</b>	<b>\$173,174,721</b>	<b>\$165,587,082</b>	<b>(\$1,617,319)</b>
<b>LIABILITIES.&amp; FUND BALANCE</b>				
<b>Current Liabilities:</b>				
17.Payroll Liabilities	\$4,714,312	\$4,053,955	\$4,339,660	\$660,357
18.Accrued Employee Benefits	\$6,190,381	\$6,037,277	\$4,876,509	\$153,104
19.Accounts Payable and Accrued Expenses	\$3,647,397	\$4,895,244	\$5,341,549	(\$1,247,847)
20.Due to 3rd Party Payors	\$1,156,602	\$1,156,602	\$1,202,163	\$0
21.Deferred Revenue	\$216,542	\$33,209	\$24,000	\$183,333
22.Interest Payable	\$337,287	\$151,517	\$294,363	\$185,770
23. Note Payable - Current Portion	\$1,086,350	\$1,086,350	\$2,115,347	\$0
24.Other Payables	\$3,174,622	\$3,091,243	\$3,274,372	\$83,379
<b>25.Total Current Liabilities</b>	<b>\$20,523,493</b>	<b>\$20,505,397</b>	<b>\$21,467,963</b>	<b>\$18,096</b>
Long-Term.Liabilities:				
26.Bonds Payable	\$30,085,000	\$30,085,000	\$30,930,000	\$0
27.Bonds Payable - Premium/Discount	\$1,661,158	\$1,698,777	\$1,889,815	(\$37,619)
28.Net Pension Liability	\$38,061,021	\$38,061,021	\$43,221,408	\$0
29.Deferred InFlows	\$1,758,258	\$1,758,258	\$2,763,011	\$0
<b>30.Total long-Term Liabilities</b>	<b>\$71,565,437</b>	<b>\$71,603,056</b>	<b>\$78,804,234</b>	<b>(\$37,619)</b>
<b>31.Total Liabilities</b>	<b>\$92,088,930</b>	<b>\$92,108,452</b>	<b>\$100,272,197</b>	<b>(\$19,522)</b>
32.Fund Balance	\$79,468,472	\$81,066,269	\$65,314,886	(\$1,597,797)
<b>33.Total Liabilities and Fund Balance</b>	<b>\$171,557,402</b>	<b>\$173,174,721</b>	<b>\$165,587,082</b>	<b>(\$1,617,319)</b>

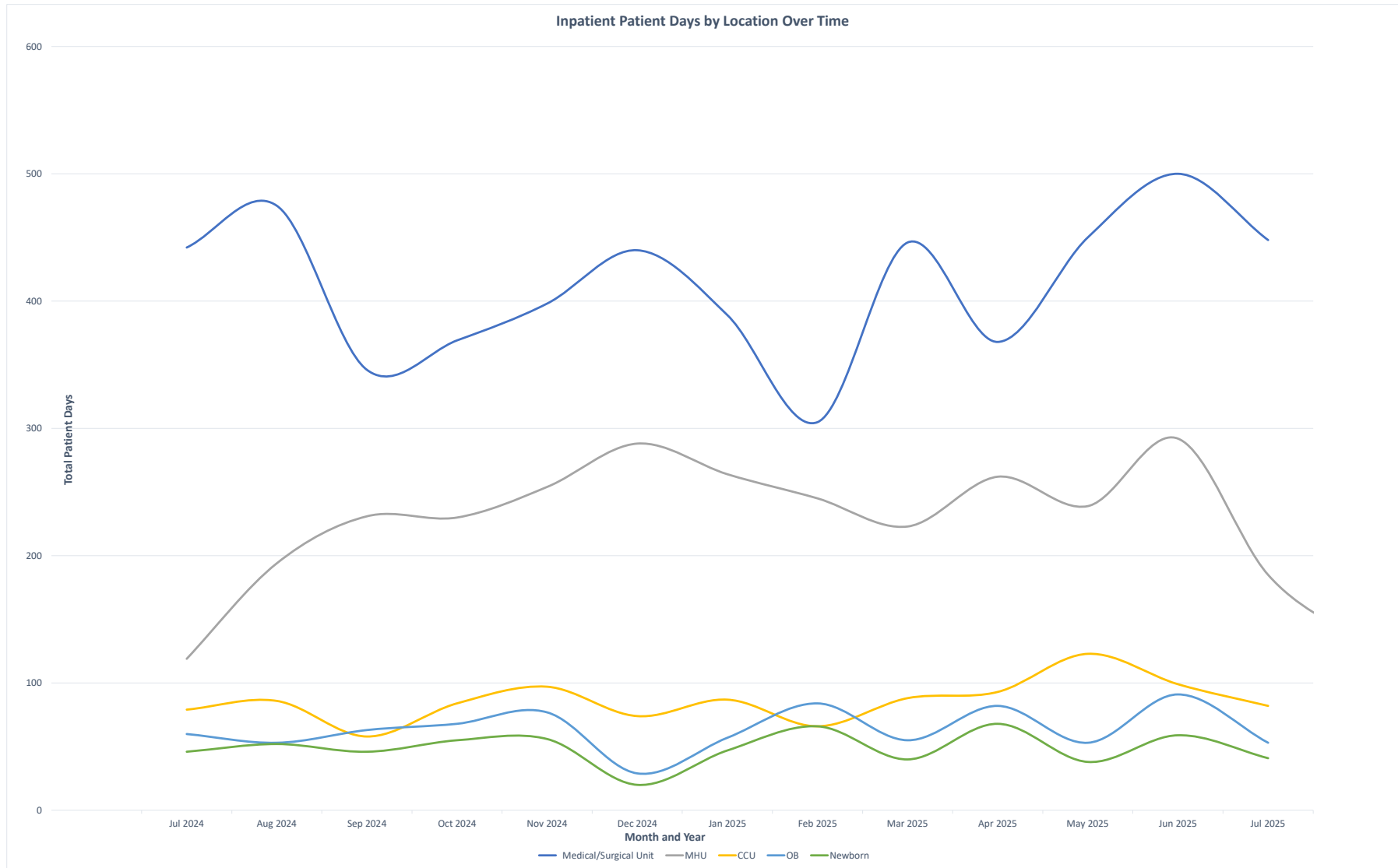
**BARTLETT REGIONAL HOSPITAL**  
**13 MONTH ROLLING BALANCE SHEET**  
**FOR THE PERIOD JULY 24 THRU JULY 25**

	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25	March-25	April-25	May-25	June-25	July-25
<b>ASSETS</b>													
Current Assets:													
1. Cash and cash equivalents	9,520,297	8,403,064	13,687,893	14,658,747	14,582,659	18,197,194	20,083,100	19,724,894	17,239,054	18,759,663	20,554,546	19,889,417	17,388,865
2. Board designated cash	14,664,603	15,131,098	15,589,449	16,045,942	17,303,448	16,488,365	16,469,088	16,924,828	17,141,757	17,600,683	18,059,758	18,059,758	18,251,975
3. Patient accounts receivable, net	29,383,820	29,219,006	30,701,215	28,758,626	29,878,021	28,387,944	28,360,656	26,849,025	28,025,817	28,645,061	28,614,175	30,280,385	28,438,366
4. Other receivables	4,437,855	4,261,982	2,796,413	1,755,846	1,866,592	1,326,477	1,186,255	868,749	954,280	1,497,966	1,771,331	1,824,612	1,422,248
5. Inventories	4,291,752	4,348,116	4,393,224	4,393,224	4,341,305	4,875,673	4,375,909	4,393,212	4,393,212	4,774,690	5,136,548	5,206,742	5,864,950
6. Prepaid Expenses	3,795,464	3,954,488	4,106,167	3,820,465	3,598,515	3,143,557	3,254,182	3,209,424	2,895,358	2,318,516	2,566,795	2,224,535	4,608,436
7. Other assets	2,978,582	2,959,285	2,990,763	2,970,963	2,325,556	2,306,258	2,286,960	2,267,663	2,248,367	2,239,522	2,220,224	2,200,927	2,195,467
8. Total current assets	69,072,373	68,277,039	74,265,124	72,403,813	73,896,096	74,725,468	76,016,150	74,237,795	72,897,845	75,836,101	78,923,378	79,686,377	78,170,307
Appropriated Cash:													
9. CIP Appropriated Funding	9,424,275	9,424,275	9,417,202	9,417,202	8,987,334	8,987,334	8,510,656	8,510,656	8,510,656	8,510,656	8,510,656	8,510,656	7,797,264
Property, plant & equipment													
10. Land, bldgs & equipment	186,233,640	186,233,640	203,853,370	203,837,770	203,837,770	205,146,377	205,146,377	205,146,377	205,388,911	205,482,350	205,482,350	205,482,350	205,482,350
11. Construction in progress	12,820,903	12,999,508	13,172,200	13,479,089	14,352,417	13,215,359	13,724,375	13,755,981	13,521,984	13,423,835	13,884,511	14,141,574	15,489,531
12. Total property & equipment	199,054,543	199,233,148	217,025,570	217,316,859	218,190,187	218,361,736	218,870,752	218,902,358	218,910,896	218,906,185	219,366,861	219,623,924	220,971,881
13. Less: accumulated depreciation	(123,826,820)	(124,435,075)	(141,187,471)	(142,033,616)	(142,599,313)	(143,208,663)	(143,781,891)	(144,353,458)	(144,940,873)	(145,525,277)	(146,100,179)	(146,501,625)	(147,237,440)
14. Net property and equipment	75,227,723	74,798,073	75,838,099	75,283,243	75,590,874	75,153,073	75,088,861	74,548,900	73,970,023	73,380,908	73,266,682	73,122,298	73,734,441
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390
<b>16. Total assets</b>	<b>165,587,082</b>	<b>164,362,098</b>	<b>171,375,815</b>	<b>168,959,648</b>	<b>170,329,694</b>	<b>170,721,265</b>	<b>171,471,057</b>	<b>169,152,741</b>	<b>167,233,914</b>	<b>169,583,055</b>	<b>172,556,106</b>	<b>173,174,721</b>	<b>171,557,402</b>
<b>LIABILITIES &amp; FUND BALANCE</b>													
Current liabilities:													
17. Payroll liabilities	4,339,660	2,420,459	3,431,381	3,174,212	3,416,737	3,999,447	2,251,154	2,083,462	2,800,977	3,089,777	3,633,620	4,053,955	4,714,312
18. Accrued employee benefits	4,876,509	5,434,909	5,417,327	4,710,551	4,848,424	4,862,610	5,493,775	5,810,148	5,786,393	5,983,658	5,997,550	6,037,277	6,190,381
19. Accounts payable and accrued expenses	5,341,549	3,092,998	5,763,314	4,011,837	4,370,944	5,244,734	6,501,715	4,994,863	2,354,478	3,672,003	4,392,057	4,895,244	3,647,397
20. Due to 3rd party payors	1,202,163	1,202,163	1,202,163	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602	1,506,602	1,156,602	1,156,602
21. Deferred revenue	24,000	24,000	24,000	33,209	33,209	33,209	116,542	99,876	83,209	66,542	49,876	33,209	216,542
22. Interest payable	294,363	314,143	419,228	524,410	609,247	168,428	270,490	283,258	381,617	479,840	578,135	151,517	337,287
23. Note payable - current portion	2,115,347	2,115,347	2,115,347	2,115,347	2,086,350	2,116,350	2,116,350	1,086,350	1,086,350	1,086,350	1,086,350	1,086,350	1,086,350
24. Other payables	3,274,372	3,506,714	3,555,850	3,054,281	2,556,096	2,556,864	2,819,784	2,776,915	2,881,885	2,929,328	3,010,516	3,091,243	3,174,622
25. Total current liabilities	21,467,963	18,110,733	21,928,610	18,780,449	19,077,609	20,138,244	20,726,412	18,291,474	16,531,511	18,464,099	20,254,705	20,505,397	20,523,493
Long-term Liabilities:													
26. Bonds payable	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000	30,085,000
27. Bonds payable - premium/discount	1,889,815	1,868,520	1,847,206	1,825,892	1,833,574	1,812,260	1,792,147	1,773,473	1,754,799	1,736,125	1,717,451	1,698,777	1,661,158
28. Net Pension Liability	43,221,408	43,221,408	38,134,052	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021
29. Deferred In-Flows	2,763,011	2,763,011	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258
30. Total long-term liabilities	78,804,234	78,782,939	72,669,516	72,575,171	72,582,853	71,716,539	71,696,426	71,677,752	71,659,078	71,640,404	71,621,730	71,603,056	71,565,437
<b>31. Total liabilities</b>	<b>100,272,197</b>	<b>96,893,672</b>	<b>94,598,126</b>	<b>91,355,620</b>	<b>91,660,462</b>	<b>91,854,783</b>	<b>92,422,838</b>	<b>89,969,226</b>	<b>88,190,589</b>	<b>90,104,503</b>	<b>91,876,434</b>	<b>92,108,452</b>	<b>92,088,930</b>
32. Fund Balance	65,314,886	67,468,424	76,777,689	77,604,028	78,669,232	78,866,482	79,048,219	79,183,515	79,043,325	79,478,552	80,679,671	81,066,269	79,468,472
<b>33. Total liabilities and fund balance</b>	<b>165,587,082</b>	<b>164,362,098</b>	<b>171,375,815</b>	<b>168,959,648</b>	<b>170,329,694</b>	<b>170,721,265</b>	<b>171,471,057</b>	<b>169,152,741</b>	<b>167,233,914</b>	<b>169,583,055</b>	<b>172,556,105</b>	<b>173,174,721</b>	<b>171,557,402</b>

