

**Bay Area Hospital District  
Joint Board and Finance Committee Meeting Agenda**

*May 19, 2026 @ Bay Area Hospital, Myrtle Conference Room*

**TIME**

**5:00 Call to Order** **Simon Alonzo, Chairperson**

- Public Input—3 minutes per speaker

**5:02 Patient Success Story** **Simon Alonzo, Chairperson**

**5:05 Consent Agenda** **ACTION ITEM** **Simon Alonzo, Chairperson**

- Minutes of BOD/Finance meeting of 2026.04.19
- Approved Minutes of MEC meeting of 2026.04.13
- Approved Minutes of QPSC meeting of 2026.03.26

**5:07 Patient Care Services Update** **Jen Culbertson, Chief Nursing Officer**

**5:17 Report of the Chief Executive Officer** **Gretchen Nichols, CEO**

- FY 2027 Goals
- Strategic Update

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

**5:40 Finance Committee Business** **ACTION ITEM** **Kyle Stevens, Treasurer**

- Financial Update
- FY 2027 Budget

**6:05 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*

**6:07 Medical Executive Committee (MEC) Report - 03/2026** **ACTION ITEM** **Derrick Oaxaca, MD, CMO**

**6:10 Medical Staff Report** **Hammad Qadir, MD, Chief of Staff**

**6:20 Board Member Comments** **Simon Alonzo, Chairperson**

- Report of the Chairperson
- Board Member Comments

**6:30 Adjourn – next regular meeting - Tuesday, June 16, 2026**

## Bay Area Hospital District Joint Board & Finance Committee Meeting Minutes

*April 21, 2026, 5:00 pm, Myrtle Conference Room*

### **CALL TO ORDER**

Simon Alonzo, Board Chair, called the meeting to order at 5:00 pm with a quorum present.

### **BOARD ATTENDANCE**

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

### **STAFF ATTENDANCE**

Gretchen Nichols, CEO; Patrick Banks, CFO; Jennifer Culbertson, CNO; Kelli Dion, CQO; Tom Fredette, CHRO; Jen Culbertson, CNO, Kim Winker, Marketing & Communications Director (via Teams); Dr. Hammad Qadir, MD, COS (Chief of Staff); Mark Hadley, Controller; Mel Stibal, Compliance and Privacy Officer; Nicki Clubb, Scribe

**ABSENT:** Derrick Oaxaca, MD, CMO (excused)

### **LEGAL COUNSEL**

Megan Kronsteiner, Esq.

### **GUESTS:**

Tim Skelly – Graystone

Ryan Morrissey – Graystone

### **PUBLIC ATTENDANCE AND INPUT**

Chairperson Alonzo opened the Public Input Session at 5:01 p.m., immediately following the call to order.

Ms. Tracy Sweely addressed the Board, expressing appreciation for the Board's work and efforts. She noted concerns regarding outdated and inaccurate links on the organization's website, including the Board Meeting Minutes section, the newsroom page, and a missing January forum link. Ms. Sweely also recommended that information be shared with the local newspaper to help keep community members without social media access informed. The public comment period was closed at 5:04 p.m.

### **PATIENT SUCCESS STORY**

Tonya Galliher shared a patient experience involving several members of her family who recently received care at Bay Area Hospital, including her grandparents and aunt. She expressed appreciation for the compassionate and attentive care provided by staff in the Emergency Department and IMCU, noting the kindness, communication, and follow-up her family received throughout their experiences. Ms. Galliher stated that, based on the excellent care her family received, she would now highly recommend Bay Area Hospital to others in the community.

### **CONSENT AGENDA**

#### **ACTION TAKEN BY THE BOARD:**

Brandon Saada moved to approve the consent agenda, and Patrice Parrott seconded. There was no discussion, and the motion passed on a call of vote with all board members voting yes.

## COMPLIANCE REPORT

Mel provided the quarterly Compliance Report for the first quarter of 2026. She noted that the report format remains open to feedback and welcomed suggestions for additional areas of reporting or changes to the presentation format.

Mel reported that three Compliance Committee meetings were held during the quarter. She also shared that transition meetings had occurred as Bay Area Hospital moved compliance and privacy oversight from an external vendor to an internal model.

A total of 18 privacy incidents were reported and investigated during the first quarter, with findings identified in eight cases. Sanctions were issued in all eight substantiated cases. Mel explained that privacy incidents encompass a variety of concerns beyond inappropriate release of protected health information. She further categorized the substantiated incidents as four minimal breaches, two deliberate breaches, and two serious breaches involving personal gain. Mel noted an increase in reported incidents, which may reflect improved reporting awareness and processes. She also shared that the FairWarning monitoring system is operational again, with one report received during the first quarter and two additional reports already received in the second quarter.

Discussion followed regarding compliance oversight of recently enacted state mandates, including charity care requirements and updates expanding protected health information definitions under Oregon Senate Bill 1570. Mel explained that her role includes monitoring legislative and regulatory changes, evaluating organizational compliance, reviewing and updating policies, supporting departments with implementation, and conducting audits to ensure compliance. She noted that she regularly reviews alerts and guidance from professional organizations and regulatory listservs to stay informed on evolving requirements.

Leadership discussed previous challenges related to charity care classifications and shared that the organization transitioned away from a system that had overclassified charity care, resulting in significant financial impact. Current efforts include increased manual review processes and ongoing monitoring to ensure compliance and accuracy.

Mel outlined several current compliance audit focus areas, including education related to the Code of Conduct, monthly Office of Inspector General (OIG) and SAM exclusion list screenings for staff and vendors, interpretation services compliance, use of Code 44 observation status procedures, and 340B drug pricing compliance. She explained that the organization identified opportunities for improvement regarding monthly vendor exclusion screenings and is increasing focus in that area. She also noted ongoing evaluation of interpretation service requirements due to Oregon regulations limiting approved providers.

Mel also provided an update regarding proposed federal changes to the 340B drug pricing program, including discussion of a previously proposed rebate model that has since been blocked following multiple lawsuits. She shared that the program remains under review and that the hospital continues monitoring developments due to the potential operational and financial impacts.

Board members expressed appreciation for the increased on-site compliance presence and acknowledged the strengthened focus on compliance initiatives since Mel assumed the role. Leadership commented that several opportunities for improvement had been identified that were not previously recognized under the prior vendor-supported model. An example discussed included workstation privacy protections, specifically reviewing whether reducing screen timeout settings from 15 minutes to a shorter timeframe of approximately three to five minutes would better protect patient information from unauthorized viewing.

At the recommendation of CEO Gretchen Nichols, Chairperson Alonzo approved an adjustment to the meeting agenda to accommodate guest presenters from Graystone. The Board transitioned to the Finance Committee portion of the agenda earlier than scheduled, beginning with the Graystone presentation, followed by the Chief Financial Officer's financial update, before resuming the remaining Board agenda items.

## **FINANCE COMMITTEE MEETING - KYLE STEVENS, FINANCE COMMITTEE CHAIR**

**FINANCE COMMITTEE 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.

### **STAFF ATTENDANCE**

Gretchen Nichols, CEO (*via Teams*); Patrick Banks, CFO; Jennifer Culbertson, CNO; Kelli Dion, CQO; Tom Fredette, CHRO; Mel Stibal, Compliance and Privacy Officer, Kim Winker, Marketing & Communications Director (*via Teams*); Dr. Hammad Qadir, MD, COS (Chief of Staff); Mark Hadley, Controller; Nicki Clubb, Scribe **ABSENT:** Derrick Oaxaca, MD, CMO (excused)

### **LEGAL COUNSEL**

Megan Kronsteiner, Esq.

### **INVESTMENT UPDATE – TIM SKELLY OF GRAYSTONE CONSULTING**

Mr. Skelly provided an investment update and discussed long-term capital allocation strategies for the organization. He reviewed Graystone's purpose-based investment approach, which includes maintaining separate funding categories for operating cash, operating reserves, capital projects, and longer-term investment planning. Mr. Skelly noted recommendations related to maintaining adequate cash on hand and building reserve and investment layers to support future organizational needs.

Mr. Skelly also discussed longer-term strategic opportunities, including pension assets and the potential future development of a healthcare foundation and planned giving program to support long-term financial sustainability. He shared examples of healthcare organizations that benefit significantly from endowed gifts and foundation support.

