

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, June 22, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/93293926195>
or call

1-253-215-8782 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. May 25, 2021 Board of Directors Minutes	(Pg.3)	
	B. April 2021 Financials	(Pg.7)	
VI.	MEDICAL STAFF REPORT		5:50
VII.	COMMITTEE REPORTS		6:00
	A. June 4, 2021 Draft Planning Committee Meeting Minutes	(Pg.14)	
	B. June 11, 2021 Draft Finance Committee Meeting Minutes	(Pg.17)	
VIII.	MANAGEMENT REPORTS		6:10
	A. Legal Management report	(Pg.19)	
	B. HR Management report	(Pg.20)	
	C. CNO Management report	(Pg.21)	
	D. CBHO Management report	(Pg.23)	
	➤ Crisis Stabilization Building Field Report	(Pg.26)	
	E. CFO Management report	(Pg.29)	
	F. CEO Management report	(Pg.32)	
IX.	CEO REPORT / STRATEGIC DISCUSSION		6:20
X.	PRESIDENT REPORT		6:25
XI.	BOARD CALENDAR – July 2021	(Pg.33)	6:30
XII.	BOARD COMMENTS AND QUESTIONS		6:35

XIII. EXECUTIVE SESSION

6:40

- A. Credentialing report
- B. June 1, 2021 Medical Staff Meeting Minutes
- C. Patient Safety Dashboard
- D. Legal and Litigation Review
- 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 the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are 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 are excused from this portion of the session.)*

XIV. ADJOURNMENT

7:00

NEXT MEETING – Tuesday, July 27, 2021; **5:30p.m.**

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
May 25, 2021 – 5:30 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 5:32 p.m. by Kenny Solomon-Gross, Board President

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Rose Lawhorne, CEO	Kevin Benson, CFO	Kim McDowell, CNO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Keegan Jackson, MD, COS
Barbara Nault, Legal Advisor	Gail Moorehead, Quality Director	Anita Moffitt, Executive Assistant
Nathan Overson, Compliance Director	Joy Neyhart, DO	Loren Jones, CBJ Assembly

APPROVE AGENDA – Mr. Solomon-Gross requested the removal of item E (COO Vacancy) listed under the Executive Session of the agenda. ***MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Johnson seconded. There being no objections, agenda approved as amended. .***

PUBLIC PARTICIPATION – None

CONSENT AGENDA - ***MOTION by Ms. Hagevig to approve the consent agenda as written. Mr. Johnson seconded. There being no objections, the April 27, 2021 Board of Directors meeting minutes and the March 2021 Financials approved.***

NEW BUSINESS - None

OLD BUSINESS - None

MEDICAL STAFF REPORT – Clarification provided about why the medical staff report is given during open session but medical staff meeting minutes are reviewed in executive session.

Dr. Jackson reported that it was business as usual at the May 4th, Medical Staff meeting. The biggest thing on people’s minds is easing into the Meditech Expanse update. The Med Staff Quality Improvement Committee (MSQIC) is conducting a study of patient safety secondary to the update. As a whole of the groups she has talked to, physician feedback is varied but overall consensus is that this is not just an upgrade. There’s a lot of features in the inpatient realm that are more complicated and various physicians are struggling. With the FDA allowing the Johnson & Johnson vaccine to be distributed again, BRH has begun to administer them to inpatients as well as Emergency Department patients wishing to receive one. Ongoing conversation about collegiality, inpatient consults and who does what between primary care and the specialists. Conversations being held with various departments to see how we can improve this to better serve patients. Also discussed was what it means for BRH in terms of competition when SEARHC opens an after-hours care clinic.

COMMITTEE REPORTS:

Committee of the Whole – Draft minutes from the May 7th meeting are in the packet. Mr. Solomon-Gross reported that a tentative union agreement was discussed. The Committee of the Whole recommended that the Assembly ratify the agreement. Mr. Hargrave reported that the Assembly ratified the agreement at last night’s meeting. The Union has tallied the votes and have also ratified it. Implementation and educating supervisors about the changes is the next step. The terms of the agreement will apply to non-represented employees, not under another employment agreement. A review of personnel rules for non-union employees will be reviewed and updated. During the meeting, Ms. Lawhorne had introduced the new Chief Nursing Officer, Kim McDowell, provided her background information and welcomed her to her new role. Mr. Geiger recommended a minor change to the draft minutes.

Planning Committee Meeting – Draft minutes from the May 7th meeting are in the packet. Mr. Stevens reported that there was a review of the project status and no changes added.

Board Quality Committee Meeting - Draft minutes from the May 12th meeting are in the packet. Ms. Hagevig reported that as per usual practice, there was a review of various dashboards; with very few exceptions, BRH is doing great. The new employee orientation program is being well received. A new process in place to send thank you cards back to staff when they receive recognition from the public. There was an overview of patient safety.

Finance Committee Meeting – Draft minutes from the May 14th meeting are in the packet. Ms. Johnston reported that a discussion of the union contract was held. Also discussed provider based billing. We will not be doing this right away but will look at it in the future as an option to enhance revenue. No actions were recommended at this meeting.

Board Compliance and Audit Meeting – Draft minutes from the May 18th meeting are in the packet. Ms. Young reported that there was some training provided. There was an update on 3rd party compliance program review. The final report is not complete yet and we will meet again when it is. The dashboard and compliance work plan was reviewed. The 340B program was discussed during executive session and will be discussed during executive session tonight.

Governance Committee Meeting – Draft minutes from the May 21st meeting are in the packet. Ms. Knapp reported there was a review of the Governance Institute’s new board self-evaluation tool (included in tonight’s packet). The cost for this tool is included in our membership with the Governance Institute (GI). Per the Board bylaws, self-evaluations are required. As this is a new tool, there will be no initial benchmarks. Benchmarks are anticipated to be developed by the fall after at least 30 organizations complete the evaluations. Survey results will be provided quickly with a second report to be provided after benchmarks are developed.

At the desire of the committee, *Ms. Knapp mad a MOTION that the Board of Directors authorizes utilization of the self-evaluation tool available through the Governance Institute. Ms. Hagevig seconded.*

Mr. Hargrave will notify the GI of the desire to complete the survey. Surveys will be sent to each board member to provide their anonymous responses. Mr. Hargrave will let the board when to expect to receive the surveys. It’s important for surveys to be completed within the designated timeframe. The GI will review the results with the board. It will be up to the board to discuss those results and develop a work plan to correct any identified areas that need improvement.

There being no objection, Motion approved.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault provided a summary of projects her company has been working on since last month’s meeting. Urology physician recruitment; Updates to physician recruitment template; Ongoing assistance with CT services arrangement; Assisting with renewal negotiations for professional services agreement for Emergency Department coverage; Updates to medical residents affiliation agreements. Looked at medical staff’s medical resident policy and made recommendations for medical staff to consider. Working with Senior Leadership and contract management on reviewing and upgrading the hospitalists’ employment agreements. Discussion held about sponsoring physicians and the type of residents doing rotations at BRH.

HR Report – Mr. Hargrave reported we have heard from Modern Healthcare regarding the employment engagement survey conducted. We did not meet the level of one of the best places to work in healthcare. After receiving the survey results later this summer, we will work to improve the employment experience of our employees based on those results.

CNO Report – Ms. McDowell thanked the Board for the welcome. She provided a thorough overview of her written report including OB's award of "Gold Recognition", the highest level of achievement, for their work in the AK Perinatal Quality Collaborative Hypertension in Pregnancy Initiative. Interviews for a new ED director have been concluded and we are in the process of making a selection. Mr. Stevens congratulated Ms. McDowell and the OB Department for the receiving the award.

COO Report – No questions or comments.

CBHO Report – Mr. Grigg reported that we are very close to having multiple psychiatrists on staff that are not in locum status. We have contracted with Dr. John Tarim in the last month to provide services in MHU and RRC. When we meet in June, we hope to have at least two more psychiatrists on staff. We are seeing a continued uptick in the need for psychiatric services. Inpatient and outpatient clinics have both seen increases in the last month resulting in a wait list. We are working on a plan to address the waitlist. Mr. Johnson thanked Mr. Grigg for the report. He noted that the State is working closely with Anchorage, Matsu and Fairbanks and wonders why BRH is not being acknowledged for the same work. Mr. Grigg reported that BRH is about 18 months ahead of those communities in terms of a structure in place and in services provided. The State is focusing their money on these other facilities to get them caught up and is using BRH as a consulting and replication piece. He also reported that we are meeting weekly with CBJ and Northwind Architects on the Crisis Stabilization Center. Dawson Construction has reported that demolition of the BOPS building will probably take place on Friday morning.

