

Hospital Authority FY 2024 Budget

May 17, 2023



Nashville General Hospital

Mission

To improve the health and wellness of Nashville by providing equitable access to coordinated, patient-centered care, supporting tomorrow's caregivers and translating science into clinical practice.

Vision

To be a leader in exceptional community healthcare – serving Nashville one neighbor at a time.

Nashville General Hospital

- Founded in 1890; relocated to current location 1998
- Consolidation of Metro Nashville and Davidson County governments established services at NGH as part of Metro Charter (1963)
- Licensed Beds 150
- Staffed Beds (Excluding Newborns) 114 Shared | 86 Private
- Employees 500+
- Active Medical Staff 150
- Governed by the Hospital Authority of Metropolitan Nashville and Davidson County, TN.
 - 11 Member Board selected by the Mayor & confirmed by the City Council.
- Primary teaching hospital for Meharry Medical College
- Over 20 primary and specialty medical practices under the Nashville Healthcare Center.



Hospital Annual FY 2023 Budget \$127.4M

Hospital-Generated Patient Revenue
Other Governmental Funding
1 Public Hospital Supplemental Pool (Budget FY21)
2 State Disproportionate Share
3 Graduate Medical Education (GME)
4 Medicare Disp./Uncompensated Bad Debt
State Staffing Assistance
Subtotal (Hospital-Generated & Other Gov't. Funding)
Metro Subsidy
Total
Expenses

FY 23 Actual & Proj	FY 23 Budget
\$54.0M	\$56.6M
\$25.3M	\$16.8M
\$7.1M	\$7.1M
\$7.3M	\$3.3M
\$1.9M	\$800K
\$6.0M	\$5.6M
\$3.0M	\$0.0M
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\$79.3M	\$73.4M
\$54.0M	\$54.0M
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\$133.3M	\$127.4M
\$131.2M	

- 1 Available to NGH as Safety Net Public Hospital (1 of 3 in TN)
- 2 Offsets some cost of caring for uninsured and underpayments (vs. Cost of Care) for TN Medicaid
- 3 Offsets cost for Meharry Residents who train at NGH
- 4 Medicare Disproportionate Share/Uncompensated Care/Medicare Bad Debt

Hospital Annual FY 2024 Budget **\$139.2M**

Hospital-Generated Patient Revenue

Other Governmental Funding*

- 1 Public Hospital Supplemental Pool (Budget FY23)
- 2 State Disproportionate Share
- 3 Graduate Medical Education (GME) (est.)
- 4 Medicare Disp./Uncompensated Bad Debt
State ARP Funds

Subtotal (Hospital-Generated & Other Gov't. Funding)

Metro Subsidy

Total

Expenses

	FY 23 Actual & Proj	FY 24 Budget
	\$54.0M	\$58.9M
	\$25.3M	\$21.9M
	\$7.1M	\$7.1M
	\$7.3M	\$7.3M
	\$1.9M	\$1.9M
	\$5.0M	\$5.6M
	\$3.9M	\$0.0M
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	\$79.3M	\$80.8M
	\$54.0M	\$57.8M
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	\$133.3M	\$138.7M
	\$131.2M	\$139.2M

1 Available to NGH as Safety Net Public Hospital (1 of 3 in TN)

2 Offsets some cost of caring for uninsured and underpayments (vs. Cost of Care) for TN Medicaid

3 Offsets cost for Meharry Residents who train at NGH

4 Medicare Disproportionate Share/Uncompensated Care/Medicare Bad Debt

FY2024 Subsidy Available for Operations

Metro Subsidy		\$57.8M
Deductions from Metro Subsidy Available for Operations		(\$10.14M)
Building Lease Costs	(\$4.00M)	
Parking Garage	(\$1.04M)	
1 Intergov't Transfer for Public Hospitals (to receive \$7M)	(\$2.70M)	
Legacy Pension/Healthcare for Bordeaux and Knowles	(\$2.40M)	
Balance of Metro Subsidy Available for Patient Care		\$47.66M

- 1 Public Hospital Supplemental Pool available to NGH as a Safety Net Public Hospital (1 of 3 in TN)
FY24 Budget includes anticipated revenue of \$7.1M - after NGH match contribution of \$2.7M

History & Budgetary Implications

11.2017

Former Mayor Barry announces plan to close inpatient services at NGH and transfer Meharry Residency Program to Southern Hills

6.2018

25+ physicians left Meharry employment (more than 1/3 of Active Hospital Medical Staff) due to uncertain future. Included key General Surgeons, Vascular Surgeon, Orthopedic Surgeons, Internal Medicine, Hematology/Oncology, Otolaryngology (ENT), Ophthalmology, Endocrinology and other Sub-Specialties

10.2018

Meharry terminated a long-standing contract with Vanderbilt to provide Cardiology services at NGH. With 30 days' notice to retain coverage, NGH directly contracted with VUMC for this coverage.

