

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, December 27, 2022; 5:30 p.m.
Zoom Meeting

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

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

or call

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

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Iola Young

Gunalchéesh to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak’w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

III. ROLL CALL

IV. APPROVE AGENDA

V. PUBLIC PARTICIPATION

VI. CONSENT AGENDA

- A. November 22, 2022, Board of Directors Meeting Minutes (Pg.3)
- B. October 2022 Financials (Pg.10)
- C. FY22 Financial Audit (Pg.19)

VII. OLD BUSINESS

- Covid Update – Kim McDowell

VIII. NEW BUSINESS

IX. MEDICAL STAFF REPORT – Dr. Roth

X. COMMITTEE MINUTES/REPORTS

- A. November 18, 2022 Board Compliance and Audit Minutes – Iola Young (Pg.31)
- B. December 9, 2022, Draft Finance Committee Minutes – Deb Johnston (Pg.33)
- C. December 13, 2022, Draft Board Quality Committee Minutes – Dr. Jones (Pg.35)
- D. December 20, 2022, Draft Governance Committee Minutes – Hal Geiger (Pg.39)
 - Board Member Attestation – **ACTION ITEM** (Pg.42)

XI. MANAGEMENT REPORTS

- A. CEO Management Report – David Keith (Pg.43)
- B. CFO Management Report – Sam Muse (Pg.53)
- C. CHRO Management Report – Dallas Hargrave (Pg.58)
- D. CCO Management Report – Kim McDowell (Pg.59)
- E. CBHO Management Report – Tracy Dompeling (Pg.65)
- F. Legal Management Report – Barbra Nault / Robert Palmer (Pg.68)

XII. CBJ LIAISON REPORT – Carole Triem

XIII. PRESIDENT REPORT – Kenny Solomon-Gross

XIV. ELECTION OF BOARD OFFICERS – ACTION ITEM

XV. BOARD CALENDAR – January 2023 (Pg.69)

XVI. BOARD COMMENTS AND QUESTIONS

XVII. EXECUTIVE SESSION

- A. Credentialing Report – Dr. Roth
- B. December 6, 2022, Medical Staff Meeting Minutes – Dr. Roth
- C. Patient Safety Dashboard – Gail Moorehead
- D. Legal and Litigation – Barbra Nault / Robert Palmer

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.)*

XVIII. ADJOURNMENT

NEXT MEETING – Tuesday, January 24, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
November 22, 2022 – 5:30 p.m.
BRH Boardroom and Zoom

CALL TO ORDER – Mr. Solomon-Gross, Board President, called the meeting to order at 5:30 p.m.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President
Mark Johnson
Lisa Petersen

Brenda Knapp, Vice President
Hal Geiger

Deb Johnston, Secretary
Iola Young

ABSENT: Max Mertz and Lindy Jones, MD

ALSO PRESENT (*Zoom attendees italicized*)

David Keith, CEO
Kim McDowell, CCO
Barbara Nault, Legal Advisor
Joseph Roth, MD
Gail Moorehead, Quality
Nathan Overson, Compliance

Sam Muse, Interim CFO
Dallas Hargrave, HR Director
Robert Palmer, CBJ Attorney
Nicholas Newbury, DO
Nate Rumsey, Business. Dev.
Erin Hardin, Community Relations

Tracy Dompeling, CBHO
Bob Tyk, CFO Consultant
Carole Triem, CBJ Liaison
Sam Norton, Interim IT Director
Anita Moffitt, Exec. Assistant

APPROVE AGENDA – *MOTION by Ms. Johnston to approve the agenda as written. Mr. Johnson seconded. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

CONSENT AGENDA – *MOTION by Ms. Johnston to approve the consent agenda. Mr. Johnson seconded. There being no objection, the October 25, 2022, Board of Directors Minutes and September 2022 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 2 employees out with Covid and several out with other respiratory illnesses. There are 1 Covid patient and 1 flu patient in-house, supplies are good, and staffing is status quo. Hospitals in Anchorage and Seattle are almost at capacity with RSV (Respiratory Syncytial Virus) patients which limits our ability to medivac patients. Reverse transfers have been discussed as a possibility.

da Vinci Robot Update – Mr. Solomon-Gross noted Dr. Newbury is in attendance to answer questions about the da Vinci robot.

Ms. McDowell provided an overview of the power point presentation included in the packet. The da Vinci robot is designed to assist surgeons perform minimally invasive surgery. Surgeons can come out of their residency program with certification in robotics and require no further training. da Vinci is the only soft tissue robot on the market and Intuitive the only vendor. Intuitive, through their Genesis program, provides training for physicians and support staff, credentialing of providers, help lay the foundation for a robotics program, assist with integration, inventory management, workflows, best practices and reducing variabilities. Benefits of robotic surgery: fewer complications, less pain = less opioid use, less blood loss, smaller scars, increased patient safety, shorter hospital stay and quicker recovery, consistent outcomes, and better patient experience.

Mr. Muse provided an overview of the financial considerations outlined in the power point presentation. Two scenarios were presented. In the first scenario, a return on investment is anticipated in 2.5 years with total net return of \$1.8M after 5 years. This scenario looks at benign and malignant hysterectomies and Medicare reimbursements only. Mr. Muse explained cost avoidance, incremental revenue, and incremental costs. The second scenario projects a return on investment in 1.2 years with a total net return of \$6.9M after 5 years. This scenario looks at hysterectomies and other types of surgeries currently referred elsewhere but could be robotically performed at BRH if they had robotics available. Mr. Geiger initiated discussion about the accuracy of the number of surgical cases in the presentation and who is going to perform the surgeries. Dr. Newbury recommends a decision not be made based only on the potential growth presented. A successful robotics program needs to be in place to be competitive in recruiting surgeons to BRH. Many surgeons coming out of training are more comfortable with robotics than any other surgical modality and won't consider working in a hospital without it.

Ms. Johnston initiated discussion about the lease contract; progress is being made on negotiations.

Dr. Roth expressed concerns about current OR staffing, broken sterilizers, and canceled surgeries.

In response to Ms. Triem, it was reported the life expectancy of the robot is 10 years and the lease agreement allows for upgrades. Lease is \$40,000 per month over a 5-year period with an option to purchase at the end of term. Maintenance agreement includes support and service of Intuitive; representatives on-site for all robotic surgeries for as long as we need them. Mr. Johnson validated Dr. Roth's concerns and expressed his trust in the CEO to make the right decision moving forward. In response to Mr. Solomon-Gross, Ms. McDowell provided an overview of the training available by Intuitive for surgeons and staff. She noted other facilities report needing less staff for robotic surgery, not more. She also reported when OR sterilizer was replaced a couple of years ago, a larger one was purchased to be able to accommodate robotic equipment. Mr. Johnson cautioned the board about micro-managing the decision. Dr. Roth expressed the importance of doing a good job of implementing robotics and then initiated discussion about disposable tool costs. Tool costs are included in the global charge of the surgery. There are less disposable tools used in robotic surgeries since instruments are reusable for multiple cycles. The robot tracks the number of times an instrument is used.

OR Updates – Ms. McDowell reported a consultant had been brought in to look at areas of improvement in Surgical Services. Areas of improvement identified: clarification of job descriptions, streamline processes in Pre-Admission Testing (PAT), OR suites and sterile processing, increase utilization of OR suites, decrease turnaround times and create more versatility within staff. To preserve the on-call team, staff will be cross trained and used to their highest potential, providing coverage in other areas when needed. OR Director is working with staff on job duties, responsibilities, and expectations. To streamline the PAT process, forms will be sent to the surgeon's office to obtain as much information as possible before patient is contacted by admissions. Implementing a reliable system to help with inventory and improving communication with vendors; surgeons are to go through the proper channels, not the vendor, to request equipment. An equipment committee has been established to review equipment requests. Surgeons to use preference cards to identify equipment needed prior to the time of surgery. Work is being done to optimize the EMR (Electronic Medical Record) in the OR. Broken equipment stored in OR 3 has been moved to the now vacant triage building until it can be disposed of properly.

IT Updates – Mr. Norton reported the Emergency Department (ED) recently attended a demonstration of the Meditech Expanse ED module. A site visit to a facility that uses the ED module is planned for early January. While Meditech reps were on site, they met with physicians and staff to discuss issues they have using EMR. A systematic review of our usage was conducted. Recommendations and findings are under review. Features of the system are not fully utilized, and recommendations were made for staffing and processes. A revised staffing model to provide better support to address the needs of the EMR and other systems is under consideration. Physician EMR Advisory Committee has reconvened and will make recommendations to proposed changes to EMR. A sophisticated enterprise backup system now in place and backup strategy to avoid issues such as ransomware under review. A laptop fair in which BRH issued laptops were turned in for inspection to ensure they are encrypted recently held. Down-times will

be scheduled over a series of weeks to allow for server updates. In response to Mr. Solomon-Gross, Mr. Norton reported he was satisfied with Meditech's site visit, and it went as expected. Discussion held about the screens the ED physicians will see when ED module is implemented. Dr. Roth reported the medical staff has not yet seen the report from Meditech but will provide feedback when they do see it.

Land Acknowledgement – Ms. Hardin provided a brief background of the proposed land acknowledgement statement included in the packet. A land acknowledgement is a symbol of respect and recognition that acknowledges the indigenous ownership of an area. Land acknowledgements of other organizations were reviewed when this language was crafted with the assistance of Ricardo Worl and David Sheakley-Early, both Alaska Native speakers and language teachers in the community. They suggest if the board is to make a land acknowledgement, it should be done with genuine intentions of respect and a desire to build a continuous relationship with indigenous people. Ms. Hardin read the acknowledgement aloud. Mr. Geiger made a **MOTION on behalf of the Governance Committee to approve the draft land acknowledgement**. Ms. Johnston expressed her approval and thanked Mr. Geiger and Ms. Hardin for their work on this acknowledgement. Mr. Solomon-Gross initiated discussion about how the land acknowledgement would be used. Support expressed for posting it in a prominent place in the facility, on the BRH website and verbalized at the beginning of special functions and each Board of Directors meeting. Ms. Triem agreed the acknowledgement should only be used at select meetings to keep it from losing its impact. She stated the land acknowledgement and the process used to draft it were very well done. There being no further comment or objection, **MOTION approved**.

MEDICAL STAFF REPORT – Dr. Roth reported the following: There is nothing of note from the November 1st Medical Staff meeting. He will no longer be the Chief of Staff after December 31st. He suggests the hospital compensate physicians for serving on committees. Many committees are very onerous and require a lot of time from the physicians serving on them. Mr. Keith will work on the process and potential operational policy to remunerate physicians in specific roles.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 6:55 pm and resumed at 7:04 pm.

COMMITTEE REPORTS:

Planning Committee - Minutes from the November 4th meeting in the packet. Ms. Knapp reported the following: Mr. Keith advised the committee that BRH would be responding to a request for information (RFI) from Wildflower Court (WFC) regarding the management of WFC. Update on the da Vinci robot had been provided. The Family Practice building is now BRH's property. Updates on the master facility plan and timeline had been provided. Power conditioning project is being done in two phases; the first phase moving ahead with surge protectors on most significant equipment, second phase is in design. Door replacement project experiencing delays due to damage found inside walls and on new doors delivered. Updates were provided on the Crisis Stabilization project and the Agnew :: Beck report.

Finance Committee – Ms. Johnston reported the minutes from the November 17th meeting accurately reflect the discussions from the meeting. Finances were not discussed due to lack of time. Agnew :: Beck provided a high level overview of who they are, what they do, what they're doing for us and where they are in the process. They discussed a timeline, but financial and specific program information is not yet available; they are still gathering information. A draft report should be available early in the new year. Committee members expected to receive more information than what was provided. A fair amount of time had been spent discussing the da Vinci robot and Juneau Bone and Joint Center purchase. Ms. Young had been unable to attend the meeting and expressed appreciation for having a recording of the 2-hour meeting available. Anyone interested in getting a thorough understanding of the Crisis Now model is encouraged to watch it.

Mr. Muse reported BRH is currently operating in a loss position. Senior leadership has implemented several items to control costs going forward. During the upcoming budgeting process, the focus will be on operating as efficiently as possible. A

draft of the budget is due to CBJ by March 1st and will go before the Assembly in April. Mr. Johnson noted increasing revenue will help, resolving staffing issues in the mental health unit would allow it to operate at capacity, meet community needs and bring in more revenue. He also suggested Tri-Care would allow us to collect higher reimbursements and asked whether BRH had a relationship with them; Mr. Muse will investigate. Ms. Johnston expressed appreciation for the level of scrutiny of the finances by Senior Leadership and managers.

Board Compliance and Audit Committee – Ms. Young reported the following from the November 18th meeting: Mr. Overson discussed the annual compliance risk assessment and compliance dashboard reviewed. Mr. Rumsey provided updates on the New Service Lines Committee, now named Hospital Services Committee. Ms. Iha provided an update on the 340B oversight committee; the list of recommendations by Eide Bailly during the most recent audit has almost been completed. Mr. Overson reported the state is to hold a public hearing during the week of December 12th for the CON (Certificate of Need) for the ED expansion.

Board Governance Committee – Minutes from November 21st meeting in the packet. Mr. Geiger reported the following: Proposed land acknowledgement reviewed and approved. New language proposed for board member attestations. Recommendations for board presentations presented and will be discussed at December meeting before presenting to the full board. Training for board members discussed, committee in support of off-site training by the Governance Institute and financial training by Mr. Muse. Results of the board self-evaluation study will be given at the December board meeting.

MANAGEMENT REPORTS:

CEO Report – Mr. Keith reported the following:

- He flew to Anchorage and met with Jared Kosen of AHHA (Alaska Hospital and Healthcare Association) to discuss several legislative ideas. They talked about training of nurse technicians and the nurse compact which allows reciprocity for a nurse licensed in one state to work in another under the same license. 39 states participate in the nurse compact, Alaska does not. Alaska healthcare organizations hope this is addressed at next legislative session.
- He met with Senator Murkowski and discussed mental health, the Aurora Behavioral Health Center, and federal dollars for behavioral health services.
- While in Anchorage, he met with the director of the WWAMI program and discussed residency programs for behavioral health and other specialties. WWAMI is the University of Washington's multi-state medical education program that serves WA, WY, AK, MT and ID.
- He met with Phil Hofstetter, CEO of Petersburg Medical Center and discussed mutually beneficial opportunities to collaborate on to bolster and improve healthcare for the citizens of both communities.
- BRH has applied for licensure for Home Health and Hospice services. BRH has made a commitment to the community to provide these services and is in the throes of developing plans with the hope of being able to see patients within 60-90 days.
- BRH is competing with others for ownership of WFC and will submit a response to WFC's RFI on December 2nd.
- A compensation and labor assessment is being conducted to help right size the organization.
- We are working on an organizational restructuring to allow better communication with front line employees and stronger engagement from managers.
- He met with the Family Practice Physicians to discuss subtle changes, lease agreements and other services that could be added to that location.
- Looking at possibly adding nephrology to our service line for patients.
- All 3 sterilizers are down in the OR. He will meet with Ms. McDowell to devise a plan for 3 levels of redundancy so this will never happen again.

Mr. Overson reported the State Office of Rate Review (ORR) has been reviewing BRH's CON application and is trying to schedule a public hearing for the ED expansion project the week of December 12th. Discussion have been held about physician and staff champions to address the public and provide input. The public's input, rules, regulations, and past precedent will influence the ORR's recommendation. The Commissioner's office will review the recommendation, and, in the best-case scenario, a decision will be made around the third week of January subject to due process.

Mr. Geiger initiated discussion about impediments of administrative processes for hiring nurses. Covid showed the value of being able to have people from other states help when there is a critical need and we hope this experience works in AK's favor for reciprocity in the future.

CFO Report – Before Mr. Tyk exited the meeting, Mr. Solomon-Gross thanked him for his hard work over the past year. Mr. Muse reported in our current state, BRH is going to be close to running afoul of its debt covenant. It is an issue the board should be aware of and BRH is trying to get ahead of it. Financial statement audit is almost complete. The final issuance is expected on November 28th. There will be one significant deficiency finding presented to the board related to purchasing. Controls were put into place in the spring to correct the issues but the auditors look at the entire year; it will not show up again next year. In response to Ms. Johnston - the measurement date for BRH's bond covenant is the fiscal year but disclosures will be made at the end of the calendar year. (In December, BRH will disclose what its bond covenant was as of June 30, 2022.) BRH will work closely with CBJ and the bond council so they know where we are at and can get ahead of it. Discussion held about the impact of running afoul. Mr. Johnson observed that leadership has been a bit of a roller coaster since he's been on the board but he feels there is competent leadership in place now to address these issues. Discussion held about increasing revenues, utilization of services and staffing fluctuations.

HR Report – Mr. Hargrave reported Human Resource staff are re-establishing connections with the education systems, specifically high schools here in town, universities, and colleges across Alaska, through career services offices and a recently sponsored career camp for students experiencing disabilities. There is still more to do to enhance pipelines.

