



Bay Area Hospital District
Joint Board and Finance Committee Meeting Agenda
March 17, 2026 @ Bay Area Hospital, Myrtle Conference Room

TIME

5:00 Call to Order **Simon Alonzo, Chairperson**
• Public Input—3 minutes per speaker

5:15 Patient Success Story **Simon Alonzo, Chairperson**

5:20 Consent Agenda **ACTION ITEM** **Simon Alonzo, Chairperson**
• Minutes of BOD/Finance meeting
• Approved Minutes of MEC meeting

5:25 Report of the Chief Executive Officer **ACTION ITEM** **Gretchen Nichols, CEO**
• Strategic Organizational Updates
• Compliance Officer

5:35 Quality and Patient Safety Committee Report (QPSC) **Patrice Parrott, Secretary**

6:45 Finance Committee Business **ACTION ITEM** **Kyle Stevens, Treasurer**
• Financial Update
• Capital Approval

7:15 Executive Session ORS 192.660(2)
(c) to consider matters pertaining to the function of the medical staff at a public hospital
(f) to consider information or records that are exempt by law from public inspection

7:30 Medical Executive Committee (MEC) Report - 01/2026 **ACTION ITEM** **Derrick Oaxaca, MD, CMO**

7:40 Medical Staff Report **Hammad Qadir, MD, Chief of Staff**

7:50 Board Member Comments **Simon Alonzo, Chairperson**
• Report of the Chairperson
• Board Member Comments

8:00 Adjourn – next regular meeting - Tuesday, March 17, 2026

**BAY AREA HOSPITAL DISTRICT JOINT BOARD AND FINANCE COMMITTEE
MEETING MINUTES**

February 17, 2026, Bay Area Hospital Myrtle Conference Room @ 5:00 pm

CALL TO ORDER

Simon Alonzo, Board Chair, called the meeting to order at 6:05 pm with a quorum present.

BOARD ATTENDANCE

Simon Alonzo; Tom McAndrew; Patrice Parrott; Brandon Saada; Kyle Stevens; John Uno

STAFF ATTENDANCE

Gretchen Nichols, CEO; Jen Culbertson, CNO (*via Teams*); Kelli Dion, CQO; Tom Fredette, CHRO; Derrick Oaxaca, MD (*via Teams*), CMO; Mel Stibal; Kim Winker, Marketing & Communications Director; Hammad Qadir, MD, COS (Chief of Staff); Denise Bowers, EA

ABSENT: None

Patrick Banks, CFO (*excused*)

LEGAL COUNSEL

Megan Kronsteiner, Esq.

PUBLIC ATTENDANCE AND INPUT

Chairperson Alonzo opened the Public Input Session at 5:01 p.m., with in-person public attendees and persons attending virtually. As no public comments were received in person or online, Chairperson Alonzo closed the Public Input Session at 5:01 pm.

PATIENT SUCCESS STORY

CONSENT AGENDA The consent agenda included:

Board Meeting Minutes of November 18, 2025; MEC Approved Minutes of October 29, 2025; 3rd Quarter Risk Management report

Action Taken by the Board:

Brandon Saada moved to approve the Consent Agenda as cited above. Patrice Parrott seconded, and the motion carried on a call of vote with all board members present casting a vote of approval.

REPORT OF THE CEO, GRETCHEN NICHOLS

Gretchen provided a comprehensive operational update, including:

- Continued stabilization and improvement in financial performance through expense management and staffing optimization.
- Progress in revenue cycle operations and reduction of temporary labor.
- Transition of behavioral health services from outsourced management to internal operations, resulting in projected annual savings.
- Legislative update regarding House Bill 4075 and ongoing discussions with state partners regarding financial relief options.
- Overview of potential rural hospital funding opportunities.

- Capital project updates, including completion of the Cancer Center housing modernization project.
- Recruitment updates across multiple clinical service lines.

QUALITY AND PATIENT SAFETY COMMITTEE (QPSC) REPORT - PATRICE PARROTT, QPSC CHAIR

Thomas Salazar, Wound Care Program Director, made a presentation on the Wound Care and Hyperbaric Medicine program, highlighting:

- Significant improvements in wound healing outcomes and time to heal.
- Growth in hyperbaric oxygen therapy utilization.
- Operational performance improvements and financial stabilization of the service line.
- Future plans for expansion and increased capacity.

The Board expressed appreciation for the presentation and program performance.

FINANCE COMMITTEE MEETING - KYLE STEVENS, FINANCE COMMITTEE CHAIR

Gretchen gave the floor to Kyle Stevens, Finance Committee Chairman, for the Finance Committee to conduct its business.

Attendance: In addition to the three board members on the Finance Committee (*Kyle Stevens, Tom McAndrew, and Brandon Saada*), community members appointed to the Finance Committee were all in attendance (*Judy Moody, John Briggs, and Barbara Taylor*). The business of the Finance Committee proceeded with a full quorum.

Kyle turned the floor over to Gretchen Nichols, CEO, for a financial update to the committee, as Patrick Banks, CFO, is away in Salem on legislative advocacy for the hospital.

Gretchen Nichols presented the Finance Committee financial update and advised that the Controller, Mark Hadley, was present remotely to address technical questions as needed. The bulleted summary of key highlights of the financial report is below.

Operating Results

- Net operating income for the reporting month reflected a positive operating margin of approximately \$74,000.
- After accounting for interest expense related to outstanding debt, the organization reported a net loss of approximately \$123,000.
- Ms. Nichols emphasized that operations generated positive income, and that continued stabilization was evident.

Cash Position

- Days cash on hand were reported as approximately 53 days as of January 31, noting that this figure fluctuates throughout the month due to payroll timing and accounts payable cycles.
- Ms. Nichols explained that cash on hand typically ranges between the low-50-day range and approximately 60 days, depending on timing within the month.

Labor and Expense Management

- Labor cost management efforts were reported as continuing successfully, contributing to operational stabilization.
- Other operating expenses for the period reflected a reversal of a prior over-accrual related to utility expenses, which caused a variance when compared to prior months.

Payer Mix

- The commercial payer mix for January declined to approximately 12.7%, resulting in an estimated negative cash impact of roughly \$300,000–\$350,000 when compared to historical averages.
- Ms. Nichols reported that commercial payer mix had returned to approximately 14% in February, based on preliminary data, which is more consistent with historical norms.

- The report now includes separate inpatient and outpatient payer mix reporting, which was identified as a recent enhancement to the financial reporting format.

Cost to Collect

- Cost to collect was reported at approximately 6.4%, which was noted as above industry best practice benchmarks of approximately 5% or lower.
- This metric was identified as a potential area of future improvement.

Capital and Cash Flow Items

- Capital expenditures included spending related to the Family Housing Project and the purchase of selected capital assets from the South Coast Surgery Center following its closure.
- A variance between capital expenditures shown on the cash flow statement and the capital detail schedule was explained as being related to lease amortization and accounting treatment associated with a Workday contract extension, resulting in a journal entry rather than a cash outlay.

Overall Financial Trend

- Ms. Nichols highlighted that month-over-month net operating income trends continue to demonstrate stabilization and improvement, particularly when compared to historical monthly operating losses experienced in prior years.
- She emphasized that while challenges remain, the organization is showing consistent progress toward financial recovery.

Leadership committed to follow-up on audit communications, management letters, and process improvements.

EXECUTIVE SESSION

The Board went into Executive Session at pm as authorized by **ORS 192.660(2)**

(c)To consider matters pertaining to the function of the medical staff at a public hospital.