4.2023

Meharry discontinued Hematology/Oncology services. NGH is the City's second oldest cancer program, with 82 years of continuous accreditation by the American College of Surgeon's Commission on Cancer.

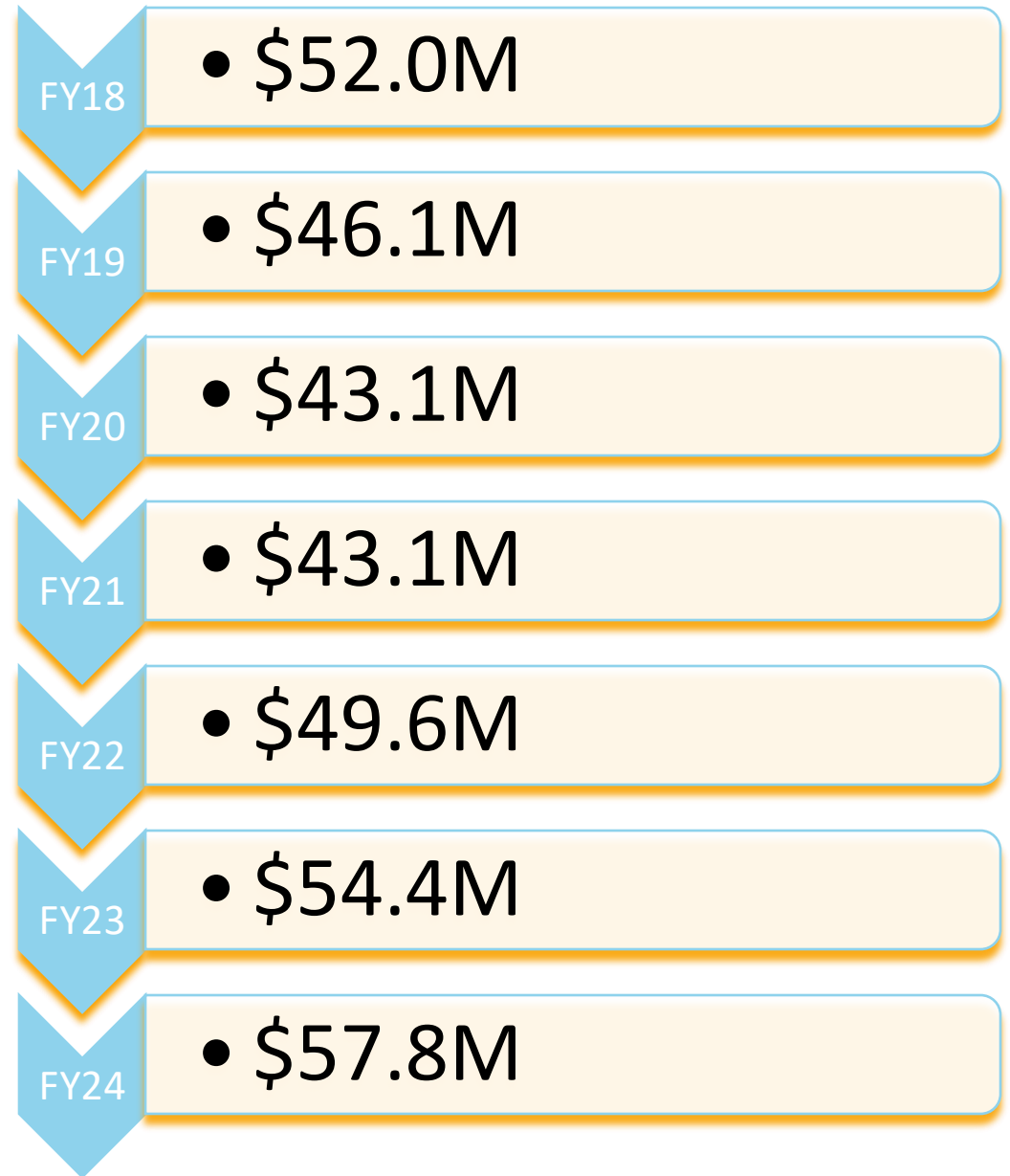
Provider Investments

- Long-term, employed, or directly-contracted physicians should improve clinical operating model for patient care, increasing access, reducing waits.
 - Limited academic hour requirements (compared to Meharry faculty) mean NGH providers can focus primarily on patient care rather than teaching and administrative work.
- Worth noting that these are provider costs only, not support staff, but what NGH has backfilled since 2018 closure announcement.