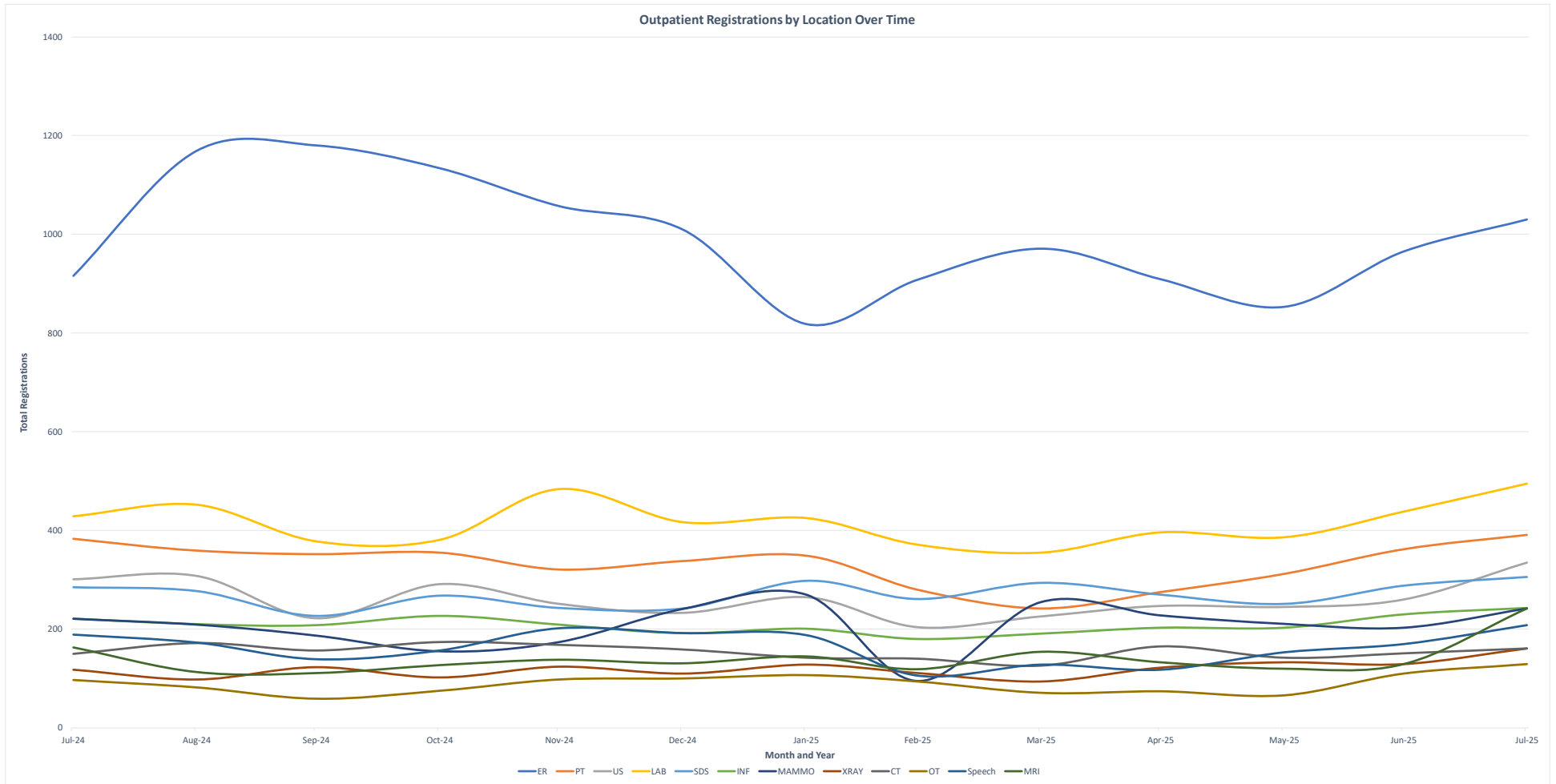


**HOSPICE  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF JULY 2025**

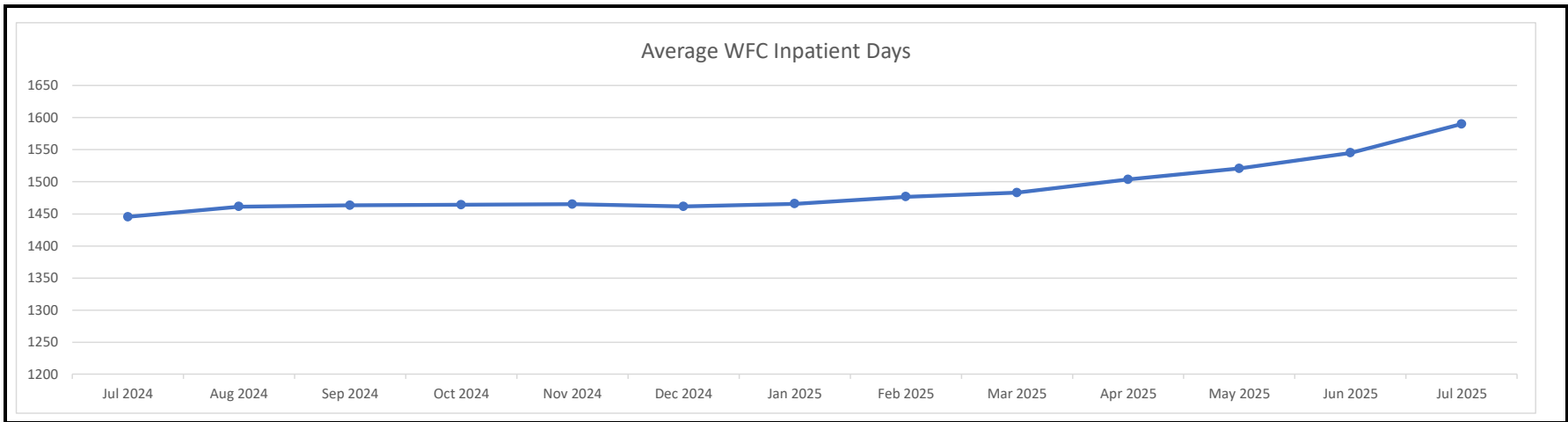
MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$0	\$0	\$0	0.0%	\$0	1. Inpatient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	2. Inpatient Ancillary Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	3. Total Inpatient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$18,767	\$58,803	-\$40,036	-68.1%	\$0	4. Outpatient Revenue	\$18,767	\$58,803	-\$40,036	-68.1%	\$0	0.0%
\$18,767	\$58,803	-\$40,036	-68.1%	\$0	5. Total Patient Revenue - Hospital	\$18,767	\$58,803	-\$40,036	-68.1%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	6. RRC Patient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	7. BHOPS Patient Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	8. Physician Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$18,767	\$58,803	-\$40,036	-68.1%	\$0	9. Total Gross Patient Revenue	\$18,767	\$58,803	-\$40,036	-68.1%	\$0	0.0%
					Deductions from Revenue:						
\$0	\$0	\$0	0.0%	\$0	10. Inpatient Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	10a. Rural Demonstration Project	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	13. Other Deductions	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	14. Charity Care	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	15. Bad Debt Expense	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	16. Total Deductions from Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
0.0%	0.0%			0.0%	% Contractual Allowances / Total Gross Patient Revenue	0.0%	0.0%			0.0%	
0.0%	0.0%			0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%			0.0%	
0.0%	0.0%			0.0%	% Total Deductions / Total Gross Patient Revenue	0.0%	0.0%			0.0%	
\$18,767	\$58,803	-\$40,036	-68.1%	\$0	17. Net Patient Revenue	\$18,767	\$58,803	-\$40,036	-68.1%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	18. Other Operating Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
\$18,767	\$58,803	-\$40,036	-68.1%	\$0	19. Total Operating Revenue	\$18,767	\$58,803	-\$40,036	-68.1%	\$0	0.0%
					Expenses:						
\$42,546	\$46,077	-\$3,531	-7.7%	\$0	20. Salaries & Wages	\$42,546	\$46,077	-\$3,531	-7.7%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	21. Physician Wages	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	22. Contract Labor	\$0	\$0	\$0	0.0%	\$0	0.0%
\$17,195	\$22,671	-\$5,476	-24.2%	\$0	23. Employee Benefits	\$17,195	\$22,671	-\$5,476	-24.2%	\$0	0.0%
\$59,741	\$68,748	-\$9,007	-13.1%	\$0		\$59,741	\$68,748	-\$9,007	-13.1%	\$0	0.0%
318.3%	116.9%			0.0%	% Salaries and Benefits / Total Operating Revenue	318.3%	116.9%			0.0%	
\$0	\$0	\$0	0.0%	\$0	24. Medical Professional Fees	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$2,850	-\$2,850	-100.0%	\$0	25. Physician Contracts	\$0	\$2,850	-\$2,850	-100.0%	\$0	0.0%
\$0	\$12	-\$12	-100.0%	\$0	26. Non-Medical Professional Fees	\$0	\$12	-\$12	-100.0%	\$0	0.0%
\$14,265	\$4,664	\$9,600	205.8%	\$0	27. Materials & Supplies	\$14,265	\$4,664	\$9,600	205.8%	\$0	0.0%
\$0	\$168	-\$168	-100.0%	\$0	28. Utilities	\$0	\$168	-\$168	-100.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	29. Maintenance & Repairs	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$1,340	-\$1,340	-100.0%	\$0	30. Rentals & Leases	\$0	\$1,340	-\$1,340	-100.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	31. Insurance	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	32. Depreciation & Amortization	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	33. Interest Expense	\$0	\$0	\$0	0.0%	\$0	0.0%
\$1,804	\$2,966	-\$1,162	-39.2%	\$0	34. Other Operating Expenses	\$1,804	\$2,966	-\$1,162	-39.2%	\$0	0.0%
\$75,810	\$80,748	-\$4,939	-6.1%	\$0	35. Total Expenses	\$75,810	\$80,748	-\$4,939	-6.1%	\$0	0.0%
-\$57,042	-\$21,945	-\$35,098	159.9%	\$0	36. Income (Loss) from Operations	-\$57,042	-\$21,945	-\$35,098	159.9%	\$0	#DIV/0!
					Non-Operating Revenue						
\$0	\$0	\$0	0.0%	\$0	37. Interest Income	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	38. Other Non-Operating Income	\$0	\$0	\$0	0.0%	\$0	0.0%
\$0	\$0	\$0	0.0%	\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0	0.0%	\$0	0.0%
-\$57,042	-\$21,945	-\$35,098	159.9%	\$0	40. Net Income (Loss)	-\$57,042	-\$21,945	-\$35,098	159.9%	\$0	#DIV/0!