(f)To consider information or records that are exempt by law from public inspection.

RETURN TO REGULAR SESSION

Chairperson Alonzo reopened the meeting into public session at pm.

Medical Executive Committee (MEC) Report

Action:

A motion was made to approve the Medical Executive Committee report.

- **Motion:** To approve the MEC report
- **Second:** Motion was seconded
- **Vote:** Motion carried unanimously

Board Comments

Board members shared the following comments and observations:

- Board members expressed appreciation for the **recent community forums**, noting strong attendance, particularly at daytime sessions, and meaningful engagement from community members.
- Several members commented positively on the **tone and transparency** of leadership presentations and the value of open communication with the public.
- It was noted that community feedback reflected **strong interest in the hospital's financial health and future stability**, with thoughtful and challenging questions posed.
- Board members acknowledged ongoing community concerns regarding:
 - Potential hospital designation changes (Type B)
 - The possibility of a future hospital levy, including prior unsuccessful efforts and the need for further education on feasibility, timing, and impact

- Members discussed that charitable giving through the Hospital Foundation may serve as an alternative for community members who prefer voluntary support over taxation.
- Appreciation was expressed for:
 - The significant effort by hospital leadership and staff in organizing forums
 - The commitment and volunteer service of Board members during a period of organizational recovery
- Board members remarked on the **notable operational and financial improvement trajectory**, acknowledging that while work remains, progress has been substantial.

APPROVAL OF CREDENTIALING REPORT

Action taken by the Board: John Uno moved to approve the Credentialing Report as discussed in the Executive Session and presented in the packet. Tom McAndrew seconded, and the motion was carried out on call of vote by all board members.

ADJOURNMENT

The next regular joint Board/Finance Committee Meeting will be on March 17, 2026 at 5:00 pm. The meeting adjourned at 6:37pm.

Simon Alonzo, Board Chair

Date: _____

Patrice Parrott, Board Secretary

Date: _____

Bay Area Hospital
Quality and Patient Safety Committee (QPSC) Minutes
01/22/2026

MEMBERSHIP ATTENDANCE:	01/2026	2/2026	3/2026	4/2026	5/2026	6/2026	7/2026	8/2026	9/2026	10/2026	11/2026	12/2026
CHARTER MEMBERS BY APPOINTMENT												
Board members, two in attendance												
Parrott, Patrice, MSN, RN, retired, QPSC	X											
Uno, John, MD	X											
Executive Team												
Dion, Kelli, CQO	X											
Nichols, Gretchen, CEO												
Oaxaca, Derrick, MD, MS, MBA	X											
Chief of Staff or Designee												
Atluri, Paavani, MD, COS												
Medical Director, Hospitalist Program												
Ravuri, Rajesh, MD												
Medical Staff												
Frey, David, MD, Chief of Anesthesiology												
Community Members, two in attendance												
Castle, Lisa, Advanced Health	X											
Jones, Doug	X											
Roblan, Arlene, Community Member	X											
Additional Participants												
Ghattas, Morrie, Quality Data Analyst												
Megrew, Laurie, Accreditation Manager	X											
Myers, Quinn, Risk Manager												
Moriarty, William, Dr.												
Noggle, Randy, Emergency Preparedness												
Schlemeyer, Kaley, Trauma RN Coordinator												
Strauch, Joan, Infection Preventionist	X											
Recorder:												
Warlick, Tina, Executive Assistant	X											

X = Present E = Excused C = Canceled

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
Called to order:	At 1532, the meeting was called to order in person and via the Microsoft Teams system. A quorum was present.	The meeting was called to order.	Ms. P. Parrott, Chair	Complete

Bay Area Hospital
Quality and Patient Safety Committee (QPSC) Minutes
01/22/2026

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
Approval of Minutes:	Minutes from 10/23/2025 were reviewed and approved by the first and second motions: First: Mr. D. Jones Second: Ms. A. Roblan Motion carried.	Motion made to approve minutes by first and second motion. First: Mr. D. Jones Second: Ms. A. Roblan Motion carried.	Committee	Approved
Consent Agenda	The consent agenda was reviewed, a correction was requested, and approved by the first and second motions: First: Ms. A. Roblan Second: Ms. K. Dion Motion carried.	Motion made to approve minutes by first and second motion. First: Ms. A. Roblan Second: Ms. K. Dion Motion carried.	Committee	Approved
High Reliability Organization Presentation	Ms. Kelli Dion presented the principles of high reliability organizations, the importance of a culture of safety, and their application in healthcare, including measurement strategies, staff engagement, and the impact on patient outcomes. Definition and Principles of High Reliability: Ms. Dion explained that high reliability organizations operate in complex environments and achieve results without harm, emphasizing five principles: preoccupation with failure, reluctance to simplify, sensitivity to operations, deference to expertise, and commitment to resilience, and noted that these principles are being introduced through training and education. Culture of Safety and Its Features: Ms. Dion described a culture of safety as shared values, attitudes, and behaviors that lead to safer outcomes, highlighting the importance of a blame-free environment, encouragement of	Presentation	Ms. K. Dion	Complete

Bay Area Hospital
Quality and Patient Safety Committee (QPSC) Minutes
01/22/2026

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
	<p>reporting near misses, collaboration across ranks, and organizational commitment to resources.</p> <p>Measurement and Outcomes: Ms. Dion discussed that a well-developed culture of safety leads to earlier identification of risks, increased reporting, reduction in preventable harm, lower rates of sentinel events, and improved staff and patient outcomes, with measurement strategies including patient experience surveys and outcome data.</p> <p>Patient Experience and Engagement: The group discussed the relationship between patient experience and outcomes, noting that better engagement leads to improved adherence, lower readmissions, and better chronic disease control, while also acknowledging the limitations of patient perception measures and the need for additional outcome data.</p> <p>Tailoring Approaches to Local Population: Dr. Oaxaca emphasized the importance of adapting patient experience strategies to the local patient population rather than relying solely on external models, suggesting that operationalizing patient experience requires understanding local needs and developing appropriate feedback mechanisms.</p>			
<p>Annual Quality Assurance and Process Improvement (QAPI) Plan</p>	<p>Ms. Dion reviewed the annual quality assurance and process improvement (QAPI) plan, discussed new strategic focuses, audit and Tracer programs, and the inclusion of patient satisfaction.</p> <p>Plan Structure and New Additions: Ms. Dion outlined that the plan includes standard regulatory language, with the main content in the appendices,</p>	<p>Approved</p> <p>Motion passes with none opposed</p>	<p>Committee</p>	<p>Complete</p>

Bay Area Hospital
Quality and Patient Safety Committee (QPSC) Minutes
01/22/2026

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
	<p>and highlighted new strategic focuses for 2026: daily tiered and escalating huddles, reducing 30-day readmissions, and integrating patient experience into the quality plan.</p> <p>Tracer and Audit Program: Ms. Dion described the Tracer program, which audits processes proactively to identify and address system weaknesses before patient harm occurs, using a methodology adapted from DNV, and noted the need to prioritize resources based on risk.</p> <p>Measurement of Outcomes and Benchmarks: The group discussed the use of KPIs for patient safety, the board's commitment to zero harm, and the challenges of setting benchmarks for certain measures, with Ms. Dion clarifying that some targets are set at zero by board decision, while others follow national guidelines.</p> <p>Approval: After discussion, the committee approved the plan with none opposed</p>			
Misc	<p>Patient Experience Measurement and Survey Customization: the group discussed the use of third-party patient experience surveys, the ability to add custom questions, and strategies for gathering actionable feedback while avoiding survey fatigue and ensuring alignment with process improvement goals.</p> <ol style="list-style-type: none"> 1. Survey Structure and Customization: Ms. Dion explained that the hospital uses a third-party vendor for patient experience surveys, with the federally mandated HCAHPS questions fixed in order and wording, but additional custom questions can be added after the core set. 2. Strategic Use of Additional Questions: Ms. Castle advised caution in adding too many custom questions to 	Discussion	Committee	Complete

