

#### CITY AND BOROUGH OF SITKA

ASSEMBLY CHAMBERS 330 Harbor Drive Sitka, AK (907)747-1811

#### **Meeting Agenda**

#### **City and Borough Assembly**

Mayor Matthew Hunter
Deputy Mayor Bob Potrzuski
Vice-Deputy Mayor Steven Eisenbeisz
Tristan Guevin, Kevin Knox
Aaron Bean, and Aaron Swanson

Municipal Administrator: Mark Gorman Municipal Attorney: Brian Hanson Municipal Clerk: Sara Peterson

Tuesday, May 2, 2017 6:00 PM Assembly Chambers

#### **SPECIAL MEETING**

- I. CALL TO ORDER
- II. FLAG SALUTE
- III. ROLL CALL
- IV. PERSONS TO BE HEARD

Public participation on any item off the agenda. All public testimony is not to exceed 3 minutes for any individual, unless the mayor imposes other time constraints at the beginning of the agenda item.

#### V. NEW BUSINESS:

Α	<u>17-084</u>	Discussion/Direction/Decision of the FY2018 Sitka Community Hospital
		budget (Assembly action may be taken)

Attachments: SCH Budget Presentation - FY18 - Board Approved.pdf

B <u>17-088</u> Discussion/Direction/Decision on Sitka Community Hospital's request to purchase the clinic office modular in FY2017 (Assembly action may be

taken)

Attachments: clinic modular rotated.pdf

C <u>17-085</u> Discussion/Direction/Decision of the FY2018 General Fund and as it

relates to other Funds, the School District, and the Sitka Community

Hospital (Assembly action may be taken)

Attachments: review of determining education funding.pdf

#### VI. PERSONS TO BE HEARD:

Public participation on any item on or off the agenda. Not to exceed 3 minutes for any individual.

#### VII. EXECUTIVE SESSION

#### VIII. ADJOURNMENT

Note: Detailed information on these agenda items can be found on the City website at https://sitka.legistar.com/Calendar.aspx or by contacting the Municipal Clerk's Office at City Hall, 100 Lincoln Street or 747-1811. A hard copy of the Assembly packet is available at the Sitka Public Library. To receive Assembly agenda notifications, sign up with GovDelivery on the City website.

Sara Peterson, CMC, Municipal Clerk Publish: April 28



#### CITY AND BOROUGH OF SITKA

#### Legislation Details

File #: 17-084 Version: 1 Name:

Type: Item Status: AGENDA READY

File created: 4/25/2017 In control: City and Borough Assembly

On agenda: 5/2/2017 Final action:

Title: Discussion/Direction/Decision of the FY2018 Sitka Community Hospital budget (Assembly action may

be taken)

**Sponsors:** 

Indexes:

**Code sections:** 

Attachments: SCH Budget Presentation - FY18 - Board Approved.pdf

Date Ver. Action By Action Result



# Sitka Community Hospital

FY18 Budget Presentation



Restore, maintain, and improve the health of those in our community through competent and compassionate delivery of care.



#### Who We Are

Sitka Community Hospital ("the Hospital") is a municipal general hospital governed by a Board of Directors appointed by the Assembly of the City and Borough of Sitka. The Hospital provides acute inpatient and outpatient, long-term care and other community healthcare services. The Hospital is licensed for 12 acute care beds which includes one nursery bed and 15 long-term care beds.

The Hospital is considered to be a component unit of the City and Borough and is designated by Medicare as a Critical Access Hospital ("CAH") which provides for cost based reimbursement from Medicare – a favorable reimbursement methodology that was part of the 1997 Balanced Budget Act to stem the closure of small, rural hospitals that were suffering under the prospective payment system that had been introduced by Medicare.

As is the case with most CAH's, more than half of the Hospital's revenue is generated by outpatient services. In fact, Outpatient Revenue is 63% of Gross Patient Revenue in the FY18 budget with the remainder split fairly evenly between Inpatient and Long-term Care.

The hospital's two largest payors are Medicare and Medicaid. In FY17, 56.3% of the Hospital's gross revenue was for Care/Caid beneficiaries, followed by Blue Cross with 19.5%, all other insurances combined at 21.8% and Self Pay at 2.4%.

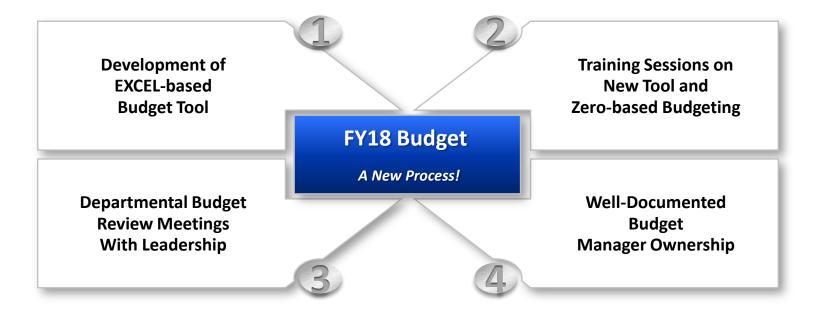
The Hospital is developing strategic and operating improvement plans. Such efforts will drive efficiencies and effectiveness into the organization which will ultimately increase revenues, decrease costs, and increase patient/customer/employee satisfaction. It's the perfect embodiment of the hospital mission to:

Restore, maintain, and improve the health of those in our community through competent and compassionate delivery of care.



