

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, April 26, 2022; 5:30 p.m.
Zoom Meeting

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

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

or call

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

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
V.	CONSENT AGENDA		5:45
	A. March 22, 2022 Board of Directors Meeting Minutes	(Pg.3)	
	B. February 2022 Financials	(Pg.8)	
VI.	OLD BUSINESS		5:50
	A. COVID update		
	B. Family Practice Building Purchase Update		
VII.	NEW BUSINESS		5:55
	➤ Board Vice-President Election		
VIII.	MEDICAL STAFF REPORT		6:05
IX.	COMMITTEE MINUTES/REPORTS		6:10
	A. April 1, 2022 Draft Planning Committee Minutes	(Pg.14)	
	B. April 8, 2022 Draft Finance Committee Minutes	(Pg.16)	
	➤ ED Expansion Project – ACTION ITEM	(Pg.19)	
	➤ Parking Study – ACTION ITEM	(Pg.22)	
X.	MANAGEMENT REPORTS		6:20
	A. Legal Management Report	(Pg.24)	
	B. HR Management Report	(Pg.25)	
	C. CCO Management Report	(Pg.27)	
	D. CBHO Management Report	(Pg.31)	
	E. CFO Management Report	(Pg.34)	

	F. CEO Management Report	(Pg.47)	
XI.	CBJ LIAISON REPORT		6:35
XII.	PRESIDENT REPORT		6:40
XIII.	BOARD CALENDAR – May 2022	(Pg.51)	6:45
XIV.	BOARD COMMENTS AND QUESTIONS		6:50
XV.	EXECUTIVE SESSION		6:55
	A. Credentialing Report		
	B. April 5, 2022 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation		
	E. Employee Wages		
	<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
	○ <i>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, patient safety dashboard and employee wages.</i>		
	<i>And</i>		
	○ <i>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.)</i>		
XVI.	ADJOURNMENT		7:30

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

Bartlett Regional Hospital

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

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

BOARD MEMBERS PRESENT (*Zoom Participants in Italics*)

Kenny Solomon-Gross, President	<i>Rosemary Hagevig, Vice President</i>	<i>Brenda Knapp</i>
Lance Stevens	<i>Hal Geiger</i>	<i>Deborah Johnston</i>
Iola Young	<i>Lindy Jones, MD</i>	

ABSENT – Mark Johnson, Secretary

ALSO PRESENT (*Zoom Participants in Italics*)

<i>Jerel Humphrey, Interim CEO</i>	<i>Robert Tyk, Interim CFO</i>	<i>Kim McDowell, CCO</i>
<i>Dallas Hargrave, HR Director</i>	<i>Karen Forrest, Interim CBHO</i>	<i>Barbara Nault, Legal Advisor</i>
<i>Joseph Roth, MD, COS</i>	<i>Erin Hardin, Dir. Marketing/Strategy</i>	<i>Anita Moffitt, Executive Assistant</i>

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

PUBLIC PARTICIPATION – None

CONSENT AGENDA - *MOTION by Mr. Stevens to approve the consent agenda as presented. Ms. Young seconded. There being no objection, the February 22, 2022 Board of Directors minutes and January 2022 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 3 Covid positive patients in-house, none on ventilators, and 3 staff members out on Covid restrictions. Community case levels continue to drop. PPE and staffing levels are stable.

NEW BUSINESS

FY23 Budget Review – Mr. Tyk reported the FY23 budget, included in the packet was reviewed and approved by the Finance Committee at the March 16th meeting. Discussed at that meeting: Increase in gross patient revenues and decrease in other operating revenues; Federal money received over the last couple of years no longer available; Decrease in contract labor and increase in salary and wages. The bottom line for this budget is 4 times greater than what is projected for this current fiscal year. He noted that budgets are developed based on where you've been and built on those numbers. Because of Covid, it has been difficult to figure out where we've been. We've given it our best shot at coming up with a conservative budget. The \$5.8 M capital plan was also included in the budget. \$2.6 M of this is for the MRI project and another \$818,000 earmarked for IT projects. (58% of the capital budget is just within those two areas.) After Board approval of the budget, it will be submitted for the Assembly's approval on April 20th. In response to Ms. Young's question about available fund balance usage for large expenditures that are not bonded, Mr. Tyk explained the available fund balance is an accumulation of the organization's profitability over its life, not necessarily cash. Some projects may require an appropriation to be submitted to the Assembly for additional funding if costs are more than anticipated. In response to Mr. Geiger's request for clarification, it was explained that an appropriation to the Assembly would be asking their permission to use the funds out of our own

reserves. Ms. Hale noted this is correct and the Assembly will want to know why the costs have gone up when an appropriation is submitted. Ms. Knapp observed that as a governmental entity, we would need permission from the Assembly to receive excess funds as well. This is an account mechanism to make sure all money is accounted for. Mr. Tyk is working with management to look at where BRH expends all of its funds. BRH needs to make as much from operations as it possibly can and not rely on funds that might go away. ***MOTION by Ms. Johnston to approve and forward the FY23 budget to the Assembly for approval at their April meeting. Mr. Stevens seconded. There being no objection, MOTION approved.***

