

Bartlett Regional Hospital

BOARD OF DIRECTORS
May 21, 2013
Administration Boardroom
Agenda

Mission Statement

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

CALL TO ORDER

ROLL CALL

Public Participation

Approval of Minutes – April 23, 2013 (Pg. 2)

CEO Report – Chris Harff reports (Pg. 7)

President's Report – Linda Thomas reports

Executive Committee – Linda Thomas reports (Pg. 9)

- A. Compliance recommendations
- B. Strategic Planning

Planning Committee – Nate Peimann, MD reports (Pg. 11)

- C. Board self-evaluation
- D. CEO evaluation
- E. Patient experiences
- F. Strategic Planning

Finance Committee – Lauree Morton, MD, reports

- A. April Financials (recommend approval) (Pg. 13)
- B. Medicaid Settlement
- C. Physical Therapy Flooring & Electrical (Pg. 23)

Quality Assurance Committee – No meeting

Bylaw Committee – Mary Borthwick reports

BRH Foundation – Kristen Bomengen reports

Rainforest Recovery Center – No meeting

Dick Monkman, Esq. reports

- Radiation Oncology Clinic

Medical Staff – Ben Miller, DO reports

- A. Executive session
- B. Credentialing - recommend approval (Pg. 24)

Other Business

- A. June calendar (Pg. 32)
- B. Board Comments

Executive session as needed

Bartlett Regional Hospital

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

Board of Directors

April 23, 2013

Robert Valliant Center

Called to order at 5:15 p.m.

Roll Call

Linda Thomas, President	Reed Reynolds, Vice-President (by phone)
Alex Malter, MD, Secretary	Mary Borthwick
Nancy Davis (by phone) Kristen Bomengen	
Lauree Morton	Nate Peimann, MD

Absent

Bob Storer, Past President

Also present

Chris Harff, CEO	Ken Brough, CFO
Norma Adams, HR	Billy Gardner, DON
Dick Monkman, Esq.	Toni Petrie, Executive Asst.
John Wray, Compliance Officer	Janice Sheufelt, MD, Secretary of MSEC

Linda Thomas called the meeting to order at 5:20 p.m.

Public Participation – None

Approval of Minutes – Ms. Bomengen made a MOTION to approve the minutes from the March 26, 2013 Board of Directors meeting. Ms. Borthwick seconded the motion and they were approved.

Ms. Bomengen made a comment that the Board's past practice has been for the current President not to be the maker of a motion from any sub-committee. Ms. Thomas thanked Kristen for her insight.

John Wray – Mr. Wray had a letter in the packet for the Board to review. CMS has revised their stance related to compliance programs from voluntary to a mandated function for health care entities. Within these revisions are requirements for increased Board of Directors oversight of the compliance program and mandated Board education on Compliance.

Dr. Malter made a MOTION to delegate the Compliance Committee the tasks addressed in the letter and inform the Board. Ms. Davis seconded the motion.

Discussion:

Dr. Peimann said he felt due to some of the content in the letter; he felt it best to be discussed at the Executive Committee level.

Dr. Peimann asked for clarification if previous Board education would count towards this. Mr. Wray believes these requirements start on January 1, 2013, so it would not count.

Mr. Wray also said the Federal Government reported they expect to see documentation that hospital boards are receiving compliance training.

Ms. Davis said that in the strategic goals/objectives for Planning, Board education falls under that category and perhaps compliance education should be addressed there.

Dr. Peimann said the education piece for the Board falls under Planning, but some of the other issues such as the corrective action plan should be at the Executive Committee level. He asked who the Board wants to drive this plan.

Dr. Malter made a motion to refer this to the Executive Committee to come back with a recommendation to the Board to move forward on compliance education. The tasks that Mr. Wray has recommended to be put to the Compliance Committee could be acted upon tonight. Specifically, the risk assessment and effectiveness review can be referred to Compliance Committee. ***Dr. Malter accepted that as a friendly amendment. The motion passed by a roll call vote.***

CEO Report – Chris Harff reports

The Pathologists contract is coming up for renewal. Mr. Monkman wrote an extension agreement for 6 months, during which time the Pathologists and Administration will meet and discuss future options for services.

The BRH Foundation is doing their annual retreat April 29th. They are asking for Bartlett staff to come talk about items BRH is requesting.

Executive Committee – Linda Thomas reports

Ms. Thomas reported that she, the CEO and CFO met with the, Assembly on Monday, April 22, 2013 to discuss items that could affect the finances of the organization. Due to the financial impact, details of this discussion will be held in executive session.

The bylaw revisions were reviewed by the Executive Committee and passed to the Board for approval.

Ms. Thomas asked Chris to give the update provided at the Executive Committee on the Mobile Mammo services that were being provided to SEARHC patients. We will no longer provide those services in certain communities due to budget constraints SEARHC is facing.

Ms. Thomas reported she has and Dr. Malter met with the CBJ Finance Director, Dr. Malter, Ms. Harff, Mr. Brough and the hospital attorney/CBJ attorney, to discuss the budget presentation to the Assembly.

Strategic Goals/Objectives – Ms. Thomas recommended that at our monthly Board meeting, each Chair report where we are at (progress, action) Dr. Malter recommended separating the goals/objectives out by committee.

Planning Committee – Dr. Peimann reports

1. The HR Quarterly report was reviewed. Dr. Peimann asked for Board acceptance for the report as presented – ***accepted***
2. CEO Succession Plan – ***Dr. Peimann made a MOTION adopt this as a policy and adopt it into the manual, with the change that anywhere it says CBJ Administrator***

or City and Borough Administrator should be CBJ City Manager or City and Borough City Manager. Dr. Malter seconded and it was approved by a roll call vote.

3. The Committee discussed patient centered care and ways the Board can envision moving forward. There was a suggestion of having patients attend Board meetings to share their personal stories of their experience. This is something that is happening with Boards across the country. Dr. Malter reported his preference is to have Administration involved and bring details to the Board. Ms. Bomengen feels if the Board adopted this new mission statement, they need to show real leadership to see that it's being done. The objective is to provide the leadership that is appropriate on focusing on patient care. The Board agreed to have Planning continue with this discussion.

Finance Committee – Dr. Malter reports

Highlighted items include; we were behind last month in terms of revenues, but we are 2 million dollars ahead for the year.

Other items discussed – Medicaid appeal mediation to recoup money the state owes us for taking care of Medicaid recipients in terms of appropriate billing. We did not come to conclusion during the first set of mediation, but there is another mediation scheduled in a month.

Current employee health plan costs – the hospital's portion of the CBJ plan is a little bit more expensive per member than other portions for other City members. Informal discussion at the Finance Committee was that once we are in the plan, we are part of the entire plan and it would be inappropriate for the City to think that we should bear a disproportionate of the share of the premiums, even though our employees in the plan might have been incurring greater costs for many reasons

Mr. Brough presented to the Finance Committee the preliminary plans for the budget presentation to CBJ on May 8th. The Finance Committee scheduled another meeting on May 3rd to go over the presentation.

Mr. Brough added we did lose some money in the month of March. Our volumes were down. We are currently at a positive bottom line. The cash increased at the end of the month since we were able to collect \$1.5 million from Medicare to settle on our cost report. We are still struggling with our A/R days and still working on the Xtend project to get the A/R days down.

Ms. Davis noted that the Charity Care and Bad Debt looked really different from what was budgeted. Mr. Brough responded that it has to do with the methodology that was adopted when the interim CFO was here. We use our A/R aging to decide out breakdown on a contractual level of bad debt. Dr. Malter said his take on this is that one of the reasons it's so tough getting our A/R days down, is because we are spending so much time on the back end trying to get the charges right. That's why it is so critical for the nurses to get the charges in correctly on the front end.

Ms. Thomas reported that at the meeting with CBJ Finance Director they report their capital items differently from what normal hospital accounting reporting is. The CBJ Finance Director said they are continuing to further define a capital project that needs to be presented to the Assembly and approved by them. Items of a capital nature that are highly unusual and large need to be run by the Assembly and every day recurring operating equipment that is not a construction project or large dollar cost is listed as a separate line item such as equipment and supplies on the budget Mr. Brough is working on a list of items we have already approved so the list will be slightly different. The operating budget will be larger, capital budget less, but the overall dollar amount will remain the same and the items will remain the same. Mr. Brough clarified that this is a budgeting presentation designed based upon CBJ guidelines and will vary from hospital accounting and financial reporting guidelines.