#### The Budget Process – Our Approach

The budget we are presenting for approval came to fruition through the collective efforts of many within the organization and across all levels. During this year's budget process we implemented a new budget tool and a zero-based budgeting approach that included training for department managers, budget review meetings and increased senior leadership involvement in the review and approval process. The process produced discussions that were thoughtful, energetic and determined and a well-documented budget.





#### Where We are Going – The Operating Budget at a Glance

For FY18, we have budgeted a positive bottom line of \$367,051. This plan produces approximately \$1,132,000 in cash for use in reducing debt, acquiring capital and building cash reserves.

	FY15	FY16	FY17		FY17	FY18		\$	%
	 Actual	Actual	Budget	Р	rojection		Budget	Variance	Variance
Total Operating Revenue	\$ 28,691,225	\$ 25,396,142	\$ 24,582,171	\$	26,354,742	\$	26,926,375	\$ 571,633	2.2%
Total Expenses	 29,961,016	29,282,923	25,556,008		26,690,176		27,479,380	(789,204)	-3.0%
Income (loss) from Operations	(1,269,791)	(3,886,781)	(973,837)		(335,434)		(553,005)	(217,571)	-64.9%
Non-operating gains (losses)	 142,233	84,289	140,890		127,693		89,385	(38,308)	-30.0%
Income (loss) before transfers	(1,127,558)	(3,802,492)	(832,947)		(207,741)		(463,620)	(255,879)	-123.2%
Transfers in - City Support	 882,221	622,337	836,192		1,028,799		830,671	(198,128)	-19.3%
Total income (loss) after transfers	 (245,337)	(3,180,155)	3,245		821,058		367,051	(454,007)	55.3%



#### **Cash Flow**

It is anticipated that Hospital operations will generate approximately \$1,132,000 in cash flow during FY18 to be used to build reserves, pay liabilities and fund capital.

Income (loss) from Operations	\$ (553,005)
Add back: Depreciation	 765,000
Cash flow from operations	211,995
Hospital Non-operating Revenue	 89,385
Cash flow before City Support	301,380
City Support:	
Capital	150,671
Tobacco Tax	680,000
Total City Support	830,671
Increase in Cash FY18	\$ 1,132,051
Estimated Cash - Beginning of Year	1,829,833
Cash Available before Reserves	2,961,884
Minimum	
Reserve: 20 Days Cash on Hand	 (1,547,637)
Cash Available for Debt Service, Capital &	
Other	 1,414,247

Uses of Cash Available	
Note Payable - City of Sitka	78,695
Line of Credit *	0
Medicare Payable	400,000
City Capital – FY18	150,671
SCH Capital - Clinic Modular **	200,000
SCH Capital – Residual from FY17	120,000
SCH Capital – FY18	464,881
Total	1,414,247



<sup>\*</sup>Requesting deferral of line of credit repayment to fund acquisition of clinic modular.

<sup>\*\*\$400</sup>k total with \$200k expended in FY17

#### **Budget Assumptions – Revenues**

The following provides an outline of the major assumptions used in developing the FY18 budget:

#### **Operational Changes**

- Labor and Delivery is budgeted through the end of the first quarter of fiscal '18 (September 30, 2017). Volumes for that period are based upon delivery schedule known at budget time. Staffing for that period is based on the recommendations by the Nurse O.B. Coordinator using Traveler O.B. nurses to meet the quality and safety measures contained in those recommendations. Administration is recommending that labor and delivery services be phased out at the end of the first quarter.
- Surgical Services is budgeted full time through September, 2017 and half time after October 1<sup>st</sup>. Administration is recommending
  this service line be reviewed as part of the Strategic, Financial, and Organizational Assessment project.

#### **All Patient Revenue Categories**

Overall price increase of 10% was included in the budget.

#### **Inpatient Revenue**

- Inpatient revenue is budgeted for \$5,856,000 in FY18 which is flat when compared to the projected revenue for FY17 of \$5,835,000. Patient days were budgeted to increase 13.5% in FY18 due to resolved process issues with admissions planning which was identified in FY16. As a conservative measure, we did not increase volumes in ancillary departments which would typically increase with increases in IP volume.
- The increase in patients days, coupled with a 10% price increase resulted in increased revenue in the Acute Care and Swing Bed departments totaling \$494,000 and in other departments of \$254,000. These positive variances were offset by decreases due to the operational changes in Labor/Deliver (-\$216,000) and Surgery (-178,000) outlined above which also result in a decrease of professional fee revenue in the clinic (-334,000).



#### **Budget Assumptions – Revenues**

The following provides an outline of the major assumptions used in developing the FY18 budget:

#### **Outpatient Revenue**

- Total Outpatient Revenue is budgeted for \$20,922,000 which is 15.2% or \$2,760,684 higher than the FY17 projection.
- Clinic volumes are projected to increase 16.7% over FY17 projections.
- Price increase of 10%
- FY17 projected volumes are lower than anticipated due to provider vacancies during the year.
- FY18 volumes were developed specific to physician staffing and productivity measures of visits per day **and assumed increased efficiencies gained through the additional of the clinic modular unit requested as an amendment to the FY17 capital budget.**
- As a conservative measure, we did not increase related hospital volumes such as outpatient lab and radiology.