MEDICAL STAFF REPORT – Dr. Roth reported the following: He met with Mr. Humphrey today, as he does every month to discuss issues. 2) In tonight’s packet, there is an action item for Medical Staff bylaw changes. 3) He requests consideration of a \$10,000 donation to the Alaska State Medical Association (ASMA) to support its Physician Health Committee. This committee takes care of physicians with mental health and substance abuse issues. BRH has supported this in the past. Physicians in the program do pay a fee but some are out of work. ASMA relies on hospital support to keep this service going. 4) He acknowledged that the Physician Recruitment Committee is a Board committee, not a Medical Staff committee. Proposed changes to the makeup of the Physician Recruitment Committee, allowing only two physicians on the committee, does not feel like a collaborative process to Medical Staff. 5) Work continues to get Meditech support for the physicians. 6) Physicians are very tired after this pandemic and are refusing to chair committees due to the amount of time involved. He believes the hospital is going to have to start paying physicians for their roles on committees. ***MOTION by Mr. Stevens to approve the Medical staff bylaws revisions as presented. Ms. Young seconded. There being no objection, MOTION approved.***

COMMITTEE REPORTS:

Compliance Committee - Ms. Young noted the draft minutes from the March 2, 2022 annual compliance training meeting in the packet accurately reflect what happened in the meeting. She noted it was great to see so many staff members also in attendance.

Planning Committee – Draft minutes from the March 4th meeting in the packet. Ms. Knapp reported that there were updates on the current projects, master facility plan and timelines. Ms. Rynne had reported problems with city wide project bids coming in much higher than original estimates due to supply chain issues and increased material costs. The BOPS/Crisis Stabilization project is on schedule, final concrete pour completed and steel erected. The ED expansion project cost estimates have increased dramatically from 2021 to 2022. Several items have been sent to the Finance Committee for financing consideration. A site map for consideration of parking garage options, provided by Rorie Watt, had been reviewed. He had suggested moving ahead with a survey, geotechnical work and concept planning for these areas if feasible. Estimated cost of survey is \$150,000. The committee supports the idea of the study and asks that the Finance Committee find funding for it. Possible relocation site of the Bartlett Surgery and Specialty Clinic (BSSC) had been discussed. Using the second floor of the BOPS/Crisis Stabilization building upon opening, to expand behavioral health services if the BSSC doesn’t need to temporarily relocate there was also discussed. Cost and revenue estimates for changes to the behavioral health building to be brought to the April 1st Planning Committee meeting.

Quality Committee – Draft minutes from the March 9, 2022 meeting in the packet. Dr. Jones reported that the committee is looking at new quality measures with help from the Alaska State Hospital and Nursing Home Association (ASHNHA).

Finance Committee – Draft minutes from the March 11th meeting in the packet. Ms. Johnston reported the minutes accurately reflect the discussions from the meeting. The biggest discussion held was cost overages for the ED expansion project and funding options. It was agreed there was not enough information to make a recommendation. The Planning Committee and SLT will need to discuss project changes before bringing them back to Finance. Funding for the parking study did not make it on the agenda but will be discussed at the April 8th meeting. Ms. Knapp requests Finance identify a target cost allocation for the ED renovation project and that staff identify what can be scaled back. Ms. McDowell, staff

and CBJ architects met today to work on proposed changes. 3 design change options will be thoroughly reviewed before presenting at the April 1st Planning meeting. Ms. Knapp encouraged Ms. Johnston and Mr. Stevens to attend that meeting.

Governance Committee – Draft minutes from the March 15th meeting in the packet. Mr. Geiger reported the committee worked on drafting bylaw language regarding the Physician Recruitment Committee. The committee will meet again in May to finalize those changes. He requested anyone with feedback to present it to the committee before the next meeting. Mr. Solomon-Gross acknowledged the hard work Mr. Geiger has put into this project. He encouraged Dr. Roth and staff to provide input as well.

