

Bartlett Regional Hospital

BOARD OF DIRECTORS

Agenda

June 24, 2014

5:15 p.m.

Administration Boardroom

Mission Statement

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

- I. 5:15 p.m. ROLL CALL**
- II. 5:20 p.m. PUBLIC PARTICIPATION ON NON-AGENDA ITEMS**
- III. 5:25 p.m. SPECIAL ORDER OF BUSINESS**
- IV. 5:30 p.m. APPROVAL OF MINUTES from May 27, 2014 (Pg. 3) and June 17, 2014 (Pg. 11)**
- V. 5:35 p.m. NEW BUSINESS**
- VI. 6:00 p.m. CONSENT AGENDA**
 - Midas Plus agreement (Pg. 13)**
- VII. 6:05 p.m. ITEMS REMOVED FROM CONSENT AGENDA FOR DISCUSSION AND ACTION**
- VIII. 6:15 p.m. STANDING COMMITTEE REPORTS**
 - A. Executive Committee – Kristen Bomengen reports (Pg. 14)**
 - B. Finance Committee – Lauree Morton reports (Pg. 17)**
 - C. Planning Committee – Nate Peimann, MD, reports (Pg. 30)**
 - D. Quality Council – Nancy Davis reports**
 - E. Physician Recruitment Committee – Bob Storer reports (Pg. 31)**
 - F. Bartlett Foundation – Linda Thomas reports (Pg. 32)**
- IX. 6:55 p.m. MANAGEMENT REPORTS**
 - A. CEO – Chuck Bill reports**

B. HR Director – Mila Cosgrove reports

C. CFO – Alan Germany reports

X. 7:10 p.m. PRESIDENT’S REPORT – Kristen Bomengen reports

******EXECUTIVE SESSION******

XI. 7:20 p.m. MEDICAL STAFF REPORT

XII. 7:30 p.m. BOARD EDUCATION – Focus and Execute presentation

XIII. 8:05 p.m. July Board calendar (Pg. 35)

XIV. 8:10 p.m. BOARD COMMENTS AND QUESTIONS

XV. EXECUTIVE SESSION (if required)

ADJOURNMENT

Bartlett Regional Hospital

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

**Bartlett Regional Hospital
Board of Directors
Minutes
May 27, 2014**

Called to order at 5:15 p.m.

Roll call

Present

Bob Storer, Vice President
Linda Thomas, Past President
Nate Peimann, MD
Mark Johnson

Nancy Davis, Secretary (by phone)
Mary Borthwick
Alex Malter, MD
Lauree Morton

Absent

Kristen Bomengen, President

Others present

Chuck Bill, CEO
Toni Petrie, Executive Assistant
Carlton Heine, MD, Vice COS
Alan Germany, CFO
Jim Strader, Community Relations
Maria Uchytel, BRH Foundation
Greg Merrill, Southeast Radiation Oncology
Debbie Kesselring, Medical Staff Manager
Jane Sebens, CBJ Law
Lorie Daniels, Mammography Tech
Mila Cosgrove, HR Director
Karen Crane, CBJ Liaison
Ben Miller, DO Past COS
Marise Knock, Controller
Kendri Ceasar, Atty.
Jeffrey Torres, RT Supervisor

Public participation – None

NEW BUSINESS

Mr. Storer introduced Chuck Bill, the new Chief Executive Officer for Bartlett Regional Hospital.

Special recognition awards

- Debbie Kesselring, Medical Staff Manager, was recognized for obtaining the Continuing Medical Education (CME) from Washington State for Bartlett Regional Hospital.

- Jeffery Torres, Respiratory Therapy Supervisor, was recognized for earning the National Quality Respiratory Care Recognition Award
- John Fortin, Laboratory Manager, was recognized for completing the College of American Pathologists inspection.
- Lorie Daniels, Mammography Technician, was recognized for achieving 3 years ACR Mammography accreditation.

Approval of the minutes – Mary Borthwick made a MOTION to approve the minutes from the April 22, 2014 Board of Directors meeting. Ms. Thomas seconded and they were approved without objection.

Greg Merrill, Southeast Oncology Clinic, came to give an update to the Board on the positive interactions they have with BRH and the staff here. They have entered into an agreement with Alaska Native Medical Center so SEARHC patients can be treated here as well as the VA Clinic, so they won't have to always leave town.

BRH Foundation – Maria Uchytel, Director of the Foundation, handed out a list of items the Foundation has fundraised for BRH over the years. They are planning for FY15 and looking at a new direction for fundraising. The Bartlett Foundation has asked administration to give them a list of needs for the hospital. Ms. Uchytel said the Foundation has a couple of different funds that are dedicated to certain areas. One is CCU and the other is in pediatrics.

Board education - Mr. Germany had a document in the Board packet on Hospital Accounting and Finance. He went over questions that the hospital CFO or Controller should be asked;

1. What are the levels of reserves in place for open cost reports? How were these amounts determined? What years are still open?
2. How are the reserve levels determined for third party and self-pay receivables?
3. What is the composition of "other receivables" (non-patient) on the balance sheet?
4. What is the composition of "Construction in Progress" on the balance sheet?
5. How are accruals determined? What is the policy on pre-paid expenses?

How the Board can quickly and easily test contractuals (significant area of judgment in the financial statements)

- A. Compare fiscal YTD cash receipts from statement of cash flow vs. fiscal YTD total revenues (net patient revenue plus operating)
- B. Red flag if revenue (on an accrual basis from the income statement) is significantly higher than the fiscal YTD cash receipts brought in
- C. Should only run this test when the fiscal year is at least 6 months old

Dr. Peimann asked if we should consider adopting a policy regarding day's cash on hand. Mr. Bill said it would be wise to sit down at the committee level to discuss this.

OB Tracevue System – ***Ms. Morton made a MOTION to approve the OB Tracevue System not to exceed \$56,100. Ms. Thomas seconded and it was approved without objection.***

Philips EKG Machine – ***Ms. Morton made a MOTION to approve the Philips EKG Machine not to exceed \$11,000. Dr. Malter seconded and it was approved without objection.***

Mr. Storer asked if there were any items anyone wanted moved off the consent agenda.

Ms. Thomas asked to move the Coffey Communications contract off the consent agenda for discussion purposes.

Dr. Malter made a MOTION to approve the consent agenda. Mr. Johnson seconded and it was approved.

Ms. Thomas said it's a sole source contract and she wants the Board to be aware of some of the questions that were asked at the Executive Committee meeting. One of the question was did the hospital look at Alaska firms and the second question was why are we choosing a hospital specific website developer.

Mr. Strader said that since there were no Alaska qualified firms. He also said there was no need to do an RFP. He went through the CBJ process with a modification waiver. Because this is a hospital specific website, this will provide more information on the website such as medical library information.

Dr. Peimann asked what the anticipated cost is. Mr. Strader said a one-time fee of \$18,250 (50 page design) and there's a monthly cost of \$1,300. Mr. Strader will be the point of contact for this contract.

Ms. Thomas made a MOTION to approve the Coffey Communications contract. Dr. Malter seconded and it was approved without objection.

STANDING COMMITTEE REPORTS

The Executive Committee minutes were reviewed.

Cerner update – Ms. Sebens said the recovery letter is ready to go out. Mr. Bill said his recommendation is to let administration handle it and move it forward.

Orthopedic ER Call discussion – Ms. Bomengen formed a committee of Mr. Storer and Ms. Thomas. Ms. Thomas said they have been working on this for quite a while, over several administrations. They indicated to the orthopedic surgeons they would get more information and get back with them. Mr. Bill has put together some scenarios for the Board to review.

Dr. Peimann said he's a bit frustrated and finds what they are doing very disingenuous. The bottom line is this is very unfortunate for patient care.

Quality Council – Ms. Borthwick reports

Ms. Borthwick said there was some work done on the Quality Council Charter and she will bring it to the Executive Committee for discussion before bringing it back to the full board.

Joint Conference – Mr. Storer reports

The Committee met on May 1st. They discussed recruitment. They will discuss this further at the Physician Recruitment Committee being held on May 28th.

