

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, March 22, 2022; 5:30 p.m.
Zoom Meeting

This virtual meeting is open to the public and may be accessed via the following link:

<https://bartlethospital.zoom.us/j/93293926195>

or call

1-888-788-0099 and enter webinar ID 932 9392 6195

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
V.	CONSENT AGENDA		5:45
	A. February 22, 2022 Board of Directors Meeting Minutes	(Pg.3)	
	B. January 2021 Financials	(Pg.7)	
VI.	OLD BUSINESS		5:50
	➤ COVID update		
VII.	NEW BUSINESS		
	➤ FY23 Budget Review – ACTION ITEM	(Pg.12)	5:55
VIII.	MEDICAL STAFF REPORT	(Pg.22)	6:05
	➤ Bylaw revision – Article IV: Committee of Medical Staff - ACTION ITEM		
IX.	COMMITTEE MINUTES/REPORTS		6:10
	A. March 2, 2022 Draft Board Compliance Minutes	(Pg.23)	
	B. March 4, 2022 Draft Planning Committee Minutes	(Pg.24)	
	C. March 9, 2022 Draft Board Quality Committee Minutes	(Pg.27)	
	D. March 11, 2022 Draft Finance Committee Minutes	(Pg.29)	
	E. March 15, 2022 Draft Board Governance Committee Minutes	(Pg.31)	
	F. March 16, 2022 Draft Ad-Hoc Finance Committee Minutes	(Pg.33)	
X.	MANAGEMENT REPORTS		6:20
	A. Legal Management Report	(Pg.34)	
	B. HR Management Report	(Pg.35)	
	C. CCO Management Report	(Pg.36)	
	D. CBHO Management Report	(Pg.39)	

	E. CFO Management Report	(Pg.42)	
	F. CEO Management Report	(Pg.50)	
	➤ Community Relations/Marketing Overview		
XI.	CEO REPORT / STRATEGIC DISCUSSION		6:30
XII.	CBJ LIAISON REPORT		6:35
XIII.	PRESIDENT REPORT		6:40
XIV.	BOARD CALENDAR – April 2022	(Pg.54)	6:45
XV.	BOARD COMMENTS AND QUESTIONS		6:50
XVI.	EXECUTIVE SESSION		6:55
	A. Credentialing Report		
	B. March 1, 2022 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation		
	E. Campus Planning		

Motion by xx, to recess into executive session to discuss several matters:

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes and, the patient safety dashboard.*

And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

XVII.	ADJOURNMENT		7:30
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NEXT MEETING – Tuesday, April 26, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
February 22, 2022 – 5:30 p.m.
BRH Zoom videoconference

CALL TO ORDER – Meeting called to order at 5:30 p.m. by Kenny Solomon-Gross, Board President. Attendance noted.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President	Rosemary Hagevig, Vice President	Mark Johnson, Secretary
Brenda Knapp	Lance Stevens	Hal Geiger
Iola Young	Lindy Jones, MD	

ABSENT – Deb Johnston

ALSO PRESENT

Jerel Humphrey, Interim CEO	Kevin Benson, CFO	Kim McDowell, CCO
Dallas Hargrave, HR Director	Karen Forrest, Interim CBHO	Robert Tyk, Interim CFO
Barbara Nault, Legal Advisor	Robert Palmer, CBJ Law	Joseph Roth, MD, COS
Carly Allen, DO	Anita Moffitt, Executive Assistant	

APPROVE AGENDA – Mr. Solomon-Gross requested the introduction of interim Chief Financial Officer be added after public participation. *MOTION by Dr. Jones to approve the agenda as amended. Mr. Stevens seconded. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

INTERIM CFO INTRODUCTION - Mr. Humphrey introduced and extended a welcome to interim Chief Financial Officer, Robert Tyk. Mr. Tyk reported that BRH is the thirtieth facility he has worked at in his 45 years in this line of work. His oldest son lives in Anchorage so although he has never been in Southeast Alaska before, it's not his first time to Alaska. He is happy to be here and looking forward to working with everyone.

CONSENT AGENDA - *MOTION by Ms. Hagevig to approve the consent agenda as presented. Mr. Stevens seconded. There being no objection, the January 25, 2022 Board of Directors minutes, the February 3, 2022 Strategic Planning Work Session minutes and December 2021 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported that we have two Covid patients in the hospital, none on ventilators. There are 4 employees out with Covid. ED activity is pretty consistent with Covid, a lot of it being found incidentally in asymptomatic patients. PPE and testing supplies remain stable as does staffing. Molecular lab did over 6,000 tests in January. Dr. Jones reported that the numbers are definitely going down. We have a good supply of Paxlovid, Molnupiravir as well as monoclonal antibodies to treat patients in early stages of Covid.

NEW BUSINESS

Strategic Plan – Mr. Hargrave reported that the draft strategic goals and key initiatives document, included in the packet, is a result of the strategic planning work sessions and feedback obtained from board members afterwards. This document includes suggested committee assignments for each initiative. Assigned committee will report back

to the board as to the movement and progress in meeting those initiatives. Discussion held about the committee assignments. Support expressed by multiple board members to adopt the initiatives tonight and assign them to committee later. Mr. Solomon-Gross will work with Mr. Hargrave to assign the initiatives. ***MOTION by Dr. Jones to adopt the strategic plan and have Mr. Solomon-Gross and Mr. Hargrave assign initiatives to the committees they deem appropriate. Ms. Young seconded. There being no objection, MOTION approved.***

MEDICAL STAFF REPORT – Dr. Roth reported the following from the February 1st medical staff meeting: There was a discussion about the new CT scanner and MRI and what they could do. There are a lot of new things these machines can do in theory, but we don't have the staff to do those things. Mr. Hawkins has been asked to supply a list of things the new imaging modalities will potentially be able to do so the medical staff can weigh in on what they think would be great to have in Juneau. There was a discussion about changes made in the Meditech system without physician input. Meditech Expanse is an ongoing frustration to the medical staff, mostly due to lack of support. Dr. Roth and Mr. Humphrey are working together to get the support requested by medical staff. Dr. Roth stated that physician input should be obtained when considering the physician call room. A solution to how we can get patients awaiting placement in other facilities out of BRH needs to be found. This affects elective surgical cases when beds are not available for recovery. He noted that Wildflower Court (WFC) has a closed wing due to lack of staffing. He wonders if there is a way for CBJ to hire nurses or CNAs to help staff WFC to help placement of these patients that no longer need to be at BRH. Dr. Allen will provide an overview of the results of Physician Health and Wellness Committee survey during tonight's executive session.

COMMITTEE REPORTS:

Planning Committee – Draft minutes from the February 4th meeting in the packet. Ms. Knapp reported that there were updates on the Master Facility Plan and timelines. Several projects are close to completion. The crisis stabilization building project has slowed down due to weather and the inability to pour concrete. Ms. Rynne had provided an update on the ED expansion project. The final report about the ED expansion from Architects Alaska has not been made available yet. As a result of the architect's meeting with staff, it was identified that upgrades to some of the existing space had not been considered as part of the RFP process. Revised cost estimates to address these upgrades are to be provided by March 7th. Dr. Jones and Ms. Forrest reported that concrete for one of the slabs was poured on Saturday (2/20) and the next slab will be poured on Thursday (2/24).

Finance Committee – Draft minutes from the February 11th meeting in the packet. Mr. Benson reported the minutes accurately reflect the activity from the meeting. December was a favorable month. Received provider relief funds of \$2.8 million bolstered our bottom line to \$2.2 million.

Compliance Committee – Draft minutes from the February 15th meeting in the packet. Ms. Young reported the minutes accurately reflect what took place in the meeting. Annual compliance training for the board is scheduled to take place on March 2nd. Senior leadership has been invited to attend as well. Questions and topics board members would like to discuss should be emailed to Mr. Overson or Ms. Young prior to the meeting.

MOTION by Ms. Young on behalf of the committee to approve the annual risk management plan.

It was clarified for Mr. Geiger that the purpose of this plan is that it's a requirement of CMS that we have a risk management plan that is reviewed and approved annually and updated as needed. Ms. Knapp noted this plan has gotten pretty lengthy over the years and suggests review take place throughout the year and not wait until the last minute next year. **There be no further discussion and no objections, MOTION approved.**

BRH & Assembly Joint Committee – Draft minutes from the February 18th meeting in the packet. Mr. Solomon-Gross reported that considerations for existing properties were discussed and will be discussed at the Planning Committee meeting. Excavation and parking garage options will be expensive projects so must be thoroughly vetted by planning and finance. There had been extensive discussion about the purchase of the Family Practice Physicians building. Committee

members from the assembly and the board are in favor of moving ahead. **MOTION by Mr. Stevens that the board authorize the CEO to sign a purchase and sales agreement for the fair market value and authorize expenditures up to \$50,000 for inspections, surveying, appraisal and similar tasks for the Family Practice, LLC Building located at 10301 Glacier Highway. Ms. Knapp seconded.** Mr. Johnson expressed concern about the month to month leases of current tenants. He also noted the property has been on the market for 3 years and is designed as a health clinic. Any other purpose would require major renovations. Dr. Jones supports moving ahead. Mr. Geiger noted that this has been discussed extensively and supports moving ahead. Ms. Young noted that all discussions about this have been held in executive session and she does not support moving ahead. There are a lot of unknowns in the future in regards to inflation. BRH has a lot of projects in progress and doesn't want to lose resources. Ms. Hagevig is in favor of moving ahead, the issues have been dealt with and have been thoroughly vetted. Mr. Johnson disagrees and raised the issue of possibly having to have a Certificate of Need (CON) depending on what BRH uses the building for. Ms. Knapp expressed her support of moving forward. There is flat land that can be built upon in the future and it's a good investment that supports existing practices in the community. Mr. Solomon-Gross stated that it has been vetted by CBJ Lands, the attorneys and the BRH and Assembly Joint Committee. Roll call vote taken. **MOTION approved by a 6-2 vote.** (Mr. Solomon-Gross, Ms. Hagevig, Ms. Knapp, Mr. Geiger, Mr. Stevens and Dr. Jones voted yes. Mr. Johnson and Ms. Young voted no.)

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported that she is continuing to work on contracts related to the sleep lab and providing advice on the guidelines of the CDC for the diabetes prevention program. Also assisting with call coverage arrangements for various specialties, continues to provide support for the 340B contract pharmacy reporting and assisting with patient issues as they've arisen. She has reached out to the attorney at Horty Springer about board review of medical staff policies but they have not been able to connect. She hopes they will be able to connect this week and she will be able to provide an update at the next meeting.

HR Report – Mr. Hargrave reported that the CEO recruitment committee has been established. They have had one meeting with BE Smith to talk about the process moving forward. Mr. Hargrave, Mr. Solomon-Gross and Ms. Russel had a meeting with the BE Smith recruitment team yesterday. The next step is to get the position posting out and to start reaching out to potential candidates. March 3rd, and potentially the morning of March 4th, the senior executive recruiter from BE Smith will be in town to talk to board members, key stakeholders and community partners about what they would like to see in a CEO. This information will be used to screen candidates. He will work with Ms. Moffitt to schedule the stakeholder and community partner interviews.

CCO Report – Ms. McDowell highlighted from her report, as a result of the recent Joint Commission (JC) survey, OB was recognized for their exclusive breast milk feeding performance. JC wants to highlight them to other hospitals that usually fail in the area of collaboration and improvement for better patient care. Mr. Stevens expressed congratulations to the OB staff and everyone that helped to develop this program. Mr. Solomon-Gross congratulated Physical Therapy for no longer having a wound care wait list.

CBHO Report – Ms. Forrest reported that we are working on the program, staffing and patient flows for the crisis stabilization building. The Alaska Mental Health Trust has invited BRH to apply for \$100,000 in operating funds to be used for technical assistance for our programing. We are revisiting our ligature risk ratings for the crisis stabilization building. The Withdrawal Management Unit had been closed for about 6 weeks due to staffing. It reopened and filled up immediately. A couple of nurses have stepped up into management roles in the mental health unit. We continue to work hard on addressing some of the environmental issues that came to light in the Joint Commission survey. Standards continue to evolve and we continue to learn things over time so continue to implement those things to keep everyone safe.

CFO Report – Mr. Benson noted that the finance report is fairly complete. He said he has really enjoyed his time at BRH, it's a great organization, doing great things and he wishes BRH the best. Ms. Knapp wished Mr. Benson the best. Mr. Solomon-Gross thanked him for his leadership and for hanging in there until Mr. Tyk came on board.

CEO Report – Mr. Humphrey expressed his contentment with the reorganization of the organization. With Mr. Tyk joining the team, we should have some normalcy. Mr. Humphrey as identified internal controls as an area of focus for Mr. Tyk. There has already been a lot of progress made but there is still some tightening to do. Ms. Young asked if Mr.

Humphrey has reached out to SEARHC about extending the lease for the surgery and specialty clinic. Other tenants in the building have had some success in doing this. Mr. Humphrey noted that previous inquiries did not produce a positive result but he will reach out to SEARHC's CEO. Mr. Johnson agrees that it will be expensive to move to a temporary location and Mr. Geiger agrees that it's important that an effort be made to extend the lease. Mr. Solomon-Gross noted that he had the opportunity to meet with Erin Hardin, Director of Marketing and Strategy. He worked with her on a small project and she did great. He is really happy to have her here and reading the goals in her report.

PRESIDENT REPORT – Mr. Solomon-Gross reported that it's been a busy month with all of the meetings. He will continue to work on the strategic planning goals with Mr. Humphrey and Mr. Hargrave. Information about the Governance Institute's Leadership conference is in the packet. Anyone wishing to go needs to let Ms. Moffitt know so she can register and make room reservations for those wishing to attend. These conferences are very educational.

BOARD CALENDAR – March calendar reviewed. Board compliance training is scheduled to take place at 5:30pm on Wednesday, March 2nd. A Governance Committee meeting may be added. BE Smith recruiter visit to be added on March 3rd and 4th – these are not public meetings. Strategic plan committee assignments will be available prior to the March 4th Planning Committee meeting.

Mr. Solomon-Gross called for a 5-minute break at 6:37 p.m. Meeting resumed at 6:43 p.m.

EXECUTIVE SESSION – *MOTION by Mr. Geiger to recess into executive session to discuss several matters as written in the agenda:*

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Practitioner Health and Wellness Committee survey results, Credentialing report, Medical Staff Meeting minutes, patient safety dashboard and a patient concern.*

And

- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

Ms. Knapp seconded. The Board entered executive session at 6:44p.m. They returned to regular session at 8:02 p.m.

MOTION by Ms. Hagevig to approve the credentialing report as presented. Ms. Knapp seconded. There being no objections, credentialing report approved.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson will be in Mexico but will try to call in for the March board meeting.

ADJOURNMENT: 8:03 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, March 22, 2022

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

To: BRH Finance Committee
From: Robert C. Tyk, FHFMA
Interim Chief Financial Officer
RE: January Financial Performance

Let me first thank you for allowing me the opportunity to work with all of you as well as the staff and physicians at Bartlett Regional Hospital (BRH).

In this report I will address those issues that I think will help you best understand what is happening at BRH from a financial aspect. In that vein, we have added two documents this month: (1) a 12-month rolling Income Statement, and (2) a 12-month rolling Balance Sheet. I include these because I like to examine trends within an organization. I need to see what has been happening from month-to-month as opposed to simply comparing to the budget.

As I become more familiar with BRH, my monthly report will become more robust. We will also begin working to close each month in a timelier manner than is currently in practice. This will take some time to achieve, but will be our goal.

With that all said, let's discuss what happened in January.

January continued a three-month trend of increased hospital patient revenue. This increase helped to offset some decreases in RRC, BHOPS and physician revenue billings compared to December. Strong inpatient and outpatient hospital revenues tracked with a 26% increase in hospital patient days compared to the prior month.

Deductions from Revenue showed a slight increase as a percentage (40.4% to 42.4%) but an actual decrease in pure dollars when compared to the prior month. The major decrease was in bad debt expense. An A/R clean-up resulted in the increase in December. Balances were transferred to our inside Bad Debt but not to the outside agency. A system error prevented notification letters from printing so the increase occurred. The Director of PFS has reviewed this, and the process appears to be fixed. We will continue to review this going forward.