Ms. Lawhorne reported that the Associated Press and US News and World report saw the KTOO article included in tonight's packet. They have reached out to Mr. Grigg to discuss the behavioral health work here at BRH to be highlighted in their series on national hospital heroes during the pandemic. Mr. Johnson reported that Mr. Grigg has also agreed to give a presentation on our crisis stabilization program for kids at the national meeting of the AK Emergency Medical Services for Children. Ms. Hagevig noted that BRH and Bradley are so far ahead in the process that the Mental Health Trust didn't even know what was going on. We need to do a better job of highlighting what is being done at BRH. Congratulations to Mr. Grigg and team were expressed by multiple board members.

CFO Report – Ms. Hagevig asked if there have been any updates regarding the new round of federal dollars. We do have an opportunity to apply for \$230,000. We are waiting to hear how the \$8.3 Billion for Rural Hospitals is to be distributed.

CEO Report – Ms. Lawhorne acknowledged the Senior Leadership Team for stepping up and working hard with their departments to improve the hospital. There were two special sessions started on the 20th to look at the state budget and the permanent fund dividend. How that impacts Medicaid funding is yet to be seen. DHSS experienced a cyber-attack on May 18th. This has impacted our access to information that is shared between hospital systems and DHSS. Background checks and onboarding have also been disrupted. Be on the lookout for information on the ground breaking ceremony for the Crisis Stabilization Center. We will begin recruitment for the COO position immediately. The president has signed the American Tourism Restoration Act which allows cruise ships to come into Alaska without stopping in Canada. Mr. Solomon-Gross initiated conversation about staffing levels. Ms. Hagevig initiated discussion about expectations of board participation during this year's Joint Commission survey. Ms. Knapp resumed discussions about staffing. We will not need to staff for the cruise season. Staff will be reassigned to their pre-COVID roles.

CEO REPORT/STRATEGIC DISCUSSION – Ms. Lawhorne reported we had one COVID patient in house has now been discharged in stable condition. Incident Command Structure meetings are now being incorporated into our Management Team meetings for more efficiency. Vaccinations across the community are continuing to increase by several hundred per week. Everyone 12 years old and above are eligible for the vaccines. 63.8% of the total population of Juneau have received their first dose and 58.2% completely vaccinated. Testing continues to run smoothly at this time. 67.8 % of the eligible population are completely vaccinated.

PRESIDENT REPORT – Mr. Solomon-Gross has been out of town for the last three weeks but has kept in touch with Ms. Lawhorne and Mr. Hargrave. It was a good vacation and he thanks everyone for keeping things together during his absence.

BOARD CALENDAR – June calendar reviewed. A Governance meeting will be held at 12:00pm on Friday, June 18th and recurring meetings will take place at noon on the third Friday of every month. Mr. Stevens will be out of town after June 4th and will be unable to attend the rest of the meetings scheduled to take place in June.

BOARD COMMENTS AND QUESTIONS – None

EXECUTIVE SESSION – *MOTION by Mr. Stevens to recess into executive session as written in the agenda 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 the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

Mr. Johnson seconded. The Board entered executive session at 6:45p.m after taking a 5 minute recess. They returned to regular session at 7:14 p.m.

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

ADJOURNMENT: 7:15 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, June 22, 2021

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: June 7, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: April Financial Performance

Bartlett Regional Hospital had mixed results financially in the month of April. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.3 million (-22%). After ten months, inpatient revenues are \$12.3 million (-21%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$618,000 (6.5%) over budget. The primary drivers were increased surgical procedures (16%) and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$3.8 million (4.1%) ahead of budget and 14.2% greater than the prior year.

Rainforest Recovery Center is still operating at 66% capacity, however new revenue from Withdrawal Management resulted in a decrease of only 20%. BHOPS revenues were 44% over budget at almost \$400,000. Physician revenue was 3% less than budget. This resulted in Total Gross Patient Revenue of \$16.3 million, which was \$660,000 (3.9%) less than budget.

Deductions from revenue had a favorable variance of \$672,000 (8.7%). This was a result of a change in payor mix with more revenue from commercial payors with lower deductions and reduction of Medicaid revenues.

Net Patient Revenue finished just slightly greater than budget at \$9.2 million. Grant Revenue was recorded and reflected in Other Operating Revenue. This resulted in Total Operating Revenue of \$9.9 million which was \$193,000 (2.0%) greater than budget.

Expenses exceeded budget by \$984,000 or 10.3%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest causes for this increase:

- The operation of the molecular lab added \$186,000 in revenue and also added to the supply variance with unbudgeted supply costs of \$130,000. This accounted for the majority of the supply variance.
- Increased staff costs for ER Triage hut, front door screening, molecular lab and central staffing.
- BRH had shutdown outpatient services the entire month of April (2020) for covid preparedness to provide safe care for both patients and staff. The prior year month represents those results.

The expense variance led to an Operating Loss of \$583,000. After Non-Operating Income of \$226,000 the final Net Loss was \$357,000. After ten months, BRH is essentially at a breakeven position of \$73,000 (0.7%) margin.

**Bartlett Regional Hospital
Dashboard Report for April 2021**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Mar)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	434	373	16%	225	345	3,789	3,783	0%	3,696
Patient Days - Critical Care Unit	78	93	-16%	64	82	935	944	-1%	856
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	17.1	15.6	10%	10	13.8	15.5	15.6	0%	14.9
Patient Days - Obstetrics	60	67	-10%	48	55	617	678	-9%	647
Patient Days - Nursery	43	52	-17%	37	44	491	526	-7%	513
Total Hospital Patient Days	615	585	5%	374	526	5,832	5,931	-2%	5,712
Births	23	24	-4%	15	22	240	242	-1%	234
Mental Health Unit									
Patient Days - Mental Health Unit	150	270	-44%	48	127	1,478	2,736	-46%	2,236
Avg. Daily Census - MHU	5.0	9.0	-44%	1.6	4	4.9	9.0	-46%	7.3
Rain Forest Recovery:									
Patient Days - RRC	169	387	-56%	0	207	1,113	3,917	-72%	2,538
Avg. Daily Census - RRC	6	12.9	-56%	0.0	7	4	12.9	-72%	8.3
Outpatient visits	47	19	151%	64	54	811	767	6%	266
Inpatient: Admissions									
Med/Surg	48	77	-38%	45	60	553	783	-29%	703
Critical Care Unit	32	43	-26%	33	30	336	438	-23%	408
Obstetrics	28	26	8%	18	22	263	262	1%	259
Nursery	25	24	4%	16	22	242	243	0%	236
Mental Health Unit	24	36	-34%	7	15	199	366	-46%	319
Total Admissions - Inpatient Status	157	206	-24%	119	149	1,593	2,092	-24%	1,925
Admissions - "Observation" Status									
Med/Surg	49	55	-11%	29	78	600	556	8%	552
Critical Care Unit	30	29	2%	19	27	271	298	-9%	301
Mental Health Unit	1	2	-59%	2	1	19	25	-24%	23
Obstetrics	15	19	-19%	11	19	137	188	-27%	172
Nursery	0	0	-100%	0	0	0	2	-100%	2
Total Admissions to Observation	95	106	-10%	61	125	1,027	1,069	-4%	1,050
Surgery:									
Inpatient Surgery Cases	50	51	-2%	30	50	494	516	-4%	466
Endoscopy Cases	107	89	20%	2	85	911	903	1%	804
Same Day Surgery Cases	122	100	22%	12	115	1,173	1,016	15%	915
Total Surgery Cases	279	240	16%	44	250	2,578	2,435	6%	2,185
Total Surgery Minutes	18,757	14,939	26%	4,719	19,069	181,051	151,378	20%	154,826
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	947	1,203	-21%	660	923	9,344	12,190	-23%	11,304
Cardiac Rehab Visits	49	63	-22%	0	55	552	640	-14%	615
Lab Visits	825	389	112%	153	313	3,483	3,946	-12%	3,486
Lab Tests	10,607	8,268	28%	6,431	10,128	97,573	87,501	12%	95,532
Radiology Visits	808	813	-1%	228	918	8,051	8,235	-2%	7,196
Radiology Tests	2,125	2,464	-14%	1,093	2,379	22,621	24,944	-9%	22,240
Sleep Study Visits	21	28	-25%	0	34	243	283	-14%	246
Physician Clinics:									
Hospitalists	177	230	-23%	129	119	2,107	2,329	-10%	2,078
Bartlett Oncology Clinic	84	81	4%	128	85	842	818	3%	743
Ophthalmology Clinic	90	53	71%	1	77	895	535	67%	107
Behavioral Health Outpatient visits	753	373	102%	510	654	5,003	3,778	32%	3,523
Bartlett Surgery Specialty Clinic visits	280	202	39%	101	213	2,351	2,048	15%	2,577
	1,384	938	48%	869	1,148	11,198	9,507	18%	9,028
Other Operating Indicators:									
Dietary Meals Served	20,293	29,367	-31%	12,525	20,683	200,873	297,584	-32%	268,010
Laundry Pounds (Per 100)	396	371	7%	264	403	3,779	3,763	0%	3,479