Dr. Peimann asked where we are on the bond defeasance. Mr. Brough reported this has been completed and we fared well. The projected present value was approximately 13-14% savings.

Dr. Peimann asked Mr. Brough if there have been any hidden costs since we have moved to this new GPO or are things going along as we expected? Mr. Brough reported things are going well thanks to a lot of staff. Vendors have been very cooperative. We are seeing some cost saving opportunities.

Quality Committee - Ms. Davis reports

There will not be a meeting in May due to staff and members being out of town. The Committee followed-up on the mammogram recalls which has improved since it first arose as a problem that people had to come back for a repeat mammogram. The next meeting is June 26th.

Bylaws Committee – Ms. Borthwick reports

Ms. Borthwick made a MOTION to accept all of the proposed bylaw changes including the section on Board education. We will exclude the changes for section 132. Dr. Malter seconded. Ms. Borthwick made an amendment to the motion to say, we accept as first reading, the bylaws in substantive form after having discussed necessary changes regarding board evaluation, education, code of ethics and expansion of hospital executive sessions. Dr. Malter seconded the motion. Ms. Borthwick will check with City Law to make sure we are in sync with them before bringing it back to the Board. The motion passed by a roll call vote.

The Board took a recess at 6:40 p.m.

The Board came back in session at 6:50

BRH Foundation – Ms. Bomengen reports there was no meeting due to their annual retreat meeting April 29th.

RRC Advisory Board – Chris Harff reports

Sandi Kohtz announced her resignation. Jennifer Brown will be overseeing the Administrative duties of RRC as well as MHU. We are looking at integrating the services. There is a new clinical supervisor at RRC to help with the day to day operations. The group talked about what their priorities should be. There was a request from the fire chief how they could join forces with the staff at RRC during catastrophes.

Dr. Malter made a MOTION at 7:05 p.m., to go into executive session to discuss items that could impact the reputation of the hospital or individuals. Ms. Borthwick seconded and it was approved.

The Board came out of executive session at 7:10 p.m. No action was taken.

Medical Staff – Dr. Sheufelt reports

Dr. Sheufelt recommended approving the Credentialing report. ***Dr. Malter made a MOTION to approve the Credentialing report as presented. Ms. Borthwick seconded and it was approved.***

Dr. Malter made a MOTION to approve the 6 month extension for the Pathology Contract. Ms. Bomengen seconded the motion and it was approved by a roll call vote.

Other Business

The May and June calendars were reviewed. The Board of Directors meeting was moved to May 21st at 5:15 p.m.

Board Comments:

Ms. Davis reported she will be traveling most of May; she will call into meetings when she can.

Dr. Peimann wanted to note that it is important for the Board to work as a team, to communicate well together and involve others in their decisions.

Ms. Thomas reported she would like to work with the Finance Committee on a general discussion of the Board's involvement in systems and controls on purchasing and payments.

Dr. Peimann made a MOTION to recommend we renew our Foraker membership to help in developing the CEO and Board self-evaluation for \$1,500 a year. Kristen seconded the motion and it was approved.

Ms. Borthwick made a MOTION to go into executive session at 7:20 p.m., to discuss matters which could affect the finances of the hospital. Ms. Davis seconded and it was approved.

The end of the agenda was met and the meeting adjourned at 8:10 p.m.

Board Secretary

CEO Board Report

May 2013

Chris Harff

Financial

- We had a strong revenue month for April. As you can see volume was not that strong but the work with Xtend as part of our revenue cycle review to capture charges like IV starts and infusion is increasing revenue. I would like to thank all the directors for their work with charge capture. Their efforts are showing significant progress and have made a positive impact on our bottom line.
The business office received million dollar payments from SEAHRC and Medicare through their work and that helped infuse cash and decrease account receivable days.
I want to remind everyone that ongoing work needed to improve our processes in the revenue cycle take time, and will have the effect of increasing AR. We must all be aware of that in the immediate future.
- Recommendations made by Xtend continue to be implemented. This will be a lengthy process, and will continue to be challenging to implement. Changes in routines and how we work are difficult and will take time to fully realize.

Information Technology

- Tim Parr, our Information Systems Director and Martha Leak, our Clinical Systems Analyst will be presenting our plan to meet Meaningful Use requirements.
- May 21, 2013 is the scheduled go live date to 5.66 Meditech to meet meaningful use.

Operations

- The medical staff continues to work on new medical staff categories.
- Dr. Palmer is retiring this month and has asked if we would take over his charts. I have asked Amy and Dick to review the legal issues associated with this. From a business prospective, I have asked Dr. Palmer and our attorneys draw up an agreement to assure two requirements:
 - 1) His patients must be notified that we will be storing the records. If they would like a copy of the record, he must oblige in a timely fashion before the hospital stores the information.

2) His records must be thinned to contain only what is necessary to meet legal retention requirements.

- Ken and I will be meeting with the Pathologists May 22nd to begin working on a new contract for Pathology services.

Community

- I spoke at the Southeast Alaska Board of Realtors on May 14th. They were interested in BRH's scope of services and expressed appreciation for the level of health care we offer our community. In addition to strong schools, they consider a good healthcare system important in selling Juneau.
- The Foundation Board is looking at hosting a Gala Fundraiser this fall to benefit the Sexual Assault Response Team (S.A.R.T.) SART is a multidisciplinary interagency team of individuals working together to provide sexual assault services and interventions to the community.
- Hospital Week was celebrated in a somewhat downsized and more cost-conscious manner than in previous years due to budget pressures. Employee gifts were scaled back, but delivered personally by department managers. We refrained from offsite activities such as the Salmon Bake for employees and families. SLT again distributed ice cream to both day and night shifts, Human Resources staged an employee talent show, and Community Relations once again produced the popular slide show highlighting employee awards, functions, and gatherings throughout the past year.

Bartlett Regional Hospital

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Executive Committee

May 6, 2013

Attendance: Linda Thomas, Alex Malter, MD, Reed Reynolds (by phone), Ken Brough, Billy Gardner, Norma Adams, John Wray and Toni Petrie

Review of the agenda – Ms. Thomas added compliance education and moved the Finance up on the agenda.

Compliance:

Mr. Wray provided a letter to the Executive Committee regarding CMS regulations for Board requirements on Compliance Programs in hospital settings for them to review and take action on from the April Board meeting.

Dr. Malter made a MOTION to have the Compliance Committee bring information on the Compliance Program Policy and Procedure Manual and Approval Code of Conduct to the full Board by July. Mr. Wray will provide electronically, Training of the Compliance Program Structure and Operation and Compliance Risks and Strategies, with attestation signatures by July. In Section B, number 4, Review and Approval of Corrective Action Plans resulting from Audits, will come from the Compliance Committee to the Executive Committee then to the full Board. Mr. Reynolds seconded and it was approved.

Mr. Harff reported that the following is being processed by the program we currently have in place;

- BOD Receive at Least Quarterly Reports from the Compliance Officer.
- BOD will be informed of any Governmental Enforcement Activities Related to BRH.
- Review and Approval of Appointment of Compliance Officer.

Email communication:

The Committee asked Ms. Petrie to follow up with CBJ on how they handle email communication and delivery, as well as record retention for meeting recordings.

The Finance Budget Presentation to CBJ was reviewed.

Updates from Ms. Harff:

Staff communication – Ms. Harff reported there are a lot of rumors regarding the budget amongst staff. SLT has discussed meeting with Directors beforehand on the delivery of the message.

Landscaping – Plants need to be ordered this spring that have been included in the budget. This will complete the landscaping in the front of the hospital. The Committee asked Administration to come up with a recommendation.

City Streets and Asphalt – There are some areas on the road behind the Administration building (bus route) that are in desperate need for repair. There is some question as to is financially responsible to take care of this (CBJ or BRH).

Xtend update – Ms. Harff reported that Linda Corley with Xtend will be onsite May 16th and she will provide more information.

Ms. Thomas followed up on a previous discussion about user access on Egnyte and suggested passwords be changed periodically for security purposes.

Strategic goals/objectives – The Committee reviewed the strategic goals.

Identified projects/work sessions with other organizations (WFC, SEARHC) and previous Board members (ALUMNI). Ms. Thomas will work with Ms. Petrie on the Alumni meeting.

Reducing labor costs - Ms. Thomas asked Administration for details on the pricing analysis.

The meeting adjourned at 1:00 p.m.

Bartlett Regional Hospital

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Planning Committee May 9, 2013 Minutes

Dr. Peimann called the meeting to order at 12: 05 p.m.