Other operating revenue decreased when compared to December by \$2.98 million. The reason for this decrease was the receipt of additional Provider Relief Funds in December.

Total expenses increased only 1.04% compared to December. Even with higher volumes, the salaries and wages decreased by \$261,846 compared to December or 5.9% which is significant. There were other variances both positive and negative that I will review in the coming days.

All of this resulted in a loss from operations of \$745,668 in the month of January. Interest income and other non-operating income helped to reduce this loss to \$583,470.

There were no significant changes in the Balance Sheet in January compared to December.

One of the challenges for BRH will be to begin to produce a positive bottom line from operations. It is very important for any organization to be profitable from their main line of business.

Thank you.



**Bartlett Regional Hospital
Dashboard Report for January 2022**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	629	378	66%	407	54.5%	3,365	2,622	28%	2,633
Patient Days - Critical Care Unit	91	101	-10%	88	3.4%	678	701	-3%	683
Avg. Daily Census - Acute	23.2	15.5	50%	16.0	45.5%	18.8	15.5	22%	15.4
Patient Days - Obstetrics	42	63	-34%	69	-39.1%	419	439	-5%	442
Patient Days - Nursery	38	52	-28%	53	-28.3%	328	364	-10%	362
Total Hospital Patient Days	800	595	34%	617	29.7%	4,790	4,127	16%	4,120
Births	23	26	-10%	24	-4.2%	164	178	-8%	175
Mental Health Unit									
Patient Days - Mental Health Unit	153	248	-38%	82	86.6%	1,087	1,720	-37%	1,079
Avg. Daily Census - MHU	4.9	8.0	-38%	2.6	86.6%	5.1	8.0	-37%	5.0
Rain Forest Recovery:									
Patient Days - RRC	178	248	-28%	198	-10.1%	1,161	1,720	-33%	556
Avg. Daily Census - RRC	6	8.0	-28%	6	-10.1%	5	8.0	-33%	2.6
Outpatient visits	43	88	-51%	92	-53.3%	300	609	-51%	609
Inpatient: Admissions									
Med/Surg	55	58	-5%	51	7.8%	431	402	7%	392
Critical Care Unit	35	36	-3%	30	16.7%	281	251	12%	243
Obstetrics	19	28	-31%	27	-29.6%	180	191	-6%	189
Nursery	16	26	-38%	24	-33.3%	164	178	-8%	175
Mental Health Unit	20	21	-5%	16	25.0%	165	146	13%	140
Total Admissions - Inpatient Status	145	168	-14%	148	-2.0%	1,221	1,167	5%	1,139
Admissions - "Observation" Status									
Med/Surg	51	63	-19%	47	8.5%	481	436	10%	417
Critical Care Unit	23	27	-14%	26	-11.5%	172	185	-7%	183
Mental Health Unit	0	2	-100%	1	-100.0%	21	16	27%	15
Obstetrics	13	14	-9%	10	30.0%	103	99	4%	94
Total Admissions to Observation	87	106	-18%	84	-23.0%	777	736	6%	709
Surgery:									
Inpatient Surgery Cases	34	50	-32%	49	-30.6%	315	349	-10%	345
Endoscopy Cases	89	89	0%	96	-7.3%	613	617	-1%	620
Same Day Surgery Cases	79	119	-33%	119	-33.6%	681	823	-17%	818
Total Surgery Cases	202	258	-22%	264	-23.5%	1,609	1,790	-10%	1,783
Total Surgery Minutes	15,286	18,480	-17%	16,586	-7.8%	110,470	128,171	-14%	125,382
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	905	968	-6%	910	-0.5%	6,969	6,710	4%	6,606
Cardiac Rehab Visits	0	58	-100%	56	-100.0%	187	403	-54%	398
Lab Visits	2,148	292	635%	317	577.6%	11,653	2,027	475%	2,038
Lab Tests	8,622	9,940	-13%	9,454	-8.8%	67,511	68,940	-2%	67,973
Radiology Visits	744	815	-9%	767	-3.0%	5,609	5,650	-1%	5,563
Radiology Tests	2,245	2,371	-5%	2,207	1.7%	16,363	16,447	-1%	16,168
Sleep Study Visits	21	23	-8%	24	-12.5%	147	158	-7%	158
Physician Clinics:									
Hospitalists	189	236	-20%	194	-2.6%	1,629	1,638	-1%	1,584
Bartlett Oncology Clinic	80	86	-7%	96	-16.7%	653	595	10%	601
Ophthalmology Clinic	42	95	-56%	82	-48.8%	474	657	-28%	640
Behavioral Health Outpatient visits	636	408	56%	550	15.6%	4,559	2,826	61%	2,949
Bartlett Surgery Specialty Clinic visits	184	232	-21%	252	-27.0%	1,542	1,608	-4%	1,617
	1,131	1,056	7%	1,174	-3.7%	8,857	7,324	21%	7,391
Other Operating Indicators:									
Dietary Meals Served	14,472	20,134	-28%	21,267	-13.4%	109,508	139,637	-22%	139,796
Laundry Pounds (Per 100)	399	381	5%	364	0.4%	2,734	2,644	3%	2,608

**Bartlett Regional Hospital
Dashboard Report for January 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,928	5,166	-4.6%	4,095	5,168	5,166	0.0%	4,347
Contractual Allowance %	42.4%	43.6%	-2.8%	43.9%	41.6%	43.6%	-4.7%	43.9%
Bad Debt & Charity Care %	2.4%	1.3%	78.1%	0.6%	3.2%	1.3%	141.5%	1.2%
Wages as a % of Net Revenue	48.2%	52.1%	-7.5%	54.8%	49.5%	52.1%	-4.9%	53.7%
Productive Staff Hours Per Adjusted Patient Day	25.1	25.7	-2.2%	22.0	26.4	25.6	3.2%	22.4
Non-Productive Staff Hours Per Adjusted Patient Day	4.1	4.9	-16.8%	4.5	4.1	4.3	-5.2%	4.0
Overtime/Premium % of Productive	9.59%	7.33%	30.8%	7.33%	7.92%	6.64%	19.2%	6.64%
Days Cash on Hand	68	69	-0.5%	105	67	69	-2.4%	103
Board Designated Days Cash on Hand	145	145	-0.5%	127	142	145	-2.4%	127
Days in Net Receivables	57.3	57	0.0%	50	57.3	57	0.0%	50
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					55.2%	33.7%	63.9%	61.9%
Total debt-to-capitalization (without PERS)					14.1%	33.7%	-58.3%	15.7%
Current Ratio					5.40	2.00	169.8%	7.26
Debt-to-Cash Flow (with PERS)					7.54	2.7	179.2%	9.17
Debt-to-Cash Flow (without PERS)					1.92	2.7	-28.9%	2.32
Aged A/R 90 days & greater					47.9%	19.8%	141.9%	48.3%
Bad Debt Write off					0.6%	0.8%	-25.0%	-0.5%
Cash Collections					93.3%	99.4%	-6.1%	98.4%
Charity Care Write off					0.8%	1.4%	-42.9%	1.6%
Cost of Collections (Hospital only)					4.9%	2.8%	75.0%	4.5%
Discharged not Final Billed (DNFB)					13.3%	4.7%	183.0%	13.8%
Unbilled & Claims on Hold (DNSP)					13.3%	5.1%	160.8%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					1.4%	21.3%	-93.4%	0.0%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF JANUARY 2022

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$4,412,846	\$4,617,388	-\$204,542	-4.4%	\$3,455,235	1.	\$28,382,816	\$32,023,849	-\$3,641,033	-11.4%	\$26,084,099	8.8%
\$1,160,613	\$1,018,705	\$141,908	13.9%	\$1,012,500	2.	\$7,991,800	\$7,065,222	\$926,578	13.1%	\$6,809,101	17.4%
\$5,573,459	\$5,636,093	-\$62,634	-1.1%	\$4,467,735	3.	\$36,374,616	\$39,089,071	-\$2,714,455	-6.9%	\$32,893,200	10.6%
\$10,491,837	\$10,376,504	\$115,333	1.1%	\$9,255,812	4.	\$76,305,278	\$71,966,052	\$4,339,226	6.0%	\$68,125,964	12.0%
\$16,065,296	\$16,012,597	\$52,699	0.3%	\$13,723,547	5.	\$112,679,894	\$111,055,123	\$1,624,771	1.5%	\$101,019,164	11.5%
\$190,248	\$348,954	-\$158,706	-45.5%	\$281,503	6.	\$1,692,062	\$2,420,159	-\$728,097	-30.1%	\$785,234	115.5%
\$406,510	\$274,961	\$131,549	47.8%	\$294,802	7.	\$2,950,684	\$1,906,973	\$1,043,711	54.7%	\$1,719,050	71.6%
\$775,989	\$1,076,414	-\$300,425	-27.9%	\$979,867	8.	\$6,527,213	\$7,465,410	-\$938,197	-12.6%	\$7,073,051	-7.7%
\$17,438,043	\$17,712,926	-\$274,883	-1.6%	\$15,279,719	9.	\$123,849,853	\$122,847,665	\$1,002,188	0.8%	\$110,596,499	12.0%
\$3,082,649	\$3,108,551	-\$25,902	0.8%	\$2,773,392	10.	\$19,587,470	\$21,573,816	\$1,986,346	9.2%	\$19,158,543	2.2%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a.	-\$2,225,000	-\$1,575,000	\$650,000		-\$308,333	
\$4,207,232	\$4,119,118	-\$88,114	-2.1%	\$3,750,569	11.	\$30,340,779	\$28,568,090	-\$1,772,689	-6.2%	\$25,431,524	19.3%
\$452,923	\$723,982	-\$271,059	37.4%	\$495,063	12.	\$3,767,168	\$5,021,164	\$1,253,996	25.0%	\$4,305,784	-12.5%
\$20,316	\$14,826	-\$5,490	-37.0%	\$12,592	13.	\$163,205	\$102,826	-\$60,379	-58.7%	\$90,630	0.0%
\$132,111	\$132,264	\$153	0.1%	\$37,242	14.	\$813,223	\$917,312	\$104,089	11.3%	\$759,847	7.0%
\$281,765	\$103,725	-\$178,040	-171.6%	\$61,333	15.	\$3,171,591	\$719,382	-\$2,452,209	-340.9%	\$523,939	505.3%
\$7,826,996	\$7,977,466	-\$150,470	1.9%	\$6,821,858	16.	\$55,618,436	\$55,327,590	-\$290,846	-0.5%	\$49,961,934	11.3%
42.4%	44.9%			45.9%		41.6%	44.9%			43.9%	
2.4%	1.3%			0.6%		3.2%	1.3%			1.2%	
44.9%	45.0%			44.6%		44.9%	45.0%			45.2%	
\$9,611,047	\$9,735,460	-\$124,413	-1.3%	\$8,457,861	17.	\$68,231,417	\$67,520,075	\$711,342	1.1%	\$60,634,565	12.5%
\$353,598	\$850,634	-\$497,036	-58.4%	\$492,161	18.	\$7,982,816	\$5,899,570	\$2,083,246	35.3%	\$10,464,033	-23.7%
\$9,964,645	\$10,586,094	-\$621,449	-5.9%	\$8,950,022	19.	\$76,214,233	\$73,419,645	\$2,794,588	3.8%	\$71,098,598	7.2%
\$4,187,133	\$4,649,584	-\$462,451	9.9%	\$4,163,761	20.	\$30,272,728	\$32,247,116	\$1,974,388	6.1%	\$29,326,718	3.2%
\$310,416	\$317,591	-\$7,175	2.3%	\$348,084	21.	\$2,333,242	\$2,202,642	-\$130,600	-5.9%	\$2,121,890	10.0%
\$131,180	\$101,316	-\$29,864	-29.5%	\$126,486	22.	\$1,160,514	\$702,670	-\$457,844	-65.2%	\$1,113,602	4.2%
\$2,390,367	\$2,388,660	-\$1,707	-0.1%	\$2,456,915	23.	\$16,857,021	\$16,566,511	-\$290,510	-1.8%	\$16,016,594	5.2%
\$7,019,096	\$7,457,151	-\$438,055	5.9%	\$7,095,246		\$50,623,505	\$51,718,939	\$1,095,434	2.1%	\$48,578,804	4.2%
70.4%	70.4%			79.3%		66.4%	70.4%			68.3%	
\$103,234	\$86,002	-\$17,232	-20.0%	\$68,724	24.	\$459,845	\$596,457	\$136,612	22.9%	\$683,538	-32.7%
\$390,072	\$175,005	-\$215,067	-122.9%	\$344,797	25.	\$2,535,166	\$1,213,747	-\$1,321,419	-108.9%	\$1,874,613	35.2%
\$251,322	\$246,955	-\$4,367	-1.8%	\$115,049	26.	\$1,345,721	\$1,712,753	\$367,032	21.4%	\$1,337,764	0.6%
\$1,344,539	\$1,256,679	-\$87,860	-7.0%	\$1,133,149	27.	\$10,228,117	\$8,715,631	-\$1,512,486	-17.4%	\$10,068,046	1.6%
\$253,444	\$132,422	-\$121,022	-91.4%	\$129,898	28.	\$1,014,422	\$918,391	-\$96,031	-10.5%	\$789,344	28.5%
\$434,349	\$383,893	-\$50,456	-13.1%	\$385,140	29.	\$3,136,515	\$2,662,474	-\$474,041	-17.8%	\$2,959,534	6.0%
\$48,761	\$38,825	-\$9,936	-25.6%	\$63,040	30.	\$422,083	\$269,274	-\$152,809	-56.7%	\$364,139	15.9%
\$65,724	\$56,107	-\$9,617	-17.1%	\$43,647	31.	\$477,720	\$389,138	-\$88,582	-22.8%	\$340,930	40.1%
\$645,931	\$648,348	\$2,417	0.4%	\$585,284	32.	\$4,428,428	\$4,496,617	\$68,189	1.5%	\$4,518,594	-2.0%
\$34,580	\$50,902	-\$16,322	32.1%	\$50,909	33.	\$39,409	\$353,032	\$313,624	88.8%	\$356,577	-88.9%
\$119,261	\$133,298	-\$14,038	10.5%	\$124,901	34.	\$897,355	\$924,377	-\$27,022	2.9%	\$662,346	35.5%
\$10,710,313	\$10,665,587	-\$44,725	-0.4%	\$10,139,784	35.	\$75,608,286	\$73,970,830	-\$1,637,455	-2.2%	\$72,534,229	-4.2%
-\$745,668	-\$79,493	-\$666,175	838.0%	-\$1,189,762	36.	\$605,947	-\$551,185	\$1,157,132	-209.9%	-\$1,435,631	-142.2%
\$100,015	\$169,863	-\$69,848	-41.1%	\$101,391	37.	\$713,224	\$1,178,082	-\$464,859	-39.5%	\$715,562	-0.3%
\$62,183	\$77,064	-\$14,881	-19.3%	\$1,074,927	38.	\$719,471	\$534,484	\$184,987	34.6%	\$1,528,615	-52.9%
\$162,198	\$246,927	-\$84,729	-34.3%	\$1,176,318	39.	\$1,432,695	\$1,712,566	-\$279,871	-16.3%	\$2,244,177	-36.2%
-\$583,470	\$167,434	-\$750,904	448.5%	-\$13,444	40.	\$2,038,642	\$1,161,381	\$877,261	-75.5%	\$808,546	-152.1%

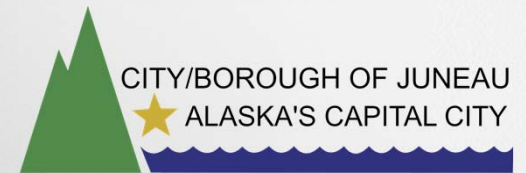
BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
January 31, 2022