#### **Long-term Care**

- Long-term Care Revenue is budgeted for \$6,257,000 which is 25% or \$1,253,000 higher than the FY17 projection.
- FY18 budget assumes 14 residents.
- Price increase of 10%
- Budgeted volume is an increase of 1.8 over the FY17 YTD census as of January 31, 2017.
- Current census is 14.
- Enhanced admissions/referral process implemented in FY17.

#### Other and Non-operating Revenue

Zero-based or used FY17 projection where appropriate.



#### **Budget Assumptions – Deductions from Revenue – Contractual Adjustments**

Deductions from Revenue represent the amount of gross revenue that we do not collect from insurance companies and patients.

#### **Contractual Adjustments**

Contractual adjustments are the amounts that we charge for services that are not reimbursed by insurance companies or other payors such as Medicare or Medicaid.

For FY18, contractual adjustments have been budgeted at \$4,738,000 or 14.3% of Gross Patient Revenue. This is higher than the 9.3% budgeted in FY17 as price increases are absorbed into contractual adjustments for those payors like Medicare and Medicaid who pay fixed amounts regardless of price. This is also higher than the 5.1% projection for FY17 as the projection does not reflect a mid-year Medicare rate change that took place recently and which will be retro-active to the beginning of the fiscal year.

- Using our own historical experience, we determined a % for each major category of payors and adjusted for the impact of our price increases and known changes to payment rates from our third party payors such as Medicare/Medicaid.
- These percentages were applied to the FY18 gross revenue budget assuming the same payor mix in FY18 as we have trended in FY17.
- In addition to the contractuals generated from the analysis outlined above which includes mid-year rate changes to Medicare, we also included an additional \$400,000 in contractuals for possible Medicaid rate cuts and potential commerical insurance adjustments related to our price increases.



FY18 Budget

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#### **Budget Assumptions – Deductions from Revenue – Bad Debt & Charity**

#### **Bad Debt**

Bad debt represents the amounts that we write-off because a patient is unwilling to pay their balance - as opposed to being "unable" to pay which we classify as Charity.

Bad Debt Expense is budgeted at \$1,736,000 in FY18 which is 5.3% of Gross Revenue. While this percentage is equal to the FY17 percentage, expense is increasing \$212,000 in FY18 due to the increase in Gross Revenue. FY17 Bad Debt Expense has been substantially higher than budget (the projection is \$1,524,000 vs. budget of \$320,000) due to increased aging of the accounts receivable, increased administrative adjustments and a slight decrease in recoveries.

#### **Charity and Other**

Charity care represents the amounts that we write-off for services rendered to patients who meet our charity care guidelines and demonstrate that through an application and approval process.

Charity care has been budgeted at \$66,000 which is \$57,000 higher than the projection of \$9,600 but more in line with FY17 Budget and FY16 actual.

Total Deductions from Revenue are budgeted at 19.8% of Gross Revenue in FY18.

This means that, on average, we write off \$19.80 of every \$100.00 we charge.

This percentage was 10.8% in FY17 largely due to the bad debt assumption based on FY16 actual.



#### **Budget Assumptions – Expenses**

#### **Salaries and Benefits**

Salaries and Benefits represent 67% of total expenses. As a result, a signficant amount of budget review time focused on both the amount of staffing and compensation levels.

#### **Major Assumptions:**

- \$225,000 for wage increases. Related benefits \$67,000.
- Staffing complement budgeted with 0.0% vacancy rate.
- ■Health Insurance
  - 17.5% increase or \$444,000 of additional expense

Additional expense partial reduced by increase to employee withholding – from 10% to 15%. This reduces the impact of the increase by approximately \$165,000.



#### **Budget Assumptions – Expenses**

Salaries and Benefits	FY15	FY16	FY17	FY17	FY18	\$	%
_	Actual	Actual	Budget	Projection	Budget	Variance	Variance
Salaries & Benefits							
1. Salaries	11,272,897	11,327,123	11,684,508	12,558,386	12,061,622	496,764	4.0%
2. Benefits (excl PERS in-kind & GASB)	5,703,226	5,391,658	6,064,995	6,192,252	6,416,867	(224,615)	-3.6%
3. Total Salaries & Benefits	16,976,123	16,718,781	17,749,503	18,750,638	18,478,489	272,149	1.5%
Salaries/Benefits as % of Total							
4. Expenses	56.7%	57.1%	69.5%	70.3%	67.2%	3.0%	4.3%
5. Regular FTE's	155.6	154.6	159.6	162.1	164.5	(2.4)	-1.5%
6. Salaries per FTE	72,448	73,267	73,211	77,487	73,323	4,164	5.4%
7. Salaries & Benefits per FTE	109,101	108,142	111,212	115,695	112,331	3,363	2.9%
8. Employee Benefits as a % of Salaries	50.6%	47.6%	51.9%	49.3%	53.2%	-3.9%	-7.9%
Total Staffing Costs							
9. Salaries and Benefits	16,976,123	16,718,781	17,749,503	18,750,638	18,478,489	272,149	1.5%
10. Traveler Costs	714,526	652,859	605,674	943,109	1,158,660	(215,551)	-22.9%
11. Professional Fees	948,654	1,331,537	1,380,000	1,267,554	1,412,900	(145,346)	-11.5%
12. Total Staffing Costs	18,639,303	18,703,177	19,735,177	20,961,301	21,050,049	(88,748)	-0.4%
13. Total Expenses (excl In-kind & GASB)	25,466,193	25,678,542	25,556,008	26,690,176	27,479,380	(789,204)	-3.0%
14. Total Staffing Costs as % of Total Expenses	73.2%	72.8%	77.2%	78.5%	76.6%	1.9%	2.5%



#### **Budget Assumptions – Expenses**

#### **Supplies**

5% inflation for medical related supplies.