Attendance: Dr. Peimann, Linda Thomas, Mary Borthwick, Kristen Bomengen (by phone), Nancy Davis (by phone) and Reed Reynolds (by phone)

Also in attendance: Chris Harff, Ken Brough, Norma Adams, Billy Gardner and Toni Petrie

Updates from CEO:

There is a meeting scheduled with the Pathologists for May 21st. Ms. Harff wrote them with concerns about costs.

The Radiologists contract is up June 30th. Ms. Harff will start discussing negotiations with them.

Radiation Oncology – Ms. Harff referred to a letter from RBS Evolution (Radiation Business Solutions) regarding BRH's potential interest in leasing space. Their proposal is either (a) they would construct the building, we would purchase it and they would lease space from BRH or (b) they keep the building and we lease three of the rooms.

Ms. Thomas asked for the amount of revenue from infusion that we could potentially lose by not participating with this group and what the financial implications/pros and cons might be before making a decision.

Same Day Surgery – The Outside agency has contacted Ms. Harff. They would like to meet with her and Mr. Brough on June 11th. Ms. Thomas would like one of the Board members to attend this meeting as well. She asked either Dr. Peimann or Dr. Malter to attend.

Mr. Reynolds said he wondered if it would be of value for the committee to work with Ms. Harff to consider an overall strategy and broader concept for dealing with outside groups cooperatively or competitively. Ms. Thomas would like to have this discussion as a full Board and to have some talking points on the strategy.

Dr. Peimann announced that the Foraker subscription has been renewed to help assist on the CEO evaluation as well as the Board self-evaluations. Look at strategic goals,

think about measures and/or marks we will be using to evaluate the CEO. This process is just now being formalized. Ms. Thomas said the City is going through the same process with the City Manager. It might be worthwhile to talk with Mila Cosgrove to see if they have good information. Mr. Reynolds wondered if we should check with QLK. Ms. Davis suggested checking with ASHNHA.

Patient experiences – the Board is interested in hearing a more formal process. Dr Peimann would like to bring a process back on how this would be implemented in our facility.

Future agenda items

Strategic goals – update the Board on this committee’s specific goals if there is any change or new information.

Compliance continuing education – The Board’s role with credentialing hasn’t been established. Dr. Peimann recommended that a couple of Board members go to credentialing type conferences. He asked Ms. Petrie to get Harty Springer Credentialing conference schedule. Ms. Davis volunteered to attend the clinic in October. Ms. Thomas said we need to discuss the Board’s education budget first.

Adjourned at 1:05 p.m.

Bartlett Regional Hospital

Statement of Income

	Current Month	Budget	\$ Variance	YTD	YTD Budget	\$ Variance
INPATIENT REVENUE (Hospital)						
ROUTINE INPATIENT REVENUE	1,913,321	1,735,725	177,596	18,727,532	18,728,982	(1,450)
ANCILLARY INPATIENT REVENUE	2,309,389	1,827,212	482,177	19,090,113	18,120,657	969,456
TOTAL INPATIENT REVENUE (Hospital)	4,222,710	3,562,937	659,773	37,817,645	36,849,639	968,006
OUTPATIENT REVENUE	4,949,338	5,250,553	(301,215)	49,434,410	51,655,272	(2,220,862)
TOTAL PATIENT REVENUE (Hospital)	9,172,049	8,813,490	358,559	87,252,055	88,504,911	(1,252,856)
RRC REVENUE	382,475	272,329	110,146	3,660,143	2,846,702	813,441
PHYSICIAN REVENUE	1,221,673	1,366,344	(144,671)	12,393,444	12,667,298	(273,854)
TOTAL PATIENT REVENUE All Sources	10,776,197	10,452,163	324,034	103,305,642	104,018,911	(713,269)
OTHER REVENUE	205,261	161,992	43,269	1,988,282	1,633,997	354,285
TOTAL GROSS REVENUE	10,981,458	10,614,155	367,303	105,293,924	105,652,908	(358,984)
REVENUE DEDUCTIONS						
CONTRACTUAL	2,938,090	2,615,127	322,963	28,563,963	25,771,943	2,792,020
CHARITY CARE/BAD DEBT	953,128	1,140,017	(186,889)	8,595,573	11,234,820	(2,639,247)
TOTAL REVENUE DEDUCTIO	(3,891,217)	(3,755,144)	(136,073)	(37,159,536)	(37,006,763)	(152,772)
TOTAL NET REVENUE	7,090,240	6,859,011	231,229	68,134,389	68,646,145	(511,756)
OPERATING EXPENSES						
SALARIES & WAGES	2,817,831	2,852,107	(34,276)	27,963,827	28,926,152	(962,325)
BENEFITS	1,284,711	1,314,496	(29,785)	13,161,890	13,320,221	(158,331)
FEES-PHYSICIAN	444,809	445,300	(491)	4,510,106	4,622,277	(112,171)
FEES-OTHER	294,692	351,917	(57,225)	3,196,860	3,566,067	(369,207)
SUPPLIES	659,250	745,575	(86,325)	6,876,828	7,314,501	(437,673)
UTILITIES	186,078	154,373	31,705	1,753,158	1,665,642	87,516
REPAIRS & MAINTENANCE	185,904	251,728	(65,824)	1,882,890	2,552,902	(670,012)
LEASES & RENTALS	54,929	44,959	9,970	390,574	455,564	(64,990)
INSURANCE	50,790	58,367	(7,577)	541,116	586,317	(45,201)
INTEREST EXPENSE	232,022	104,307	127,715	1,175,428	1,043,062	132,366
OTHER EXPENSES	6,722	38,969	(32,247)	120,295	403,904	(283,609)
TOTAL OPERATING EXPENSES	6,217,739	6,362,098	(144,359)	61,572,971	64,456,609	(2,883,638)
DEPRECIATION & AMORTIZATION	577,036	582,546	(5,510)	5,890,203	5,903,167	(12,964)
TOTAL OPERATING COSTS	6,794,775	6,944,644	(149,869)	67,463,175	70,359,776	(2,896,601)
NET OPERATING INCOME	295,465	(85,633)	381,098	671,214	(1,713,631)	2,384,845
NON-OPER INCOME/EXPENSE						
INTEREST INCOME - GENERAL	4,243	32,833	(28,590)	41,402	328,333	(286,931)
OTHER INCOME	128,751	94,793	33,958	1,462,371	948,557	513,814
TOTAL NON-OPERATING	132,994	127,626	5,368	1,503,774	1,276,890	226,884
NET INCOME/LOSS	428,459	41,993	386,466	2,174,988	(436,741)	2,611,729