	<u>January-22</u>	<u>December-21</u>	<u>January-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	22,205,736	22,771,747	32,427,186	(10,221,451)
2. Board designated cash	29,706,760	30,266,907	35,512,770	(5,806,010)
3. Patient accounts receivable, net	16,652,127	15,965,465	13,865,116	2,787,011
4. Other receivables	684,114	588,186	(353,955)	1,038,069
5. Inventories	3,763,829	3,803,022	3,318,451	445,378
6. Prepaid Expenses	2,653,187	2,801,467	3,021,336	(368,148)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	75,697,690	76,228,731	87,819,781	(12,122,091)
Appropriated Cash:				
9. CIP Appropriated Funding	17,244,030	18,301,848	3,597,217	13,646,814
Property, plant & equipment				
10. Land, bldgs & equipment	152,409,795	152,194,817	146,734,223	5,675,572
11. Construction in progress	12,743,862	11,827,784	7,609,601	5,134,261
12. Total property & equipment	165,153,657	164,022,601	154,343,824	10,809,833
13. Less: accumulated depreciation	(105,939,110)	(105,356,299)	(98,559,626)	(7,379,484)
14. Net property and equipment	59,214,547	58,666,307	55,784,204	3,430,350
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	164,811,114	165,851,730	159,604,881	5,206,238
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,236,761	832,124	1,064,006	172,755
18. Accrued employee benefits	4,713,630	4,792,357	5,186,823	(473,193)
19. Accounts payable and accrued expenses	3,693,454	3,469,843	2,391,091	1,302,363
20. Due to 3rd party payors	2,315,632	2,341,398	4,051,027	(1,735,395)
21. Deferred revenue	869,835	913,002	(3,264,431)	4,134,266
22. Interest payable	(72,885)	31,430	1	(72,886)
23. Note payable - current portion	1,030,000	995,000	910,000	120,000
24. Other payables	242,979	160,707	205,294	37,685
25. Total current liabilities	14,029,406	13,535,861	10,543,811	3,485,595
Long-term Liabilities:				
26. Bonds payable	16,230,000	17,175,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	99,779	105,471	1,122,279	(1,022,501)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	83,277,973	84,228,665	86,745,048	(3,467,075)
31. Total liabilities	97,307,379	97,764,526	97,288,859	18,520
32. Fund Balance	67,503,735	68,087,202	62,316,020	5,187,715
33. Total liabilities and fund balance	164,811,114	165,851,730	159,604,881	5,206,238



Budget Packet FY2023

Bartlett
Regional Hospital



Bartlett Regional Hospital

Bartlett Regional Hospital Budget Review Agenda

Mission Statement

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

FY23 BRH Budget Presentation

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| A. Income Statement | Page 2 |
| B. Statistics | Page 3 |
| C. Capital Plan | Page 4 |
| D. CIP | Page 8 |
| E. CBJ Budget Overview | Page 9 |

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE BUDGET YEAR ENDING JUNE 30, 2023

	Actual FY 2017	Actual FY 2018	Actual FY 2019	Actual FY 2020	Actual FY 2021	Projected FY2022	Budget FY 2023	YTD % VAR
Gross Patient Revenue:								
1. Inpatient Revenue	44,901,557	48,249,464	49,315,947	48,061,895	43,799,897	47,939,940	\$59,276,907	23.6%
2. Inpatient Ancillary Revenue	11,967,312	12,403,151	10,858,901	10,603,590	11,438,519	13,662,374	\$15,480,402	13.3%
3. Total Inpatient Revenue	56,868,869	60,652,615	60,174,848	58,665,485	55,238,416	61,602,314	\$74,757,310	21.4%
4. Outpatient Revenue	83,268,288	88,584,979	98,176,935	103,133,108	119,476,083	131,626,882	138,208,226	5.0%
5. Total Patient Revenue - Hospital	140,137,157	149,237,594	158,351,783	161,798,594	174,714,499	193,229,196	\$212,965,536	10.2%
6. RRC Patient Revenue	3,669,861	4,261,001	4,171,399	2,664,511	2,170,770	3,003,628	\$3,095,149	3.0%
7. BHOPS Patient Revenue	193,804	176,720	2,478,345	3,040,990	3,373,036	5,088,348	\$5,291,892	4.0%
8. Physician Revenue	8,882,932	10,231,684	10,006,086	10,744,464	12,128,681	11,502,448	\$14,155,630	23.1%
9. Total Gross Patient Revenue	152,883,753	163,906,998	175,007,613	178,248,559	192,386,986	212,823,620	\$235,508,207	10.7%
Deductions from Revenue:								
10. Inpatient Contractual Allowance	28,100,239	32,220,709	35,483,854	34,054,576	29,383,913	33,009,642	36,528,096	10.7%
10a. Rural Demonstration Project	(6,899,351)	(3,866,693)	(3,699,996)	(3,700,000)	(2,000,000)	(3,750,000)	(4,200,000)	12.0%
11. Outpatient Contractual Allowance	26,426,690	31,237,089	34,944,251	36,350,861	45,594,860	52,267,094	54,880,449	5.0%
12. Physician Service Contractual Allowance	4,934,656	5,738,046	5,159,877	6,474,834	7,350,844	6,628,490	6,959,915	5.0%
13. Other Deductions	224,915	205,845	173,535	176,691	182,676	285,778	300,067	5.0%
14. Charity Care	767,664	1,519,195	1,082,498	1,090,598	1,367,675	1,362,224	1,430,335	5.0%
15. Bad Debt Expense	4,139,400	648,984	3,066,546	3,174,104	1,466,370	5,779,654	3,500,000	-39.4%
16. Total Deductions from Revenue	57,694,213	67,703,175	76,210,564	77,621,663	83,346,338	95,582,882	\$99,398,861	4.0%
% Contractual Allowances / Total Gross Pat Rev	39%	40%	41%	41%	42%	41%	40%	-3.5%
% Bad Debt & Charity Care / Total Gross Pat Rev	3%	1%	2%	2%	1%	3%	2%	-37.6%
% Total Deductions / Total Gross Pat Rev	38%	41%	44%	44%	43%	45%	42%	-6.0%
17. Net Patient Revenue	95,189,540	96,203,823	98,797,049	100,626,896	109,040,648	117,240,738	\$136,109,345	16.1%
18. Other Operating Revenue	2,128,963	2,040,072	4,713,981	14,510,984	15,148,031	11,462,038	\$4,533,446	-60.4%
19. Total Operating Revenue	97,318,504	98,243,894	103,511,029	115,137,879	124,188,678	128,702,775	\$140,642,790	9.3%
Expenses:								
20. Salaries & Wages	38,232,761	40,448,063	42,318,786	46,562,577	51,273,615	52,171,190	56,850,220	9.0%
21. Physician Wages	2,459,297	2,481,668	3,365,983	3,735,925	3,533,813	4,045,652	5,116,577	26.5%
22. Contract Labor	2,825,500	2,344,388	3,128,019	1,768,952	2,012,352	2,058,668	933,969	-54.6%
23. Employee Benefits	33,352,970	22,741,753	21,798,521	24,413,625	25,066,545	28,933,310	31,107,357	7.5%
	76,870,528	68,015,872	70,611,309	76,481,079	81,886,325	87,208,820	\$94,008,123	7.8%
% Salaries and Benefits / Total Operating Rev	79%	69%	68%	66%	66%	68%	67%	-1%
24. Medical Professional Fees	813,862	939,526	961,500	965,031	1,131,681	713,222	971,156	36.2%
25. Physician Contracts	2,577,719	3,622,534	2,622,926	2,472,343	3,677,800	4,290,188	4,967,368	15.8%
26. Non-Medical Professional Fees	2,571,048	2,592,676	1,883,186	2,095,725	2,442,829	2,188,798	2,915,350	33.2%
27. Materials & Supplies	11,350,496	11,012,692	12,918,764	14,050,846	16,870,873	17,767,158	17,618,780	-0.8%
28. Utilities	1,314,928	1,453,486	1,487,682	1,471,762	1,394,367	1,521,956	2,056,332	35.1%
29. Maintenance & Repairs	3,083,324	3,135,804	3,777,711	4,535,336	5,225,496	5,404,332	5,688,165	5.3%
30. Rentals & Leases	568,516	774,421	619,667	609,337	617,489	746,644	873,170	16.9%
31. Insurance	526,496	495,081	701,158	524,306	746,645	823,992	943,286	14.5%
32. Depreciation & Amortization	7,359,593	7,422,119	7,196,120	7,185,318	7,543,914	7,564,994	7,860,124	3.9%
33. Interest Expense	666,110	653,430	638,664	622,780	660,276	590,596	1,320,818	123.6%
34. Other Operating Expenses	1,058,985	807,823	1,378,727	1,284,023	1,270,856	1,556,188	1,889,649	21.4%
35. Total Expenses	108,761,605	100,925,464	104,797,414	112,297,886	123,468,551	130,376,888	\$141,112,321	8.2%
	(11,443,102)	(2,681,570)	(1,286,385)	2,839,993	720,127	(1,674,113)	(469,530)	-72.0%
Non-Operating Revenue								
37. Interest Income	337,009	590,905	2,393,728	3,031,416	422,857	595,100	\$531,300	-10.7%
38. Other Non-Operating Income	3,161,755	4,016,890	1,774,397	877,141	2,814,636	1,314,574	\$745,912	-43.3%
39. Total Non-Operating Revenue	3,498,764	4,607,794	4,168,124	3,908,556	3,237,492	1,909,673	\$1,277,211	-33.1%
40. Net Income (Loss)	(7,944,336)	1,926,227	2,881,739	6,748,549	3,957,619	235,560	\$807,684	242.9%
Income from Operations Margin	-11.76%	-2.73%	-1.24%	2.47%	0.58%	-1.30%	-0.33%	-74.3%
Net Income	-8.16%	1.96%	2.78%	5.86%	3.19%	0.18%	0.57%	213.8%

Bartlett Regional Hospital
Statistics for the Budget Year Ending June 20, 2023

Facility Utilization:	Actual FY 2017	Actual FY 2018	Actual FY2019	Actual FY2020	Actual FY2021	Projected FY2022	Budget FY2023	Change FY21 to FY22	Change FY22 to FY23
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	4,723	4,795	4,476	4,251	4,543	5,472	6,566	20.4%	20.0%
Patient Days - Critical Care Unit	969	1,062	1,077	1,009	1,089	1,174	1,174	7.8%	0.0%
Avg. Daily Census - Acute	15.6	16.0	15.2	14.4	15.4	18.2	34.6	18.0%	89.8%
Patient Days - Obstetrics	853	804	805	790	750	754	754	0.5%	0.0%
Patient Days - Nursery	749	702	722	622	591	580	580	-1.9%	0.0%
Total Hospital Patient Days	7,294	7,363	7,080	6,672	6,973	7,980	9,074	14.4%	13.7%
Births	333	315	325	287	294	298	298	1.4%	0.0%
Mental Health Unit									
Patient Days - Mental Health Unit	2,809	3,493	3,341	2,454	1,790	1,868	1,868	4.4%	0.0%
Avg. Daily Census - MHU	7.7	9.6	9.2	6.7	4.9	5.1	5.1	4.4%	0.0%
Rain Forest Recovery:									
Patient Days - RRC	3,697	3,936	3,975	2,838	1,434	1,966	1,966	37.1%	0.0%
Avg. Daily Census - RRC	10	10.8	10.9	7.8	3.9	5.4	5.4	37.1%	0.0%
Outpatient visits	1,045	721	303	328	865	514	514	-40.6%	0.0%
Inpatient: Admissions									
Med/Surg	958	881	828	811	319	800	800	150.8%	0.0%
Critical Care Unit	474	487	479	476	319	692	692	116.9%	0.0%
Obstetrics	343	331	335	316	319	322	322	0.9%	0.0%
Nursery	351	332	335	289	296	296	296	0.0%	0.0%
Mental Health Unit	500	544	429	253	241	290	290	20.3%	0.0%
Total Admissions - Inpatient Status	2,626	2,575	2,406	2,145	1,494	2,400	2,400	60.6%	0.0%
Admissions - "Observation" Status									
Med/Surg	600	652	683	667	738	860	860	16.5%	0.0%
Critical Care Unit	344	346	390	356	315	298	298	-5.4%	0.0%
Mental Health Unit	23	21	31	29	24	42	42	75.0%	0.0%
Obstetrics	273	188	219	202	169	180	180	6.5%	0.0%
Nursery	3	12	7	2	-	-	-		
Total Admissions to Observation	1,243	1,219	1,330	1,256	1,246	1,380	1,380	10.8%	0.0%
Surgery:									
Inpatient Surgery Cases	551	594	557	562	594	562	573	-5.4%	2.0%
Endoscopy Cases	1,056	1,137	1,221	917	1,150	1,048	1,048	-8.9%	0.0%
Same Day Surgery Cases	1,270	1,233	1,153	1,135	1,368	1,204	1,228	-12.0%	2.0%
Total Surgery Cases	2,877	2,964	2,931	2,614	3,112	2,814	2,849	-9.6%	1.2%
Total Surgery Minutes	192,833	178,815	184,710	188,905	217,265	190,368	190,368	-12.4%	0.0%
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	16,243	15,913	14,539	13,093	11,592	12,128	12,128	4.6%	0.0%
Cardiac Rehab Visits	1,145	837	1,045	752	671	374	374	-44.3%	0.0%
Lab Visits	3,924	3,707	3,035	3,977	5,288	19,010	13,836	259.5%	-27.2%
Lab Tests	115,721	115,768	112,461	113,220	115,601	117,778	117,778	1.9%	0.0%
Radiology Visits	10,434	10,227	9,367	8,614	9,786	9,730	9,730	-0.6%	0.0%
Radiology Tests	28,438	29,821	30,311	26,318	27,184	28,236	28,236	3.9%	0.0%
Sleep Study Visits	212	287	311	304	295	252	252	-14.6%	0.0%
Physician Clinics:									
Hospitalists	2,445	2,973	2,280	2,320	2,517	2,880	2,880	14.4%	0.0%
Bartlett Oncology Clinic	655	757	846	862	1,033	1,146	1,146	10.9%	0.0%
Ophthalmology Clinic	N/A	N/A	N/A	107	979	864	864	-11.7%	0.0%
Behavioral Health Outpatient visits	N/A	N/A	N/A	4,353	6,316	7,846	7,846	24.2%	0.0%
Bartlett Surgery Specialty Clinic visits	3,688	4,678	3,628	3,016	2,924	2,716	2,716	-7.1%	0.0%
	6,788	8,408	6,754	10,658	13,769	15,452	15,452	12.2%	0.0%
Other Operating Indicators:									
Dietary Meals Served	233,711	264,982	327,287	300,896	246,404	190,072	209,079	-22.9%	10.0%
Laundry Pounds (Per 100)	3,571	4,841	4,776	4,252	4,544	4,670	6,796	2.8%	45.5%

Department	Description	Priority	Category (selected by finance)	FY2023	FY2024	FY2025	FY2026
01.6010-Med/Surg	Hill-Rom Centrella Smart 255 bed	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$81,683.28			
01.6020-Critical Care	New furniture for CCU patient room. They have not been replaced since moving in 2007. Updating from cloth to vinyl so it can be cleaned easier. 9 sleeper chairs, 9 patient chairs and 4 ottomans	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$35,000.00			
01.6020-Critical Care	7 bedside tray table to replace old ones	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$4,303.89			
01.6020-Critical Care	2 Workstations on Wheels. Requested by hospitalists so they could chart in room	1 - Patient Safety/Compliance	Minor Equipment	\$9,000.00			
01.6020-Critical Care	ICU Hil Rom Bed	1 - Patient Safety/Compliance	Minor Equipment	\$38,620.50			
01.6020-Critical Care	Bladder Scanner	3 - Future End of Life/Nice to have	Minor Equipment		\$11,345.00		
01.6020-Critical Care	Philips BIS Module (2)	1 - Patient Safety/Compliance	Minor Equipment	\$12,395.00			
01.6080-Obstetrics	Current lockers in OB locker-room are very small, only 12in x 12in and are very dated. Staff do not have a space to put their shoes, or hang their coats and the locker room therefore is very hard to keep clean and organized. We are also short on lockers for all staff. This new product would allow for larger lockers that match the model/size found on other clinical units and provide enough individual lockers for all staff.	2 - End of Life/Revenue Enhancer/Cost Saver	Fixed Equipments	\$12,500.00			
01.6080-Obstetrics	Fetal Monitoring Beltless Solution from Philips. This monitoring system is geared towards monitoring patients with a high BMI who are difficult to obtain fetal monitoring successfully on. It will greatly improve monitoring capabilities for staff and decrease interventions for the patient.	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$20,000.00			
01.6080-Obstetrics	Labor and Delivery beds (1/ yr)	3 - Future End of Life/Nice to have	Minor Equipment		\$25,000.00	\$25,000.00	
01.6170-Respiratory Therapy	additional CPAP equipment for Neonates	1 - Patient Safety/Compliance	Minor Equipment	\$20,000.00			
01.6170-Respiratory Therapy	new ventilators to replace ones that are past end of life, simplify supplies we need to keep/order	2 - End of Life/Revenue Enhancer/Cost Saver	Major Moveable	\$150,000.00			