CEO report - Mr. Bill reports

He said it was a good time to start work at BRH during Hospital Week. He had a good chance to meet a lot of employees.

He met with the publisher at the Juneau Empire to start establishing a relationship.

He had an opportunity to be introduced to the Assembly.

He's doing some due diligence on which Rotary Club would be best for the organization.

He was introduced to the President and incoming President of the Alaska State Hospital Nursing Home Association (ASHNHA). There is a seminar coming up in Anchorage that is around physician call issues. He was invited to participate in their advocacy committee.

Mr. Bill said he is in the midst of recruiting a CFO. There was a good slate of candidates. Ms. Cosgrove is working on doing phone interviews with the candidates.

Mr. Bill said one of the tools he has used previously for strategic planning is called Focus and Execute. It's an online module to really help you focus and execute the strategic plan. It has everything broken down by the strategic initiatives and what you need to do to execute them. He would like to see board education around that tool and use that for the October strategic planning committee.

Mr. Bill has been communicating with some of the family practice physicians to contract with them to serve in the function as a hospitalist during the summer months.

Ms. Thomas asked what the next steps are. Mr. Bill said he would like the Board to give him the authority to move the issues forward.

Ms. Morton made a MOTION to go into executive session at 6:32 p.m., to discuss matters which are confidential by law. Mr. Johnson seconded and it was approved without objection.

Back in session at 7:15 p.m. No action was taken.

Dr. Peimann made a MOTION to authorize Mr. Bill to enter in good faith negotiations to provide complete orthopedic services including full call coverage. Mark Johnson seconded and it was approved without objection.

CNO report – Mr. Gardner reports

We brought in a fall specialist by the name of Pat Quigley, through the Alaska State Hospital Nursing Home Association (ASHNHA), to assess our fall risks. She met with staff members and directors and put together a falls program for the hospital.

Ms. Morton made a MOTION to go into executive session at 7:19 p.m., to discuss matters which are confidential by law. Mr. Johnson seconded and it was approved without objection.

Back in session at 7:19 p.m. No action was taken.

The Credentialing report was reviewed.

Dr. Malter made a MOTION to approve the credentialing report. Ms. Borthwick seconded and it was approved without objection.

Rules and regulations changes – There was a motion made at the May 6th Medical Staff meeting that defines minimum on-call for essential services. The motion was to take call 6 days a month or 18 days per quarter.

Mr. Bill asked if we could defer this for a month so he can get a better handle on some of the issues.

Dr. Peimann said the Medical Staff wanted legal review of this rules and regulations change with specific understanding how this can be implemented when it came to a call coverage group that is an essential service that has less than 5 members. They wanted to know if there is an obligation for the hospital or Medical Staff must meet to provide that coverage and how that obligation is going to be met, who's responsible for it, and does that need to be part of the rules and regulations.

Mr. Monkman has reviewed it, but we haven't received anything in writing back from the hospital attorney.

Mr. Monkman attended this meeting by phone and said he reviewed the rules and regulations change and they were satisfactory.

Dr. Peimann made a MOTION to approve the rules and regulations as adopted by the Medical Staff. Mr. Johnson seconded. The motion passed with 7 in favor and 1 against.

Dr. Malter asked Mr. Bill if he had concerns having the Medical Staff devising what's essential. Mr. Bill said his concern was it states;

Members of each “essential service” line will contribute equitably to continuous (“24/7”) on-call or in-house service and does that obligate us as an organization to fill the balance of those shifts if there is less than full coverage. Mr. Monkman said he doesn’t think it obligates the hospital to fill the gaps, but we would be transporting more frequently.

Dr. Malter asked if this type of policy is common to come out of the Medical Staff and not at a committee level. He feels uneasy as a board to act on a proposal like this without administration doing more work. Mr. Bill said it’s not uncommon. In his mind he said it’s desirable to come through the Medical Staff and not be the Board or administration driven. Dr. Peimann said he is proud that the Medical Staff stepped up and made these recommendations.

Mr. Johnson said he feels we are moving a step in the right direction.

President’s report – Mr. Storer reports

He gave an overview of his recent trip to Washington D.C. with Ms. Bomengen to attend The American Hospital Association meeting. He said there was representation from ASHNA, Central Peninsula and SEARHC.

One of the values of this trip was spending more time with all of them and learning about what they are dealing with and it was time well spent. At the City Manager’s request they made contact with the City Lobbyist. There was a special presentation on rural hospitals and the intent was we get together 11 states (21 hospitals) and participate in this program. All the Rural Hospitals said their importance continues to diminish. A lot of the elected officials are retiring or moving on and there is less support for rural hospitals.

We want to make contact with all the other states that are participating and find out who the key players are. They met with Senator Begich. He was very supportive and he asked that we specifically speak with Senator Murkowski. They met with her and she said she will support legislation and co-sponsor a Bill. They also met with members of Representative Don Young’s staff.

Liaison reports

RRC Advisory Board – Dr. Malter reported at the meeting they discussed a smoke free campus for RRC. They went ahead and moved forward to make it a smoke free campus. There was a variety of tactics to help soften the transition.

BRH Foundation – The Foundation had a retreat on Saturday and she said it went really well.

Ms. Thomas pointed out the major things they have raised money for over the years to help the hospital. They have separate grants for CCU and pediatrics.

Dr. Peimann had a recommendation for the pediatric fund. He said a lot of places you go, there are pediatric entertainment carts like Xbox consoles or movie watching stations

for children as inpatients or those who are waiting for a long procedure. Two or three of those would be helpful.

Mr. Bill is also working on a list. Mr. Johnson asked why the Front Street Clinic doesn't fit into that purview. Ms. Thomas said the Foundation's mission is to directly help the hospital and they don't want to lose their non-profit exemption.

There were also grants from the Grace & Phil Edelman Scholarship fund. Ms. Borthwick asked for a list of names of those who got the scholarships.

Ms. Thomas said when they did the SWOT (strengths, weaknesses, opportunities, threats) analysis; one thing they talked about that was hospital specific was improving internal communications with the hospital. They would like to see the hospital board liaison serve longer terms on the Foundation Board, to have casual gatherings between the two boards, the Executive Director to attend hospital board meetings at least quarterly, also the Executive Director and the Community Relations Director of the hospital meet to make sure they are aligning in their messaging. There is a strong concern that their branding is strong enough.

The June calendar was reviewed. Planning was moved to June 10th at Noon. Compliance was moved to June 5th.

BOARD COMMENTS

Dr. Peimann said he enjoyed Mr. Germany's Finance report. He also wants to echo a strong desire to have a meeting where the Board spends educating ourselves on quality and patient centered care. He's excited to hear about projects that relate to patient centered care and how they are affecting patients in our everyday experience. Some examples are bed side registration or scheduling elective procedures, diagnostic imaging outside of business hours. He recently had a discussion with someone who came here from out of town that diagnostic radiology services who said they were choosing to get them down the street because it was easier to schedule than it was to use the hospital which would have been their preference. He hopes administration works on trying to resolve that issue.

He also said there was a commitment to the Medical Staff with our interim CEO to solve having wireless access in the main hospital and it is extremely frustrating that this has not been taken care of yet. Physicians use their devices to look up medical information and not being able to have wireless access, affects this and patient care.

Ms. Morton said she was thankful to the Foundation for raising money for the SANE training. She hopes they can give some consideration to the continuation of their funding. In addition to training, we also have the cost of the exam itself. While the State pays for the kit, there's still the nurse time and the room time and other special kinds of things the victims need.

Ms. Morton said the SART training will be the week of June 9th in Anchorage. There are a couple of nurses from BRH that will go up. The state is covering that cost. She is hoping the foundation can continue their support.

Ms. Thomas said she appreciates going to the Quality meetings. She wants to know if there's an update on the recent news on the RRC article that was in the newspaper. Ms. Cosgrove said the prosecutor at CBJ is not pursuing charges against the supervisor. She was able to talk to the investigator and shared her records.

Mr. Storer said the AHA conference he went to has made him change his focus to looking for a longer term solution.