Ad-Hoc Finance Committee – Draft minutes from the March 16th meeting in the packet. Ms. Johnston noted that Mr. Tyk covered the FY23 budget information earlier this evening. She reported appreciation had been expressed at the meeting for the level of detail reflected in the budget and the inclusion of the summary page at the end. This has not been included in the past. She thanked Mr. Tyk and staff for pulling this budget together.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported that since the last meeting, her firm has facilitated the hospital's engagement of a Certificate of Need (CON) consultant. Worked on advise matters regarding expense documentation required for a forgivable loan made to a relocating physician and provided advise on the provision of detox and withdrawal management services in alternative locations within the hospital. Provided recommendation for corrective actions related to the hospital's diabetes prevention program. Held a call with general counsel at SEARHC regarding a medical resident affiliation agreement. Worked with the compliance director on a memorandum of understanding between BRH and CCFR with respect to new hire and annual certification fitness for duty lab services. Participated in a clinical and legal discussion of parameters for updating the hospital's policy regarding patient use of unprescribed substances. Continues to provide support to pharmacy and compliance with respect to the 340B contract pharmacy matter. Consulted with attorney at Horty Springer about practical matters and concerns about Board review of Medical Staff policies; she will come back to the next board meeting with options for consideration of how to move forward with this matter.

HR Report – Mr. Hargrave reported he and Mr. Solomon-Gross met with the BE Smith recruitment team earlier in the day to receive an update. Mick Ruel (BE Smith recruiter) held 22 meetings on March 3rd and 4th, some with multiple people, to obtain feedback from stakeholders, staff and physicians about the organization's culture and the desired attributes of a CEO. The message was very consistent throughout the meetings. This information is being used to screen applicants and to compile a list of candidates for the CEO Recruitment Committee to interview. The committee will make recommendations to the board as to which candidates should move to the next round of interviews. Mr. Hargrave also reported that Ms. Forrest has a little flexibility but will likely leave the Interim Chief Behavioral Health Officer (CBHO) position before the new CEO is hired. He is working with Mr. Humphrey to recruit a permanent CBHO.

CCO Report – No questions or comments.

CBHO Report – Ms. Forrest reported Rainforest Recovery Center (RRC) is working towards opening up fully and be able to serve up to 11 patients while following Covid protocols. The Mental Health Unit (MHU) had to reduce its census last week due to staffing shortages. We are still accepting admit patients from around Southeast but have put a stop to accepting statewide admits for now. BOPS continues to see an increase in patients. Several meetings have been held with the Alaska Mental Health Trust Authority about the "Crisis Now" model. They are interested in providing BRH technical assistance to implement this model in our community. There have been collaborative meetings about crisis response with JPD, CCFR, JAMHI and other organizations in the community to discuss how best to develop these services. In response to Ms. Young's question about staffing, Ms. Forrest reported the nursing shortage is a battle and we are trying to use our nurses as effectively as possible across the hospital. In response to Mr. Solomon-Gross, she reported if a bed is not available for an involuntary committed patient, we must hold them in the ED or find another location to take them. Internal protocols have been developed with CBJ Law's assistance to ensure we are following the civil commitment process. Dr. Jones noted that we have not had any psychiatric hold patients in a long time.

CFO Report – Mr. Tyk stated he is very impressed with the people he has been working over the past month. His direct reports are very anxious for good direction and leadership and really want to do the right thing. Mr. Solomon-Gross thanked him for being here and providing good leadership.

CEO Report – Mr. Humphrey reported that he had reached out to Charles Clement, CEO of SEARHC to talk about collaboration between BRH and SEARHC. He had also requested a 6-month extension of the lease agreement for the BSSC space. An answer will be forthcoming. He then introduced Erin Hardin, Director of Marketing and Strategy. Ms. Hardin provided background information about herself. She was born and raised in Juneau. She spent the last decade in communications at the state government level and is excited to bring her experience to healthcare. Marketing update briefs have been included in the two most recent CEO reports. She is currently in a discovery phase to get an understanding of what the status quo is at BRH and to help her make informed decisions going forward. She has included a survey for the public in the most recent edition of House Calls to find out if House Calls is a useful communication tool. Surveys will also be sent to staff and Board to solicit feedback about communications. She is excited to develop a strategy on how to get BRH's name out into the community. She expressed appreciation for the robust policies in place at BRH regarding media relations and patient privacy. These policies are posted on the BRH website. All media requests are to be routed through her. Mr. Solomon-Gross expressed appreciation for having Ms. Hardin on staff and for all of her work so far. He looks forward to working with her and getting the information out about the great things at BRH.