Department	Description	Priority	Category (selected by finance)	FY2023	FY2024	FY2025	FY2026
01.6198-Hospitalist Dept	design of upfit of call rooms	1 - Patient Safety/Compliance	Fixed Equipments	\$10,000.00			
01.6210-Operating Room	Soltive laser for Urology	2 - End of Life/Revenue Enhancer/Cost Saver	Major Moveable	\$110,000.00			
01.6210-Operating Room	Upgrade of outdated video equipment	1 - Patient Safety/Compliance	Major Moveable				
01.6210-Operating Room	Surgical grade storage cart	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$13,000.00			
01.6210-Operating Room	New documentation software for endoscopy	2 - End of Life/Revenue Enhancer/Cost Saver	System Software	500000			
01.6211-Central Sterile Supply	New Washer for surgical instruments	2 - End of Life/Revenue Enhancer/Cost Saver	Fixed Equipments	\$144,854.76			
01.6213-Same Day Surgery	SCD Machines	1 - Patient Safety/Compliance	Major Moveable	\$62,000.00			
01.6213-Same Day Surgery	New Patient room furniture	1 - Patient Safety/Compliance	Minor Equipment	\$10,000.00			
01.6222-Infusion Therapy	Replace or upgrade patient care equipment (patient bed)	3 - Future End of Life/Nice to have	Minor Equipment	\$8,000.00			
01.6230-Emergency Dept	ED Stretchers with scales (2 new each year)	1 - Patient Safety/Compliance	Minor Equipment	\$20,000.00	\$20,000.00	\$20,000.00	
01.7010-Laboratory	Vidas	1 - Patient Safety/Compliance	Minor Equipment	\$35,000.00			
01.7010-Laboratory	Pochi	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$9,700.00			
01.7010-Laboratory	Chemistry Analyzer	2 - End of Life/Revenue Enhancer/Cost Saver	Major Moveable	\$200,000.00			
01.7010-Laboratory	BioFire Tournch	1 - Patient Safety/Compliance	Major Moveable	\$89,557.00			
01.7010-Laboratory	Chemistry and Immunoassay analyzer	1 - Patient Safety/Compliance	Major Moveable	\$115,000.00			
01.7013-Histology	Special Stainer	3 - Future End of Life/Nice to have	Major Moveable		\$82,000.00		
01.7013-Histology	Cytec thin prep 2000	1 - Patient Safety/Compliance	Minor Equipment	\$12,000.00			
01.7041-Diagnostic Radiology	12 MP mammography monitor	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$17,375.00			
01.7042-Ultrasound	Need new ultrasound table. End of life no parts and broken replace them in order purchased or become unserviceable	1 - Patient Safety/Compliance	Minor Equipment	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
01.7042-Ultrasound	Unltrasound Reaplacement	1 - Patient Safety/Compliance	Major Moveable	\$138,398.00			\$175,000.00
01.7045-MRI	MRI Replacement	1 - Patient Safety/Compliance	Major Moveable	\$2,600,000.00			

Department	Description	Priority	Category (selected by finance)	FY2023	FY2024	FY2025	FY2026
01.7047-Mammography	MAGVIEW TABLETS AND SOFTWARE	1 - Patient Safety/Compliance	System Software	\$20,000.00			
01.7070-BRH Pharmacy	Upgrade 3rd floor cleanroom	1 - Patient Safety/Compliance	Fixed Equipments		\$1,000,000.00		
01.7070-BRH Pharmacy	Infusion pump integration	1 - Patient Safety/Compliance	Major Moveable	\$250,000.00			
01.8200-Environmental Services	Carpet Extractor	1 - Patient Safety/Compliance	Buildings	\$15,000.00			
01.8200-Environmental Services	ED/OB/CCU Curtains	1 - Patient Safety/Compliance	Buildings		\$75,000.00		
01.8210-Laundry	Driers	1 - Patient Safety/Compliance	Major Moveable	\$80,000.00			
01.8360-Facilities Management	John Deere	1 - Patient Safety/Compliance	Major Moveable	\$30,000.00			
01.8360-Facilities Management	Commons Furniture	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00
01.8360-Facilities Management	Campus Wide Radio System	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$100,000.00			
01.8360-Facilities Management	Jeep	2 - End of Life/Revenue Enhancer/Cost Saver	Major Moveable	\$35,000.00	\$35,000.00		
01.9200-Information Services Mgmt Policy / Document Management System replacement		1 - Patient Safety/Compliance	System Software	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
01.9200-Information Services Mgmt Virtual Desktop Expansion		2 - End of Life/Revenue Enhancer/Cost Saver	System Software	\$125,000.00			\$250,000.00
01.9200-Information Services Mgmt Computer Replacements		2 - End of Life/Revenue Enhancer/Cost Saver	System Software	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
01.9200-Information Services Mgmt for expansion or replacements.	Camera System. Future years: 2022-2025 budgeting	1 - Patient Safety/Compliance	Minor Equipment	\$5,000.00	\$5,000.00	\$5,000.00	
01.9200-Information Services Mgmt Fluke Network Testing Unit		2 - End of Life/Revenue Enhancer/Cost Saver	System Software	\$52,000.00			
01.9200-Information Services Mgmt Network Cabling for Old part of Hospital		2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$52,000.00			
01.9200-Information Services Mgmt Network Cabling for Old part of Hospital		2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$56,000.00			
01.9200-Information Services Mgmt Network Cabling for Old part of Hospital		2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$42,000.00			
01.9200-Information Services Mgmt for High-Availability	Wireless Access Points and 2nd Wireless Controller	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
01.9200-Information Services Mgmt included	Cisco C9300 switches with the 12 x AIR-MOD-POE	2 - End of Life/Revenue Enhancer/Cost Saver	Minor Equipment	\$26,000.00			

Department	Description	Priority	Category (selected by finance)	FY2023	FY2024	FY2025	FY2026
	VxBlock server blade expansion and storage expansion						
01.9200-Information Services Mgmt	FY 2022-2026 allocating for continual expansion of the VxBlock for more storage and sever hardware.	2 - End of Life/Revenue Enhancer/Cost Saver	System Software	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00
01.9200-Information Services Mgmt	Digital Whiteboard Integration	1 - Patient Safety/Compliance	System Software	\$200,000.00			
01.7041-Diagnostic Radiology	PACS System	2 - End of Life/Revenue Enhancer/Cost Saver			\$400,000.00		
01.6020-Critical Care	ICU Beds	1 - Patient Safety/Compliance			\$44,000.00		
01.8200-Environmental Services	Sterile Meryl	1 - Patient Safety/Compliance			\$100,000.00		
01.8360-Facilities Management	Med Tester	1 - Patient Safety/Compliance			\$15,000.00		
01.6020-Critical Care	Patient Lift	3 - Future End of Life/Nice to have				\$20,000.00	
01.7044-CT Scan	CT Replacement	1 - Patient Safety/Compliance				\$1,500,000.00	\$1,500,000.00
01.8200-Environmental Services	SDS Curtains	1 - Patient Safety/Compliance				\$75,000.00	
01.6020-Critical Care	WiFi for Zoll Defibs wide	1 - Patient Safety/Compliance	hospital				\$12,000.00
01.6020-Critical Care	US machine	2 - End of Life/Revenue Enhancer/Cost Saver					\$80,000.00
01.7044-CT Scan	CT Replacement	1 - Patient Safety/Compliance				\$1,500,000.00	\$1,500,000.00
01.7047-Mammography	3D Mammography Replacement	1 - Patient Safety/Compliance					\$400,000.00
01.7070-BRH Pharmacy	Specialty pharmacy	2 - End of Life/Revenue Enhancer/Cost Saver					?
01.8360-Facilities Management	RRC Passenger Van	2 - End of Life/Revenue Enhancer/Cost Saver					\$50,000.00
01.8360-Facilities Management	Bobcat	2 - End of Life/Revenue Enhancer/Cost Saver					\$90,000.00
01.9530-Compliance	Need more warehouse storage space. Materials are stored too close to the fire suppression system in MM even when inventory are at minimum levels (18" storage rule)	1 - Patient Safety/Compliance					?
Total				\$5,866,387.43	\$2,112,345.00	\$3,445,000.00	\$4,357,000.00

Depreciation	Total Capital Purc	FY23 Depreciation Amount
Buildings	\$15,000.00	\$1,500.00
Fixed Equipments	\$167,354.76	\$33,470.95
Major Moveable	\$3,859,955.00	\$551,422.14
Minor Equipment	\$672,077.67	\$96,011.10
System Software	\$1,152,000.00	\$384,000.00
	<u>\$5,866,387.43</u>	<u>\$1,066,404.19</u>

Bartlett Regional Hospital
Six Year Department Improvements Plans

Project	Priority	FY23	FY24	FY25	FY26	FY27	Future	Total
Deferred Maintenance	1	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	18,000,000
Emergency Room remodel and expansion	2							-
Crises Stabilization	3							-
North Addition	3			40,000,000				40,000,000
First Floor Renovation	4				12,000,000			12,000,000
Relocate & Remodel Biomed, Dietary, Laundry,	5		2,500,000	2,500,000				5,000,000
Medical Office Building	6		2,000,000	1,000,000				3,000,000
Remodel Laboratory (5000 Sq Ft)	7						3,750,000	3,750,000
Maintenance Building for Equipment	8						1,000,000	1,000,000
Oxygen Tank (Bulk) Storage	9						500,000	500,000
Totals		3,000,000	7,500,000	46,500,000	15,000,000	3,000,000	8,250,000	83,250,000

1. Deferred Maintenance: These funds are to address infrastructure projects. These funds will be used for known and planned projects and also used to address replacement or repairs that are not anticipated.

2. The Emergency Room is in need of renovation and expansion. As a part of this project the ventilation for the Emergency Room and upper floors will be upgraded. The Covid epidemic revealed the inadequacy of space in the Emergency Room and the need for ventilation improvements which will add both negative and positive pressure treatment rooms.

3. The cost of adding a 3rd floor to the Crises Stabilization facility has increased significantly from estimated costs developed 6 months ago. Covid and supply stream problems have increased construction materials significantly necessitating additional funding.

Bartlett Regional Hospital

OVERVIEW

	FY21 Actuals	FY22		FY23 Proposed Budget	FY24 Proposed Budget
		Amended Budget	Projected Actuals		
EXPENDITURES					
Personnel Services	\$ 654,300	87,815,100	87,208,800	94,008,200	94,008,200
Commodities and Services	118,552,100	31,109,800	35,012,500	37,923,300	37,965,700
Capital Outlay	435,100	5,000,000	5,000,000	5,866,400	2,112,300
Debt Service	1,524,300	1,666,700	1,590,600	2,800,900	3,018,500
Support to:					
Capital Projects	13,465,000	25,500,000	25,500,000	3,000,000	7,500,000
Total Expenditures	134,630,800	151,091,600	154,311,900	143,598,800	144,604,700
FUNDING SOURCES					
Charges for Services	118,280,700	122,270,500	120,672,900	137,251,600	137,251,600
State Revenue	(179,100)	2,586,500	4,030,000	3,619,100	3,619,100
Federal Revenue	79,800	-	4,796,400	-	-
Investment and Interest Income	389,800	2,000,000	595,100	531,300	531,300
Bond Proceeds	-	20,000,000	20,000,000	-	-
Support from:					
Capital Projects	-	-	4,000,000	-	-
Liquor Tax	175,000	-	-	-	-
Tobacco Excise Tax	518,000	518,000	518,000	518,000	518,000
Total Funding Sources	119,264,200	147,375,000	154,612,400	141,920,000	141,920,000
FUND BALANCE					
Debt Reserve					
Beginning Reserve Balance	1,741,400	1,806,500	1,806,500	1,806,500	1,806,500
Increase (Decrease) in Reserve	65,100	-	-	-	-
End of Period Reserve	1,806,500	1,806,500	1,806,500	1,806,500	1,806,500
Available Fund Balance					
Beginning of Period	77,667,900	62,236,200	62,236,200	62,536,700	60,857,900
Increase (Decrease) in Fund Balance	(15,431,700)	(3,716,600)	300,500	(1,678,800)	(2,684,700)
End of Period Available Fund Balance	\$ 62,236,200	58,519,600	62,536,700	60,857,900	58,173,200
STAFFING	506.00	566.00	527.00	617.00	617.00

Bartlett Regional Hospital

Bylaws

ARTICLE IV: COMMITTEES OF THE MEDICAL STAFF

4.1 Composition of Committees.

All Active, Associate, Honorary and Advance Practice Clinician Staff members may be appointed by the Chief of Staff to serve on Medical Staff committees. Each Committee will submit in writing, their recommendation that identifies a member to serve as "Chair" chairs of their committee, to the are appointed by the Chief of Staff for consideration of appointment. Hospital members of Medical Staff committees are appointed by the Chief Executive Officer. The Chief of Staff and the Chief Executive Officer are *ex-officio* members of all committees.

4.2 Term of Service.

Unless otherwise specified by the Chief of Staff at the time of appointment, a committee member serves an indefinite term.

4.3 Removal and Vacancies.

Except for the Medical Staff Executive Committee, a Medical Staff committee member may be removed by the Chief of Staff, and a Hospital committee member may be removed by the Chief Executive Officer, at any time and for any reason. A committee vacancy shall be filled in the same manner in which appointments to the committee are ordinarily made.

4.4 Quorum.

Quorum for a committee meeting is two members.

4.5 Manner of Action.

The action of a majority of the committee members present at a meeting at which a quorum is present is the action of the committee. Action may be taken without a meeting by unanimous consent setting forth the action taken, signed in writing or confirmed via electronic mail by a majority of committee members. The committee chair will tabulate the votes.

Bartlett Regional Hospital

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

Governing Board Annual Compliance Training

Draft Minutes

March 02, 2022

Training began at 5:30 PM

Board Members:

Iola Young; Deborah Johnston; Brenda Knapp; Kenny Solomon-Gross; Rosemary Hagevig; Mark Johnson; Lindy Jones; Hal Geiger; Lance Stevens, absent

Staff/Other: Nathan Overson, Compliance Officer; Jerel Humphrey, CEO; Robert Tyk, CFO; Kim McDowell, CCO; Sherri Layne, CBJ Law; Gail Moorehead, Senior Director of Quality; Scott Chille, IT Director; Debbie Kesselring, Med Staff Director; Karen Forrest, CBHO; Sara Dodd, Physician Services Director; Ursula Iha, Pharmacy Director; Angelita Rivera, Patient Access Services Director.

Governing Board Annual Compliance Training:

As recommended by the Board Compliance & Audit Committee, and as required by Office of the Inspector General, U.S. Department of Health and Human Services, the Bartlett Regional Hospital board of directors received their annual compliance training. Shannon Sumner and Susan Thomas of PYA, P.C., provided the annual compliance training. They presented an overview of the regulations and laws that inform the guidance of a Hospital Compliance Program, and the Board's responsibility for compliance. They also covered the formal Compliance Program Review and Risk Assessment that their firm completed for Bartlett in June 2021.

The training covered the following topics:

- Introductions and Project Team
- Compliance Program Guidance
- Overview of Fraud and Abuse Laws
- Compliance Program Fundamentals
- The Board's Responsibility for Compliance
- Compliance Program Assessment Executive Summary
- Compliance Risk Assessment Executive Summary
- Questions and Group Discussion
- Resources for the Board

The Board was engaged in asking questions, and discussion about regulatory expectations, and how Bartlett's Compliance Program met regulatory requirements. There was also conversation regarding the Compliance Program Review and Risk Assessment. It is anticipated that all board members will receive this training either live or view the recording; attestation forms will be collected upon completion.

Training Adjourned 6:57 PM

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

March 4, 2022 – 12:00 p.m.

Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Lance Stevens*, Mark Johnson*, Deb Johnston, Hal Geiger and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Karen Forrest, Kim McDowell, Dallas Hargrave, Marc Walker, Jeanne Rynne, and Anita Moffitt

APPROVAL OF AGENDA - Mr. Johnson made a MOTION to approve the agenda as written. Ms. Knapp seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson made a MOTION to approve the minutes from the February 4, 2022 Planning Committee meeting. Ms. Knapp seconded. There being no objections, minutes approved.

COVID STATUS – Ms. McDowell reported we have no Covid patients in house, 8 Covid positive employees, seeing decreased numbers of Covid activity through the ED and overall numbers throughout CBJ decreasing. PPE, testing supplies and staffing are all stable at this time.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker reported that the plan and timeline, included in the packet, have been updated since our last meeting.

CURRENT PROJECTS UPDATE – Mr. Walker reported the current projects update list is included in the packet. He noted that the chiller replacement project was estimated to cost \$250,000. The lowest bid for the project came in at \$365,000. The contract is going to be awarded today. Mr. Stevens expressed concern that the bid is so much higher than our highest estimate. Ms. Rynne reported that this is a problem that has resulted in cancelation of several projects in town due to increased supply costs. There is a small chance to reduce some of these project costs but deductive change orders cannot be negotiated until after a bid is awarded. We have not yet exceeded budget for these projects. Funds for these projects come from deferred maintenance. We will be under by about \$117,000 out of \$6.9 Million if we move the CT/MRI replacement out of deferred maintenance. Mr. Stevens stated we need help from the city to obtain truer estimates so sound fiscal decisions can be made. Ms. Rynne agreed that if the engineer had given a 45 - 50% contingency, she would have questioned it. Ms. Knapp stated that we may need to allow ourselves higher built in contingencies since supply chains and material costs are not reliable. Mr. Solomon-Gross asked what the time frame is from when the engineer makes an estimate of the cost and when it goes out to bid. Preliminary estimates are done at initial planning of the projects, again at 65% completion in the design process and again at 95% completion. Typically, the engineer's estimates would fall in the middle of the bid range but that's not what we are seeing. We are going to have to keep an eye on this and be prepared as we move forward.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Ms. Rynne reported the field report in the packet reflects the status of the behavioral health building project as of last Thursday. The final concrete pour has been done and they've started erecting steel, a major milestone. The project is on schedule.



ED EXPANSION PROJECT UPDATE - Ms. Rynne reported the pre-design report is in the packet. She provided an overview of the project cost estimates from 2021 and 2022. The cost estimates for the plan included in the pre-design report was at \$11.2 Million for construction, total project cost of \$18.8 Million. This is significantly higher than what we started out with at the completion of the master planning phase. Construction had been estimated at \$7 Million, total project cost at \$11.3. We have been working with Architects Alaska and stakeholder groups to get program costs down. We have honed in on two options that fall within the \$10.2-10.5 Million range for construction, \$17.5 - 17.7 Million total project costs. We are very close to a final concept design that meets our needs. It now needs to be determined what an acceptable budget target is for this project. Mr. Stevens stated the financial aspect of this is a huge issue. We bonded \$12 Million for this project and are going to be short \$6 Million before we're out of the final design. If bids come back as we've seen, we won't even have half of this. Ms. Johnston stated this needs to go back to Finance Committee to discuss finance options. She then asked how the medical equipment got missed in the initial estimate. Ms. Rynne reported we did not have a good estimate for equipment costs in the first estimate. A thorough analysis will be done to determine what medical equipment actually needs to be replaced. The \$2 Million is a place holder and would cover costs if all equipment needed to be replaced. In response to Mr. Johnson's question about the status of the Certificate of Need (CON) application for this project, Mr. Humphrey reported that legal is working on it. Mr. Solomon-Gross stated that we're pretty deep into this project and doesn't think we can stop. Ms. Knapp stated that the ED expansion has been needed for a long time. She agreed this needs to go back to finance and that Jeff Rogers should be invited to the March 11th meeting to provide information about our options to help in our decision making. As a follow-up to Ms. Knapp's question at the February Planning Committee meeting, Ms. Rynne reported that controlling airborne illnesses by people coming into the ED will be handled like it is now. People that come into the ED presenting with symptoms that are respiratory in nature, receive a mask upon entry. If there is a high suspicion of contagion, the patient will be taken immediately into a treatment room for isolation from others in the waiting room.

MARKETING STRATEGY UPDATE – Mr. Humphrey reported that Marketing Director, Erin Hardin has started surveying and soliciting input from key stakeholders regarding a marketing reset. A survey will also be sent to board members for input. It is important for Bartlett to let the community know what the services are that Bartlett has to offer.

NEW BUSINESS

Hospital Parking and Excavation – Ms. Rynne reported the draft memo from Rorie Watt, included in the packet, includes a sitemap for areas that could possibly be excavated for a future parking garage. These parcels are owned by CBJ and BRH. He suggests BRH might want to consider going into a planning phase to do a survey, geotechnical work and concept planning with a rough order of magnitude cost estimates as part of the deliverables, to add a future parking structure. Mr. Johnson expressed his support for an analysis since parking is an ongoing issue. Ms. Rynne reported that John Bohan recommends budgeting \$150,000 for this analysis. Mr. Stevens initiated discussion about the cost of the downtown parking structure. He stated that he would prefer to have the Gitkoff property surveyed if we have to choose just one. Mr. Geiger observed that the 2-acre piece of property is very steep and would be expensive and impractical to excavate. Mr. Solomon-Gross suggested it would make more sense to build a parking garage on the flat ground we currently own and use for parking, and build offices on top of that. Ms. Knapp agreed this would make sense and also supports an analysis of the Gitkoff property. Ms. Rynne stated the \$150,000 would cover looking at all three parking concepts. Mr. Johnson supports looking at all 3 options. Ms. Knapp suggested moving this to the Finance Committee for further discussion. Mr. Stevens expressed support of a study so we will know what we can do to maximize the use of the land that we already own. **MOTION by Mr. Johnson for the finance committee to look at the three options for land utilization, including parking, and to identify resources with which to proceed with such a study. Ms. Knapp seconded. There being no objection, MOTION approved.**

Bartlett Surgery and Specialty Clinic (BSSC) Relocation – Mr. Humphrey reported that the BSSC is going to have to vacate its current location since SEARHC has purchased the building. The lease is up December 2022. He has a meeting scheduled with Charles Clement, CEO of SEARHC next week to discuss extending the lease. He noted the second floor of the Crisis Stabilization Center was to be used as a temporary location for the BSSC but it will not be available before the lease is up. He also reported that Karen Forrest, Interim Chief Behavioral Health Officer, has been working on expanding



behavioral health services. Moving the BSSC to the second floor of this building was to be a temporary solution until a permanent location could be found. He identified property located at 3017 Clinton Drive (Rejuvenation Salon and Spa location in Vintage Park) as a possible relocation option for the BSSC and their billing staff. Moving the BSSC to this location would allow behavioral health to use the second floor of the Crisis Stabilization building to expand their services. Mr. Johnson observed that Dr. Huffer, the new urologist, is located in Vintage Park. Mr. Geiger, referencing a document in the packet, commented that when communicating with the board, make sure the author of the document is included as well as who the document is addressed to. In response to Mr. Stevens, Mr. Humphrey stated the proposed location would be a leased space with an option to purchase in the future and the lease would be cheaper than what we currently pay. He will supply specifics about the proposed location as well as Mr. Clement's response regarding extending BSSC's current lease when they become available.

Crisis Stabilization Center, Floor 2 Proposal – Ms. Forrest reported the behavioral health department would like to utilize the second floor of the Crisis Stabilization Center building for expansion of outpatient psychiatry and ABA (Applied Behavioral Analysis) services and for crisis navigators space. There has been tremendous growth in outpatient services provided, 33% in the last year and still growing. Services to children through ABA, are currently maxed out to 18 children and have 70 kids on the wait list. These services could easily expand into the second floor. When this building was designed, the long term goal was to have the entire building used for behavioral health services after it is no longer needed as transition space. It would be great to be able to do that when it first opens. She is seeking feedback and approval from the board to move ahead with obtaining cost estimates for minimal design changes to better meet our needs. Mr. Johnson expressed his support and initiated discussion about how many more children would benefit from these expanded services. Ms. Forrest anticipates the need for behavioral health services to continue to grow. Mr. Stevens initiated discussion about the best use of this limited space. Mr. Johnson initiated discussion about the crisis response system in our community. Ms. Knapp thanked Ms. Forrest for sharing her in depth knowledge of the system and for development of these behavioral health programs. She then stated that we need to determine where the BSSC will go before a determination is made about moving ahead with this plan. Mr. Humphrey will speak to SEARCH about extending the current lease for BSSC and further investigate the proposed relocation space. Findings will be brought back to the Planning Committee for review. Ms. Forrest will meet with her team again to ensure plans are mapped out in a way to best meet the needs for expansion of BOPS and ABA services. Mr. Stevens and Mr. Johnson support moving ahead with getting cost and revenue estimates for this proposal. Ms. Knapp gave the go ahead to proceed with getting these estimates and bringing them back to the Planning Committee for review. Ms. Forrest noted that time is of the essence since materials are already being ordered and we don't want to order anything we don't need. She expressed appreciation of the committee's support.

Strategic Goal Initiatives – Ms. Knapp stated the strategic goal initiatives included in the packet are the result of the work done at the strategic planning meeting. She will work with Mr. Solomon-Gross to identify which of the projects assigned to Planning Committee should be worked on first. Staff is going to need to bring information and recommendations related to the initiatives. Mr. Solomon-Gross would like the board's input as to how to prioritize them. Mr. Johnson initiated discussion about a compliance review of new service lines. Strategic goal initiatives will be put on next month's agenda for further discussion and prioritization.

Comments – Mr. Johnson will be in Mexico and may not be able to participate at the April 1st meeting. Mr. Solomon-Gross will also be out of town and possibly unable to participate. Ms. Knapp thanked everyone for participating in today's meeting.

Next Meeting – 12:00 pm Friday, April 1, 2022

Adjourned – 1:20 pm.

Bartlett Regional Hospital

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

Board Quality Committee March 9, 2022 Minutes

Called to order at 3:31 p.m. by Board Quality Committee Chair, Lindy Jones

Board Members: Mark Johnson*, Hal Geiger*, Lindy Jones*, Kenny Solomon-Gross*

Staff: Gail Moorehead*, Charlee Gribbon*, Deborah Koelsch*, Jeannette Lacey*, Jerel Humphrey*, Kim McDowell*, Scott Chille*, Jennifer Twito*

Guests: None

Mark Johnson made a MOTION to approve the minutes from September 8, 2021 Board Quality Meeting. Hal Geiger seconded, they are approved.

Old Business: None

Standing Agenda Items:

COVID Update – Gail Moorehead

- Gail Moorehead presented the current in patient Covid numbers and staff illnesses. She also reviewed the changes around our incident directives and transitioning to permanent operations and policy.

2021 BOD Quality Dashboard – Deborah Koelsch

- Deborah Koelsch went over the dashboard which is included in the packet.

2021 BOD Hand Hygiene Overview – Charlee Gribbon

- Charlee Gribbon reported on hospital wide hand hygiene dashboard and the 2022 goals to increase our hand hygiene observations.

New Business:

Cybersecurity Posture Improvement – Scott Chille

- Scott Chille reviewed the IT department presentation on our IT security program that was included in the packet

Certified Nurses Program Initiation – Jennifer Twito

- Jennifer Twito shared the progress on the certified nurse's program that was established in 2020. The full report is in the board packet. Discussion around how we can support local programs for nursing and other health professions.

Strategic Plan Quality Goal 5 – Gail Moorehead

- Gail Moorehead reviewed the actions that are being taken by the quality department to meet the board’s strategic plan goal 5. The complete presentation is in the packet.

Motion by Mark Johnson at 4:16 to recess into executive session to discuss several matters: those which by law, municipal charter, and ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure related to a patient sentinel event and other patient safety event reported from The Joint Commission.

Committee returned from executive session at 4:33 and adjourned meeting.

Next Quality Board meeting: May 11, 2022 at 3:30 pm

DRAFT

Bartlett Regional Hospital

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Finance Committee Meeting Minutes – Zoom Meeting March 11, 2022 at 12:00pm

Called to order at 12:00 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Lance Stevens*, Kenny Solomon-Gross, and Iola Young.

Staff & Others: Jerel Humphrey, Interim CEO, Robert Tyk, Interim CFO, Karen Forrest, Interim CBHO, Kim McDowell, CCO, Blessy Robert, Director of Accounting, Kris Muller, Gage Thompson, Seanna O’Sullivan, Megan Rinkenberger, Jeanne Rynne, CBJ, Mark Kneedler, Architects Alaska, Tiara Ward, CBJ, Sarita Knull, CBJ, and Sherri Layne, CBJ.

Public Comment: None

Mr. Stevens made a MOTION to approve the minutes from the February 11, 2022 Finance Committee Meeting. Mr. Geiger seconded, and they were approved.

Covid-19 Update – Kim McDowell, CCO

There are currently no Covid-19 patients in house. City-wide Covid-19 infection numbers are dropping. The PPE supplies and staffing are stable.

BRH ED Addition & Renovation Update – Jeanne Rynne & Mark Kneedler

Many of the board members were part of the planning committee meeting and are familiar with the issue and recommended it be brought to the Finance Committee. This expansion has been in the master plan for some time, and CBJ was directed to solicit design services last summer.

June 2021 RFP estimated the cost at \$7 million, to total project cost of \$11.3 million, equaling bond of \$12 million once you include bond financing cost. Architects Alaska was asked to give an estimate of the RFP in today’s dollars. Same program in today’s dollars would be \$16.2 million.

Architect Alaska (AA) met with stakeholders earlier this year. The needs and wants of stakeholders put construction costs at \$11.2 million with total project cost of \$18.8 million. SLT then directed them to take steps to lower the cost. AA then produced seven options that ranged from \$9.8-10.8 million. The two versions that work best are around \$10.5 million, for total project cost of \$17.4-17.7 million. They are here today looking for direction on how to move forward. The schedule has the project going out to bid by October 2022. Do they decrease scope, find additional funding, or a combination of both? The difference between the bond amount and the new cost would come out of the hospital’s reserves.

The estimate of \$2 million for medical equipment hasn’t been detailed yet. There needs to be an inventory of existing equipment done to determine what will be included and what will need to be obtained. This estimate is based on other similar projects, but currently acts as a placeholder or buffer.

Ms. Johnston made a MOTION to move the project back to the Planning Committee (meeting April 1, 2022) to review the preferred plans that Architects Alaska created. Mr. Stevens seconded, and there were no objections.

January 2022 Financial Review – Robert Tyk, Interim CFO

January continued a three-month trend of increased hospital patient revenue. This increase helped to offset some decreases in RRC, BHOPS and physician revenue billings compared to December. Strong inpatient and outpatient hospital revenues tracked with a 26% increase in hospital patient days compared to the prior month.

Deductions from Revenue showed a slight increase as a percentage (40.4% to 42.4%) but an actual decrease in pure dollars when compared to the prior month. The major decrease was in bad debt expense. An A/R clean-up resulted in the increase in December. Balances were transferred to our inside Bad Debt but not to the outside agency. A system error prevented notification letters from printing so the increase occurred. The Director of PFS has reviewed this, and the process appears to be fixed. We will continue to review this going forward.

Other operating revenue decreased when compared to December by \$2.98 million. The reason for this decrease was the receipt of additional Provider Relief Funds in December.

Total expenses increased only 1.04% compared to December. Even with higher volumes, the salaries and wages decreased by \$261,846 compared to December or 5.9% which is significant. There were other variances both positive and negative that I will review in the coming days.

All of this resulted in a loss from operations of \$745,668 in the month of January. Interest income and other non-operating income helped to reduce this loss to \$583,470.

There were no significant changes in the Balance Sheet in January compared to December.

One of the challenges for BRH will be to begin to produce a positive bottom line from operations. It is very important for any organization to be profitable from their main line of business.