Group/Location	Inpatient Days													
	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	
Medical/Surgical Unit	442	475	346	369	398	440	389	305	446	368	450	500	448	
Mental Health Unit InPt	288	254	230	231	194	119	215	256	274	171	163	148	135	
Critical Care Unit InPt	93	88	66	87	74	97	84	58	86	79	111	115	84	
Obstetrics Unit InPt	82	55	84	57	29	77	68	63	53	60	68	49	45	
Newborn Nursery InPt	68	40	66	47	20	56	55	46	52	46	43	36	40	



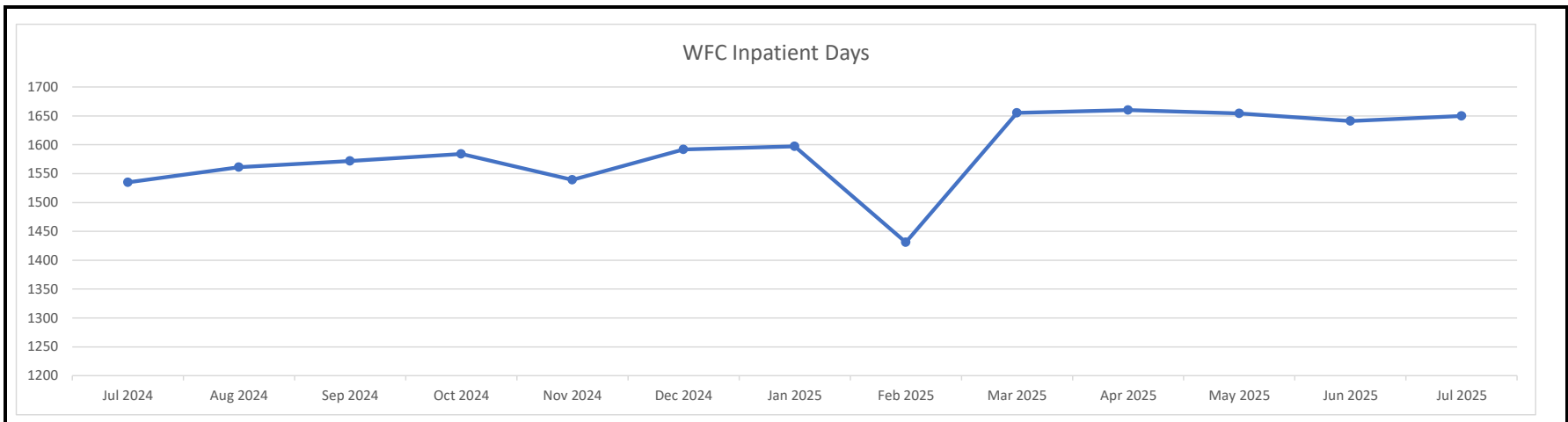
FY2025 Month and Registrations													
Group/Location	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Emergency Room	1134	1057	1010	818	908	971	909	853	965	1030	1172	1054	1210
Physical Therapy Outpatient	355	321	338	349	280	242	275	312	362	391	349	351	370
Ultrasound	291	251	233	265	204	226	247	245	260	335	276	257	284
Laboratory Outpatient	381	484	417	425	371	355	396	386	438	495	515	400	467
Same Day Surgery	268	243	242	298	261	294	270	251	288	306	327	280	278
Infusion Center Outpatient	227	209	192	201	180	191	203	203	230	243	197	215	210
Mammography	155	174	241	270	95	255	228	211	203	242	238	200	203
Xray	102	124	110	128	111	94	122	133	129	161	145	189	166
Computerized Tomography	174	168	159	142	140	126	165	142	151	161	162	159	172
Occupational Therapy OutPt	75	98	100	107	94	71	74	66	110	129	86	74	88
Speech Therapy Outpatient	157	202	192	188	106	128	118	153	170	208	170	153	164
Magnetic Resonance Imaging	127	138	131	145	119	154	133	120	129	242	158	136	133



FY 2025 Inpatient Days													
Group/Location	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
WFC Inpatient Days	1445	1461	1463	1464	1465	1462	1466	1477	1483	1504	1521	1545	1590

**Comments**

Jun 2024 through Dec 2024 have increasing data from 6 months to 12 months. Jan 2025 forward is averaged on 13 months of data.



FY 2025 Inpatient Days													
Group/Location	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
WFC Inpatient Days	1535	1561	1572	1584	1539	1592	1597	1431	1655	1660	1654	1641	1650

**Comments**

May 2025 was a placeholder in the July 15, 2025 Finance Committee report, pending actual data. It was reported at 1,705. Actual data reflects May inpatient days for Wildflower Court at 1,654.

## MEMORANDUM

DATE: September 23, 2025  
TO: BRH Board of Directors  
FROM: Luke Mather, MD Chief of Staff

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### ISSUE

The board is being asked to approve the following proposed changes:

1. Family Medicine with OB qualification
2. Senior Medical Staff Fitness Policy

### BACKGROUND

- The Medical Staff proposed an amendment to the current qualifications for privileges in Family Medicine with OB. This recommendation is due to an oversight that occurred during the transition from the old form to the new one. When the electronic form was introduced, certain information was not accurately transferred. This amendment has been approved by the Credentials Committee, the OB Neonatal Committee, and the Medical Executive Committee (MEC).
- Senior Medical Fitness Policy - In 2023, the BRH Board put this policy on hold due to legal issues. During the MEC meeting on September 9, 2025, MEC, Joe, the CEO, and Kim, the CNO/COO deliberated and agreed to propose to the Board that the retirement of this policy is already addressed by the bylaw.
- The Medical Executive Committee (MEC) and the Medical Staff approved the proposed updated changes on 9/9/2025.
  - Behind this cover memo are:
    - Delineation of privileges for Family Medicine with OB
    - Senior Medical Staff Fitness Policy
- Luke Mather, MD, Chief of Staff will be present to brief the board.

### OPTIONS

- Approve the following changes to the delineation of privileges and Senior Medical Staff Fitness Policy.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the proposed following changes in delineation of privileges and Senior Medical Staff Fitness Policy as presented to the Board.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the proposed following changes in the delineation of privileges and Senior Medical Staff Fitness Policy as presented to the Board.

## Bartlett Regional Hospital

### Family Medicine and Family Medicine with OB and/or ED

Delineation of Privileges

Applicant's Name: Test, Provider

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

**Facilities**

**BRH**

**Required Qualifications**

**Education/Training** Successful completion of an ACGME or AOA accredited postgraduate training program in Family Medicine.

**Certification** AND Be or have been board certified in Family Medicine by the American Board of Family Medicine or Family Medicine by the American Osteopathic Board of Family Physicians. Applicants who are not board certified at the time of application, but are board eligible must become board certified within five years of residency completion. (Applicable to all applicants unless grandfathered pursuant to the Medical Staff Bylaws).

**Clinical Experience** AND Documentation of the provision of inpatient services representative of the scope and complexity of the privileges requested to at least 24 patients within the past 24 months.

**Primary Privileges (All Applicants)**

**Description:** This listing includes procedures typically performed by physicians in this primary care specialty in the ambulatory and inpatient setting.

Request	
	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Admit to inpatient or appropriate level of care
<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	Co- Management to select, initiate and administer chemotherapeutic agents for the treatment of cancer via all therapeutic routes in consultation with Oncologist. (Co-Management of Oncological Chemotherapy/Oncological Infusion Therapy in Consultation with an Oncologist)
<input type="checkbox"/>	Evaluate, diagnose, provide generalist/primary care consultation, medically manage, and treat neonatal, newborn, pediatric, adolescent and adult patients.
<input type="checkbox"/>	Select, initiate, and administer outpatient medications via all therapeutic routes or other outpatient treatments provided in Infusion Therapy.

<input type="checkbox"/>	Surgical Assist
	Procedures
<input type="checkbox"/>	Local anesthetic techniques including regional nerve blocks, peripheral nerve blocks and trigger point injections
<input type="checkbox"/>	Arthrocentesis and joint injection
<input type="checkbox"/>	Perform simple skin biopsy or excision
<input type="checkbox"/>	Stress testing: exercise
<input type="checkbox"/>	Stress testing: pharmacologic
<input type="checkbox"/>	Treatment of burns, superficial and partial thickness
<input type="checkbox"/>	Upper gastrointestinal endoscopy with or without biopsy including hemostasis (injection, electrosurgical or ligation) and sclerotherapy or banding of esophageal varices and dilation of the esophagus or pylorus.
<input type="checkbox"/>	Moderate Sedation
<input type="checkbox"/>	ECG interpretation
<input type="checkbox"/>	Airway maintenance including intubation, laryngoscopy and fiberoptic bronchoscopy directed at airway patency
<input type="checkbox"/>	Ventilator management - all modes
<input type="checkbox"/>	Cavity drainage including thoracentesis, paracentesis and pericardiocentesis with or without image guidance
<input type="checkbox"/>	Wound care including wound closure; selection of specialized dressings; drain insertion and removal; I & D superficial soft tissue mass; and the use of local anesthetics, basic and regional blocks
<input type="checkbox"/>	Lumbar puncture with or without intrathecal injection with or without image guidance
<input type="checkbox"/>	Needle and tube thoracostomy
<input type="checkbox"/>	Placement and management of arterial lines, central venous lines, dialysis catheters, and pulmonary artery catheters with or without image guidance
<input type="checkbox"/>	Placement of temporary transvenous pacemaker
<input type="checkbox"/>	Placement of percutaneous cavitory catheter
<input type="checkbox"/>	Cardioversion
<input type="checkbox"/>	Colonoscopy including biopsy and removal of polyp or foreign body
<input type="checkbox"/>	Crede or suprapubic bladder tap
<input type="checkbox"/>	Medical acupuncture
	Gynecology and Reproductive Health
<input type="checkbox"/>	IUD placement and removal
	Neonatal-Perinatal Medicine
<input type="checkbox"/>	Attendance at both normal newborn and high risk deliveries
<input type="checkbox"/>	Circumcision

<input type="checkbox"/>	Management of airway including endotracheal intubation (neonatal)
<input type="checkbox"/>	Neonatal Ventilator management - all modes
<input type="checkbox"/>	Suprapubic bladder aspiration
<input type="checkbox"/>	Paracentesis
<input type="checkbox"/>	Lingual frenulectomy
<input type="checkbox"/>	Pericardiocentesis
<input type="checkbox"/>	Lumbar puncture
<input type="checkbox"/>	Thoracentesis and thoracostomy tube placement
<input type="checkbox"/>	Exchange transfusion
<input type="checkbox"/>	Insertion and management of UAC, UVC and peripheral artery catheterization

**Privilege Cluster: Family Medicine - Obstetrics Privileges (Only Applicants Requesting OB)**

**Description:** Provide care to women throughout the course of pregnancy, labor, and delivery periods in both the ambulatory and inpatient setting. Manage female patients with high-risk pregnancy, management of difficult labor and delivery, and perform procedures associated with high-risk pregnancy and difficult labor.

**Qualifications**

Clinical Experience (Initial)	For new applicants, documentation of at least twenty obstetrical deliveries performed during the past 24 months OR establishing alternative eligibility through a petition to the Credentialing Committee
Clinical Experience (Reappointment)	For reappointment applicants, active management of obstetrical patient cases including a total of 5 vaginal deliveries OR cesarean sections as the proctoring or delivering physician in the past 24 months.
Additional Qualifications	AND Current NRP (Neonatal Resuscitation Program) certification sponsored by a national organization offering resuscitation courses using scientific program oversight, based on ILCOR CoSTR and including cognitive and "hands-on" education and terminal evaluation.  <b>AND</b> To be eligible to apply for special procedural privileges, the applicant must meet the following qualifications in addition to the qualifications set forth above for Family Medicine with Obstetrics Core Privileges: Successful completion of an approved and recognized course or supervised training during residency, fellowship, or other acceptable experience; AND Provide documentation of provision of services representative of the scope and complexity of the special procedure privileges requested in order to demonstrate competence consistent with the criteria set forth in the medical staff policies governing the exercise of special privileges.

Request

- Newly Requested privileges  - Currently Granted privileges

<input type="checkbox"/>	Management of pre-natal care in patients with or without complicating factors of pregnancy. Including multiple birth, including use of OB ultrasound for fetal position and presentation
<input type="checkbox"/>	Management of pre-term, term and post-term labor and delivery. Including multiple birth.
<input type="checkbox"/>	Management of post-partum care in patients who have had C-sections or complications during delivery.
<input type="checkbox"/>	Evaluate, diagnose, treat and medically manage reproductive health, pregnancy, and medical diseases or problems that are complicating factors in pregnancy.
	Procedures
<input type="checkbox"/>	Amniocentesis for assessment of fetal lung maturity
<input type="checkbox"/>	Act as first assist at C-sections
<input type="checkbox"/>	Pudendal and paracervical anesthesia
<input type="checkbox"/>	Manual removal of placenta, post-delivery
<input type="checkbox"/>	Induction or augmentation of labor
<input type="checkbox"/>	Episiotomy and repair of 3rd degree lacerations
<input type="checkbox"/>	Amniotomy
<input type="checkbox"/>	Operative delivery including low forceps or vacuum
<input type="checkbox"/>	Perform C-section delivery
<input type="checkbox"/>	Tubal ligation associated with C-section
<input type="checkbox"/>	3rd trimester amniocentesis
<input type="checkbox"/>	Cervical cerclage
<input type="checkbox"/>	Local anesthesia, pudendal and paracervical blocks
<input type="checkbox"/>	Repair of fourth-degree perineal lacerations and other associated lacerations
<input type="checkbox"/>	Labor and delivery with/without episiotomy
<input type="checkbox"/>	Management and delivery of multiple pregnancy
<input type="checkbox"/>	Augmentation of labor
<input type="checkbox"/>	Version and extraction
<input type="checkbox"/>	Repair of vaginal, cervical, perineal lacerations
<input type="checkbox"/>	Post vaginal delivery tubal ligation
<input type="checkbox"/>	Cesarean section including hysterectomy and tubal sterilization
<input type="checkbox"/>	Placement of arterial and central venous catheters for hemodynamic monitoring
<input type="checkbox"/>	Obstetric Ultrasound
<input type="checkbox"/>	Delivery of fetal demise
<input type="checkbox"/>	Dilation and curettage
<input type="checkbox"/>	Surgical management of abortions in 1st or 2nd trimester
<input type="checkbox"/>	Post partum dilation and curettage

**Privilege Cluster: Emergency Medicine Physician**

**Description:** Privileges available to MD/DO's working as physician in the Emergency Department.

**Qualifications**

**Education/Training** To be eligible to apply for special procedure privileges, the applicant must meet the following qualifications in addition to the qualifications set forth above for Family Medicine and Family Medicine with OB and/or ED: Successful completion of an approved and recognized course or supervised training during residency, fellowship, or other acceptable experience; AND Provide documentation of provision of services representative of the scope and complexity of the special procedural privileges requested in order to demonstrate competence consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

**Clinical Experience** Applicant must provide documentation of provision of clinical services in the specific privileges requested during the previous 24 months (waived for applicants who completed training within the past year).