Discussion followed regarding the organization's future capital allocation priorities, including balancing future investment growth, debt considerations, replacement capital, and growth capital needs. Leadership emphasized the importance of utilizing Graystone's expertise to help inform future financial and investment decisions as the organization evaluates strategic priorities over the coming years.

Board members and leadership expressed appreciation for the presentation and for Graystone's continued partnership and guidance.

### **FINANCIAL REPORT — PATRICK BANKS – MARCH FINANCIAL PERFORMANCE**

#### **FINANCIAL PERFORMANCE**

March reflected another positive operating month for the organization, marking four consecutive months of positive operating performance.

EBITDA for the month reached 5%, reflecting continued financial improvement and progress toward long-term organizational sustainability goals. Leadership noted that while additional improvement is needed, recent performance trends demonstrate meaningful organizational progress.

Discussion occurred regarding hospital length of stay metrics and the importance of evaluating those trends against Medicare geometric mean length of stay benchmarks. Leadership noted that fluctuations in length of stay may be impacted by outlier patient cases and are not necessarily indicative of care quality concerns.

### **BUDGET PLANNING**

The Executive Team has completed review of a draft operating budget for the upcoming fiscal year. Leadership anticipates presenting the proposed budget to the Board for review and potential approval at the next meeting. Mr. Banks shared that financial sustainability initiatives have already contributed to expense reductions and planned revenue improvements. The organization's goal is to maintain consistent positive operating margins throughout the upcoming fiscal year.

### **REFINANCING UPDATE**

Mr. Banks provided an update regarding the refinancing process following the passage of House Bill 4075. Leadership is currently evaluating financing options and interviewing bond counsel and banking partners with Oregon municipal finance experience.

Additional Board action related to the refinancing process is anticipated in future meetings as the process advances. Leadership expects refinancing efforts to continue throughout the coming year.

### **AUDIT ENGAGEMENT**

Mr. Banks reported that the organization is reviewing its audit engagement process and will return to the Board with recommendations regarding auditor assignments at a future meeting.

*This concluded the Finance Committee Meeting for April 21, 2026.*

### **MOVE BACK INTO THE BOARD PORTION OF THE MEETING**

### **REPORT OF THE CEO, GRETCHEN NICHOLS**

#### **CULTURE OF SAFETY**

Ms. Nichols provided an update regarding the organization's ongoing efforts to strengthen the culture of safety throughout Bay Area Hospital. She reported that the hospital has implemented tiered safety huddles across departments to support escalation and resolution of issues before patient harm occurs. Leadership noted that staff participation and reporting have increased as employees recognize that concerns are being heard and addressed. Ms. Nichols shared that the initiative reflects industry's best practices and continues to be an organizational area of focus.

Ms. Nichols also reported that leadership rounding with both patients and staff has been implemented throughout the organization to improve communication, monitor patient experience, and identify opportunities for intervention when needed.

### **CAPITAL NEEDS AND ORGANIZATIONAL GROWTH**

Ms. Nichols discussed the organization's ongoing capital and infrastructure needs, noting that Bay Area Hospital faces significant equipment replacement and growth-related demands following several years of deferred capital investment. She emphasized that continued organizational recovery and long-term sustainability will require both operational efficiency and strategic service line growth, stating that the hospital cannot rely solely on cost-cutting measures to remain financially viable.

Leadership discussed anticipated Medicaid changes and the potential impact on rural hospitals and the community, including concerns regarding increased uninsured patients, greater Emergency Department utilization, and increased charity care costs.

Ms. Nichols reviewed several major capital projects anticipated within the next two years, estimated at approximately \$15 million, in addition to other smaller infrastructure and equipment investments. Key projects discussed included replacement of the hospital's aging Cath Lab equipment, expansion needs related to Cath Lab and Interventional Radiology growth, the upcoming Epic transition project, and evaluation of a potential second surgical robot to support growing surgical volumes and physician recruitment efforts. Leadership emphasized that these investments are necessary to maintain operational strength, support organizational growth, and continue delivering high-quality patient care.

### **FUNDING OPPORTUNITIES**

Ms. Nichols also provided an update regarding potential funding opportunities to support future organizational investments and capital projects. Leadership anticipates continued progress on the hospital's refinancing efforts and discussed opportunities available through the federal Rural Health Transformation Program, including both direct award funding and competitive Catalyst Award grants.

Ms. Nichols shared that Bay Area Hospital expects to receive a direct award through the program and may also pursue additional grant funding opportunities tied to workforce, chronic care, regionalization, information technology, and capital initiatives. Additional funding opportunities discussed included potential congressional capital funding support and a workforce housing grant opportunity related to development on hospital-owned property.

Leadership noted that future grant opportunities will require the organization to prioritize projects that are operationally ready and capable of timely implementation.

### **REGIONAL COLLABORATION INITIATIVES**

Ms. Nichols discussed ongoing conversations regarding regional collaboration opportunities among rural healthcare organizations, including operational partnerships and participation in a clinically integrated network focused on population health management contracting opportunities. Leadership noted that Bay Area Hospital continues participating in the initiative while evaluating its long-term value to the organization.

### **FY2026 ORGANIZATIONAL GOALS AND STRATEGIC PRIORITIES**

Ms. Nichols reported that the Executive Team has begun preparation for the upcoming fiscal year and is working to establish organizational goals and strategic priorities for FY2026. Leadership recently gathered input from hospital leaders regarding organizational priorities related to finance, growth, workforce, quality, engagement, and patient experience initiatives.

The Executive Team plans to further refine organizational priorities during upcoming work sessions and anticipates presenting proposed goals to the Board during the May work session, with final approval anticipated in June.

Board discussion followed regarding the value of future strategic planning sessions focused on the organization's direction and the evolving healthcare needs of the community. Leadership noted that current strategic planning efforts are expected to remain focused on shorter-term organizational priorities over the next two to three years rather than a traditional long-range strategic plan.

### **HOSPITAL WEEK / NURSES WEEK CELEBRATIONS**

Ms. Nichols announced upcoming Hospital Week and Nurses Week celebrations scheduled during the second week of May and invited Board members to participate in planned activities. She highlighted a planned employee appreciation barbecue and group photo event scheduled for May 19th intended to recognize employees, legislators, and supporters who assisted the organization during recent legislative efforts. Leadership also noted that the event will coincide with the hospital's 52nd anniversary celebration.

### **HUMAN RESOURCES UPDATES – TOM FREDETTE**

#### **EMPLOYEE ENGAGEMENT SURVEY FOLLOW-UP**

Mr. Fredette provided an update regarding follow-up efforts related to the recent Press Ganey employee engagement survey. He reported that department leaders have reviewed individual team results with employees, with Human Resources leadership participating in departmental discussions regarding feedback and improvement opportunities.

Mr. Fredette shared that employees generally expressed optimism regarding organizational progress and indicated that survey results may have been more favorable if conducted later in the year due to recent operational and cultural improvements. Employees are currently providing feedback regarding priority focus areas and recommendations for improvement initiatives.

Human Resources will work collaboratively with department leaders to develop action plans focused on targeted improvement areas. Leadership plans to review progress with teams on a quarterly basis and anticipate continuing the employee engagement survey process annually to monitor organizational progress over time.

#### **EMPLOYEE BENEFITS UPDATE**

Mr. Fredette provided an update regarding the newly offered MassMutual whole life insurance benefit available to employees. He noted that open enrollment for the program remains available through May 14th and shared preliminary participation figures for both employees and dependents.

Discussion occurred regarding the structure and cost of the benefit. Leadership clarified that the program is voluntary, employee-funded, and does not create additional direct expense for the hospital.

#### **TURNOVER AND RETENTION TRENDS**

Mr. Fredette reviewed recent employee turnover trends and reported continued improvement in monthly turnover rates compared to the higher turnover levels experienced in late 2025. Leadership noted that turnover numbers include both voluntary and involuntary separations, as well as retirements.

Discussion highlighted positive organizational culture changes and improving employee retention trends across the organization. Board members and leadership also shared positive recent patient care experiences and observations regarding improvements in the hospital environment and culture.

**QUALITY AND PATIENT SAFETY COMMITTEE (QPSC)**

Ms. Parrot reported that the Quality Patient Safety Committee continues monitoring Patient Safety Indicators (PSIs) and reviewing patient safety events and trends throughout the organization. Discussion focused on the PSI-90 composite score, a nationally utilized patient safety measure for acute care hospitals. Leadership noted that lower scores reflect better performance and that Bay Area Hospital's fourth quarter PSI-90 score was approximately 0.98, reflecting improvement compared to the prior year and remaining below the organizational goal of 1.0.