Bartlett Regional Hospital

Statement of Income

	Current Month	Prior Year Month	\$ Variance	YTD	YTD Prior Year	\$ Variance
INPATIENT REVENUE (Hospital)						
ROUTINE INPATIENT REVENUE	1,913,321	1,968,314	(54,993)	18,727,532	16,514,663	2,212,869
ANCILLARY INPATIENT REVENUE	2,309,389	1,755,060	554,329	19,090,113	17,299,771	1,790,342
TOTAL INPATIENT REVENUE (Hospital)	4,222,710	3,723,374	499,336	37,817,645	33,814,434	4,003,211
OUTPATIENT REVENUE	4,949,338	5,046,767	(97,429)	49,434,410	50,018,516	(584,106)
TOTAL PATIENT REVENUE (Hospital)	9,172,049	8,770,141	401,908	87,252,055	83,832,950	3,419,105
RRC REVENUE	382,475	286,879	95,596	3,660,143	2,930,581	729,563
PHYSICIAN REVENUE	1,221,673	1,160,574	61,100	12,393,444	11,926,668	466,776
TOTAL PATIENT REVENUE All Sources	10,776,197	10,217,593	558,604	103,305,642	98,690,198	4,615,444
OTHER REVENUE	205,261	190,357	14,904	1,988,282	1,895,121	93,161
TOTAL GROSS REVENUE	10,981,458	10,407,950	573,508	105,293,924	100,585,319	4,708,605
REVENUE DEDUCTIONS						
CONTRACTUAL	2,938,090	2,182,824	755,266	28,563,963	22,317,550	6,246,413
CHARITY CARE/BAD DEBT	953,128	1,278,442	(325,314)	8,595,573	10,461,917	(1,866,344)
TOTAL REVENUE DEDUCTIO	(3,891,217)	(3,461,266)	(429,951)	(37,159,536)	(32,779,467)	(4,380,069)
TOTAL NET REVENUE	7,090,240	6,946,684	143,556	68,134,389	67,805,852	328,536
OPERATING EXPENSES						
SALARIES & WAGES	2,817,831	2,776,198	41,633	27,963,827	27,719,519	244,308
BENEFITS	1,284,711	1,231,902	52,809	13,161,890	12,732,995	428,896
FEES-PHYSICIAN	444,809	473,298	(28,489)	4,510,106	4,841,496	(331,391)
FEES-OTHER	294,692	427,673	(132,981)	3,196,860	3,858,265	(661,404)
SUPPLIES	659,250	820,849	(161,599)	6,876,828	6,687,636	189,192
UTILITIES	186,078	156,472	29,607	1,753,158	1,668,048	85,109
REPAIRS & MAINTENANCE	185,904	211,871	(25,968)	1,882,890	1,688,574	194,316
LEASES & RENTALS	54,929	34,835	20,094	390,574	387,990	2,583
INSURANCE	50,790	45,344	5,446	541,116	585,022	(43,906)
INTEREST EXPENSE	232,022	109,731	122,291	1,175,428	1,070,676	104,752
OTHER EXPENSES	6,722	71,208	(64,485)	120,295	920,702	(800,406)
TOTAL OPERATING EXPENSES	6,217,739	6,359,382	(141,643)	61,572,971	62,160,923	(587,951)
DEPRECIATION & AMORTIZATION	577,036	623,953	(46,916)	5,890,203	5,970,750	(80,547)
TOTAL OPERATING COSTS	6,794,775	6,983,335	(188,559)	67,463,175	68,131,673	(668,498)
NET OPERATING INCOME	295,465	(36,650)	332,115	671,214	(325,821)	997,035
NON-OPER INCOME/EXPENSE						
INTEREST INCOME - GENERAL	4,243	26,442	(22,199)	41,402	70,632	(29,230)
OTHER INCOME	128,751	114,911	13,840	1,462,371	1,101,729	360,642
TOTAL NON-OPERATING	132,994	141,353	(8,359)	1,503,774	1,172,361	331,413
NET INCOME/LOSS	428,459	104,703	323,756	2,174,988	846,540	1,328,447

Bartlett Regional Hospital

Balance Sheet for April 2013

	Beginning of Month	End of Month	\$ Change Month	Beginning of Year	End of Month	\$ Change Year
Current Assets:						
Operating Cash	8,921,511	11,977,639	3,056,128	11,628,144	11,977,639	349,495
Board Designated Cash	10,051,654	10,000,297	(51,357)	5,783,545	10,000,297	4,216,752
Net Accounts Receivable	21,380,349	19,748,484	(1,631,865)	20,587,817	19,748,484	(839,333)
Other Current Assets	1,490,008	1,520,776	30,769	3,297,309	1,520,776	(1,776,532)
Total Current Assets	41,843,522	43,247,196	1,403,675	41,296,815	43,247,196	1,950,382
Appropriated Cash	5,899,453	5,899,453	-	5,899,456	5,899,453	(3)
Fixed Assets:						
Plant, Prop, Equip.	65,459,361	64,980,965	(478,396)	68,505,628	64,980,965	(3,524,664)
CIP	13,204,006	13,313,674	109,668	12,631,363	13,313,674	682,311
Total Assets	126,406,342	127,441,288	1,034,946	128,333,262	127,441,288	(891,974)
Current Liabilities:						
Accounts Payable	2,086,447	2,205,541	119,094	3,674,316	2,205,541	(1,468,775)
Payroll and Related Liabilities	4,045,107	4,308,367	263,260	3,544,862	4,308,367	763,505
Other Current Liabilities	18,047	243,223	225,176	1,942,621	243,223	(1,699,398)
Total Current Liabilities	6,149,601	6,757,131	607,530	9,161,799	6,757,131	(2,404,668)
Long Term Liabilities:						
Bonds	24,265,542	24,264,499	(1,043)	24,931,794	24,264,499	(667,294)
Total Long Term Liabilities	24,265,542	24,264,499	(1,043)	24,931,794	24,264,499	(667,294)
Total Liabilities	30,415,143	31,021,631	606,487	34,093,592	31,021,631	(3,071,962)
Total Fund Balance	95,991,198	96,419,657	428,459	94,239,669	96,419,657	2,179,988
Total Liabilities and Equity	126,406,342	127,441,288	1,034,946	128,333,262	127,441,288	(891,974)

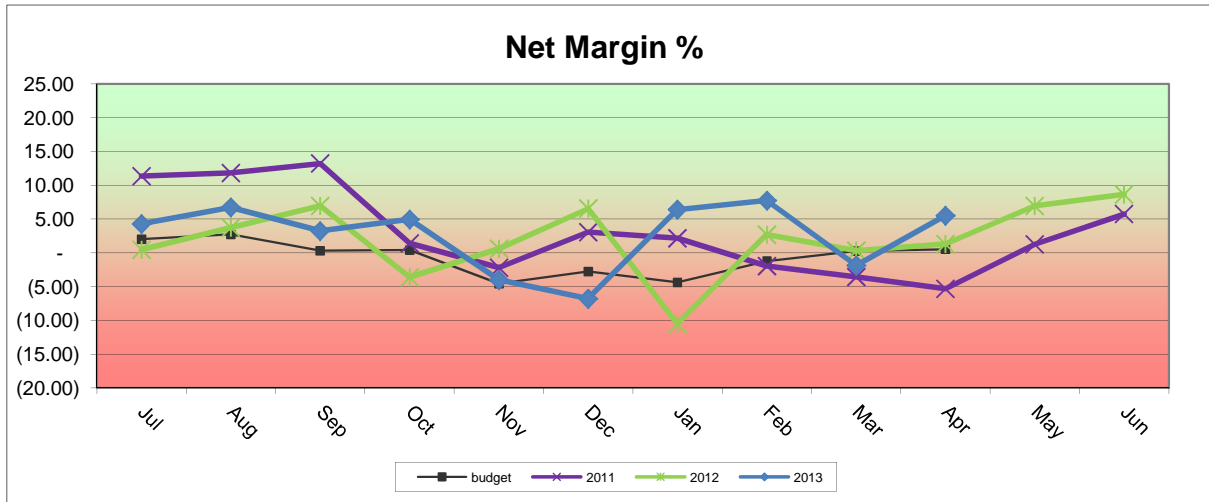
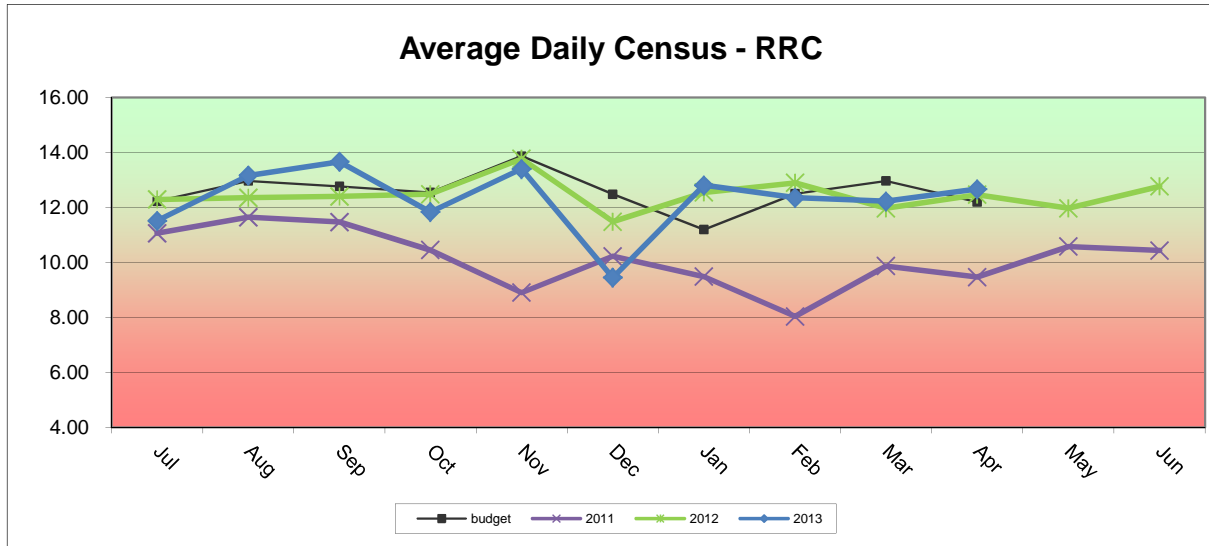
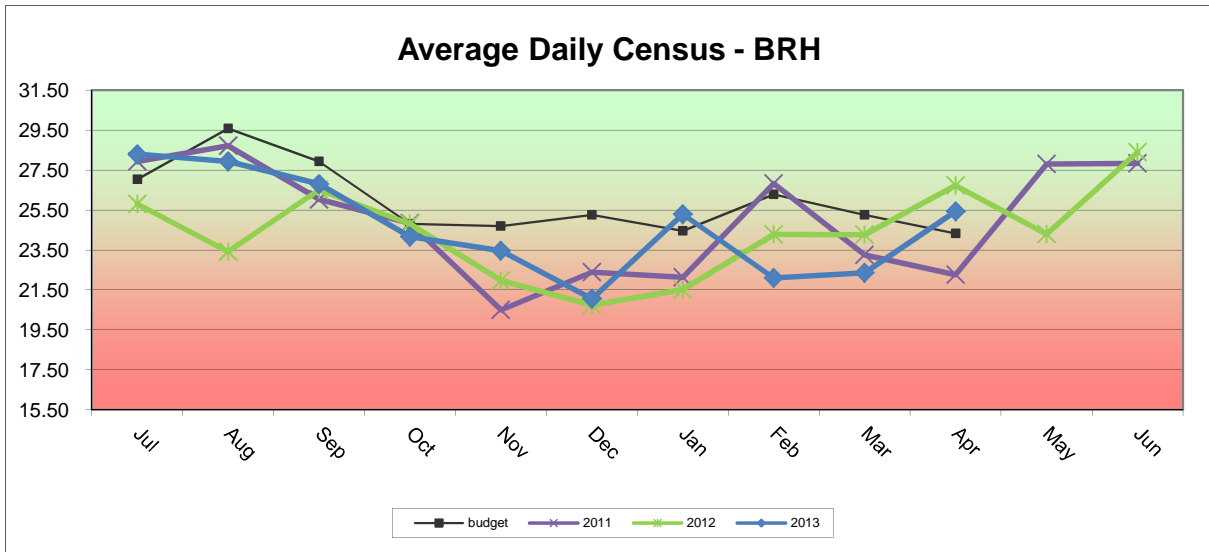
Bartlett Regional Hospital