Service	Providers	Dates of Impact	Annual Cost
Cardiology	4	10/18 (3); 08/20 (1)	\$2.05M
Orthopedics	4	07/19 (2); 01/20 (2)	\$1.1M
Urology	3	10/18 (2); 11/19 (1)	\$850K
General Surgery	2	01/20 (1) 01/21 (1)	\$900K
Primary Care	6	06/19 (1); 01/20 (2); 04/22 (1); 01/23 (1)	\$1.2M
Gynecology	1	10/20	\$300K
Ear, Nose & Throat	1	10/18 (1)	\$130K
Ophthalmology/Optometry	2	06/19 (1); 01/20 (1)	\$450K
Gastroenterology	3	05/22; 5/23	\$660K
Hematology/Oncology	3	04/23	\$1.05M
Total Annual Impact			\$8.69M

Annual Subsidy

- While taking on these direct obligations to maintain our Charter responsibility to care for Nashville's most fragile citizens, AND despite COVID 19 crises, and extensive impact on staffing and supply costs, NGH has kept the annual subsidy, as appropriated by Metro Council, relatively steady
 - 7-year lookback
 - Only 1.9% average annual increase since 2018



Depreciation and Capital FY18-FY24

	<u>FY2018</u>	<u>FY2019</u>	<u>FY2020</u>	<u>FY2021</u>	<u>FY2022</u>	<u>*FY2023</u>	<u>*FY2024 (Proj)</u>
Depreciation	5,146,228.00	4,800,573.00	5,094,789.00	4,449,556.00	5,604,392.00	2,024,264.00	2,024,264.00
Capital Contribution	1,311,667.00	2,003,259.00	1,557,982.00	-	1,257,377.00	1,613,615.00	7,340,000.00
% of Capital Replaced	25.50%	41.70%	30.60%	0.00%	22.40%	79.70%	