Request	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	Evaluate, diagnose and initially treat patients, who present in the emergency department with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.
<input type="checkbox"/>	Initiate and manage blood component therapy
<input type="checkbox"/>	Diagnostic procedures including arthrocentesis; lumbar puncture; slit lamp examination; tonometry; pulse oximetry; arterial blood gas sampling and analysis; ECG; and preliminary X-ray interpretation
<input type="checkbox"/>	Techniques utilized to stabilize the airway including use of airways and rapid sequence intubation; image guided and video assisted laryngoscopy; and use of paralytic agents.
<input type="checkbox"/>	Cricothyrotomy and tracheotomy
<input type="checkbox"/>	Mechanical ventilation - all modes
<input type="checkbox"/>	Skeletal procedures including stabilization of fractures and dislocations; immobilization techniques; reduction techniques; backboard and cervical immobilization techniques.
<input type="checkbox"/>	Excision of thrombosed hemorrhoids
<input type="checkbox"/>	Foreign body removal
<input type="checkbox"/>	Gastric lavage
<input type="checkbox"/>	Jejunostomy and gastrostomy tube replacement
<input type="checkbox"/>	Endoscopy (anoscopy, proctoscopy)

<input type="checkbox"/>	Wound management and closure including management of burns, debridement, escharotomy, nail removal, I&D abscess and evacuation of hematoma
<input type="checkbox"/>	Laryngoscopy, control of epistaxis, posterior packing and cautery
<input type="checkbox"/>	Emergent delivery of newborns; doppler fetal heart tones; pelvic exam; perimortem C-Section; and removal of IUD
<input type="checkbox"/>	Thoracentesis, thoracostomy, pericardiocentesis and emergent thoracotomy
<input type="checkbox"/>	Paracentesis and lavage
<input type="checkbox"/>	Suprapubic tap and catheterization
<input type="checkbox"/>	Vascular access including arterial catheter insertion; central venous access; venous cutdown, intraosseous infusion (IO) ; and pulmonary artery catheter insertion
<input type="checkbox"/>	Insertion of temporary pacemaker or use of external pacemaker and elective cardioversion
<input type="checkbox"/>	Administration of local anesthetics including basic and regional blocks
<input type="checkbox"/>	Administration and management of moderate and deep sedation
<input type="checkbox"/>	Manual hernia reduction

**Privilege Cluster: Emergency Focused Ultrasound**

**Description:** Investigational ultrasound for trauma or other indication performed in the Emergency Department.

**Qualifications**

**Education/Training** To be eligible to apply for special procedure privileges, the applicant must meet the following qualifications in addition to the qualifications set forth above for Family Medicine and Family Medicine with OB and/or ED: Successful completion of an approved and recognized course or supervised training during residency, fellowship, or other acceptable experience; AND Provide documentation of provision of services representative of the scope and complexity of the special procedural privileges requested in order to demonstrate competence consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

**AND** Ultra Sound (Residency Training Obtained - Documentation Required)  
**OR** Ultra Sound (Additional Training Obtained - Documentation Required)

<b>Request</b>	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
	<input type="checkbox"/> Perform and interpret emergent, focused, or investigational ultrasound - Trauma (eFAST)
	<input type="checkbox"/> Perform and interpret emergent, focused, or investigational ultrasound - Intrauterine Pregnancy
	<input type="checkbox"/> Perform and interpret emergent, focused, or investigational ultrasound - Abdominal Aortic Aneurysm (AAA)

<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Cardiac/HD Assessment (RUSH)
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Biliary
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Urinary Tract
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Deep Venous Thrombosis (DVT)
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Soft-Tissue/Musculoskeletal
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Thoracic/Airway
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Ocular
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Bowel
<input type="checkbox"/>	Perform and interpret emergent, focused, or investigational ultrasound - Procedural Guidance

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency allow. I believe I am qualified to perform, and that I wish to exercise these privileges at Bartlett Regional Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.

I understand that in exercising any clinical privileges granted, I am bound by hospital and medical staff policies and rules applicable generally and to the particular situation. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Practitioner's Signature

BRH

**Evaluator - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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## **Bartlett Regional Hospital**

Title: Provider Fitness Policy

Department/s: Medical Staff, Medical Staff Office, Quality Dept.

Original Date: July 12, 2012

Author: PHWC

**PURPOSE:** To set forth the basic policy for assessing fitness to work among senior practitioners of the Bartlett Regional Hospital Active Medical Staff. The Medical Staff recognizes that aging practitioners are valued members of our medical community. These practitioners have experience and knowledge that contribute greatly to patient care and to the professional development of other providers. The Medical Staff also recognizes that natural aging processes, injuries and illness have the potential to adversely affect practitioners' fitness to safely exercise hospital privileges.

**DEFINITIONS:** N/A

**SCOPE:** BRH Medical Staff

### **POLICY:**

- A. It is the policy of the Bartlett Regional Hospital Medical Staff that the process of privileging and re-privileging specifically considers, on an ongoing basis, the abilities, competencies, and health status of each practitioner who has clinical privileges.
- B. This policy applies to all practitioners age 70 and older and to practitioners under age 70 when there is any reasonable cause for concern about the practitioner's mental or physical fitness.

### **PROCEDURE:**

- A. Upon application for initial appointment or reappointment and clinical privileges on or after the age of 70, or upon the request of the Medical Staff Executive Committee (MSEC) or Credentials Committee (CC), a practitioner requesting clinical privileges shall be examined by a physician or medical provider capable of assessing the applicant's physical and mental capacity for the privileges requested.
  - A.1. Fitness examination(s) will be at the applicant's own expense. The examining physician may be selected by the applicant, must have the requisite skills to perform the fitness examination (board certified/board eligible in an appropriate specialty), and may not be a physician bearing an actual (household member or first degree relative or significant other as outlined in the Rules and Regulations) or potential (business partner or economic competitor) conflict of interest with the applicant. The examining provider(s) may be in locations other than Juneau, AK..
  - A.2. Fitness examination(s) are required every year beginning at age 70.

- A.3. The fitness examination results must be documented on the approved form (see Attachment A). The evaluator's name, title, and contact information must be included on the evaluation forms.
- A.4. The fitness examination is a "fitness to work" evaluation and consists of two parts: cognitive and physical assessment. The fitness examination must indicate that the applicant is physically and mentally fit to provide safe and effective care under the clinical privileges requested.
- A.5. After reviewing the fitness examination, the Credentials Committee may recommend further action be taken concerning the application by the MSEC and Board. The Credentials Committee may recommend that:
  - A.5.1. The requested privileges be granted,
  - A.5.2. The requested privileges be limited to certain privileges, or only granted on certain terms and conditions including, if appropriate, a period of Focused Professional Practice Evaluation (FPPE) for some or all of the privileges requested;
  - A.5.3. The requested privileges be denied, in whole or part.

B. Medical Staff Services Department (MSSD)

- B.1. The Medical Staff Services Department will notify applicants subject to this policy of the requirement for a fitness examination.
- B.2. The notification from the MSSD will include:
  - B.2.1. A copy of this policy;
  - B.2.2. A copy of the approved form on which the examination must be documented (Attachment A);
  - B.2.3. The date that the results of the examination are due to the MSSD; and
  - B.2.4. A copy of the current clinical privileges held or requested by the practitioner.
- B.3. If the results of a required fitness examination are not provided to the MSSD within 90 days of the MSSD's notification to the applicant, the applicant will be considered to have voluntarily withdrawn the application for clinical privileges, and the application will not be processed further.

**REFERENCES:**

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15. Archives of Clinical Neuropsychology. 20(2):161-70, 2005 Mar. UI: 15708726: A retrospective review of the neuropsychological test performance of physicians referred for medical infractions.
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17. Academic Medicine. 77(10 Suppl):S1-6, 2002 Oct. UI: 12377689: The aging physician: changes in cognitive processing and their impact on medical practice. [Review] [76 refs]
18. Connecticut Medicine. 66(9):539-42, 2002 Sep. UI: 12369548: Challenges for the aging physician. [Review] [47 refs]
19. Archives of Otolaryngology -- Head & Neck Surgery. 125(3):263-8, 1999 Mar. UI: 10190796: Otolaryngologists older than 60 years: results of and reflections on survey responses from 865 colleagues regarding retirement.

**ATTACHMENTS: Attachment A – Screening Physical Evaluation Report Form(s)**

Approval/Review/Revision					
Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)

# Bartlett Regional Hospital

## – Attachment A –

### Screening Physical Evaluation Report Form Instructions and Required Elements

#### **Note To The Examining Physician:**

The following elements of a medical evaluation, including history, physical examination, and laboratory assessment, should be modified as appropriate to address age, clinical condition, and privileges requested by the practitioner. *Therefore, please be sure to review the practitioner's requested privileges before conducting this evaluation.*

In order to respect the confidentiality of the practitioner's medical information, the Bartlett Regional Hospital (BRH) Credentials Committee does not expect you – as the examining physician – to submit the complete results of your medical evaluation. The BRH Credentials Committee is only interested in, and should only receive a report on, those aspects of the practitioner's health that have the potential to adversely affect their ability to carry out the requested privileges.

Please use this form to submit the results of your assessment to the Medical Staff, rather than submitting a complete history and physical examination.

#### **Required Elements of Evaluation:**

##### **Physical Fitness to Work**

1. Name
2. Current clinical privileges with requirements (e.g., after hours call, surgical procedures exceeding 2 hours in duration, potential uninterrupted hours of work, etc.)
3. Medication review (specifically any medication that may affect cognition or mental clarity)
4. Allergies
5. Past medical history
6. Past surgical history
7. Family history
8. Social history
9. Physical exam (including vital signs, HEENT with visual and auditory acuity, neck/thyroid, heart, lungs, abdomen, pulses, extremities, circulatory or neurologic deficits)
10. Neurological exam (cranial nerves, motor, sensory, cerebellar)
11. Mental status exam
12. Laboratory and/or radiology screening (screen if indicated)
13. Recommended follow-up based on positive findings

##### **Neuropsychiatric Evaluation**

1. History
2. Mental status and activities
  - a. Gross cognitive functioning (including orientation and registration)
  - b. Attention, concentration, and calculation
  - c. Memory functioning
  - d. Language functions (including repetition, writing)
  - e. Following Commands (including three-step sequence, read and obey, simple drawing)
  - f. Reasoning / judgment
  - g. Emotional functioning
3. Procedures
4. Test results
5. Impression and Discussion

# Bartlett Regional Hospital

## Screening Physical Evaluation Report Form

Practitioner Being Examined: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**During the medical HISTORY, are there *symptoms or conditions* that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

NO  YES

**In the physical EXAMINATION, are there *findings* that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

General:  NO  YES

Sensory:  NO  YES

Neurological:  NO  YES

Cognitive / Mental Status:  NO  YES

**Do any diagnostic TESTING RESULT performed on this clinician raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

NO  YES

**Do you have any recommendations for *further study or evaluation*?**

NO  YES

*Please attach a form explaining the reasoning behind any "yes" answer above.*

---

I attest that I have performed a complete history and physical examination, including a neurological, cognitive, and mental status assessment on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

**It is my professional opinion that this practitioner:**

- Is capable of safely performing all privileges requested
- Is capable of safely performing all privileges requested except those detailed below
- Is not capable of safely performing the clinical privileges requested in current state of health
- Requires further evaluation regarding issues or concerns below
- Requires additional evaluation

**Details / concerns** (attach a separate document with explanation).

Print Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Medical License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Return the Physical evaluation form to [DepartmentCredentialing@bartletthospital.org](mailto:DepartmentCredentialing@bartletthospital.org) or fax (907) 796-8614

# Bartlett Regional Hospital

## Screening Neuropsychiatric Evaluation Report Form

Practitioner Being Examined: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**In the HISTORY, are there *symptoms or conditions* that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

NO  YES

**In the examination, are there *findings* that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

General:  NO  YES

Cognitive Abilities:  NO  YES

Motor Skills:  NO  YES

Sensory Functioning:  NO  YES

**Do *any* TEST RESULTS performed on this clinician raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?**

NO  YES

**Do you have any recommendations for further evaluation?**

NO  YES

*Please attach separate explanation for any "YES" answer above.*

---

I attest that I have performed a complete history, including a neurological and cognitive / mental status assessment on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner. (Please attach your full dictated report)

**It is my professional opinion that this practitioner:**

- Is capable of safely performing all privileges requested
- Is capable of safely performing all privileges requested except those detailed below
- Is not capable of safely performing the clinical privileges requested
- Requires further evaluation

**Details / concerns** (attach a separate document if more space is needed).

Print Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Medical License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Return the Neuropsychiatric evaluation form to [DepartmentCredentialing@bartletthospital.org](mailto:DepartmentCredentialing@bartletthospital.org) or fax (907) 796-8614

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Executive Officer

---

### ISSUE

- The board will be briefed on the current hospital capacity and the latest updates for Home Health & Hospice Services, Wildflower Court, and the Bartlett Regional Hospital Foundation in the form of standing reports.
  