Bay Area Hospital
Quality and Patient Safety Committee (QPSC) Minutes
01/22/2026

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
	<p>avoid survey fatigue and recommended focusing on questions that align with current process improvement and patient experience priorities.</p> <p>3. Survey Distribution and Population Coverage: Ms. Dion clarified that 100% of inpatients are surveyed unless recently surveyed or excluded, while outpatient and specialty areas are sampled based on volume, and agreed to provide the team with the current HCAHPS questions for review.</p> <p>4. Ms. Parrott and Mr. Jones requested the list of questions that are in the survey.</p> <p>Meeting Scheduling and Participation Preferences: Ms. Warlick requested clarification on the future scheduling of quality meetings. The committee agreed to meet monthly for the first quarter and to reassess frequency each quarter. Ms. Warlick asked if members wanted to remain on the CQC agenda invitations, and some members expressed interest in continuing to receive them, though attendance would not be mandatory. Ms Parrott confirmed that Thursdays are an acceptable meeting day for the group, and Ms. Warlick agreed to reserve the room and send invitations accordingly.</p> <p>TeamSTEPPS: Ms. Castle and Dr. Oaxaca recommended implementing TeamSTEPPS training to support high reliability and patient experience initiatives, emphasizing the importance of staff engagement, local champions, and a holistic approach that includes caregiver experience.</p> <p>1. TeamSTEPPS is a training program focused on communication, teamwork, and safety culture, as a way to drive high reliability and improve patient and caregiver experience.</p>			

Bay Area Hospital
 Quality and Patient Safety Committee (QPSC) Minutes
 01/22/2026

TOPIC	DISCUSSION/INFORMATION	ACTIONS	Person Responsible	By When
	2. Dr. Oaxaca highlighted the need to identify and train local staff who are likely to remain with the organization, ensuring continuity and buy-in for patient experience initiatives, and drew analogies to team-building practices in other industries. 3. Ms. Castle emphasized that improving patient experience requires simultaneous focus on caregiver experience, suggesting that simple practices like greeting people in hallways can foster a welcoming environment and support broader cultural change.			
Adjourn: 1650	Next meeting: 2/26/2026 from 1530 - 1700			

EXECUTIVE SUMMARY

TO: Board of Directors

DATE: February 26, 2026

SUBJ: Quality and Patient Safety Committee (QPSC)

The QPSC assists the Bay Area Hospital District Board of Directors in its stated goal of building a culture of quality, accountability and safety. As partners, the QPSC and the board are committed to providing a positive, safe, and engaging environment for providers, employees, students and volunteers so that exceptional care can be provided to patients.

Background statement: The function of the Quality and Patient Safety Committee (QPSC) and the Quality and Patient Safety Plan is to continuously monitor and implement changes that not only maintain our compliance with regulatory bodies but ultimately increase the safety of the patients we serve.

Purpose statement: The QPSC provides oversight and monitoring of the quality of care by Bay Area Hospital through data monitoring.

Findings statement: The QPSC met on February 26, 2026. The following items were accomplished at this meeting:

Minutes:

Key Points: QPSC minutes from January 22, 2026, were approved.

Action: January 22, 2026, QPSC minutes were approved by the Committee.

Annual Infection Prevention and Control Plan

Key Points: Ms. Kelli Dion discussed that due to electronic workflow issues, the Annual Infection Prevention and Control Plan would be sent out electronically to the committee members for approval before being sent to the Medical Executive Committee.

Action: Send out plan for electronic vote

Reducing Readmissions: High Reliability Driver Framework

Key Points: Ms. Kelli Dion conducted an in-depth review of 30-day and 7-day readmission rates, discussed primary drivers for readmissions by diagnosis, and outlined targeted interventions and process improvements to reduce readmissions, focusing on heart failure, COPD, sepsis, pneumonia, and AMI.

Quality Board Report Card

Key Points: Ms. Kelli Dion briefly reviewed the Quality Board Report Card, noting positive trends in mortality and survival rates for key conditions, and Ms. Jennifer Culbertson highlighted the implementation of visual management boards in patient care units for tracking central lines and Foley catheters.



BAY AREA HOSPITAL

Unaudited Financial Statements
for
8 months ended February 28, 2026

Prepared
3/11/2026

Finance Committee Chair
Kyle Stevens

Chief Financial Officer
Patrick Banks

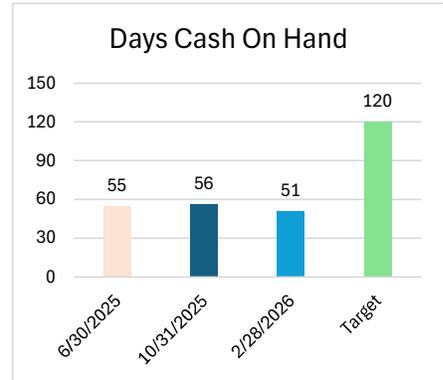
TABLE OF CONTENTS

TABLE OF CONTENTS	Page 2
EXECUTIVE SUMMARY	Page 3
KEY FINANCIAL RATIOS	Page 4
PATIENT STATISTICS DATA	Page 5
STATEMENT OF OPERATIONS - CURRENT MONTH	Page 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	Page 7
BALANCE SHEET	Page 8
STATEMENT OF CASH FLOWS	Page 9
REVENUE CYCLE REPORT	Page 10
PAYER MIX ANALYSIS	Page 11
CAPITAL PURCHASES REPORT	Page 12
DEBT COVENANTS COMPLIANCE TRACKING	Page 13
STATEMENT OF OPERATIONS - 13 MONTH TREND	Page 14 (2 sheets)

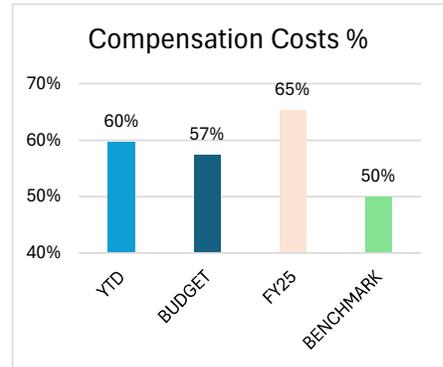
BAY AREA HOSPITAL

MONTH END: 2/28/2026

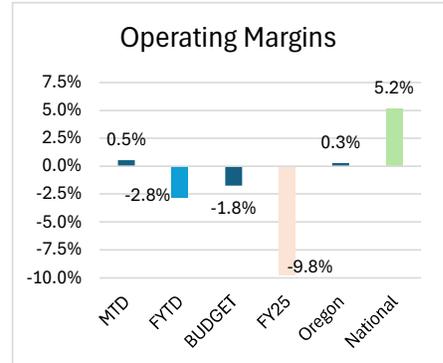
BALANCE SHEET			
	YTD		Prior FYE
	2/28/2026		6/30/2025
ASSETS			
Current Assets	\$	47,864,047	\$ 48,475,551
Investments		28,278,432	32,402,288
Capital Assets (Net)		59,951,932	64,539,978
Other Assets		5,877,009	3,806,720
Total Unrestricted Assets	\$	141,971,420	\$ 149,224,537
Defined Benefit Pension Asset		6,005,032	6,005,032
Total Assets	\$	147,976,452	\$ 155,229,569
LIABILITIES & NET POSITION			
Current Liabilities	\$	29,707,326	\$ 31,964,509
Long-Term Debt		45,922,301	45,481,529
Other Long-Term Liabilities		14,236,916	14,111,516
Total Liabilities	\$	89,866,543	\$ 91,557,554
Net Position		58,109,909	63,672,015
Total Liabilities & Net Position	\$	147,976,452	\$ 155,229,569