The Committee reviewed several monitored PSI categories, including pressure ulcers, post-operative complications, falls with fracture, and other hospital-acquired conditions. Leadership noted that identified events undergo detailed review to determine contributing factors and support patient safety improvements.

Ms. Parrot also reported that ongoing Joint Commission tracer activities remain in progress and on track as part of continuous regulatory readiness efforts.

**EXECUTIVE SESSION**

The Board went into Executive Session at 6:44 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 6:56 pm.

**ACTION TAKEN BY THE BOARD:**

Dr. McAndrew moved to approve the MEC Board Reports for March 2026. Patrice Parrott seconded the motion, and it passed unanimously on a call for a vote.

**MEDICAL STAFF REPORT DR. HAMMAD QADIR, CHIEF OF STAFF**

This report was given in Executive Session.

**ADJOURNMENT**

With no further business, the meeting was adjourned at 6:56 PM.

**Simon Alonzo, Board Chair**

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

**Patrice Parrott, Board Secretary**

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

DRAFT



**Bay Area  
Hospital**

# **CNO Report & Patient Experience FY 2027**

**Jen Culbertson MSN, RNC, CENP**

**May 2026**

# What is the Patient Experience

- The patient experience is a sum of all interactions, shaped by an organizations culture that influences a patient's perception across the continuum.
- The elements the patient experience focus on communication, necessary behaviors, and the hospital environment.
- It is about being patient centered. The focus needs to be about responsiveness and meeting the needs of our patients.

# What is HCAHPS

- **HCAHPS:** Hospital Consumer Assessment of Healthcare Providers and Systems
- **Purpose:** The survey aims to provide transparent data to help consumers choose their hospital. It creates incentives for hospitals to improve their quality and enhance public accountability.
- **What does it measure:** The survey covers critical aspects of care, including communication with providers and nurses, the hospital environment, communication about medication, and discharge information.
- **Where can a consumer locate scores:** HCAHPS scores are publicly reported on the Medicare website

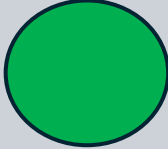
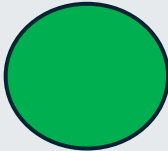
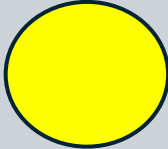
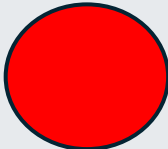
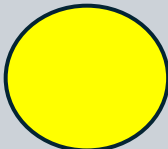
# Patient Experience March 2026

HCAHPS Question: Would you recommend this hospital to your friends and family


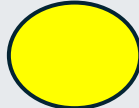

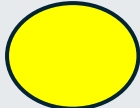
FY 2027 Goal: 50%

Unit	January	February	March	YTD
BAH Overall	19%	16%	45%	17%
Family Birth	3%	99%	99%	74%
ICU	63%	99%	16%	71%
IMCU	74%	3%	46%	20%
MCU	26%	41%	45%	31%
PSU	1%	34%	16%	8%

# Patient Experience Projects

Project	Department/s	Progress	Status	Follow-up
Charge Nurse Rounding	Inpatient units	Education completed. Competencies done. Ongoing education.		Continue to monitor with data.
Bedside Shift Report	All inpatient units	Education done Reinforcement done		Continue to monitor with spot checks.
Leadership Rounding	All leaders to be rounding on patients and visitors 9:15-10:00	Education done. Shadowing and competencies completed		Refine the schedule and rounding locations
RN and MD Rounding	Inpatient medical units ICU-MDR	Meeting with the nurse leaders. Start date TBD ICU will start in June		This will be a project that will involve changes in process.
Weekend/Nights Rounding	All departments	Many leaders come in a couple of hours before night shift leaves. Weekend rounds started with exec team.		Need to develop a cadence and schedule of who will be rounding on weekends

# CNO Projects

Project	Owner	Status	Status	Date	Follow-Up Items
Atlas-Medication assistance program	Pharmacy	Started and as of 5/11 it has assisted 47 patients		Started 4/11	None
Specialty Pharmacy-access for specialty medications, full retail, meds to beds	Pharmacy	Construction near complete Omnicell hiring pharmacist and associate director		June 2026	Waiting on DEA license.
Professional Practice	Jen/Clinical Leaders	Only nursing has UBC Other departments have not started or been included		Sept 2026	Need communication of what is a Unit Based councils. Engage with other departments.
Oregon Perinatal Collaborative SUD 16-month initiative	FBC/Stacey	Attended webinar education Launches in September, enrollment packet filled out	Not Started	Sept 2026	Kick-off is 9/1 and data webinar is 9/22
Oregon Center for Nursing RHTP for evidence based well being	Jen	Letter if intent submitted. OCN is submitting the proposal for the RHTP	Not Started	Unknown	If OCN is selected, month 1-3 we will establish baseline data, orient leaders on the framework, and establish curriculum.
Right Patient/Right Bed	Jen/Providers Nurse leaders	Data has been presented to providers on IMCU admissions.			Epic education on EDI



# BAY AREA HOSPITAL

Unaudited Financial Statements

for

10 months ended April 30, 2026

Prepared

Tuesday, May 19, 2026

Finance Committee Chair

Kyle Stevens

Chief Financial Officer

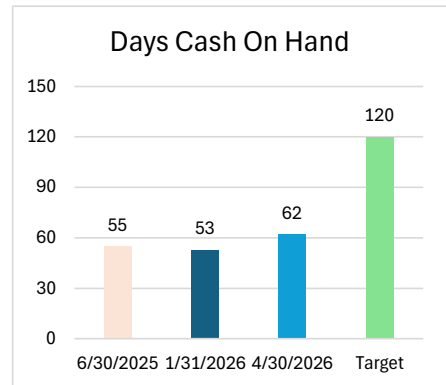
Patrick Banks

TABLE OF CONTENTS

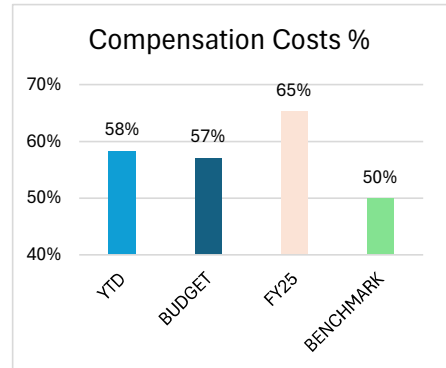
TABLE OF CONTENTS	Page 2
EXECUTIVE SUMMARY	Page 3
KEY FINANCIAL RATIOS	Page 4
PATIENT STATISTICS DATA	Page 5
STATEMENT OF OPERATIONS - CURRENT MONTH	Page 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	Page 7
BALANCE SHEET	Page 8
STATEMENT OF CASH FLOWS	Page 9
REVENUE CYCLE REPORT	Page 10
PAYER MIX ANALYSIS	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: 4/30/2026**

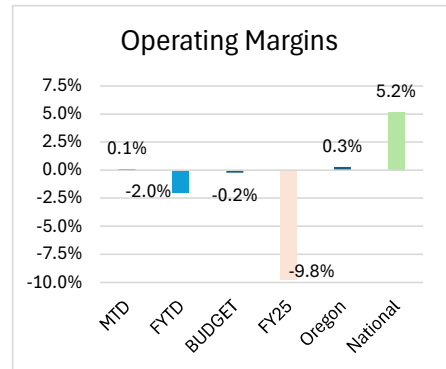
BALANCE SHEET			
	YTD		Prior FYE
	4/30/2026		6/30/2025
<b>ASSETS</b>			
Current Assets	\$ 55,438,132		\$ 48,475,551
Investments	28,340,498		32,402,288
Capital Assets (Net)	58,995,770		64,539,978
Other Assets	5,512,701		3,806,720
<b>Total Unrestricted Assets</b>	<b>\$ 148,287,102</b>		<b>\$ 149,224,537</b>
Defined Benefit Pension Asset	6,005,032		6,005,032
<b>Total Assets</b>	<b>\$ 154,292,134</b>		<b>\$ 155,229,569</b>
<b>LIABILITIES &amp; NET POSITION</b>			
Current Liabilities	\$ 36,462,534		\$ 31,964,509
Long-Term Debt	45,521,638		45,481,529
Other Long-Term Liabilities	14,193,786		14,111,516
<b>Total Liabilities</b>	<b>\$ 96,177,957</b>		<b>\$ 91,557,554</b>
Net Position	58,114,177		63,672,015
<b>Total Liabilities &amp; Net Position</b>	<b>\$ 154,292,134</b>		<b>\$ 155,229,569</b>