CCO Report – Ms. McDowell reported the Finance Committee gave the okay to complete the project for the tele-sitter program. One person will be able to watch multiple patients at a time through monitors. The system has infra-red for night vision and sensors around the bed that will alert the patient to get back into bed. Monitors have two-way audio that allows the observer to see and have direct communication with the patient while sending a nurse to the patient's room. It does not have recording capabilities so cannot record patients. Some systems will be hard-wired; others will be portable. The program will start on Med Surg. We anticipate a decrease in falls and staffing and an increase in privacy for the patient. The implementation team is working on the timeframe and the IT department on the privacy aspects. After implementation, pre and post trend data for patient falls will be available for comparison.

CBHO Report – Ms. Dompeling apologized that Agnew :: Beck was not able to provide financial information the finance committee is looking for. They are trying to do a very thorough review of all information and a draft report should be available after the first of the year. The Mental Health Unit (MHU) and Rainforest Recovery Center (RRC) have had increases in their average daily census. SLT has discussed looking at nurses throughout the organization to identify which ones can float to the MHU and making them more available to float when census increases. Ms. Dompeling feels that managers and directors in behavioral health are doing a great job at guiding the processes and efficiencies for the services being provided. There have been no responses for the full time or travel nurse positions posted online for the Withdrawal Management Unit (WMU). Opening the WMU has been pushed out until July 2023 and will be re-evaluated after crisis services is up and running. Without WMU, services for RRC could increase without increasing staff. In response to Mr. Solomon-Gross - the crisis observation program is for patients in crisis that do not require other medical care; they will receive triage, an assessment and care for up to 24 hours without having to go to the ED. Partial day hospitalization is not being considered at this time. There are no different certification requirements for MHU nurses, but we prefer to have nurses that have experience with MHU patients. Lack of staff is mostly responsible for not being able to bring mental health patients from outside of our service area. Mental health nurses in Juneau make about 5% less than those in Anchorage.

Legal Report – Ms. Nault reported since the last meeting, her office has worked with directors and SLT on the following: Pending status report on 340B contract pharmacy corrective action plan had been submitted to HRSA on November 2nd. BRH has received a letter from HRSA stating that they consider the self-report matter now closed. The agreement for early-out cash pay agreement with Trubridge is complete. The firm continues to work on a professional services agreement for radiology services, matters related to the development of home health and hospice services, a medical residency arrangement with SEARHC and providing advice on WFC and the Juneau Bone and Joint Center (JBIC) project.

Mr. Palmer reported Ms. Nault does the lion's share of legal matters and that he has also been assisting with the property projects. In response to Mr. Johnson, he reported legal will be working with our insurer regarding the new supreme court ruling about malpractice.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 8:23 pm and resumed at 8:24 pm.

CBJ LIAISON REPORT – Ms. Triem reported last night’s Assembly meeting was unusually short. The Assembly will hold a retreat on December 11th. If the hospital board wants to share their goals with the Assembly prior to the retreat, they are welcome to do so. Housing is the Assembly’s top goal. There has been no turnover of Assembly members so it will take less time to get everyone up to speed and allow more time for setting goals and looking at the budget process. The Assembly Finance meeting is scheduled for Wednesday to provide an overview of finances before the retreat. Ms. Triem reported interviews for the BRH board will be conducted on December 15th and 16th and asked if anyone knows someone that would like to apply for the Planning Commission to let her know.

PRESIDENT REPORT – Mr. Solomon-Gross reported he and Ms. Knapp were on KINY Radio to encourage people to apply for the hospital board or any other board of commission of the city. He reported this month, he was able to attend every committee meeting, met with Mr. Keith and another board member every Wednesday, attended meetings to discuss the JBJC and texted or talked with every board member and Ms. Triem. He reported that Mr. and Mrs. Keith have volunteered to play Santa and Mrs. Claus at the Bartlett Foundation’s Christmas event. Mr. Solomon-Gross and his wife will be their elves. This event will be held in the BRH lobby at 4:30pm on Thursday, December 15th. There will be caroling, Christmas goodies provided by the cafeteria and a hot chocolate bar provide by Hot Shot Coffee. All are invited to join in on the festivities.

BOARD CALENDAR – December calendar reviewed. Planning Committee meeting will be canceled if there are no action items. Ms. Moffitt will confirm with staff and Ms. Rynne. Ms. Johnston will be out of town but will attend finance via Zoom. Board Quality will meet at 3:30pm on December 13th. No other suggested changes.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson reported he had written up a summary of the CAMHU (Child, Adolescent Mental Health Unit) and had it distributed to the board by Ms. Moffitt. He has asked for board member personal email addresses for those wishing to hear, in the words of Paul Harvey, “The rest of the story”. Ms. Moffitt will provide the email addresses.

MOTION by Ms. Johnston to extend the meeting for an additional 30 minutes. Mr. Johnson seconded. There being no objections, MOTION approved.

EXECUTIVE SESSION – MOTION by Mr. Johnson 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 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.)*

Ms. Knapp seconded. Mr. Solomon-Gross reminded attendees that all information to be discussed in executive session is confidential. Attendees are to ensure there are no unauthorized people in the room with them or able to hear the conversations.

The Board entered executive session at 8:43 p.m. and returned to regular session at 9:15 p.m.

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

ADJOURNMENT: 9:16 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, December 27, 2022

DRAFT

To: BRH Finance Committee
From: Sam Muse
Interim Chief Financial Officer

Re: October Financial Performance

Overview

Inpatient volumes and revenue fell in October compared to prior months while expenses remained stubbornly high, led by salaries and benefits. The result was a loss of \$(1.8M) for the month.

Income Statement

Revenues were down nearly \$1M from the month prior, attributable to a slowdown in inpatient revenues. For the year, Hospital patient days and inpatient admissions are flat from the prior year. Outpatient revenues and volumes continue to be steady and up from the prior year. The rolling six-month average monthly loss for the hospital is now **\$(1.35M)**.

Deductions from revenue as a percentage of gross patient revenue were at 45.2%, below the 12-month rolling average of 46.3%.

Salaries of \$4.7M and contractual labor of \$1.1M were both up from the prior month and above their 12-month averages of \$4.4M and \$500K, respectively. Total salaries and benefits were 85.2% of operating revenues for the month. While we expect these numbers to come down in November, there are both structural and cultural issues that need to be addressed. Bartlett staff are working with consultants on both an FTE & organization structure study and a wage analysis study to help shed light on what structural issues there may be with Hospital operations. We expect a draft of the FTE/organization structure study by the end of the calendar year and a draft of the wage analysis study at the end of January. In the meantime, we are working diligently to bring down overtime, freeze bringing on additional FTEs, and only filling vacant positions that impact patient care and safety.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) decreased \$4M from the month prior. This is attributable to several things: a) the operating loss of \$1.8M during the month; b) an increase in receivables of \$1.3M (so revenue generated but not received); c) capital outlays during the period with net property and equipment increasing \$2.3M during the period reflecting the purchase of the Family Practice building. It will be very important to keep a close eye on cash going forward, especially any cashflow decreases related to operating activities.

Again, accounts receivable increased \$1.3M during the period. This was partly due an issue discovered with EKG/ECG charges not “crossing over” to the billing and AR side due to setup issues on the clinical end. This was corrected in October and resulted in \$900K of missing charges submitted. Related to the NDC issue, there are around \$1M in “suspended” claims in the Medicaid system that were awaiting processing and payment in October. While we don’t expect a meaningful reduction in AR in November, we believe we will start collecting on those claims in December moving forward.

Dashboard/Financial Indicators

On the Dashboard report, volumes were off from the prior month. In General, inpatient volumes are down month-to-month and flat year-to-year while outpatient revenues/volumes remain strong.

Days cash on hand is down slightly, but still around 7 months of cash based on operating expenditure levels of \$359K a day.

Days in net receivables has increased to 66 and days in accounts payable increased to 39.3. Again, we anticipate the receivables to start coming down in December. The Accounts Payable spike we believe to be temporary, with change over in staff in that area.

Conclusion

Staffing costs remain stubbornly high while revenues have stagnated, leaving the hospital with a structural deficit.

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF OCT 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
\$3,257,040	\$4,973,587	-\$1,716,547	-34.5%	\$4,387,111	1. Inpatient Revenue:	\$15,483,022	\$20,308,836	-\$4,825,815	-23.8%	\$17,105,147	-9.5%
\$902,770	\$1,299,747	-\$396,977	-30.5%	\$1,212,281	2. Inpatient Ancillary Revenue	\$4,340,094	\$5,307,303	-\$967,209	-18.2%	\$4,807,355	-9.7%
\$4,159,810	\$6,273,334	-\$2,113,524	-33.7%	\$5,599,392	3. Total Inpatient Revenue	\$19,823,116	\$25,616,139	-\$5,793,024	-22.6%	\$21,912,502	-9.5%
\$11,997,275	\$11,553,964	\$443,311	3.8%	\$11,722,594	4. Outpatient Revenue	\$48,618,682	\$47,178,684	\$1,439,998	3.1%	\$44,693,455	8.8%
\$16,157,085	\$17,827,298	-\$1,670,213	-9.4%	\$17,321,986	5. Total Patient Revenue - Hospital	\$68,441,798	\$72,794,823	-\$4,353,026	-6.0%	\$66,605,957	2.8%
\$256,364	\$259,730	-\$3,367	-1.3%	\$227,844	6. RRC Patient Revenue	\$804,218	\$1,060,575	-\$256,357	-24.2%	\$1,082,452	-25.7%
\$198,007	\$488,004	-\$289,997	-59.4%	\$387,400	7. BHOPS Patient Revenue	\$837,570	\$1,992,688	-\$1,155,119	-58.0%	\$1,556,515	-46.2%
\$1,129,777	\$1,187,888	-\$58,111	-4.9%	\$1,142,756	8. Physician Revenue	\$4,673,123	\$4,850,534	-\$177,411	-3.7%	\$4,068,874	14.9%
\$17,741,233	\$19,762,920	-\$2,021,688	-10.2%	\$19,079,986	9. Total Gross Patient Revenue	\$74,756,709	\$80,698,620	-\$5,941,913	-7.4%	\$73,313,798	2.0%
\$2,028,725	\$3,062,847	\$1,034,123	33.8%	\$1,843,496	10. Inpatient Contractual Allowance	\$10,782,836	\$12,127,460	\$1,344,624	11.1%	\$9,913,478	8.8%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,050,000	-\$1,050,000	\$0		-\$308,333	
\$5,161,340	\$4,605,348	-\$555,992	-12.1%	\$5,351,541	11. Outpatient Contractual Allowance	\$20,591,109	\$18,805,189	-\$1,785,920	-9.5%	\$17,545,883	17.4%
\$687,887	\$584,049	-\$103,838	-17.8%	\$586,628	12. Physician Service Contractual Allowance	\$2,793,689	\$2,384,866	-\$408,823	-17.1%	\$2,291,187	21.9%
\$31,557	\$25,180	-\$6,377	-25.3%	\$21,883	13. Other Deductions	\$109,381	\$102,820	-\$6,561	-6.4%	\$97,847	0.0%
\$9,635	\$120,028	\$110,393	92.0%	\$87,947	14. Charity Care	\$114,820	\$490,115	\$375,295	76.6%	\$418,898	-72.6%
\$449,596	\$293,707	-\$155,889	-53.1%	\$467,961	15. Bad Debt Expense	\$1,443,637	\$1,199,301	-\$244,336	-20.4%	\$1,854,774	-22.2%
\$8,018,740	\$8,341,159	\$322,420	3.9%	\$8,051,123	16. Total Deductions from Revenue	\$34,785,472	\$34,059,751	-\$725,721	-2.1%	\$31,813,734	9.3%
42.4%	41.8%			40.8%	% Contractual Allowances / Total Gross Patient Revenue	44.3%	41.3%			40.2%	
2.6%	2.1%			2.9%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.1%	2.1%			3.1%	
45.2%	42.2%			42.2%	% Total Deductions / Total Gross Patient Revenue	46.5%	42.2%			43.4%	
\$9,722,493	\$11,421,761	-\$1,699,268	-14.9%	\$11,028,863	17. Net Patient Revenue	\$39,971,237	\$46,638,869	-\$6,667,634	-14.3%	\$41,500,064	-3.7%
\$60,903	\$385,034	-\$324,131	-84.2%	\$550,548	18. Other Operating Revenue	\$699,996	\$1,527,709	-\$827,713	-54.2%	\$2,116,194	-66.9%
\$9,783,396	\$11,806,795	-\$2,023,399	-17.1%	\$11,579,411	19. Total Operating Revenue	\$40,671,233	\$48,166,578	-\$7,495,347	-15.6%	\$43,616,258	-6.8%
\$4,749,331	\$4,919,536	\$170,205	3.5%	\$4,596,066	20. Salaries & Wages	\$18,235,625	\$19,519,421	\$1,283,797	6.6%	\$17,451,671	4.5%
\$382,845	\$441,174	\$58,329	13.2%	\$349,004	21. Physician Wages	\$1,316,711	\$1,750,461	\$433,750	24.8%	\$1,439,832	-8.6%
\$1,063,275	\$79,325	-\$983,950	-1240.4%	\$183,959	22. Contract Labor	\$3,094,395	\$314,735	-\$2,779,660	-883.2%	\$770,659	301.5%
\$2,136,626	\$2,634,609	\$497,984	18.9%	\$2,603,560	23. Employee Benefits	\$8,773,705	\$10,453,426	\$1,679,721	16.1%	\$9,710,311	-9.6%
\$8,332,077	\$8,074,644	-\$257,432	-3.2%	\$7,732,589	24. Total Salaries and Benefits	\$31,420,436	\$32,038,043	\$617,608	1.9%	\$29,372,473	7.0%
85.2%	68.4%			66.8%	% Salaries and Benefits / Total Operating Revenue	77.3%	66.5%			67.3%	
\$46,875	\$74,615	\$27,740	37.2%	\$43,133	24. Medical Professional Fees	\$208,800	\$296,054	\$87,254	29.5%	\$265,553	-21.4%
\$192,862	\$406,221	\$213,359	52.5%	\$316,585	25. Physician Contracts	\$1,220,284	\$1,611,777	\$391,493	24.3%	\$1,401,887	-13.0%
\$283,400	\$224,542	-\$58,858	-26.2%	\$231,198	26. Non-Medical Professional Fees	\$1,054,371	\$890,922	-\$163,449	-18.3%	\$700,080	50.6%
\$1,238,474	\$1,341,094	\$102,620	7.7%	\$1,442,389	27. Materials & Supplies	\$5,348,517	\$5,321,098	-\$27,419	-0.5%	\$6,089,222	-12.2%
\$215,122	\$149,546	-\$65,576	-43.9%	\$145,196	28. Utilities	\$648,336	\$593,367	-\$54,969	-9.3%	\$477,034	35.9%
\$508,187	\$420,982	-\$87,205	-20.7%	\$583,950	29. Maintenance & Repairs	\$1,778,849	\$1,670,334	-\$108,515	-6.5%	\$1,927,485	-7.7%
\$81,343	\$67,006	-\$14,337	-21.4%	\$56,231	30. Rentals & Leases	\$313,427	\$265,862	-\$47,565	-17.9%	\$199,133	57.4%
\$80,011	\$80,113	\$102	0.1%	\$61,900	31. Insurance	\$308,177	\$317,873	\$9,696	3.1%	\$284,976	8.1%
\$585,000	\$667,571	\$667,571	100.0%	\$641,278	32. Depreciation & Amortization	\$1,768,701	\$2,648,754	\$880,053	33.2%	\$2,501,456	-29.3%
\$32,000	\$112,180	\$112,180	100.0%	\$49,154	33. Interest Expense	\$217,870	\$445,098	\$227,228	51.1%	\$196,819	10.7%
\$115,397	\$149,124	\$33,727	22.6%	\$120,834	34. Other Operating Expenses	\$548,270	\$591,702	\$43,432	7.3%	\$487,324	12.5%
\$11,710,748	\$11,767,638	\$673,891	5.7%	\$11,424,437	35. Total Expenses	\$44,836,038	\$46,690,884	\$1,854,847	4.0%	\$43,903,442	-2.1%
-\$1,927,352	\$39,157	-\$1,966,509	-5022.1%	\$154,974	36. Income (Loss) from Operations	-\$4,164,805	\$1,475,694	-\$5,640,499	-382.2%	-\$287,184	1350.2%
\$2,190	\$45,124	-\$42,934	-95.1%	\$103,116	37. Non-Operating Revenue	\$11,370	\$179,041	-\$167,671	-93.6%	\$408,736	-97.2%
\$61,357	\$63,352	-\$1,995	-3.1%	\$272,136	38. Interest Income	\$261,360	\$251,362	\$9,998	4.0%	\$533,747	-51.0%
\$63,547	\$108,476	-\$44,929	-41.4%	\$375,252	39. Other Non-Operating Income	\$272,730	\$430,403	-\$157,673	-36.6%	\$942,483	-71.1%
-\$1,863,805	\$147,633	-\$2,011,438	-1362.5%	\$530,226	40. Total Non-Operating Revenue	-\$3,892,075	\$1,906,097	-\$5,798,172	-304.2%	\$655,299	693.9%
-19.70%	0.33%			1.34%	Income from Operations Margin	-10.24%	3.06%			-0.66%	
-19.05%	1.25%			4.58%	Net Income	-9.57%	3.96%			1.50%	