Mr. Geiger noted that a formal request from ASMA or Dr. Roth should be sent to Mr. Humphrey requesting a donation to support the Physician Health Committee. This supports falls within the hospital's mission and is within the CEO's authority to approve. Board approval is not required but Board support was expressed. Mr. Solomon-Gross thanked Mr. Humphrey for speaking to Mr. Clement and looks forward to hearing his response.

LIAISON REPORT – Ms. Hale reported that the Assembly is negotiating union contracts. The EOC is demobilizing at the end of April. Current mitigation measures also end at the end of April and there are no plans to put anything else in place. Federal funding is ending and there are no more testing funds for uninsured patients. She commended the EOC and BRH staff that participated in the EOC, for doing such an outstanding job of helping Juneau through this pandemic.

PRESIDENT REPORT – Mr. Solomon-Gross reminded board members about the Employee Service Awards Ceremony and asked that anyone that has not sent an RSVP to Ms. Moffitt to please do so. He also requested feedback regarding the strategic planning initiatives ownership and prioritization be sent. Board members that have not yet confirmed whether they plan to attend the Leadership Conference in September or not are asked to do so. In response to Mr. Stevens' inquiry, members of the Senior Leadership Team will also be offered the opportunity to attend the conference.

BOARD CALENDAR – April calendar reviewed. Mr. Solomon-Gross and Mr. Johnson will be out of town and may be unable to attend the Planning Committee meeting on April 1st. Mr. Solomon-Gross and Ms. Young will be out of town and unable to attend the April 26th Board meeting; Mr. Stevens will chair the meeting.

BOARD COMMENTS AND QUESTIONS – Ms. Moffitt reminded Board members to submit their compliance training attestations if they have not yet done so.

Mr. Solomon-Gross called for a 5-minute break at 7:00 p.m. Meeting resumed at 7:05 p.m.

EXECUTIVE SESSION – *MOTION by Mr. Stevens 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 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. Young seconded. The Board entered executive session at 7:06 p.m. They returned to regular session at 7:31 p.m.

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

ADJOURNMENT: 7:33 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, April 26, 2022

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

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

The month of February is always a difficult month for an analysis because of the number of calendar days compared to the other months of the year. The expectation is that the volumes and therefore revenue will be less than the prior months but that is not necessarily always the case.

The volumes in February were less on a per calendar day for acute care patient days when compared to January but increased for the MHU as well as RRC. Unfortunately, those two units do not generate the same dollar amounts as acute care. Because of this, we saw a decrease in gross patient revenue of (\$859,586) when compared to January. We did see an increase in the outpatient side of the business. OP visits increased in the ED, Radiology, Endoscopy and Same Day Surgery which are all positive.

We do continue to see an increase in RRC, BHOPS and Physician revenue on a fairly consistent basis. Though the IP revenue per calendar day decreased from January to February, February revenue per calendar day is much higher than in December and November...very positive signs.

The deductions from revenue as a percentage of total gross patient revenue are consistent with the prior months. Bad debt was extremely low this month and I will explain why. The number that shows up on the income statement is not the actual dollar amount of bad debts for the month. It is a calculation which compares what should be reserved as bad debt less what was written off, with that number then being compared to the bad debt reserve on the balance sheet. The difference is then what is booked for the month. Some of the clean-up of bad debt accounts that occurred in January continued in February as well which resulted in the very low expense in February.

Total expenses continue to run at an unsustainable level. We saw an increase of 9.4% in the total expense per calendar day between January and February. Items that contributed to this increase were Salaries and wages, Contract labor, Medical professional fees, Materials/Supplies, Maintenance/Repairs and Other Operating Expenses. We need to drill down on each of these categories to better understand the rationale for increase. Some of the items are much easier to understand than others.

I have observed a lack of control and accountability among the departments of the hospital that drive these increases. Some departments have the view that a want is the same as a need...and they are dramatically different. Senior leadership must educate and lead by example when it comes to purchasing anything and everything.

These expenses resulted in a loss from operations of (\$810,045) and a total net loss of (\$648,160) for the month of February. On a year-to-date (YTD) basis BRH still shows a loss from operations of (\$204,094) and a total net income of \$1,390,484. But this profit is the result of an influx of Federal money that has now ceased.

Again, the Balance sheet looks fairly stable but the cash balances for BRH have been declining steadily for the past year. Cash plus Board designated cash have decreased \$15,786,895 or 23% from February of 2021. Obviously, there have been capital projects and purchases but BRH needs to be well aware of its ongoing cash needs. On a positive note, the days in net receivables is at 53.3 days (very good) and days in accounts payable is 48.7 days which is also right where it needs to be.