STATEMENT OF REVENUE AND EXPENSES - YTD				
	MONTH OF 2/28/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$ 64,828,898	\$ 62,257,797	\$ 539,871,337	\$ 540,125,653
Deductions From Revenue	(45,076,087)	(43,065,451)	(379,555,561)	(374,492,629)
Bad Debt & Charity Write-Offs	(771,701)	(870,121)	(6,593,384)	(7,548,813)
Net Patient Revenues	\$ 18,981,110	\$ 18,322,225	\$ 153,722,392	\$ 158,084,210
Other Operating Revenues	2,200,421	1,465,575	16,888,217	11,724,598
Total Operating Revenues	\$ 21,181,531	\$ 19,787,800	\$ 170,610,609	\$ 169,808,809
Salaries, Benefits & Contr. Lbr	\$ 10,166,963	\$ 10,620,168	\$ 91,546,188	\$ 90,644,695
Purchased Serv & Phys Fees	3,315,610	3,741,796	29,606,073	29,986,219
Supplies	4,635,135	3,628,458	30,313,946	31,529,895
Other Operating Expenses	2,184,178	1,591,169	17,857,121	12,810,243
Depreciation	770,547	720,570	5,980,740	5,838,451
Total Expenses	\$ 21,072,433	\$ 20,302,162	\$ 175,304,068	\$ 170,809,502
Net Operating Surplus (Loss)	\$ 109,098	\$ (514,362)	\$ (4,693,459)	\$ (1,000,694)
Non-Operating Income (Expense)	34,009	(135,282)	(868,647)	(1,976,256)
TOTAL NET SURPLUS (LOSS)	\$ 143,107	\$ (649,644)	\$ (5,562,106)	\$ (2,976,950)



KEY STATISTICS AND RATIOS				
	2/28/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Discharges	562	569	4470	4960
Acute ALOS (Non-Psych)	3.75	4.48	3.64	3.97
Emergency Room Visits	2,479	2,325	20,038	20,184
Total Outpatient Visits	10,162	11,317	88,028	90,535
Operating Room Cases	279	302	2,467	2,416
Cath Lab Cases	117	97	968	845
Total Worked FTE's	753	778	764	765
Total Paid FTE's	852	868	864	863
EBIDA	5.7%	1.2%	1.6%	3.0%
Adjusted EBIDA	6.2%	1.3%	1.7%	3.2%
Current Ratio	n/a	n/a	1.6	n/a
Total Adult ADC	73.8	87.5	66.1	78.9



BAY AREA HOSPITAL

MONTH END: 2/28/2026

	Year to Date	Prior FYE	Oregon	National
	2/28/2026	6/30/2025	Peer Hospitals	Rural Hospitals
Profitability:				
Operating Margin	-2.8%	-9.8%		
Total Net Surplus (Loss) Margin	-3.3%	-10.0%		
EBIDA Margin	1.6%	-4.8%		
Deductions from Revenue Percentage	71.5%	69.9%		
Outpatient Factor	2.61	2.45		
Liquidity:				
Days Cash On Hand, All Sources	51	62		
Net Days in Accounts Receivable	47	38		
Average Payment Period	26	31		
Current Ratio	1.61	1.57		
Capital Structure:				
Age of Plant (Annualized, in Years)	14.89	14.52		
Debt to Assets Ratio	0.81	0.74		
Debt Service Coverage Ratio	1.68	(1.53)		
Productivity and Efficiency:				
Worked FTE/AOB	3.9	4.7		
Paid FTE/AOB	4.4	5.3		
SWB & Contr. Labor as a % of Net Patient Revenue	60%	65%		
Salary Expense per Paid FTE (annualized)	\$ 112,519	\$ 150,088		
Supply Expense Per Adj Discharge	\$ 2,829	\$ 2,767		
Bad Debt Write-off %	0.84%	0.34%		
Charity Care Write-off %	0.39%	1.01%		
Other Ratios:				
Gross Days in Accounts Receivable	48.9	49.3		
Net Revenue per Adjusted Discharge	\$ 14,602	\$ 14,997		
Operating Expense per Adjusted Discharge	\$ 15,003	\$ 16,459		

BAY AREA HOSPITAL

MONTH END: 2/28/2026

Curent Month				Year-To-Date				
Actual	Budget	Variance	Prior Year	STATISTICS	Actual	Budget	Variance	Prior Year
2/28/2026	2/28/2026		2/28/2025	Discharge	2/28/2026	2/28/2026		2/28/2025
493	497	(4)	532	Medical, Surgical, ICU, and IMCU	3,872	4,347	(475)	4,273
28	29	(1)	16	Psychiatric	228	240	(12)	183
521	526	(5)	548	Total Adult Discharges	4,100	4,587	(487)	4,456
41	43	(2)	46	Newborn	370	373	(3)	344
562	569	(7)	594	Total Discharges	4,470	4,960	(490)	4,800
				Patient Days				
1,850	2,226	(376)	2,303	Medical, Surgical, ICU, and IMCU	14,078	17,239	(3,161)	17,224
217	223	(6)	180	Psychiatric	1,991	1,936	55	1,898
2,067	2,449	(382)	2,483	Total Adult Patient Days	16,069	19,175	(3,106)	19,122
71	86	(15)	98	Newborn	711	746	(35)	671
2,138	2,285	(147)	2,387	Total Patient Days	16,780	19,921	(3,141)	19,793
				Average Length of Stay (ALOS)				
3.75	4.48	(0.73)	4.33	Medical, Surgical, ICU, and IMCU	3.64	3.97	(0.33)	4.03
7.75	7.69	0.06	11.25	Psychiatric	8.73	8.07	0.67	10.37
3.97	4.66	(0.69)	4.53	Total Adult ALOS	3.92	4.18	(0.26)	4.29
1.73	2.00	(0.27)	2.13	Newborn ALOS	1.92	2.00	(0.08)	1.95
				Average Daily Census (ADC)				
66	80	(13)	82	Medical, Surgical, ICU, and IMCU	58	71	(13)	71
8	8	(0)	6	Psychiatric	8	8	0	8
74	87	(14)	89	Total Adult ADC	66	79	(13)	79
3	3	(1)	4	Newborn	3	3	(0)	3
				Emergency Room Statistics				
393	402	(9)	430	ER Visits - Admitted	3,278	3,493	(215)	3,518
2,086	1,923	163	2,122	ER Visits - Discharged	16,760	16,691	69	16,782
2,479	2,325	154	2,552	Total ER Visits	20,038	20,184	(146)	20,300
15.85%	17.29%	(1.44%)	16.85%	% of ER Visits Admitted	16.36%	17.31%	(0.95%)	17.33%
78.44%	76.43%	2.01%	81.10%	ER Admissions as a % of Total Admissions	80.21%	76.15%	4.06%	79.20%
				Other Statistics				
10,162	11,317	(1,155)	11,198	Total Outpatients Visits	88,028	90,535	(2,507)	91,854
95	86	9	81	Observation Bed Days	870	688	182	730
2,077	2,056	21	1,964	Clinic Visits - Specialty Clinics	17,164	17,846	(682)	16,952
86	107	(21)	99	IP Surgical Cases	771	856	(85)	802
193	195	(2)	175	OP Surgical Cases	1,696	1,560	136	1,512
117	97	20	102	Cath Lab Cases	968	845	123	818
				Productivity Statistics				
729	744	(15)	827	FTE Worked (Excluding Providers)	740	731	9	834
824	831	(7)	934	FTE Paid (Excluding Providers)	836	826	10	942
24	34	(10)	31	FTE Worked (Providers)	25	34	(9)	33
28	37	(9)	34	FTE Paid (Providers)	28	37	(9)	36
1.5471	1.5953	(0.0482)	1.5473	Case Mix Index - Medicare	1.5757	1.5953	(0.0196)	1.5703
1.5733	1.5832	(0.0099)	1.5773	Case Mix Index - All Payers	1.5822	1.5832	(0.0010)	1.5752