STATEMENT OF REVENUE AND EXPENSES - YTD				
	MONTH OF 4/30/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Gross Patient Revenues	\$ 70,135,585	\$ 67,017,008	\$ 685,779,968	\$ 676,070,936
Deductions From Revenue	(49,201,875)	(46,270,780)	(481,917,809)	(468,321,427)
Bad Debt & Charity Write-Offs	(12,731)	(936,546)	(7,779,175)	(9,448,708)
<b>Net Patient Revenues</b>	<b>\$ 20,920,979</b>	<b>\$ 19,809,682</b>	<b>\$ 196,082,983</b>	<b>\$ 198,300,801</b>
Other Operating Revenues	1,677,269	1,465,575	20,829,807	14,655,748
<b>Total Operating Revenues</b>	<b>\$ 22,598,248</b>	<b>\$ 21,275,257</b>	<b>\$ 216,912,791</b>	<b>\$ 212,956,549</b>
Salaries, Benefits & Contr. Lbr	\$ 11,690,113	\$ 11,145,147	\$ 114,335,543	\$ 113,281,934
Purchased Serv & Phys Fees	3,310,726	3,742,771	37,706,174	37,475,621
Supplies	4,832,683	3,885,793	39,568,545	39,426,098
Other Operating Expenses	1,986,181	1,616,758	22,213,492	16,012,105
Depreciation	759,992	724,291	7,510,426	7,282,459
<b>Total Expenses</b>	<b>\$ 22,579,696</b>	<b>\$ 21,114,760</b>	<b>\$ 221,334,181</b>	<b>\$ 213,478,217</b>
<b>Net Operating Surplus (Loss)</b>	<b>\$ 18,552</b>	<b>\$ 160,497</b>	<b>\$ (4,421,390)</b>	<b>\$ (521,668)</b>
Non-Operating Income (Expense)	(177,004)	(135,282)	(1,136,448)	(2,246,820)
<b>TOTAL NET SURPLUS (LOSS)</b>	<b>\$ (158,452)</b>	<b>\$ 25,215</b>	<b>\$ (5,557,838)</b>	<b>\$ (2,768,489)</b>



KEY STATISTICS AND RATIOS				
	4/30/2026		YEAR TO DATE	
	ACTUAL	BUDGET	ACTUAL	BUDGET
Total Discharges	516	564	5,568	5,718
Acute ALOS (Non-Psych)	3.77	3.77	3.64	3.77
Emergency Room Visits	2,467	2,503	25,289	25,365
Total Outpatient Visits	11,586	11,210	111,636	112,100
Operating Room Cases	320	302	3,121	3,020
Cath Lab Cases	104	104	1,210	1,057
Total Worked FTE's	735	778	758	765
Total Paid FTE's	834	868	860	863
EBIDA	3.9%	4.4%	2.2%	3.4%
Adjusted EBIDA	4.2%	4.6%	2.4%	3.6%
Current Ratio	n/a	n/a	1.5	n/a
Total Adult ADC	64.0	69.5	65.9	69.5



## BAY AREA HOSPITAL

MONTH END: 4/30/2026

	Year to Date	Prior FYE
	4/30/2026	6/30/2025
<b>Profitability:</b>		
Operating Margin	-2.0%	-9.8%
Total Net Surplus (Loss) Margin	-2.6%	-10.0%
EBIDA Margin	2.2%	-4.8%
Deductions from Revenue Percentage	71.4%	69.9%
Outpatient Factor	2.65	2.45
<b>Liquidity:</b>		
Days Cash On Hand, All Sources	62	62
Net Days in Accounts Receivable	39	44
Average Payment Period	27	31
Current Ratio	1.52	1.57
<b>Capital Structure:</b>		
Age of Plant (Annualized, in Years)	17.01	16.52
Debt to Assets Ratio	0.81	0.74
Debt Service Coverage Ratio	1.95	(1.53)
<b>Productivity and Efficiency:</b>		
Worked FTE/AOB	4.33	4.69
Paid FTE/AOB	4.91	5.33
SWB & Contr. Labor as a % of Net Patient Revenue	58%	65%
Salary Expense per Paid FTE (annualized)	\$140,625	\$150,088
Supply Expense Per Adj Discharge	\$2,919	\$2,767
Bad Debt Write-off %	0.72%	0.34%
Charity Care Write-off %	0.41%	1.01%
<b>Other Ratios:</b>		
Gross Days in Accounts Receivable	48.92	49.27
Net Revenue per Adjusted Discharge	\$14,685	\$14,997
Operating Expense per Adjusted Discharge	\$14,984	\$16,459

BAY AREA HOSPITAL

MONTH END: 4/30/2026

Current Month				Year-To-Date				
Actual	Budget	Variance	Prior Year	STATISTICS	Actual	Budget	Variance	Prior Year
4/30/2026	4/30/2026		4/30/2025	Discharge	4/30/2026	4/30/2026		4/30/2025
439	492	(53)	523	Medical, Surgical, ICU, and IMCU	4,826	4,989	(163)	5,304
30	29	1	24	Psychiatric	284	290	(6)	229
469	521	(52)	547	Total Adult Discharges	5,110	5,279	(169)	5,533
47	43	4	50	Newborn	458	439	19	453
516	564	(48)	597	Total Discharges	5,568	5,718	(150)	5,986
				<b>Patient Days</b>				
1,653	1,857	(204)	1,907	Medical, Surgical, ICU, and IMCU	17,558	18,817	(1,259)	21,083
266	227	39	202	Psychiatric	2,467	2,299	168	2,296
1,919	2,084	(165)	2,109	Total Adult Patient Days	20,025	21,116	(1,091)	23,379
83	87	(4)	101	Newborn	869	878	(9)	871
2,002	2,171	(169)	2,210	Total Patient Days	20,894	21,994	(1,100)	24,250
				<b>Average Length of Stay (ALOS)</b>				
3.77	3.77	(0.01)	3.65	Medical, Surgical, ICU, and IMCU	3.64	3.77	(0.13)	3.97
8.87	7.83	1.04	8.42	Psychiatric	8.69	7.93	0.76	10.03
4.09	4.00	0.09	3.86	Total Adult ALOS	3.92	4.00	(0.08)	4.23
1.77	2.02	(0.26)	2.02	Newborn ALOS	1.90	2.00	(0.10)	1.92
				<b>Average Daily Census (ADC)</b>				
55	62	(7)	64	Medical, Surgical, ICU, and IMCU	58	62	(4)	69
9	8	1	7	Psychiatric	8	8	1	8
64	69	(6)	70	Total Adult ADC	66	69	(4)	77
3	3	(0)	3	Newborn	3	3	(0)	3
				<b>Emergency Room Statistics</b>				
387	420	(33)	428	ER Visits - Admitted	4,088	4,258	(170)	4,409
2,080	2,083	(3)	2,058	ER Visits - Discharged	21,201	21,107	94	21,013
2,467	2,503	(36)	2,486	Total ER Visits	25,289	25,365	(76)	25,422
15.69%	16.78%	(1.09%)	17.22%	% of ER Visits Admitted	16.17%	16.79%	(0.62%)	17.34%
82.52%	80.61%	1.91%	80.30%	ER Admissions as a % of Total Admissions	80.78%	80.61%	0.17%	79.60%
				<b>Other Statistics</b>				
11,586	11,210	376	11,479	Total Outpatients Visits	111,636	112,100	(464)	114,801
120	86	34	77	Observation Bed Days	1,110	860	250	892
2,318	2,068	250	2,123	Clinic Visits - Specialty Clinics	21,823	20,964	859	20,670
97	107	(10)	115	IP Surgical Cases	957	1,070	(113)	1,036
223	195	28	197	OP Surgical Cases	2,164	1,950	214	1,895
104	104	0	119	Cath Lab Cases	1,210	1,057	153	1,060
				<b>Productivity Statistics</b>				
710	744	(34)	850	FTE Worked (Excluding Providers)	733	731	2	838
806	831	(25)	961	FTE Paid (Excluding Providers)	832	826	6	947
25	34	(9)	31	FTE Worked (Providers)	25	34	(9)	33
28	37	(9)	34	FTE Paid (Providers)	28	37	(9)	36
1.4965	1.5953	(0.0988)	1.5962	Case Mix Index - Medicare	1.5735	1.5953	(0.0218)	1.5877
1.4027	1.5832	(0.1805)	1.5409	Case Mix Index - All Payers	1.5688	1.5832	(0.0144)	1.5825