Adjourned at 8:12 p.m.

DRAFT

Bartlett Regional Hospital

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

Special Board of Directors June 17, 2014 Minutes

ROLL CALL

ATTENDANCE:

Kristen Bomengen, President	Bob Storer, Vice President (by phone)
Nancy Davis, Secretary	Linda Thomas, Past President
Mark Johnson	Lauree Morton
Mary Borthwick	

ABSENT:

Nate Peimann, MD
Alex Malter, MD

STAFF ATTENDANCE:

Chuck Bill, CEO	Alan Germany, CFO
Billy Gardner, CNO	Toni Petrie, Executive Assistant

CALLED TO ORDER - 12:05 p.m.

PUBLIC PARTICIPATION – NONE

Ms. Davis made a MOTION at 12:06 p.m., to go into executive session for the purposes of discussing matters which could have an adverse effect on the finances of the hospital. Ms. Morton seconded and it was approved without objection.

The Board came out of executive session at 1:00 p.m.

Ms. Thomas said after a robust discussion during executive session, the following motion will be addressed at the June Board meeting.

Mr. Johnson made a MOTION to approve recommendations outlined by our Chief Executive Officer to move forward with payments to providers. Ms. Thomas seconded and it was approved without objection.

Ms. Borthwick made a MOTION to work on achieving a hospitalist type program through the cruise ship season for our practitioners. Mr. Johnson seconded and it was approved without objection.

Ms. Thomas asked what was recommended by the hospital to the BRH Foundation at their meeting on June 16, 2014. Mr. Bill said for the pediatric funds, the kid's entertainment carts and a pediatric climbing wall in physical therapy. For the Critical Care Unit funds, we requested 6 new beds for CCU and the trapeze equipment to support them. The Foundation said they will also continue the support for the S.A.R.T. program. They requested to have a SART Director, but Mr. Bill and Mr. Gardner see enough value in the service to handle the staff support internally.

Meeting adjourned at 1:08 p.m.

Proposal for Replacement OPPE Tool

Rationale:

- Regulatory imperative to conduct ongoing Professional Practice Evaluation (OPPE) of credentialed providers (The Joint Commission)
- Previous OPPE vendor (Press Ganey Clinical Performer) discontinued product Jan. 31, 2014

Vendor Choice: MIDAS+ Statit

- Customizable
- Recommended by Medical Staff Quality Improvement Committee (MSQIC) after review of two vendors
- Recommended by Quality Director after review of four vendors
- Lowest pricing model of four vendors reviewed

Pricing: (see attachments)

MIDAS+ Statit OPPE Product:	\$10,000	(annual)
On-site system set up and training (1 MIDAS+ staff, 2 days):	\$ 2,500	(one-time)
BRH Microsoft Server:	\$ 2,500	(one-time)
BRH Symantec Backup / Antivirus Client:	\$ 300	(one-time)
	Initial Year:	\$15,800
	Subsequent Years:	\$10,000

Term: 3 years

Notable Implications:

- Quality Management (QM) to:
 - act as system administrator
 - build reports for OPPE and other organizational needs
 - provide raw data for upload from various sources
 - upload data regularly as determined by policy
 - respond to requests for revision of measures
 - provide regular OPPE reports to providers and MSQIC as determined by policy
- Information Technology (IT) to:
 - provide report-writing services and respond to report requests for accurate data uploads
 - provide appropriate server space and necessary IT upgrades to support ongoing use of repository

Bartlett Regional Hospital

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Bartlett Regional Hospital Executive Committee June 2, 2014

Called to order at 12:03

Attendance: Kristen Bomengen, Bob Storer, Nancy Davis (by phone) and Mary Borthwick

Absent: Linda Thomas

Also in attendance: Chuck Bill, CEO, Billy Gardner, CNO, Mila Cosgrove, HR Director, Jane Sebens, CBJ Law and Anita Moffitt

Ms. Bomengen asked if there were items to be added to the agenda. Mr. Bill added the following items;

- A. Pediatric call discussion
- B. No-doc coverage for the cruise ship season
- C. ASHNHA Educational Conference
- D. Focus and Execute – Planning tool

Mr. Storer made a MOTION to approve the Executive Committee minutes from May 9, 2014 and they were approved as presented without objection.

The CBJ Legal Report was reviewed. No questions were asked.

Mr. Bill would like to start putting some times on the agenda items for the Board meetings to help with the flow. Also, he said we could build more items into the consent agenda to help with timing at the meetings.

OLD BUSINESS:

Cerner update - Ms. Sebens said there has been a letter drafted to Cerner and both she and Mr. Monkman have reviewed it and made their comments. Ms. Sebens does not know if the letter has gone out yet. She indicated that we are asking for the full amount to be refunded.

ER Call Coverage – Mr. Bill said there was a discussion at the Board meeting which was a follow-up discussion from the Executive Committee meeting with the orthopedic surgeons. At that meeting, the Board instructed Mr. Bill to move forward to search for a viable solution for everybody. Since that meeting, Mr. Bill has not been able to arrange a follow-up session with any of the orthopedists.

NEW BUSINESS:

Quality Council charter – Ms. Borthwick reported that three issues have come up regarding this charter. The City Clerk's office said we shouldn't use the word charter because that's what the City uses and it could be confusing to people. However, Ms. Borthwick said the word "charter" is the expected term for committee organization structure, so it's really a non-issue.

Another issue that came up is how to handle the meetings/minutes of the Quality Council committee as there is some confidential information that is shared at these meetings. There used to be separate quality committees that handled different types of information, but it was suggested to combine them all into one to try and cut down on so many meetings.

Mr. Bill suggested working on the charter and then go back to the previous structure so we don't drop any of the critical functions. That will then give us time to think about the other issues. He also feels that the membership of the committee needs to be defined and in what role the individuals would play. Not everyone that's on the committee necessarily needs to be, but more can be brought in on an as needed basis.

Ms. Davis asked Mr. Bill to speak with the Quality staff to let them know the direction we are taking.

Ms. Borthwick said she spoke with Mr. Monkman and he suggested having the CFO and the HR Director be at this meeting. Ms. Borthwick asked Ms. Cosgrove if we needed a union rep there. Ms. Cosgrove said if there are employee issues, then that would make sense, but if it's discussing sensitive, confidential information then probably not.

Mr. Bill suggested the Executive Committee direct the Senior Leadership Team to work with legal and the quality staff to revisit the charter and the membership to it. The committee agreed to Mr. Bill's recommendation.

Pediatric call – Mr. Bill said he met with three of the pediatricians (at their request) following the passing of the Medical Staff's recommendation to take a minimum of 6 days on call. One of the things they brought up that they would like discussed with the Medical Staff meeting is that anybody on staff with pediatric privileges should be on the pediatric call rotation. He doesn't think this request is unreasonable. They asked Mr. Bill to lead that discussion at the Medical Staff meeting, which he said he would, but it needs to be a discussion amongst the Medical Staff. He also shared envisioning a locally based hospitalist model and that could be structured for the family practitioners taking

call. We could add a small stipend on top of that for the pediatric portion and make it reasonable for everyone in the call structure.

No-doc coverage during the cruise ship season - Mr. Bill has been working with Mr. Monkman on a draft agreement for a locally based hospitalist program during the cruise ship season. Mr. Bill suggested a dollar amount of \$375.00 a day which covers the exact cost to them of their mid-levels. Any primary care patients that are in the hospital during that time period would be eligible for that whether it's internal medicine or other specialties. They can use those dollars to augment their practice to help cover the cost of putting mid-levels in to help with rounding and discharge planning, etc. The financial impact would be approximately \$43,000 through the summer months.

Ms. Bomengen asked if he anticipated any issues at the Medical Staff meeting. Mr. Bill said primary care may disagree with the dollar amount, but they are also not taking over 6 days of call in the rotation either.

Ms. Davis asked if this excludes SEARHC patients. SEARHC has their own hospitalist program, so this will not apply to them.