Cash Summary
April 2013

	Increase/(Decrease) in Cash	
	Current Month	Year-To-Date
CASH RECEIPTS	\$ 8,562,801	\$ 68,763,721
CASH DISBURSEMENTS:		
Payroll (Net Pay)	\$ 1,716,847	\$ 18,571,328
Accounts Payable	3,237,880	37,381,880
Other	551,946	12,461,018
Total Cash Disbursements	\$ 5,506,673	\$ 68,414,226
NET CHANGE IN CASH	\$ 3,056,128	\$349,495
BEGINNING BALANCE	\$ 8,921,511	\$ 11,628,143
NET CHANGE IN CASH	3,056,128	349,495
ENDING BALANCE - OPERATING CASH	\$ 11,977,639	\$ 11,977,639
<u>Board Designated Funds</u>		
Capital Reserve Fund	\$ 4,909,896	
BRH CAMHU	2,500,000	
Proj 2005 Debt Service Reserve	2,427,682	
Other	162,718.62	
	\$ 10,000,297	
<u>CBJ Appropriated Funds</u>		
CIP	\$ 899,453	
CAMHU	5,000,000	
	\$ 5,899,453	
TOTAL CASH	\$ 27,877,389	

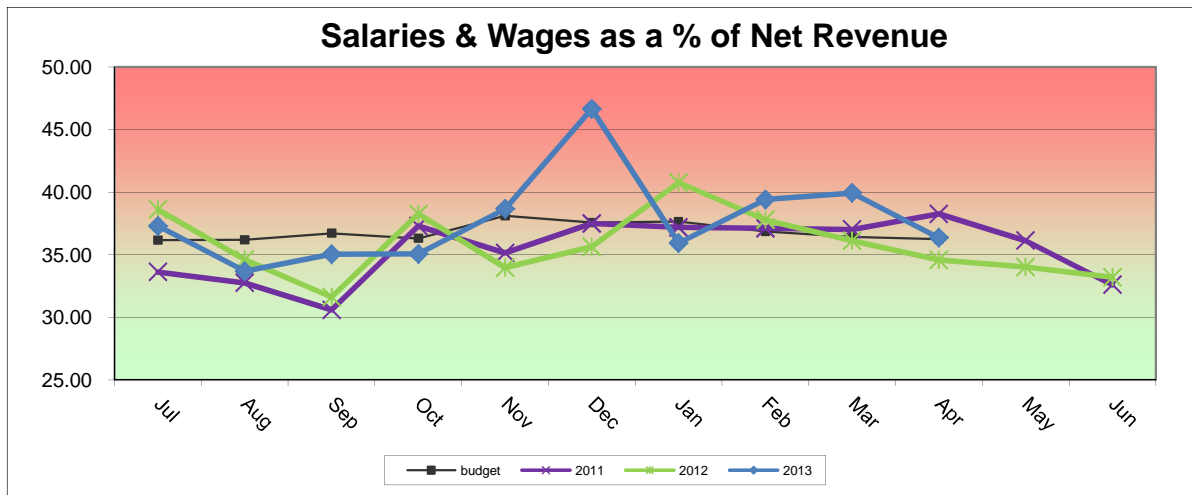
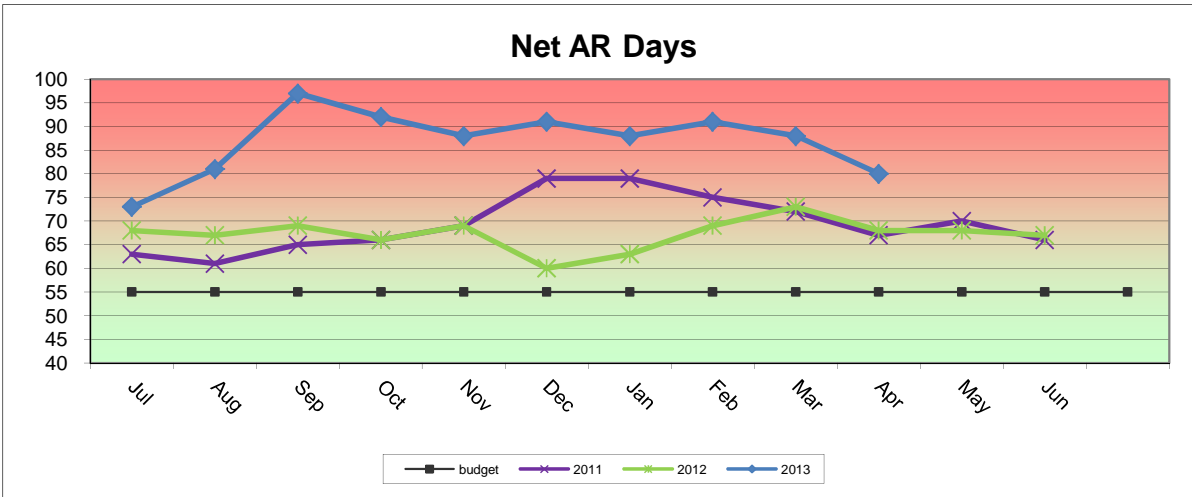
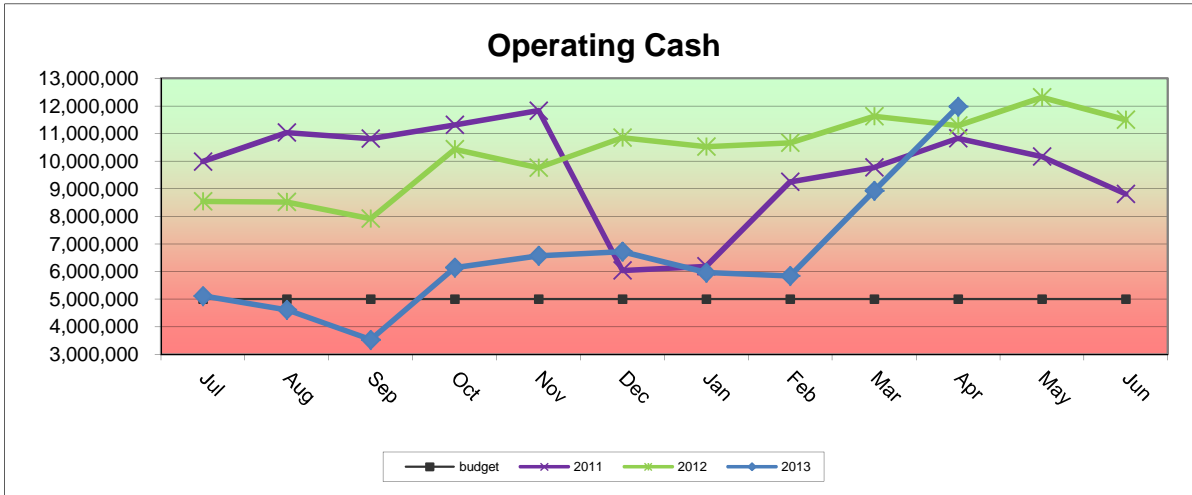
Bartlett Regional Hospital