**BAY AREA HOSPITAL**  
**MONTH END:4/30/2026**

	Month to Date						
	4/30/2026	Budget	Variance	Var %	4/30/2025	Variance	Var %
<b>Gross Patient Revenue</b>							
Inpatient Revenue	\$ 24,253,268	\$ 27,553,125	\$ (3,299,857)	-12.0%	\$ 25,314,375	\$ (1,061,106)	-4.2%
Outpatient Revenue	45,882,317	39,463,883	6,418,434	16.3%	37,584,034	8,298,282	22.1%
<b>Total Gross Patient Revenue</b>	<b>\$ 70,135,585</b>	<b>\$ 67,017,008</b>	<b>\$ 3,118,577</b>	<b>4.7%</b>	<b>\$ 62,898,409</b>	<b>\$ 7,237,176</b>	<b>11.5%</b>
<b>Deductions</b>							
Deductions	\$ 49,201,875	\$ 46,270,780	\$ (2,931,095)	-6.3%	\$ 43,388,640	\$ (5,813,235)	-13.4%
Bad Debt	(518,513)	211,661	730,175	345.0%	(87,907)	430,606	-489.8%
Charity	531,244	724,885	193,640	26.7%	1,023,039	491,795	48.1%
<b>Total Deductions</b>	<b>\$ 49,214,606</b>	<b>\$ 47,207,326</b>	<b>\$ (2,007,280)</b>	<b>-4.3%</b>	<b>\$ 44,323,772</b>	<b>\$ (4,890,834)</b>	<b>-11.0%</b>
<b>Net Patient Revenue</b>	<b>\$ 20,920,979</b>	<b>\$ 19,809,682</b>	<b>\$ 1,111,297</b>	<b>5.6%</b>	<b>\$ 18,574,637</b>	<b>\$ 2,346,342</b>	<b>12.6%</b>
Supplemental Payments	1,578,204	1,134,819	(443,385)	-39.1%	1,050,610	(527,594)	-50.2%
Other Oper Revenue	99,065	330,756	(231,691)	-70.0%	576,185	(477,120)	-82.8%
<b>Total Net Revenue</b>	<b>\$ 22,598,248</b>	<b>\$ 21,275,257</b>	<b>\$ 1,322,991</b>	<b>6.2%</b>	<b>\$ 20,201,432</b>	<b>\$ 2,396,816</b>	<b>11.9%</b>
<i>Net to Gross Patient Rev Ratio</i>	29.8%	29.6%			29.5%		
<b>Operating Expenses</b>							
Salaries	\$ 7,734,115	\$ 7,467,039	\$ (267,076)	-3.6%	\$ 7,944,501	\$ 210,386	2.6%
Contract Labor	892,120	1,548,325	656,205	42.4%	1,917,651	1,025,531	53.5%
Benefits	3,063,878	2,129,783	(934,095)	-43.9%	2,406,065	(657,813)	-27.3%
Physician & Prof Fee	1,723,043	1,523,009	(200,034)	-13.1%	1,441,414	(281,629)	-19.5%
Supplies	4,832,683	3,885,793	(946,890)	-24.4%	3,634,029	(1,198,654)	-33.0%
Purchased Services	1,587,683	2,219,762	632,079	28.5%	2,223,000	635,317	28.6%
Leases/Rentals	22,944	16,567	(6,377)	-38.5%	26,427	3,483	13.2%
Depreciation	759,992	724,291	(35,701)	-4.9%	766,089	6,097	0.8%
Provider Tax Expense	1,593,986	1,134,819	(459,167)	-40.5%	1,061,116	(532,870)	-50.2%
Other Oper Expense	369,252	465,372	96,120	20.7%	193,853	(175,399)	-90.5%
<b>Total Operating Expenses</b>	<b>\$ 22,579,696</b>	<b>\$ 21,114,760</b>	<b>\$ (1,464,936)</b>	<b>-6.9%</b>	<b>\$ 21,614,146</b>	<b>\$ (965,550)</b>	<b>-4.5%</b>
<b>Net Operating Income</b>	<b>\$ 18,552</b>	<b>\$ 160,497</b>	<b>\$ (141,945)</b>	<b>-88.4%</b>	<b>\$ (1,412,713)</b>	<b>\$ 1,431,265</b>	<b>-101.3%</b>
Investment Income	69,847	-	69,847	0.0%	154,156	(84,309)	-54.7%
Other Nonop Inc(Exp)	25,633	40,718	(15,085)	-37.0%	69,440	(43,806)	-63.1%
Interest Expense	(272,484)	(176,000)	(96,484)	54.8%	(278,947)	6,463	-2.3%
<b>Net Surplus (Loss)</b>	<b>\$ (158,452)</b>	<b>\$ 25,215</b>	<b>\$ (183,667)</b>	<b>-728.4%</b>	<b>\$ (1,468,065)</b>	<b>\$ 1,309,613</b>	<b>-89.2%</b>

BAY AREA HOSPITAL

MONTH END: 4/30/2026

	Year to Date						
	4/30/2026	Budget	Variance	Var %	4/30/2025	Variance	Var %
<b>Gross Patient Revenue</b>							
Inpatient Revenue	\$ 258,506,124	\$ 279,072,210	\$ (20,566,086)	-7.4%	\$ 256,672,198	\$ 1,833,926	0.7%
Outpatient Revenue	427,273,844	396,998,727	30,275,117	7.6%	363,391,800	63,882,044	17.6%
<b>Total Gross Patient Revenue</b>	<b>\$ 685,779,968</b>	<b>\$ 676,070,936</b>	<b>\$ 9,709,031</b>	<b>1.4%</b>	<b>\$ 620,063,999</b>	<b>\$ 65,715,969</b>	<b>10.6%</b>
<b>Deductions</b>							
Deductions	\$ 481,917,809	\$ 468,321,427	\$ (13,596,382)	-2.9%	\$ 423,790,734	\$ (58,127,076)	-13.7%
Bad Debt	4,963,709	2,137,466	(2,826,242)	-132.2%	1,961,824	(3,001,885)	-153.0%
Charity	2,815,466	7,311,242	4,495,776	61.5%	6,704,643	3,889,177	58.0%
<b>Total Deductions</b>	<b>\$ 489,696,984</b>	<b>\$ 477,770,136</b>	<b>\$ (11,926,849)</b>	<b>-2.5%</b>	<b>\$ 432,457,201</b>	<b>\$ (57,239,784)</b>	<b>-13.2%</b>
<b>Net Patient Revenue</b>	<b>\$ 196,082,983</b>	<b>\$ 198,300,801</b>	<b>\$ (2,217,817)</b>	<b>-1.1%</b>	<b>\$ 187,606,798</b>	<b>\$ 8,476,186</b>	<b>4.5%</b>
Supplemental Payments	17,009,435	11,348,190	(5,661,245)	-49.9%	10,786,210	(6,223,225)	-57.7%
Other Oper Revenue	3,820,372	3,307,558	512,815	15.5%	3,787,319	33,054	0.9%
<b>Total Net Revenue</b>	<b>\$ 216,912,791</b>	<b>\$ 212,956,549</b>	<b>\$ (7,366,248)</b>	<b>-3.5%</b>	<b>\$ 202,180,326</b>	<b>\$ 2,286,014</b>	<b>1.1%</b>
<i>Net to Gross Ratio</i>	28.6%	29.3%			30.3%		
<b>Operating Expenses</b>							
Salaries	\$ 80,652,999	\$ 74,763,442	\$ (5,889,557)	-7.9%	\$ 81,487,405	\$ 834,406	1.0%
Contract Labor	12,094,645	17,177,077	5,082,433	29.6%	17,321,980	5,227,336	30.2%
Benefits	21,587,900	21,341,414	(246,486)	-1.2%	22,542,675	954,775	4.2%
Physician & Prof Fee	16,326,956	15,256,877	(1,070,079)	-7.0%	15,494,280	(832,676)	-5.4%
Supplies	39,568,545	39,426,098	(142,447)	-0.4%	36,715,736	(2,852,809)	-7.8%
Purchased Services	21,379,219	22,218,745	839,526	3.8%	21,797,486	418,268	1.9%
Leases/Rentals	254,443	166,971	(87,472)	-52.4%	189,455	(64,988)	-34.3%
Depreciation	7,510,426	7,282,459	(227,967)	-3.1%	8,657,341	1,146,914	13.2%
Provider Tax Expense	17,112,293	11,348,190	(5,764,103)	-50.8%	10,782,923	(6,329,370)	-58.7%
Other Oper Expense	4,846,755	4,496,945	(349,811)	-7.8%	4,216,182	(630,573)	-15.0%
<b>Total Operating Expenses</b>	<b>\$ 221,334,181</b>	<b>\$ 213,478,217</b>	<b>\$ (7,855,964)</b>	<b>-3.7%</b>	<b>\$ 219,205,463</b>	<b>\$ (2,128,718)</b>	<b>-1.0%</b>
<b>Net Operating Income</b>	<b>\$ (4,421,390)</b>	<b>\$ (521,668)</b>	<b>\$ (3,899,722)</b>	<b>747.5%</b>	<b>\$ (17,025,137)</b>	<b>\$ 12,603,746</b>	<b>-74.0%</b>
Investment Income	1,000,748	-	1,000,748	0.0%	2,012,430	(1,011,682)	-50.3%
Other Nonop Inc(Exp)	621,117	407,180	213,937	52.5%	(510,825)	1,131,942	-221.6%
Interest Expense	(2,758,313)	(2,654,000)	(104,313)	3.9%	(1,883,306)	(875,007)	46.5%
<b>Net Surplus (Loss)</b>	<b>\$ (5,557,838)</b>	<b>\$ (2,768,489)</b>	<b>\$ (2,789,349)</b>	<b>100.8%</b>	<b>\$ (17,406,838)</b>	<b>\$ 11,849,000</b>	<b>-68.1%</b>