ASHNHA – Mr. Bill said he had a meeting with Becky Hultberg and Karen Perdue (by phone) and they welcomed Chuck to the community and invited him to a conference that is being put on by Harty Springer regarding physician leadership and how to handle call issues. He will be attending this conference June 12th and 13th. They have also invited him to sit on their Advocacy Committee and he feels it's a key role for the CEO to participate on that.

Focus and Execute Planning Tool – Mr. Bill talked a little bit about this to the Board at the May meeting. This is a web based strategic planning tool that interfaces with our strategic plan and operationalizes it. He has used this before in another organization. He is going to propose this for the Board's education session for this month. They will make a presentation on this tool via the web and then we can make a decision afterwards to engage with that service if the Board sees value in it.

Meeting adjourned at 12:41 p.m.

Bartlett Regional Hospital May 2014 Financial Operating Summary

Excess of revenues over expenses for the month of May 2014 was \$454,000 which was \$106,000 better than the budget of \$347,000. May's performance brings the year to date actual to \$6.3 million which exceeds the budget of \$2.8 million by \$3.6 million or 130%.

Gross revenue for the month of May was \$10.8 million; which was below budget by \$502,000. However, year to date gross revenue of \$115.1 million is fairly close to the prior year to date gross revenue of \$115.2 million or a variance of 0.1%. Contractual adjustments and bad debt expense were under budget resulting in net revenue of \$7.1 million. In May, there was continuation of a more detailed review process of contractual allowances initiated in the previous month. Each balance sheet line item related to contractual allowances and other reserves was fully reviewed and debriefed in detail. This process is a representation of a more precise accounting methodology for these balance sheet line items resulting in the reduction of some contractual and bad debt expense line items.

As is usual this time of year, volume has been picking up due to the on-set of the tourist season. Hospital admissions in May were 205, the highest level since last September. Mental Health Unit average daily census has increased over prior month from 5.1 to 9.4. Surgical volume has been strengthening over the last several months. Total surgical cases in May were 305, the highest level since January 2013. Deliveries totaled 36 in May, an average of slightly over 1 per day, and 5 deliveries higher than April. Emergency Department visits averaged 40 per day in May, 2 visits per day higher than April but 2 visits per day less than May 2013. It also appears that ancillary volumes are increasing as well. CT volume was 302 in May and MRI volume was 113 in May; which is slightly higher than previous months.

The volume variances noted above resulted in gross inpatient charges below budget by \$324,000 and outpatient charges above budget by \$126,000.

Total Expenses were under budget for the month by 1.5% and at budget through the first eleven months of the fiscal year. Variances include:

- Salaries/Wages/Benefits: \$51,000 over budget in May, but \$32,000 less than prior year; overtime was under budget at 2.98%
- Fees Other: \$73,000 under budget due to reduction of contract labor and employee recruitment in the month of May
- Interest expense: \$61,000 over budget as the FY14 interest expense related to the Bond Defeasance was not known in time for inclusion in the budget
- Other expense: \$37,000 over budget due to physician clinic lease income (reduction in expense) not meeting budgeted expectations

Operating cash was \$24.5 million as of May 31, 2014 and Days Cash on Hand was 173.

From a cash receipts perspective, May was a good month, with total cash inflows of \$7.5 million. Disbursements were only \$6.8 million resulting in a positive net cash change of \$649,000. On a fiscal year to date basis, cash inflows were \$81.9 million versus disbursements of \$74.5 million resulting in a positive change in cash of \$7.4 million. May Net A/R Days was 91, which was higher than normal due adjustments in allowances for doubtful accounts.

BARTLETT REGIONAL HOSPITAL
 STATEMENT OF REVENUES AND EXPENSES
 FOR THE MONTH AND YEAR TO DATE OF MAY 2014

MTD ACTUAL	MTD BUDGET	MTD \$ VAR	MTD % VAR	PRIOR YR MTD ACTUAL		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACTUAL	PR YTD % VAR
Gross Patient Revenue:											
2,029,241	2,011,478	17,763	0.9%	2,024,461	1. Inpatient Revenue - Routine	18,775,231	20,800,400	(2,025,169)	(9.7)%	20,751,993	(10.5)%
1,887,420	2,229,336	(341,916)	(15.3)%	2,798,894	2. Inpatient Revenue - Ancillary	22,710,838	23,268,771	(557,933)	(2.4)%	21,889,006	3.6%
3,916,661	4,240,814	(324,153)	(7.6)%	4,823,355	3. Total Inpatient Revenue	41,486,069	44,069,171	(2,583,102)	(5.9)%	42,640,999	(2.8)%
5,428,223	5,302,223	126,000	2.4%	5,262,931	4. Outpatient Revenue	56,549,939	54,959,938	1,590,001	2.9%	54,697,341	3.3%
9,344,884	9,543,037	(198,153)	(2.1)%	10,086,285	5. Total Patient Revenue - Hospital	98,036,008	99,029,109	(993,101)	(1.0)%	97,338,340	0.7%
270,717	373,309	(102,592)	(27.5)%	432,365	6. RRC Revenue	3,851,680	3,961,958	(110,278)	(2.8)%	4,092,508	(6.3)%
1,134,619	1,335,805	(201,186)	(15.1)%	1,406,873	7. Physician Revenue	13,241,318	13,646,589	(405,271)	(3.0)%	13,800,317	(4.2)%
10,750,220	11,252,151	(501,931)	(4.5)%	11,925,524	8. Total Gross Patient Revenue	115,129,007	116,637,656	(1,508,649)	(1.3)%	115,231,166	(0.1)%
Deductions from Revenue:											
2,650,717	3,079,070	428,353	13.9%	3,044,375	9. Contractual adjustments	28,482,674	31,463,638	2,980,964	9.5%	31,455,489	10.4%
		0	0.0%		10. Prior year settlements			0	0.0%		0.0%
46,106	21,250	(24,856)	(117.0)%	10,764	11. Other deductions	176,138	217,142	41,004	18.9%	163,613	(7.1)%
414,288	202,748	(211,540)	(104.3)%	255,427	12. Charity care	2,775,367	2,071,792	(703,575)	(34.0)%	2,478,769	(10.7)%
499,583	854,156	354,573	41.5%	854,567	13. Bad debt expense	7,075,841	8,728,241	1,652,400	18.9%	7,226,797	2.1%
3,610,694	4,157,224	546,530	13.1%	4,165,132	14. Total deductions from revenue	38,510,019	42,480,813	3,970,794	9.3%	41,324,668	7.3%
7,139,526	7,094,927	44,599	0.6%	7,760,392	15. Net patient revenue	76,618,988	74,156,843	2,462,145	3.3%	73,906,498	3.5%
149,721	188,694	(38,973)	(20.7)%	226,961	16. Other operating revenue	2,919,944	1,928,187	991,757	51.4%	2,215,244	24.1%
7,289,246	7,283,621	5,625	0.1%	7,987,353	17. Total operating revenue	79,538,931	76,085,030	3,453,901	4.5%	76,121,742	4.3%
EXPENSES:											
2,986,505	2,890,779	(95,726)	(3.3)%	2,970,033	18. Salaries and wages	31,231,054	30,256,963	(974,091)	(3.2)%	30,933,860	(1.0)%
1,263,180	1,307,467	44,287	3.4%	1,311,879	19. Employee benefits	14,253,900	14,127,418	(126,482)	(0.9)%	14,473,769	1.5%
484,155	536,712	52,557	9.8%	504,158	20. Fees - Physician	5,252,017	5,434,843	182,826	3.4%	5,014,264	(4.5)%
230,295	303,250	72,955	24.1%	222,163	21. Fees - Other	2,870,799	3,226,284	355,485	11.0%	3,419,024	19.1%
794,032	790,017	(4,015)	(0.5)%	660,542	22. Supplies	7,519,340	8,312,683	793,344	9.5%	7,537,370	0.2%
150,645	173,809	23,164	13.3%	174,168	23. Utilities	1,878,860	1,906,251	27,391	1.4%	1,927,326	2.6%
177,547	274,807	97,261	35.4%	192,688	24. Repairs & maintenance	2,003,134	2,911,523	908,390	31.2%	2,075,577	3.6%
41,886	44,299	2,414	5.4%	31,915	25. Rentals & leases	429,232	454,649	25,417	5.6%	422,489	(1.6)%
47,017	59,687	12,670	21.2%	45,692	26. Insurance	511,199	640,487	129,288	20.2%	586,808	14.8%
570,436	566,454	(3,982)	(0.7)%	577,701	27. Depreciation & amortization	6,497,444	6,119,450	(377,994)	(6.2)%	6,467,904	(0.5)%
163,036	101,920	(61,116)	(60.0)%	183,689	28. Interest expense	1,764,552	1,121,080	(643,472)	(57.4)%	1,359,117	(23.0)%
60,984	24,056	(36,928)	(153.5)%	39,881	29. Other expenses	464,221	215,458	(248,763)	(115.5)%	160,176	(65.5)%
6,969,718	7,073,257	103,539	1.5%	6,914,509	30. Total expenses	74,675,752	74,727,089	51,338	0.1%	74,377,683	(0.4)%
319,528	210,364	109,164	51.9%	1,072,844	31. Income (loss) from operations	4,863,180	1,357,941	3,505,239	258.1%	1,744,058	64.1%