Monthly Operations "Dashboard"



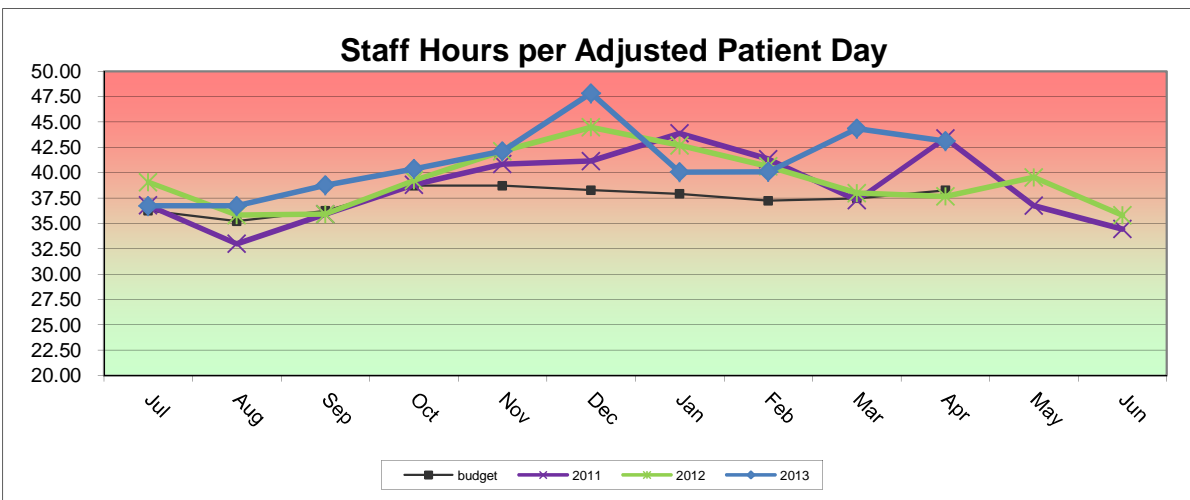
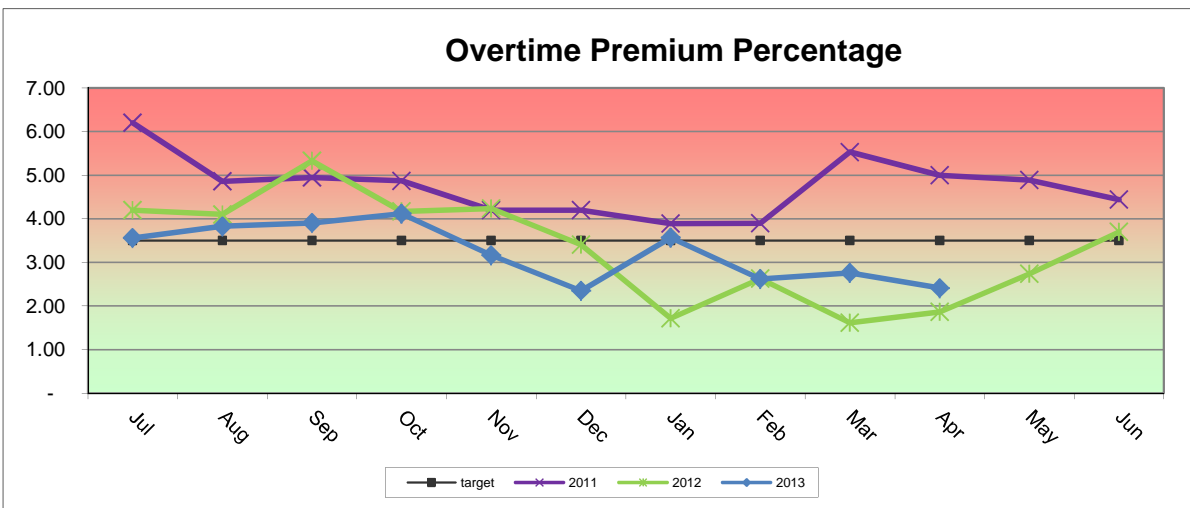
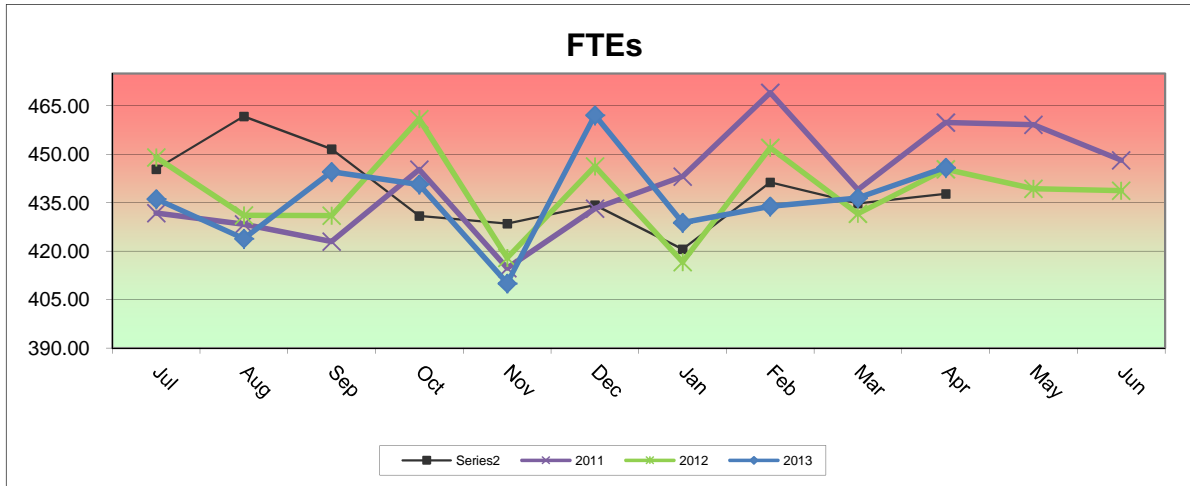
Bartlett Regional Hospital

Monthly Operations "Dashboard"



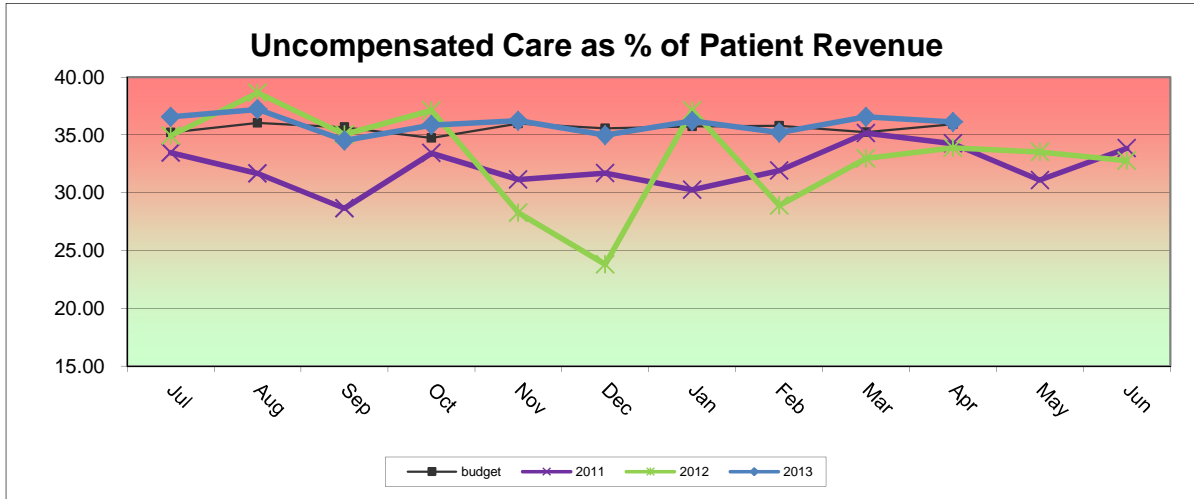
Bartlett Regional Hospital

Monthly Operations "Dashboard"