* Government Accounting Standards Board (GASB) Changes

- Average Age of Plant = 19 years and rising

Capital Expenditure Request for Budget FY 2023

Total FY23 Project Amount	New or Replace	Description	Priority	Justification	Dept.	Useful Life	Status
\$2,400,000	Replace & Install	Replacement Elec Health Record System for Hospital and Clinics - Qty 1 integrated system	1	EHR is 8 years old and does not function well. Remote hosted platform would allow single database and interoperable platform that will tie to other EHRS and clinical data.	All areas of hospital and clinics	10	Subscription model but upfront implementation costs of roughly \$2.4M to launch 12 month build.
\$1,500,000	Replace & Install	Replace current automated Pharmacy Cabinets throughout Hospital - Qty 20 cabinets	1	Lease arrangement negotiations ongoing with 2 major vendors - cabinets will not be supported (servers and Operating system effective 12/31/22!!). Prefer capital to avoid Operating costs.	Pharmacy	10	We must either replace current system with same platform or move to preferred option at about the same price but perhaps less training required.
\$550,000	Replace & Install	Spacelab monitors 40 rooms and ER - Qty 55 monitors	1	Replace outdated patient care monitors.	Emergency Dept and Floors plus portable transport	7	Meeting held with SpaceLabs - need update from vendor after network intrusion.
\$420,000	Replace & Install	VM Ware Server Blades - Qty 4	1	Recent IT security intrusions clearly indicate we MUST update our virtual server hardware that can support current OS with more comprehensive security against hacking/malware.	IT	10	Dire need to upgrade servers and OS. Feb 22 intrusion alone cost \$100K and delayed billing 3 weeks.
\$350,000	Install	Swing Lab for small Interventional Radiology, Vascular etc - leave main Lab for Cardiac - prevent delays	2	With Interventional Cardiology, IV Radiology and vascular surgeon, we do not have enough capacity and smaller cases wait unnecessarily - patient risk.	Cath Lab/Imaging	7	Existing space - but will require some buildout
\$334,000	Replace & Install	PHASE 1 Additional SAN Storage and Backup devices	1	At current data growth rate for PARAGON, One Content, and Imaging will fill up current storage and Bckup devices by October 2022	Information Technology	7	
\$280,000	Replace & Install	Digital ER xray machine	2	Replace 1998. End of life on parts. Ramification on reimbursement rates for Medicare.	Medical Imaging	7	
\$250,000	Rehab	Switch Gear - Qty 2	1	Electrical switch gear is failing regularly - Meharry has no lease responsibility for it due to current lease - NOT Hospital grade and well beyond useful life.	Facilities	40	
\$167,000	Replace	PHASE 2 Add Additional SAN Storage and Backup devices	2	At current data growth rate for PARAGON, One Content, and Imaging will fill up current storage and Bckup devices by October 2022.	Information Technology	7	
\$159,998	Replace	Air Handler Unit 1 Coil	2	Coils are clogged restricting air flow and the ability to cool the hospital.	Facilities	20	
\$159,998	Replace	Air Handler Unit 2 Coil	2	Coils are clogged restricting air flow and the ability to cool the hospital.	Facilities	20	
\$108,000	Replace	Surgical Beds - Qty 2	2	Two additional surgical beds to outfit the 3rd OR room and swing OR.	Operating Room	10	
\$107,144	Replace	Automated Endoscope reprocessing systems - Qty 2	1	Reprocessing system for our endoscopy areas - beyond useful life and costing us in downtime and damage to scopes and their optics.	Endo	7	
\$74,000	Replace	Air Handler Unit 6 Humidification	1	Humidification system failed and we cannot maintain proper humidity levels in the OB ORs.	Facilities	20	
\$56,000	Replace	Emergency Department Telemetry upgrade/replacement	1	ED telemetry needs to be updated and comparable to Med Surg floors for transport and standardization throughout hospital - too few telemetry units currently especially ED and MedSurg floors.	Emergency Department	7	
\$50,000	Replace	Water tank	1	#3 Water tank has reached end of life cycle.	Facilities	20	
\$46,500	Replace	Replace Telemetry boxes - 6th floor	1	Replace and add telemetry boxes.	6th Floor Med Surg	7	
\$7,012,640	TOTAL						

FY 23 Operating Funds Expended for Capital Needs

		Cost	Operating Cost
Lease	Pyxis Pharmacy Cabinets	\$1.4M	\$320K
Lease	Sterilizer (20 years old)	\$700K	\$85K
Lease	Spacelabs Monitors		
Lease	IT Data Storage Center/Server Refresh	\$1.1M	\$336K
	Security Incident Spring 2022	\$150K	\$150K
	FY23 Total To Date	\$3.35M	\$891K

- Security Incident Spring 2022 clearly linked to vulnerabilities due to old servers running old Operating Systems
- Data Center is approaching 90% utilization – causing slow response times in clinical systems and will crash if not addressed very soon – hence another lease arrangement.
- Nurse call and telemetry are at end of life now