**Bartlett Regional Hospital
Dashboard Report for April 2021**

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	4,871	4,763	2.3%	2,304	5,487	4,664	17.6%	4,074
Contractual Allowance %	40.8%	43.0%	-5.0%	41.8%	43.8%	43.0%	2.0%	41.3%
Bad Debt & Charity Care %	2.5%	2.7%	-5.6%	-3.0%	1.3%	2.7%	-53.2%	2.4%
Wages as a % of Net Revenue	50.5%	46.7%	7.9%	88.3%	53.3%	47.4%	12.5%	50.2%
Productive Staff Hours Per Adjusted Patient Day	27.2	23.0	18.1%	23.0	30.2	22.3	35.1%	21.7
Non-Productive Staff Hours Per Adjusted Patient Day	4.0	3.6	11.0%	3.7	4.9	3.6	36.9%	3.5
Overtime/Premium % of Productive	5.06%	2.59%	95.7%	2.59%	6.25%	6.27%	-0.4%	6.27%
Days Cash on Hand	62	69	-10.5%	113	64	69	-7.7%	109
Board Designated Days Cash on Hand	147	164	-10.5%	145	151	164	-7.7%	145
Days in Net Receivables	52.3	52	0.0%	56	52.3	52	0.0%	56
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.5%	33.7%	73.6%	63.9%
Total debt-to-capitalization (without PERS)					14.7%	33.7%	-56.4%	16.2%
Current Ratio					6.61	2.00	230.7%	9.08
Debt-to-Cash Flow (with PERS)					10.48	2.7	288.1%	10.16
Debt-to-Cash Flow (without PERS)					2.63	2.7	-2.6%	2.58
Aged A/R 90 days & greater					44.8%	19.8%	126.3%	59.9%
Bad Debt Write off					0.6%	0.8%	-25.0%	-0.7%
Cash Collections					92.2%	99.4%	-7.2%	94.7%
Charity Care Write off					0.8%	1.4%	-42.9%	0.3%
Cost of Collections (Hospital only)					4.7%	2.8%	67.9%	5.4%
Discharged not Final Billed (DNFB)					10.4%	4.7%	121.3%	12.2%
Unbilled & Claims on Hold (DNSP)					10.4%	5.1%	103.9%	12.2%
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%	3.3%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF APRIL 2021

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
					Gross Patient Revenue:						
\$3,601,173	\$4,830,010	-\$1,228,837	-25.4%	\$2,257,180	1. Inpatient Revenue	\$36,624,499	\$48,300,102	-\$11,675,603	-24.2%	\$42,099,761	-13.0%
\$948,416	\$1,026,190	-\$77,774	-7.6%	\$576,249	2. Inpatient Ancillary Revenue	\$9,592,831	\$10,261,890	-\$669,059	-6.5%	\$9,051,918	6.0%
\$4,549,589	\$5,856,200	-\$1,306,611	-22.3%	\$2,833,429	3. Total Inpatient Revenue	\$46,217,330	\$58,561,992	-\$12,344,662	-21.1%	\$51,151,679	-9.6%
\$10,092,754	\$9,475,011	\$617,743	6.5%	\$4,512,215	4. Outpatient Revenue	\$98,606,476	\$94,750,109	\$3,856,367	4.1%	\$86,381,236	14.2%
\$14,642,343	\$15,331,211	-\$688,868	-4.5%	\$7,345,644	5. Total Patient Revenue - Hospital	\$144,823,806	\$153,312,101	-\$8,488,295	-5.5%	\$137,532,915	5.3%
\$260,533	\$324,424	-\$63,891	-19.7%	\$7,696	6. RRC Patient Revenue	\$1,650,418	\$3,244,252	-\$1,593,834	-49.1%	\$2,657,977	-37.9%
\$397,376	\$275,734	\$121,642	44.1%	\$208,233	7. BHOPS Patient Revenue	\$2,722,959	\$2,757,372	-\$34,414	-1.2%	\$2,640,062	3.1%
\$1,002,577	\$1,031,206	-\$28,630	-2.8%	\$447,276	8. Physician Revenue	\$9,879,371	\$10,312,045	-\$432,675	-4.2%	\$9,270,573	6.6%
\$16,302,829	\$16,962,575	-\$659,747	-3.9%	\$8,008,849	9. Total Gross Patient Revenue	\$159,076,554	\$169,625,770	-\$10,549,218	-6.2%	\$152,101,527	4.6%
					Deductions from Revenue:						
\$2,119,360	\$3,254,164	-\$1,134,804	34.9%	\$2,511,162	10. Inpatient Contractual Allowance	\$26,130,082	\$32,541,628	-\$6,411,546	19.7%	\$27,338,531	-4.4%
\$0	\$0	\$0			10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$3,999,246	\$3,382,190	-\$617,056	-18.2%	\$898,213	11. Outpatient Contractual Allowance	\$37,614,263	\$33,821,905	-\$3,792,358	-11.2%	\$30,025,493	25.3%
\$538,592	\$652,171	-\$113,579	17.4%	\$243,757	12. Physician Service Contractual Allowance	\$5,995,662	\$6,521,710	-\$526,048	8.1%	\$5,710,013	5.0%
\$15,984	\$15,001	-\$983	-6.6%	\$13,516	13. Other Deductions	\$136,686	\$150,011	-\$13,326	8.9%	\$146,902	0.0%
\$128,280	\$70,498	-\$57,782	-82.0%	\$20,949	14. Charity Care	\$1,084,636	\$704,983	-\$379,653	-53.9%	\$874,794	24.0%
\$285,019	\$384,991	-\$99,972	26.0%	-\$259,014	15. Bad Debt Expense	\$913,827	\$3,849,902	\$2,936,076	76.3%	\$2,772,754	-67.0%
\$7,086,481	\$7,759,015	-\$672,534	8.7%	\$3,120,250	16. Total Deductions from Revenue	\$71,875,156	\$77,590,139	-\$5,714,985	7.4%	\$66,560,154	8.0%
40.8%	43.0%			45.6%	% Contractual Allowances / Total Gross Patient Revenue	43.8%	43.0%			41.3%	
2.5%	2.7%			-3.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.3%	2.7%			2.4%	
43.5%	45.7%			39.0%	% Total Deductions / Total Gross Patient Revenue	45.2%	45.7%			43.8%	
\$9,216,348	\$9,203,560	\$12,787	0.1%	\$4,888,599	17. Net Patient Revenue	\$87,201,398	\$92,035,631	-\$4,834,233	-5.3%	\$85,541,373	1.9%
\$720,292	\$540,181	\$180,111	33.3%	\$2,392,325	18. Other Operating Revenue	\$13,764,022	\$5,401,807	\$8,362,215	154.8%	\$6,897,011	99.6%
\$9,936,640	\$9,743,741	\$192,899	2.0%	\$7,280,924	19. Total Operating Revenue	\$100,965,420	\$97,437,438	\$3,527,982	3.6%	\$92,438,384	9.2%
					Expenses:						
\$4,247,968	\$3,820,089	-\$427,879	-11.2%	\$3,854,927	20. Salaries & Wages	\$42,067,489	\$38,710,257	-\$3,357,232	-8.7%	\$38,382,035	9.6%
\$253,404	\$357,426	-\$104,022	29.1%	\$348,400	21. Physician Wages	\$2,954,950	\$3,621,909	-\$666,959	18.4%	\$3,131,688	-5.6%
\$148,622	\$124,600	-\$24,022	-19.3%	\$112,265	22. Contract Labor	\$1,449,961	\$1,262,620	-\$187,341	-14.8%	\$1,468,989	-1.3%
\$2,304,454	\$2,131,934	-\$172,520	-8.1%	\$1,930,463	23. Employee Benefits	\$22,777,762	\$21,603,731	-\$1,174,031	-5.4%	\$20,046,073	13.6%
\$6,954,448	\$6,434,049	-\$520,399	-8.1%	\$6,246,055		\$69,250,162	\$65,198,517	-\$4,051,645	-6.2%	\$63,028,785	9.9%
70.0%	66.0%			85.8%	% Salaries and Benefits / Total Operating Revenue	68.6%	66.9%			68.2%	
\$71,129	\$78,692	-\$7,563	9.6%	\$43,247	24. Medical Professional Fees	\$985,455	\$797,402	-\$188,053	-23.6%	\$730,593	34.9%
\$412,570	\$164,622	-\$247,948	-150.6%	\$168,356	25. Physician Contracts	\$2,955,678	\$1,668,173	-\$1,287,505	-77.2%	\$2,129,676	38.8%
\$239,347	\$168,697	-\$70,650	-41.9%	\$225,963	26. Non-Medical Professional Fees	\$1,969,514	\$1,709,488	-\$260,026	-15.2%	\$1,735,702	13.5%
\$1,344,734	\$1,180,015	-\$164,719	-14.0%	\$836,197	27. Materials & Supplies	\$14,192,410	\$11,957,469	-\$2,234,941	-18.7%	\$11,490,947	23.5%
\$136,586	\$138,766	\$2,181	1.6%	\$113,622	28. Utilities	\$1,191,909	\$1,406,102	-\$214,193	15.2%	\$1,266,238	-5.9%
\$510,019	\$418,285	-\$91,734	-21.9%	\$439,808	29. Maintenance & Repairs	\$4,341,261	\$4,238,603	-\$102,658	-2.4%	\$3,743,384	16.0%
\$46,956	\$50,611	-\$3,655	7.2%	\$53,525	30. Rentals & Leases	\$528,510	\$512,864	-\$15,646	-3.1%	\$504,512	4.8%
\$43,647	\$52,056	-\$8,409	16.2%	\$39,858	31. Insurance	\$491,581	\$527,514	-\$35,933	6.8%	\$435,201	13.0%
\$604,508	\$658,815	-\$54,307	8.2%	\$617,110	32. Depreciation & Amortization	\$6,313,166	\$6,662,657	-\$249,491	3.7%	\$5,927,566	6.5%
\$49,359	\$49,592	-\$233	0.5%	\$51,122	33. Interest Expense	\$504,653	\$502,533	-\$2,120	-0.4%	\$520,535	-3.1%
\$106,734	\$141,008	-\$34,274	24.3%	\$78,214	34. Other Operating Expenses	\$1,037,788	\$1,428,839	-\$391,051	27.4%	\$1,128,370	-8.0%
\$10,520,037	\$9,535,208	-\$984,828	-10.3%	\$8,913,077	35. Total Expenses	\$103,762,087	\$96,610,161	-\$7,251,926	-7.5%	\$92,641,509	-12.0%
-\$583,397	\$208,533	-\$791,930	-379.8%	-\$1,632,153	36. Income (Loss) from Operations	-\$2,796,667	\$827,277	-\$3,623,944	-438.1%	-\$203,125	1276.8%
\$104,901	\$100,693	\$4,208	4.2%	\$101,149	37. Interest Income	\$1,025,001	\$1,020,357	\$4,644	0.5%	\$1,023,241	0.2%
\$120,901	\$97,231	\$23,670	24.3%	\$72,239	38. Other Non-Operating Income	\$1,844,568	\$985,292	\$859,276	87.2%	\$729,792	152.8%
\$225,802	\$197,924	\$27,878	14.1%	\$173,388	39. Total Non-Operating Revenue	\$2,869,569	\$2,005,649	\$863,920	43.1%	\$1,753,033	63.7%
-\$357,595	\$406,457	-\$764,052	188.0%	-\$1,458,765	40. Net Income (Loss)	\$72,902	\$2,832,926	-\$2,760,024	97.4%	\$1,549,908	95.3%
-5.87%	2.14%			-22.42%	Income from Operations Margin	-2.77%	0.85%			-0.22%	
-3.60%	4.17%			-20.04%	Net Income	0.07%	2.91%			1.68%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
April 30, 2021