## BAY AREA HOSPITAL

MONTH END: 4/30/2026

	4/30/2026	3/31/2026	6/30/2025
<b>Assets And Deferred Outflows Of Resources</b>			
Current Assets			
Cash & Cash Equivalents	\$ 12,606,618	\$ 10,806,812	\$ 9,388,266
Accounts Receivable, net	26,884,693	28,248,564	26,128,118
Inventory	4,287,052	4,349,998	4,347,042
Other Current Assets	11,659,769	9,891,753	8,612,125
<b>Total Current Assets</b>	<b>\$ 55,438,132</b>	<b>\$ 53,297,126</b>	<b>\$ 48,475,551</b>
Investments	\$ 28,340,498	\$ 28,274,163	\$ 32,402,288
Capital Assets			
Depreciable Capital Assets, net	\$ 56,401,294	\$ 56,995,600	\$ 62,170,275
Nondepreciable Capital Assets	2,594,476	2,352,986	2,369,704
<b>Total Capital Assets, net</b>	<b>\$ 58,995,770</b>	<b>\$ 59,348,586</b>	<b>\$ 64,539,979</b>
Leases and Subscriptions, net	\$ 4,608,990	\$ 4,765,655	\$ 2,986,273
Other Non Current Assets	903,712	903,712	820,446
<b>Total Assets</b>	<b>\$ 148,287,102</b>	<b>\$ 146,589,242</b>	<b>\$ 149,224,537</b>
Deferred Outflows Of Resources	6,005,032	6,005,032	6,005,032
<b>Total Assets And Deferred Outflows</b>	<b>\$ 154,292,134</b>	<b>\$ 152,594,274</b>	<b>\$ 155,229,569</b>
<b>Liabilities, Deferred Inflows of Resources, And Net Position</b>			
Current Liabilities			
Accounts Payable	\$ 8,332,561	\$ 8,953,412	\$ 7,788,748
Accrued Payroll and Payroll Taxes	4,015,575	3,547,519	4,414,629
Accrued Paid Time Off	5,672,813	5,518,612	5,407,083
Other Accrued Liabilities	10,388,394	8,326,563	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
<b>Total Current Liabilities</b>	<b>\$ 36,462,534</b>	<b>\$ 34,399,296</b>	<b>\$ 31,964,509</b>
Long Term Obligations, net of current portion	\$ 45,521,638	\$ 45,728,473	\$ 45,481,529
Other Noncurrent Liabilities	3,025,772	3,025,772	2,942,506
Net Pension Liability	630,964	630,964	630,964
<b>Total Liabilities</b>	<b>\$ 85,640,907</b>	<b>\$ 83,784,505</b>	<b>\$ 81,019,508</b>
Deferred Inflows Of Resources	\$ 10,542,073	\$ 10,542,073	\$ 10,542,073
Inter Fund Receivables (Payables)	(5,023)	(4,932)	(4,027)
<b>Total Liabilities &amp; Deferred Cash Inflows</b>	<b>\$ 96,177,957</b>	<b>\$ 94,321,646</b>	<b>\$ 91,557,554</b>
Net Position	\$ 58,114,177	\$ 58,272,629	\$ 63,672,014
<b>Total Liabilities, Deferred Inflows, Net Position</b>	<b>\$ 154,292,134</b>	<b>\$ 152,594,274</b>	<b>\$ 155,229,568</b>

BAY AREA HOSPITAL

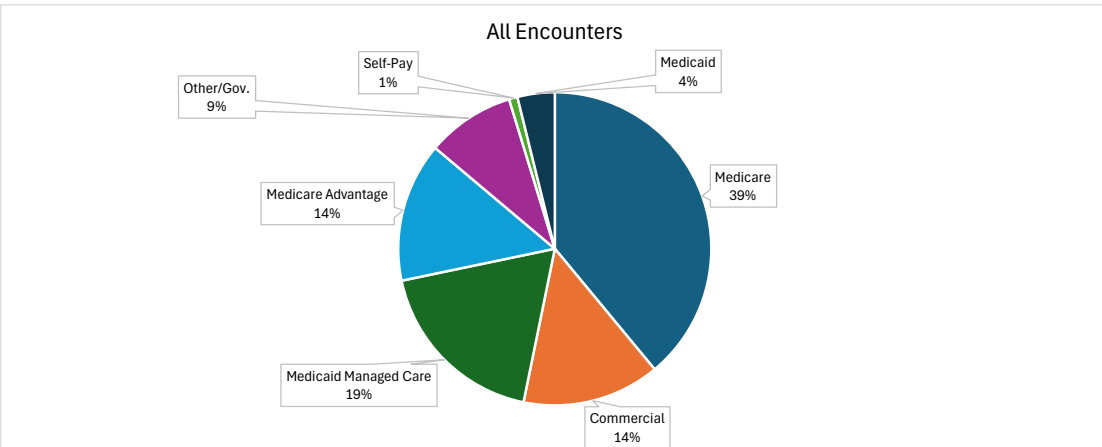
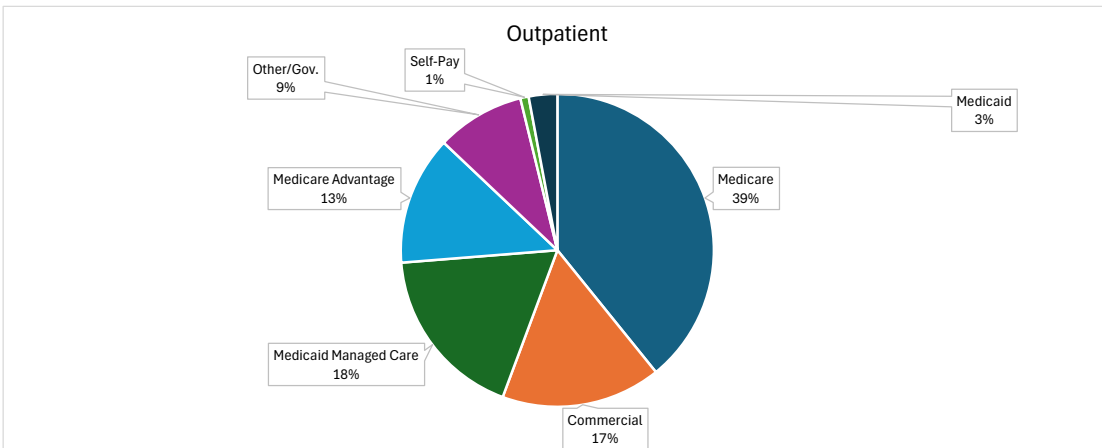
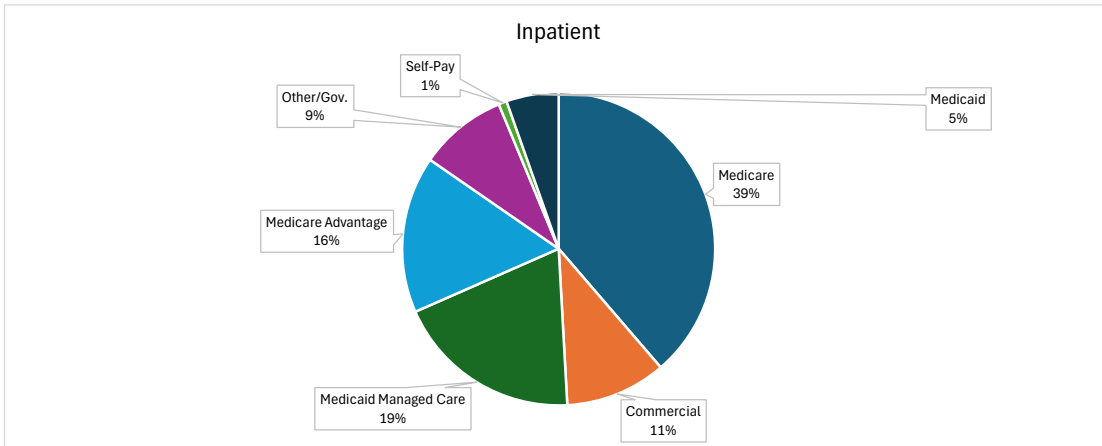
MONTH END: 4/30/2026