#### **Depreciation and Amortization**

Projection based on current assets with assumption for capital additions

#### **Utilities**

- Electricity includes 15% increase which is approximately \$25,000 over FY17 expense.
- Internet expense includes a \$200,000 increase which is driven primarily by a possible decrease of federal funding (7.5%) for rural internet service provided through USAC. We have also budgeted to double band-width to support other initiatives such as telehealth.

#### **Business Insurance**

Assumed 5.0% increase

#### **Purchased Services**

Includes HRG, WaineBrandt, Pharmacy, Lab, Grants consulting, etc.

#### **Professional Fees**

- ER Physicians
- Anesthesia

#### **All Other Expenses**

Zero-based or FY17 projection where appropriate



#### **Income (Loss) from Operations**

		FY15 Actual	FY16 Actual	FY17 Budget	FY17 Projection	FY18 Budget	\$ Variance	% Variance
	Gross Patient Revenue:							
1.	Inpatient revenue	\$4,557,597	\$4,174,013	\$4,234,410	\$5,835,182	\$5,856,178	\$20,996	0.4%
2.	Outpatient revenue	15,385,475	16,754,297	18,122,841	18,161,295	20,921,979	2,760,684	15.2%
3.	Long-term care revenue	4,257,251	4,142,177	4,793,676	5,003,888	6,256,765	1,252,877	25.0%
4.	Total gross patient revenue	24,200,323	25,070,487	27,150,927	29,000,365	33,034,922	4,034,557	13.9%
	Deductions from Revenue:							
5.	Contractual adjustments	574,851	1,427,263	2,533,625	1,491,080	4,738,087	(3,247,007)	-217.8%
6.	Prior year settlements	0	0	0	0	0	0	n/a
7.	Bad debt expense	1,204,430	399,365	320,054	1,524,069	1,736,099	(212,030)	-13.9%
8.	Charity and other deductions	434,169	59,280	82,528	9,570	66,070	(56,500)	-590.4%
9.	Total deductions from revenue	2,213,450	1,885,908	2,936,207	3,024,719	6,540,256	(3,515,537)	-116.2%
10.	Net patient revenue	21,986,873	23,184,579	24,214,720	25,975,646	26,494,666	519,020	2.0%
	Other Revenue							
11.	In-kind Service - PERS/USAC	5,895,556	1,826,822	0	0	0	0	n/a
12.	Other revenue	808,796	384,741	367,451	379,096	431,709	52,613	13.9%
13.	Total other operating revenue	6,704,352	2,211,563	367,451	379,096	431,709	52,613	13.9%
14.	Total operating revenue	28,691,225	25,396,142	24,582,171	26,354,742	26,926,375	571,633	2.2%
	Expenses:							
15.	Salaries and wages	11,272,897	11,327,123	11,684,508	12,558,386	12,061,622	496,764	4.0%
16.	Employee benefits	10,198,049	8,996,039	6,064,995	6,192,252	6,416,867	(224,615)	-3.6%
17.	Supplies	1,480,474	1,632,441	1,542,883	1,516,730	1,712,796	(196,066)	-12.9%
18.	Purchased services	1,234,943	1,505,201	1,428,402	1,468,736	1,509,328	(40,592)	-2.8%
19.	Professional services	948,654	1,331,537	1,380,000	1,267,554	1,412,900	(145,346)	-11.5%
20.	Depreciation and amortization	904,542	910,583	816,731	714,643	765,000	(50,357)	-7.0%
21.	Utilities	1,793,983	1,446,329	373,608	422,357	652,738	(230,381)	-54.5%
22.	Repairs and maintenance	617,225	602,235	670,749	639,102	626,710	12,392	1.9%
23.	Insurance	217,103	180,772	200,033	153,382	147,072	6,310	4.1%
24.	Rentals and leases	153,680	173,646	306,000	161,156	218,897	(57,741)	-35.8%
25.	Traveler service	714,526	652,859	605,674	943,109	1,158,660	(215,551)	-22.9%
26.	Other expense	108,722	122,609	116,365	131,470	223,332	(91,862)	-69.9%
27.	Minor equipment	117,213	119,961	85,250	167,484	166,333	1,151	0.7%
28.	Training and education	90,945	106,806	105,903	125,978	190,678	(64,700)	-51.4%
29.	Collection fees	45,262	57,275	61,522	72,474	72,475	(1)	0.0%
30.	Advertising	46,904	59,988	53,385	89,551	88,322	1,229	1.4%
31.	Recruitment and relocation	15,894	57,519	60,000	65,812	55,650	10,162	15.4%
32.	Total expenses	29,961,016	29,282,923	25,556,008	26,690,176	27,479,380	(789,204)	-3.0%
33.	Income (loss) from operations	(1,269,791)	(3,886,781)	(973,837)	(335,434)	(553,005)	(217,571)	-64.9%