	<u>April-21</u>	<u>March-21</u>	<u>April-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	20,508,927	23,195,138	31,192,928	(10,684,001)
2. Board designated cash	35,107,839	34,709,624	34,273,749	834,090
3. Patient accounts receivable, net	15,604,356	14,929,184	13,368,489	2,235,867
4. Other receivables	1,192,861	878,493	3,058,423	(1,865,562)
5. Inventories	3,561,334	3,398,500	3,353,277	208,057
6. Prepaid Expenses	2,402,250	2,573,089	244,013	2,158,237
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	78,406,444	79,712,905	85,519,756	(7,113,312)
Appropriated Cash:				
9. CIP Appropriated Funding	13,352,751	13,352,751	5,740,967	7,611,784
Property, plant & equipment				
10. Land, bldgs & equipment	148,367,673	148,161,504	140,748,490	7,619,183
11. Construction in progress	7,860,963	7,773,111	8,132,664	(271,702)
12. Total property & equipment	156,228,636	155,934,615	148,881,154	7,347,481
13. Less: accumulated depreciation	(100,353,838)	(99,749,450)	(92,783,520)	(7,570,319)
14. Net property and equipment	55,874,798	56,185,167	56,097,635	(222,839)
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	160,037,672	161,654,501	161,773,356	(1,735,684)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,862,873	1,507,759	1,524,983	337,890
18. Accrued employee benefits	5,277,344	5,272,191	4,204,764	1,072,580
19. Accounts payable and accrued expenses	1,727,354	3,295,840	2,038,321	(310,967)
20. Due to 3rd party payors	4,051,027	4,051,027	3,726,445	324,582
21. Deferred revenue	(2,498,356)	(2,440,606)	(3,423,039)	924,684
22. Interest payable	189,179	126,119	197,878	(8,700)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	333,511	278,624	283,715	49,797
25. Total current liabilities	11,852,932	13,000,954	9,423,067	2,429,866
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,081,177	1,094,878	1,257,093	(175,916)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	86,703,946	86,717,647	97,290,297	(10,586,351)
31. Total liabilities	98,556,878	99,718,601	106,713,364	(8,156,485)
32. Fund Balance	61,480,794	61,935,899	55,059,993	6,420,800
33. Total liabilities and fund balance	160,037,672	161,654,501	161,773,356	(1,735,684)

Fiscal Year FY21 Additional Funding Summary

Fiscal Year (Multiple Items)

Row Labels	Sum of Award	Sum of Balance as of Apr 21
Discount	\$50,520.60	\$8,420.10
Donation	\$1,000,000.00	\$0.00
Grant	\$5,305,063.72	\$2,402,932.45
Grand Total	\$6,355,584.32	\$2,411,352.55

Type	Description	Funder	Fiscal Year	Award	Expensed	Balance as of Apr 21
Grant	Hope/CBJ Grant for Community Navigators	Juneau Community Foundation	Current and Future	\$ 210,000.00	\$ 210,000.00	\$ -
Grant	COVID-19 Response Grant	Alaska Mental Health Trust	FY21	\$ 25,000.00	\$ 25,000.00	\$ -
Grant	Crisis Stabilization Center	Alaska Mental Health Trust Authority	FY22	\$ 200,000.00		\$ 200,000.00
Grant	Small Hospital Improvement Program	DHSS Div. Public Health	FY21	\$ 11,866.00	\$ 11,866.00	\$ -
Grant	Small Hospital Improvement Program COVID-19 Response	DHSS Div. Public Health	FY21	\$ 84,317.00	\$ 84,317.00	\$ -
Grant	RRC 3.5 CBHTR-Residential SUD Services	DHSS	FY21	\$ 404,267.46	\$315,000.00	\$ 89,267.46
Grant	BRH/RRC 3.7 CBHTR-Residential Withdrawal Management	DHSS	FY21	\$ 101,066.87	\$ 101,066.87	\$ -
Grant	Capital Project - Crisis Stabilization Center Bartlett					
Grant	Outpatient Psychiatric Services Building	DHSS	Prior and Current	\$ 500,000.00	\$ 200,000.00	\$ 300,000.00
	Substance Use Disorder Services Expansion -					
Grant	Rainforest Recovery Center Crisis Stabilization Center	DHSS	FY21	\$ 2,360,752.89	\$ 828,034.59	\$ 1,532,718.30
Grant	Ambulatory Withdrawal Management	DHSS	FY21	\$ 421,853.50	\$ 113,438.98	\$ 308,414.52
	Coronavirus Nonprofit Relief Fund (Telehealth					
Grant	Equipment)	Alaska Community Foundation	FY21	\$ 974,825.00	\$ 974,825.00	\$ -
Grant	Crisis Stabilization Center	Rasmuson Foundation	FY22	\$ 350,000.00	\$ -	\$ 350,000.00
	Emergency Grants to Address Mental Health and SUD					
Grant	During COVID 19	DHSS	FY21	\$ 200,000.00	\$ 38,582.83	\$ 161,417.17
Grant	AMHTA Mini Grants	AMHTA Mini grants	FY21	\$ 2,500.00		\$ 2,500.00
Donation	Crisis Stabilization Center	Premera	FY21	\$ 1,000,000.00	\$ 1,000,000.00	\$ -
Grant	Plans of Safe Care	DHSS	FY22	\$ 100,000.00		\$ 100,000.00
Grant	Eat, Sleep, Console model of care for NAS babies	Crossett Foundation	FY21	\$ 8,615.00		\$ 8,615.00
Discount	USAC/FCC GCI discount	GCI Communications	Current and Future	\$ 50,520.60	\$ 42,100.50	\$ 8,420.10
	Total			7,005,584.32	3,944,231.77	3,061,352.55

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

June 4, 2021 – 12:00 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Lance Stevens.

Planning Committee* and Board Members: *Lance Stevens, *Hal Geiger, *Iola Young, Rosemary Hagevig, Kenny Solomon-Gross, Mark Johnson and Deb Johnston.