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD OCTOBER 21 THRU OCTOBER 22

	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22	October-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976	\$3,929,079	\$3,968,043	\$4,215,688	\$4,027,710	\$3,982,584	\$3,257,040
2. Inpatient Ancillary Revenue	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773	\$928,481	\$1,049,117	\$1,140,316	\$1,099,216	\$1,197,792	\$902,770
3. Total Inpatient Revenue	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749	\$4,857,560	\$5,017,160	\$5,356,004	\$5,126,926	\$5,180,376	\$4,159,810
4. Outpatient Revenue	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953	\$11,601,673	\$11,242,830	\$11,360,235	\$13,314,095	\$11,947,076	\$11,997,275
5. Total Patient Revenue - Hospital	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702	\$16,459,233	\$16,259,990	\$16,716,239	\$18,441,021	\$17,127,452	\$16,157,085
6. RRC Patient Revenue	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848	\$249,944	\$196,884	\$182,885	\$218,659	\$146,310	\$256,364
7. BHOPS Patient Revenue	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$391,417	\$456,653	\$529,944	\$199,460	\$196,611	\$243,492	\$198,007
8. Physician Revenue	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$897,198	\$1,060,736	\$1,076,229	\$862,360	\$1,205,276	\$1,295,030	\$1,043,040	\$1,129,777
9. Total Gross Patient Revenue	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703	\$18,242,059	\$17,849,178	\$18,303,860	\$20,151,321	\$18,560,294	\$17,741,233
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383	\$2,972,366	\$3,105,403	\$3,188,205	\$2,874,182	\$3,041,724	\$2,028,725
10a. Rural Demonstration Project	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998	\$4,860,343	\$5,284,968	\$4,768,716	\$5,287,432	\$5,373,622	\$5,161,340
12. Physician Service Contractual Allowance	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784	\$781,557	\$407,030	\$719,575	\$792,835	\$593,392	\$687,887
13. Other Deductions	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$20,302	\$22,821	\$27,703	\$25,242	\$23,107	\$29,475	\$31,557
14. Charity Care	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914	\$86,009	\$114,562	\$143,248	\$56,435	\$64,841	\$16,786	\$23,558	\$9,635
15. Bad Debt Expense	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288	\$725,275	-\$344,442	\$766,855	\$121,762	\$105,424	\$449,596
16. Total Deductions from Revenue	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317	\$9,160,610	\$8,187,097	\$9,183,434	\$8,766,104	\$8,817,195	\$8,018,740
% Contractual Allowances / Total Gross Patient Revenue	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%	45.3%	47.3%	45.5%	42.7%	46.7%	42.4%
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%	3.5%	4.8%	-1.6%	4.5%	0.7%	0.7%	2.6%
% Total Deductions / Total Gross Patient Revenue	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%	50.2%	45.9%	50.2%	43.5%	47.5%	45.2%
17. Net Patient Revenue	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386	\$9,081,449	\$9,662,081	\$9,120,426	\$11,385,217	\$9,743,099	\$9,722,493
18. Other Operating Revenue	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429	\$365,743	\$430,405	\$365,270	\$35,967	\$237,857	\$60,903
19. Total Operating Revenue	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815	\$9,447,192	\$10,092,486	\$9,485,696	\$11,421,184	\$9,980,956	\$9,783,396
Expenses:													
20. Salaries & Wages	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359	\$4,357,166	\$4,497,152	\$4,400,364	\$4,638,771	\$4,447,158	\$4,749,331
21. Physician Wages	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317	\$422,325	\$260,633	\$267,548	\$363,200	\$303,118	\$382,845
22. Contract Labor	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136	\$789,120	\$820,571	\$633,674	\$896,896	\$500,550	\$1,063,275
23. Employee Benefits	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370	\$2,427,959	\$2,434,120	\$2,374,084	\$2,078,228	\$2,184,768	\$2,136,626
% Salaries and Benefits / Total Operating Revenue	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%	80.9%	69.8%	74.5%	85.2%
24. Medical Professional Fees	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167	\$63,462	\$48,386	\$38,713	\$95,316	\$27,897	\$46,875
25. Physician Contracts	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694	\$412,311	\$514,752	\$326,821	\$399,851	\$300,750	\$192,862
26. Non-Medical Professional Fees	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852	\$209,768	\$246,454	\$221,282	\$223,427	\$326,262	\$283,400
27. Materials & Supplies	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281	\$1,435,271	\$1,331,112	\$1,305,218	\$1,510,512	\$1,297,313	\$1,238,474
28. Utilities	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421	\$214,545	\$98,852	\$121,693	\$140,725	\$170,796	\$215,122
29. Maintenance & Repairs	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$521,897	\$435,114	\$426,346	\$536,097	\$308,219	\$508,187
30. Rentals & Leases	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113	\$64,215	\$77,726	\$51,336	\$86,650	\$75,688	\$69,747	\$81,343
31. Insurance	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075	\$102,592	\$70,720	\$67,712	\$66,848	\$74,882	\$78,806	\$74,478	\$80,011
32. Depreciation & Amortization	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119	\$585,394	\$584,119	\$594,379	\$589,009	\$585,314	\$585,000
33. Interest Expense	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973	\$32,973	\$32,973	\$32,973	\$32,919	\$32,919	\$32,000
34. Other Operating Expenses	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288	\$191,849	\$127,071	\$93,683	\$148,396	\$190,795	\$115,397
35. Total Expenses	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201	\$11,809,278	\$11,549,493	\$10,998,310	\$11,804,841	\$10,820,084	\$11,710,748
36. Income (Loss) from Operations	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386	-\$2,362,086	-\$1,457,007	-\$1,512,614	-\$383,657	-\$839,128	-\$1,927,352
37. Interest Income	\$103,116	\$102,277	\$102,195	\$100,015	\$102,668	\$2,698	\$600	\$835	\$733	\$1,988	\$1,332	\$5,860	\$2,190
38. Other Non-Operating Income	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400	\$64,348	\$64,269	\$61,858	\$70,916	\$67,229	\$61,357
39. Total Non-Operating Revenue	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000	\$65,183	\$65,002	\$63,846	\$72,248	\$73,089	\$63,547
40. Net Income (Loss)	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386	-\$2,296,903	-\$1,392,005	-\$1,448,768	-\$311,409	-\$766,039	-\$1,863,805

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
October 30, 2022

	<u>October-22</u>	<u>September-22</u>	<u>October-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	15,612,199	19,702,993	16,455,972	(843,772)
2. Board designated cash	28,579,509	28,579,509	30,435,406	(1,855,897)
3. Patient accounts receivable, net	20,740,871	19,384,954	19,597,839	1,143,032
4. Other receivables	(146,262)	1,457	1,371,110	(1,517,371)
5. Inventories	4,079,173	3,983,200	3,714,914	364,259
6. Prepaid Expenses	3,322,738	3,511,986	3,086,651	236,088
7. Other assets	755,754	753,151	31,935	723,817
8. Total current assets	72,943,982	75,917,250	74,693,827	(1,749,844)
Appropriated Cash:				
9. CIP Appropriated Funding	28,184,484	28,184,484	19,406,354	8,778,130
Property, plant & equipment				
10. Land, bldgs & equipment	153,625,432	153,356,247	151,850,022	1,775,410
11. Construction in progress	22,545,584	20,470,933	10,696,859	11,848,726
12. Total property & equipment	176,171,016	173,827,180	162,546,881	13,624,136
13. Less: accumulated depreciation	(110,580,340)	(110,578,308)	(104,075,498)	(6,504,842)
14. Net property and equipment	65,590,676	63,248,877	58,471,389	7,119,294
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	12,654,846	(1,642,130)
16. Total assets	177,731,858	178,363,323	165,226,412	12,505,450
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,448,280	1,886,842	2,411,287	36,992
18. Accrued employee benefits	5,126,480	5,163,022	5,108,615	17,864
19. Accounts payable and accrued expenses	4,850,298	4,796,933	2,307,757	2,542,541
20. Due to 3rd party payors	3,165,930	3,165,930	2,392,930	773,001
21. Deferred revenue	626,652	669,818	999,335	(372,683)
22. Interest payable	186,175	186,175	189,178	(3,003)
23. Note payable - current portion	1,490,000	1,490,000	910,000	580,000
24. Other payables	1,195,898	1,113,623	404,654	791,244
25. Total current liabilities	19,089,713	18,472,343	14,723,756	4,365,956
Long-term Liabilities:				
26. Bonds payable	34,545,000	34,545,000	17,350,000	17,195,000
27. Bonds payable - premium/discount	2,754,701	2,754,701	84,065	2,670,635
28. Net Pension Liability	15,568,546	15,568,546	62,063,897	(46,495,351)
29. Deferred In-Flows	45,156,052	45,156,052	4,884,297	40,271,755
30. Total long-term liabilities	98,024,299	98,024,299	84,382,259	13,642,040
31. Total liabilities	117,114,012	116,496,642	99,106,015	18,007,996
32. Fund Balance	60,617,846	61,866,681	66,120,395	(5,502,548)
33. Total liabilities and fund balance	177,731,858	178,363,323	165,226,412	12,505,450

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD OCTOBER 21 THRU OCTOBER 22

	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22	September-22	October-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343	7,271,871	5,967,974	22,211,019	20,962,221	19,702,993	15,612,199
2. Board designated cash	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473	27,375,730	27,374,717	28,944,179	28,004,896	28,579,509	28,579,509
3. Patient accounts receivable, net	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612	18,180,691	18,966,587	20,620,575	20,751,228	19,384,954	20,740,871
4. Other receivables	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406	1,323,543	1,501,123	1,346,190	(79,787)	1,457	(146,262)
5. Inventories	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649	3,642,059	3,613,561	3,236,548	3,435,392	3,983,200	4,079,173
6. Prepaid Expenses	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501	1,893,949	1,717,382	3,371,478	3,623,126	3,511,986	3,322,738
7. Other assets	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937	32,937	32,939	31,936	753,152	755,754
8. Total current assets	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921	59,719,780	59,174,281	79,762,928	76,729,012	75,917,251	72,943,982
Appropriated Cash:													
9. CIP Appropriated Funding	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681	29,145,697	28,560,714	28,560,714	29,046,423	28,184,484	28,184,484
Property, plant & equipment													
10. Land, bldgs & equipment	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023	153,025,175	153,025,325	153,308,451	153,345,547	153,356,247	153,625,432
11. Construction in progress	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285	14,423,945	17,812,831	18,510,117	18,209,189	20,119,756	20,470,933	22,545,584
12. Total property & equipment	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968	170,838,006	171,535,442	171,517,640	173,465,303	173,827,180	176,171,016
13. Less: accumulated depreciation	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)	(108,329,760)	(108,913,879)	(109,403,986)	(109,992,994)	(110,578,308)	(110,580,340)
14. Net property and equipment	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602	62,508,246	62,621,563	62,113,654	63,472,309	63,248,872	65,590,676
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	11,012,716	11,012,716
16. Total assets	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590	178,363,323	177,731,858
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075	2,580,462	2,849,971	3,322,640	3,872,037	1,886,842	2,448,280
18. Accrued employee benefits	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132	5,368,868	4,822,998	4,650,759	4,650,681	5,163,022	5,126,480
19. Accounts payable and accrued expenses	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105	3,390,582	4,609,541	4,030,238	5,873,081	4,796,933	4,850,298
20. Due to 3rd party payors	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813	2,706,739	2,708,665	2,708,665	2,708,665	2,708,665	3,165,930
21. Deferred revenue	999,335	956,168	913,002	869,835	826,668	783,502	740,335	697,168	649,002	1,123,835	712,985	669,818	626,652
22. Interest payable	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892	165,131	105,323	16,175	147,817	186,175	186,175
23. Note payable - current portion	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,490,000	1,490,000	1,490,000
24. Other payables	404,654	456,756	160,707	242,979	244,290	325,418	375,354	458,446	1,000	83,469	170,789	1,113,623	1,195,898
25. Total current liabilities	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706	16,397,396	16,776,500	16,965,781	19,626,055	18,015,078	19,089,713
Long-term Liabilities:													
26. Bonds payable	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	35,005,000	34,545,000	34,545,000	34,545,000
27. Bonds payable - premium/discount	84,065	111,164	105,471	99,779	95,512	91,246	86,979	82,713	78,446	2,796,398	2,759,020	2,754,701	2,754,701
28. Net Pension Liability	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	15,568,546	15,568,546
29. Deferred In-Flows	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	45,156,052	45,156,052
30. Total long-term liabilities	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173	83,260,907	83,256,640	104,749,592	104,252,214	98,024,299	98,024,299
31. Total liabilities	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879	99,658,303	100,033,140	121,715,373	123,878,269	116,039,377	117,114,012
32. Fund Balance	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170	64,370,267	62,978,263	61,376,769	58,024,321	62,323,946	60,617,846
33. Total liabilities and fund balance	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590	178,363,323	177,731,858

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

Facility Utilization:	CURRENT MONTH					% Over (Under) Pr Yr	YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month		Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days										
Patient Days - Med/Surg	421	558	-24.5%	433	502	-2.8%	2,007	2,213	-9%	1,900
Patient Days - Critical Care Unit	67	100	-33%	118	99	-43.2%	331	396	-16%	431
Avg. Daily Census - Acute	15.7	21.2	-26%	17.8	20.0	-11.4%	19.0	21.2	-10%	19.0
Patient Days - Obstetrics	47	64	-27%	30	61	56.7%	225	254	-11%	251
Total Hospital Patient Days	535	721	-26%	581	706	-7.9%	2,563	2,862	-10%	2,582
Births	18	25	-29%	13	22	38.5%	87	100	-13%	100
Patient Days - Nursery	40	49	-19%	23	44	73.9%	193	195	-1%	188
Mental Health Unit										
Patient Days - Mental Health Unit	138	159	-13%	241	90	-42.7%	452	629	-28%	690
Avg. Daily Census - MHU	4.5	5.1	-13%	7.8	3	-42.9%	3.7	5.1	-28%	5.6
Rain Forest Recovery:										
Patient Days - RRC	239	167	43%	122	131	95.9%	735	663	11%	685
Avg. Daily Census - RRC	8	5.4	43%	4	4	95.9%	6	5.4	11%	6
Outpatient visits	34	44	-22%	30	29	13.3%	158	173	-9%	182
Inpatient: Admissions										
Med/Surg	50	68	-26%	54	61	-7.4%	248	270	-8%	269
Critical Care Unit	34	59	-42%	43	44	-20.9%	160	233	-31%	170
Obstetrics	18	27	-34%	14	24	28.6%	89	109	-18%	109
Nursery	19	25	-24%	13	22	46.2%	91	100	-9%	100
Mental Health Unit	16	25	-35%	30	16	-46.7%	68	98	-30%	108
Total Admissions - Inpatient Status	137	204	-33%	154	167	-11.0%	656	809	-19%	756
Admissions - "Observation" Status										
Med/Surg	48	73	-34%	87	58	-44.8%	232	290	-20%	284
Critical Care Unit	25	25	-1%	25	32	0.0%	123	100	22%	86
Mental Health Unit	3	4	-16%	3	5	0.0%	12	14	-15%	13
Obstetrics	11	15	-28%	11	15	0.0%	61	61	1%	62
Total Admissions to Observation	87	117	-26%	126	110	-20.9%	428	465	-8%	445
Surgery:										
Inpatient Surgery Cases	38	49	-22%	56	54	-32.1%	203	193	5%	193
Endoscopy Cases	109	89	22%	77	110	41.6%	430	353	22%	341
Same Day Surgery Cases	135	104	29%	84	110	60.7%	458	414	11%	399
Total Surgery Cases	282	242	17%	217	274	30.0%	1,091	960	14%	933
Total Surgery Minutes	18,424	16,168	14%	16,273	16,949	13.2%	71,462	64,151	11%	63,309
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,001	1,030	-3%	1,015	1,101	-1.4%	4,501	4,087	10%	4,415
Cardiac Rehab Visits	81	32	155%	1	114	8000.0%	458	126	263%	187
Lab Tests	10,648	10,003	6%	10,226	10,446	4.1%	42,360	39,690	7%	40,993
Diagnostic Imaging Tests	2,442	2,398	2%	2,343	2,792	4.2%	10,428	9,515	10%	9,610
Sleep Study Visits	19	21	-11%	19	14	0.0%	60	85	-29%	93
Physician Clinics:										
Hospitalists	214	245	-13%	267	212	-19.9%	914	971	-6%	988
Bartlett Oncology Clinic	115	97	18%	103	90	11.7%	429	386	11%	397
Ophthalmology Clinic	73	73	-1%	46	102	58.7%	387	291	33%	296
Behavioral Health Outpatient visits	695	666	4%	694	719	0.1%	2,777	2,644	5%	2,553
Bartlett Surgery Specialty Clinic visits	252	231	9%	246	286	2.4%	1,086	915	19%	887
Total Physician Clinics	1,349	1,312	3%	1,356	1,409	-0.5%	5,593	5,207	7%	5,121
Other Operating Indicators:										
Dietary Meals Served	12,582	17,757	-29%	16,489	12,413	1.4%	53,948	70,457	-23%	63,022
Laundry Pounds (Per 100)	403	577	-30%	385	414	-2.7%	1,643	2,290	-28%	1,564