#### **Nonoperating Gains (losses)**

		FY15	FY16	FY17	FY17	FY18	\$	%
		Actual	Actual	Budget	Projection	Budget	Variance	Variance
	Nonoperating Gains(Losses):							
34.	Donations	18,760	14,891	20,000	28,237	20,000	(8,237)	-29.2%
35.	Grant revenue	145,066	80,185	130,000	99,026	75,000	(24,026)	-24.3%
36.	Gain (loss) on disposal of assets	0	(192)	0	4,091	0	(4,091)	-100.0%
37.	Interest revenue	(1,690)	5,608	5,000	10,385	6,385	(4,000)	-38.5%
38.	Interest expense	(19,903)	(16,203)	(14,110)	(14,046)	(12,000)	2,046	-14.6%
39.	Net non-operating gains (losses)	142,233	84,289	140,890	127,693	89,385	(38,308)	-30.0%
40.	Income (loss) before transfers	(1,127,558)	(3,802,492)	(832,947)	(207,741)	(463,620)	(255,879)	123.2%
	Transfers In:							
41.	City Support - Capital	61,472	131,973	156,192	278,697	150,671	(128,026)	-45.9%
42.	City Support - Tobacco Tax	820,749	490,364	680,000	750,102	680,000	(70,102)	-9.3%
43.	Total transfers in	882,221	622,337	836,192	1,028,799	830,671	(198,128)	-19.3%
44.	Total income (loss) after transfers	(\$245,337)	(\$3,180,155)	\$3,245	\$821,058	\$367,051	(\$454,007)	- <u>55.3%</u>



#### Volumes

	FY15	FY16	FY17	FY17	FY18	\$	%
	Actual	Actual	Budget	Projection	Budget	Variance	Variance
Hospital Inpatient							
Patient Days - Acute	728	574	635	830	702	(128)	-15.4%
Patient Days - Swing Bed	776	712	688	756	1,098	342	45.2%
3. Patient Days - Total	1,504	1,286	1,323	1,586	1,800	214	13.5%
Average Daily Census - Acute	2.0	1.6	1.7	2.3	1.9	(0.4)	-15.4%
5. Average Daily Census - Swing	2.1	1.9	1.9	2.1	3.0	0.9	45.2%
Average Daily Census - Total	4.1	3.5	3.6	4.3	4.9	0.6	13.5%
7. Percentage of Occupancy - Total	34.3%	29.3%	30.2%	36.2%	41.1%	4.9%	13.5%
Newborn							
8. Patient Days	54	35	38	89	30	(59)	-66.3%
9. Deliveries	36	25	27	45	15	(30)	-66.3%
Long Term Care 10. Resident Days	3,864	3,637	4,015	4,438	5,110	672	15.1%
•	10.6	9.9	11.0	4,436 12.2	14.0	1.8	15.1%
11. Average Daily Census 12. Percentage of Occupancy	70.6%	9.9 66.2%	73.3%	81.1%	93.3%	12.3%	15.1%
12. Fercentage of Occupancy	70.0%	00.2%	13.370	01.170	93.370	12.370	13.170
Surgical Services							
13. Inpatient	30	25	19	51	20	(31)	-61%
14. Outpatient	322	307	274	249	200	(49)	-20%
15. <b>Total</b>	352	332	293	300	220	(80)	-27%
16. Emergency Room Visits	2,212	2,127	2,104	1,726	1,800	74	4.3%
17. Outpatient Visits	27,643	28,968	28,367	29,141	30,969	1,828	6.3%
18. <b>Total</b>	29,855	31,095	30,471	30,867	32,769	1,902	6.2%
19. Pharmacy - IP - All Acute Days	1,504	1,286	1,323	1,586	1,800	214	13.5%
20. Pharmacy - OP - ER & Infusion Visits	2,491	2,335	2,288	1,949	2,100	151	7.8%
	_,	_,	_,	1,212	_,		
21. Radiology Procedures	4,109	4,446	3,947	3,874	3,874	-	0.0%
22.Lab Tests	21,463	27,745	22,543	24,756	23,813	(943)	-3.8%
23. Rehab Services Units	26,097	26,266	23,032	21,797	25,595	3,798	17.4%
24. Infusion Services	279	208	184	223	300	77	34.6%
ZT. IIIIGSIOII OCI VICCS	219	200	104	223	300	11	34.070
25. Home Health Visits	769	726	1,200	2,314	3,000	686	29.6%
	. 30	. 20	-,=00	_,	-,-00	200	
26. Clinic Visits	10,404	12,320	11,414	10,920	12,748	1,828	16.7%
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#### **Financial Indicators**

	FY15 Actual	FY16 Actual	FY17 Budget	FY17 Projection	FY18 Budget	\$ Variance	% Variance
1.Contractual Adj. as a % of Gross Revenue	2.4%	5.7%	9.3%	5.1%	14.3%	-9.2%	-179.0%
3. Bad Debt as a % of Gross Revenue	5.0%	1.6%	1.2%	5.3%	5.3%	0.0%	0.0%
2. Charity/Other Ded. as a % of Gross Revenue	1.8%	0.2%	0.3%	0.0%	0.2%	-0.2%	-506.1%
4. Total Deductions as a % of Gross Revenue	9.1%	7.5%	10.8%	10.4%	19.8%	-9.4%	-89.8%
5. Operating Margin	-4.4%	-15.3%	-4.0%	-1.3%	-2.1%	-0.8%	-61.4%
6. Total Margin before Transfers	-3.9%	-14.9%	-3.4%	-0.8%	-1.7%	-0.9%	-118.8%