Also Present: Rose Lawhorne, Kevin Benson, Bradley Grigg, Dallas Hargrave, Kim McDowell, Marc Walker, Anita Moffitt, Nathan Coffee and Jeanne Rynne,

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – *Mr. Geiger made a MOTION to approve the minutes from the May 7, 2021 Planning Committee meeting. Ms. Young seconded. There being no objections, minutes approved.*

COVID STATUS – Ms. Lawhorne reported there are no COVID patients in house. Vaccination efforts continue and rates in Juneau continue to rise. Things are going well with ironing out the processes for the molecular lab. The care area is the main area of focus but consideration must also be given to support services that are impacted in order to build a successful long term system.

Mr. Stevens identified himself, Mr. Solomon-Gross, Ms. Lawhorne, Mr. Grigg and Ms. Moffitt as being in the boardroom for this meeting. He named each of the other participants listed above as participating remotely via Zoom videoconference.

MASTER FACILITY PLAN UPDATE – Mr. Benson reported there are no updates to the Master Facility Plan. Ms. Lawhorne stated that we are reviewing the plans and looking at the best way to conserve money, time and resources for the Emergency Department's ventilation system project. This will result in a change to the Gantt chart and timing of the project.

CURRENT PROJECTS UPDATE – Mr. Benson noted the projects list included in the packet was up to date when written one week ago. There are a number of projects very near to completion that will drop off the list, including the Emergency Department (ED) waiting area, Molecular Lab, Hospital Drive and the ED Triage building. He also reported on the following:

- ED Exam / Trauma rooms – We have received cost estimates that put the trauma room ventilation change at \$200K and the exam room negative pressure ventilation at \$125K. It has been determined that work on the exam rooms can wait but work on the trauma room will proceed. Work on the trauma room will not have to be redone during expansion of the ED.
- ASU-11/ Endo fan replacement went as smoothly as one would have expected it to go. Leaks in the ductwork are preventing adequate airflow in the Endo room and will need to be addressed.
- Physician call room – Proposed designs have been reviewed and are expected to be finalized in the next week or so.

Mr. Lawhorne clarified that with the expansion of the ED, we will create negative airflow. The current project as designed would impact care in the exam rooms. After strategic planning discussions, it has been decided that the new structure will be built with the negative airflow and a new ventilation shaft. Exam rooms will then move into the new space. This will delay the negative airflow in the current space but will be less disruptive to patient care and will not create work that would need to be redone.

Mr. Geiger asked who is reviewing the phase 2 recommendations for the surge protection as noted in the projects list. Mr. Walker reported that he and Nathan Coffee have been reviewing the recommendations and sending them back to the design team.

In response to Mr. Solomon-Gross' question, Mr. Walker reported the endoscopy room is in use. It does meet the ventilation standards as it was designed when it was built. We are trying to bring it up to current standards. He also stated that the ED Triage building is complete and is in use. All paperwork needs to be completed during the close out phase before final payment can be issued.

MOLECULAR LAB UPDATE – Mr. Benson reported we are ready to close out this project. It has been operating since mid-March. The analyzer's sensor has been repaired. We are currently running at a 30% capacity, averaging 300 tests per week. BRH has signed contracts to provide testing with the Juneau School District, Kensington and Greens Creek mining companies, AEL&P, UnCruise Adventures and CCFR. Opportunities for BRH to provide testing services for other entities are being pursued.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Grigg reported that demolition of the BOPS building will happen any day. AEL&P has completed their work and sheds in back of the building have been relocated. Mr. Stevens noted that the Committee of the Whole approved changes to the original design plan of the Crisis Stabilization building and asked for a status report. Ms. Lawhorne, Mr. Grigg, Mr. Benson have met with CBJ Engineering and Dawson Construction twice in the last two weeks. This additional floor must meet the needs to provide outpatient care in the short term for surgical services and long term for behavioral health. Northwind Architects has come up with a design to meet those needs. In addition to adding a floor, it has been decided to switch from a wood structure to a steel structure for both planning purposes as well as cost efficiencies. Ms. Rynne reported these changes are within the dollar amount recently approved by the Committee of the Whole and the CBJ Assembly and are well within the overall project budget for adding contingencies throughout the duration of the project. Mr. Coffee clarified that the contractor will not have this building completed by the July 2022 timeline written in the original bid but does not foresee completion going beyond the fallback date of December 2022. The end date cannot be determined by Dawson Construction until after the designs are complete. A project completion date of December 2022 would be in line with the lease ending for the Bartlett Surgery and Specialty Clinic. Final designs will be shared with the Board. All grant funders have been notified of the changes and given assurance that their investment will not change the two original patient care floors for outpatient behavioral health services and inpatient crisis stabilization. They have also been informed that long term, the additional floor will be used for behavioral health services. Feedback from funders has been very positive and they request continued updates.

TELEHEALTH SERVICES – Ms. Lawhorne reported that we don't want to limit the area of specialties or the multiple organizations providing our telehealth services but we're somewhat limited by regulations in how we use this modality of care. Relaxed restrictions of the temporary emergency authorization for telehealth services are changing. Our plan is to develop an organized, strategic direction for a telehealth program that will allow us to support our partners within the community and continue providing a higher level of care to patients. Behavioral Health has a good handle on telehealth services and we can use this modality to bring specialty services to our community. It can be used to create efficiencies in processes

that already exist in the hospital, streamline our care and expand our patient volumes. Careful consideration is being given to how we can create a cohesive program that is very clear to follow.

In response to Mr. Solomon-Gross' query about who is taking the lead on telehealth services, Ms. Lawhorne reported that Mr. Grigg, who has stood up Bartlett's Behavioral Health telehealth program, has kindly stepped up to assist with the help of Ms. McDowell. Ms. McDowell is very well versed in the clinical areas. We are moving forward cautiously as we replace the COO position and depending on the resources that person has, we might be able to reassign. Ms. Hagevig asked if the issues being able to bill for these services has been resolved. There are national efforts to make the emergency declaration's use of telehealth services reimbursable long term. When the disaster declaration ends or changes, it could change the regulations. We want to make sure Bartlett sets up a program that's sustainable despite temporary starts and stops in how we are able to bill and be reimbursed for services. We are taking time to develop something that embraces the future of healthcare but isn't dependent on the changes that are going on. Resolution of the billing issues and insurance options are being addressed at State and national level. Ms. Lawhorne confirmed that physicians we credential for telehealth services are required to have a State of Alaska license.

New Business - None

Future Agenda Items:

1. Strategic Planning meeting - Mr. Solomon-Gross suggested it may be held after the board returns from the October Leadership Conference. He will discuss it Mr. Stevens.
2. Gantt chart – Mr. Solomon-Gross requests the Gantt chart be included in each month's Planning Committee packet.

Comments: None

EXECUTIVE SESSION - MOTION by Mr. Geiger to recess into executive session as written in the agenda:

- o *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, and ask for unanimous consent.*

Ms. Young seconded. There being no objection the committee entered executive session at 12:30 pm and returned to regular session at 12:56 pm.

Mr. Stevens reported that the committee provided direction to the CEO for strategic purposes.

Next meeting: 12:00pm, Friday – July 2nd

Adjourned – 12:57 pm.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Meeting – June 11, 2021

Called to order at 12:04 p.m. by Deb Johnston.

Finance Committee (*) & Board Members present: *Deb Johnston**, Brenda Knapp*, Rosemary Hagevig, Kenny Solomon-Gross and Iola Young. *(Zoom attendees are italicized)*

Staff & Others: Rose Lawhorne, CEO, Kevin Benson, CFO, *Bradley Grigg, CBHO, Dallas Hargrave, HR Director*, Kim McDowell, CNO, Blessy Robert, Director of Accounting, Seanna O'Sullivan, Kris Muller, Megan Rinkenberger, and *Bridget Dowd, KTOO*.

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the May 14, 2021 Finance Committee Meeting. Ms. Johnston seconded, and they were approved.

April 2021 Financial Review – Kevin Benson, CFO

Bartlett Regional Hospital had mixed results financially in the month of April. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.3 million (-22%). After ten months, inpatient revenues are \$12.3 million (-21%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$618,000 (6.5%) over budget. The primary drivers were increased surgical procedures (16%) and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$3.8 million (4.1%) ahead of budget and 14.2% greater than the prior year.

Rainforest Recovery Center is still operating at 66% capacity, however new revenue from Withdrawal Management resulted in a decrease of only 20%. BHOPS revenues were 44% over budget at almost \$400,000. Physician revenue was 3% less than budget. The result in Total Gross Patient Revenue of \$16.3 million, which was \$660,000 (3.9%) less than budget.

Deductions from revenue had a favorable variance of \$672,000 (8.7%). This was a result of a change in payor mix with more revenue from commercial payors with lower deductions and reduction of Medicaid revenues.

Net Patient Revenue finished just slightly greater than budget at \$9.2 million. Grant Revenue was recorded and reflected in Other Operating Revenue. This resulted in Total Operating Revenue of \$9.9 million which was \$193,000 (2.0%) greater than budget.

Expenses exceeded budget by \$984,000 or 10.3%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest causes for this increase:

- The operation of the molecular lab added \$186,000 in revenue and also added to the supply variance with unbudgeted supply costs of \$130,000. This accounted for the majority of the supply variance.