**Bartlett Regional Hospital
Financial Indicators for October 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<i>Financial Indicators:</i>								
Revenue Per Adjusted Patient Day	4,370	5,722	-23.6%	5,108	5,027	5,889	-14.6%	5,038
Contractual Allowance %	42.4%	40.0%	6.1%	39.2%	44.3%	40.0%	10.8%	40.2%
Bad Debt & Charity Care %	2.6%	2.1%	23.6%	2.9%	2.1%	2.1%	-0.4%	3.1%
Wages as a % of Net Revenue	63.7%	47.6%	33.8%	46.5%	56.7%	46.3%	22.4%	47.4%
Productive Staff Hours Per Adjusted Patient Day	23.9	26.6	-10.1%	24.1	25.4	26.9	-5.5%	23.4
Non-Productive Staff Hours Per Adjusted Patient Day	3.7	4.1	-11.4%	3.8	3.9	4.2	-7.0%	3.8
Overtime/Premium % of Productive	7.90%	7.92%	-0.2%	7.69%	7.51%	7.92%	-5.2%	7.44%
Days Cash on Hand	44	44	-0.2%	47	45	44	2.3%	49
Board Designated Days Cash on Hand	158	159	-0.2%	143	162	159	2.3%	143
Days in Net Receivables	66.1	66	0.0%	59	61.9	62	0.0%	59
Days in Accounts Payable	39.3	39	0.0%	17	30.7	31	0.0%	17
Total CMI	1.28							
MCR CMI	1.47							
MCD CMI	1.14							

Bartlett Regional Hospital

Write-Offs October 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Adminstrative	\$5,951.55	1
SP Prompt Pay Disc	\$100,779.23	266
Medicare Patient <120 days		
Authorization/Alert Missing		
1115 Waiver Svcs on Commercial Ins	\$4,859.25	17
Denied Appeals /Exhausted/Timely	\$44,257.20	11
BOPS Provider NOT Eligible to Bill		
Mental Health BD MHU, RRC BOPS		
No Provider Enrollment		

\$155,847.23

Collections

One Time Ins PPD		
Collections SPPPD	\$29,078.24	266

October 2022 ME Totals

- Charity \$9,635.03
- **Claims on hold -0- \$0.00**
- POS Collections \$1,356.16
- Cares Adjustments \$11,801.50

Molecular Lab Revenue \$39,100.00

BARTLETT REGIONAL HOSPITAL
(an Enterprise Fund of the City and Borough of Juneau, Alaska)

LETTER TO THE BOARD

Year Ended June 30, 2022



November 29, 2022

Honorable Mayor, City Assembly and
Bartlett Regional Hospital Board of Directors
City and Borough of Juneau
Juneau, Alaska

Dear Members:

We have audited the financial statements of Bartlett Regional Hospital (the Hospital), an enterprise fund of the City and Borough of Juneau, as of and for the year ended June 30, 2022, and have issued our report thereon dated November 29, 2022. Professional standards require that we advise you of the following matters relating to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated July 19, 2022, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the internal control of the Hospital solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

Our financial statement preparation services are designed to ensure our independence is not impaired. Management reviews and accepts responsibility of the draft financial statements, which are prepared from the Hospital's accounting system and records provided to us.

Significant Risks Identified

Our audit standards require we communicate significant risks identified in the planning phase and that we design our audit to provide reasonable assurance that the financial statements are free of material misstatement whether caused by error or fraud. The significant risks identified are consistent with the risks we discussed with you during planning.

Qualitative Aspects of the Entity's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Hospital is included in Note 1 to the financial statements. As described in Note 1 to the financial statements, during the year, the Hospital changed its method of accounting for leases by adopting GASB No. 87, *Leases*. Accordingly, the cumulative effect of the accounting change as of the beginning of the year has been reported in the Statement of Revenues, Expenses, and Changes in Net Position.

No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statement are as following:

- Management's estimate of the net pension liability, OPEB asset, OPEB liabilities, related deferred inflows, and related deferred outflows are based on information provided by the State of Alaska. We evaluated the key factors and assumptions used to develop the net pension and OPEB liabilities and determined that it is reasonable in relation to the basic financial statements taken as a whole.
- Management's estimate of the net realizable value of accounts receivable is based on historical collections of accounts receivable. We evaluated the key factors and

assumptions used to develop the above-mentioned values in determining that it was reasonable in relation to the basic financial statements taken as a whole.

- Management's estimate of the net realizable value of the Provider Relief Fund is based on the guidance made available by the Department of Health and Human Services, at the time the financial statements were issued. The guidance outlining requirements on how to recognize these funds may change subsequent to the date of audit issuance, which may impact the ability of the Hospital to retain some or all of the distributions received. We evaluated the key factors and assumptions used to develop the above-mentioned values in determining that it was reasonable in relation to the basic financial statements taken as a whole.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Significant Difficulties Encountered during the Audit

We encountered no difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate, and communicate to the appropriate level of management:

- All known and likely misstatements identified during the audit, other than those that we believe are trivial.
- All material, corrected misstatements that were brought to the attention of management as a result of our audit procedures.
- The effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

No such misstatements were identified.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Hospital's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management, which are included in the attached letter.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings or Issues

In the normal course of our professional association with the Hospital, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, operating and regulatory conditions affecting the entity, and operational plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Hospital's auditors.

Other Information in Documents Containing Audited Financial Statements

Pursuant to professional standards, our responsibility as auditors for other information, whether financial or nonfinancial, included in the Hospital's audited financial statements, does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information. However, in accordance with such standards, we have read the information and considered whether such information, or the manner of its presentation, is materially inconsistent with its presentation in the financial statements.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

Internal Control and Other Matters

Significant Deficiency in Internal Controls over Financial Reporting Noted During the Current Year Audit

As described in our *Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*, we identified a deficiency in internal control over financial reporting that we consider to be a significant deficiency, as listed below:

2022-001: Significant Deficiency in Internal Controls over Financial Reporting – Purchasing Processes

Internal controls over purchasing for part of the fiscal year were not sufficiently designed and implemented to ensure that physical assets purchased with credit cards, including furnishings, equipment, and IT assets were tracked and safeguarded. Tested credit card, employee reimbursement, and travel purchases were not adequately supported, nor was the business purpose of transactions sufficiently documented in some cases.

Significant Deficiency in Internal Controls over Financial Reporting Noted During the Prior Year Audit

As described in our prior year *Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*, we identified a deficiency in internal control over financial reporting that we considered to be a significant deficiency, as listed below:

2021-001: Significant Deficiency in Internal Controls over Financial Reporting – Purchasing Processes

Internal controls over purchasing were not sufficiently designed and implemented to ensure that physical assets purchased with credit cards, including artwork, furnishings, equipment, IT assets, and gift cards were tracked and safeguarded. Tested credit card, employee reimbursement, and travel purchases were not adequately supported, nor was the business purpose of transactions sufficiently documented in some cases.

Status: Comment repeated. See 2022-001.

Other Internal Control Matter Noted During the Prior Year Audit

During our prior year audit, we noted a matter that was an opportunity for strengthening internal controls and operating efficiency that we discussed with management. This item did not affect our reports on the financial statements of the Hospital.

Gift Card Purchasing – Taxable Compensation to Employees

The Hospital purchased gift cards and distributed them to employees as incentives and bonuses throughout the year and did not track gift card purchases or track the disbursement of the gift cards to employees, resulting in non-compliance with the requirements of the Internal Revenue Code (IRC).

Status: Comment resolved.

This report is intended solely for the information and use of the Board of Directors and management of the Hospital and the City and Borough of Juneau Assembly and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

Elgee Rehfeld

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

November 29, 2022

Elgee Rehfeld, LLC
9309 Glacier Hwy, Suite B-200
Juneau, Alaska, 99801

This representation letter is provided in connection with your audit of the basic financial statements of Bartlett Regional Hospital (an enterprise fund of the City and Borough of Juneau) as of June 30, 2022, and for the year then ended, and the related notes to the financial statements, for the purpose of expressing opinions on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows of Bartlett Regional Hospital in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Except where otherwise stated below, immaterial matters are not considered to be exceptions that require disclosure for the purpose of the following representations. This amount is not necessarily indicative of amounts that would require adjustment to or disclosure in the financial statements.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of November 29, 2022:

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated May 31, 2022, for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements.
- The internal controls over the receipt and recording of contributions are appropriate.
- We have reviewed, approved, and taken responsibility for the financial statements and related notes.
- We have a process to track the status of audit findings and recommendations.

- We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Adequate provisions have been made for:
 - Estimated adjustments to revenue, such as for denied claims, changes to diagnosis-related group (DRG) assignments, or other estimated retroactive adjustments by third-party payors.
 - Obligations related to third-party payor contracts, including risk sharing and contractual settlements.
 - Audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
 - Obligations related to providing future services under prepaid health care service contracts.
 - Medical malpractice obligations expected to be incurred with respect to services provided through the date of this letter.
 - Self-insurance reserve for employee health care benefits.
- Patient service receivables are recorded at net realizable value.
- The following have been properly recorded or disclosed in the financial statements:
 - Compliance with bond indentures or other debt instruments.
 - Agreements and settlements with third-party payors.
 - Professional liability insurance coverage information.
- All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- There is no summary of unrecorded misstatements since all adjustments proposed by the auditor, material and immaterial, have been recorded.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- With respect to the preparation of financial statements, we have performed the following:
 - Made all management decisions and performed all management functions;
 - Assigned a competent individual to oversee the services;
 - Evaluated the adequacy of the services performed;
 - Evaluated and accepted responsibility for the result of the service performed; and
 - Established and maintained internal controls, including monitoring ongoing activities.
- All funds and activities are properly classified.
- All assets and liabilities under the entity's control have been included in the financial statements.
- All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.

- Our policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
- All revenues within the statement of activities have been properly classified as program revenues, general revenues, contributions to term or permanent endowments, or contributions to permanent fund principal.
- All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
- All interfund and intra-entity transactions and balances have been properly classified and reported.
- Special items and extraordinary items have been properly classified and reported.
- Deposit and investment risks have been properly and fully disclosed.
- Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
- All required supplementary information is measured and presented within the prescribed guidelines.
- With regard to investments and other instruments reported at fair value:
 - The underlying assumptions are reasonable and they appropriately reflect management’s intent and ability to carry out its stated courses of action.
 - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
 - The disclosures related to fair values are complete, adequate, and in conformity with U.S. GAAP.
 - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.
- With respect to financial statement preparation, we have performed the following:
 - Made all management decisions and performed all management functions;
 - Assigned a competent individual to oversee the services;
 - Evaluated the adequacy of the services performed;
 - Evaluated and accepted responsibility for the result of the service performed; and
 - Established and maintained internal controls, including monitoring ongoing activities.

Information Provided

- We have provided you with:
 - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, meeting minutes and other matters;
 - Additional information that you have requested from us for the purpose of the audit;

- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence;
- All contracts with significant third-party payors or other providers; and
- All reports and information related to peer review organizations, fiscal intermediaries, and third-party payors.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have provided to you our analysis of the entity's ability to continue as a going concern, including significant conditions and events present, and if necessary, our analysis of management's plans, and our ability to achieve those plans.
- We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
 - Management;
 - Employees who have significant roles in internal control; or
 - Others when the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators, or others.
- We are not aware of any pending or threatened litigation, claims, and assessments whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims, or assessments.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements, including:
 - Violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and the False Claims Act, in any jurisdiction whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency; and
 - Communications, whether oral or written, from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, including those related to the Medicare and Medicaid antifraud and abuse statutes, deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
- We have complied with all grants and donor restrictions.
- Information returns have been filed on a timely basis.
- We have complied with all aspects of contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- The health care entity is subject to the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), or Title 45 U.S. Code of Federal Regulations (CFR) Part

74.26 because it expended (or did not expend) more than \$750,000 in federal awards during the year.

- Billings to third-party payors comply in all respects with applicable coding principles (for example, ICD-9-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings only reflect charges for goods and services that were medically necessary, properly approved by regulatory bodies (for example, the Food and Drug Administration), if required, and properly rendered.
- With respect to cost reports:
 - We have filed all required Medicare, Medicaid, and similar reports.
 - We are responsible for the accuracy and propriety of all cost reports filed.
 - All costs reflected on such reports are appropriate, allowable under applicable reimbursement rules and regulations, patient-related, and properly allocated to the applicable payor(s).
 - The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
 - Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
 - All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
 - Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based upon historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate
- We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
- There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
- Bartlett Regional Hospital has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- We have disclosed to you all guarantees, whether written or oral, under which Bartlett Regional Hospital is contingently liable.
- We have disclosed to you all significant estimates and material concentrations known to management that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
- We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
- There are no:

- Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
- Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
- Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62
- Continuing disclosure consent decree agreements or filings with the Securities and Exchange Commission and we have filed updates on a timely basis in accordance with the agreements (Rule 240, 15c2-12).
- Bartlett Regional Hospital has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
- We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

Signed: 
Chief Financial Officer

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

November 18, 2022

Called to order at 12:00 PM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:

Board Members: *Iola Young, Committee Chair; *Brenda Knapp; *Deborah Johnston, Kenny Solomon-Gross, Hal Geiger

Staff/Other: Nathan Overson, Compliance Officer; David Keith, CEO; Dallas Hargrave, HR Director; Bob Tyk, CFO; Nate Rumsey, Ursula Iha

Board Compliance & Audit Committee Meeting Agenda Approval: *Ms. Knapp made a MOTION to approve the Agenda for the Board Annual Compliance & Audit Committee as presented. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting agenda without change.*

Previous Board Compliance Meeting Minutes Approval: *Ms. Knapp made a MOTION to approve the August 19th, 2022, Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Ms. Young asked if there any members of the public that would like to speak or give public comment. Hearing none, Ms. Young continued with the agenda.

Committee Compliance Training:

Mr. Overson presented training on the Hospital's annual compliance program risk assessment. The risk assessment informs the Hospital Compliance Work Plan along with new state and federal priorities. There was good discussion among the committee members and staff regarding the term risk assessment, and whether it could be considered just an approach to how we evaluate any risk exposure throughout the organization, or should the hospital consider an Enterprise Risk Management (ERM) operational approach (ERM programs funnel all risk domains through a Risk Department. The most common healthcare risk domains as defined by the American Society for Healthcare Risk Management [ASHRM] are Financial, Hazard, Technology, Legal/Regulatory, Human Capital, Clinical/Patient Safety, Operational and Strategic).

Compliance Officer Report:

Mr. Overson reviewed compliance dashboard and the data metrics with the Committee. Ms. Young asked for clarification on the on the policy percentages year-to-date and wondered if there was need for concern that the bulk of the compliance policies were still yet to be reviewed for the year. Mr. Overson stated that he was not concerned that the compliance policy review would reach 100% by the end of the year. There was more discussion regarding the nu

Compliance Initiatives Update:

1. New Service Line Committee update given by Nate Rumsey, Business Development Strategist. Mr. Rumsey talked about the need for the committee to be more responsive to the environment that we are working in and to be more supportive of the decisions that are made to address big and small changes to services that Bartlett currently offers as well as the starting of new service lines or business lines. For this reason, they are changing the name of the committee to better represent the work; now calling it the “Bartlett Services Committee.”
2. 340B Oversight Committee update Ursula Iha, Director of Pharmacy gave an update on the progress of the 340B Oversight Committee. The committee is nearly complete with implementing the list of recommendations given by Eide Bailly from our most recent 340B audit. BRH was notified by Health Resources and Services Administration (HRSA) that they now consider the 340B contract pharmacy review closed.
3. Certificate of Need update Nathan Overson, Compliance Officer let the committee know that the State is looking to schedule a public hearing meeting regarding the Emergency Room expansion and renovation project sometime during the week of December 12th. The public hearing meeting is a regular part of the Certificate of Need process.

Board Strategic Goals and Key Initiatives:

The Committee discussed section 6 of the “Board Strategic Goals and Key Initiatives” document. Mr. Overson expressed his enthusiasm for department specific compliance plans and department specific education and training plans for the organization in the new year.

Next Training Topic:

Mr. Solomon-Gross suggested that with the new board members joining hospital board in the new year, that it would be useful for the compliance training to cover the 7 elements of a Compliance Program; Ms. Young agreed.

Meeting Adjourned: 12:13 PM

Next Meeting: February specific time to be determined by new committee chair

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Boardroom/Zoom Meeting December 09, 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*, Max Mertz*, Kenny Solomon-Gross, Brenda Knapp, Lisa Petersen, and Iola Young

Staff & Others: Sam Muse, Interim CFO; David Keith, CEO; Dallas Hargrave, HR Director; Jennifer Knight, Interim Controller, Adam Sycks, Elgee Rehfeld; and Suzette Nelson, Executive Assistant

Public Comment: None

Ms. Johnston made a MOTION to approve the agenda. Mr. Geiger seconded and the agenda was approved.