#### Five Year Capital Plan – Page 1

	<u>FY17</u>	FY18	<u>FY19</u>	FY20	<u>FY21</u>	<u>FY22</u>	Long Range
<u>Facilities</u>							
Patient Financial Services Remodel	\$89,000						
Mountainside Paint/flooring	\$14,900						
Med Gas Upgrades	\$48,000						
Nurse Lounge Remodel	\$22,850						
Fire Damper Repairs	\$20,000						
Fire Door Replacements	\$10,500						
SCH Waiting Area Furniture	\$12,000						
Long Term Care Activities Room	\$10,000						
Mountainside Waiting Room Furniture	\$6,000						
Long Term Care Dining Room		\$30,000					
Divider doors			\$10,000				
Heated Therapy Pool (see med arts bldg)							
Sterile Central Services Remodel		\$85,000					
Long Term Care Closets			\$30,000				
Replace 4 Main Air Handlers			\$10,000		\$10,000		
Lease Totten Property							
Regulatory Upgrades to OR			\$125,000				
Mountainside Office Modular	\$400,000*						
Reorient loading bay and rear entrance		\$20,000	\$100,000				
Repave ER Driveway and clinic parking		\$150,000 **					
Cafeteria Expansion			\$100,000				
Medical Arts Building			\$100,000				\$8,500,000
Repave main driveway/parking lot			\$500,000**				
Renovate ER entrance				\$250,000			
Replace Oil boiler with electric		\$75,000 ***					
Proximity card door access			\$100,000				
Long Term Care 20 bed facility				\$100,000			\$4,500,000
Hospital Window Replacement			\$100,000	\$100,000	\$100,000		
Acute Care remodel						\$150,000	\$2,750,000
Air rebalance		\$25,000					
Subtotal	\$233,250	\$160,000	\$675,000	\$450,000	\$110,000	\$150,000	\$15,750,000



#### **Five Year Capital Plan - Continued**

	<u>FY17</u>	<u>FY18</u>	<u>FY19</u>	<u>FY20</u>	<u>FY21</u>	<u>FY22</u>	Long Range
<u>Equipment</u>							
Wanderguard Upgrades	\$30,000						
Omnicell Medication Dispensing System		\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	
PFS Copier	\$7,000						
Sophos UTM System	\$18,000						
Transcutaneous Bilimeter		\$7,214					
Stryker Arthroscopy Shaver Units		\$26,500					
Used Vehicle Snow Removal		\$12,000					
EQ2 Medical Equipment Management System		\$7,800					
Arthroscopy Graspers (2nd set)		\$24,000					
Olympus Bronchoscope		\$27,500					
AMSCO Washer Disinfector			\$36,000	\$36,000	\$36,000	\$36,000	
Ultrasound Machine			\$40,000	\$40,000	\$40,000	\$40,000	
INCU II-BT Incubator Analyzer		\$8,500					
Servo I Universal Ventilator		\$29,000					
Portable Bladder Scanner		\$8,000					
Bariatric Lift Device			\$12,000				
Nissan Leaf			\$36,750	\$36,750	\$36,750	\$36,750	
Surgery Medication Dispensing System				\$20,000	\$20,000	\$20,000	
Proximity Card single sign on network security		\$65,000					
Various Equipment as needed			\$50,000	\$50,000	\$50,000	\$50,000	
Subtotal	\$55,000	\$242,514	\$201,750	\$209,750	\$209,750	\$209,750	\$0

	FY17	FY18	<u>FY19</u>	<u>FY20</u>	<u>FY21</u>	<u>FY22</u>	Long Range
Overall Total	\$288,250	\$402,514	\$876,750	\$659,750	\$319,750	\$359,750	\$15,750,000

<sup>\*</sup> Mountainside Modular (\$400,000): Contingent upon line of credit payment deferral.

<sup>\*\*\*</sup> Boiler Replacement (\$75,000): Incorporated in CBS city wide facility upgrades Incorporated in CBS's citywide Siemens Energy Efficiency program



<sup>\*\*</sup>Paving projects (\$650,000): It is anticipated that these will be included in CBS annual road Paving program

# Thank you!





#### CITY AND BOROUGH OF SITKA

#### Legislation Details

File #: 17-088 Version: 1 Name:

Type: Item Status: AGENDA READY

File created: 4/27/2017 In control: City and Borough Assembly

On agenda: 5/2/2017 Final action:

Title: Discussion/Direction/Decision on Sitka Community Hospital's request to purchase the clinic office

modular in FY2017 (Assembly action may be taken)

Sponsors:

Indexes:

Code sections:

Attachments: <u>clinic modular rotated.pdf</u>

Date Ver. Action By Action Result

# **Discussion/Direction/Decision** on Sitka Community Hospital's request to purchase the clinic office modular in FY2017

(Assembly action may be taken)



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#### **MEMORANDUM**

To: Mayor Hunter and Members of the Assembly,

Mark Gorman, Administrator

Cc: Bryan Bertacchi, Hospital Board Chair

Rob Allen, CEO

From: Steven Hartford, SCH Director of Operations

Date: April 26, 2017

Subject: Clinic Office Modular and request for deferral of monthly line of credit payments

The Hospital is currently in the planning stages to install an office modular for Clinic office expansion. This project has been on the books and has been identified as a necessary facility upgrade for the last several years and we are hoping to move ahead with it within the next few months. The attached presentation and the details included here explain our thinking on the project and our request for the Assembly's formal approval of the projects at its May 2<sup>nd</sup> special meeting.