- Increased staff costs for ER Triage hut, front door screening, molecular lab and central staffing.
- BRH had shutdown outpatient services the entire month of April (2020) for covid preparedness to provide safe care for both patients and staff. The prior year month represents those results.

The expense variance led to an Operating Loss of \$583,000. After Non-Operating Income of \$226,000 the final Net Loss was \$357,000. After ten months, BRH is essentially at a breakeven position of \$73,000 (0.7%) margin.

Review of Grants – Blessy Robert, Director of Accounting

Ms. Robert reviewed the grants BRH had received and their statuses. BRH received \$6.3M in grants and donations, and the balance remaining as of the end of April is \$2.4M, which expires at the end of the fiscal year. Most of this is related to CARES funding. BRH is waiting for details on the requirement for the Provider Relief Funds, but a plan is in place to spend about \$2M of it. \$1M was received for Crisis Stabilization capital which has been applied (Premera donation), and all others were grants. Covid expenses were paid for through CARES Act funding. The remaining \$400K is expected to be conceded, but the accounting (and behavioral health) team will review them to see what those funds may be used for to ensure maximal utilization of grant funds. More grants are being looked at and will be applied for beyond the end of the fiscal year.

Next Meeting: Friday, July 9, 2021 via Zoom and in-person in the BRH Boardroom

Board Comments: Ms. Knapp emphasized that although breaking even is doing well after more than a year of Covid-19, anything that can be done to minimize unnecessary spending, travel, etc, should be done in the upcoming fiscal year. Mr. Solomon-Gross thanked the finance team and Bradley for breaking down grants received and their applications in a way that he could explain it to anyone who may ask about them.

Adjourned – 12:45 p.m.

June 22, 2021
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

Bartlett Regional Hospital

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

Management Report from Dallas Hargrave, Human Resource Director June 2021

- **Studer Leadership Development Update.** Since the last update to the Board, supervisors and managers have completed the following classes. The courses are online, and there is a monthly virtual meeting to discuss the courses and how they apply at BRH.
 - **So Now I'm a Leader: First 90 days.** We learned how to:
 - Plan for success in your new role.
 - Build relationships, based on trust, with your team.
 - Think strategically to innovate current processes and improve performance.
 - Communicate effectively to ensure engagement and buy-in from your team.
 - **Onboarding New Team Members.** We learned how to:
 - Welcome new hires to your department in the first week.
 - Onboard new hires in the first 30 days.
 - Onboard new hires between the first 60 to 90 days.
 - **Closing the Buddy to Boss Gap.** We learned how to:
 - Identify how to navigate supervisor-employee relationships.
 - Strategize how to establish your authority.
 - **Communicating Effectively with Senior Leaders.** We learned how to:
 - Apply concepts from this course to spoken communication with senior leaders.
 - Incorporate concepts into your next proposal or request.
 - Adopt the written communication style recommended for email.
 - **Improving Perception of Senior Leadership.** We learned how to:
 - Recognize and reinforce senior leader attributes that inspire trust in employees.
 - Apply actions that help build positive relationships between senior leaders and employees.
 - Describe appropriate messaging to communicate with staff about senior leaders.
 - Strategize how to create a safe place for employees to discuss unpopular senior leader decisions or actions and ways to help them move forward.

Bartlett Regional Hospital

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June 2021 Nursing Report

Kim McDowell, CNO

Nursing Administration

- Central Staffing recently celebrated their 1-year anniversary as a new department. They have grown considerably in the past year and have made many positive changes to the organization. They are hardworking and are an integral part of scheduling.
- Central Staffing and the API team recently completed FSA (Functional System Administrator) training through Symplr, they now have greater understanding of scheduling processes, and it has enabled them to improve functionality with API, our staffing and scheduling software.
- Our float pool, which also began last year, has exceeded expectations. The minimum number of areas needed to float is three. All four RN's have five or more float areas, they also float to DI, SDC, PACU and Infusion. Their flexibility has been a great asset in helping staff the units when census and staffing guidelines require.

Obstetrics (OB) Department

- May was an extremely busy month on OB - OB had **34 deliveries** (*the last time there were more than 34 deliveries in a month was in 2017!*). A big thank you to the staff for persevering through the high census and a few major challenges throughout the month.
- OB hosted postpartum hemorrhage educational sessions that included stations on QBL (quantitative blood loss), rapid infuser, MTP (mass transfusion protocol), Bakri Balloon, and PPH9 post-partum hemorrhage medications. The sessions were an hour long and all participants made it through all four stations. It was a huge success, as the sessions had **over 47 participants** that included staff from all over the hospital, flight teams, providers, EMS and more. A big thank you Ami Reifenstein for helping to organize the entire event!
- OB is completing their rollout of ESC (Eat, Sleep, Console) a new initiative on managing neonatal withdrawal. All OB providers have been educated on the rollout, and the order set and plan of care have gone LIVE in Meditech. OB had submitted for funds to help support this program, as well as providing continuing education for staff, through the Crossett Foundation. The \$8,600 awarded to OB will allow all OB staff to be acquire training in FAN (Facilitating Attuned Interactions) to better support these families. OB is extremely grateful and excited about advancing their knowledge, skillset and training to be able to provide these services to those in need in our community.
- OB RNs continue to sit for their advanced certifications in either Inpatient Obstetrics or Advanced Fetal Monitoring following our training in April. To date, every RN that has received notification of their test results has passed! Total numbers will be presented this fall when everyone has completed their tests.
- OB collaborated with the OR team and “flipped” their OB C-section OR 180 degrees. This new layout allows for more visibility for the mother and her partner of the infant immediately after delivery, more

space for the OR team, less “traffic” near the OR table, easier accessibility of supplies, and overall better workflow in the room. Thank you to the OR team for their help with this!

Critical Care Unit (CCU)

- Lizzi Chapman, who is a new grad RN, has one more month of nights precepting in July and then will be on her own. She is doing great.
- Mathew Elliott passed his NCLEX this week and will be starting as a new grad in CCU in August. He has been a CNA on CCU and is part of the UAS nursing students that just graduated.
- CCU Director, Audrey Rasmussen, virtually attended NTI, the large American Association of Critical Care Nurses conference, at the end of May. The conference allowed for networking and education. Audrey learned a great deal and hopes to implement ideas she has learned from the conference in CCU in the near future.

Emergency Department (ED)

- ED continues doing AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) in collaboration with Patient Access Services (PAS) and Diagnostic Imaging (DI). AIDET is a tool used to help meet and exceed the level of care that we provide for patients. PAS gives all patients an information sheet about AIDET on admission to the ED. This information sheet has a QR code on it so that when scanned with a smart phone seven questions populate that are asking the patients about their overall experience in the ED.
- Onboarding of new ED Director is in process. The new director brings her strength as an experienced ED nurse in a large ED, as well as her strong leadership skills. She shares BRH’s Mission and Values and is excited to be part of the BRH family.
- ED participated in the National Pediatric Readiness Project. This assessment scores the ED on readiness regarding working with the pediatric population in our community.

Surgical Services

- OR is stabilizing their workforce by welcoming two new graduate nurses to their team.
- OR Educator working with staff on competencies and tracking in RELIAS
- Same Day Surgery working on improving processes regarding their phone tree, as well as supporting, and encouraging providers to use e-scribe.
- Operating Room working on performance improvement by tracking instrument and supply deficits identified after each surgical procedure.
- OR has begun to trial surgical smoke evacuators. Studies have shown that breathing in surgical smoke in one 8-hour shift is equivalent to smoking approximately 20 unfiltered cigarettes. This is a high priority for the Association of Operating Room Nurses association (AORN) and one more way to keep staff healthy.
- The OR is excited to welcome and work with Dr. Huffer, the new Urologist, as he brings services to the community.

Medical Surgical Unit

- Med/Surg hosted six CNA’s from the CNA program for their training. All did really well, and were excited to learn. Thank you Med/Surg for being a great host!
- Med/Surg is looking into the PRISM Award. The PRISM Award is for Premier Recognition In the Specialty of Med-Surg. Many items on the checklist for eligibility of the PRISM Award, Med/Surg already does.

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June 2021 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

- **Psychiatric Medical Staff Locum Provider List**:**

- **Dr. Joanne Gartenberg** Behavioral Health Medical Director
- **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
- **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing inpatient outpatient services to children, adolescents, and adults in addition to taking call. Cyndy is also a lead provider for our Community Based Crisis Intervention Services Program.
- **Nicholas White**, Psychiatric Mental Health NP (Part Time Independent Contractor) is providing telehealth outpatient services to adults via BOPS.
- **Dr. Helen Short** (Locum Psychiatrist) is providing full time psychiatric services to patients on MHU and taking call.
- **Dr. Stephanie Chen** (Locum Psychiatrist) is providing part time telehealth outpatient service to and consultation for children and adolescents
- **Dr. Judy Engleman** (Locum Psychiatrist) is providing part time telehealth outpatient services to adults
- **Dr. Al Fineman** (Locum Psychiatrist) is providing full time psychiatric services to patients admitted to Rainforest Recovery Center Residential Treatment and Withdrawal Management.
- **Dr. John Tarim** is providing full time psychiatric services to patients both on MHU and at Rainforest Recovery Center in addition to taking call.