RUN DATE: 06/17/14
 RUN TIME: 0738
 RUN USER: BRFIN.MAK

Bartlett Regional Hosp. GL **LIVE**

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BARTLETT REGIONAL HOSPITAL
 STATEMENT OF REVENUES AND EXPENSES
 FOR THE MONTH AND YEAR TO DATE OF MAY 2014

MTD ACTUAL	MTD BUDGET	MTD \$ VAR	MTD % VAR	PRIOR YR MTD ACTUAL		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACTUAL	PR YTD % VAR
8.229	6.557	1.672	25.5%	8.870	32. Non-operating revenue						
125.747	130.216	(4.469)	(3.4)%	119.836	32. Interest income - general	98.487	66.999	31.488	47.0%	110.094	(11.8)%
					33. Other non-operating revenue	1.386.943	1.330.617	56.326	4.2%	1.522.386	(9.8)%
133.976	136.773	(2.797)	(2.0)%	128.705	34. Total non-operating revenue	1.485.430	1.397.616	87.814	6.3%	1.632.479	(9.9)%
453.504	347.137	106.367	30.6%	1.201.550	35. Excess (deficit) of revenues over expenses	6.348.610	2.755.557	3.593.053	130.4%	3.376.537	46.8%

**Bartlett Regional Hospital
Dashboard Report for May 2014**

Facility Utilization:	CURRENT MONTH			YEAR TO DATE		
	Actual	Prior Year	Budget	Actual	Prior Year	Budget
Inpatient: Patient Days						
Patient Days - Med/Surg	237	361	366	3,051	3,682	3,794
Patient Days - Critical Care Unit	94	95	86	655	923	873
Avg. Daily Census - Acute	10.68	14.71	14.58	11.06	13.75	13.93
Patient Days - Obstetrics	105	98	105	888	884	1,098
Patient Days - Nursery	86	90	65	750	727	685
Births	36	38	32	347	349	338
Patient Days - Mental Health Unit	292	241	284	2,427	2,802	2,938
Avg. Daily Census - MHU	9.42	7.77	9.16	7.24	8.36	8.77
Inpatient: Admissions						
Med/Surg	49	74	89	703	827	993
Critical Care Unit	42	55	48	352	441	426
Obstetrics	40	38	44	368	375	457
Nursery	39	38	45	354	349	450
Mental Health Unit	35	32	37	343	330	383
Surgery:						
Inpatient Surgery Cases	35	42	63	523	646	652
Same Day Surgery Cases	270	248	217	2,321	2,427	2,402
Total Surgery Cases	305	290	280	2,844	3,073	3,054
Total Surgery Minutes	17,904	19,005	19,689	190,612	206,856	210,246
Outpatient:						
Total Outpatient Visits (Hospital)						
Emergency Department Visits	1,243	1,300	1,298	12,984	13,430	13,160
Cardiac Rehab Visits	51	51	39	427	330	361
Lab Tests	7,143	8,546	9,351	82,158	85,491	97,414
Radiology Procedures	2,108	2,245	2,560	22,912	24,236	25,071
Sleep Studies	19	21	27	191	237	275
Rain Forest Recovery:						
Patient Days - RRC	346	452	390	4,265	4,167	4,138
Avg. Daily Census - RRC	11.16	14.58	12.58	12.73	12.44	12.35
Outpatient visits	280	460	N/A	3,521	5,437	N/A
Physician Clinics:						
Specialty Clinic Visits	536	677	653	5,959	6,814	6,565
Other Operating Indicators:						
Dietary Meals Served	18,290	22,508	20,553	216,295	222,691	222,110
Laundry Pounds (Per 100)	324.12	333.58	316.66	3,237.22	3,489.21	3,483.33
Financial Indicators:						
Revenue Per Adjusted Patient Day	5,820.37	6,632.66	5,562.11	5,864.31	5,683.69	5,590.38
Contractual Allowance %	25.09%	25.62%	27.55%	24.89%	27.44%	27.16%
Bad Debt & Charity Care %	8.50%	9.31%	9.39%	8.56%	8.42%	9.26%
Wages as a % of Net Revenue	38.33%	34.03%	35.52%	39.16%	37.11%	35.67%
Staff Hours Per Adjusted Patient Day	41.86	43.74	37.52	45.54	41.16	38.34
Overtime/Premium % of Productive	2.98%	3.94%	3.50%	4.98%	5.17%	3.50%
Days Cash on Hand	173	133	120	173	133	120
Days in Net Receivables	91	75	55	91	75	55

RUN DATE: 06/17/14
 RUN TIME: 0738
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Bartlett Regional Hosp. GL **LIVE**

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BARTLETT REGIONAL HOSPITAL
 BALANCE SHEET
 AS OF MAY 2014

	MAY 2014	APR 2014	JUN 2013	CHANGE FROM PRIOR YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	24,611,253	23,959,947	17,314,454	7,296,799
2. Board designated cash	13,592,408	13,845,926	8,569,877	5,022,531
3. Patient accounts receivable, net	21,172,530	21,354,020	20,267,251	905,279
4. Other receivables	1,055,330	1,552,220	1,617,388	(562,058)
5. Inventories	1,669,604	1,639,682	1,560,684	108,920
6. Prepaid Expenses	947,312	1,041,879	1,752,514	(805,202)
7. Other assets	0	0	302,023	(302,023)
8. Total current assets	<u>63,048,437</u>	<u>63,393,674</u>	<u>51,384,192</u>	<u>11,664,245</u>
Appropriated Cash:				
9. CAMHU and other funds	<u>5,484,920</u>	<u>5,484,920</u>	<u>5,484,920</u>	<u>0</u>
Property, plant & equipment				
10. Land, bldgs & equipment	144,830,740	144,649,644	143,233,828	1,596,912
11. Construction in progress	2,281,698	2,293,648	2,826,314	(544,616)
12. Total property & equipment	<u>147,112,438</u>	<u>146,943,292</u>	<u>146,060,142</u>	<u>1,052,296</u>
13. Less: accumulated depreciation	<u>(75,406,337)</u>	<u>(74,865,358)</u>	<u>(69,231,030)</u>	<u>(6,175,307)</u>
14. Net property and equipment	<u>71,706,101</u>	<u>72,077,934</u>	<u>76,829,113</u>	<u>(5,123,011)</u>
15. Total assets	<u>140,239,459</u>	<u>140,956,529</u>	<u>133,698,225</u>	<u>6,541,234</u>

RUN DATE: 06/17/14
 RUN TIME: 0738
 RUN USER: BRFIN.MAK

Bartlett Regional Hosp. GL **LIVE**

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BARTLETT REGIONAL HOSPITAL
 BALANCE SHEET
 AS OF MAY 2014

MAY 2014

APR 2014

JUN 2013

CHANGE FROM
 PRIOR YEAR

LIABILITIES & FUND BALANCE

Current liabilities:

16. Payroll liabilities	684,529	1,759,020	768,586	(84,057)
17. Accrued employee benefits	2,583,188	2,568,739	2,723,577	(140,389)
18. Accounts payable and accrued expenses	2,032,057	1,501,637	2,163,973	(131,915)
19. Due to 3rd party payors	1,945,642	2,315,835	957,970	987,673
20. Deferred revenue	688,815	888,709	113,313	575,502
21. Interest payable	310,404	232,803	285,562	24,842
22. Note payable - current portion	725,000	725,000	840,000	(115,000)
23. Other payables	744,972	873,343	761,490	(16,519)
24. Total current liabilities	9,714,606	10,865,085	8,614,470	1,100,137

Long-term Liabilities:

25. Bonds payable	22,095,000	22,095,000	22,820,000	(725,000)
26. Bonds payable - premium/discount	2,506,067	2,526,163	2,733,579	(227,512)
27. Total long-term liabilities	24,601,067	24,621,163	25,553,579	(952,512)

28. Total liabilities 34,315,673 35,486,248 34,168,049 147,624

29. Fund Balance 105,923,785 105,470,281 99,530,176 6,393,610

30. Total liabilities and fund balance 140,239,459 140,956,529 133,698,225 6,541,234

**Bartlett Regional Hospital
Capital Budget FY14
As of May 2014**

Description of Item	Department	Proposed		
		Budget	Purchased	Unused
Mental Health Acoustics NEW	FAC	\$ 240,000	\$ -	\$ 240,000
Condo-Housing for Locums, recruits, etc.	FAC	\$ 230,000	\$ -	\$ 230,000
Monitors Patient MP5 15 ea	OR	\$ 197,688	\$ -	\$ 197,688
Switch & UPS for Medical Arts Building	IS	\$ 150,000	\$ 128,000	\$ 22,000
Vitros 4600 Chemistry analyzer	LAB	\$ 125,000	\$ 88,000	\$ 37,000
Sterrad Gas Sterilizer NX - Vpro Max	OR	\$ 115,000	\$ 161,663	\$ (46,663)
Cisco Wireless and Network Control Hardware & software refresh	IS	\$ 61,318	\$ 26,253	\$ 35,065
Vehicle for Locums	FAC	\$ 50,000	\$ 41,792	\$ 8,208
Boiler Room Ventilation upgrades	FAC	\$ 50,000	\$ -	\$ 50,000
Co2 Hysteroinsufflator	OR	\$ 44,500	\$ -	\$ 44,500
Anesthesia Ventilator OR3	OR	\$ 40,861	\$ 67,174	\$ (26,313)
Anesthesia Ventilator OB	OR	\$ 40,861	\$ -	\$ 40,861
Hospital Lobby Flooring	FAC	\$ 40,000	\$ -	\$ 40,000
ASU 15 Heating Upgrades NEW	FAC	\$ 40,000	\$ -	\$ 40,000
ASU 15 Duct Repairs	FAC	\$ 40,000	\$ -	\$ 40,000
Colonoscope Pediatric NBI	OR	\$ 33,115	\$ -	\$ 33,115
Tele monitoring system	ED	\$ 32,033	\$ 32,033	\$ -
Fax Server Upgrade	IS	\$ 31,975	\$ -	\$ 31,975
API Upgrade	IS	\$ 31,850	\$ -	\$ 31,850

**Bartlett Regional Hospital
Capital Budget FY14
As of May 2014**

		Proposed		
Description of Item	Department	Budget	Purchased	Unused
Cafeteria Flooring	FAC	\$ 30,000	\$ -	\$ 30,000
Anesthesia Monitor MP70 OB	OR	\$ 27,273	\$ 33,020	\$ (5,747)
SDC Lobby Flooring	FAC	\$ 15,000	\$ -	\$ 15,000
Fluid Management System	OR	\$ 13,000	\$ 87,123	\$ (74,123)
Cisco Switchboard Console-Communications	IS	\$ 12,400	\$ -	\$ 12,400
3 ea CO2 monitoring modules	ED	\$ 9,000	\$ 10,964	\$ (1,964)
Cautery/Ligasure Valley Lab	OR	\$ 8,000	\$ -	\$ 8,000
TV's - Flatscreen (13)	OR	\$ 7,723	\$ 7,380	\$ 343
Dr Lounge Flooring	FAC	\$ 7,500	\$ -	\$ 7,500
Capintec Dose Calculator CRC-25R w/chamber	NUC MED	\$ 6,842	\$ 3,770	\$ 3,072
Portable slit lamp	ED	\$ 5,000	\$ -	\$ 5,000
Budget Total		\$ 1,735,939	\$ 687,171	\$ 1,048,768
Unbudgeted Items:	Department	Proposed Unbudgeted	Purchased	Purchased Not Budgded
McKesson PACS Architecture	IS	\$ 164,224	\$ -	\$ 164,224
NetApp Capacity Storage/PACS Archive Migration	IS	\$ 67,280	\$ 41,950	\$ 25,330
OB Tracevue	OB	\$ 56,070	\$ -	\$ 56,070
T-System Upgrade	IS	\$ 44,000	\$ 44,000	\$ -
Olympus OTV Camera or Laparoscopic and Arthoscopic Procedures	OR	\$ 27,664	\$ 27,671	\$ (7)
Stryker System 6 Set	OR	\$ 24,273	\$ 24,273	\$ -

**Bartlett Regional Hospital
Capital Budget FY14
As of May 2014**

		Proposed		
Description of Item	Department	Budget	Purchased	Unused
Fire Smoke and Damper Installation	FAC	\$ 22,458	\$ -	\$ 22,458
Olympus Scopes	OR	\$ 21,562	\$ 21,562	\$ -
Fusion Upgrade Project (Hardware/Licensing)	IS	\$ 19,614	\$ 19,162	\$ 452
Exhaust System in the Medical Gas Room	FAC	\$ 13,957	\$ 13,957	\$ -
4.0 Cannulated Screw Set	OR	\$ 13,615	\$ 13,616	\$ (1)
Mayfield - Spine Head Rest	OR	\$ 13,562	\$ 12,714	\$ 848
EKG	EKG	\$ 11,432	\$ -	\$ 11,432
Cardiac Rehab Remodel	REHAB	\$ 11,000	\$ 11,000	\$ -
Blanket Fluid Warmer	ED	\$ 8,852	\$ 8,582	\$ 270
Urine Analyzer	LAB	\$ 6,500	\$ 6,500	\$ -
Grand Total		\$ 2,262,002	\$ 932,159	\$ 1,329,843

Bartlett Regional Hospital
Capital Budget - 3 Year Plan (FY15-FY17)