Bartlett Regional Hospital

Monthly Operations "Dashboard"



Bartlett Regional Hospital

Rolling Thirteen Months of Actual

	As Reported													ROLLING	
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	13 MONTHS
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13		
INPATIENT REVENUE															
ROUTINE INPATIENT REVENUE	2,195,129	2,112,896	2,372,845	2,463,511	2,423,125	2,333,405	2,155,136	2,073,863	1,841,164	2,211,134	1,859,934	2,054,409	2,211,621	28,308,172	
ANCILLARY INPATIENT REVENUE	1,857,335	2,091,812	2,365,946	2,177,541	2,463,812	1,899,505	2,134,028	1,911,539	1,705,551	2,271,306	1,476,409	1,827,285	2,439,314	26,621,383	
TOTAL INPATIENT REVENUE	4,052,464	4,204,708	4,738,791	4,641,052	4,886,937	4,232,910	4,289,164	3,985,402	3,546,715	4,482,440	3,336,343	3,881,694	4,650,935	54,929,555	
OUTPATIENT REVENUE	6,165,128	6,755,848	6,916,022	6,462,437	6,621,930	6,090,567	6,750,603	5,435,880	5,722,451	6,331,944	5,969,306	5,861,668	6,125,261	81,209,048	
TOTAL PATIENT REVENUE	10,217,593	10,960,555	11,654,813	11,103,489	11,508,867	10,323,477	11,039,768	9,421,283	9,269,167	10,814,384	9,305,649	9,743,362	10,776,197	136,138,603	
OTHER REVENUE	190,357	189,001	210,452	185,169	185,815	203,685	197,177	185,924	203,499	217,858	197,893	206,002	205,261	2,578,093	
TOTAL GROSS REVENUE	10,407,950	11,149,557	11,865,265	11,288,658	11,694,682	10,527,162	11,236,945	9,607,207	9,472,665	11,032,242	9,503,541	9,949,364	10,981,458	138,716,696	
REVENUE DEDUCTIONS															
CONTRACTUAL/BAD DEBTS	3,260,371	3,508,009	3,550,438	3,906,618	4,084,818	3,432,773	3,654,792	3,248,479	3,075,600	3,607,820	2,919,326	3,410,869	3,595,098	45,255,012	
CHARITY CARE	200,894	164,656	268,872	151,525	197,156	129,227	303,158	164,416	166,376	307,472	355,878	152,016	296,119	2,857,765	
TOTAL REVENUE DEDUCTIO	(3,461,266)	(3,672,665)	(3,819,310)	(4,058,143)	(4,281,974)	(3,562,000)	(3,957,950)	(3,412,895)	(3,241,976)	(3,915,292)	(3,275,203)	(3,562,885)	(3,891,217)	(48,112,777)	
TOTAL NET REVENUE	6,946,684	7,476,891	8,045,955	7,230,515	7,412,708	6,965,162	7,278,995	6,194,312	6,230,689	7,116,949	6,228,338	6,386,479	7,090,240	90,603,919	
OPERATING EXPENSES															
SALARIES & WAGES	2,776,198	2,857,069	2,945,244	3,044,683	2,776,638	2,800,892	2,865,862	2,605,533	2,970,378	2,785,936	2,576,218	2,719,857	2,817,831	36,542,338	
BENEFITS	1,231,902	1,271,926	1,259,165	1,283,821	1,312,227	1,326,571	1,293,356	1,259,224	1,239,186	1,346,646	1,235,824	1,580,324	1,284,711	16,924,883	
FEES-PHYSICIAN	473,298	529,351	511,460	489,550	497,892	494,219	440,846	436,606	442,400	438,191	408,357	417,235	444,809	6,024,214	
FEES-OTHER	427,673	381,388	406,969	329,360	341,162	390,874	371,021	404,538	345,492	317,908	197,585	204,229	294,692	4,412,890	
SUPPLIES	820,849	786,568	963,846	702,096	873,364	641,101	777,509	728,698	666,507	647,996	608,061	572,246	659,250	9,448,091	
UTILITIES	156,472	157,961	224,746	150,288	164,713	147,120	181,572	174,348	163,661	215,059	188,390	181,927	186,078	2,292,337	
REPAIRS & MAINTENANCE	211,871	219,070	248,776	208,383	199,630	210,447	223,206	182,589	149,804	204,730	147,731	170,466	185,904	2,562,607	
LEASES & RENTALS	34,835	30,904	43,279	39,745	36,258	52,203	37,564	39,291	33,947	33,455	28,503	34,679	54,929	499,592	
INSURANCE	45,344	45,067	52,608	46,702	63,050	46,887	68,915	48,130	70,401	54,856	45,693	45,692	50,790	684,136	
INTEREST EXPENSE	109,731	105,797	105,639	105,455	105,511	105,455	105,531	105,455	105,455	103,441	103,441	103,660	232,022	1,496,595	
OTHER EXPENSES	71,208	53,656	42,318	3,267	8,987	9,255	24,584	14,142	11	17,590	7,839	27,896	6,722	287,477	
TOTAL OPERATING EXPENSES	6,359,382	6,438,757	6,804,049	6,403,351	6,379,433	6,225,023	6,389,966	5,998,554	6,187,242	6,165,810	5,547,643	6,058,212	6,217,739	81,175,159	
DEPRECIATION & AMORTIZATION	623,953	588,420	586,119	589,449	589,187	590,475	587,696	587,015	587,084	594,253	599,924	588,084	577,036	7,688,695	
TOTAL OPERATING COSTS	6,983,335	7,027,177	7,390,168	6,992,800	6,968,620	6,815,498	6,977,662	6,585,569	6,774,326	6,760,063	6,147,566	6,646,295	6,794,775	88,863,855	
NET OPERATING INCOME	(36,650)	449,714	655,787	237,715	444,088	149,664	301,334	(391,257)	(543,637)	356,887	80,771	(259,816)	295,465	1,740,064	
NON-OPER INCOME/EXPENSE															
INTEREST INCOME - GENERAL	26,442	26,256	44,085	610	164	6,539	3,372	8,027	7,514	3,988	3,192	3,754	4,243	138,185	
OTHER INCOME	114,911	107,835	68,456	112,303	110,659	105,645	99,299	114,700	103,526	135,623	421,810	130,054	128,751	1,753,573	
TOTAL NON-OPERATING	141,353	134,091	112,541	112,913	110,824	112,184	102,671	122,727	111,040	139,612	425,002	133,808	132,994	1,891,758	
NET INCOME/LOSS	104,703	583,805	768,328	350,627	554,912	261,848	404,005	(268,530)	(432,596)	496,498	505,773	(126,009)	428,459	3,631,823	