BAY AREA HOSPITAL

MONTH END: 2/28/2026

	Month to Date						
	2/28/2026	Budget	Variance	Var %	2/28/2025	Variance	Var %
Gross Patient Revenue							
Inpatient Revenue	\$ 24,785,270	\$ 25,716,250	\$ (930,981)	-3.6%	\$ 24,746,364	\$ 38,906	0.2%
Outpatient Revenue	40,043,628	36,541,547	3,502,082	9.6%	34,088,451	5,955,178	17.5%
Total Gross Patient Revenue	\$ 64,828,898	\$ 62,257,797	\$ 2,571,101	4.1%	\$ 58,834,815	\$ 5,994,083	10.2%
Deductions							
Deductions	\$ 45,076,087	\$ 43,065,451	\$ (2,010,637)	-4.7%	\$ 39,969,739	\$ (5,106,348)	-12.8%
Bad Debt	498,518	196,868	(301,649)	-153.2%	(1,038,403)	(1,536,921)	148.0%
Charity	273,183	673,253	400,070	59.4%	1,082,894	809,711	74.8%
Total Deductions	\$ 45,847,788	\$ 43,935,572	\$ (1,912,216)	-4.4%	\$ 40,014,230	\$ (5,833,558)	-14.6%
Net Patient Revenue	\$ 18,981,110	\$ 18,322,225	\$ 658,885	3.6%	\$ 18,820,584	\$ 160,525	0.9%
Supplemental Payments	1,686,583	1,134,819	(551,764)	-48.6%	1,068,188	(618,395)	-57.9%
Other Oper Revenue	513,838	330,756	183,082	55.4%	405,859	107,979	26.6%
Total Net Revenue	\$ 21,181,531	\$ 19,787,800	\$ 1,393,731	7.0%	\$ 20,294,632	\$ 886,899	4.4%
<i>Net to Gross Patient Rev Ratio</i>	29.3%	29.4%			32.0%		
Operating Expenses							
Salaries	\$ 7,350,047	\$ 7,058,579	\$ (291,468)	-4.1%	\$ 7,531,899	\$ 181,852	2.4%
Contract Labor	1,057,989	1,466,150	408,161	27.8%	1,657,777	599,788	36.2%
Benefits	1,758,927	2,095,440	336,512	16.1%	2,326,422	567,494	24.4%
Physician & Prof Fee	1,531,129	1,523,010	(8,118)	-0.5%	1,533,512	2,383	0.2%
Supplies	4,635,135	3,628,458	(1,006,677)	-27.7%	3,742,160	(892,975)	-23.9%
Purchased Services	1,784,481	2,218,786	434,305	19.6%	2,333,839	549,358	23.5%
Leases/Rentals	15,262	16,567	1,305	7.9%	19,892	4,629	23.3%
Depreciation	770,547	720,570	(49,977)	-6.9%	766,642	(3,905)	-0.5%
Provider Tax Expense	1,703,449	1,134,819	(568,630)	-50.1%	1,078,870	(624,579)	-57.9%
Other Oper Expense	465,466	439,783	(25,683)	-5.8%	441,779	(23,687)	-5.4%
Total Operating Expenses	\$ 21,072,433	\$ 20,302,162	\$ (770,271)	-3.8%	\$ 21,432,792	\$ 360,359	1.7%
Net Operating Income	\$ 109,098	\$ (514,362)	\$ 623,461	-121.2%	\$ (1,138,160)	\$ 1,247,259	-109.6%
Investment Income	137,692	-	137,692	0.0%	446,682	(308,990)	-69.2%
Other Nonop Inc(Exp)	179,432	40,718	138,714	340.7%	17,321	162,111	935.9%
Interest Expense	(283,115)	(176,000)	(107,115)	60.9%	(156,710)	(126,406)	80.7%
Net Surplus (Loss)	\$ 143,107	\$ (649,644)	\$ 792,752	-122.0%	\$ (830,867)	\$ 973,974	-117.2%

BAY AREA HOSPITAL

MONTH END: 2/28/2026

	Year to Date						
	2/28/2026	Budget	Variance	Var %	2/28/2025	Variance	Var %
Gross Patient Revenue							
Inpatient Revenue	\$ 206,534,842	\$ 223,047,521	\$ (16,512,679)	-7.4%	\$ 205,588,980	\$ 945,863	0.5%
Outpatient Revenue	333,336,495	317,078,132	16,258,363	5.1%	288,828,303	44,508,191	15.4%
Total Gross Patient Revenue	\$ 539,871,337	\$ 540,125,653	\$ (254,316)	0.0%	\$ 494,417,283	\$ 45,454,054	9.2%
Deductions							
Deductions	\$ 379,555,561	\$ 374,492,629	\$ (5,062,932)	-1.4%	\$ 336,573,737	\$ (42,981,824)	-12.8%
Bad Debt	4,513,043	1,707,843	(2,805,200)	-164.3%	2,037,848	(2,475,195)	-121.5%
Charity	2,080,341	5,840,970	3,760,629	64.4%	4,681,649	2,601,307	55.6%
Total Deductions	\$ 386,148,945	\$ 382,041,443	\$ (4,107,503)	-1.1%	\$ 343,293,233	\$ (42,855,712)	-12.5%
Net Patient Revenue	\$ 153,722,392	\$ 158,084,210	\$ (4,361,818)	-2.8%	\$ 151,124,050	\$ 2,598,342	1.7%
Supplemental Payments	13,516,485	9,078,552	(4,437,933)	-48.9%	8,720,524	(4,795,961)	-55.0%
Other Oper Revenue	3,371,731	2,646,046	725,685	27.4%	3,090,892	280,840	9.1%
Total Net Revenue	\$ 170,610,609	\$ 169,808,809	\$ (8,074,067)	-4.8%	\$ 162,935,466	\$ (1,916,780)	-1.2%
Net to Gross Ratio	28.5%	29.3%			30.6%		
Operating Expenses							
Salaries	\$ 64,810,982	\$ 59,547,613	\$ (5,263,369)	-8.8%	\$ 65,358,084	\$ 547,102	0.8%
Contract Labor	10,336,525	14,039,339	3,702,814	26.4%	14,018,139	3,681,614	26.3%
Benefits	16,398,681	17,057,742	659,061	3.9%	17,512,252	1,113,571	6.4%
Physician & Prof Fee	12,626,454	12,210,858	(415,596)	-3.4%	12,468,351	(158,104)	-1.3%
Supplies	30,313,946	31,529,895	1,215,949	3.9%	29,788,840	(525,105)	-1.8%
Purchased Services	16,979,619	17,775,361	795,742	4.5%	17,235,914	256,295	1.5%
Leases/Rentals	196,443	133,837	(62,607)	-46.8%	138,246	(58,197)	-42.1%
Depreciation	5,980,740	5,838,451	(142,289)	-2.4%	7,126,899	1,146,160	16.1%
Provider Tax Expense	13,584,414	9,078,552	(4,505,862)	-49.6%	8,696,580	(4,887,834)	-56.2%
Other Oper Expense	4,076,264	3,597,854	(478,410)	-13.3%	3,623,715	(452,549)	-12.5%
Total Operating Expenses	\$ 175,304,068	\$ 170,809,502	\$ (4,494,566)	-2.6%	\$ 175,967,020	\$ 662,952	0.4%
Net Operating Income	\$ (4,693,459)	\$ (1,000,694)	\$ (3,692,766)	369.0%	\$ (13,031,555)	\$ 8,338,095	-64.0%
Investment Income	921,282	-	921,282	0.0%	1,787,086	(865,804)	-48.4%
Other Nonop Inc(Exp)	439,494	325,744	113,750	34.9%	1,270,212	(830,718)	-65.4%
Interest Expense	(2,229,423)	(2,302,000)	72,577	-3.2%	(1,227,362)	(1,002,060)	81.6%
Net Surplus (Loss)	\$ (5,562,106)	\$ (2,976,950)	\$ (2,585,156)	86.8%	\$ (11,201,619)	\$ 5,639,512	-50.3%