Status	Description	Dept.	FY15	FY16	FY17
New	Children and Adolescents Mental Health Unit Project	CAMHU	-	1,000,000	1,000,000
New	2 Support Beds	CCU	\$ 69,936	\$ -	\$ -
New	(PET) Positron Emission Tomography /CAT Scan	CT	\$ -	\$ 1,550,000	\$ -
New	Floor covering with anti fatigue and to reduce noise from boilers/ blood bank	FAC	\$ 13,000	\$ -	\$ -
Replace	Juneau Medical Center Fire Alarm System	FAC	\$ 100,000	\$ -	\$ -
Replace	Administration Building Flooring	FAC	\$ -	\$ 70,000	\$ -
Replace	Bartlett House Flooring	FAC	\$ 50,000	\$ -	\$ -
Replace	Bartlett Outpatient Psychiatric Service (BOPS) Deck Replacement	FAC	\$ 40,000	\$ -	\$ -
Replace	Rainforest Recovery Center 1991 Passenger Van Replacement	FAC	\$ 40,000	\$ -	\$ -
Replace	Rainforest Recovery Center Fire Alarm	FAC	\$ 100,000	\$ -	\$ -
Replace	Mental Health Unit Passenger Van Replacement	FAC	\$ 40,000	\$ -	\$ -
Addition	Master Facility Plan	FAC	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Replace	Box Truck	FAC	\$ -	\$ 50,000	\$ -
Replace	Medical Arts Roof	FAC	\$ -	\$ 400,000	\$ -
Replace	Operating Room Power Door Operators	FAC	\$ -	\$ 40,000	\$ -
Replace	Administration Building North Handicap/ Ramp/Stairs	FAC	\$ -	\$ -	\$ 100,000
Replace	Rainforest Recovery Center Service Patrol Replacement	FAC	\$ -	\$ -	\$ 55,000
Replace	Storage 1 BAS Upgrade	FAC	\$ 125,000	\$ 125,000	\$ 125,000
Replace	South and East Siding Upgrades	FAC	\$ -	\$ 325,000	\$ -
New	Facilities Out Building	FAC	\$ -	\$ -	\$ 150,000
Replace	3 Rainforest Recovery Center Boilers Replacement	FAC	\$ -	\$ -	\$ 60,000
Replace	Hawk Boiler Upgrade	FAC	\$ -	\$ -	\$ 156,251
Replace	Steamer 2 door with Kettle	FOOD	\$ -	\$ 5,800	\$ -
Replace	Point of Sale (POS) System	FOOD	\$ -	\$ 41,000	\$ -
Replace	Espresso Bar Barista	FOOD	\$ -	\$ -	\$ 6,100
Replace	Tissue Processor - Tissue Tek	HISTO	\$ 55,000	\$ -	\$ -

Bartlett Regional Hospital
Capital Budget - 3 Year Plan (FY15-FY17)

Status	Description	Dept.	FY15	FY16	FY17
New	Film Coverslipper - Tissue Tek	HISTO	\$ 55,000	\$ -	\$ -
Replace	Embedding Station	HISTO	\$ -	\$ -	\$ 20,000
New	Microwave Processor	HISTO	\$ -	\$ -	\$ 25,000
Replace	Slide Stainer	HISTO	\$ -	\$ 40,000	\$ -
Replace	Cryo Stat	HISTO		\$ 25,000	
Replace	Distiller	HISTO	\$ -	\$ 45,000	\$ -
New	Infection Control - UV Disinfection Robot	INFEK	\$ -	\$ -	\$ 75,000
Upgrade	Meditech Upgrade	IS	\$ 4,130,237	\$ 428,080	\$ -
New	Risk Assessment/Penetration Testing	IS	\$ 48,000	\$ 48,000	\$ 48,000
New	Powerscribe 360 DICOM SR Integration	IS	\$ 22,625	\$ -	\$ -
Replace	Next Generation Firewall and Web Security Solution	IS	\$ 215,000	\$ -	\$ -
New	10 Gig Comm Room Expansion	IS	\$ 79,000	\$ -	\$ -
New	Additional Tablets and accessories for new EMR	IS	\$ -	\$ 19,200	
New	Imprivata, Digital Persona	IS	\$ -	\$ -	\$ 169,000
New	Interface Engine	IS	\$ -	\$ 140,000	\$ -
New	Wireless Analyzer	IS	\$ -	\$ 52,400	\$ -
Expansion	(UCS) Unified Computing System Expansion	IS	\$ -	\$ 220,000	\$ -
Expansion	NetApp Performance Shelves	IS	\$ -	\$ 32,500	\$ -
Expansion	NetApp Secondary Capacity Shelves	IS	\$ -	\$ 45,000	\$ -
New	Citrix Farm	IS	\$ -	\$ -	\$ 160,000
New	VM Ware	IS	\$ -	\$ 160,000	\$ -
Replace	Security Camera System	IS	\$ -	\$ -	\$ 80,000
New	Valcom or Similar Emergency Notification System	IS	\$ -	\$ 42,000	\$ -
New	24 Port Switches Offnet	IS	\$ -	\$ -	\$ 15,000
New	Cisco Presence/3rd party tools	IS	\$ -	\$ 65,000	\$ -
Replace	N Series (WAP) Wireless Access Points	IS	\$ -	\$ -	\$ 100,000

Bartlett Regional Hospital
Capital Budget - 3 Year Plan (FY15-FY17)

Status	Description	Dept.	FY15	FY16	FY17
New	Clinical Reference Viewer	IS	\$ -	\$ 57,567	\$ -
New	Mammo Plus	IS	\$ -	\$ 28,000	\$ -
Replace	Microbiology Refrigerator	LAB	\$ 9,000	\$ -	\$ -
Replace	Chemistry Refrigerator	LAB	\$ 9,000	\$ -	\$ -
Replace	Blood Bank Refrigerator	LAB	\$ 9,000	\$ -	\$ -
Replace	Bacti Alert/Blood Culture Analyzer	LAB	\$ -	\$ -	\$ 45,000
New	Molecular Testing Platform for Micro	LAB	\$ -	\$ 15,000	\$ -
Replace	Coagulation Analyzer	LAB	\$ -	\$ 30,000	\$ -
Replace	Microbiology Analyzer	LAB	\$ -	\$ -	\$ 65,000
New	Additional Testing Wheel for EXL-200	LAB	\$ -	\$ 20,000	\$ -
Replace	Laboratory Centrifuge	LAB	\$ -	\$ 10,000	\$ -
Replace	Accutor V Vital Signs Monitor and Accessories	M/S	\$ 7,327	\$ -	\$ -
Replace	Digital Breast Tomosynthesis	MAMMO	\$ -	\$ 375,500	\$ -
New	2 Opti-Service Sanitary Cubelet Ice Machines/ Dispensers	NURSING	\$ -	\$ 18,000	\$ -
Replace	1.5T (MRI) Magnetic Resonance Imaging	MRI	\$ -	\$ -	\$ 1,375,000
Replace	Linen Warmer	OB	\$ 5,540	\$ -	\$ -
Replace	2 Beds	OB	\$ -	\$ 34,937	\$ -
Replace	Jackson Table for Surgeries	OR	\$ -	\$ 24,000	\$ -
Replace	Video Towers for Surgical Procedures	OR	\$ 85,000	\$ 85,000	\$ 170,000
Replace	Small Sterilizer	OR	\$ 76,915	\$ -	\$ -
Replace	Warming Cabinet (PACU) Post Anesthesia Care Unit	OR	\$ 8,000	\$ -	\$ -
Replace	CO2 Insufflation Device (Dr. Wagner)	OR	\$ 44,500	\$ -	\$ -
New	2 Portable Monitors	OR	\$ 28,000	\$ -	\$ -
Replace	Large Sterilizer	OR	\$ 156,494	\$ -	\$ -
New	Large Frag Instrument Set and Screw Set	OR	\$ 27,193	\$ -	\$ -
New	DHS Instrument Set and Screw Set	OR	\$ 27,000	\$ -	\$ -

Bartlett Regional Hospital
Capital Budget - 3 Year Plan (FY15-FY17)

Status	Description	Dept.	FY15	FY16	FY17
New	Omni Rail and Blade Trays	OR	\$ 5,000	\$ -	\$ -
New	1 Cysto Camera	OR	\$ -	\$ 13,300	\$ -
New	Retractor Tray	OR	\$ 16,111	\$ -	\$ -
New	On Call Software	PAS	\$ 25,000	\$ -	\$ 7,000
Replace	Data Card Embosser/Bar Code Reader	PAS	\$ -	\$ -	\$ 18,340
New	Chargemaster Toolkit	PHAR	\$ 52,800	\$ -	\$ -
New	Pandora Software	PHAR	\$ 19,887	\$ -	\$ -
Replace	Agfa multi-plate CR Reader	RAD	\$ 79,652	\$ -	\$ -
Replace	Digital Rad/Fluoroscopy Unit	RAD	\$ -	\$ 375,000	\$ -
Replace	Flashpad Digital X-Ray Conversion Kit	RAD	\$ 125,200	\$ -	\$ -
Upgrade	840 Model Ventilator Upgrades	RT	\$ 61,009	\$ -	\$ -
Replace	V-60 bipap Units	RT	\$ 24,000	\$ -	\$ -
Replace	New 840 Ventilator	RT	\$ 23,310	\$ -	\$ -
Upgrade	Pulmonary Function Testing	RT	\$ 5,441	\$ -	\$ -
Upgrade	iU22 Ultrasound System (2 upgrades)	US	\$ 94,300	\$ -	\$ -
Replace	iU22 Ultrasound System (1 per year)	US	\$ -	\$ 157,527	\$ 157,527
	Total		\$ 7,207,476	\$ 7,212,811	\$ 5,182,218

Bartlett Regional Hospital

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

Planning Committee June 10, 2014 Minutes

Called to order at 12:00 p.m.