#### Office Modular

#### Background

The Office modular, as an adjunct to the Mountainside Family Healthcare Clinic will help us with some critically needed expansion space to continue our mission of strengthening and expanding our primary outpatient services division in order to meet a growing need in the community and to better position SCH for an evolving focus on population health. As you can see from our presentation, the current clinic space, with growing demand for services, is already substantially overcapacity and overcrowded. This modular will allow us the opportunity for a more efficient provider work flow as well as opening up much needed patient care space in the clinic proper.

The project was initially approved by our Board of Directors at its October 2016 meeting to move forward in our current fiscal year. Due to some timing issues and budgetary priorities it was not forwarded to the Assembly for final approval at that time. The Board took up this issue again at its meeting in March and determined that we were at a critical stage in our Clinic space needs. The Board



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requested that this be forwarded to the Assembly now together with a request to defer our line of credit payments. I will detail that request further below.

#### **Analysis**

We are planning to treat this acquisition and installation as a supplemental capital budget item in fiscal '17. The funding for this project (\$400,000.00) would be treated as a supplemental capital allocation from our cash reserves and would be contingent on the Assembly's authorization for us to defer the repayment of our line of credit monthly payments for approximately 8 months. The Hospital is currently returning half of our monthly dedicated tobacco tax receipts as repayment on our line of credit. The current balance on the original \$1.5mm line of credit as of March 30, 2017 is \$732,361.00. The average monthly payment is \$50,000.00 which would mean at that rate that we could complete the cash flow off- set of the modular project within 8 months and then resume the line of credit payments to its conclusion. The project is estimated to take 4-6 months from date of order to completion.

#### Recommendation

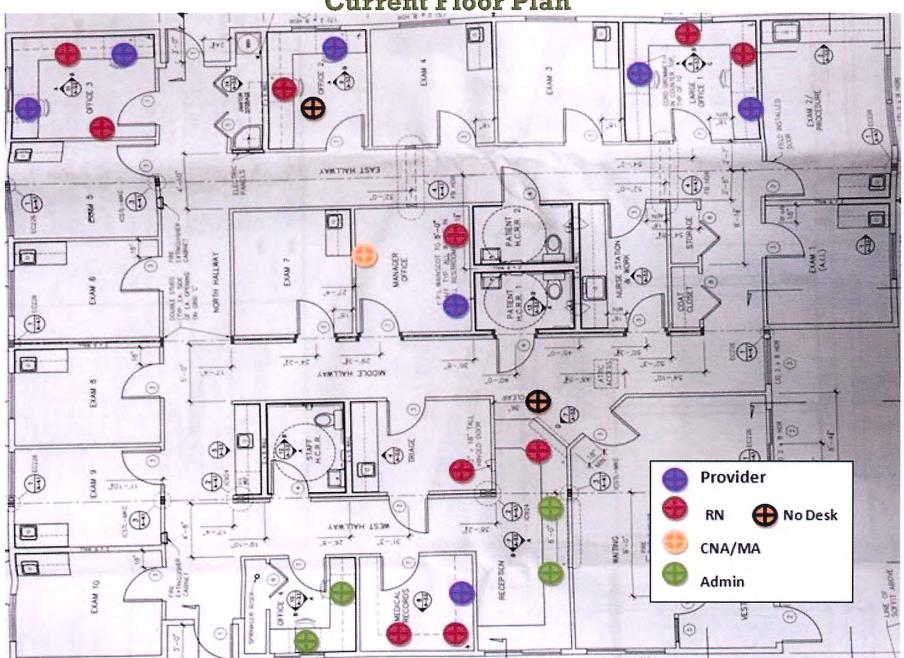
That the Assembly approves a supplemental capital budget of \$400,000.00 to come from the Hospital's cash reserves and approves the temporary deferral of monthly line of credit payments until said deferral totals \$400,000.00

# Mountainside Family Healthcare Clinic Modular Presentation



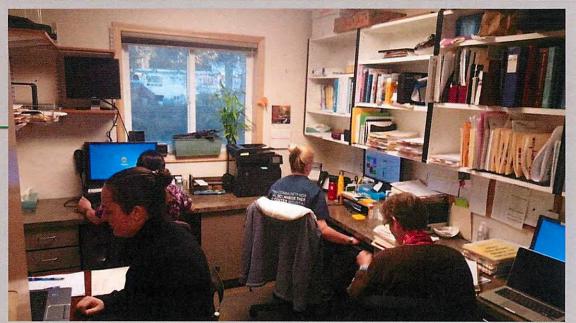


**Current Floor Plan** 





12'2" X 9'9"