Ms. Johnston made a MOTION to approve the minutes from the November 17, 2022 Finance Committee Meeting. Mr. Mertz seconded and they were approved.

FY2022 Audit Presentation – Elgee Rehfeld – Mr. Sycks introduced himself and presented the results of the 2022 standalone financial statement audit. The auditors began their preliminary fieldwork in early June, final fieldwork in early September and the issuance of financial statements on November 29th. Mr. Mertz shared he would like to see more of detail of the investment loss and the investment types we hold in future year's financial statement footnotes. He thanked all staff for helping accomplish this.

The committee discussed the option of selecting an auditor with extensive healthcare experience for future.

October 2022 Financial Review – Sam Muse - Mr. Muse provided a detailed summary for the committee members regarding BRH's current financial performance. Inpatient volumes and revenue fell in October compared to prior months while expenses remained stubbornly high, led by salaries and benefits. The result was a loss of \$1.8M for the month. On the Dashboard report, volumes were off from the prior month. In general, Inpatient volumes are down month-to-month and flat year-to-year while outpatient revenues/volumes remain strong. Day's cash on hand is down slightly, but still around 7 months of cash based on Operating expenditure levels of \$359K a day.

Days in net receivables has increased to 66, days in accounts payable increased to 39.3. Again, we anticipate the receivables to start coming down in December. The Accounts Payable spike we believe to be temporary, with change over in staff in that area. Staffing costs remain stubbornly high while revenues have stagnated, leaving the hospital with a structural deficit.

daVinci Update – Mr. Muse shared that he had a call with Barbara Nault regarding the contract. Intuitive made concessions on the issue of appropriation language. BRH won't have to pay service or maintenance fees for 18 months and no payment would be due in this fiscal year. He and Rob Palmer agreed we may not have to go to the assembly for 2024. If subject to appropriation in the future, we could build that into our budget and submit that to the assembly as our way of appropriating. If we sign the contract in a week or two, we will not receive the

robot until sometime in February 2023. Mr. Keith stated they have three doctors that provided written contracts they'd utilize the robot.

Next Meeting: Friday, January 13 at 12pm, via Zoom/Boardroom

Additional Comments: None

Adjourned: 1:35 p.m.

DRAFT

Bartlett Regional Hospital

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

Board Quality Committee Minutes December 13, 2022

Called to order at 15:30 p.m. by Lindy Jones

Board Members: Hal Geiger, Lisa Peterson, Lindy Jones, Kenny Solomon-Gross

Staff: Gail Moorehead, Autumn Muse, Miranda Dumont, Deb Koelsch, David Keith, Evan Price, Charlee Gribbon, Dallas Hargrave, Sam Norton

Guests: None

Kenny Solomon Gross made a MOTION to approve the minutes from October 24, 2022 Board Quality Meeting. Dr. Jones seconded; minutes are approved.

Old Business: None

NEW BUSINESS

Voice of the Patient

A. Muse

Autumn started the meeting with a patient experience story surrounding a patient who had a bad experience during their procedure at our Short Stay Center. The patient gave us valuable feedback and has shaped our current efforts in DEI.

Infection Control

C. Gribbon

Charlee gave a viral illness update in our community. The outpatient visits are extremely high and the positivity rate of influenza is higher than she has ever seen. She educated the group on why we are concerned about influenza. Juneau is testing our wastewater and influenza in the is going up. She shared our local ED metrics surrounding ER visits and COVID like illnesses (CLI). In the last six weeks we've seen a marked increase in flu positivity. This week we are averaging 60% positivity rate. 90% of the influenza patients in the ED are not vaccinated against the flu. 86% of our staff are vaccinated against the flu.

Charlee shared her 2023 plan and goals for Infection Control. We met our hand hygiene goals in 2022. Patients' perceptions of hand washings also went up. Observations continue to be a barrier. Surgical Site Infections (SSI) is the next biggest risk. We were close, but we did not meet our goals. We had a significant increase in C. Difficile infections. We had a rate of 1.9 last year. Our last goal was to prevent respiratory illness among staff. We are proud to say we only have about 15 staff numbers.



Mr. Geiger pointed out that the providers have the lowest vaccination rate. The data is unclear as to whether we don't have the data or if they are not vaccinated. Ms. Peterson asked if Charlee had an opinion as to why people don't get vaccinated. Charlee stated that some staff share their reasons for not being vaccinated and some say it is a personal preference. The one reason she does hear is that staff is having to mask anyways. She also asked if we tried incentivizing people to get vaccinated. She also asked if our rate of vaccination is typical. Charlee thinks we are "above the norm." Mr. Solomon-Gross stated that the Infection Control office has made it very easy for staff and board members to get vaccinated.

Patient Family Engagement

A. Muse

Dr. Jones made a request that Autumn share the outcomes of the DEI project with the board.

Autumn shared an update about the Patient Family Engagement Advisory committee. She shared that the committee has grown, including a mission and vision. She explained that the data is coming from Press Ganey, as well as patient feedback forms and talking to patients in the community.

WE received feedback from a patient that they didn't know what to expect while they were in the hospital. WE have worked with the Med/Surg team and formulated a handout for patients, so they have an idea of what to expect. There are plans to develop a video for patients before they come to the hospital.

The committee is also focusing on DEI. The work we are doing with the LGBTQ community is where we are starting.

The other project we are starting is improving our discharge process. While this is a huge project, we believe that it is very important for them to feel comfortable with discharge. One way we are tackling this is ensuring our discharge instructions are at a 5th grade reading level.

The last project is replacing the fish tank with an alternate visual. We are currently brainstorming with the Bartlett Foundation. There was discussion about how the fish tank was a staple in our hospital for a long time. Mr. Keith shared that the tank was costing \$500 per month.

Workplace Safety Report

E. Price

Evan gave an update on our workforce safety. He explained the parameters of reporting criteria which are quite strict. Our rates are lower than US and Alaska hospitals. He believes we under reported in 2020. We did not have COVID cases to report to OSHA. He believes the jump in sharps injuries indicates an increase in reporting. We have rewritten the post exposure protocol to take the ED out of the process. Dr. Jones asked what strategies we are putting in place to reduce sharps injuries. We will be implementing a Stops Sticks campaign. Evan has proposed a PI project to reduce sharps injuries through data collection and new supplies.

STANDING AGENDA ITEMS

2022 BOD Quality Dashboard

D. Koelsch

Deb Koelsch gave an update on the Board Quality dashboard. Our fall rates have increased. We had one fall with injury last quarter. We have an acceptable rate but we want zero falls. Gail explained most of our falls are



from patients with a diagnosis of dementia or altered mental status. She explained that 1:1 sitters can increase agitation. Dr. Jones asked if our increase in rates is due to our increased boarding. We did have one patient who was boarding here that had several falls. We are below the national rate for 30-day readmissions. Deb shared that the readmissions project will now be diving into the data they collected over the last year.

Gail gave a short explanation of our HCAHP scores. We are looking at how we can improve our communications. Staff are working hard on hourly rounding. Mr. Keith asked how we break down the numbers. We have rates based on inpatients/outpatients. We do not have the numbers based on the different clinics. Mr. Keith explained that we should be able to give doctors their scores and give them a chance to better their practice. We are looking at other options and what they provide.

2023 BOD Quality Metrics Presentation

G. Moorehead

Gail gave a presentation about her vision for the 2023 Quality Metrics Dashboard. The board are looking at four things: Outcomes, Safety, Value and Experience. She reviewed the current dashboard. We aren't currently reporting on Value. She asked the question at what our legacy will be. She does not want to shoot for average, she believes we should expect above average care should be given. The metrics she proposes are:

People

1. Workforce turnover rates
2. Workforce by status (FT, PT, Casual, Contractor)

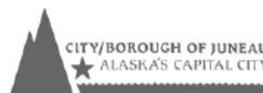
Quality and Safety:

1. IT Security data
2. Employee Safety
3. Risk Report
4. AHHA Safer together Action Plan Goals

She asked the board members what they are looking for. Mr. Keith would like to address Out Migration. Dr. Jones is interested in the 30-day readmission numbers. He discussed that the Sepsis data is subjective. At the board level he likes the falls report and staff injury rates. Dallas added that he does report some of the workforce numbers to the board in another way. Mr. Geiger asked how do we add value? He explained that there is a big difference in cost of having an orthopedic surgery here and in Seattle. Dr. Jones wants a report on falls and a report on SSI. Gail explained that she does not want to drag the board into the weeds. She spoke on ophthalmology and what a value it is to the community. Mr. Geiger asked how we measure Out Migration. Mr. Keith explained we can pull data out of Washington state and look for Juneau zip codes.

EMR UPDATE

Sam Norton gave an update on Meditech. The physician EMR committee has met once. He explained that we are packaging releases to target certain audiences. The group will be visiting Logan Health in January. They currently use Meditech in the ED. For people from our ED will be attending. He shared that we have been



meeting with Meditech. Our next step is to look at our staffing. He, as well as Meditech have recommended increasing IT staff and provide on-call help. Meditech ran a 'health check,' There is a meeting scheduled tomorrow with them and the CFO to gauge the value we are getting. He believes there are opportunities to improve our current usages. The team also met with the compliance people at the city and here. It is We have not been maintaining our servers for years. We will be finished updating our non-Meditech servers next week. They have identified and encrypted our mobile technology. They have updated/encrypted about half of the 158 in the field. We have identified 60 laptops that are not currently being used.

EXECUTIVE SESSION

Report of Patient Safety Event

A. Muse

Motion by Dr. Lindy Jones, to recess into executive session to discuss a matter which by law, municipal charter, or ordinance is required to be confidential or involve consideration of records that are not subject to public disclosure, specifically to a patient safety event.

Adjournment:

16:50

p.m.

The next Board Quality meeting is scheduled for January 19, 2023 at 15:30

Board Quality Strategic Plan Initiative Oversight Summary

People:

- 3.1 Resolve electronic medical record concerns**
- 3.2 Expand workforce development programs**

Quality and Safety

- 5.1 Stay current on technology and resources to facilitate risk management, data security, employee safety**
- 5.2 Develop quality initiatives that exceed accreditation and regulatory requirements**



Bartlett Regional Hospital

Minutes

BOARD GOVERNANCE COMMITTEE MEETING

December 20, 2022 – 1:00 p.m.

Zoom videoconference/Boardroom

CALL TO ORDER – Meeting called to order at 1:00 p.m. by Hal Geiger.

BRH BOARD & COMMITTEE MEMBERS (*) PRESENT – Hal Geiger* (Committee Chair), Iola Young*, Lisa Petersen*, and Kenny Solomon-Gross (Board President).

BRH STAFF & OTHERS – David Keith, CEO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Sam Muse, Interim CFO, Dallas Hargrave, HR Director, Gail Moorehead, Senior Quality Director, Nathan Overson, Director of Compliance/Risk and Suzette Nelson, Executive Assistant.

Ms. Young made a MOTION to approve the agenda. Mr. Solomon-Gross seconded, and the agenda was approved.

Ms. Young made a MOTION to approve the minutes from November 21, 2022. Mr. Solomon-Gross seconded, and minutes were approved.

PUBLIC PARTICIPATION – None

BOARD ATTESTATION – Wording for a board attestation started as a compliance attestation. However, based on comments at the last meeting, wording was added to make it a more general attestation to be used when board members undergo their initial orientation. The committee agreed the following text to recommend to the full board:

- I confirm that I have received CBJ Conflict of Interest Law and Bartlett Regional Hospital (BRH) Board of Directors Compliance Program training.
- I understand that it is my responsibility as a BRH Board Member to be fair, transparent, and to act in the public interest and the interest of Bartlett Regional Hospital.
- I understand that it is my responsibility to know and follow the CBJ Conflict of Interest Law, and associated code of ethics, and I agree to abide by them.
- I understand it is my responsibility, along with other board members and senior leadership, to create and foster a culture of ethics and compliance with city, state, and federal regulation, and I agree to do so.
- I understand that it is my responsibility to ensure Bartlett Regional Hospital's mission is pursued and that the hospital's assets are not diverted to any uses not in furtherance of that mission.
- I understand that as a Bartlett Regional Hospital board member I will be in possession of confidential information; I further agree to maintain that confidentiality.
- I understand that if there is anything unclear to me regarding the CBJ Conflict of Interest Law, associated codes of ethics and responsibilities, or the Hospital's Compliance Program, I agree to seek guidance from the CBJ Legal Department or the BRH Compliance Officer.

Ms. Young made a MOTION to adopt this board attestation language for the full board of directors' review and approval. Mr. Solomon-Gross seconded and it was approved.

BOARD SELF EVALUATION REVIEW – Mr. Hargrave went over the results with the committee and offered the following ten conclusions based on the data the survey generated:

1. One third or more of the board members gave non-affirming (a score other than agree or strongly agree) scores on four out of six questions having to do with how the board has done its job in the last year, which can be an opportunity for improvement. Similarly, the senior leadership had a majority of non-affirming scores on a majority of these questions too.
2. One third of the board gave non-affirming answers to a question about the hospital's strategic plan, indicating some dissatisfaction with the plan or the planning process. In an open-ended response, one senior leadership member mentioned that the board should develop "... a true and effective strategic plan that is measurable."
3. The lack of a one-year business plan was flagged as a deficiency. One third of the board did not agree that we have a one-year business plan, and the majority of the senior leadership team's answers also agreed with the deficiency.
4. Both the board and the senior leadership team gave a majority of non-affirming answers to the question about how the hospital's accomplishments have been communicated to the community and to stakeholders.
5. The senior leadership team and some board members identified an opportunity for improvement in a lack of communication from the board in the form of *policy*.
6. The answers to some questions indicated a problem with the board not understanding where its role ends and that of management begins. That may be an artifact of the instability in the CEO position rather than a structural problem in how the board operates. Alternatively, this could point to a real problem that should be addressed in the future.
7. The lack of a formal board orientation process has been flagged as an opportunity for improvement by both board members and the senior leadership team.
8. The senior leadership team was less critical of how the board has conducted itself than the board was.
9. Questions about the board's relation with the CEO were hard to interpret, likely because questions cover a period of leadership change when there were several CEOs.
10. One board member was extremely self-critical when asked about his or her own performance during the last year. While being self-critical is not necessarily a problem, this could be important information for current or future board leadership to consider when working with all board members. Additionally, this board member indicated that he or she "strongly disagreed" that they maintain the confidentiality of executive session topics. Because this board member's identity is unknown, it may be beneficial for the City Attorney to provide some brief training for the whole board regarding the confidentiality of executive session information.

The committee developed four recommendations to the board based on the current survey:

1. Improve communications with the public and stakeholders.
2. Integrate the strategic plan with the budget process.
3. Use CBJ and hospital staff resources for better and more frequent board training opportunities.
4. Improve onboarding orientation for new board members.

Ms. Young made a MOTION to adopt these recommendations and to forward them to the full board. Ms. Peterson seconded, and they were approved.

BOARD TRAINING RECOMMENDATION – The committee discussed recommendations for board training in 2023. Mr. Geiger stated that he had discussed with Mr. Muse a seminar-style training before each board meeting, each month. Mr. Muse stated he is open to this kind of training opportunity. Ms. Young suggested each should be videotaped and for other boards members to review and as public for resources. The committee reached consensus that it would like to recommend a 20-minute seminar-style training before the monthly meeting, with the topics to be determined by the administration. The committee also recommended off-site training meeting in 2023.

MONTHLY OCCUPATIONAL SAFETY REPORT -- Ms. Moorhead shared that we will be doing a safety dashboard that will be presented in executive session at the BOD monthly meetings.

STRATEGIC PLAN (2.2 & 2.3) – Mr. Norton reviewed strategic goals in which IT is working.

BOARD COMMENTS AND QUESTIONS – none.

NEXT MEETING: To be determined at a latter time.

ADJOURNMENT: 2:33 pm

DRAFT

Draft language for board member attestation – Red line

- I confirm that I have received CBJ Conflict of Interest *Law* and Bartlett Regional Hospital (BRH) Board of Directors Compliance Program training.
- I understand that it is my responsibility as a BRH Board Member to be fair, transparent, and to act in the public interest *and the interest of Bartlett Regional Hospital*.
- I understand that it is my responsibility to know and follow the CBJ Conflict of Interest Law, and associated code of ethics, and I agree to abide by them.
- I understand it is my responsibility, along with other board members and senior leadership, to create and foster a culture of ethics and compliance with city, state, and federal regulation, and I agree to do so.
- *I understand that it is my responsibility to ensure Bartlett Regional Hospital's mission is pursued and that the hospital's assets are not diverted to any uses not in furtherance of that mission.*
- *I understand that as a Bartlett Regional Hospital board member I will be in possession of confidential information; I further agree to maintain that confidentiality.*
- I understand that if there is anything unclear to me regarding the CBJ Conflict of Interest Law, associated codes of ethics *and responsibilities*, or the Hospital's Compliance Program, *I agree to seek guidance from* the CBJ Legal Department or the BRH Compliance Officer.