BAY AREA HOSPITAL

MONTH END: 2/28/2026

	2/28/2026	1/31/2026	6/30/2025
Assets And Deferred Outflows Of Resources			
Current Assets			
Cash & Cash Equivalents	\$ 5,022,684	\$ 6,634,667	\$ 9,388,266
Accounts Receivable, net	30,800,269	31,027,752	26,128,118
Inventory	4,241,005	4,461,406	4,347,042
Other Current Assets	7,800,089	8,941,921	8,612,125
Total Current Assets	\$ 47,864,047	\$ 51,065,747	\$ 48,475,551
Investments	\$ 28,278,432	\$ 28,150,028	\$ 32,402,288
Capital Assets			
Depreciable Capital Assets, net	\$ 57,613,098	\$ 58,215,479	\$ 62,170,275
Nondepreciable Capital Assets	2,338,834	2,314,489	2,369,704
Total Capital Assets, net	\$ 59,951,932	\$ 60,529,968	\$ 64,539,979
Leases and Subscriptions, net	\$ 4,930,347	\$ 5,095,038	\$ 2,986,273
Other Non Current Assets	946,662	839,343	820,446
Total Assets	\$ 141,971,420	\$ 145,680,124	\$ 149,224,537
Deferred Outflows Of Resources	6,005,032	6,005,032	6,005,032
Total Assets And Deferred Outflows	\$ 147,976,452	\$ 151,685,156	\$ 155,229,569
Liabilities, Deferred Inflows of Resources, And Net Position			
Current Liabilities			
Accounts Payable	\$ 6,766,133	\$ 7,314,968	\$ 7,788,748
Accrued Payroll and Payroll Taxes	2,773,805	2,704,659	4,414,629
Accrued Paid Time Off	5,282,311	4,933,236	5,407,083
Other Accrued Liabilities	6,831,886	10,470,009	6,138,963
3rd Party Settlements Payable, net	5,507,466	5,507,466	5,706,639
Current Portion of Long Term Obligations	2,545,725	2,545,725	2,508,447
Total Current Liabilities	\$ 29,707,326	\$ 33,476,063	\$ 31,964,509
Long Term Obligations, net of current portion	\$ 45,922,301	\$ 46,112,808	\$ 45,481,529
Other Noncurrent Liabilities	3,068,721	2,961,403	2,942,506
Net Pension Liability	630,964	630,964	630,964
Total Liabilities	\$ 79,329,312	\$ 83,181,238	\$ 81,019,508
Deferred Inflows Of Resources	\$ 10,542,073	\$ 10,542,073	\$ 10,542,073
Inter Fund Receivables (Payables)	(4,842)	(4,957)	(4,027)
Total Liabilities & Deferred Cash Inflows	\$ 89,866,543	\$ 93,718,354	\$ 91,557,554
Net Position	\$ 58,109,909	\$ 57,966,802	\$ 63,672,014
Total Liabilities, Deferred Inflows, Net Position	\$ 147,976,452	\$ 151,685,156	\$ 155,229,568

BAY AREA HOSPITAL

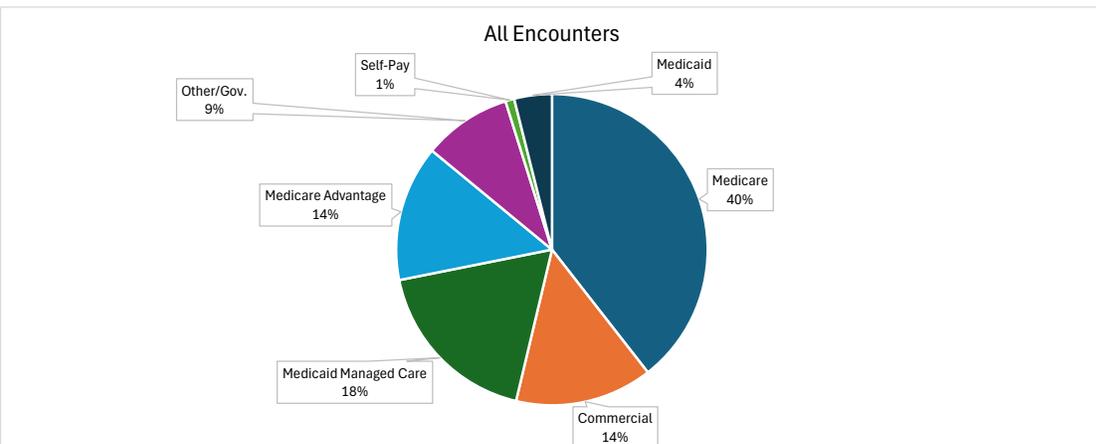
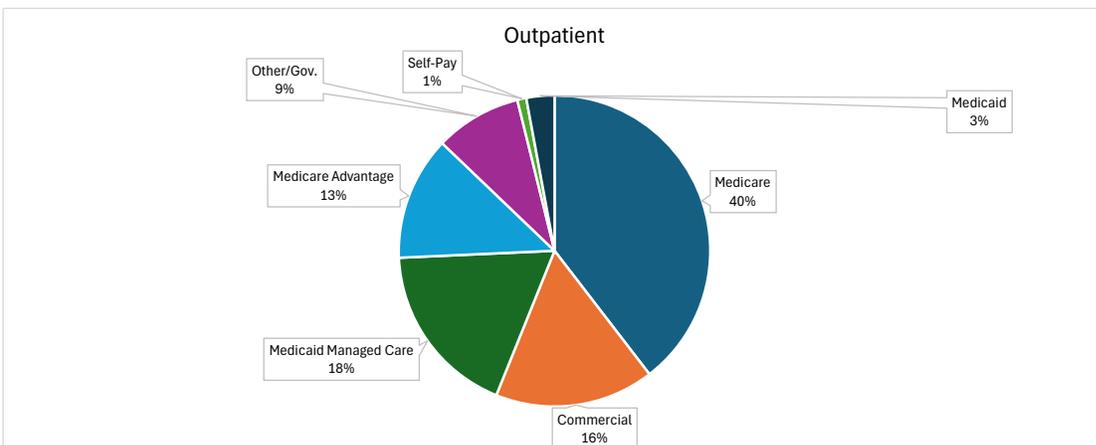
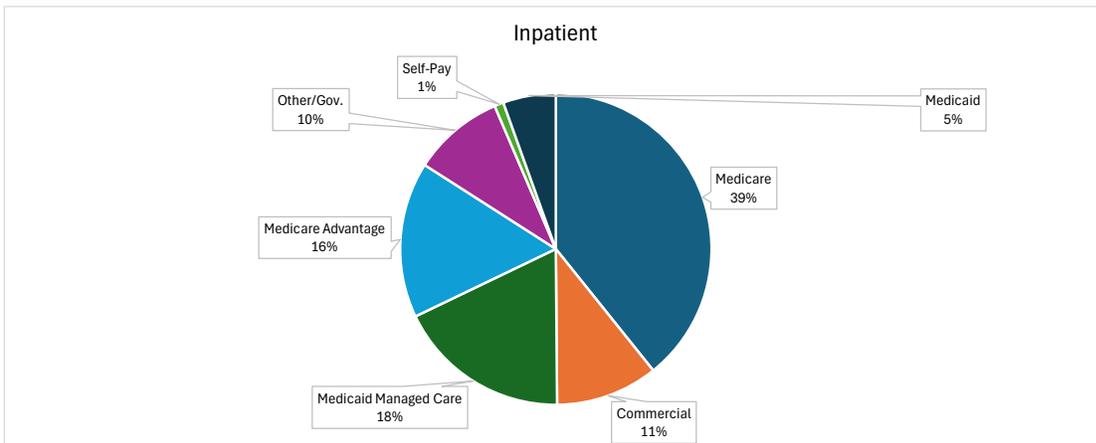
MONTH END: 2/28/2026