19-22 Staff Members Daily

\*MDs, PA, RNs, MAs, CNAs, Admin

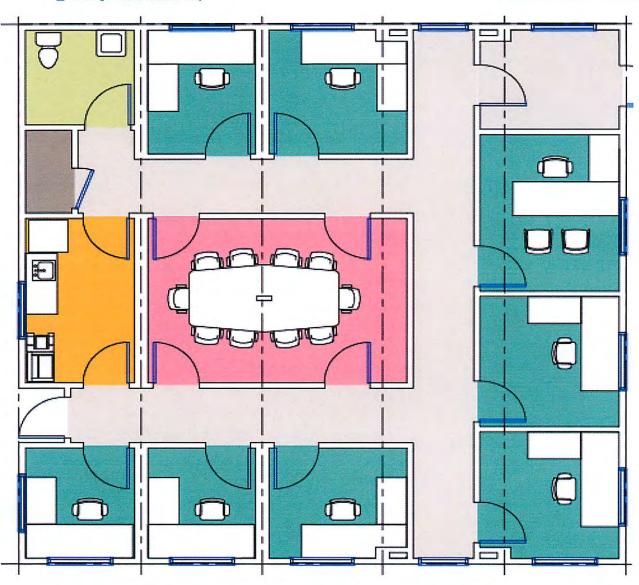
7'11"X 8' 10"



# Clinic Modular

Timeline: March 2017

- Move at least 4 Providers to Modular
- Creates more Exam
  Rooms in clinic
- Clinic Manager Office
- Employee Kitchen / Break room
- Place to hold staff meetings
- Room for service expansions



# Mountainside Family Healthcare

#### **Added Services**

- 6 Day per week Urgent Care
- Infusions in Clinic
- Home Health

#### **Future**

- Adding 1-2 Mid-Level Providers
- Integrating Clinic "PODS"
- Expanding Specialty Services
- New Primary Care Physician Starting Sept 15<sup>th</sup>
- Integrating Pediatric Services

#### **Monthly Office Visits**

\* Includes Infusion

• Mar: 926

• Feb: 876

• Jan:852

Dec: 825

• Nov: 905

Oct: 993

Sept: 999

Aug: 982

• July: 944



# Budget

Revenue increase Projection-2 more exam rooms ≈ 20% increase Net \$190

> 12+ patients a day (2,880 a yr) ≈\$2,280 a day (\$547,200 a yr)

Modular Acquisition*	\$325,000
Structural slab reinforcements	\$10,000
On-site electrical services	\$5,000
On-site plumbing & sewer connection work	\$5,000
Furniture, fixtures, & Equipment	\$35,000
	Sub Total: 348,500
≈12% Contingency	+\$ 51,500
	Total: \$400,000

 Includes shipping; assembly on site; electrical & data connections; fire alarm; sprinkler connections; HVAC site connection & testing; above grade foundation materials (Whitley- Evergreen, Marysville, WA)



#### CITY AND BOROUGH OF SITKA

#### **Legislation Details**

File #: 17-085 Version: 1 Name:

Type: Item Status: AGENDA READY

File created: 4/25/2017 In control: City and Borough Assembly

On agenda: 5/2/2017 Final action:

Title: Discussion/Direction/Decision of the FY2018 General Fund and as it relates to other Funds, the

School District, and the Sitka Community Hospital (Assembly action may be taken)

Sponsors:

Indexes:

Code sections:

Attachments: review of determining education funding.pdf

Date Ver. Action By Action Result

# Discussion/Direction/Decision of the FY2018 General Fund and as it relates to other Funds, the School District, and the Sitka Community Hospital

(Assembly action may be taken)

 review of process for determining local effort for education funding



#### City and Borough of Sitka Finance Department

# Memo

Thru: Mark Gorman, Municipal Administrator

To: City and Borough of Sitka Assembly

From: Jay Sweeney, Chief Finance and Administrative Officer

Date: April 27, 2017

Re: Review of Process For Determining Local Effort For Education Funding

Mayor Hunter and Assembly Members,

Administration anticipates that the Sitka School District (SSD) will formally present its budget to the Municipality Friday, April 28<sup>th</sup>. The formal receipt of the SSD budget commences a 30-day period of time, specified in State law, in which the Assembly must act on the SSD's request, as set forth in its budget, for local effort to support education.

Once the 30-day period commences, the Assembly must make one key decision, determining the amount of local effort to support education, and notify the SSD of the amount of local effort. If the Assembly does not make a decision, then the amount contained in the SSD's submitted budget for local effort is automatically approved.

In past years, the SSD and the Municipality have cooperated closely to ensure that the amount of local effort contained in the budget aligned and corresponded with the amount of local effort being planned for in the Municipality's budget. For FY18, however, we have discordance at this point in the budget process.

The Municipality has budgeted for a \$239,229 decrease in local effort to support education; the Sitka School District Board, however, has voted to restore that funding and include local effort, of \$6,378,292, unchanged, in its budget.

The Assembly will, hence, need to consider this matter and determine what course of action to follow. There are four possible courses of action:

- Agree to the SSD request and advise Administration to revise its draft budget to include increased support for education, and, advise Administration to prepare the formal notice for Assembly approval at the May 9<sup>th</sup> Assembly meeting;
- Disagree with the SSD request and advise Administration to maintain its current draft budget to maintain the current planned support for education, and, advise Administration to prepare the formal notice for Assembly approval at the May 9<sup>th</sup> Assembly meeting;

- c. Agree to the SSD request, but at a different amount than requested in the SSD budget, and advise Administration to revise its draft budget to include increased support for education, and, advise Administration to prepare the formal notice for Assembly approval at the May 9<sup>th</sup> Assembly meeting;
- d. Take no action, by which the amount of local effort in the SSD budget is automatically approved.

To provide Administration and the SSD time to react, a discussion of this issue should take place as a part of the May 2 Special Assembly Meeting.