Draft language for board member attestation – Clean version

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Bartlett Regional Hospital

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CEO Report to the Board December 27, 2022

David Keith, CEO

Governor's Medicaid Budget: The Governor's recent press conference highlighted the release of his proposed budget for State Fiscal Year (SFY) 2024. It appears the budget is mostly flat. The Medicaid budget however shows an increase upwards to 3.6%. The Governor's press release also highlighted his support for stronger public health – accentuating the Healthy Family Initiatives, which are the Department of Health (DOH) priorities for healthy beginnings, improving access to care, and creating healthy communities.

2023 Legislative Fly-In: The Alaska Hospital & Healthcare Association (AHHA) 2023 Legislative Fly-in is scheduled for February 13-14, at the Elizabeth Peratrovich Hall in Juneau. CEOs and Administrative leaders from across Alaska will descend on Juneau in order to press AHHA's legislative priorities. There are four priority areas identified this year.:

1. First priority includes healthcare workforce challenges and shortages. It is estimated that Alaska will have the highest nurse vacancy rate in the U.S. by 2030. There are currently over 7,500 new healthcare positions needed each year because of attrition and turnover. Alaska's healthcare programs are only graduating about 800 professionals a year.
2. Second, supporting legislation to enact the Nurse Licensure Compact (NLC.) The NLC allows nurses to practice across state lines with a single license. This streamlines the licensing process, maintains standards and local control, and supports military spouse nurses and families to seamlessly join the workforce.
3. Third; pass fully funded Medicaid budget. One in three Alaskans are covered by Medicaid. Medicaid helps fund mental health, substance abuse, and other services. Unfortunately, the budget is less today than what was funded ten years ago, despite having an additional 100,000 more covered lives e.g., \$649.9m (SFY23) vs. \$655.6m (SFY13).
4. Lastly, maintaining Certificate of Need (CON) laws. The Alaska healthcare contingent feels strongly that the CON protects access to care, ensures a level playing field between hospitals, and keeps healthcare costs in check.

Medicaid Payment Change: The Alaska Department of Health (DOH) plans to implement a new inpatient hospital payment methodology based on the 3MTM All Patient Refined Diagnostic Related Group (APR DRG) classification system. The DRG system will be effective for claims with discharges on or after July 1, 2022. The change affects approximately 13,000 inpatient claims and \$240 million in payments annually (based on SFYs 2018 and 2019 data). Payment change affects inpatient stays at Alaska general acute care hospitals and all out-of-state hospitals. There will be no change to claim coding or cost reporting requirements. Payment rates for SFY 2023 are set with increases for in-state hospitals and cost savings to state. This was achieved through

realignment of out-of-state hospital reimbursement to the same percentage of cost as in-state hospital rates. Annual impact on BRH is estimated to be a positive \$307,400.

Certificate of Need Emergency Department Project: The Certificate of Need (CON) conference call for the Emergency Department Project was held December 15. As a result, 11 participants spoke in favor of the project, and there were no negative comments. Public comments will be collected through December 28. Post that date, the Office of Rate Review will have 30 days to submit to the Alaska Department of Health the anticipated recommended approval. BRH should be notified by mid-February of the results.

Organizational Chart Changes: Attached is a revised organizational chart which will be effective the first pay-period in January. The changes reflect initial plans to redistribute the work and improve accountability, oversight, and communication over the next several months. The organizational changes, including any title modifications, have not added costs to the organization. The organization, however, is awaiting both the wage and salary and FTE analyses, which will be used to determine any additional changes and financial impact to the organizational structure in the future.

Bartlett Home Health and Hospice: Bartlett has applied for licensure from the State of Alaska to operate a home health and a hospice. It is expected that BRH will receive approval by the end of January. Once received, Bartlett Home Health and Hospice will be required to admit and sustain an average daily census (ADC) of (10) ten patients in each program to apply for Accreditation by The Joint Commission (TJC). TJC is then expected to survey each service, home health and hospice, within 30-90 days. Bartlett should be able to admit and build an ADC to the minimum of ten patients in Home Health and Hospice rapidly due to the community need and the volume of patients in the hospital and/or at Wildflower Court. Billing of services can only occur once BRH Home Health and Hospice receive accreditation. The ramp up of the required ADC will dictate how quickly BRH Home Health and Hospice can begin retrospectively billing for patient care rendered.

Policies, procedures, forms, and job descriptions have been drafted for each program. Potential property and office space is being identified for housing of the two services. Active recruitment for a Medical Director for Hospice is underway. The Hospice Medical Director is a requirement per the Hospice Medicare Conditions of Participation. The Hospice Medical Director, in conjunction with the attending physician, assumes overall responsibility for the medical component of the Hospice patient care program. The Director also functions as part of the Hospice interdisciplinary care group and acts as a consultant for medical care. Other initiatives underway include: identification and implementation of a Hospice Electronic Health Record; contracting with a billing and coding company; securing contracts with pharmaceutical and Durable Medical Equipment (DME) and Home Medical Equipment supplier(s); hiring, orienting, and educating staff; and updating Bartlett Regional Hospital By-Laws to include Bartlett Home Health and Hospice.

Financial Deficit: BRH continues to have monthly negative margins and is currently at a (\$5M) loss for the year. Without any mitigation, the loss will annualize to just over (\$10M) by end Fiscal Year (FY) 2023. In response, the SLT is preparing a structured and formal plan to reduce the deficit by June 2023 - with the goal of entering the

new FY in a breakeven or profitable position. A communication plan to employees and the community has been drafted.

Erin Hardin - Community Relations/Marketing

Strategic Priority #1 - Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Hospital Website:** The refresh project is in the home stretch and the vendor is updating the Provider Directory as the final major task. Erin is reviewing the refresh mockup for final edits. Given the holidays, the roll out of the website refresh is being planned for January 2023. An accompanying internal communications and branding guide is currently under development.
- **Request for Professional Services:** The RFP language is currently in the final stages of development and will then go to the CEO for review. Given the holidays, the solicitation release is being planned for early January 2023. As a reminder, the primary focus is to provide strategic marketing support and implement a branding strategy and recruitment efforts, focusing heavily on digital asset development for all service lines. Once 'baseline' branding resources and strategies are in place, support would shift to maintenance of those assets and supporting specialty projects (ex: new service line rollout). The goal is to find a cost-effective in-state partnership that provides access to a suite of marketing supports that can flex to meet our needs.
- **Land Acknowledgement:** The land acknowledgement adopted by the board is now visible on the hospital's website on the [About Us](#) page. Discussions will be held with the Maintenance Supervisor and BRH Foundation Director in the new year about the purchase and placement of the land acknowledgement plaque.

Strategic Priority #4 – Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

- **Communications Support:** At the request of SLT, Erin is creating a communications plan and toolkit of internal resources to support upcoming communications to staff regarding hospital finances and the FY2024 budget cycle.

Nate Rumsey – Business Development/Strategy

Strategic Priority #2 – Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

- **Wildflower Court:** BRH provided a formal response to the WFC RFI on December 2nd and was informed by the WFC Interim Administrator on December 6th that the WFC Board voted unanimously to move forward with having Bartlett Regional Hospital assume operations. Several internal BRH meetings have taken place to commence planning the transition process. WFC and BRH issued a joint news release on December 8th. Nate has been assigned as the lead for the transition team and has assembled initial, key contributors. BRH is working with WFC to establish initial transition plans and will conduct an HR "Town Hall" with WFC employees in mid-January.

Nathan Overson – Compliance & Legal:

Strategic Priority #6 – Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

- **Certificate of Need - ED Expansion/Renovation:** The Office of Rate Review (ORR) and BRH held a State-led public comment meeting on December 15th regarding the Emergency Room expansion and renovation project. Please see David’s prior comments on the outcome of the meeting and anticipated decision timeline. On December 13th the CBJ Planning Commission approved a Conditional Use permit and has recommended approval to the CBJ Assembly. It is planned to have the City/State permit presented in the Assembly meeting scheduled for January 9th for final approval. Dawson Construction was the successful bidder for the Construction Management portion of the project and will be issuing a request for proposal (RFP) to bring mechanical and electrical subcontractors on board to assist in the value engineering and estimating process. Late January or early February, Dawson will provide their estimate of the 65% drawing set.

Strategic Priority #1 – Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Wildflower Court:** Compliance was asked to weigh-in on strategic options for obtaining State licensure, and Centers for Medicare and Medicaid Services (CMS) enrollment for a Bartlett owned nursing home. A group, including City legal, outside legal, and Bartlett leadership, met to discuss potential business transition options. Nate Rumsey will take lead as Bartlett’s point person for the transition.

Gail Moorehead - Quality:

Strategic Priority #5: Quality and Safety: Provide excellent community-centered care that improves outcomes, maximize safety, improves access and affordability, and is in compliance with national and state regulations.

- **Accreditation:** The Quality Department is anticipating The Joint Commission (TJC) survey for accreditation for the behavioral health Applied Behavioral Analysis (ABA) program. We are also outlining the process for accreditation of the future hospice program after the initial licensing application is approved by the state. The intracycle monitor report is completed and sent to TJC and an action item plan is being developed and submitted to the Senior Leadership team for monitoring. The work on our Mental Health Unit’s physical environment during the last year to reduce the ligature risks will be completed and the final report will be submitted to Joint Commission to address the final action items from our last survey.
- **Employee Health/Infection Control:** The team has worked with the Emergency Department (ED) staff, and House Supervisors are streamlining the processes for treatment of sharp/needle stick injuries. This allows the employees to forgo the process in the ED and have accessibility to employee health and the laboratory. This has resulted in more timely care of employees who experience injuries.
- **Quality Measures:** The Quality Department is partnering with Case Management on the year two readmissions project with Alaska Hospital and Health Association (AHHA). The current numbers are

around 14% of all-cause and readmissions. The group is working on finding trends in the data and looking at potential determinates that may affect readmissions.

- **Staff Development:** The next University of Alaska Anchorage (UAA) nursing class began this fall and are rotating on our Medical Surgical Unit. Staff Development is working on incorporating them into our nurse intern program for the summer break. They are also working with establishing a Licensed Practical Nurse (LPN) program with a college that will provide a 13-month program for students who want to pursue a LPN certification. We are also looking at becoming a site for another RN program that is currently sending Alaska students out of state for clinical experience.
- **Patient Family Engagement/Patient Satisfaction:** The Patient Family Engagement Committee (PFEC) has successfully recruited two patients and a community partner to the committee and are currently working on health literacy. Health literacy ensures documents presented to patients are written at a level that the patient and family can understand. PFEC is also working throughout the hospital on equitable care that stems from a patient's feedback to us. In 2023, there will be training hospital-wide on the importance of how to interact with and respect patients related to their gender and identity. This initiative has received a lot of feedback from staff that this is an area of education they want.
- **Employee Safety:** Employee safety is involved in the training and development of our Medical Laser Safety Program and the relocation of the YAG laser to Bartlett Surgery and Specialty Clinic (BSSC). This allows better access to patients and reduction of the waitlist.

Sara Dodd - Physician Services

Strategic Priority #2 – Facility: 2.1 Develop a facility plan that provides for the efficient delivery of clinical services.

- **Ophthalmology Plans and Growth Expectations: Sara D and Nate R.**

With input and support from multiple departments at Bartlett, we are on-track to begin performing YAG Laser Capsulotomy at the BSSC beginning January 2023. YAG Laser Capsulotomy is surgery to help you see clearly after cataract surgery. As of 12/16/2022, the YAG laser has been moved from the OR to BSSC and the Zeiss technician will be onsite 12/20/2022 to assist in setup and perform necessary maintenance. The success of this relocation project means that we can begin work toward our goal of addressing the current backlog within 6-months. Once the backlog is addressed, we will open our referrals for YAG and have a routine schedule to better serve the population.

Strategic Priority #1 - Services: 1.3 Recruit needed medical specialists.

- **Physician Recruitment Update**

Active recruitments:

- Orthopedic Surgeon- Dr. Erik Woelber, Orthopedic Fellow from University of Washington (UW) is returning to Juneau at the end of December to do a second site visit and bring his partner to see Juneau/Bartlett.
- Medical Oncologist- The oncology team at Bartlett Medical Oncology (BMOC) spoke with leaders at Fred Hutch Cancer Center earlier this month. While not in the position to send a medical oncologist

to Juneau at this time, they are very interested in forming a partnership that would offer other types of support.

- Ophthalmologist- Alaska Retinal Consultants have agreed to provide additional days to help with our current waitlist.
- Neurologist- No current leads. Working with multiple groups on recruitment.
- General Surgery- Physician Services is currently working on contracting with a general surgeon to become a Bartlett employed locum with the potential of that working into a full-time position when his current contract is completed.

Mignon (Mimi) Benjamin, MD – Hospitalists

Strategic Priority #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- New providers starting:
 - Jan 2022: Dr. Michael Sheflo
 - March 2022: Dr. James McKinney
- Dr. Greer will assume the medical directorship of the hospitalist service on 4/1/2023. The upcoming medical directors would like to limit their scope to the role of hospitalist medical director. Dr. Benjamin had historically expanded the scope of her role.
- Dr. Benjamin has refined the job description of the hospitalist medical director as outlined in the contract and has identified the responsibilities that are outside the scope of hospitalist medical director.
- Plans are being made to provide the Board a brief educational session to better understand the hospitalist service, how we function, what our role is in the hospital, etc. Dr. Benjamin will be available to answer any questions the board may have prior to her retirement.

Debbie Kesselring, Medical Staff Services

Strategic Priority #1 – Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **BRH Website:** Collaborating with Community Relations/Marketing to update the Provider Directory on the hospital website. This provides community awareness and insight as to which providers have inpatient privileges.
- **Amion On On-Call Management System:** Medical Staff Services met with key stakeholders to develop a fair and equitable on-call schedule for Obstetrics. This Obstetrics service line adds clarity as to who is on-call and will avoid contacting providers not on-call.

Strategic Priority #3 – People: Improved strategic alliances and communication to maintain a community continuum of care.

- **2023 Vice-Chief of Staff:** Onboarding/Orientation for the 2023 Vice-Chief of Staff will occur prior to the end of the December 2022. Additional off-site education opportunities are being planned for Fiscal Year 2023. This education offers tools/resources to the Vice-Chief of Staff to empower them during their leadership role, dealing with sensitive confidential issues, professionalism, etc.
- **Board of Directors (BOD):** Onboarding/Orientation for the 2023 BOD Secretary will occur once the individual has been identified. It is the recommendation that the BOD reviewer position be eliminated since the credentialing files have been vetted by the Director of Medical Staff Services, Credentials Committee, and Medical Staff Executive Committee. According to consultant, Chartis, the BOD reviewer adds an extra and unnecessary step to the process.
- **Credentials Committee:** Onboarding/Orientation has been scheduled for a newly appointed Committee member.
- **Physician Lounge:** Medical Staff Services Department staff met with key stakeholders to ensure continuity with food, cleanliness, compliance of patient information, etc. that occurs within the physician lounge. This lounge provides Medical Staff an area to dictate, access Meditech, etc.

Strategic Priority #5 – Quality and Safety: 5.1 Stay current on technology and resources to facilitate risk management, data security, and employee safety.

- **CredentialStream Project Implementation:** Virtual/1:1 training has been scheduled with the Medical Staff Services Department and Quality Department for the upcoming credentialing software upgrade. Several items identified in the BRH Medical Staff Services (MSSD) assessment, prepared by Chartis, will be resolved once implemented. In addition, this upgrade will improve process for the ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE), improve on-line initial applications, be more efficient with the credentialing process, and serve as a portal for reviewers to review/approve credentialing files. The go-live date has been pushed back until the middle of January 2023 to allow ample time for dictionary clean-up and training.
- **da Vinci Robot:** Ongoing collaboration with the Credentials Committee and legal on privileging and proctoring forms for the da Vinci Robot that will enhance patient care by adding a new service.

Strategic Priority #6 – Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

- **Medical Staff Bylaws and Rules/Regulation Rewrite:** Beginning January 2023, the hospital will collaborate with Horty Springer legal counsel in best practice regarding updating the BRH Medical Staff Bylaws and Rules/Regulation. It is a Joint Commission requirement that these be revisited every three (3) years. Several items require an update including: use of mid-levels in the hospital; professionalism, accountability to Medical Staff leaders; best practice for our facility and use of telehealth. The rewrite involves several stake holders including Legal, Quality, Medical Staff Executive Committee, and Medical Staff Services Department.

- **Medical Staff Services Department Assessment:** The timeframe with next steps for implementation of action items outlined in the assessment is being placed in a priority timeframe. The goal is to have most items completed by July 1, 2023.
- **Delineation of Core Privileges (DOPs):** In conjunction with the BRH Medical Staff Bylaws and Rules/Regulation rewrite, delineation of core privileges (DOPS) for Medical Staff needs revision in order to meet industry standards, best practice, and meet CMS/Joint Commission Standards. Advance Practice Clinician (APC) DOP needs to be created and removed from policy format. This ensures clarity and standardization.

Strategic Priority #6 – Compliance: 6.1 Maintain a robust education and training program at all levels to ensure compliance goals achieved.

- **Washington State Medical Association (WSMA):** Mentoring application was submitted for training and education for the continuing medical education (CME) Medical Staff Coordinator. New education initiatives have been identified with a ‘draft’ action plan in place.

Sam Norton – Information Services

Strategic Priority #2 – Facility: 2.3 Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs.