		Actual	Target
Net Days in Accounts Receivable		39.01	< 50
Gross Days in Unbilled Revenue - Discharges Not Final Billed		5.90	< 3.5
Gross Days in Credit Balances		0.75	< 1.0
Charity Care as a % of Gross Patient Revenue	Current Month	0.76%	- 0%
	Year- To-Date	0.41%	- 0%
Bad Debts as a % of Gross Patient Revenue	Current Month	-0.74%	- 1%
	Year- To-Date	0.72%	- 1%
Collections as a Percentage of Net Patient Revenue	Current Month	108.23%	>= 100%
	Year- To-Date	98.67%	>= 100%
Percentage of Accounts Receivable > 60 Days	Medicare	12.12%	< 6%
Percentage of Accounts Receivable > 90 Days	Commercial	28.03%	< 15%
	Medicare Advantage	16.31%	< 15%
	Advanced Health	12.42%	< 15%
	State Medicaid	27.22%	< 20%
	All Others	25.87%	< 25%
% of Claims Initially Denied - Partial or Zero Pay	Current Month	17.00%	< 3%
	Year- To-Date	10.65%	< 3%
% Denials Appealed	Current Month	58.10%	100%
	Year- To-Date	NO DATA	100%
% of Patient Responsibility Collected at Point of Service	Current Month	6.70%	20% or >
	Year- To-Date	10.80%	20% or >
Cost to Collect as a % of Cash Collections	Current Month	5.50%	< 5%
	Year- To-Date	6.75%	< 5%
Late Charges as a % of Total Charges	Current Month	6.40%	0%
	Year- To-Date	5.36%	0%
% of Insurance Registrations Verified	Current Month	97.50%	100%
	Year- To-Date	98.30%	100%
% of Accounts Pre- Authorized for Service	Current Month	99.05%	100%
	Year- To-Date	99.21%	100%

## BAY AREA HOSPITAL

MONTH END: 4/30/2026

	<i>Month</i>	<i>Year to Date</i>
<b>Cash Flows from Operating Activities:</b>		
Net Income / (loss)	\$ (158,452)	\$ (5,557,838)
Adjustments to reconcile net loss to net cash provided by operating activities:		
Change in Value of Investments	\$ (66,335)	\$ (938,211)
Depreciation & Amortization	759,992	7,510,426
Decreases (Increases) In:		
Receivables	1,363,871	(756,575)
Inventories of Supplies	62,946	59,990
Other Current Assets	(1,768,016)	(3,047,644)
Net Pension Asset and Liability	-	-
Other Noncurrent Assets	-	(83,265)
Increases (Decreases) In:		
Accounts Payable	(620,851)	543,813
Accrued Payroll and Payroll Taxes	468,055	(399,055)
Accrued Paid Time Off	154,202	265,730
Other Current Liabilities	2,061,831	4,249,431
Estimated 3rd Party Settlements	-	(199,173)
Other Noncurrent Liabilities	-	83,265
<b>Net cash provided by operating activities</b>	<u>\$ 2,257,243</u>	<u>\$ 1,730,895</u>
<b>Cash flows from investing activities:</b>		
Purchase of PP&E & Subscriptions	\$ (250,510)	\$ (650,255)
Leases and Other Subscription Arrangements in Capital	-	(2,938,679)
Transfers of Investments to Cash	-	5,000,000
<b>Net cash provided by investing activities</b>	<u>\$ (250,510)</u>	<u>\$ 1,411,066</u>
<b>Cash flows from financing activities:</b>		
Changes in Interfund Payables/Receivables	\$ (92)	\$ (996)
Principle Payments on Debt and Leases	(206,835)	77,387
<b>Net cash provided by financing activities</b>	<u>\$ (206,927)</u>	<u>\$ 76,391</u>
<b>Net increase (decrease) in cash</b>	<u>\$ 1,799,806</u>	<u>\$ 3,218,353</u>
<b>Beginning Cash Balance</b>	<u>\$ 10,806,812</u>	<u>\$ 9,388,266</u>
<b>Ending Cash Balance</b>	<u>\$ 12,606,618</u>	<u>\$ 12,606,618</u>



## BAY AREA HOSPITAL

MONTH END: 4/30/2026

Current Month Purchases	Cost	Budgeted
Retail Pharmacy	\$ 29,197	√
Prizm Cart System	\$ 73,700	√
Trios Table	\$ 115,089	√
Family Housing Projects	\$ 9,376	√
TeleDoc Capital Lease Renewal	\$ 23,148	√
<b>Capital Expenditure, Current Month</b>	<b>\$ 250,510</b>	
<b>Previously Purchased in Current Fiscal Year:</b>		
Retail Pharmacy	\$ 9,503	√
OR Equipment	\$ 9,685	√
Ultrasonic Washer (Inactive)	\$ 2,830	√
WIC Heat Pump	\$ 13,262	√
Stainless Steel Case Carts (Inactive)	\$ 12,903	√
Family Housing Projects	\$ 204,474	√
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	√
<b>Capital Expenditure, Previously Purchased</b>	<b>\$ 399,745</b>	
<b>Total Capital Expenditure, Fiscal YTD</b>	<b>\$ 650,255</b>	

BAY AREA HOSPITAL

MONTH END: 4/30/2026

<b>Covenant</b>	<b>Status</b>
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: 4/30/2026