		Actual	Target
Net Days in Accounts Receivable		47.49	< 50
Gross Days in Unbilled Revenue - Discharges Not Final Billed		5.30	< 3.5
Gross Days in Credit Balances		0.43	< 1.0
Charity Care as a % of Gross Patient Revenue	Current Month	0.42%	~ 0%
	Year- To-Date	0.39%	~ 0%
Bad Debts as a % of Gross Patient Revenue	Current Month	0.77%	~ 1%
	Year- To-Date	0.84%	~ 1%
Collections as a Percentage of Net Patient Revenue	Current Month	103.05%	>= 100%
	Year- To-Date	97.85%	>= 100%
Percentage of Accounts Receivable > 60 Days	Medicare	30%	< 6%
Percentage of Accounts Receivable > 90 Days	Commercial	49%	< 15%
	Medicare Advantage	41%	< 15%
	Advanced Health	17%	< 15%
	State Medicaid	44%	< 20%
	All Others	69%	< 25%
% of Claims Initially Denied - Partial or Zero Pay	Current Month	10.40%	< 3%
	Year- To-Date	10.03%	< 3%
% Denials Overturned By Appeal	Current Month	NO DATA	100%
	Year- To-Date	NO DATA	100%
% of Patient Responsibility Collected at Point of Service	Current Month	10.70%	20% or >
	Year- To-Date	11.25%	20% or >
Cost to Collect as a % of Cash Collections	Current Month	5.79%	< 5%
	Year- To-Date	6.93%	< 5%
Late Charges as a % of Total Charges	Current Month	NO DATA	0%
	Year- To-Date	NO DATA	0%
% of Patient Encounters Pre-Registered	Current Month	NO DATA	20%
	Year- To-Date	NO DATA	20%
% of Insurance Registrations Verified	Current Month	98.30%	100%
	Year- To-Date	98.34%	100%
% of Accounts Pre- Authorized for Service	Current Month	99.10%	100%
	Year- To-Date	99.25%	100%

BAY AREA HOSPITAL

MONTH END: 2/28/2026

	<i>Month</i>	<i>Year to Date</i>
Cash Flows from Operating Activities:		
Net Income / (loss)	\$ 143,107	\$ (5,562,106)
Adjustments to reconcile net loss to net cash provided by operating activities:		
Change in Value of Investments	\$ (128,404)	\$ (876,144)
Depreciation & Amortization	770,547	5,980,740
Decreases (Increases) In:		
Receivables	227,483	(4,672,151)
Inventories of Supplies	220,401	106,037
Other Current Assets	1,141,832	812,036
Net Pension Asset and Liability	0	0
Other Noncurrent Assets	(107,319)	(126,216)
Increases (Decreases) In:		
Accounts Payable	(548,835)	(1,022,615)
Accrued Payroll and Payroll Taxes	69,146	(1,640,824)
Accrued Paid Time Off	349,075	(124,772)
Other Current Liabilities	(3,638,123)	692,923
Estimated 3rd Party Settlements	0	(199,173)
Other Noncurrent Liabilities	107,318	126,215
Net cash provided by operating activities	<u>\$ (1,393,771)</u>	<u>\$ (6,506,051)</u>
Cash flows from investing activities:		
Purchase of PP&E & Subscriptions	\$ (27,820)	\$ (398,188)
Leases and Other Subscription Arrangements in Capital	\$ -	\$ (2,938,579)
Transfers of Investments to Cash	-	5,000,000
Net cash provided by investing activities	<u>\$ (27,820)</u>	<u>\$ 1,663,233</u>
Cash flows from financing activities:		
Changes in Interfund Payables/Receivables	\$ 115	\$ (815)
Principle Payments on Debt and Leases	(190,507)	478,050
Net cash provided by financing activities	<u>\$ (190,391)</u>	<u>\$ 477,236</u>
Net increase (decrease) in cash	<u>\$ (1,611,983)</u>	<u>\$ (4,365,582)</u>
Beginning Cash Balance	<u>\$ 6,634,667</u>	<u>\$ 9,388,266</u>
Ending Cash Balance	<u>\$ 5,022,684</u>	<u>\$ 5,022,684</u>



BAY AREA HOSPITAL

MONTH END: 2/28/2026

Current Month Purchases	Cost	Budgeted
Family Housing Projects	\$ 27,820	√
Capital Expenditure, Current Month	\$ 27,820	
Previously Purchased in Current Fiscal Year:		
Ultrasonic Washer (Inactive)	\$ 2,830	√
WIC Heat Pump	\$ 13,262	√
Stainless Steel Case Carts (Inactive)	\$ 12,903	√
Family Housing Projects	\$ 194,285	√
Water Heater (Inactive)	\$ 8,568	√
Pneumatic Tube System	\$ 62,856	√
Cooling Management System (Inactive)	\$ 35,509	√
Two Channel Infusion Analyzer	\$ 10,863	√
Green Light Laser	\$ 18,874	√
Ultrasound Probe	\$ 5,659	√
Pevco Passport & Barcode	\$ 4,760	√
Capital Expenditure, Previously Purchased	\$ 370,368	
Total Capital Expenditure, Fiscal YTD	\$ 398,188	

BAY AREA HOSPITAL

MONTH END: 2/28/2026

Covenant	Status
1) Income Available for Debt Service > \$5,000,000	NOT IN COMPLIANCE
2) Days Cash On Hand > 75	NOT IN COMPLIANCE
3) Unrestricted Liquid Funds > \$50,000,000	NOT IN COMPLIANCE