FY23 Budget – Robert Tyk, Interim CFO

CBJ emailed BRH that they would like to see the budget before it is presented, to identify issues ahead of time. Then the budget that is approved is the same budget that is finalized and presented to the assembly. Meditech presented challenges as well that delayed some budget items. Mr. Tyk is hopeful that the budget will be ready to show them today, then there can be an ad-hoc meeting to discuss the budget. There is a discussion of when that meeting should be, and the consensus was Wednesday, March 16th in the mid-late afternoon. Exact timing can be determined by Mr. Tyk.

Next Meeting: Friday, April 8th, 2022 at 12:00 via Zoom – *There was a discussion about changing the timing of the Finance Committee Meeting, but that change will take place after the April meeting.*

Additional Comments: None

Adjourned at 1:06 p.m.

Bartlett Regional Hospital

Minutes
BOARD GOVERNANCE COMMITTEE MEETING
March 15, 2022 – 12:00 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:03 p.m. by Hal Geiger.

BRH BOARD AND COMMITTEE MEMBERS* PRESENT

Hal Geiger Chair* Iola Young* Rosemary Hagevig*
Kenny Solomon – Gross, BRH Board President*

ALSO PRESENT

Jerel Humphrey, BRH Interim CEO Kim McDowell, BRH CCO
Karen Forrest, BRH Interim CBHO Dallas Hargrave, HR Director
Suzette Nelson, BRH Executive Assistant Anita Moffitt, BRH Executive Assistant
Yvonne Krumrey, KTOO Reporter

Ms. Young made a MOTION to approve the agenda as written. Mr. Solomon - Gross seconded. There being no objections, agenda approved.

Ms. Young made a MOTION to approve the minutes from February 24, 2022. Mr. Solomon - Gross seconded and minutes were approved.

PUBLIC PARTICIPATION – None

BYLAWS FOR THE PHYSICIAN RECRUITMENT COMMITTEE – Mr. Geiger shared draft language for the Bylaws in the Physician Recruitment Committee. After some discussion and modification, the committee settled on the following draft language for further consideration at the next committee meeting:

**Draft language for
Bylaws for Physician Recruitment Committee**

Physician Recruitment Committee

The Physician Recruitment Committee shall consist of a chair and six members appointed by the hospital board president. Members of the committee shall be three hospital board members, the hospital's chief executive officer and the chief clinical officer, and two physicians from the community; the physicians shall be appointed by the hospital board president from a list of names provided by the hospital medical staff. The physician makeup should include one primary care physician and one specialty care physician. The duties and responsibilities of the Physicians Recruitment Committee are to review and make recommendations to the Board and hospital administrator concerning the recruitment of medical staff to Juneau.

- A. The Physician Recruitment Committee may assist in the preparation and modification of long-range and short-range plans to ensure that the entire medical staff is attuned to meeting the health care needs of the community served by the hospital.
- B. The Physician Recruitment Committee will meet and review a periodic community needs assessment.
- C. The committee recommendations should specifically encompass consideration of the hospital's mission, the hospital board's strategic plan, the community needs assessment, medical staff succession planning, and expansion of service lines.
- D. The committee will consider a certificate of need, working with the Compliance Committee, for new service lines.
- E. The Physician Recruitment Committee will consider advice from physicians and surgeons in the community.

Mr. Geiger requested this language to be sent to the Physician Recruitment committee for their review and suggestions before it will be taken up again.

COVID UPDATES – Mr. Humphrey reported that we have one patient in house and one or two employees out. We are very busy.

GOALS AND OBJECTIVES FOR THE NEW HOSPITAL CEO – There was a brief discussion about goals, objectives, and metrics for the new hospital CEO and an agreement that the committee will start on the task of developing these at our next meeting.

BOARD COMMENTS AND QUESTIONS – Mr. Solomon – Gross shared his appreciation to Mr. Geiger in regards to all his efforts with the tasks that was assigned to him.

ADJOURNMENT: 1:12pm

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Ad-Hoc FY23 BUDGET Finance Committee Meeting Minutes March 16, 2022 at 4:00pm via Zoom

Called to order at 4:03 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Kenny Solomon-Gross, and Iola Young.

Staff & Others: Jerel Humphrey, CEO, Robert Tyk, CFO, Kim McDowell, CCO, Dallas Hargrave, HR Director, Karen Forrest, CBHO, Blessy Robert, Director of Accounting, Gage Thompson, Megan Rinkenberger, and Tiara Ward, CBJ.

Public Comment: None

FY23 Budget Presentation – Robert Tyk, Interim CFO

Statistics

The budget was prepared based on volumes and recent trends rather than comparison to past budget years. The primary changes made to the budget for FY23 included an addition of 23 licensed beds, which was factored into the volumes, particularly in MedSurg. Trends seen over the last several months were maintained. Surgical volumes were increased by 2% to account for the expectation of getting the third operating room up and running.

Income Statement

Inpatient revenue was increased by 21%, and patient days were increased by 20%. There was a slight increase to all revenue categories. Contractuals are consistent with prior budgets. Salaries increased by 9%, and contract labor was decreased slightly. FY23 budget showing an \$800,000 increase from FY22 is essentially a flat budget.

Federal funds that have kept BRH financially afloat in the past, won't be there long term, and other revenue streams must be pursued in anticipation of those funds no longer being available.

BRH has contracted with Revenue Integrity Management Resources (RIMR) to perform a comprehensive Charge Data Master (CDM) review project. This will begin the first week of April. It has been a few years since one has been completed.

Capital

In the capital projects section, the biggest items are \$2.6M for replacement of the MRI, and \$818,000 for IT upgrades. This is below average for hospitals. These account for 58% of capital requests. In the future, Mr. Tyk stated he'd like to see two additional categories of justification, with more specificity as to why they're needed. "Needed" items reflect revenue generation or true improvement to patient safety.

CIP

The only CIP request in the FY23 budget is \$3M of deferred maintenance, which was already approved by the assembly. BRH may request an additional \$1-2M, but more information is needed before that happens.

CBJ Budget Overview

Mr. Tyk noted that this page will take some study and analysis, as it is different than what has commonly been seen. Ms. Roberts noted that it closely mirrors the income statement, but with a greater focus on cash. \$4M from the Crisis Stabilization appropriation has been de-appropriated and is listed on this page.

Mr. Geiger made a MOTION to accept the budget and recommend it to the full Board. Ms. Johnston seconded, and the motion passed.

Next Meeting: Friday, April 8th, 2022 at 12:00 via Zoom

Additional Comments: None

Adjourned at 5:00 p.m.

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**March 29, 2022
Management Report
From Studebaker Nault and CBJ Law**

- Status report on completed projects
- Status report on pending projects and contract negotiations
- Status report on consultations with Department and Hospital leadership

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Management Report from Dallas Hargrave, Human Resource Director March, 2022

CEO Recruitment Update. Mick Ruel, the senior recruiter from BE Smith assigned to the BRH CEO recruitment, was in Juneau on March 3 and 4. Mr. Ruel spend 1.5 days meeting with Board members and other stakeholders to get input on what they are looking for in a CEO. BE Smith will use this information as they screen potential candidates for the position. Once the candidates are screened by BE Smith, they will produce a lineup of CEO candidates to the CEO recruitment committee for video conference interviews. There will be a status update call with the HR Director and the Board President on March 22, 2022.

CBHO Recruitment. Knowing that the current interim CBHO, Karen Forrest, will likely need to end her interim assignment prior to the arrival of a new CEO, we have begun the process of recruiting for a new CBHO.

Business Development Strategist Position. Along with the consolidation of the COO and CNO to the CCO position, the Business Development Strategist position was established. This position reports directly to the CEO, but does not supervise anyone. We are currently recruiting for this position.

Temporary employee incentive to work extra hours. With continuing staffing shortages, BRH has reinstated the temporary policy to incentivize employees to work extra hours in critical needs areas. This policy will provide an incentive bonus to those who are able to work extra hours in areas where there are critical staffing needs. The BRH policy is similar to policies that other hospitals in Alaska have initiated in response to the staffing shortages and high census across the State. Prior to each pay period, the CEO will identify those areas that are critical needs areas and communicate those areas by email to all staff.

- 12 extra hours in a pay period: \$150 bonus payment
- 24 extra hours in a pay period: \$500 bonus payment

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March 2022 Chief Clinical Report

Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

- Recruitment is ongoing for a respiratory therapist
- Staff competencies, and training plans that offer continued education credits (CEU's) are being updated
- Sleep lab is running five nights every other week. Contractor is still recruiting for another employee
- Cardiac Rehab has hired a new employee, and they started seeing patients on the 14th. Currently looking at creative ways to re-work the space to facilitate a better flow for patients and staff.
- Telehealth program for pulmonary rehab is almost complete. Once the last few forms are completed, we can start scheduling and seeing patients.

Critical Care Unit (CCU)

- We are continuing to trial the Zebra hand-held device for medication administration and small bedside assessments. So far things are going well. Thank you to IT for their hard work and preparation to make this success.
- We should have 2 new PRN (as needed) nurses starting in April/ May that are experienced Critical Care Nurses. Just in time for cruise season.
- Our CCU 10K run/ walk was March 13th. It was great to have great camaraderie among departments and getting some healthy activity. We appreciate those that brought high energy, and made time to make this happen.

Diagnostic Imaging (DI)

- DI continues to recruit. Currently cross training one of the x-ray techs to do CT scans.
- DI has done over 6500 exams since December 2021
- Script Sender project is on track. This will allow orders from referring providers to auto populate with a CPT code and ICD-10 code for verification and streamlined authorization. Testing process currently with several stakeholders. This process will also support diagnosis codes for the appropriate use criteria (AUC).
- First CT scanner is scheduled to be installed May/June, with the second CT scanner installation July/August, then plans to install MRI will follow.
- Accreditation is in process related to low dose cancer screening. This accreditation is from the American College of Radiology.

Dietary

- With community level risk decreasing, discussions are taking place on when and how to safety open the cafeteria to our community partners, and then eventually to the community.
- Working on a dashboard of sorts that would display daily specials and menu items.

Emergency Department (ED)

- Staffing is stabilizing which is great news with the impending cruise season.
- Monthly education nights continue to go well with high attendance. This training also provides a hands on learning component, in which nurses and provider participate.
- Comprehensive onboarding, and orientation plan for the ED is in the final stages. This will provide a strong foundation for all nurses new to the ED.
- ED is in process of training a nurse to transition into the trauma program manager role. It will be exciting to see their perspective and ideas on trauma care.
- In process of creating a taskforce that will help look at processes to increase flow related to cruise season.

Laboratory

- Volumes for the month of February were similar to numbers seen for same period from last year for histology and laboratory. Histology volume was up 10%, and above budget, with 502 specimens, and lab completed over 8000 tests.
- Molecular volumes did have a huge spike in January and did drop in February. Profits for molecular were still significant, with over 3100 test completed.
- Current staffing is stable, based on needed coverage. The quality clinical laboratory specialist (CLS) position recently became vacant, and the position is posted. This provides the lab the opportunity to streamline quality processes and reporting.
- Laboratory is still in the process of orientating our new CLS. This orientation takes two full months.
- Molecular lab has completed competencies the current laboratory aide, who does have a Bachelors in medical technology.
- Still seeing occasional supply issues with all vendors for laboratory supplies. Staff have been monitoring inventories and placing orders early to maintain and ensure needed supplies.
- Venous blood gas project is still in the process. Working policy and education for staff.
- Discussions surrounding the process with rapid responses and using I-Stats have re-started. Once process and policy is in place, this will allow rapid blood results at bedside

Medical Surgical Department (M/S)

- Census continues to be high
- Med/Surg continues to welcome CNA's that have completed their CNA-in-training classes, and passed the state exam!

- Six of our RNs have completed an US-guided IV class. Once they are signed off for competency, they will be able to use their new skill. This will be a valuable resource, not only for the unit, but also for other patient care areas (especially since five of them work nights).

Obstetrics Department (OB)

- OB had five RNs advance on the clinical ladder, bringing our grand total to twelve RN IV's, and V's on OB! This means over half the OB RNs are in an advanced level, and we are so incredibly proud and grateful to have this strong group of women leading our team!
- OB rolled out our Facilitating Attuned Interactions (FAN) training this month. Training included a four hour training for all OB RNs and, a two hour training for providers and support staff. This evidence-based paradigm for communicating with families has been found to strengthen the provider/nurse-patient relationship, increase collaboration between healthcare staff and families, and provides staff tools for addressing difficult conversations. We received grant funding from the Crossett Foundation for this excellent educational opportunity, as it further supports our mission to provide trauma-informed care.
- OB PI committee met and finalized our drill schedule for 2022. Each month OB will conduct an in-person forty-five minute drill focusing on various OB/Neonatal emergency situations. OB is very excited to be getting back into having these in-person!

Rehabilitation Services

- A new casual occupational therapist will start this week. This will allow pediatric OT services to be available on Saturdays in the near future, as well as provide services for inpatients if needed.
- Outpatient services for all disciplines remains busy.

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March 22, 2022 Behavioral Health Board Report Karen Forrest, Interim Chief Behavioral Health Officer

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Staffing:

- Last remaining State of Alaska emergency nurse scheduled to depart 3/19/22.
- Two travel nurses on 13-week contracts: one started on 3/7/22, second to start on 4/4/22.
- One offer out for part-time nurse.
- One clinician transferring to Psychiatric Emergency Services (PES)
- New Hire: MHU therapist scheduled to start 4/4/22.

Program:

- Initiated monthly reporting on environmental unit safety in patient care areas in order to comply with The Joint Commission (TJC) extension requirements.
- Continued progress on environmental and facility changes based on TJC findings and Environment of Care Checklist (utilizing risk assessment tool).
- Began limiting MHU census due to nursing shortages. This will continue at least through 4/2/22. Clinical and leadership teams will frequently evaluate staffing availability in the interests of serving patients with mental health admission needs and maintaining safe and quality patient care. We will be evaluating our ability to accept outside referrals on an ongoing basis.
- February data:
 - 32 admissions, 31 discharges
 - Average Daily Census = 5.46
 - Average LOS = 6.70

RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT (8 BEDS):

Staffing:

- One behavioral health clinician promoted to Crisis Intervention Services (CIS) Supervisor
- Recruiting for a clinician for RRC outpatient services

Program:

- Removed 8-bed admission cap 3/17/2022; moving to 12 bed capacity continuing COVID-19 protocols.
- As follow up to TJC survey, RRC is working with the education department to create a training program for new nurses and clinicians. This includes training all staff initially, then updating existing training plans to ensure ongoing compliance.
- Completed New Employee Orientation (NEO) checklist for nursing staff.
- Implemented Columbia Suicide Risk Screening to nursing intervention.
- 15 patients on waitlist
- February data:
 - 7 admissions, 7 discharges
 - Average Daily Census = 6.64
 - Average LOS = 23.0
 - ATA: 1
 - Completed program = 5

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

Staffing:

- Unit currently closed due to nursing staff shortages

- One applicant for night Nurse position
- One nurse to take travel assignment

Program:

- Working with education department to improve Relias training modules.
- Seizure pads ordered for WMU beds to ensure compliance with seizure precautions
- Implemented Columbia Suicide Risk Screening protocols to nursing intervention
- Working on policies and procedures in order to achieve full certification under 1115 BH Medicaid Waiver
- February data:
 - 4 admits, 4 discharge

RRC OUTPATIENT TREATMENT:

Program:

- Considering adding outpatient therapy groups
- February data:
 - 91 medication management and therapy appointments attended

PSYCHIATRIC EMERGENCY SERVICES (PES):

Staffing:

- Night PES BH clinician transferring to days
- MHU BH clinician transferring to night with PES team

Program:

- February data:
 - 46 patients assessed for psychiatric emergency services
 - 37 adults; 9 children/adolescents
 - 21 day-time assessments; 25 evening/night-time assessments

CRISIS INTERVENTION SERVICES (CIS):

Staffing:

- Clinical Supervisor hired for CIS Community Outreach program (began 3/6/22)

Program:

- Improving admission criteria, documentation, and follow up procedures with the Emergency Department Case Management (EDCM) team.
- Improving referral process and communications/follow up with PES and EDCM.
- Process Improvement Team established to improve weekend coverage and to ensure efficient use of revenue sources under the 1115 BH Medicaid Waiver.
- BH staff met with Alaska Mental Health Trust Authority (AMHTA) and community stakeholders to discuss existing community crisis response services and Crisis Now Model
- Crisis Stabilization Center continues to progress
- February data:
 - 15 new patients were referred to CIS (2 Adults & 7 Kids)
 - 54 therapy and crisis intervention appointments were provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

Staffing:

- Two Behavioral Health Clinician positions posted. Working with HR to boost recruitment.