Month to Date

	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025
<b>Gross Patient Revenue</b>							
Inpatient Revenue	\$ 24,253,268	\$ 27,718,013	\$ 24,785,270	\$ 25,285,811	\$ 27,533,675	\$ 24,794,900	\$ 26,626,663
Outpatient Revenue	45,882,317	48,055,032	40,043,628	42,203,815	42,929,314	39,172,236	45,309,041
<b>Total Gross Patient Revenue</b>	<b>\$ 70,135,585</b>	<b>\$ 75,773,045</b>	<b>\$ 64,828,898</b>	<b>\$ 67,489,626</b>	<b>\$ 70,462,989</b>	<b>\$ 63,967,137</b>	<b>\$ 71,935,704</b>
<b>Deductions</b>							
Bad Debt	\$ 49,201,875	\$ 53,160,373	\$ 45,076,087	\$ 47,381,190	\$ 48,583,922	\$ 45,505,698	\$ 51,088,823
Charity	(518,513)	969,179	498,518	705,872	1,565,159	731,546	257,324
	531,244	203,881	273,183	261,151	61,263	191,298	429,919
<b>Total Deductions</b>	<b>\$ 49,214,606</b>	<b>\$ 54,333,433</b>	<b>\$ 45,847,788</b>	<b>\$ 48,348,214</b>	<b>\$ 50,210,344</b>	<b>\$ 46,428,542</b>	<b>\$ 51,776,066</b>
<b>Net Patient Revenue</b>	<b>\$ 20,920,979</b>	<b>\$ 21,439,613</b>	<b>\$ 18,981,110</b>	<b>\$ 19,141,412</b>	<b>\$ 20,252,644</b>	<b>\$ 17,538,595</b>	<b>\$ 20,159,638</b>
Supplemental Payments	1,578,204	1,914,746	1,686,583	1,676,398	1,802,141	1,534,499	1,767,538
Other Oper Revenue	99,065	349,576	513,838	899,461	(63,067)	802,893	343,466
<b>Total Net Revenue</b>	<b>\$ 22,598,248</b>	<b>\$ 23,703,934</b>	<b>\$ 21,181,531</b>	<b>\$ 21,717,271</b>	<b>\$ 21,991,719</b>	<b>\$ 19,875,987</b>	<b>\$ 22,270,643</b>
<i>Net to Gross Patient Rev Ratio</i>	29.8%	28.3%	29.3%	28.4%	28.7%	27.4%	28.0%
<b>Operating Expenses</b>							
Salaries	\$ 7,734,115	\$ 8,107,901	\$ 7,350,047	\$ 7,933,015	\$ 7,896,929	\$ 8,161,024	\$ 7,915,210
Contract Labor	892,120	865,999	1,057,989	1,126,720	901,445	726,015	1,607,600
Benefits	3,063,878	2,125,341	1,758,927	1,512,921	1,917,631	1,837,150	2,296,902
Physician & Prof Fee	1,723,043	1,977,458	1,531,129	2,008,633	1,521,919	1,347,277	1,461,946
Supplies	4,832,683	4,421,917	4,635,135	3,923,268	3,993,593	3,450,109	3,865,979
Purchased Services	1,587,683	2,811,916	1,784,481	2,375,422	2,003,334	1,812,019	2,300,742
Leases/Rentals	22,944	35,056	15,262	38,036	28,830	16,790	26,442
Depreciation	759,992	769,694	770,547	863,605	705,876	708,467	708,889
Provider Tax Expense	1,593,986	1,933,893	1,703,449	1,693,162	1,820,163	1,549,844	1,785,213
Other Oper Expense	369,252	401,240	465,466	167,886	1,037,336	587,523	597,781
<b>Total Operating Expenses</b>	<b>\$ 22,579,696</b>	<b>\$ 23,450,417</b>	<b>\$ 21,072,433</b>	<b>\$ 21,642,669</b>	<b>\$ 21,827,057</b>	<b>\$ 20,196,218</b>	<b>\$ 22,566,704</b>
<b>Net Operating Income</b>	<b>\$ 18,552</b>	<b>\$ 253,517</b>	<b>\$ 109,098</b>	<b>\$ 74,602</b>	<b>\$ 164,662</b>	<b>\$ (320,231)</b>	<b>\$ (296,061)</b>
Investment Income	69,847	9,619	137,692	64,439	75,553	136,471	125,137
Other Nonop Inc(Exp)	25,633	155,989	179,432	30,652	24,726	88,187	13,195
Interest Expense	(272,484)	(256,406)	(283,115)	(292,764)	(252,906)	(297,114)	(272,313)
<b>Net Surplus (Loss)</b>	<b>\$ (158,452)</b>	<b>\$ 162,720</b>	<b>\$ 143,107</b>	<b>\$ (123,070)</b>	<b>\$ 12,035</b>	<b>\$ (392,686)</b>	<b>\$ (430,042)</b>

BAY AREA HOSPITAL

MONTH END: 4/30/2026

Month to Date

	9/30/2025	8/31/2025	7/31/2025	6/30/2025	5/31/2025	4/30/2025
<b>Gross Patient Revenue</b>						
Inpatient Revenue	\$ 26,728,010	\$ 25,712,601	\$ 25,067,912	\$ 21,889,108	\$ 23,510,008	\$ 25,314,375
Outpatient Revenue	41,227,365	40,825,879	41,625,217	37,235,073	37,023,474	37,584,034
<b>Total Gross Patient Revenue</b>	<b>\$ 67,955,375</b>	<b>\$ 66,538,480</b>	<b>\$ 66,693,128</b>	<b>\$ 59,124,181</b>	<b>\$ 60,533,482</b>	<b>\$ 62,898,409</b>
<b>Deductions</b>						
Bad Debt	\$ 47,460,525	\$ 46,951,840	\$ 47,507,475	\$ 41,253,933	\$ 41,844,820	\$ 43,388,640
Charity	209,021	390,753	154,851	753,585	(166,025)	(87,907)
	376,122	72,326	415,079	199,108	562,617	1,023,039
<b>Total Deductions</b>	<b>\$ 48,045,667</b>	<b>\$ 47,414,919</b>	<b>\$ 48,077,405</b>	<b>\$ 42,206,626</b>	<b>\$ 42,241,412</b>	<b>\$ 44,323,772</b>
<b>Net Patient Revenue</b>	<b>\$ 19,909,708</b>	<b>\$ 19,123,561</b>	<b>\$ 18,615,723</b>	<b>\$ 16,917,555</b>	<b>\$ 18,292,070</b>	<b>\$ 18,574,637</b>
Supplemental Payments	1,679,725	1,695,376	1,674,225	909,741	1,023,998	1,050,610
Other Oper Revenue	56,187	468,529	350,424	358,227	494,088	576,185
<b>Total Net Revenue</b>	<b>\$ 21,645,620</b>	<b>\$ 21,287,466</b>	<b>\$ 20,640,372</b>	<b>\$ 18,185,523</b>	<b>\$ 19,810,155</b>	<b>\$ 20,201,432</b>
<i>Net to Gross Patient Rev Ratio</i>	29.3%	28.7%	27.9%	28.6%	30.2%	29.5%
<b>Operating Expenses</b>						
Salaries	\$ 8,363,855	\$ 8,244,951	\$ 8,945,952	\$ 7,717,782	\$ 8,422,402	\$ 7,944,501
Contract Labor	1,503,921	1,814,985	1,597,850	1,789,658	1,727,271	1,917,651
Benefits	1,972,668	2,767,300	2,335,181	(643,456)	2,381,375	2,406,065
Physician & Prof Fee	1,613,154	1,564,475	1,577,921	1,290,563	1,746,562	1,441,414
Supplies	3,232,610	3,479,092	3,734,160	4,365,379	4,338,049	3,634,029
Purchased Services	2,415,248	2,049,830	2,238,543	2,489,287	2,748,281	2,223,000
Leases/Rentals	33,513	21,281	16,288	11,758	16,944	26,427
Depreciation	719,449	764,537	739,369	743,521	798,927	766,089
Provider Tax Expense	1,679,725	1,695,376	1,657,482	1,030,896	1,034,238	1,061,116
Other Oper Expense	948,860	132,771	138,640	768,041	544,785	193,853
<b>Total Operating Expenses</b>	<b>\$ 22,483,004</b>	<b>\$ 22,534,599</b>	<b>\$ 22,981,385</b>	<b>\$ 19,563,431</b>	<b>\$ 23,758,834</b>	<b>\$ 21,614,146</b>
<b>Net Operating Income</b>	<b>\$ (837,384)</b>	<b>\$ (1,247,133)</b>	<b>\$ (2,341,013)</b>	<b>\$ (1,377,909)</b>	<b>\$ (3,948,679)</b>	<b>\$ (1,412,713)</b>
Investment Income	126,043	197,536	58,410	172,596	39,127	154,156
Other Nonop Inc(Exp)	62,855	21,601	18,846	496,779	27,254	69,440
Interest Expense	(282,150)	(282,780)	(266,282)	(294,464)	(176,794)	(278,947)
<b>Net Surplus (Loss)</b>	<b>\$ (930,635)</b>	<b>\$ (1,310,776)</b>	<b>\$ (2,530,040)</b>	<b>\$ (1,002,998)</b>	<b>\$ (4,059,093)</b>	<b>\$ (1,468,065)</b>