BAY AREA HOSPITAL

MONTH END: 2/28/2026

Month to Date

	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025
Gross Patient Revenue							
Inpatient Revenue	\$ 24,785,270	\$ 25,285,811	\$ 27,533,675	\$ 24,794,900	\$ 26,626,663	\$ 26,728,010	\$ 25,712,601
Outpatient Revenue	40,043,628	42,203,815	42,929,314	39,172,236	45,309,041	41,227,365	40,825,879
Total Gross Patient Revenue	\$ 64,828,898	\$ 67,489,626	\$ 70,462,989	\$ 63,967,137	\$ 71,935,704	\$ 67,955,375	\$ 66,538,480
Deductions							
Bad Debt	\$ 45,076,087	\$ 47,381,190	\$ 48,583,922	\$ 45,505,698	\$ 51,088,823	\$ 47,460,525	\$ 46,951,840
Charity	498,518	705,872	1,565,159	731,546	257,324	209,021	390,753
	273,183	261,151	61,263	191,298	429,919	376,122	72,326
Total Deductions	\$ 45,847,788	\$ 48,348,214	\$ 50,210,344	\$ 46,428,542	\$ 51,776,066	\$ 48,045,667	\$ 47,414,919
Net Patient Revenue	\$ 18,981,110	\$ 19,141,412	\$ 20,252,644	\$ 17,538,595	\$ 20,159,638	\$ 19,909,708	\$ 19,123,561
Supplemental Payments	1,686,583	1,676,398	1,802,141	1,534,499	1,767,538	1,679,725	1,695,376
Other Oper Revenue	513,838	899,461	(63,067)	802,893	343,466	56,187	468,529
Total Net Revenue	\$ 21,181,531	\$ 21,717,271	\$ 21,991,719	\$ 19,875,987	\$ 22,270,643	\$ 21,645,620	\$ 21,287,466
<i>Net to Gross Patient Rev Ratio</i>	29.3%	28.4%	28.7%	27.4%	28.0%	29.3%	28.7%
Operating Expenses							
Salaries	\$ 7,350,047	\$ 7,933,015	\$ 7,896,929	\$ 8,161,024	\$ 7,915,210	\$ 8,363,855	\$ 8,244,951
Contract Labor	1,057,989	1,126,720	901,445	726,015	1,607,600	1,503,921	1,814,985
Benefits	1,758,927	1,512,921	1,917,631	1,837,150	2,296,902	1,972,668	2,767,300
Physician & Prof Fee	1,531,129	2,008,633	1,521,919	1,347,277	1,461,946	1,613,154	1,564,475
Supplies	4,635,135	3,923,268	3,993,593	3,450,109	3,865,979	3,232,610	3,479,092
Purchased Services	1,784,481	2,375,422	2,003,334	1,812,019	2,300,742	2,415,248	2,049,830
Leases/Rentals	15,262	38,036	28,830	16,790	26,442	33,513	21,281
Depreciation	770,547	863,605	705,876	708,467	708,889	719,449	764,537
Provider Tax Expense	1,703,449	1,693,162	1,820,163	1,549,844	1,785,213	1,679,725	1,695,376
Other Oper Expense	465,466	167,886	1,037,336	587,523	597,781	948,860	132,771
Total Operating Expenses	\$ 21,072,433	\$ 21,642,669	\$ 21,827,057	\$ 20,196,218	\$ 22,566,704	\$ 22,483,004	\$ 22,534,599
Net Operating Income	\$ 109,098	\$ 74,602	\$ 164,662	\$ (320,231)	\$ (296,061)	\$ (837,384)	\$ (1,247,133)
Investment Income	137,692	64,439	75,553	136,471	125,137	126,043	197,536
Other Nonop Inc(Exp)	179,432	30,652	24,726	88,187	13,195	62,855	21,601
Interest Expense	(283,115)	(292,764)	(252,906)	(297,114)	(272,313)	(282,150)	(282,780)
Net Surplus (Loss)	\$ 143,107	\$ (123,070)	\$ 12,035	\$ (392,686)	\$ (430,042)	\$ (930,635)	\$ (1,310,776)

BAY AREA HOSPITAL

MONTH END: 2/28/2026

Month to Date

	7/31/2025	6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025
Gross Patient Revenue						
Inpatient Revenue	\$ 25,067,912	\$ 21,889,108	\$ 23,510,008	\$ 25,314,375	\$ 25,768,844	\$ 24,746,364
Outpatient Revenue	41,625,217	37,235,073	37,023,474	37,584,034	36,979,463	34,088,451
Total Gross Patient Revenue	\$ 66,693,128	\$ 59,124,181	\$ 60,533,482	\$ 62,898,409	\$ 62,748,306	\$ 58,834,815
Deductions						
Bad Debt	\$ 47,507,475	\$ 41,253,933	\$ 41,844,820	\$ 43,388,640	\$ 43,828,357	\$ 39,969,739
Charity	154,851	753,585	(166,025)	(87,907)	11,883	(1,038,403)
Other Oper Revenue	415,079	199,108	562,617	1,023,039	999,956	1,082,894
Total Deductions	\$ 48,077,405	\$ 42,206,626	\$ 42,241,412	\$ 44,323,772	\$ 44,840,195	\$ 40,014,230
Net Patient Revenue	\$ 18,615,723	\$ 16,917,555	\$ 18,292,070	\$ 18,574,637	\$ 17,908,111	\$ 18,820,584
Supplemental Payments	1,674,225	909,741	1,023,998	1,050,610	1,015,076	1,068,188
Other Oper Revenue	350,424	358,227	494,088	576,185	120,242	405,859
Total Net Revenue	\$ 20,640,372	\$ 18,185,523	\$ 19,810,155	\$ 20,201,432	\$ 19,043,429	\$ 20,294,632
<i>Net to Gross Patient Rev Ratio</i>	27.9%	28.6%	30.2%	29.5%	28.5%	32.0%
Operating Expenses						
Salaries	\$ 8,945,952	\$ 7,717,782	\$ 8,422,402	\$ 7,944,501	\$ 8,184,820	\$ 7,531,899
Contract Labor	1,597,850	1,789,658	1,727,271	1,917,651	1,386,190	1,657,777
Benefits	2,335,181	(643,456)	2,381,375	2,406,065	2,624,358	2,326,422
Physician & Prof Fee	1,577,921	1,290,563	1,746,562	1,441,414	1,584,515	1,533,512
Supplies	3,734,160	4,365,379	4,338,049	3,634,029	3,292,867	3,742,160
Purchased Services	2,238,543	2,489,287	2,748,281	2,223,000	2,338,573	2,333,839
Leases/Rentals	16,288	11,758	16,944	26,427	24,782	19,892
Depreciation	739,369	743,521	798,927	766,089	764,352	766,642
Provider Tax Expense	1,657,482	1,030,896	1,034,238	1,061,116	1,025,227	1,078,870
Other Oper Expense	138,640	768,041	544,785	193,853	398,615	441,779
Total Operating Expenses	\$ 22,981,385	\$ 19,563,431	\$ 23,758,834	\$ 21,614,146	\$ 21,624,297	\$ 21,432,792
Net Operating Income	\$ (2,341,013)	\$ (1,377,909)	\$ (3,948,679)	\$ (1,412,713)	\$ (2,580,868)	\$ (1,138,160)
Investment Income	58,410	172,596	39,127	154,156	71,188	446,682
Other Nonop Inc(Exp)	18,846	496,779	27,254	69,440	(1,850,477)	17,321
Interest Expense	(266,282)	(294,464)	(176,794)	(278,947)	(376,996)	(156,710)
Net Surplus (Loss)	\$ (2,530,040)	\$ (1,002,998)	\$ (4,059,093)	\$ (1,468,065)	\$ (4,737,154)	\$ (830,867)