- An assessment of current systems and processes, identifying risks and improvement opportunities, was completed with input from primary vendors. Opportunities identified for improvement were reviewed with staff and marked as priorities.
 - One goal is to improve the review and approval processes for new technologies. The Senior Leadership Team is serving as the da facto IT Steering Committee and major projects are to be brought to the attention of this body for planning, approval, and prioritization. We are developing a more robust checklist to complete with new vendors to ensure appropriate technology and security parameters are met.
 - Another goal was to focus on completion of numerous open projects to ensure effective systems performance. As a result, the projects completed in the last quarter include deployment of new enterprise storage data backup system, deployment of new multi-function printers, refresh and patch of all non-Meditech servers, and more.

Strategic Priority #3 – People: 3.1 Resolve medical record system concerns.

- Principal IT goals include improving the performance and use of the Electronic Medical Record (EMR) and building a more integrated platform for patient care by transitioning the Emergency Department from T-Systems to Meditech. ED physicians and staff attended a demonstration of the Meditech application and have plans to visit a reference site in Montana using the Meditech ED module in January. Meditech’s team assessment included a “health check” reviewing BRH financial data. Results were reviewed with the CFO and IT Director. Meditech leadership met and reviewed the overall assessment, including findings from the on-site visit with the CEO. Another goal is to improve EMR interoperability. Discussions have been initiated with SEARHC as well as the Coast Guard regarding improving exchange of health information. We are in the testing phase to improve data exchange for

providers with SEARHC. The revised Physician EMR Committee met again in December with a focus on opportunities to reduce risks associated with patient orders during transition of care.

Strategic Priority #5 – Quality and Safety: 5.1 Stay current on technology and resources to facilitate risk management, data security, and employee safety.

- The IT Director met with the BRH compliance officer and CBJ risk manager, as well as the insurance broker, to review cyber insurance and will make recommendations based on that review. New security certificates were implemented on outward-facing servers. Extraneous firewall rules have been removed and foreign access to our network limited to selected white-listed users. Revision of the annual security plan, including a new annual assessment is underway. Review of existing security services has found redundancy in Randori and Rapid7, and as a result the Randori agreement was not renewed. Inventory of existing laptop computers is 84% complete. Encryption of laptop computers is 60% complete. New BRH asset tags will be applied.

BARTLETT REGIONAL HOSPITAL
Chief Executive Officer - David Keith
Anita Moffitt – Executive Assistant

Compliance – Nathan Overson, Executive Director

- Compliance Coordinator - **Vacant**
- Safety Officer, OSHA, EMS – Evan Price

Medical Staff Services – Debbie Kesselring, Director

Chief Human Resource Officer* – Dallas Hargrave

- Benefits Specialist* - Natasha Peterson
- Human Resource Manager – Cindy Carte

**shared positions with CBJ*

Chief Behavioral Health Officer – Tracy Dompeling

Suzette Nelson, Executive Assistant

- Applied Behavior Analysis – Jenna Wiersma, Director
- Behavioral Health Clinical – Scott Heaton, Director
- Behavioral Health Medical – **Vacant**, Director
- Behavioral Health Nursing – Michael Fitzgerald, (Interim) Director
- Behavioral Health Operations – Jennifer Carson, Director
- Behavioral Health Program – Maria Milless, Manager
- Behavioral Health Crisis Care – Marshall Crosland, Program Manager

Chief Operating Officer/Chief Nursing Officer – Kim McDowell

Suzette Nelson, Executive Assistant

- Diagnostic Imaging – Paul Hawkins, Director
- Laboratory – John Fortin, Director
- Pharmacy – Ursula Iha, Director
- Respiratory Therapy/Sleep Sciences/Cardiac & Pulmonary Rehab – Nelea Fenumiai, Director
- Case Management – Jeannette Lacey, Director

Nursing – **Vacant, Executive Director**

- Critical Care Unit – Audrey Rasmussen, Director
- Emergency Department – Gena Deck, Director
- Infusion – Jennifer Gutierrez, Nurse Manager
- Medical/Surgical – Maggie Schoenfeld, Director
- Nursing Administration – Tonia Montez, Director
- Obstetrics – Lauren Beason, Director
- Surgical Services – Gayle Littlejohn, (Interim) Director

Chief Financial Officer – Sam Muse (Interim)

Sharon Price, Executive Assistant

- Contracts – Beth Mow, Administrator
- General Accounting – Jennifer Knight, Interim Controller
- Health Information Management – Rachael Stark, Director
- Materials Management – Willy Dodd, Director
- Patient Access Services – Angelita Rivera, Director
- Patient Financial Services – Tami Lawson-Churchill, Director

Business Development & Strategy – Nate Rumsey, Executive Director

- Facilities, EVS, Laundry, Maintenance, Biomed, Security – Marc Walker, Director
- Food Services – Lowell Wilson, Manager
- Physician Service, Bartlett Medical Oncology, Bartlett Surgery and Specialty Clinic - Sara Dodd, Director
- Rehabilitation Services – Hallie Sikes, Director

Quality – Gail Moorehead, Executive Director

- Education Services – Jenny Twito, Director
- Employee Health – Denise Davis
- Infection Prevention – Charlee Gribbon
- Nutrition Services – Becca Kirian, Director
- Process Improvement – Miranda Dumont
- Joint Commission – Autumn Muse
- Risk Management
- Hospital Quality Reporting – Deb Koelsch

Information Systems – Sam Norton, (Interim) Executive Director

- Hospitalists – Mimi Benjamin, Director
- Home Health Director, **Vacant**
- Hospice Director- **Vacant**

Community Relations – Erin Hardin, Director

Note: Until vacant positions are filled, positions reporting to those vacancies will continue to report to their current supervisor.
Updated 12/07/2022

Dark Blue – Chief Officers

Light Blue – Executive Directors
 December 27, 2022 Board of Directors Meeting
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Bartlett Regional Hospital

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CFO Report to the Board December 2022

Sam Muse, CFO

FY2024 Budget process: The FY2024 budget process is underway at Bartlett. Managers, Directors, and Senior Leadership have begun introductory meetings to discuss the directives, challenges, vision and the tools that needed to move the hospital forward in a way that ensures alignment between our finances with our strategic goals and objectives. We expect to work closely with the Board, and we plan to have an initial draft of the budget in early to mid-March. At that time the Board will review, discuss and provide feedback before moving our budget forward to the Assembly. I expect the presentation to the Assembly to occur sometime in April. The budget will not be final until the Assembly takes final action, likely toward the end of May or early June.

Robotics (da Vinci): Bartlett has been continuing to move forward in our efforts to bring robotics to our hospital. Currently, we are awaiting confirmation from CBJ regarding the indemnification language proposed in the most recent lease agreement. We consider this the final piece that needs to be resolved from a contractual standpoint. Because there will be no payments made on the lease in FY2023 – lease payments begin 6 months after signing the lease – we do not believe that this needs to go before the Assembly immediately. Instead, it can be brought to the Assembly as part of the FY2024 budget process. Operationally, there is a need to upgrade the power source in the OR room in which the robot will live. We believe that this is a minor issue that should be easily remedied as soon as we are certain that this is to move forward.

Compensation and Labor Assessment: BRH has contracts to perform two separate studies, a labor/FTE analysis and a compensation assessment of non-physician and non-executive employees. Both studies will be integral in developing long-term strategies regarding the optimal size of our workforce, the alignment of our workforce and to ensure employees are fairly compensated throughout the organization. By the end of December Bartlett expects to see a draft of the labor/FTE analysis that is being performed by HealthTrust. Bartlett expects that the compensation assessment performed by Gallagher will be available by the end of January.

FY2022 Financial Audit: The Audit for the Fiscal Year ending 6/30/2022 has been completed by our auditing firm. The most notable item from their reports was a significant deficiency related to internal controls over purchasing. This is a carryover finding from the previous year and it acknowledges that, while we have implemented many new internal controls, these were not in place until 3 quarters of the way through the fiscal year. We believe we have addressed the issues but are continually seeking ways to improve our processes.

Response to the State of Alaska regarding allowable costs on past grants: Bartlett has prepared a 450-page response to the State that includes our corrective action plan as well as many documents to help substantiate allowable costs on our grants going back to 2017. This response was submitted and acknowledged by the State on 12/16/2022. We will await their review before taking further action to address their concerns. The State is a valuable partner, and we will work closely with them to ensure that they are comfortable with our level of review.

Patient Financial Services – Tami Lawson-Churchill

Strategic Priority #1- Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Recruitment for Enrollment Specialist:** PFS has taken on the enrollment process for Psychiatric and Behavioral Health providers and clinics. We are in the process of recruiting an Enrollment Specialist for this process.

Strategic Priority #2- Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

- **2023 Federal & State Price Transparency and Surprise Billing Act:** In effort to improve price transparency PFS is working with compliance and other hospital departments to ensure compliance with 2023 Federal & State Price Transparency and Surprise Billing Act regulations. This will help improve patient billing experience and reduce surprise billing.
- **True Bridge Implementation:** Implementation with True Bridge for early out collections is underway. This contract will help BRH improve our Self-Pay collections by reducing Self-Pay AR and maximizing our cash collections. This will also help with patient satisfaction and allow our billers to dedicate more time on insurance billing and collections.

Strategic Priority #4- Develop a revenue and net income stream that maintains cash reserves while facility above goals and objectives

- **PFS overall cash collections:** up from prior month at just over \$8.3 million for the month of November
- **Process review of Point of Service collections:** In effort to improve point of service collections, PFS is working collaboratively with PAS to establish a more efficient and consistent process. The KPI's used are based on best practice industry standard HFMA and will allow us to improve the financial health of the facility, reduce days in AR thus boost performance
- **Revisions to Charity Policy:** In effort to reduce days in AR, we are considering revising current charity policy to allow for greater coverage to the “underinsured” population.

Health Information Management – Rachael Stark

Strategic Priority #1- Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **SOA Division of Vital Statistics:** HIM continues to input all babies born at Bartlett Regional Hospital into the Vital Statistics application with the State of Alaska. According to Vital Statistics our numbers are the best in the state. This is from the Vital Statistics Quarterly Newsletter

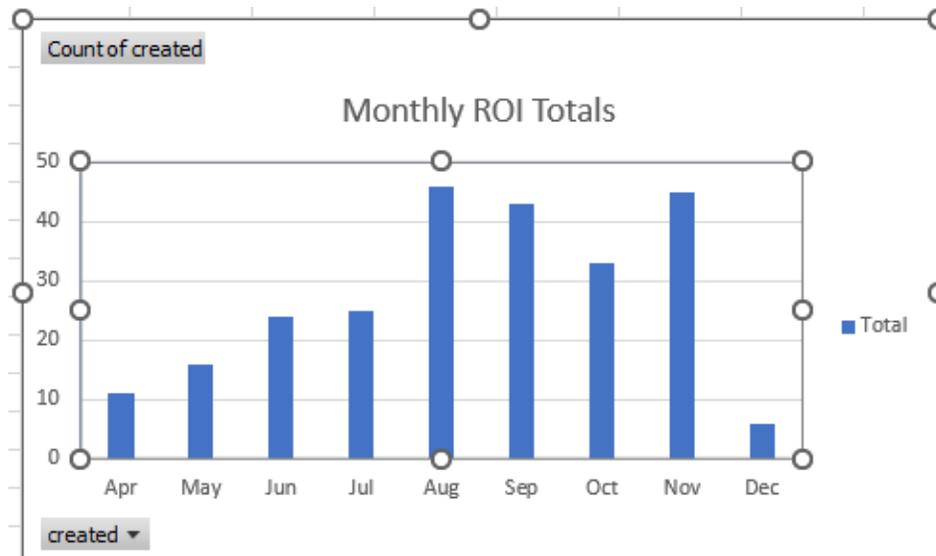
- **Fair Warning application software:** HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working well, and we are meeting every two weeks with their team. We will continue to reach out to employees who get flagged for inappropriate 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.

Strategic Priority #2- Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

- **Work on patient portal-** HIM continues to work with internal stakeholders to provide more options for the utilization of current BRH technology to enhance our patient portal

Strategic Priority #5- Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- **Release of Information Web Requests:** HIM continues to utilize the BRH website to facilitate stakeholder satisfaction with our fillable forms online. The Release of Information fillable form continues to see increased traffic as patients become more familiar with the new form. BRH HIM releases records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital and all facilities are included as options on our fillable form as a drop-down box. The ease of patient access to our fillable forms as well as the patient gratification in how easy it is to fill out the form has attributed to that increase.



Case Management – Jeannette Lacey

Strategic Priority #3- People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Recruitment: We continue to recruit for an Emergency Department Social Work Case Manager and CDI lead. These are critical positions for our department.

Strategic Priority #4- Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

- Case Mix Index:

	November 2022 CMI		
Total IN	123	CMI	1.24
MCR In	42	CMI	1.44
MCD In	35	CMI	1.08

- Alaska Hospital and Healthcare Association (AHHA) Reducing Barriers to Discharge Task Force: We are working with the deputy director for Public Assistance to discuss concerns about processes for hospitalized patients who need to be transitioned to a lower level of care but are stymied by lack of Medicaid. They are looking at creating a state-wide hospital liaison position that would streamline processes and communication.
- Clinical Documentation Integrity (CDI): CDI Mission: *By securing a thorough, complete, and accurate patient health record, we will achieve the correct reimbursement for resource utilization, the highest quality measures and outcomes, superior communication between providers, and ultimately high patient satisfaction.* -ACDIS

Expect to go live with Chartwise platform in January, which will improve processes, tracking outcomes, and workflow between CDI, Health Information, and Quality. Currently, we review Medicare charts, but will begin reviewing Medicaid charts once Chartwise is online.

Strategic Priority #5- Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- Social Determinants of Health: Case Management is working with the Quality Department and Health Information Management to prepare for 2023 CMS reporting on 5 domains of social determinants of health: Housing, Utilities, Transportation, Food, Inter-Personal Safety. Capturing these SDoH will also affect reimbursement when the state moves to APR-DRG reimbursement for Medicaid payments in July.
- Emergency Department Multi-Visit Patient (MVP) Program- Reducing Readmissions:

This is an interdisciplinary group that includes community partners who collaborate to review and support needs of high utilization patients to ensure the best possible health and wellness outcomes in the most appropriate care setting.

Between 2021 and 2022, there was a 24.5% drop in the number of patients who met MVP criteria for review (3 or more visits in 30 days)

Overall, there has been a 44% reduction in MVP visits after care guidelines were established with the team.

- **LGBTQIA Inclusion Project:** This is a collaboration across the organization with Quality, Case Management, Behavioral Health and others with the mission of improving and supporting the health and well-being of gender diverse patients, families, and staff. A needs assessment survey was conducted in November with 150 responses from staff about what we need to improve our standard of care for LGBTQIA patients. Many across the organization are interested in continued work on this initiative.

Current priorities are

- a. Advancing effective communication
 - b. Establishing training for staff
 - c. Community engagement
 - d. Ensuring a dynamic approach
 - e. Ensure inclusion of LGBTQIA staff concerns/considerations
- **CCFR Mobile Integrated Health (MIH) – Transitions of Care:** MIH continues to be an incredible support to our discharged patients who need in home care and follow up. They are meeting with patients and the care team in the hospital prior to discharge when appropriate for discharge teaching, education, and for a warm hand over.

Materials Management – Willy Dodd

Strategic Priority #4- Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.

- **Supply Expense Reduction:** Materials Management has been focusing on addressing financial impacts of supply purchases by looking to convert any non-GPO supplies to contracted alternatives, which also includes verifying that contracted supply purchases are being charged contracted prices. We have found instances where products were not being charged according to contracted pricing and have worked with vendors to correct those errors and receive credit for previous purchases. Sam Muse and I had a quarterly GPO review meeting on 12/16 with CHC. As of the last quarter, current MedSurg spend is at roughly 89% on-contract. This is an ongoing project with a goal of reducing expenditures over time.

Bartlett Regional Hospital

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Management Report from Dallas Hargrave, Human Resource Director December 27, 2022

Traveler Rates: In effort to reduce costs, the hospital has stopped advertising the temporary higher rates of pay for traveling employees and returned to the pay structure that was in place prior. This pay strategy will likely reduce the hospital's use of travelers over time, as the current travelers complete their traveling commitment at the higher rates and we bring on new travelers at the lower rates. We will monitor the impact on hospital operations in clinical areas and will provide an update to the Board if our pay strategy for travelers needs to be adapted again.

CFO recruitment update: The hospital has suspended the recruitment for the CFO. Sam Muse continues to successfully perform as the interim CFO. We anticipate that we will either appoint a CFO in early January or repost the CFO position for recruitment.

Market Wage Analysis: The contract with Gallagher for the market wage analysis was completed on November 11, 2022. Human Resources and Finance staff are in the process of pulling information requested by Gallagher for the analysis to start. The final product will be a third party analysis of BRH wages for positions that are not physicians or executive compare to the labor market. It is anticipated that we may have some preliminary information from Gallagher at the end of January 2023, and a final report in February 2023.