Capital Expenditure Request for Budget FY 2024

TOTAL PROJ AMOUNT	NEW or REP	DESCRIPTION	PRIORITY	JUSTIFICATION	DEPT	USEFUL LIFE
\$1,200,000	Rep	Major IT infrastructure refresh and critical Storage space Data Center	1	Storage is at 90% and causing system slowness. Server and switches are beyond upgrade and pose security risk as suffered in FY 2022 - most of this work will be performed in Metro Data Center.	IT/Data Center	
\$780,000	Rep	Replace Nurse Call System (excludes ICU)	1	Existing Nurse Call system (circa 1994) has far exceeded normal life expectancy and parts and service are getting harder to find. Repairs, when needed, will be difficult to impossible to effect.	Facilities - Plant Ops	10
\$80,000	Rep	Replace ICU Nurse Call system	1	ICU Nurse Call system is long past end of life and works intermittently. This system is separate from the Nurse Call system on other floors.	Facilities - Plant Ops	10
\$320,000	Rep	Workstation on Wheels - Clinical	1	Units are past end of life.	Nursing ED,3, 4,5,6 &7	
\$250,000	New	Engineering Design Project - Air Handler Unit (AHU)	1	Engineering evaluation and design project for replacement of current Air Handler Units that are original to the building. Units are long past their useful life. (See Air Handler Unit Pan Revitalization below.)	Facilities - Plant Ops	15
\$96,000	New	Surgical Bed	1	Current beds (circa 1980s) frequently need repairs and parts are unavailable due to age. One bed currently permanently out of service due to lack of parts.	OR	15
\$75,000	Rep	Hot Water Tanks	1	Food Service backup hot water tank and kitchen high tempature water tank are long past end of life.	Facilities - Plant Ops	30
\$65,000	New /Rep	Cardiosave Balloon Pump	1	Current unit is at end of life.	Cath Lab	10
\$62,441	Rep	V60 (CPAP/BIPAP) machine	1	Current CPAP/BIPAP machines are not supported by manufacturer and parts are unavailable. The non-invasive machines allow the physician to try BIPAP on a patient before intubation. These machines are highly recommended for patients with COVID. We are currently renting 5 (V60 machines).	Respiratory Therapy	
\$54,000	Rep	GE Ultrasound	1	Current ultrasound unit is past end of life.	PACU	
\$185,900	Rep	Zoll Defibrillators (not AEDs)	1	Replace end of life defibrillators throughout the hospital. Current units are no longer supported by manufacturer.	Nursing	10
\$135,000	Rep	Desktops	1	Desktop computers are past end of life.	Nursing ED,3, 4,5,6 &7	5
\$85,000	New	Cart Washer	1	Best practice is to have a washer for the instrument cart as well as the instruments. Current practice is to hand wash every cart from surgery before reloading with sterile items and returning to OR.	Central Sterile	10
\$63,200	Rep	Bedside Tables	1	Current beside tables are chipped which creating potential for injury to patients, or chipped laminate can be used as a weapon or self-harm. Bedside tables, standard in hospitals, serve multiple uses and are important for nurse/provider efficiency as well as patient satisfaction.	Nursing 3,5,6 &7	15
\$75,000	Rep	Generator Fuel Storage Tanks	1	Existing tank for generator fuel storage is not double-walled and does not meet Federal and State environmental laws.	Facilities - Emerg Mgmt	20
\$120,000	Rep	Pneumatic Tube Stations	1	Retrofit 9 of 12 existing pneumatic tube stations used for lab/specimen delivery throughout the hospital. Project includes 3 diverters, and 2 blowers with new units.	Facilities	10
\$370,200	Rep	Ortho Diagnostics Chemistry / Immunoassay System	2	Current chemistry system is obsolete, is constantly being repaired resulting in delayed turn around times for inpatient chemistry lab panels. Advanced digital technology of new system will allow for precision in order processing, rapid turn around time, and cost-effective testing. Purchase of equipment will result in \$60K savings per year.	Laboratory / Chemistry	7
\$1,343,656	Rep	Cardiology Department Equipment	2	Update cardiology equipment including Cath Lab, Merge Hemodynamic System, FFR, and Echo Sytems	Imaging	10
\$845,000	Rep	Cath Lab	2	Cath lab unit is now 15 years old and cannot be upgraded.	Cath Lab	10
\$300,000	Rep	Sysmex 3100 XN - Hematology System	2	Our current system is obsolete and parts are hard to get or unavailable. This is a Hematology analyzer that performs CBCs, the most ordered lab blood test.	Laboratory / Hematology	7
\$222,075	Rep	Echo Unit	2	Unit is past end of life.	Echo	10
\$153,582	Rep	Merge Hemodynamic System	2	System has been out of compliance since 2020. This is a Security Risk from IT standpoint.	Cath Lab	10
\$110,000	New	Automated High Level Disinfection Reprocessor	2	Computerized detection system to eliminate human error in of endoscope hook-ups. Our current HLD reprocessor is over 10 years old and is past end of life.	Endoscopy	7
\$95,000	New	Stryker Neptune - Portable Suction	2	Fluid Waste Management System allows for high volumes, integrated smoke evacuation and less biohazard waste removal.	OR	5
\$75,000	Rep	Air Handler Unit Pan Revitalization	2	Current pans are rusted through and leak water down into 11th floor. Water spray lands on filters reducing effectiveness and requiring more frequent filter changes. Currently facility staff vacuums water 3 X per shift every day to limit water issues. Other option is to replace entire AHUs (see AHU Design Project above.)	Facilities - Plant Ops	15
\$45,000	New	Electronic Temp & Humidity Control	2	Current stand-alone pneumatic system (circa 1994) cannot be monitored per Joint Commission standards and does not allow remote adjustment, resulting in need for Facilities staff to enter active Operating Room to manage temperature.	Facilities - Plant Ops	30
\$35,305	New	MRI Infusion pump	2	MRI infusion pump is needed to allow chemotherapy patients to have MRI scans. This is standard of care/service for higher acuity level of patients and unavailable at NGH currently.	MRI	10
\$35,000	Rep	Infant Abduction Alarm Update	2	End of life system needs to be upated and tied into duress system.	Facilities - Plant Ops	5
\$68,435	Rep	Hazmat / Decontamination Equipment	3	Current equipment far exceeds normal life expectancy with some long past printed end of life dates.	Facilities - Emerg Mgmt	5
\$7,344,794	TOTAL					