- Behind this cover memo:
  - A. Home Health & Hospice Services report
  - B. Wildflower Court report
  - C. Bartlett Regional Hospital Foundation report

### OPTIONS

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

## MEMORANDUM

**DATE:** September 17, 2025,  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Heather L. Paige, Director of Home Health and Hospice Services  
**SUBJECT:** **Home Health and Hospice Report**

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

### Census updates:

#### **Home Health:**

- The program had 31 admissions with 3 recertifications for the month of August. There is 1 admission pending, and 15 patients currently on service.
- Average length of stay for the month of August is 50 days.

#### **Hospice:**

- The Hospice program had 3 admissions for the month of August, and 8 patients are currently receiving service.
- The Hospice Average Daily Census (ADC) for the month of August was 6.
- The Hospice Average Length of Stay for August was 80 days.

### Program Updates:

#### **Home Health and Hospice:**

- Current RN staffing is 4 permanent RN's and 2 traveler RN's. An offer to a permanent RN has been accepted and will be released from her current department on Oct 12<sup>th</sup>.
- The Admin III / Volunteer Coordinator position is awaiting a start date. The Clinical Manager position will be vacant on October 1<sup>st</sup>, and the position is posted.

### Recent Outreach and Education:

- The program director has been in contact with Wildflower Court to arrange for education to be provided to nursing staff about Hospice.

## MEMORANDUM

**DATE:** September 22, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Deborah Koelsch, Wildflower Court Administrator

---

### WILDFLOWER COURT (WFC):

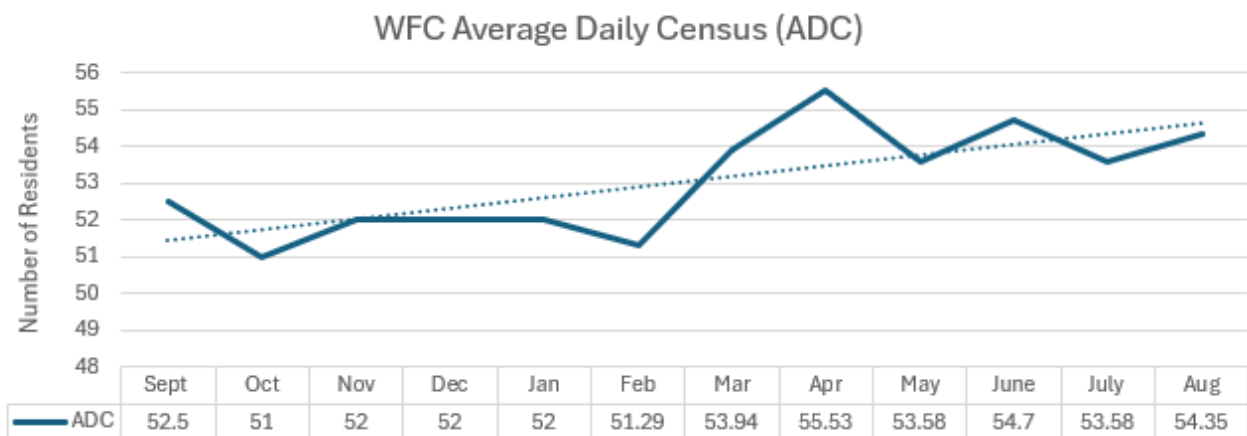
The WFC team continues to work on Quality Improvement Performance Improvement (QAPI) initiatives. The identified projects came from multiple resources and reports, such as CMS Care Compare Five-Star Ratings of Nursing Homes quarterly report, State of Alaska/Federal Survey findings, staff and resident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

Current performance improvement projects (PIPs) include:

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

August 2025, WFC census information

- Average Daily Census (ADC) 54.35
- Average Daily Census Long-term Care residents 46.68
- Average Daily Census Skilled Nursing residents 7.68
- Occupancy Rate 86.28%



## MEMORANDUM

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

---

### Current Activity/Fundraising/Events:

1. The Fall disbursement of the Grace and Phil Edelman Health Science Scholarships has been completed.
2. We have scheduled our Donor Appreciation Pig Roast for Saturday, October 4<sup>th</sup> and the event will be held from 4 pm to 7 pm at the Juneau Yacht Club. We are currently accepting donations for silent auction and dessert auction items. We are asking attendees to RSVP to [executive.director@brhfoundation.org](mailto:executive.director@brhfoundation.org).
3. We are currently working on a contract with a new coffee vendor, that we anticipate will begin serving coffee for Bartlett staff and our guests in the early weeks of October 2025.
4. Foundation investment in Bartlett Regional Hospital through September 11, 2025:

2025 Bartlett Regional Hospital Employee Service Awards	\$250
2025 Excellence in Nursing Awards	\$1,000
Cancer Connection Beat The Odds	\$1,000
Fireweed Awards	\$600
Hospice Bootcamp Training	\$3,118
Infusion center headpieces	\$1,000
Foundation IV PICC line training, IV scalp trainers for difficult infant IV placement, 2 Blue Phantom Ultrasound Training Blocks for Ultrasound Guided IV	\$3,675
Bartlett Employee Wellness Activities	\$1,600
Bartlett patient clothing donation	\$250
Safe Sitter Materials and Training Equipment	\$2,227
Training for Emergency Department (ED)	\$11,857
Bartlett Employee thank you gifts for payroll deduction	\$800
Barlett House bedding donation for Columbia Students	\$300
LPN Education Q1 Funding	\$5,000
Hospice Education Q1 Discretionary Funding	\$2,000
Love Your Neighbor MIH fundraising campaign	\$1,000
Bladder Scanner	\$5,000
Edelman Fall 2025 Scholarship Awards	\$15,500
Edelman Spring 2025 Scholarship Awards	\$16,500
<b>Total</b>	<b>\$72,677</b>

## HR Board Summary – September 2025

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### EMPLOYEE ENGAGEMENT

- 1) Using employee engagement data to improve employee satisfaction.
  - Rounding Tracking – Senior Leadership have been consistently exceeding Goal of 90%
  - Feedback from Staff on Bartlett branded items, has been very positive. Many staff have asked for more available merchandise; looking to partner with Communications & Foundation.
  - Press Ganey Survey on deck for October.

### KEY INITIATIVES

- 1) Implementing intuitive user-friendly technology
  - Time & Attendance – Optimization Phase – Ongoing
  - Digital / Paperless Transformation – 100% of Active Files COMPLETE
  - New fully integrated Pro - HCM system Including – Phase 1 (Target Roll out 10/25), heading to build phase. Phase 2 (Target roll out 4/26).

Applicant Tracking – Pre Build Meetings	Performance Reviews – Pre Build Meetings
Employee Self Service	Paperless / Electronic Processes
Predictive Analytics – Data Center, Initial reporting	Succession Planning
Integrations – HealthStream (LMS), Performance Health (Occurrence Reporting), NetSuite (ERP)	Payroll – Finalizing Build and Testing

### ADDITIONAL CRITICAL PROJECTS

- Departmental & Positional Compensation Review – Ongoing
- Policy Review: All BRH HR Policies – approximately 65% Completed - expected Completion FY26-Q2
- Succession Planning –FY26 Q2/Q3
- Oversight of Strategic Goal #2 A3s – Ongoing

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Executive Officer

---

### ISSUE

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

### BACKGROUND

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

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

- Behind this cover memo:
  - ❖ Sepsis A3 presentation
- Gail Moorehead, Chief Quality and Compliance Officer, will be present to brief the board.

### OPTIONS

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

**PROBLEM STATEMENT:** Since the Sepsis bundle (Sep-1) measure was first implemented by the Centers for Medicare and Medicaid Services (CMS) back in 2015 Bartlett Regional Hospital (BRH) has completed two process improvement projects around sepsis care improvement. The first one in 2016 and the last one in 2018. Improvements to sepsis care provision included updated badge buddies, code sepsis sheet for continuity of care, physician resource paper, and regular feedback to directors on our sepsis measure rate. We were able to reach our goal of 55% by the end of the improvement project.

**SCOPE (IN/OUT):**

IN: Patients with severe sepsis in the Sep-1 measure population where care met all data elements of the measure

OUT: Patients in the Sep-1 measure where care did not meet all the require data elements of the Sep-1 measure

**BACKGROUND/CURRENT CONDITIONS:**

After the 2018 initiative, our rates held steady around the national average of 55% - 60%, but BRH's rates have slowly been decreasing over the past year. With the inclusion of the Sep-1 measure into the VBP program, lower scores will also mean lower Value-Based Purchasing Program reimbursement rates for BRH. Length of stay for sepsis patients—4.6 days in 2024. How many medevacs are sepsis patients? 26 medevac'd in 2024 (9 from ED) Our sepsis mortality rate is low, but one sepsis death is one too many. Sepsis Readmissions for 2024 are 6.9%

**ROOT CAUSE ANALYSIS:**

The SEP-1 measure is a complex quality metric, requiring the documentation of 42 distinct data elements within defined parameters and within a strict timeframe. Meeting this 'all-or-nothing' requirement presents a considerable challenge particularly in the emergency department, where many of our sepsis cases begin. In addition to treating sepsis, providers are often focused on stabilizing patients experiencing the body's severe response to infection and addressing other urgent medical needs..

**GOAL**

Increase our overall hospital sepsis rate to an average of 55% by the end of calendar year 2025.

**COUNTERMEASURES (PLAN):**

1. Begin reviewing sepsis cases again in depth. New process started July 2024 (Robert Follett completing reviews and using new Forms sheet for review process.
2. As sepsis cases finalize, send opportunity cases to clinical directors for review (starting in August 2024).
3. Bring Sep-1 fallouts to the physician committees (Med Peds, CCC, and ECC) Physician and Quality review (starting with August 2024 meetings)
4. Offer interested providers information for their personal review of opportunity cases.
5. Track and document actions taken based on identified opportunities per committees for improvement.
6. Ensure that each action identified is evaluated for success by setting measurable goals and timelines. If actions are not successful, identify and implement new actions. Review and update the process quarterly to ensure continuous improvement

**KPI's (MEASURE):**

**Sep-1 measure rate. Bartlett Regional Hospital's current Sep-1 Measure rate is 63% for Q2 2025. Goal is 55%**

**FOLLOW UP ACTIONS (ACT):**

1. Case reviews. To focus on the initial few data pieces. Antibiotics, Lactate, Repeat Lactate, Fluids. Continuous process.
2. Keep physicians updated on changes to the Sep-1 measure, Criteria sheets updated at physician documentation stations in each unit). Ongoing update criteria as new data is released every six months.
3. Send out Sepsis cases for provider or personal review at the ECC, CCC, and Med/Peds every other month and quarterly based on committee meet times.
4. Plan to bring sepsis documentation to the Clinical Documentation committee this summer to optimize nursing documentation related to sepsis.
5. Distribute a one-page Sepsis Infographic to Medical Staff on a quarterly basis highlighting our current publicly reported performance vs state and national, with fallouts by category starting at the 08/13/24 meeting.

# SEPSIS (SEP-1) Severe Sepsis and Septic Shock Management Bundle

- Numerator: Patients who received ALL of the following:

Within three hours of presentation of severe sepsis:

- Initial lactate level measurement
- Broad spectrum or other antibiotics administered
- Blood cultures drawn prior to antibiotics

AND received within six hours of presentation of severe sepsis, ONLY if the initial lactate is elevated:

- Repeat lactate level measurement

AND within three hours of Initial Hypotension:

- Resuscitation with 30mL/kg of crystalloid fluids

OR within three hours of septic shock

- Resuscitation with 30ml/kg crystalloid fluids

AND within six hours of septic shock presentation, ONLY if hypotension persists after fluid administration or initial lactate  $\geq 4$ mmo/L:

- Repeat volume status and tissue perfusion assessment is performed.

- Denominator: Age over 18

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Executive Officer

---

### ISSUE

- The board is being asked to approve the purchase of assets from Glacier Pediatrics, LLC.

### BACKGROUND

- Over the course of the last two months, Bartlett has had discussions with Glacier Pediatrics, LLC. (GP) over the future state of their practice. Due to the changing landscape of pediatric care nationwide, their ability to continue operating independently has become increasingly difficult.
- GP and the BRH Administration both feel that bringing GP under the hospital's ownership would be of benefit to GP, BRH, and the patients we serve.
- BRH Administration has engaged a consultant in a Fair Market Value assessment of GP's assets.
- Joe Wanner, CEO, will be present to brief the board.

### OPTIONS

- Approve the asset purchase as presented to the board with a not to exceed amount pending the asset valuation.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the asset purchase as presented to the board.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the purchase of assets from Glacier Pediatrics in an amount not to exceed \$200,000.

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Executive Officer

---

### ISSUE

- The board is being asked to approve the use of Bartlett funds for the renovation of the CARES Sobering Center space at St. Vincent de Paul.