Onboarding Improvement Initiative: The workgroup that is working to enhance our onboarding processes for employees, board members, physicians, and leaders continues to collaborate. Presenters for new employee orientation were asked to consolidate their presentations to 30 minutes of presentation on the newly developed template so that there is a consistent "look and feel". Presenters also have a deadline of December 31, 2022 to record their presentation so that there will be a back-up recording of the presentation if the presenter is not available for orientation. The goal is to start to use the new format for orientation starting in January 2023 and to use the materials for other orientation processes when there is crossover in content.

Sign-on Bonus Pilot Project: Human Resources is collaborating with the Diagnostic Imaging Director on a pilot program for a new employee sign-on bonus structure. The pilot program includes a higher sign on bonus than our current program for relocation expenses in exchange for the new employee committing to a longer period of employment at the hospital. This pilot program will initially be applied to hard to fill positions in Diagnostic Imaging department.

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Chief Clinical Officer Report to the Board December 27, 2022

Kim McDowell, CCO

Diagnostic Imaging: To help with recruitment and retention, a sign on bonus pilot program is being trialed in Diagnostic Imaging (DI). This pilot will provide new hires in DI for hard to fill positions to receive a sign on bonus for a longer employment commitment. The goal is to reduce the number of travelers in this area and retain permanent employees. If this proves successful, then we will look at other departments with hard to fill positions using travelers and implement the same structure.

Surgical Services: Surgical Services continues to make improvements recommended by the OR Consultant QHR for preparing OR three, staffing, on call hours, start times and training. OR three has been cleaned and is being readied for future use after some minor touch ups and equipment placement. This has helped with team morale as has the plan to reduce on-call hours starting January by 1/3. The ability to reduce call hours is a direct result of heavy recruiting. Three new members joined Surgical Services this month. Having the three new hires will also reduce need for travelers in this area. With new staff onboarding, competencies are being developed in all areas of Surgical Services to allow for cross coverage when needed.

The Surgical Services Committee agreed that the first case will start at 0800, with the patient in the room at 0730. First case in room times improved from 68 % in September to 75 % in November. This will allow more opportunities to add on surgeries when needed. Along with this, after hour surgeries continue to be monitored and since September have decreased by 50%.

Pharmacy: The pharmacy initiated a process which allows pharmacy technicians to have the final check for medications that are stocked in automated dispensing cabinets. This change improves efficiency in the pharmacy and after three weeks, we've seen a significant improvement in barcode scan rates.

Letters of support: Dr. Hope, Dr. Newbury, and Dr. Dannhardt, earlier this month sent written communication in support of Bartlett Regional Hospital (BRH) continuing to pursue the implementation of the da Vinci robot. Their communication is as follows:

Dr. Dannhardt:

Dear Members of the Board,

My name is Evan Dannhardt. I am a US Air Force General Surgeon who frequently does locum tenens work at Bartlett Regional Hospital. I truly enjoy the time I get to spend in Juneau and wish to help the hospital grow and improve.

I have been asked to give a general surgery perspective on the robotic surgery platform. I will approach this from three perspectives: the surgeon, the patient, and the hospital. From the surgeon's perspective, the robotic platform has multiple advantages. It features state of the art visualization and a wrist-based instrument system. This allows surgeons to perform more surgeries laparoscopically than with traditional laparoscopic systems. Many procedures that, in the past, would have been performed in an open fashion can be performed robotically. The robot also places the surgeon in an ergonomic position, putting less strain on the surgeon, and can likely prolong surgeons' careers. The robotic system allows the surgeon to evaluate the biliary tree and intestinal blood flow in a way that is significantly better than options during open or laparoscopic surgery. If I had access to a robot, I would perform every surgery I possibly could on it. This would probably equate to 90% of elective surgeries and 75-80% of acute care surgeries.

Many of the benefits that the robotic platform provides to the surgeon transfer to the patient. Increased ability to stay laparoscopic (and not have to make a big, open incision) expedites recovery and decreases length of stay in the hospital. It decreases the risk of incisional hernias, wound infections, and allows for quicker return to a baseline quality of life. It provides less postoperative pain and, therefore, less postoperative need for narcotics and less risk of narcotic dependence. Patients are starting to seek out robotic surgery. The ability to offer this only enhances their confidence in their care at Bartlett Regional Hospital.

The hospital system itself would also benefit from several of the items mentioned in patient and surgeon benefits. I understand the robot itself is expensive, and the cost per case is greater. These initial expenses are alleviated by a decrease in postoperative length of stay and reduction of common complications like incisional hernia and wound infections. It allows for some complex cases to be captured locally rather than needing to be transferred to a different facility. Another big benefit to the hospital is in staff recruitment. The robotic platform is a big selling point to surgeons, operating room nurses, and surgical technicians. The ability to use and maintain these acquired skills will help attract and maintain staff members, decreasing turnover, and improving the overall quality of care delivered to the patients.

Thank you for taking the time to read my opinion on this topic. If you have any further questions, please feel free to reach out to me at (email address removed for privacy).

Very Respectfully,
Evan Dannhardt, DO
General Surgeon



Dr. Hope:

Dear Mr. Keith and Ms. McDowell,

I am reaching out as Founding Partner of Alaska Women's Cancer Care to express my excitement about and commitment to developing a women's cancer program in Juneau. The key component to making this happen is the ability to do minimally invasive cancer surgery which requires the Intuitive Surgical System ("ROBOT"). The presence of robotic surgery at BRH will be the doorway to not just gynecologic oncology, but many other sub-specialties to start to deliver care at home in Juneau.

Alaska Women's Cancer Care (Dr. Melissa Hardesty and I) is committed to making Juneau the women's cancer center for Southeast Alaska. Once the robot is installed, Dr. Hardesty and I will personally travel to Juneau every other week for 2-3 days and will be available to proctor surgeons and help make sure the new program is a success. In addition to robotic cancer surgery, we will also be able to manage all aspects of women's cancer at BRH. GYN ONCOLOGY services include clinic, chemotherapy management, cancer surgeries, and emergency surgical response for obstetrical hemorrhage, GYN surgical disasters, uncontrolled cancer bleeding, bowel perforations and more.

As the GYN ONC program grows, we will increase our presence in Juneau. In fact, there is a fabulous local Juneau resident who is currently completing her GYN ONC Fellowship at MD Anderson and whom we are considering adding to our team here in Alaska in the coming years.

In short, we are deeply committed to partnering with Dr. Nick Newbury. and we are ready to be present for robotic cases in Juneau as soon as the time comes. We have already submitted our credentialing application to operate at BRH in anticipation of these exciting changes.

Thank you for all of your hard work.
We look forward to building this program together.
Please reach out any time.

Sincerely,
Joanie Mayer Hope, MD
(email address removed for privacy)

Dr. Newbury:

December 12, 2022

Dear Mr. Keith and Ms. McDowell,

Please accept this letter as my commitment and intent to continue to operate at BRH and support and build a robotics surgical program at BRH. I fully intend to facilitate the growth and expansion of our OR at BRH with the goal of offering robust surgical services to our community. I also maintain rapport with our gyn oncology partners at Alaska Women's Cancer Care in Anchorage. Dr. Hope and Dr. Hardesty have continued to agree to partner with my practice to provide gyn oncology and surgery at BRH if we can establish a robotic program. Their commitment is genuine as they have already submitted credentialing application to operate at BRH in the anticipation that we are acquiring a robotic system. Again, the full intent is to provide these services at BRH indefinitely if we are able to establish a robotics program. Thank you for the support from the senior leadership team thus far. I look forward to building this program together.

Regards,
Dr. Newbury

Critical Care Unit (CCU) – Audrey Rasmussen

Strategic Goal # 3.2 Expand workforce development programs.

- There are several RN's that are completing training in Ultrasound guided IV insertions. One of the RN's is now starting to get trained on Peripherally inserted central catheter (PICC) line insertion, after successful completion BRH will have 4 PICC nurses in the hospital.

Strategic Goal # 5 - Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability, and follows national and state regulations.

- Updated Admit to CCU and Transfer to CCU order sets to remove range orders, making it easier for physicians to order and to meet TJC standards regarding requirements for medication range orders.

Dietary Services – Lowell Wilson:

Strategic Goal # 2- Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines in revenue growth.

- The self-serve kiosk has been successfully installed and tested. Beginning the week of December 26, patrons of the cafeteria will be able to use the kiosk which will save staff from standing inline waiting to pay for meals.

Strategic Goal # 5.1- Stay current on technology and resources to facilitate risk management, data security, and employee safety.

- A remote temperature monitoring system is being installed for all the refrigerators that hold patient nourishment, as well as all the cold storage in dietary. This system will track and store temperatures of the refrigerators, which is a requirement of The Joint Commission. This system will also send alerts if any of the cold storage areas fall out of a safe food storage temperature.

Laboratory – John Fortin:

Strategic Goal # 2 – Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines in revenue growth.

- The Molecular section of the laboratory is working with senior management for development of additional testing, which could be performed on the Roche 6800. Testing which is being investigated would assist the community with sexually transmitted infections. Having local testing available would

allow faster turnarounds for results. Section lead Robin Mark is presenting material to local physicians and senior management for better understanding of the need for this testing.

Strategic Goal # 3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- The Laboratory has been contacted by more local individuals, interested in a profession in the laboratory. These individuals did assist with the COVID collections until closure in November. The Laboratory will have three individuals performing clinicals in our Laboratory. This ranges from phlebotomy through Clinical Laboratory Scientist. Bartlett does have agreements in place to support with the University of Idaho and Alaska.

Strategic Goal # 4 – Financial: Develop a revenue and net income stream that maintains cash reserves while facilitation above goals and objectives.

- New testing for fentanyl did go live in December. Unfortunately, fentanyl use/abuse is increasing, as well as many other illegal substances having fentanyl added to them. Having the ability to quickly identify this will help with rapid treatment and diagnosis. This was requested by the ER and Rain Forrest Recovery.

Obstetrics – Lauren Beason:

Strategic Goal #5- Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- The OB PI Committee of nurses is completing the annual review of all OB Policies and Order Sets- (over 80 in total!) and then collaborating with their assigned provider teams from the OB/Neonatal Committee for a collaborative evaluation of each element in the order sets and policies. They will all be reviewed to ensure all elements are up to date and per best practice standards from both a nursing and provider standpoint. This is our first year incorporating the nursing PI committee as stakeholders in the review process and are very excited to have more multidisciplinary collaboration.

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December 27, 2022 Behavioral Health Board Report

Tracy Dompeling, Chief Behavioral Health Officer

Crisis Stabilization and Observation Services: The Pro-Forma/Business Model draft will be available no later than January 30, 2023. Agnew :: Beck continues to review data, reimbursement rates, payor mix of insurance, and services to be provided in order to complete a comprehensive analysis of revenue and expenditures for the services. Work is also underway within Behavioral Health to re-evaluate the original staffing plan to streamline nursing and direct care coverage for the services. Program Manager Marshall Crosland is collaborating with other Behavioral Health leaders to identify shared staffing opportunities to reduce expenditure costs. BRH is still anticipated to be the first crisis observation and stabilization, and crisis residential service provider for adolescents in Alaska. We will be the first to offer crisis residential services to adults under the Crisis Now model.

A Crisis Now Model Implementation and Update meeting was held in Anchorage on December 16, 2022. Members of the Department of Health, Family and Community Services, and Corrections met with various providers around the state who shared their Crisis Now services model progress. Travel to the meeting was supported by the Alaska Mental Health Trust Authority (AMHTA). During both the meeting and presentation on BRH's crisis services, the need for startup support services was identified. This request will be to help support salary expenses for crisis staff who will need to be onboarded four to six weeks prior to the commencement of services. This will help address what is expected to be a gap between expenditures and anticipated revenue. A strategy was identified to present the need during an AMHTA Trustee tour of the Aurora Behavioral Health Center (ABHC) at the end of January.

A tour of the ABHC with the Juneau delegation is anticipated to be held on December 23, 2022 which will include an overview of the BRH crisis services and an ask for legislative capital funding support to help offset the cost of the ABHC construction. Last legislative session, Providence Hospital worked with Senator Von Imhoff to secure \$8 million dollars in capital funds to support their building remodel to support Crisis Now observation and stabilization, and crisis residential services. With the recent release of the U.S. Department of Justice – Investigation of the State of Alaska's Behavioral Health System for Children, the State of Alaska Department of Health and Family and Community Services will be integral partners in the realization of improved access for community-based services for children and adolescents in Alaska, of which crisis services at the ABHC will play a key role.

Bartlett's CEO and CBHO are planning a trip to Anchorage in February to meet with federal legislators to discuss crisis services implementation at BRH. The American Rescue Plan identified \$180 million in federal funding to support local capacity to answer crisis calls, and establish more community based mobile crisis response and crisis stabilization facilities to minimize unnecessary emergency department visits. Because of the crisis services implementation, BRH should qualify to access available funding.

All ongoing efforts surrounding the crisis services at BRH address strategic plan efforts supporting the development, maintenance, and growing of a sustainable service portfolio that is responsive to community needs.

Financial Deficit: Behavioral Health leadership has worked diligently over the last quarter to both reduce overtime and increase revenue within the service lines. Some highlights include:

- Applied Behavioral Analysis had an approximate 60% increase in revenue from October to November 2022.
- Mental Health Unit had its highest month of revenue in October for this fiscal year.
- Rainforest Recovery Center had two of its highest months of revenue in October and November 2023.
- Applied Behavioral Analysis, Mental Health Unit, and Rainforest Recovery Center limited overtime use resulting in some of their lowest usage this fiscal year.

Individual Behavioral Health Service Lines

- **Psychiatric Emergency Services:** PES Supervisor Kira Lathrop has identified improved staffing/scheduling for PES therapists to reduce overtime and provide greater opportunities for potential revenue and employee satisfaction. Plans for these new schedules are being finalized with an implementation date of February 2023. Work in this area supports strategic planning related to maintaining a comprehensive campus and evaluating service line impact on revenues.
- **Rainforest Recovery Center:** RRC has increased patient days from 131 in September, 239 in October, and 235 in November. This continues to be a result of relaxed COVID-19 restrictions and targeted efforts by leadership to drive census numbers. Efforts in this area support strategic planning relating to maintaining a comprehensive campus by addressing areas for revenue growth.

RRC personnel are working with Thunder Mountain High School to strengthen their substance use disorder prevention efforts on campus. RRC Nurse Manager, Kristina

MacDougall, and Clinical Supervisor, Justina Yung, participated in an on-campus presentations about substance use disorders. This coincided with the showing of the video “The First Day” produced by the Chris Herron Foundation. This video was purchased as the results of fundraising efforts by the BH Clinical Director Scott Heaton and his family. This donation to the school district was made possible by the generosity and funding provided by BRH and the Southeast Alaska Board of Realtors in 2020 prior to the COVID-19 shutdown. Due to the pandemic, the video was never utilized, but with schools resuming in person learning, RRC personnel are working to encourage it’s use in prevention efforts across the Juneau School District and throughout Southeast Alaska schools.

Working in conjunction with laboratory services, RRC personnel have acquired the capacity and supplies necessary to perform Fentanyl testing, increasing detection and prevention of overdose for the community and patients. These efforts are in response to significant increases in patients ingesting Fentanyl and address strategic planning related to developing a plan to provide for the efficient delivery of clinical services.

- **Community and Crisis Intervention Services:** CCIS Therapist/Supervisor’s efforts to improve referrals from outside agencies resulted in 32 new referrals, an 88% increase from October, for Crisis Intervention Navigator Services. Community Navigators received 33 new referrals in November, a 10% increase since October. Since May 2022, Community Navigators have seen a 256% increase in referrals. Work is underway to determine true funding support needed for Community Navigator services and what increase in grant funding from the Juneau Community Foundation may be needed. Work in this area supports strategic planning related to evaluation of service line impact on revenues.
- **Withdrawal Management Unit (WMU):** The unit will remain closed with re-evaluation at the beginning of the next fiscal year. It is anticipated that the opening of the crisis services will help provide data on utilization and future need for the WMU. The space within WMU is being temporarily utilized as office space allowing RRC to reclaim two patient bedrooms and increase patient beds from 12 to 16. Work in this area further supports strategic planning related to evaluation of service line impact on revenues.

Bartlett Regional Hospital

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December 27, 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

January 2023

***Until further notice: All meetings will be held virtually only. Participants wishing to join public meetings are encouraged to do so via the Zoom links listed on the next page and at the top of each meeting's agenda.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1 	2	3	4	5	6 12:00 Planning Committee (PUBLIC MEETING)	7
8	9	10 7:00am Credentials Committee (NOT A PUBLIC MEETING)	11	12	13 12:00pm Finance Committee (PUBLIC MEETING)	14
15	16	17	18	19 3:30pm Board Quality Committee (PUBLIC MEETING)	20	21
22	23	24 5:30pm Board of Directors (PUBLIC MEETING)	25	26	27	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 Conference – As needed
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1st Friday every month

January 2023 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, January 6th

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, January 13th

<https://bartletthospital.zoom.us/j/94088630653>

Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board Quality Committee 3:30pm Thursday, January 19th

[To be created](#)

Call 1 888 788 0099 Meeting ID:

BRH Board of Directors Meeting 5:30pm Tuesday, January 24th

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

Call 1 888 788 0099 Meeting ID: 932 9392 6195