Excellence in Fiscal Management

- Clean Financial Audits FY18, FY19, FY20, FY21, FY 22
- Caring for the most fragile while expanding services, backfilling of necessity in some areas
- Working to attract insured patients to use those margins to offset the costs of care for uninsured

Accreditation & Accomplishments

FY 2016



POPULATION HEALTH MANAGEMENT



CHRONIC CARE MODEL



Improved Outcomes



FY 2017



Tennessee Center for Performance Excellence Level 2



FY 2018



FY 2019



FY 2020



FY 2021



FY 2022



COVID 19 Impacts and Response

- COVID impacts on staffing and staffing costs appear more permanent
 - Nurses retiring, leaving profession, working remotely, or as travel nurses
 - Nationally, 5-10% of nurses left workforce
 - Nursing schools lack faculty to gear up new students
 - Wages increasing by double-digit percentages annually
 - NGH has backfilled some positions with new hire incentives, referral incentives, nurse residency program, etc.
 - Added graduate nurses but training and retention obstacles
 - Mid-career staff departing as new nurses hired

COVID 19 Impacts and Response

- COVID impacts on staffing and staffing costs appear more permanent
 - Contract labor costs spiked and remain high
 - ICU nurses from \$55 to \$140, now back to \$100/hour
 - ER & Med/Surg nurses from \$63 to \$95/hour
 - Respiratory techs from \$45 to \$100/hour
 - NGH Contract Labor costs in 2019 \$2.0M, projected to reach \$9.7M in FY2024
 - NGH budgeted a decrease in FY2023 – it has not materialized
 - Despite adding Nurse Residency program and increasing RN pay rates, situation has gotten worse

Significant Budget Impacts & Considerations

- Hospital costs nationally are increasing at 15% per year – staff, supplies, pharmacy – but Medicare, TNCare and commercial insurances are not giving those % increases – thus squeezing all hospitals operating margins.
 - Starting RN pay ↑ 33% in 25 months (\$24 to \$32)
 - Offering incentives to retain and recruit nurses & therapists
 - Budgeting a general 5% wage increase in FY2024 (market-driven in real time)
 - Actively renegotiating contracts with payors but 15% increases are simply unattainable with our small market share.

Significant Budget Impacts & Considerations

- Hospital *received approximately \$3.5M of one-time money from the State for COVID care in FY2023* – but the Federal emergency has ended, and those ARP dollars will not repeat in FY 2024.
 - **We did bill and collect approx. \$4M of COVID care (uninsured patients) through Federal program in FY2023 – not likely to recur.**

FY 2024 Budget

Actual and Projected FY2023	
PATIENT CHARGES	
Inpatient	(92,710,980.15)
Outpatient	(196,507,524.23)
ER Revenue	-
TOTAL PATIENT REVENUE	(289,218,504.38)
Contractual Adjustments	141,183,967.00
Bad Debt Adjustments	32,358,947.31
Uninsured Discounts	16,908,325.18
Charity Adjustments	39,652,371.38
Admin & Other Adjustments	5,081,316.33
Deductions from Revenue	-
TOTAL DEDUCTIONS	235,184,927.20
NET PATIENT REVENUE	(54,033,577.18)
	18.68%
Other Revenue	(5,063,888.96)
Additional State Funding	(10,706,044.80)
Essential Access / DSH	(9,543,732.91)
City Supplement	(54,037,992.00)
TOTAL OTHER REVENUE	(79,351,658.67)
TOTAL NET REVENUE	(133,385,235.85)
Salary Expense	46,659,008.53
Overtime	1,656,529.94
Contract Labor	8,689,002.64
Health Benefits	6,226,436.87
FICA	3,193,748.69
Retirement	2,043,226.01
TOTAL SALARY AND BENEFITS	68,467,952.68
	-49.84%
Supplies	9,245,972.60
Pharmacy	7,700,075.63
Contract Services	10,611,447.79
Physician Services	9,385,375.81
Repair and Maintenance	3,764,464.65
Other Expense	15,239,119.50
Interest	687,854.46
Metro NGH Pension LoCap	3,609,900.00
Unaffiliated Legacy Charges	2,351,600.00
Metro ISF Fees	113,084.43
TOTAL OTHER EXPENSES	62,708,894.87
TOTAL EXPENSE	131,176,847.55
OPERATING MARGIN	(2,208,388.30)