### BACKGROUND

- The St. Vincent de Paul Teal Street facility requires rehabilitation.
- CBJ discussed the topic at their September 3<sup>rd</sup> Assembly Finance Committee meeting and moved two ordinances to the full Assembly for consideration.
- BRH is being asked to fund the project up to \$762,900.
- Enclosed with this memo are copies of the CBJ memo and the two proposed ordinances that came out of Assembly Finance Committee.
- Joe Wanner, CEO, will be present to brief the board.

### OPTIONS

- Approve the funding of the project up to \$762,900
- Approve the funding of the project up to \$472,900, with the intent that the remainder of the project be funded by CBJ.
- Apply approved funding toward the voluntary repayment of the \$2 million that was appropriated to the hospital in fiscal year 2024.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the funding of the project up to \$762,900 and apply approved funding toward the voluntary repayment of the \$2 million that was appropriated to the hospital in fiscal year 2024.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the funding of the rehabilitation of the St. Vincent de Paul Teal Street facility in an amount not to exceed \$762,900, with the approved funding being applied to the voluntary repayment of the \$2 million that was appropriated to the hospital in fiscal year 2024.



City and Borough of Juneau  
City & Borough Manager's Office  
155 Heritage Way  
Juneau, Alaska 99801  
Telephone: 586-5240 | Facsimile: 586-5385

TO: Chair Woll & Assembly Finance Committee  
DATE: September 3, 2025  
FROM: Robert Barr, Deputy City Manager  
RE: CARES Sobering Center

The finance committee last discussed this topic at its May 7, 2025 meeting. At that meeting, staff received direction to work with BRH to find a short-term location utilizing BRH facilities and work with BRH to find a long-term location, which could be on the hospital campus or elsewhere and could be funded in part or in whole by BRH.

We have been unable to secure space at BRH in the short-term and the sobering center continues to operate out of the St. Vincent de Paul (SVdP) facility on Teal St. We have encountered two obstacles to operations at BRH, specifically:

- Concern from the hospital that impaired sobering center patients could interrupt patient care during orthopedic clinic operations and a request for reduced sobering center operating hours; or,
- CCFR-provided additional staffing and/or security to address the same concern, which is outside of existing budget authority.

The hospital provided grant writing assistance to SVdP to apply for a Community Development Block Grant (CDBG), which was submitted to CBJ on August 27, 2025. The Lands, Housing, and Economic Development committee is scheduled to hear and make a recommendation on which CDBG grant application to sponsor for consideration by the State Department of Commerce, Community, and Economic Development. The grant is available to communities statewide (except Anchorage) and each community may only sponsor a single application. \$2.5 million is available for this round, and up to \$850k may be awarded per project. These grants are highly competitive.

If SVdP is successful in receiving this grant, the earliest construction could start is fall/winter of 2026. We would expect awardees to be notified in early spring, environmental review to occur throughout the summer, and actual funding to be awarded in early fall. These are federal grants with heavy compliance lifts. CDBG grants are not reimbursable for work already completed.

Due to inflation in construction costs, SVdP estimates a funding need of \$762,900 for this project, which is the amount of the CDBG grant request.

Outside of CDBG funding, other potential funding sources for this project include opioid settlement funds (approximately \$290k available), BRH fund balance, and general fund.

## **Recommendation**

Options for consideration:

### **1. Move quickly**

This option requires appropriation of non-CDBG funding and would allow SVdP to begin construction ASAP. In this scenario, SVdP would likely be able to provide alternate space in their Teal St building for sobering center operations during construction.

Potential motion: I move we direct staff to prepare legislation appropriating \$762,900, of which \$290,000 comes from the opioid settlement fund with the remainder from [general fund or Bartlett funds] for renovations at SVdP's Teal St building and to negotiate a long-term lease for use of the space for the sobering center.

### **2. Seek CDBG funding, direct BRH to host the sobering center in the Rainforest Recovery building pending the outcome of CDBG awards**

We only have cost estimates for use of the Rainforest space. The modular units used during COVID may be a viable alternative; however, that work is not far enough along to formalize in a recommendation.

Potential motion: I move we direct the hospital to host the sobering center in the Rainforest Recovery building, or other on-campus space acceptable to the Manager, and direct staff to prepare an ordinance appropriating \$100,000 from [specify funding source: opioid settlement funds, general fund, or Bartlett funds] for RRC modifications.

### **3. Convene a joint meeting with the Bartlett Board of Directors to further discuss this topic and options.**

Presented by: The Manager  
Introduced: September 22, 2025  
Drafted by: Finance

**ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA**

**Serial No. 2025-01(b)(M)**

**An Ordinance Appropriating \$762,900 to the Manager for Renovations to Support the Capital City Fire and Rescue Sobering Center at the St. Vincent de Paul Teal Street Facility; Funding Provided by General Funds and Hospital Funds.**

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

WHEREAS, the St. Vincent de Paul Teal Street facility requires significant structural rehabilitation to improve the experience and safety for both clients and employees in order to continue operations of the Capital City Fire and Rescue Sobering Center; and

WHEREAS, this ordinance would provide for capital improvements to adapt the St. Vincent de Paul Teal Street facility for the Sobering Center’s long-term operational needs; and

WHEREAS, it is the Assembly’s intent that up to \$290,000 of the General Fund appropriation be derived from National Opioid Settlement funds; and

WHEREAS, it is the further intent of the Assembly that the Bartlett Regional Hospital-funded portion of this appropriation be applied toward the voluntary repayment of the \$2 million grant issued to the hospital in fiscal year 2024.

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

**Section 2. Appropriation.** There is appropriated to the Manager the sum of \$762,900 for renovations to support the Capital City Fire and Rescue Sobering Center at the St. Vincent de Paul Teal Street facility.

**Section 3. Source of Funds**

General Funds	\$ 290,000
Hospital Funds	\$ 472,900

**Section 4. Effective Date.** This ordinance shall become effective upon adoption.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Beth A. Weldon, Mayor

Attest:

\_\_\_\_\_  
Breckan L. Hendricks, Municipal Clerk

Presented by: The Manager  
Introduced: September 22, 2025  
Drafted by: Finance

**ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA**

**Serial No. 2025-01(b)(N)**

**An Ordinance Appropriating \$762,900 to the Manager for Renovations to Support the Capital City Fire and Rescue Sobering Center at the St. Vincent de Paul Teal Street Facility; Funding Provided by Hospital Funds.**

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

WHEREAS, the St. Vincent de Paul Teal Street facility requires significant structural rehabilitation to improve the experience and safety for both clients and employees in order to continue operations of the Capital City Fire and Rescue Sobering Center; and

WHEREAS, this ordinance would provide for capital improvements to adapt the St. Vincent de Paul Teal Street facility for the Sobering Center’s long-term operational needs; and

WHEREAS, it is the intent of the Assembly that the amount of this appropriation be applied toward the voluntary repayment of the \$2 million grant issued to the hospital in fiscal year 2024.

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

**Section 2. Appropriation.** There is appropriated to the Manager the sum of \$762,900 for renovations to support the Capital City Fire and Rescue Sobering Center at the St. Vincent de Paul Teal Street facility.

**Section 3. Source of Funds**

Hospital Funds \$ 762,900

**Section 4. Effective Date.** This ordinance shall become effective upon adoption.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Beth A. Weldon, Mayor

Attest:

\_\_\_\_\_  
Breckan L. Hendricks, Municipal Clerk

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Deborah (Deb) Johnston, Board President

---

### ISSUE

- An update will be provided for each board committee meeting held since last month's Board of Directors meeting.

### BACKGROUND

- Behind this memo are the minutes and any action items from each committee meeting held since the last Board of Directors meeting.
  - September 18, 2025, Draft Finance & Audit Committee Meeting Minutes
- A representative from each committee will be available to answer questions from board members.

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## DRAFT MINUTES – BOARD FINANCE AND AUDIT COMMITTEE MEETING

**DATE:** Thursday, September 18<sup>th</sup>, 2025 at 12:00pm

**LOCATION:** BRH Boardroom & Teams Videoconference

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I. **CALL TO ORDER** – Start time 12:00 pm

II. **ROLL CALL**

**Committee\* and Board Members Present** (*Teams attendees italicized*): \*Max Mertz, \*Shelly Deering, Dr. Brent Tingey and \*Chris Letterman

**Also Present** (*Teams attendees italicized*): Angela Davis, Kim McDowell, Joe Wanner, Chad Brown, Gail Moorehead, Erin Hardin, Beth Mow, Noelle Derse, Shutney Frisbie, Kris Muller, Brunis Soto and Suzette Nelson

III. **APPROVAL OF AGENDA** – MOTION made by Dr. Tingey to approve the agenda. Motion seconded by Mr. Mertz and there being no objections, the motion was approved.

IV. **PUBLIC PARTICIPATION** – None

V. **APPROVAL OF MINUTES** – MOTION made by Mr. Mertz to approve the August 15<sup>th</sup>, 2025 Joint Finance & Audit and Planning Committee meeting minutes. Motion seconded by Dr. Tingey and there being no objections, the motion was approved.

VI. **JULY 2025 FINANCIAL STATEMENT REVIEW AND DISCUSSION**

Ms. Davis gave the committee a report on the July 2025 financial statements. She wanted to note that there were some reclassification issues that were identified where items had to be realigned by service line on the contractual set. There was an increase of some of the reserves, particularly regarding Wildflower Court, and they identified an opportunity to reserve an additional \$2.189 million against the open and aged AR for WFC. She also said the accounting team hasn't closed fiscal year 2025 yet as they are working through the audit process and as soon as they have a response from the auditors on the contractual adjustments and ensure there are no further adjustments to them, they will be making those adjustments appropriately. Physician contracts increased mostly due to the use of more orthopedic doctors. The counterpart being that it is revenue generated that is offsetting that increased expense.

VII. **SOBER HOUSING**

Mr. Wanner said in early September, the CBJ assembly put the sobering center back on their agenda for conversation. He, Ms. Johnston, and Ms. McDowell attended the meeting. There was a state grant application for renovation funding for the sobering center that Bartlett helped St. Vincent de Paul filled out. The city subcommittee approved it to move to the state. The funding won't be granted until September/October of next year. He believes that everyone agrees that it's current location is the best

space suited for the clientele to have access to services. During the assembly meeting that Mr. Wanner attended, there were two resolutions they put forward, one about funding the renovations with Bartlett's money and the other being funded with Bartlett's money plus \$290,000 the city has from the opiate settlements they received from those lawsuits. Mr. Wanner wanted to put this in front of the Finance Committee for discussion. He has the intent to add this back to the full Board of Directors and adding the two resolutions that the assembly was supposed to put in writing. He hasn't received those copies yet. If Bartlett did fund it, current estimates would be an additional \$763,000. Mr. Wanner agrees with Mr. Mertz that since we already have a re-payment plan to the city for the loan they granted Bartlett, that we could possibly have that payment go towards funding this program instead.

**VIII. STERIS WASHER AND IRRIGATOR – ACTION ITEM**

Ms. McDowell presented two quotes from Steris, one for only the washer portion and one with both the washer and irrigator. Our current Operating Room washer system needs to be replaced and adding the ultrasonic washer and irrigator will help with improved processing times and faster turnaround time. She is suggesting that the Finance Committee approve the new washer and ultrasonic irrigator for quoted price of \$235,433.71.

Mr. Mertz made the MOTION to move the Finance Committee of Bartlett Regional Hospital to approve the Steris washer and ultrasonic irrigator quote as presented and move it to the full Board of Directors for approval. Dr. Tingey seconded the MOTION. There being no objection the MOTION was approved.

**IX. COMMITTEE QUESTIONS**

Mr. Mertz asked if there were any updates on the controller position. Ms. Davis said that they sent an offer to a candidate and they have accepted it and signed it. They will be moving to Juneau from Idaho and will start at the end of October.

**X. MEETING AJOURNED AT – 12:46 pm**

**XI. NEXT MEETING - Friday, October 10<sup>th</sup>, 2025 at 12:00pm**

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kim McDowell, Chief Nursing Officer/Chief Operating Officer

---

### ISSUE

- Antiquated washer(20 years old) in surgical services is unreliable

### BACKGROUND

- Currently the operating room utilizes two washers to meet surgery demands. Of the two washers, one is 20 years old and is very difficult to find parts if repairs are needed. This washer recently broke, and it took about 1 week to find and get parts shipped to fix.

The Finance Committee reviewed the two quotes presented. It approved the Steris washer + ultrasonic irrigator purchase as presented and to move the purchase request to the full board for approval.

### OPTIONS

Two quotes have been provided for washer equipment needed for Surgical Services. The second quote may appear significantly higher; however, it is important to note that this cost difference reflects two separate components—the washer itself and the ultrasonic irrigator.

- Approve the purchase of the washer only – \$148,819.52
- Approve the purchase of the washer + ultrasonic irrigator – \$235,433.71
- Request more information

### ADMINISTRATION'S RECOMMENDATION

- Approve quote for the Washer + Ultrasonic Irrigator for \$ 235, 433.71.