Attendance: Dr. Nate Peimann, Mark Johnson, Mary Borthwick

Absent: Bob Storer

Staff attendance: Chuck Bill, CEO, Mila Cosgrove, HR Director, Alan Germany, CFO, Billy Gardner, CNO and Toni Petrie

AGENDA ITEMS:

Focus and Execute tool – Mr. Bill showed a video called Focus and Execute. This is a tool used by facilities to help with follow through on strategic planning. The cost is approximately \$15,000 which covers the first year and the training for the department managers on how to use the tools, as well as board members if they wish to learn how it works.

The Planning Committee Charter was reviewed. The bylaws say that facilities needs to be under the Planning Committee responsibilities. Dr. Peimann asked that the members review the charter and make their suggestions for the next meeting.

Mr. Johnson said we need to define what community healthcare needs the hospital is going to take on. Mr. Bill suggested doing a community needs assessment.

Ms. Borthwick went to a Stark training and she had a concern about the hospital being landlords. Mr. Bill said he is working on the best way to handle that. He's looking at contract management software that the City and the hospital can use.

Meeting adjourned at 12:56 p.m.

Physician Recruitment Committee

May 28, 2014 12:00

Members Present: Robert Storer, Chair, Lauree Morton, Lindy Jones, MD, Steven Strickler, DO, John Raster, MD, Chuck Bill, Kathy Callahan

Guests: None

12:05 Robert Storer called the meeting to order.

1. Psychiatry Recruitment Update: Kathy Callahan informed the committee of the efforts to date to sign a Psychiatry candidate. The hospital is working with Arthur Marshall Recruitment firm and there were two candidates interested in the position. We hosted 2 site visits May. Both declined to accept the position.

Request by Psychiatry Staff to increased staffing level to an additional position so that we can serve the need in the outpatient setting and offer increased availability for inpatient and Wildflower consults for non-MHU patients. This position would allow us to offer a candidate a mix of inpatient and outpatient responsibility and this greater flexibility is thought by our recruiter to be more attractive to candidates.

Discussion was held and a motion to increase staffing by one additional position was unanimously approved.

- a. Action: Forward to BOD additional position recommendation.
2. Pediatric Recruitment Have a search in place with Arthur Marshall for a pediatrician for Glacier Pediatrics. BRH Administration has met extensively with both practices in preparation of recruitment. Rainforest Pediatric owner, Joy Neyhart does not have a base salary that she is able to produce and our firm has deemed the position unrecruitable without this. Jeff Egbert and Kathy Callahan have expressed this to Dr. Neyhart.

We have no candidates that have expressed interest at this time.

3. Additional discussion occurred about potential needs for recruitment of other specialist for call and succession planning.

12:55 Meeting adjourned



Bartlett Regional Hospital Foundation

April 21, 2014

Meeting Minutes

Trustees Present: Lisa Corcoran, Judy Cummins, Kirby Day, Pam Gruchacz, Kevin Hansen, Kelly Moxley, Jim Strader for Jeff Egbert, Gayle Starbard, Bob Storer for Linda Thomas, Mark Troupin

Trustees Absent: Holly Cerne

A quorum is present.

Staff Present: Maria Uchytel and Linda Hamilton

Vice-President Kelly Moxley called the meeting to order at 12:04 p.m. Dr. Moxley noted that she is excited that Maria has joined the Foundation as Executive Director.

Minutes: The March Minutes were approved as presented.

Financial Reports: Financial Reports were presented by Treasurer Gayle Starbard. The Vanguard Investments are doing well this year. Regarding the Profit and Loss statement, we are staying close to the budget this fiscal year and we have exceeded projected revenue.

BRH Report: Jim Strader referred everyone to read the latest Bartlett Buzz. The new C.E.O., Chuck Bill, is scheduled to start on May 12, 2014. There is currently an employee survey being conducted on how things are running at Bartlett. Also reported was that an employee awards banquet was held on April 5, 2014 for recognition for length of service at BRH. The Hospital Wish/Needs lists will come soon after that. The Hospital is supportive of the Foundation giving aid to the Front Street Clinic.

Hospital Liaison's Report: Bob Storer is sharing this position with Linda Thomas and he serves as Vice-President of the BRH Board this year. Bob reported that the BRH Board will vote on the 2014 – 2015 Budget tomorrow.

4/21/2014 Report from Executive Director, Maria Uchytel: (See Page 4)

Old Business:

The request for funding from the **Front Street Clinic** was discussed. See Director's Report. The Clinic needs \$20,250 in operating costs per month for at least 3 – 6 months to get them up and running while they wait for their insurance and Medicare payments to come in. Bob Storer suggested looking at the designated funds that are included in the Vanguard investment account that could be used for

this purpose and then deciding what benefit is it to BRH to fund the clinic. Pam noted that they are asking for up-front costs to get them going; doesn't need to be ongoing.

A **Charity Ride Fundraiser** concept had been presented to the Board by Judy Cummins at the January 2014 meeting. The Bike Race has been scheduled for Saturday, June 28th. Ms. Cummins had nothing new to report on this event.

The addition of **Board Members** was an Agenda Item. Nothing new was reported.

New Business:

Kelly Moxley invited Bob Storer to this meeting to advise the BRHF Board on the **Vanguard Investment Accounts** and their allocations. Mr. Storer started his investment presentation discussing Bartlett Foundation's historic investment philosophy. The philosophy is taken from the book "Winning the Losing Game," by Charles Ellis. The philosophy is based on the theme that index funds will do better than active management (net of fees) over time. It also eliminates the need for fiduciaries to evaluate under/over performance by active managers. Bob noted that a board may not eliminate the board's fiduciary responsibility.

Mr. Storer identified the current asset allocation as 44.5% U.S. equities, 25.15% international equities and 30.35% U.S. investment grade fixed income. He added that the fixed income component of the asset allocation was defensive to compensate for the risk of the equity portfolio.

Dr. Moxley asked how often Mr. Storer should come before the board. At least once a year or as often as the board would like him to attend is the response. Dr. Moxley also asked about the use of the investment portfolio. Mr. Storer responded that it is a board decision. Many foundations have a spending rule that delineates returns in excess of inflation may be expended. That discipline recognizes the need for inflation proofing. Other foundations recognize that inflation proofing is not as important to their mission. It was suggested that a spending rule would be a good topic for a future retreat. Bob reviewed the Foundation's current Vanguard statements and our allocations are right on target.

Maria reported that CeCe Brenner and Rose Lawhorne have requested **Additional Funding for SANE/SART training**. Kelly Moxley wants an article to run in the Empire to show what the funding from the 2013 Gala provided. Kirby would like to know how they actually used the funding, i.e. how many were trained, how many are waiting to be trained. Pam Gruchacz noted that 50 nurses don't really need to take the training. Maria will gather these statistics at her meeting with CeCe and Rose on April 24th. Jim Strader noted that training is an operational item not a Capital item.

The **Annual Board Retreat** is scheduled for Saturday, May 17, 2014 from 9:00 a.m. to Noon, place to be determined. There was no further business and the meeting was adjourned at 1:00 pm.

Respectfully Submitted,

Linda Hamilton

Bartlett Regional Hospital Foundation

July 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7 N-Executive Committee BR	8 7:00-Credentials Committee BR	9 N-Quality Council BR	10 N-Planning Committee BR	11	12
13	14	15	16	17 5:15-Finance Committee BR	18	19
20	21	22 5:15-Board of Directors BR	23	24	25	26
27	28	29	30	31		