Bartlett Regional Hospital

FY2013 Allocated Budget

	Jul-12 Actual	Aug-12 Actual	Sep-12 Actual	Oct-12 Actual	Nov-12 Actual	Dec-12 Actual	Jan-13 Actual	Feb-13 Actual	Mar-13 Actual	Apr-13 Actual	May-13 Budget	Jun-13 Budget
INPATIENT REVENUE												
ROUTINE INPATIENT REVENUE	2,463,511	2,423,125	2,333,405	2,155,136	2,073,863	1,841,164	2,211,134	1,859,934	2,054,409	2,211,621	2,225,341	2,152,438
ANCILLARY INPATIENT REVENUE	2,177,541	2,463,812	1,899,505	2,134,028	1,911,539	1,705,551	2,271,306	1,476,409	1,827,285	2,439,314	2,056,571	2,092,063
TOTAL INPATIENT REVENUE	4,641,052	4,886,937	4,232,910	4,289,164	3,985,402	3,546,715	4,482,440	3,336,343	3,881,694	4,650,935	4,281,912	4,244,501
OUTPATIENT REVENUE	6,462,437	6,621,930	6,090,567	6,750,603	5,435,880	5,722,451	6,331,944	5,969,306	5,861,668	6,125,261	6,810,700	6,890,559
TOTAL PATIENT REVENUE	11,103,489	11,508,867	10,323,477	11,039,768	9,421,283	9,269,167	10,814,384	9,305,649	9,743,362	10,776,197	11,092,612	11,135,060
OTHER REVENUE	185,169	185,815	203,685	197,177	185,924	203,499	217,858	197,893	206,002	205,261	165,511	161,992
TOTAL GROSS REVENUE	11,288,658	11,694,682	10,527,162	11,236,945	9,607,207	9,472,665	11,032,242	9,503,541	9,949,364	10,981,458	11,258,123	11,297,052
REVENUE DEDUCTIONS												
CONTRACTUAL/BAD DEBTS	3,906,618	4,084,818	3,432,773	3,654,792	3,248,479	3,075,600	3,607,820	2,919,326	3,410,869	3,595,098	3,873,521	3,814,368
CHARITY CARE	151,525	197,156	129,227	303,158	164,416	166,376	307,472	355,878	152,016	296,119	140,859	138,708
TOTAL REVENUE DEDUCTIO	(4,058,143)	(4,281,974)	(3,562,000)	(3,957,950)	(3,412,895)	(3,241,976)	(3,915,292)	(3,275,203)	(3,562,885)	(3,891,217)	(4,014,380)	(3,953,076)
TOTAL NET REVENUE	7,230,515	7,412,708	6,965,162	7,278,995	6,194,312	6,230,689	7,116,949	6,228,338	6,386,479	7,090,240	7,243,743	7,343,976
OPERATING EXPENSES												
SALARIES & WAGES	3,044,683	2,776,638	2,800,892	2,865,862	2,605,533	2,970,378	2,785,936	2,576,218	2,719,857	2,817,831	3,021,417	2,969,814
BENEFITS	1,283,821	1,312,227	1,326,571	1,293,356	1,259,224	1,239,186	1,346,646	1,235,824	1,580,324	1,284,711	1,358,310	1,314,497
FEES-PHYSICIAN	489,550	497,892	494,219	440,846	436,606	442,400	438,191	408,357	417,235	444,809	501,183	499,546
FEES-OTHER	329,360	341,162	390,874	371,021	404,538	345,492	317,908	197,585	204,229	294,692	363,642	351,917
SUPPLIES	702,096	873,364	641,101	777,509	728,698	666,507	647,996	608,061	572,246	659,250	763,868	760,696
UTILITIES	150,288	164,713	147,120	181,572	174,348	163,661	215,059	188,390	181,927	186,078	157,352	144,373
REPAIRS & MAINTENANCE	208,383	199,630	210,447	223,206	182,589	149,804	204,730	147,731	170,466	185,904	261,120	251,985
LEASES & RENTALS	39,745	36,258	52,203	37,564	39,291	33,947	33,455	28,503	34,679	54,929	46,453	44,958
INSURANCE	46,702	63,050	46,887	68,915	48,130	70,401	54,856	45,693	45,692	50,790	59,029	58,367
INTEREST EXPENSE	105,455	105,511	105,455	105,531	105,455	105,455	103,441	103,441	103,660	232,022	104,306	104,306
OTHER EXPENSES	3,267	8,987	9,255	24,584	14,142	11	17,590	7,839	27,896	6,722	44,635	40,092
TOTAL OPERATING EXPENSES	6,403,351	6,379,433	6,225,023	6,389,966	5,998,554	6,187,242	6,165,810	5,547,643	6,058,212	6,217,739	6,681,315	6,540,551
DEPRECIATION & AMORTIZATION	589,449	589,187	590,475	587,696	587,015	587,084	594,253	599,924	588,084	577,036	601,971	582,548
TOTAL OPERATING COSTS	6,992,800	6,968,620	6,815,498	6,977,662	6,585,569	6,774,326	6,760,063	6,147,566	6,646,295	6,794,775	7,283,286	7,123,099
NET OPERATING INCOME	237,715	444,088	149,664	301,334	(391,257)	(543,637)	356,887	80,771	(259,816)	295,465	(39,543)	220,877
NON-OPER INCOME/EXPENSE												
INTEREST INCOME - GENERAL	610	164	6,539	3,372	8,027	7,514	3,988	3,192	3,754	4,243	32,834	32,833
OTHER INCOME	112,303	110,659	105,645	99,299	114,700	103,526	135,623	421,810	130,054	128,751	94,949	94,793
TOTAL NON-OPERATING	112,913	110,824	112,184	102,671	122,727	111,040	139,612	425,002	133,808	132,994	127,783	127,626
NET INCOME/LOSS	350,627	554,912	261,848	404,005	(268,530)	(432,596)	496,498	505,773	(126,009)	428,459	88,240	348,503
YTD NET INCOME/LOSS	350,627	905,539	1,167,387	1,571,392	1,302,862	870,265	1,366,764	1,872,537	1,746,528	2,174,987	2,263,227	2,611,730

PEDIATRIC PROFORMA

We propose to make the current cardiac rehab space into a kid-safe pediatric therapy area and move cardiac rehab into the current Physical Rehab area.

Projected Pediatric Conversion Costs:

Rubber flooring Install (BRH to participate in prep work, dewaxing, cleaning)	\$6489.50
Electric (Install treadmill circuit)	\$1711
South Paw Swing	\$2662 (trauma\$)
Total	<hr/> \$10,862

There is this much unspent in the current Physical Rehab budget for FY13.

Proforma

With increased pediatric space available, we conservatively estimate increasing 12 pediatric patients per week 3-5:30 pm weekdays.

Gross Revenue:

Estimated 4 FUNC (CPT code 97530) units per patient

12 patients x 4 x \$122 = \$5856

Estimated 65% of charges collected = \$3806.40

Cost:

Add Casual PTA x 15 hours week (to cover both in and outpatients so current pediatric therapists will be freed up for pediatrics)

\$36.02 x 15 hours x 47% benefits = \$794

Increased revenue \$3012/ week or \$168,694 per year.

Credentials Committee
Hospital Privileges for Board of Director's Consideration
Tuesday, May 21, 2013 5:15 p.m. – Robert F. Valliant Center Boardroom

REAPPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Steven T. Parker, MD	Active	Anesthesia
<p>Dr. Steven T. Parker graduated from the Oregon Health Sciences University School of Medicine in 1980. Dr. Parker is an anesthesiologist for Anesthesia Associates of Southeast Alaska.</p>		
2. Allan G. Schlicht, MD	Active	General Surgery, Lap Chole/App, C-Section (Emergency), Endoscopy, Colonoscopy, EGD, Esophagoscopy and Dilation for Benign or Malignant Disease, Other Major Peripheral Vascular Arterial and Venous Reconstructions (Emergency), PEG, Sclerotherapy (Emergency), Transvenous Pacemaker (Emergency), Venous Reconstruction (Emergency), and Administer Fluoroscopy Pending Course Completion

Dr. Allan G. Schlicht graduated from the University of Bologna - Italy in 1978. Dr. Schlicht is a general surgeon and is in private practice in Juneau.

3. Robert D. Schults, MD	Active	Psychiatry, Child/Adolescent Psychiatry, Chemical Dependency Detoxification
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Dr. Robert D. Schults graduated from the University of Pittsburgh in 1981. Dr. Schults is a psychiatrist for BRH Mental Health Unit/BOPS.

4. Charles J. Schultz, MD	Active	Oral & Maxillofacial Surgery, Appearance Enhancement and Improvement, Harvesting Hand and Soft Tissue Grafting
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Dr. Charles J. Schultz graduated from the University of Colorado School of Dentistry in 1993. Dr. Schultz is an oral and maxillofacial surgeon for Southeast Dental Group.

5. Marna L. Schwartz, MD	Courtesy	Pediatrics, Pediatric Newborns
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Dr. Marna L. Schwartz graduated from the Harvard Medical School in 2000. Dr. Schwartz is a pediatrician for S.E.A.R.H.C. - Alder.

**6. Ann B. Standerwick, MD Active Internal Medicine and Exercise
Stress Treadmill**

Dr. Anne B. Standerwick graduated from the University of Texas Southwestern Medical at Dallas in 1994. Dr. Standerwick is an internal medicine physician for Southeast Medical Clinic.

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June 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 N Executive Committee BR	4	5	6	7	8
9	10	11 7 Credentials Committee BR	12	13 N Planning Committee BR	14	15
16	17 N- Bartlett Foundation BR	18	19	20 3:00-4:30 Compliance Com BR 5:15 Finance Committee BR	21	22
23	24	25 5:15 Board of Directors BR	26 N Quality Assurance Committee BR	27	28 9-00 QIC BR	29
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