### MOTION FROM THE FINANCE COMMITTEE

- I move the Finance Committee of Bartlett Regional Hospital to approve the Steris washer + ultrasonic irrigator purchase as presented and move it to the full Board of Directors for approval.

**BARTLETT REGIONAL HOSPITAL**

**Account: 46067 GLN: 1100002000479**

3260 HOSPITAL DR  
JUNEAU, AK 99801, US

STERIS Corporation  
5960 Heisley Road  
Mentor, OH 44060-1834 • USA  
440-354-2600  
GLN: 0724995000004

Revision No: 4

Date: 14 August 2025

Submitted By:

Michael Muraski, Account Manager

Eileen A. Zadnik, Senior Sales Development Specialist

**Please submit your quote and purchase order directly to your Account Manager or to [SterileProcessingCapitalOrders@steris.com](mailto:SterileProcessingCapitalOrders@steris.com)**

STERIS is pleased to make the following proposal for your consideration:

**This quote reflects Install and Deinstall at an after-hour rate.**

Voltage, utilities and configurations must be confirmed prior to order placement.

Customer responsible for ensuring utilities and infrastructure meets equipment requirements per the equipment drawing.

Accessories will need to be confirmed to make certain all Customer needs are met.

STERIS Account Manager will confirm the delivery date with Customer roughly 60 days prior to scheduled shipment. At that point, the manufacturing process cannot be altered. In the event the Customer extends the agreed upon delivery date, title to equipment will transfer from STERIS to the Customer post-shipment, and applicable storage and handling fees may be applied.

**NOTICE:** The sale of Products or Services covered by this Quotation is subject to STERIS Corporation's Terms and Conditions of Sale which can be found at <http://www.steris.com/sales-and-installation-terms-and-conditions>. Warranty terms for Certified Pre-Owned Equipment can be found at [https://www.steris.com/about/terms\\_sale/certified-pre-owned-equipment-warranty](https://www.steris.com/about/terms_sale/certified-pre-owned-equipment-warranty). Any additional or different terms or conditions proposed by Customer are rejected and will not be binding upon STERIS unless specifically agreed in writing by an authorized representative of STERIS.

# Quote No: EZADNIK2005044



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479



## Executive Summary

<b>AMSCO 7052HP Washer</b>	<b>129,250.63</b>
<b>InnoWave PCF Sonic</b>	<b>106,367.35</b>
<b>Shipping &amp; Handling</b>	<b>14,843.41</b>
<b>Subtotal</b>	<b>USD 250,461.39</b>

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<b>Package Level Discount</b>	<b>USD (15,027.68)</b>
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<b>Quote Total Excluding Taxes With Package Level Discount Applied</b>	<b>USD 235,433.71</b>
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BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
1.0000	<b>FH18072</b> GTIN: 00724995176570	<b>AMSCO 7052HP, 200-208V, 3 Ph, 60 Hz, Steam heated</b> AMSCO 7052HP Washer/Disinfector, 200-208V, 3 Ph, 60 Hz, Steam heated The AMSCO 7052HP Washer/Disinfector is the most productive in its class when used with Prolystica Ultra Concentrate HP chemistries. I 10 DIN/6 US tray capacity I Cycle time as low as 16 minutes I ISO/AAMI 15883 compliant <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	129,580.00	64,576.84
					
1.0100	<b>FD74900</b> GTIN: 00724995151157	<b>3 Level Manifold Rack</b> 3 level manifold rack, for 3 Multi-Function Racks for Small Items <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	4,069.53	2,214.86
					
1.0200	<b>FD77100</b> GTIN: 00724995151263	<b>GPB Accessory</b> GPB accessory <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	2,214.50	1,256.16
1.0300	<b>FD209</b>	<b>Auto Docking Transfer Cart Adapter for 7052/7053 Washers</b> <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	2	2,534.84	1,443.78
1.0400	<b>FD088</b>	<b>Installation Kit, Flexible hoses for utilities (for Steam unit)</b> Five flexible hoses (or 3 for electric unit) are provided to simplify the connections between the washer steam and water port and the building supply lines. Includes manual shut off valves and manometer for pressure reading on all water inlet lines. A manual shut off valve is also provided for both steam and condensate return line. <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	1,734.52	1,037.73
1.0500	<b>FD352</b>	<b>Offset Installation Air Management Kit</b> <ul style="list-style-type: none"> <li>Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	1,854.00	244.82
1.0600	<b>FD351</b>	<b>Additional Wall Flange</b>	1	646.84	646.84
1.0700	<b>FD354</b>	<b>Seismic Tie-Down Kit</b>	1	378.01	378.01
1.0800	<b>FD353</b>	<b>Condensate return to drain</b>	1	1,299.86	1,299.86

BARTLETT REGIONAL HOSPITAL  
 Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
1.0900	T63AQ0	<b>Prolystica Steel Wall Bracket w/3 Bottle Holder, 1 each</b>	1	339.35	339.35
1.1000	FD000057	<b>Robotic Assisted Surgery (RAS) Cycle for AMSCO 7000HP Washers (Factory Installed)</b> Robotic Assisted Surgery (RAS) Cycle for AMSCO 7000HP Washers (Factory Installed) • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	43,260.00	20,957.00
1.1100	FD256 GTIN: 00724995176723	<b>Robotic Assisted Surgery (RAS) 12 Rack (For AMSCO 7052HP Only)</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	9,270.00	5,014.92
1.1200	SE101682	<b>Install AMSCO 7052HP</b> - Pricing Includes Evening/Weekend Installation Labor	1	6,100.13	9,150.19
1.1300	SE0000082	<b>Seismic Anchoring (Excludes x-raying the floor, through bolting, &amp; associated hardware)</b> STERIS provides a representative to anchor the equipment to ensure the seismic installation meets local building codes. (Excludes x-raying the floor, through bolting, & associated hardware)	1	2,807.93	4,211.89
1.1500	SE6025100071	<b>Disposal of Washer</b> STERIS personnel will determine the most efficient method of disposal including but not inclusive of pick up by STERIS carrier or removal by local scrapping entity. If deinstallation is not performed by STERIS personnel, Customer will decontaminate and move equipment to loading dock for pick up. Please note, disposal of Customer equipment implies Customer relinquishes ownership rights of disposed equipment.	1	511.50	767.25
1.1600	SE1016821	<b>Deinstall AMSCO 7052HP</b>	1	1,406.09	2,109.13
1.1700	SE1016810045	<b>1st Year Preventive Care Connect AMSCO 7052HP</b> The STERIS 1st Year Preventive Care is a preventative maintenance inspection program that is designed to keep new STERIS equipment operating according to manufacturers requirements throughout the warranty period. Includes ConnectCare Service Portal access and remote monitoring connectivity eligible. The Inspection is conducted using the appropriate STERIS Engineering Service Preventive Maintenance Checklist and include any PM parts, lubricants, testing and adjustments necessary. Expendable and consumable parts are not covered in this program. Please note that this service is complementary to but independent of the STERIS warranty program.	1	3,214.00	3,214.00

BARTLETT REGIONAL HOSPITAL  
 Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
1.1800	SE1016852	<b>Total Care Connect AMSCO 7052HP</b> Total Care Connect is a service coverage inclusive of parts, labor and travel for all scheduled Preventive Maintenance inspections and equipment repairs completed within the care plan coverage period. Includes ConnectCare Service Portal access and remote monitoring connectivity eligible. Excluded from coverage are accessories and consumable/expendable items. For more information on this product, <a href="#">click here</a>	1	10,388.00	10,388.00
<b>AMSCO 7052HP Washer</b>				<b>221,609.10</b>	<b>129,250.63</b>
2.0000	IWPCF GTIN: 00724995152710	<b>InnoWave PCF Sonic Irrigator Thermal Disinfection &amp; Robotic Program</b> Focused on maximizing productivity, the InnoWave PCF Sonic Irrigator will ultrasonically clean up to 20 lumened instruments or 44 lbs. of instruments. <ul style="list-style-type: none"> <li>• 208V/3Ph/60Hz</li> <li>• Includes standard instrument basket</li> <li>• USB cycle export</li> <li>• Touch screen controls</li> <li>• Optional thermal disinfection</li> <li>• Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	104,442.00	64,095.75
					
2.0100	MED3088	<b>ELBOW 6MM X 1/8" FLOW</b>	4	214.08	214.08
2.0200	MED8557	<b>Detergent Level Sen Assy</b>	1	1,975.76	1,975.76
2.0300	IW1046	<b>InnoWave PCF Seismic Anchoring Kit</b> <ul style="list-style-type: none"> <li>• Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	1,030.00	854.00
2.0400	IW1038 GTIN: 00724995152956	<b>IW PCF Xi Multi Bskt Hose Set for 4 Stndrd 2 Stplr</b> <ul style="list-style-type: none"> <li>• Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS &amp; EQUIPMENT</li> </ul>	1	6,742.38	4,500.74
2.0500	SE130152	<b>Install InnoWave PCF</b> STERIS installation includes all necessary labor (non-union) and materials required to uncrate, set-in-place and assemble STERIS equipment. Price is for normal working hours, Monday – Friday 8 am -5 pm unless otherwise noted. STERIS also includes with its Installation Services an operational check-out test, any necessary adjustments and a demonstration of the equipment for appropriate facility personnel. Please refer to the STERIS terms and conditions of installation found later in this quotation for a more detailed description of the scope of work.	1	3,074.46	4,611.69

BARTLETT REGIONAL HOSPITAL  
 Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
2.0600	SE0000082	<b>Seismic Anchoring (Excludes x-raying the floor, through bolting, &amp; associated hardware)</b> STERIS provides a representative to anchor the equipment to ensure the seismic installation meets local building codes. (Excludes x-raying the floor, through bolting, & associated hardware)	1	2,807.93	4,211.89
2.0700	SE6111120046	<b>Travel Charge To Alaska To Install STERIS Equip</b>	1	2,416.96	3,625.44
2.0800	SE130151	<b>1st Year Preventive Care InnoWave PCF</b> The STERIS 1st Year Preventive Care is a preventive maintenance inspection program that is designed to keep new STERIS equipment operating according to manufacturer's requirements throughout the warranty period. Inspections are conducted using the appropriate STERIS Engineering Service Preventive Maintenance Checklist and include any PM parts, lubricants, testing and adjustments necessary. Expendable and consumable parts are not covered in this program. Please note that this service is complementary to but independent of the STERIS warranty program.	1	4,657.00	4,657.00
2.0900	SE1301552	<b>Total Care Connect InnoWave PCF</b> Total Care Connect is a service coverage inclusive of parts, labor and travel for all scheduled Preventive Maintenance inspections and equipment repairs completed within the care plan coverage period. Includes ConnectCare Service Portal access - your gateway to STERIS Service. Excluded from coverage are accessories and consumable/expendable items. For more information on this product, <a href="#">click here</a>	1	17,621.00	17,621.00
<b>InnoWave PCF Sonic</b>				<b>144,981.57</b>	<b>106,367.35</b>

# Quote No: EZADNIK2005044



BARTLETT REGIONAL HOSPITAL  
 Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
3.0000	SHIPPING & HANDLING	<b>CHARGES</b> STERIS's designated carriers are extensively trained to best handle our complex equipment needs and ensure safe and timely delivery of all products. Our carrier representatives work to ensure accurate deliveries specific to your timeline as well as problem resolution should there be any delays, damages or redelivery required.	1	14,843.41	14,843.41
<b>Shipping &amp; Handling</b>				<b>14,843.41</b>	<b>14,843.41</b>
Currency: USD		<b>Quote Total Excluding Taxes</b>		<b>381,434.08</b>	<b>250,461.39</b>
		Package Level Discount			( 15,027.68 )
<b>Quote Total Excluding Taxes With Package Level Discount Applied</b>					<b>235,433.71</b>

# Quote No: EZADNIK2005044



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

NOTE: ALL TAXES ARE EXCLUDED UNLESS OTHERWISE STATED. IF EXEMPT, PROOF OF TAX EXEMPTION MUST ACCOMPANY ALL PURCHASE ORDERS.

NOTE: Under present circumstances, this quotation may be considered firm for thirty (30) days from this date. Acceptance later is subject to confirmation. Our quotation is extended on the basis of shipment being made within twelve (12) months after receipt of purchase order or contract. For extended shipments, add ½% per month for any subsequent period beyond (12) months.