Program:

- Discussing adding outpatient therapy groups
- February data:
 - 575 psychiatric evaluations, medication management and therapy appointments held (817 scheduled)
 - 70% Attended / 13% No-Show / 18 % cancelled

RRC NAVIGATORS:

Staffing:

- Fully staffed: Two new Community Navigators recently hired (NEO completed end of February)

Program:

- Team designated to optimize billing process and opportunities under 1115 BH Medicaid Waiver

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

Staffing:

- 4 full-time ABA technicians certified and providing services with patients directly. The 5th full-time ABA technician will be taking the board certification exam soon.

Program:

- Currently providing 1:1 direct therapy services for pediatric-aged patients in home, school, community, and social group (clinic) setting for a caseload of 14 patients at an average of 90-130 therapy hours per week across all patients.
- Starting initial assessments for an additional 5 patients on the waitlist.
- Running three social skill groups each week out of our clinic-one 5th grade social group, one middle school social group, and one high school social group for patients who need to work on more advanced peer and social skills weekly.
- Looking at continuing to grow and expand due to our extensive wait list and growing needs, will need to consider hiring additional staff to support for the future.
- Growing wait list of 76 patients total with more referrals each week!
- February data:
 - Total caseload will be 19 following initial intake patients
 - 76 people on the waitlist
 - 160 appointments attended; 86% Attended / 3 % no-showed / 11 % cancelled

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

March 22, 2022 CFO Board Report

Robert Tyk, Interim CFO

Finance – Robert Tyk

- The Finance department has welcomed an interim CFO, Robert (Bob) Tyk to BRH. For the past month, we have worked on completing the FY23 Operating and Capital Budget.
- Finalizing responses to CBJ Finance related to Audit findings
- Performed a mid-year inventory in conjunction with the Operating Room department
- Worked on reducing the number of credit cards available with in BRH and developing purchasing practices to ensure accountability
- Working to shorten month-end closing

Facilities – Marc Walker

STAFFING:

- **Laundry Department:**
 - At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.
- **Environmental Services:**
 - The department remains short staffed with 3 FT positions currently open. EVS staff moving into the CNA training program and then into CNA rolls has been a success for BRH but a challenge for EVS staffing. Our Environmental Services Supervisor has been working the floor more and more while still training new staff a working on process improvement. He has been spending significant time retraining our floor care team on more efficient techniques with notable improvements.
- **Biomed Department:**
 - The Biomed Department is fully staffed with a Supervisor and a Technician.
- **Security Department:**
 - The Interim Security Supervisor Deric Lescalleet has accept the full time roll as of March 6th. The Department currently has one FT position open.
- **Maintenance Department:**
 - The Maintenance department is currently fully staffed.

PROJECT UPDATES:

- **Close-out Phase**
 - **ASU-1 Conversion to Glycol:** Final Pay app received, currently waiting on closeout paperwork from SMC.
 - **CSR Equipment Upgrades:** Currently waiting for final pay app from SMC.
- **Under Construction**
 - **ASU-11/Endo Fan:** RFP 12 work for new fire/smoke damper and additional access hatches will be completed weekend of Feb. 25-27. RFP 13 work for final system rebalance will be scheduled for after RFP 12 work.
 - **RRC Siding and Window Replacement:** New substantial completion date for project will be pushed back to 5/31/2021. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
 - **Behavioral Health Facility:** Concrete work for the lower level was completed the end of February. Steel erection to begin early March. The final completion date is still being negotiated and is anticipated to be mid/late March of 2023.
 - **BRH New Water Main and RRC Waste Line Repairs:** Bids opened on 2/15. The apparent low bidder was Admiralty Construction. Work is estimated to start mid-April.
 - **BRH Site Improvements:** Admiralty Construction will resume road work that was suspended last summer due to other construction on campus March 16th. Bid came in at \$1.9M.
 - **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks.

- **In Design**
 - **BRH Surge Protection:** PDC/RESPEC will provide final bid documents for surge protection once final comments are issued from CBJ and BRH. Arc flash and coordination report will be submitted one week after final surge protection design. UPS design pending final design fee proposal.
 - **Underground Fuel Line Replacement:** 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$ 415,000. Total project cost is \$609,000. Bid advertisement to go out soon. Construction to begin spring of 2022.
 - **Chiller #2 Replacement:** Current construction cost estimate is \$150,000-\$250,000. Bid opening is scheduled for 3/2/22. Current lead time for Chiller unit is approximately 6 months.
 - **CT Scanners/MRI Replacement:** On 2/17 Architects Alaska provided a design considerations report and early ROM (rough order of magnitude) estimate for minimum infrastructure to install new modalities along with two (2) recommended renovation options. ROM estimate currently under review by CBJ. Construction planned to begin in June 2022.
 - **ED Addition and Renovation:** Architects Alaska submitted concept report and cost estimate. The cost estimate for the suggested scope is above the budget. CBJ, BRH and Architects Alaska are working on cutting scope to bring the scope closer to the budget.
- **Planning**
 - **Valiant Administration Building Window Replacement:** Current plan is to remove and reinstall siding at the south wall and install new windows to mitigate water infiltration during intense rain events. It has been proposed to expand the scope and time frame of the envisioned project. Given the anticipated scope revisions, the remaining funds of \$143,000 will likely be insufficient to complete all the work. We will work with the designer of record to obtain a new estimate for the cost of the full project.
- **On hold/Cancelled**
 - **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** The low bid of two bids came in at \$438,500, more than twice the midpoint of the estimated range of \$150,000-\$250,000. Bid award has been cancelled. Current plan is to revise/reduce scope of the project and rebid late summer 2022 for construction starting around November 2022.

Case Management – Jeannette Lacey

- **ASHNHA Flex Readmissions Reduction Collaborative**
 - We have developed a defined process of collaboration between the nurse and social worker case managers of doing real time chart reviews and readmission interviews to collect our data to identify key issues for inpatient readmissions.
 - At the February meeting with ASHNHA we gave a presentation on our program and processes for reducing readmissions of MVPs (multi-visit patients) in the ED.
- **Staffing:**
 - We continue to recruit for our Lead CDI Specialist and a SWCM.
- **Clinical Documentation Improvement (CDI):**
 - We approved a CDI policy for tracking concurrent queries.
 - Amy Deer, RN is presenting a poster “The Little Hospital that Could” at the Association of Clinical Documentation Specialists (ACDIS) annual conference in Florida in May. This poster session will detail how a small community hospital can build a successful CDI program.
- **COVID**
 - **Quarantine and Isolation:** The community task force has been meeting every couple week. We discussed possible demobilization at our last meeting, but there haven’t been formal changes as of yet.
- **Cruise Season 2022:**
 - Bartlett will have an internal team meeting on March 18 to outline potential challenges and solutions for the upcoming season as we prepare for our first full season since the pandemic started.
 - Bartlett leadership, directors, and managers will meet with Cruise Line Agency on March 25 to plan and discuss coordination for the upcoming season.

Information Systems – Scott Chille - MISSING

Projects

- **Microsoft365/Office365 migration:** In progress. Exchange mailbox migration in progress.
- **Imprivata Single Sign-On and EPCS project:** Mostly complete with very positive feedback from staff.

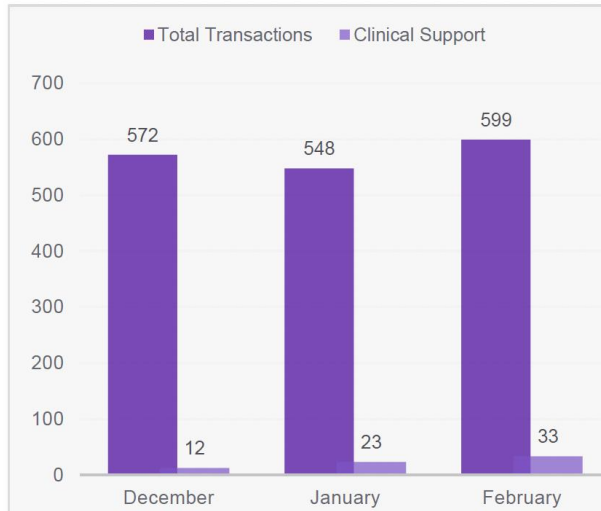
Department Updates

- New Systems Administrator and Desktop Support positions posted online.

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

Volume Review:

- 2.72% abandoned over 10 seconds
- 16.4 second average speed to answer



Information Security

- **New Firewall Reporting Capabilities**

I. EXECUTIVE SUMMARY

Cisco has determined that Bartlett Regional Hospital is at a high risk due to the observation of attack by 1 different families of malware. Cisco Advanced Malware Protection (AMP) was deployed for an assessment period of 2 weeks. This report is a record of what was found on the network during this time.

Assessment Period: Sun Feb 20 2022 00:00:00 to Sun Mar 6 2022 00:00:00

Malware Detected

3

Hosts Displaying IOCs

0

Infection Protocols

1

Hosts Connected to CnC Servers

0

Malware Comms

71

Malware URLs

1

MALWARE PROFILE: OVER 2 WEEKS

1 Different families of malware were downloaded from 2 unique hosts by 3 user(s) on to 3 device(s)

Cisco recommends that Advanced Malware Protection (AMP) is deployed to:

1. Establish continuous visibility into advanced malware
2. Augment existing controls in order to mitigate this risk

I. EXECUTIVE SUMMARY

Cisco has determined that Bartlett Regional Hospital is at a high risk due to the observation of attacks on the network targeting hosts that may be vulnerable. These attacks and hosts require further investigation to help lower the risk.

Assessment Period: Sun Jan 23 2022 00:00:00 to Sun Feb 6 2022 00:00:00

Total Attacks

39

Relevant Attacks

0

Hosts Targeted

0

Irrelevant Attacks

100%

Events Requiring Attention

0%

Hosts Connected to CnC Servers

0

RELEVANT ATTACKS CARRY THE FOLLOWING RISKS

CLASSIFICATION	COUNT
Web Application Attack	18
Attempted User Privilege Gain	16
Attempted Administrator Privilege Gain	4
Attempted Information Leak	1

Cisco recommends that Bartlett Regional Hospital deploy Cisco Firepower Appliances to:

1. Establish continual visibility into its network attack risks
2. Implement automated protections in order to mitigate this risk going forward

- **Randori – External Attack Surface Monitoring**

- We have implemented a new system in the last month to show us our external attack surface exposure. Our overall attack surface is extremely low so from an external perspective, we are a very small target.



Executive Summary

Bartlett Regional Hospital

12/21/2021 - 01/21/2022

This **Executive Summary** provides an assessment of Bartlett Regional Hospital's external attack surface over the last 30 days from an attacker's perspective. By assessing your environment through the lens of an attacker you can understand your most tempting targets and your organization's security risk over time.

Targets

Instances of attackable software hackers can discover.



Prioritization Matrix

Below is a priority-based breakdown of your attack surface, combining insights from both Bartlett Regional Hospital's security team and Randori's perspective as an external adversary.

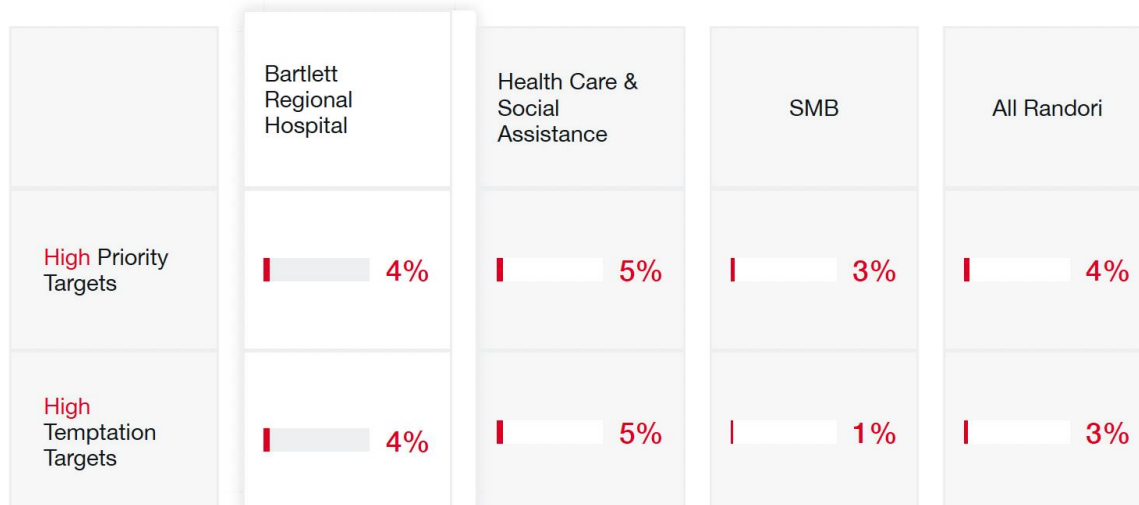
ATTACKABILITY

		Low	Medium	High	Critical
BUSINESS IMPACT	High	0	0	0	0
	Medium	0	0	0	0
	Low	0	0	0	0
	Not Provided	8	14	2	0

RISK: ■ Critical/High ■ Medium ■ Low

Peer Comparison Beta

Randori provides benchmarking information. This is provided by industry, organizational size, and Randori's global install base for key attack surface metrics.



- **Third-Party Penetration Test**

- We have an engagement with our 3rd Party vendor Rapid7 to perform a Penetration Test over the first 2-weeks of March.
- External Penetration Test is complete and the Assumed Breach scenario is in progress.
- Once the report is complete, we will present the results to the BOD and SLT along with an action plan for any remediation steps that are recommended.

- **Rapid7 Incident Detection and Response Report**

- No MITRE ATT&CK Techniques detected in February 2022



- **Rapid7 Hunt Report:**

- Each month we perform an active hunt campaign starting with the presumption that we are already compromised and then look for evidence of said compromise including lateral movement, credential compromise/re-use, pivoting, malware, data exfiltration, etc.
- The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **837 endpoints**. **Rapid7 did not identify any indicators of compromise via hunt data during the month of February.**
- The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.

- **Cybereason (Endpoint Detection and Response) Report: February**

- No MalOps detected.

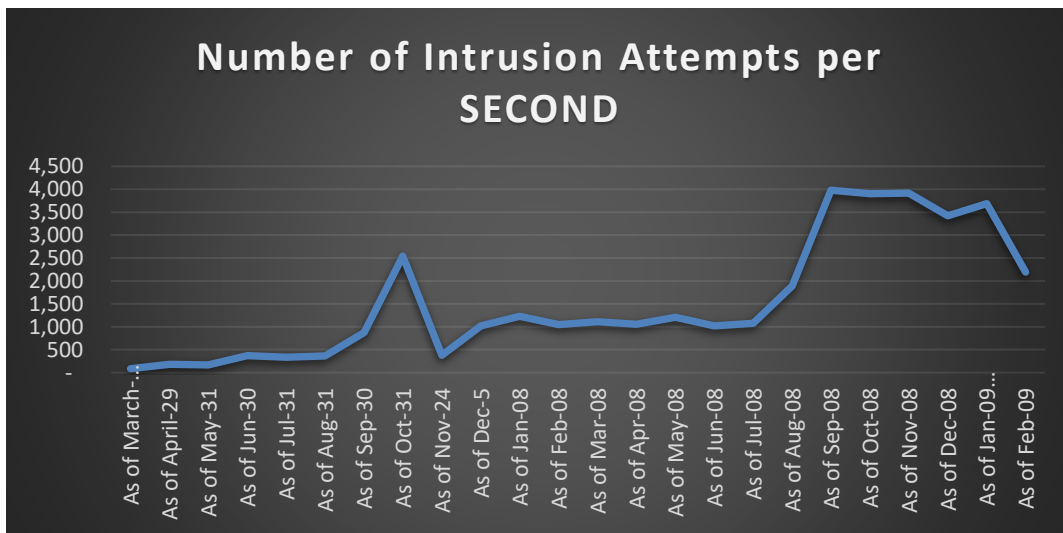
Executive Summary

The following table shows the number of MalOp detections (alerts) in your environment for the current month. Entries are separated by severity.