Original Request FY 2024	
PATIENT CHARGES	
Inpatient	(100,772,342.52)
Outpatient	(213,836,235.24)
ER Revenue	-
TOTAL PATIENT REVENUE	(314,608,577.76)
Contractual Adjustments	152,106,012.78
Bad Debt Adjustments	34,331,159.68
Uninsured Discounts	18,534,054.46
Charity Adjustments	43,136,984.52
Admin & Other Adjustments	5,549,165.51
Deductions from Revenue	-
TOTAL DEDUCTIONS	253,657,376.95
NET PATIENT REVENUE	(58,951,200.81)
	18.74%
Other Revenue	(5,186,237.24)
Additional State Funding	(9,539,134.20)
Essential Access / DSH	(7,182,769.69)
City Supplement	(60,210,000.00)
TOTAL OTHER REVENUE	(82,118,141.13)
TOTAL NET REVENUE	(141,069,341.94)
Salary Expense	52,225,359.01
Overtime	1,410,312.42
Contract Labor	10,208,351.43
Health Benefits	6,226,436.87
FICA	3,782,792.34
Retirement	2,043,226.01
TOTAL SALARY AND BENEFITS	75,896,478.08
	-56.54%
Supplies	10,443,549.65
Pharmacy	8,796,064.24
Contract Services	12,645,999.97
Physician Services	10,046,423.39
Repair and Maintenance	4,086,078.67
Other Expense	13,185,125.69
Interest	597,972.22
Metro NGH Pension LoCap	3,609,900.00
Unaffiliated Legacy Charges	2,351,600.00
Metro ISF Fees	113,084.43
TOTAL OTHER EXPENSES	65,875,798.26
TOTAL EXPENSE	141,772,276.34
OPERATING MARGIN	702,934.40

Recommended FY 2024 Budget	
PATIENT CHARGES	
Inpatient	(100,772,342.52)
Outpatient	(213,836,235.24)
ER Revenue	-
TOTAL PATIENT REVENUE	(314,608,577.76)
Contractual Adjustments	152,106,012.78
Bad Debt Adjustments	34,331,159.68
Uninsured Discounts	18,534,054.46
Charity Adjustments	43,136,984.52
Admin & Other Adjustments	5,549,165.51
Deductions from Revenue	-
TOTAL DEDUCTIONS	253,657,376.95
NET PATIENT REVENUE	(58,951,200.81)
	18.74%
Other Revenue	(5,186,237.24)
Additional State Funding	(9,539,134.20)
Essential Access / DSH	(7,182,769.69)
City Supplement	(57,820,700.00)
TOTAL OTHER REVENUE	(79,728,841.13)
TOTAL NET REVENUE	(138,680,041.94)
Salary Expense	51,153,359.01
Overtime	1,410,312.42
Contract Labor	9,708,351.43
Health Benefits	6,226,436.87
FICA	3,782,792.34
Retirement	2,043,226.01
TOTAL SALARY AND BENEFITS	74,324,478.08
	-53.59%
Supplies	10,243,549.65
Pharmacy	8,496,064.24
Contract Services	12,645,999.97
Physician Services	10,046,423.39
Repair and Maintenance	4,086,078.67
Other Expense	12,685,125.69
Interest	597,972.22
Metro NGH Pension LoCap	3,609,900.00
Unaffiliated Legacy Charges	2,351,600.00
Metro ISF Fees	113,084.43
TOTAL OTHER EXPENSES	64,875,798.26
TOTAL EXPENSE	139,200,276.34
OPERATING MARGIN	520,234.40

Thank You

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#HereForGood



@NashvilleGeneral / @NashGenHospital