**** We anticipate the announcement of as many as 3 new contracted psychiatrists this summer, lowering our dependence on locum coverage for our continued expanding programs.**

- **RAINFOREST RECOVERY CENTER:**

- **RRC Residential Treatment Update:**
 - Maydaily utilization near or at 100 (8 patient capacity)%
 - Admissions remain only from Southeast Alaska
 - Waitlist as of 6.15.2021 is 21
 - Weekly in-house patient COVID testing
 - Biweekly in-house RRC staff COVID testing
 - Masking requirements remain in effect
- **RRC Withdrawal Management (Detox) Update:**
 - May average daily utilization was 2 patients (current capacity is 4).

- 28 Patients served; 9 of which transitioned from Withdrawal Mgmt. Unit to Residential Treatment. 7 others transitioned to outpatient services through RRC.
 - **RRC Outpatient Treatment Update:**
 - We currently have 46 patients enrolled receiving:
 - Combination virtual/in person outpatient treatment model
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
 - Outpatient revenue continues to be a positive impact on RRC operations in light of 75% occupancy cap on the residential treatment side.
- **Adult Mental Health Unit (MHU):**
 - May daily average census was 6 patients
 - MHU continues to only accepting patients from Southeast Alaska.
 - Average length of stay for May was approximately 16 days.
 - Increased utilization of MHU meds anticipated on or around July 1, as we will begin admitting adults to MHU under “Crisis Stabilization.”
- **Bartlett Outpatient Psychiatric Services (BOPS):**
 - BOPS outpatient operations provides an in person/virtual approach to treatment.
 - 7.5 TE therapists are delivering in person/telehealth counseling services from their home offices/BOPS Clinic.
 - 3.5 Psychiatric providers are delivering in person/telehealth psychiatric / medication management from their home offices/BOPS Clinic.
 - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
 - May evidenced a continued increase in referrals (nearly 70) for outpatient counseling services to where we have had to institute a waitlist; nearly 75 patients waiting for counseling services.
 - We are currently interviewing Alaska licensed therapists to provide contract outpatient services in an effort to reduce our wait list while continuing to recruit for 2 full time on site therapists.
- **Integration of Neuro-Psychology Services at BOPS:**
 - BOPS has hired a Neuropsychologist to meet the growing need of individuals meeting the need for neuro-psych and other psychological evaluations to better determine a plan of treatment for this population of patients. Dr. Adrienne Pasek has been hired as a locum neuro psychiatrist. Services began on June 1, 2021 focusing on BOPS’ patient backlog (over 20 patients) referred for psychological testing.
 - Next steps include creating a community referral process for primary care, pediatric primary care and other potential referral sources to begin referrals later this summer.

- **Applied Behavior Analysis Clinic:**
 - Behavioral Health is moving forward with the opening an Applied Behavior Analysis (ABA) Clinic in Juneau. This will be a program that coexists with Physical Rehab Services as both services are connected with our target population (Autism diagnosis for patients ages 2-21)
 - We have hired Jenna Weirsma, M.A. as the Director of the ABA Clinic. Jenna is a Board Certified Behavior Analyst and will begin employment on June 28, 2021.
 - Referrals will be accepted beginning on June 30, 2021. While are aren't accepting referrals, we have received over 30 inquiries from providers and families.
 - We are currently recruiting for 3.0 FTE ABA Certified Technicians to provide in home and community based services for this program.
 - Juneau School District and Bartlett will be partnering in this endeavor, ensuring JSD students are prioritized when services are needed to maintain in the classroom setting.
 - We anticipate this program will be off the ground providing initial assessment/intake services no later than July 15.

- **Psychiatric Emergency Services (PES):**
 - May 2021:
 - 118 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
 - 94 Adults
 - 22 Children/Adolescents (It was projected that 16 of these youth assessed would have benefitted from a crisis stabilization treatment setting.

- **Crisis Intervention Services Community Based Team Update (CIS):**
 - The CIS team consists of 2 Therapists and 5 Youth/Family Navigators who provide in home and community supports for youth/families who are discharged after a crisis assessment being completed in the Emergency Staff.
 - Cynthia Rutto, PMHNP, is our clinical lead for this program.
 - Goal of the program is to provide ongoing supports to assist families through their crisis by offering counseling and skills building services.
 - All services delivered are reimbursable under "Crisis Intervention" under the State Medicaid Plan. For non-Medicaid families, we continue to work with payers in terms of reimbursement.
 - In May, CIS served 13 families with short term intensive crisis supports to help them. This included:
 - Psychiatric Evaluation
 - Individual/Family Therapy
 - Navigation Services to assist families in engaging in community and behavioral health supports
 - Adults will be added to this service line in July 2021 with no anticipated changes in staffing.

- **Crisis Stabilization Center Update:**
 - The "old BOPS building" was demolished on 06.10.2021.
 - Next steps include significant ground work in preparation for structure construction to begin.
 - Please see attached CBJ Field Report, providing the latest updates with visuals included.



Daily Observation Report

ENGINEERING DEPARTMENT
 CIP Engineering, Third Floor
 230 So. Franklin Street, Marine View Center

Project: BRH Behavioral Health Facility, CBJ Contract # BE21-149
Contractor: Dawson Construction
Date/Time: Friday, June 11, 2021 – 8:30 am
Weather: Overcast, 51 degrees
Report by: Nathan Coffee, CBJ City Architect, 586-0800, ext. 4183

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – Dawson Construction (DC)	1+0+0	Jason + crew + Chris
Electrical – Ever Electric (EE)	0+0	Bret + crew
Electrical – AEL&P	0	
Earthwork – SE Earthmovers (SEE)	0+1	Jon + crew

Description of Work:

1. SEEM had one worker onsite greasing the excavator. Jason was down in lower lot working on signage stands. Jason showed me his cordless battery powered nail gun.



2. Jason noted that SEEM tore down the existing building yesterday starting around noon without much advance notice. Jason noted that Jon McGraw is out of town for a memorial service so he does not expect further work on removal of materials to commence until Monday.



3. Jason noted that they were not able to get Loni of CBJ Water Dept onsite yesterday to assist with water valve locates. I noted that it appears that the 6" valve that supplies Bartlett House was discovered yesterday about 6' uphill of the 12" main valve. Jason noted that Jon of SEEM was poking around prior to demolition of the building but wasn't sure what they found.



4. Large steel angles were separated from the main debris pile, presumably for reuse or recycling.



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June 22, 2021 Board Report Kevin Benson, CFO

FINANCE – Kevin Benson

- Finance is following and tracking the weekly progress reports for many capital projects moving forward with CBJ. These include the Crisis Stabilization project, Rainforest window and siding replacement, Cardiac Stress Lab remodel and the Glycol Conversion project.
- Finance is preparing for the fiscal yearend at the end of June. Audit dates have been scheduled, the yearend inventory process has been coordinated and we are preparing the general ledger for closing.
- Negotiating physician contracts that need to be renewed by the end of June.

HIM – Rachael Stark

- HIM is working to help with getting ECGs into the Meditech environment. We are monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. The program is working well and we are meeting weekly with their team.
- We are continuing with coding for the Molecular Lab and are working with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill these items.
- There also is an increase with the BOPS accounts for coding.
- Bartlett will be partnering with the US Living Will Registry for our community. The first kick-off call was Friday, June 11th.

Case Management – Jeannette Lacey

- Cruise Ship Season: We have already started having small boats in port and larger ships are coming starting in July. They are expected through most of October. We are coordinating our annual cruise ship meeting with Cruise Line Agency and all of our hospital departments to review processes. This meeting is scheduled for Tuesday, June 20th, 12:00-13:30.
- Staffing:
 - Our Lead CDI specialist, Amy Deer, will work her last day on Friday, June 25th. We are grateful she has agreed to remain on as a casual after she settles in her new community, as we continue to recruit for her position. Due to the importance of this role and impact on revenue, we are working to recruit a traveler while we search for our full-time candidate. Unfortunately, we are having difficulty filling this position.
 - We continue to recruit for our Oncology Patient Navigator (a social worker position).