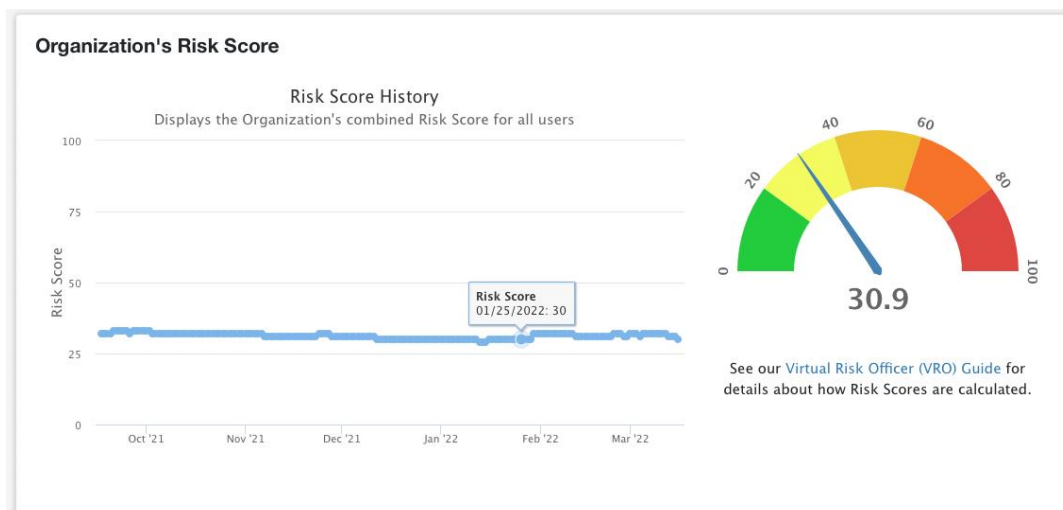
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No MalOp/PUPs were detected this month.

- Attacks on Bartlett network noticed a sharp decline in the last 30-days but still significantly higher than our previous baseline in March of 2020.**
 - Remaining vigilant in our efforts to keep the attack surface LOW and continuing to actively block bad activity and hunt down all alerts.

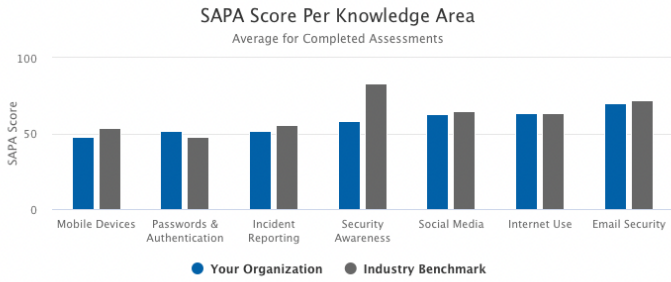


- Security Awareness Risk Score and Phishing Campaigns**



- We just launched Season 4 of The Inside Man video training series, and it is very well received by the staff.
 - Our Phishing Campaigns are still going strong, and we are below the industry average for our size organization. We can still improve our posture by providing more training and collateral materials.

Security Awareness Proficiency Assessment (SAPA)



Industry Benchmark Data ?

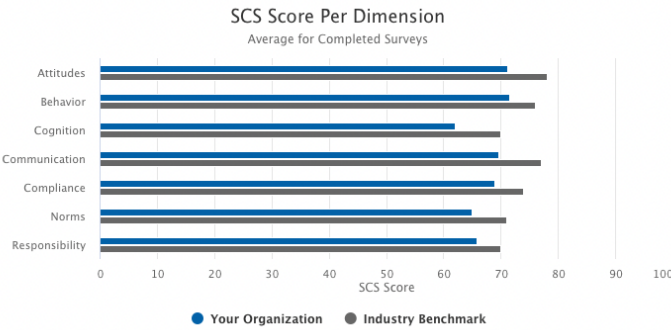
Organization's SAPA Score: **57.9%**

Industry SAPA Score: **63.7%**

Industry: Healthcare & Phar

Organization Size: Medium (250-100)

Security Culture Survey (SCS)



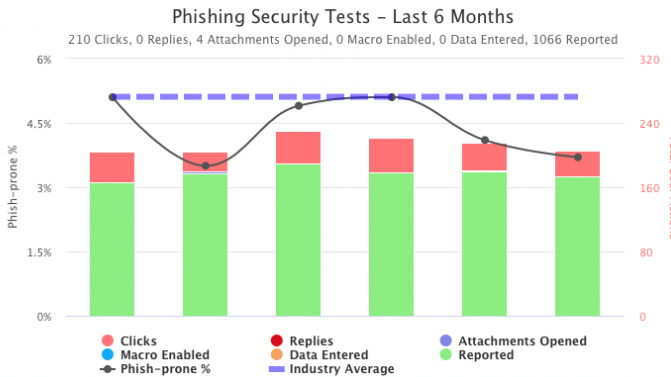
Industry Benchmark Data ?

Organization's SCS Score: **62**

Industry SCS Score: **74**

Industry: Healthcare & Phar

Phishing



Industry Benchmark Data ?

Account Average Phish-prone %: **4.8%**

Last Campaign Phish-prone %: **3.7%**

Industry Phish-prone %: **5.1%**

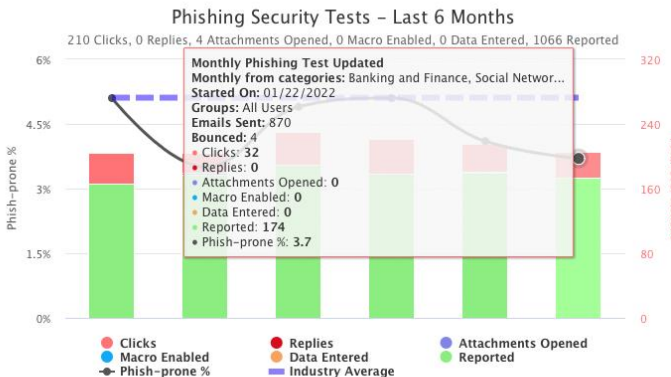
Industry: Healthcare & Phar

Organization Size: Medium (250-100)

Program Maturity: 1 Year

Industry Benchmark Chart Data

Phishing



Industry Benchmark Data ?

Account Average Phish-prone %: **4.8%**

Last Campaign Phish-prone %: **3.7%**

Industry Phish-prone %: **5.1%**

Industry: Healthcare & Phar

Organization Size: Medium (250-100)

Program Maturity: 1 Year

Industry Benchmark Chart Data

Patient Financial Services – Tami Lawson-Churchill

- Overall cash collections for the month of February was just over \$8.5 Million
- Surprise Billing Act legislation effective 1/1/22. BRH is compliant with these regulations, but process is ongoing
- PFS, PAS, HIM and Molecular Lab met to streamline registration process
- Working with BH to establish a policy for Mental Health/Chemical Dependency bad debt

Health Information Management – Rachael Stark

- HIM continues analyzing all inpatient, surgery, clinical and emergency room visits daily.
- We release records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill molecular labs.
- There has been an increase with the BOPS accounts for coding. We have started coding for the ABA clinic.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting weekly with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.
- We have started our yearly purge of old records and this project will continue through the year.

Bartlett Regional Hospital

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March 2022 Board Report
Jerel Humphrey, Interim CEO

CEO Report – Jerel Humphrey

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Continue to work with and support Dr. Garcia to recruit a total bone and joint orthopedic surgeon
- Chaired the monthly Incident Command Team meeting
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- Met with Chuck Clement, CEO of SEARHC and extended an invitation for BRH and SEARHC to work together on projects to benefit the CBJ community. He was very open to the idea. I also asked him for a 6-month extension on our Surgery and Specialty Clinic lease. He will get back to me with an answer.
- We continue to push for physician input on how we can improve support for the EHR
- Participated in an hour long KTOO live radio show with SLT members, Kenny Solomon-Gross and Michelle Hale. For the most part, it was well received.
- Participated in the Board's annual compliance training session
- Had monthly meeting with Dr. Roth, President of the Medical Staff Executive Committee, to discuss ways the hospital can better support the physicians

Compliance and Risk - Nathan Overson

- Shannon Sumner and Susan Thomas of PYA, P.C., provided the annual compliance training for the Board of Directors on March 2, 2022. They presented an overview of the regulations and laws that inform the guidance of a Hospital Compliance Program, and the Board's responsibility for compliance. They also covered the formal Compliance Program Review and Risk Assessment that their firm completed for Bartlett in June 2021.
- Active recruitment has begun for a Compliance Analyst position. This position will be key in providing additional resources to the Hospital Compliance Program while assisting management in strategic compliance initiatives such as monitoring & auditing, and department-level compliance work plans.
- The Service Line Advisory Workgroup has been actively reviewing the proposed changes to Pulmonary Rehab services and the monoclonal antibody clinics.
- We have reached out to Health Facilities Planning & Development as experts in the Certificate of Need process. They will be helping us evaluate and respond to the upcoming capital projects that may require a Certificate of Need.

Community Relations/Marketing & Strategy – Erin Hardin

- Completed 30-day goals (Discovery phase): introductory meetings with SLT and current contract representatives, FY23 budget submission, review of all existing department contracts and policies
- Completed and distributed Spring 2022 *House Calls* magazine, including addition of robust public readership survey to help determine magazine effectiveness
- Provided new radio spots to Juneau Radio Center and KTOO, along with new digital webpage banner ads
- Held initial website audit and refresh discussion with current vendor
- Assisted with several department-specific marketing projects, including:
 - Education: created flyer, print ads, social media, and radio spots advertising the March 25-26 Juneau Health Fair sponsored by BRH

- OB: streamlined coordination of Bartlett Beginnings nursery photos process for website and Instagram; creation of new PR graphics for classes/support groups underway; new unit digital media board forthcoming
- Infusion/Pharmacy: created Evusheld brochure for patient awareness of supply of monoclonal antibody treatment
- Behavioral Health: drafted project summary write-up and supporting data on the new crisis residential center for future PR efforts
- Employee Engagement Committee: created employee appreciation day flyer and service awards save the date and invite
- Infection Prevention: scheduled hand hygiene staff photo shoot for Patient Safety Awareness Week – professional photos will be used for future PR campaigns
- Purchased social media management platform for scheduling, monitoring, publishing, and analytics assistance. Social Media Performance Summary for February 2022 compared to the month prior (Twitter, Facebook, Instagram):



Impressions: Number of times that BRH content was displayed to users.

Engagements: Number of times that users engaged with BRH posts during the reporting period.

Post Click Links: Number of times that users clicked on links from BRH posts during the reporting period.

- Forthcoming: board-specific marketing survey and staff-specific marketing/communications survey – feedback will be incorporated into marketing plan, specifically the SWOT analysis and SMART marketing goals

BSSC, BMOC, SEPS – Sara Dodd

Bartlett Surgery & Specialty Clinic:

Bartlett Surgery & Specialty Clinic Volume								
	July	August	September	October	November	December	January	February
Office Visits	197	214	158	169	188	171	116	162
Hospital Visits	26	38	21	44	17	13	24	26
Procedures	102	180	117	155	102	125	103	156
Injections	32	43	26	12	22	24	26	16
In-Office Imaging	44	55	38	33	39	43	37	33
	401	530	360	413	368	376	306	393

We have had several employees called for upcoming Jury Duty and are considering impact on staffing/patient care during those times.

General Surgery:

- Analyzing possible space for BSSC to relocate when current lease expires.
- OR continues to be accommodating with additional endoscopy days as available.
- Dr. Crawley (locum employed by Comp Health) will be covering call from March 22-28.

Ophthalmology:

- Dr. Limstrom had his first Juneau clinic, providing care to 35 retina patients and performing 11 cataract surgeries. Patients were very pleased with results.
- Dr. Limstrom will return April 5-8; goal is to see approximately 40 retina patients and perform 11 cataract surgeries.

Dermatology:

- Kris Miller was onsite February 22-March 4

Bartlett Medical Oncology Center:

Bartlett Medical Oncology Center								
	July	August	September	October	November	December	January	February
Office Visits	96	94	104	104	85	89	80	72

By Visit Type:								
Chemo Education w NP	5	4	4	7	6	3	6	10
Chemo Injection	0	0	1	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19
Hematology New Patient	3	2	0	4	3	2	0	1
New Patient w NP	5	0	0	0	0	0	0	0
Oncology New Patient	2	8	5	7	3	2	0	3
Routine Visit w NP	20	23	24	19	25	14	17	13
Survivorship	0	0	0	0	0	0	0	1
Zoom Follow Up	29	7	8	8	7	13	48	27
Zoom NP Hematology	2	5	3	0	1	4	1	1
Zoom NP Oncology	3	4	5	6		6	4	5

- Erin Kusek has taken over the role of the Oncology Patient Navigator. Jordan Callahan transferred into our MA position and will continue working part-time at BSSC. We are very excited to welcome them into these roles!
- Sarah Dunn, NP will be giving a presentation at the Alaska Medical Assistant Association conference at the beginning of April.
- Marlowe Dunker, RN attended the Cancer Connections board meeting this month which was very well received.

Southeast Physician Services:

Southeast Physician Services - Claims Count								
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Alpine Dermatology	110	29	137	168	123	113	104	118
Bartlett Medical Oncology	96	94	104	103	87	89	80	76
Bartlett Surgery & Specialty Clinic	527	617	468	599	527	532	415	495
Seattle Anesthesia Services	197	191	157	195	143	201	146	135
Southeast Radiology Consultants	718	922	932	824	519	707	642	745
Total	1648	1853	1798	1889	1399	1642	1387	1569

1) Contracting:

a. BSSC

- i. Multiplan – As of 03/10/22, No change. Will run an analysis once we receive payments with 2022 DOS.
- ii. UHC – As of 03/10/22, No change.

b. BMOC

- i. Multiplan – No contract can be initiated until Multiplan patients are seen.
- ii. UHC – As of 03/10/22, No change.

c. SAS

- i. AETNA – As of 12/22/21, contract signed. Effective February 1st, 2022.
- ii. BC – As of 12/10/21, contract signed. Effective January 1st, 2022.
- iii. MODA – As of 12/17/21, contract signed. Effective February 1st, 2022.
- iv. MULTIPLAN – As of 01/19/22 waiting on proposal.
- v. UHC – As of 03/01/22, per Dr. Looney wait to counter until we have enough data to analyze for 2022.

d. SRC

- i. AETNA – As of 03/10/22, contract signed. Effective April 1st, 2022.
- ii. MODA – As of 03/10/22, contract signed. Effective date will be 30 days after credentialing is complete which can take 90-120 days.
- iii. MULTIPLAN – As of 01/21/22, pending Dr. Shanley’s approval on contract.
- iv. UHC – As of 01/21/22, holding off on contracting.

2) MD Audits:

- a. Developing a standardized process.

3) Staffing:

- a. Interviewed candidates for the Physician Systems Manager position; Ilea Belcourt was promoted into this position and has worked closely with Vanessa Dickinson during this transition. Vanessa will stay on as a casual employee to assist with the MD Audits project.
- b. Working to fill our Fiscal Tech I/II/III position.

April 2022

***Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by using the video conference meeting information listed on the next page and at the top of each meeting's agenda.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 12:00pm Planning Committee (PUBLIC MEETING)	2
3	4	5	6	7	8 12:00pm Finance Committee (PUBLIC MEETING)	9
10	11	12 7:00am Credentials Committee (NOT A PUBLIC MEETING)	13	14	15	16
17 Easter Sunday 	18	19	20	21	22	23
24	25	26 5:30pm Board of Directors (PUBLIC MEETING)	27	28	29	30

Committee Meeting Checkoff:

- Board of Directors – 4th Tuesday every month
- Board Compliance and Audit – 1st Wednesday every 3 months (Jan, April, July, Oct.)
- Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- Executive – As Needed
- Finance – 2nd Friday every month

- Joint Conference – Every 3 months
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1st Friday every month

APRIL 2022 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, April 1st

<https://bartletthospital.zoom.us/j/94747501805>

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, April 8th

<https://bartletthospital.zoom.us/j/98733610436>

Call 1 888 788 0099 Meeting ID: 987 3361 0436

BRH Board of Directors Meeting 5:30pm Tuesday, April 26th

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195