**Term of Payment:** NET 35

**Terms of Shipping:** PPA (Prepay & Add)

**FOB:** Origin

BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

## DELIVERY INSTRUCTIONS

Customer Purchase Order: \_\_\_\_\_

STERIS Sales Order Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Dock Days: **MON-FRI**

Dock Hours: **7AM - 4PM**

Precall Required Yes No

*Note: Carrier will call 24 hours in advance of shipment to notify of delivery the following day.*

Appointment Required Yes No

*Note: If appointment required, carrier will hold shipment till contact below is reached to set a delivery appointment.*

Receiving Contact for Required Precall \_\_\_\_\_

Receiving Contact Phone \_\_\_\_\_

Receiving Contact Email \_\_\_\_\_

Dock with Leveler No

Standard Size Dock (48-52" High) No

Accommodate 75ft x 13.5ft H Tractor Trailer (Trailer plus sleeper unit) Yes

If no, please specify max length/height of truck that can deliver \_\_\_\_\_

Proper equipment available at Customer site to unload the equipment Yes No

*Note: <1,000lbs: a pallet jack probably would suffice; >1,000lbs a fork lift would probably be the preferred method*

Liftgate Required\* Yes

Inside Delivery Beyond the Dock\* Yes No

If yes, provide final delivery location (e.g. Room 204, Floor 4) \_\_\_\_\_

Equipment to be delivered to a construction site Yes No

If yes, PPE may be required by carrier. Please specify what PP will be required for delivery. \_\_\_\_\_

Union Drivers Required on Site Yes No

**Updated on: 6/23/2023**

\* = Additional Charges Apply

# Quote No: EZADNIK2005044



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Date: 14 August 2025  
Submitted By: Michael Muraski  
Account Manager

Eileen A. Zadnik  
Senior Sales Development Specialist

STERIS Corporation  
5960 Heisley Road  
Mentor, OH 44060  
Tel: 440-354-2600

Accepted For:  
BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Want Date: \_\_\_\_\_

Ship To Address: \_\_\_\_\_  
\_\_\_\_\_

Bill To Address: \_\_\_\_\_  
\_\_\_\_\_

View order history and place orders for accessories, consumables and parts on-line.  
Visit us at <https://shop.steris.com>

**BARTLETT REGIONAL HOSPITAL**

**Account: 46067 GLN: 1100002000479**

3260 HOSPITAL DR  
JUNEAU, AK 99801, US

STERIS Corporation  
5960 Heisley Road  
Mentor, OH 44060-1834 • USA  
440-354-2600  
GLN: 0724995000004

Revision No: 2

Date: 14 August 2025

Submitted By:

Michael Muraski, Account Manager

Eileen Zadnik, Senior Sales Development Specialist

**Please submit your quote and purchase order directly to your Account Manager or to [SterileProcessingCapitalOrders@steris.com](mailto:SterileProcessingCapitalOrders@steris.com)**

STERIS is pleased to make the following proposal for your consideration:

**This quote reflects Install and Deinstall at an after-hour rate.**

Voltage, utilities and configurations must be confirmed prior to order placement.



Customer responsible for ensuring utilities and infrastructure meets equipment requirements per the equipment drawing.

Accessories will need to be confirmed to make certain all Customer needs are met.

STERIS Account Manager will confirm the delivery date with Customer roughly 60 days prior to scheduled shipment. At that point, the manufacturing process cannot be altered. In the event the Customer extends the agreed upon delivery date, title to equipment will transfer from STERIS to the Customer post-shipment, and applicable storage and handling fees may be applied.

**NOTICE:** The sale of Products or Services covered by this Quotation is subject to STERIS Corporation's Terms and Conditions of Sale which can be found at <http://www.steris.com/sales-and-installation-terms-and-conditions>. Warranty terms for Certified Pre-Owned Equipment can be found at [https://www.steris.com/about/terms\\_sale/certified-pre-owned-equipment-warranty](https://www.steris.com/about/terms_sale/certified-pre-owned-equipment-warranty). Any additional or different terms or conditions proposed by Customer are rejected and will not be binding upon STERIS unless specifically agreed in writing by an authorized representative of STERIS.

BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
1.0000	<b>FH18072</b> GTIN: 00724995176570	<b>AMSCO 7052HP, 200-208V, 3 Ph, 60 Hz, Steam heated</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	129,580.00	64,576.84
					
1.0100	<b>FD74900</b> GTIN: 00724995151157	<b>3 Level Manifold Rack</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	4,069.53	2,214.86
					
1.0200	<b>FD77100</b> GTIN: 00724995151263	<b>GPB Accessory</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	2,214.50	1,256.16
1.0300	<b>FD209</b>	<b>Auto Docking Transfer Cart Adapter for 7052/7053 Washers</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	2	2,534.84	1,443.78
1.0400	<b>FD088</b>	<b>Installation Kit, Flexible hoses for utilities (for Steam unit)</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	1,734.52	1,037.73
1.0500	<b>FD352</b>	<b>Offset Installation Air Management Kit</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	1,854.00	244.82
1.0600	<b>FD351</b>	<b>Additional Wall Flange</b>	1	646.84	646.84
1.0700	<b>FD354</b>	<b>Seismic Tie-Down Kit</b>	1	378.01	378.01
1.0800	<b>FD353</b>	<b>Condensate return to drain</b>	1	1,299.86	1,299.86
1.0900	<b>T63AQ0</b>	<b>Prolystica Steel Wall Bracket w/3 Bottle Holder, 1 each</b>	1	339.35	339.35
1.1000	<b>FD000057</b>	<b>Robotic Assisted Surgery (RAS) Cycle for AMSCO 7000HP Washers (Factory Installed)</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	43,260.00	20,957.00

# Quote No: EZADNIK2005034



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Item	Equipment #	Description	Quantity	Extended Book Price	Extended Discount Price
1.1000	FD256 GTIN: 00724995176723	<b>Robotic Assisted Surgery (RAS) 12 Rack (For AMSCO 7052HP Only)</b> • Contract: GR HEALTHTRUST HPG-4675 STERILIZERS, WASHERS, WARMING CABINETS & EQUIPMENT	1	9,270.00	5,014.92
<b>AMSCO 7052HP Washer</b>				<b>197,181.45</b>	<b>99,410.17</b>
2.0000	SE101682	<b>Install AMSCO 7052HP</b> - Pricing Includes Evening/Weekend Installation Labor	1	6,100.13	9,150.19
2.0100	SE0000082	<b>Seismic Anchoring (Excludes x-raying the floor, through bolting, &amp; associated hardware)</b>	1	2,807.93	4,211.89
2.0200	SE6111120046	<b>Travel Charge To Alaska To Install STERIS Equip</b>	1	2,416.96	3,625.44
2.0300	SE6025100071	<b>Disposal of Washer</b>	1	511.50	767.25
2.0400	SE1016821	<b>Deinstall AMSCO 7052HP</b>	1	1,406.09	2,109.13
<b>Install, Deinstall, Disposal &amp; Seismic</b>				<b>13,242.61</b>	<b>19,863.90</b>
3.0000	SE1016810045	<b>1st Year Preventive Care Connect AMSCO 7052HP</b>	1	3,214.00	3,214.00
3.0100	SE1016852	<b>Total Care Connect AMSCO 7052HP</b> For more information on this product, <a href="#">click here</a>	1	10,388.00	10,388.00
<b>Service Coverage</b>				<b>13,602.00</b>	<b>13,602.00</b>
4.0000	<b>SHIPPING &amp; HANDLING</b>	<b>CHARGES</b>	1	15,943.45	15,943.45
<b>SHIPPING &amp; HANDLING</b>				<b>15,943.45</b>	<b>15,943.45</b>
Currency: USD		<b>Quote Total Excluding Taxes</b>		<b>239,969.51</b>	<b>148,819.52</b>

# Quote No: EZADNIK2005034



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

NOTE: ALL TAXES ARE EXCLUDED UNLESS OTHERWISE STATED. IF EXEMPT, PROOF OF TAX EXEMPTION MUST ACCOMPANY ALL PURCHASE ORDERS.

NOTE: Under present circumstances, this quotation may be considered firm for thirty (30) days from this date. Acceptance later is subject to confirmation. Our quotation is extended on the basis of shipment being made within twelve (12) months after receipt of purchase order or contract. For extended shipments, add ½% per month for any subsequent period beyond (12) months.

**Term of Payment:** NET 35

**Terms of Shipping:** PPA (Prepay & Add)

**FOB:** Destination

BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

**DELIVERY INSTRUCTIONS**

Customer Purchase Order: \_\_\_\_\_

STERIS Sales Order Number: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Dock Days: **MON-FRI**

Dock Hours: **7AM - 4PM**

Precall Required Yes No

*Note: Carrier will call 24 hours in advance of shipment to notify of delivery the following day.*

Appointment Required Yes No

*Note: If appointment required, carrier will hold shipment till contact below is reached to set a delivery appointment.*

Receiving Contact for Required Precall \_\_\_\_\_

Receiving Contact Phone \_\_\_\_\_

Receiving Contact Email \_\_\_\_\_

Dock with Leveler No

Standard Size Dock (48-52" High) No

Accommodate 75ft x 13.5ft H Tractor Trailer (Trailer plus sleeper unit) Yes

If no, please specify max length/height of truck that can deliver \_\_\_\_\_

Proper equipment available at Customer site to unload the equipment Yes No

*Note: <1,000lbs: a pallet jack probably would suffice; >1,000lbs a fork lift would probably be the preferred method*

Liftgate Required\* Yes

Inside Delivery Beyond the Dock\* Yes No

If yes, provide final delivery location (e.g. Room 204, Floor 4) \_\_\_\_\_

Equipment to be delivered to a construction site Yes No

If yes, PPE may be required by carrier. Please specify what PP will be required for delivery. \_\_\_\_\_

Union Drivers Required on Site Yes No

**Updated on: 6/23/2023**

\* = Additional Charges Apply

# Quote No: EZADNIK2005034



BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Date: 14 August 2025  
Submitted By: Michael Muraski  
Account Manager

Eileen Zadnik  
Senior Sales Development Specialist

STERIS Corporation  
5960 Heisley Road  
Mentor, OH 44060  
Tel: 440-354-2600

Accepted For:  
BARTLETT REGIONAL HOSPITAL  
Account: 46067 GLN: 1100002000479

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Want Date: \_\_\_\_\_

Ship To Address: \_\_\_\_\_  
\_\_\_\_\_

Bill To Address: \_\_\_\_\_  
\_\_\_\_\_

View order history and place orders for accessories, consumables and parts on-line.  
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## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Executive Officer

---

### ISSUE

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

### BACKGROUND

- The board will be briefed on current BRH matters in the form of a standing report.
  - Behind this cover memo is the CEO and Administration report

### OPTIONS

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

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, CEO  
**SUBJECT:** **Executive Administration Report**

---

"Progress is impossible without change, and those who cannot change their minds cannot change anything." – George Bernard Shaw

As we transitioned from August into September, we experienced a period of significant activity with the successful integration of providers and staff from Family Practice Physicians into Bartlett Family Medicine. While we encountered a few expected challenges along the way, the overall outcome has been overwhelmingly positive. This achievement was made possible through the dedication, collaboration, and hard work of numerous departments and individuals across the organization. We extend our sincere thanks and appreciation to all who played a role in making this transition a success.

In alignment with this growth, we have also initiated the process of recruiting additional providers interested in joining Bartlett Family Medicine. We are actively engaging in discussions with Family Practice, Internal Medicine, and Pediatric candidates to support the continued expansion and enhancement of our primary care services.

Additionally, in September, several team members had the opportunity to attend the Alaska Hospital and Healthcare Association's (AHHA) annual conference. This event provided valuable insights and networking opportunities with healthcare leaders from across the state. A key topic of discussion was the upcoming Rural Health Transformation funding that will be made available to states by the federal government. The official application for state health agencies was released on September 15, with a submission deadline of November 5.

We anticipate receiving additional details in the coming weeks as the State of Alaska Department of Health reviews responses from its recent Request for Information (RFI) and begins drafting its application. Early indications suggest that the State is exploring innovative approaches to improve healthcare delivery and outcomes—ranging from payment reform to programmatic changes aimed at promoting population health. We are closely monitoring these developments and remain committed to adapting as needed to support these transformative efforts.

As always, thank you to all our staff for your unwavering commitment and exceptional care and service. Your resilience and collaboration are vital as we navigate this evolving landscape and continue to advance our mission to deliver quality, patient-centered care to our community.

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Deborah (Deb) Johnston, Board President

---

### ISSUE

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

### BACKGROUND

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

### OPTIONS

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

### SUGGESTED MOTION

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

# October 2025

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

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

## OCTOBER 2025 - BRH Board of Directors and Committee Meetings

### **BRH Planning Committee 12:00 pm Friday, October 3<sup>rd</sup>**

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

<https://bit.ly/BRHPlanningCommitteeMeetings2025>

Join by Phone: 1 469 998 7360

Meeting ID: 281 356 428 302

Meeting Passcode: dc9aos

### **BRH Board Finance and Audit Committee 12:00 pm Friday, October 10<sup>th</sup>**

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

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

Join by Phone: 1 469 998 7360

Phone Conference ID: 215 796 66#

### **BRH Board of Directors Meeting 5:30pm Tuesday, October 28<sup>th</sup>**

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

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

Join by Phone: 1 469 998 7360

Phone Conference ID: 465 244 905#

## MEMORANDUM

**DATE:** September 23, 2025  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Deborah (Deb) Johnston, Board President

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### ISSUE

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

### BACKGROUND

- Documents to be reviewed are:
  - A. Credentialing files summary report
  - B. September 9, 2025, Medical Staff Meeting Minutes
  - C. Patient Safety Dashboards

### OPTIONS

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

### SUGGESTED MOTION

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