IS – Scott Chille

Projects

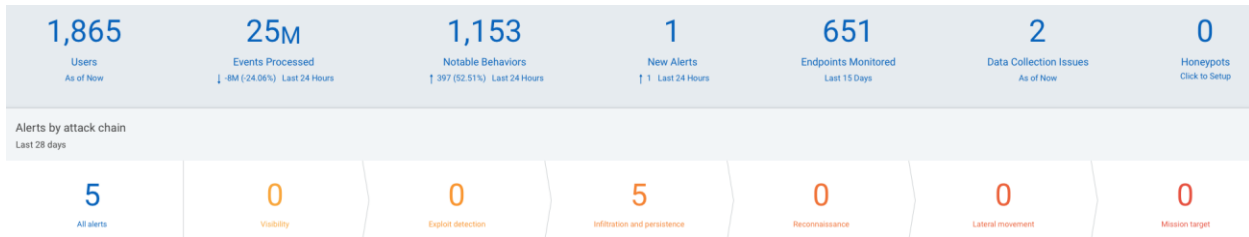
- **Philips iECG (Tracemaster View)** in-progress: expected completion **June 2021 (8-10 weeks of validation required)**

Department Updates

- Clinical IS Admin position Rhymi Chavid has joined our department

Information Security

- **Rapid7 Incident Detection and Response Report:** No MITRE ATT&CK Techniques detected in May 2021



- **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.

*Rapid7 MDR Hunt Report:
Bartlett Regional Hospital*

Rapid7 Managed Detection and Response · April 2021

Executive Summary

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **938 endpoints** in the Bartlett Regional Hospital environment for the month of February via the InsightIDR endpoint agent. **Rapid7 did not identify any indicators of compromise via hunt data during the month of March.**

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: May**

3 | Cybereason MDR / Malop Monthly Report



Executive Summary

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

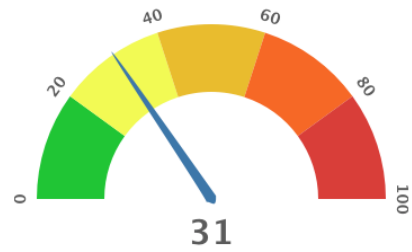
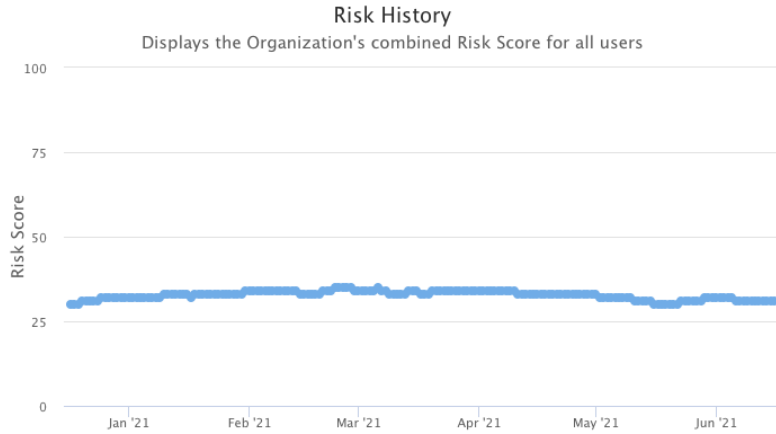
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No Malop/PUPs were detected this month.

- **Attacks on Bartlett network continue to be sustained at a much higher level than one year ago.**

Attacks on Bartlett Network				
	As of March-15 2020	As of Mar-08	As of Apr-08	As of May-08
Per Minute	86	1109	1053	1210
Per Hour	5,160	66,540	63,180	72,600
Per Day	123,840	1,596,960	1,516,320	1,742,400
Per Week	866,880	11,178,720	10,614,240	12,196,800
Per Month	3,839,040	49,505,760	47,005,920	54,014,400
Per Year	45,201,600	582,890,400	553,456,800	635,976,000

Organization's Risk Score

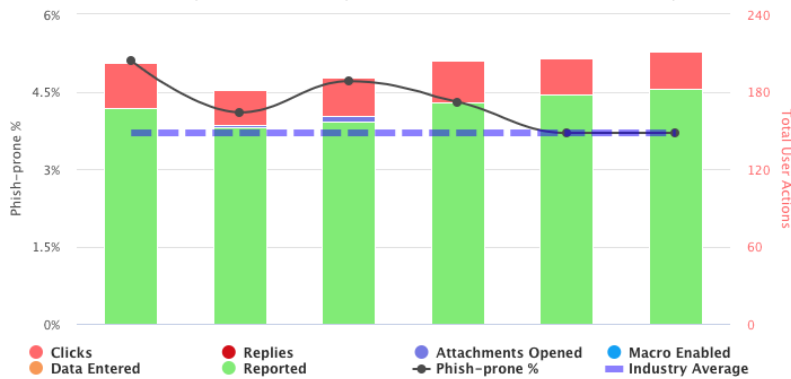


See our [Virtual Risk Officer \(VRO\) Guide](#) for details about how Risk Scores are calculated.

Phishing

Phishing Security Tests - Last 6 Months

181 Clicks, 0 Replies, 6 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 1008 Reported



[See More Phishing Reports](#)

Industry Benchmark Data ?

Your Last Phish-prone % **3.7%**

Industry Phish-prone % **3.7%**

Industry Healthcare & Pharmac ▾

Organization Size Medium (250-1000 us) ▾

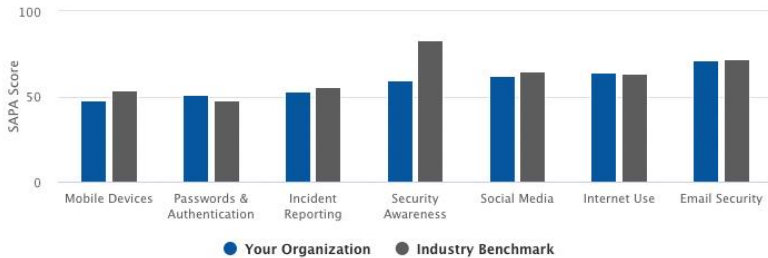
Program Maturity 1 Year ▾

Industry Benchmark Chart Data

Security Awareness Proficiency Assessment (SAPA)

SAPA Score Per Knowledge Area

Average for Completed Assessments



Industry Benchmark Data ?

Organization's SAPA Score: **58.2%**

Industry SAPA Score: **63.7%**

Industry Healthcare & Pharmac ▾

Organization Size Medium (250-1000 us) ▾

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June 2021 Board Report

Rose Lawhorne, CEO


- The old Bartlett Outpatient Psychiatric Services building has been removed in preparation for our new crisis stabilization building. This is the beginning of an exciting chapter for Bartlett. Thanks to all who have brought us to this moment.
- Despite the signing of the the Alaska Tourism Restoration Act which allows cruise ships to sail to Alaska, legal action has been taken by the State of Florida against the Center for Medicare and Medicaid, contesting the requirements for travel. Cruise ships arriving in Juneau this summer will depend on the outcome, and we will continue to follow this closely.
- We will resume Joint Conference meetings quarterly with Medical Staff and Board Executive Committees, with the first meeting in the third week of June.
- Staffing throughout the hospital continues to be a challenge. Nationally there is a shortage of healthcare providers, and this issue is acutely felt within our state as well. I am joining a task force with ASHNHA to strategize solutions. Where appropriate, we are looking at innovative staffing solutions in Bartlett.
- Space within the hospital is a concern for several areas. As a management team, we are evaluating needs and identifying short and long term solutions.
- We are moving forward with the strategic plan for facility and campus upgrades. Hospital Drive updates are nearing completion, and other projects are moving forward as well.
- I am meeting with a full-service ophthalmology group from Anchorage to develop a plan for continuing those services with Dr. Kopstein's departure in the next couple of months.

COVID-19 update

- Positive cases in our area remain stable.
- We admitted two patients in-house in June. Both were discharged in stable condition.
- Vaccinations—community vaccination clinics continue with pediatrics receiving vaccines.
- Testing—We are completing 320-340 tests per week and operations are running smoothly.

July 2021

***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	2 12:00 Planning Committee (PUBLIC MEETING)	3
4 	5 Independence Day Holiday	6	7	8	9 12:00pm Finance Committee (PUBLIC MEETING)	10
11	12	13 7:00am Credentials Committee (NOT A PUBLIC MEETING)	14 3:30pm Board Quality Committee (PUBLIC MEETING)	15	16 12:00pm Governance Committee (PUBLIC MEETING)	17
18	19	20	21	22	23	24
25	26	27 5:30pm Board of Directors (PUBLIC MEETING)	28	29	30	31

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 Planning – As needed
- Physician Recruitment – As needed
- Governance – 3rd Friday every month
- Planning – 1st Friday every month

JULY 2021 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, July 2nd

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, July 9th

<https://bartletthospital.zoom.us/j/98393405781>

Call 1 253 215 8782 Meeting ID: 983 9340 5781

BRH Board Quality Committee 3:30pm Wednesday, July 14th

<https://bartletthospital.zoom.us/j/93135229557>

Call 1 253 215 8782 Meeting ID: 931 3522 9557

BRH Governance Committee Meeting 12:00pm Friday, July 16th

<https://bartletthospital.zoom.us/j/99165925117>

Call 1 253 215 8782 Meeting ID: 991 6592 5117

BRH Board of Directors Meeting 5:30pm Tuesday, July 27th

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195