The revenue cycle team (PAS, PFS, HIM and Case Management) here at BRH is one of the best groups that I have had the pleasure to work with in the past. They understand what needs to be done and are doing it. This will help the organization continue to collect on the billed accounts.

Improving the financial strength of BRH is a day-to-day process. Leadership from the Senior Leadership team is required. Deciding where this organization needs and wants to go is imperative. It can be done but everyone must stay the course.

Respectfully

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 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
Gross Patient Revenue:											
\$3,829,268	\$4,170,552	-\$341,284	-8.2%	\$3,442,537	1. Inpatient Revenue	\$32,212,085	\$36,194,401	-\$3,982,316	-11.0%	\$29,526,636	9.1%
\$981,373	\$920,123	\$61,250	6.7%	\$867,348	2. Inpatient Ancillary Revenue	\$8,973,173	\$7,985,345	\$987,828	12.4%	\$7,676,449	16.9%
\$4,810,641	\$5,090,675	-\$280,034	-5.5%	\$4,309,885	3. Total Inpatient Revenue	\$41,185,258	\$44,179,746	-\$2,994,488	-6.8%	\$37,203,085	10.7%
\$10,234,016	\$9,372,324	\$861,692	9.2%	\$9,649,589	4. Outpatient Revenue	\$86,539,294	\$81,338,376	\$5,200,918	6.4%	\$77,775,553	11.3%
\$15,044,657	\$14,462,999	\$581,658	4.0%	\$13,959,474	5. Total Patient Revenue - Hospital	\$127,724,552	\$125,518,122	\$2,206,430	1.8%	\$114,978,638	11.1%
\$243,856	\$315,181	-\$71,325	-22.6%	\$298,494	6. RRC Patient Revenue	\$1,935,918	\$2,735,340	-\$799,422	-29.2%	\$1,083,728	78.6%
\$391,780	\$248,349	\$143,431	57.8%	\$338,131	7. BHOPS Patient Revenue	\$3,342,464	\$2,155,322	\$1,187,142	55.1%	\$2,057,181	62.5%
\$898,164	\$972,233	-\$74,069	-7.6%	\$1,057,303	8. Physician Revenue	\$7,425,377	\$8,437,643	-\$1,012,266	-12.0%	\$8,130,354	-8.7%
\$16,578,457	\$15,998,762	\$579,695	3.6%	\$15,653,402	9. Total Gross Patient Revenue	\$140,428,311	\$138,846,427	\$1,581,884	1.1%	\$126,249,901	11.2%
Deductions from Revenue:											
\$2,671,339	\$2,829,497	\$158,158	5.6%	\$2,923,353	10. Inpatient Contractual Allowance	\$22,258,808	\$24,403,313	\$2,144,505	8.8%	\$21,773,563	2.2%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$2,575,000	-\$1,800,000	\$775,000		-\$308,333	
\$4,270,949	\$3,720,497	-\$550,452	-14.8%	\$3,912,124	11. Outpatient Contractual Allowance	\$34,611,728	\$32,288,587	-\$2,323,141	-7.2%	\$29,343,648	18.0%
\$494,154	\$653,919	\$159,765	24.4%	\$650,211	12. Physician Service Contractual Allowance	\$4,261,322	\$5,675,083	\$1,413,761	24.9%	\$4,955,995	-14.0%
\$22,490	\$13,391	-\$9,099	-67.9%	\$15,371	13. Other Deductions	\$185,695	\$116,217	-\$69,478	-59.8%	\$106,001	0.0%
\$30,914	\$119,464	\$88,550	74.1%	\$132,164	14. Charity Care	\$844,137	\$1,036,776	\$192,639	18.6%	\$892,010	-5.4%
\$9,964	\$93,687	\$83,723	89.4%	\$147,383	15. Bad Debt Expense	\$3,181,555	\$813,069	-\$2,368,486	-291.3%	\$671,322	373.9%
\$7,149,810	\$7,205,455	\$55,645	0.8%	\$7,472,273	16. Total Deductions from Revenue	\$62,768,245	\$62,533,045	-\$235,200	-0.4%	\$57,434,206	9.3%
42.7%	45.0%			47.8%	% Contractual Allowances / Total Gross Patient Revenue	41.7%	44.9%			44.2%	
0.2%	1.3%			1.8%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.9%	1.3%			1.2%	
43.1%	45.0%			47.7%	% Total Deductions / Total Gross Patient Revenue	44.7%	45.0%			45.5%	
\$9,428,647	\$8,793,307	\$635,340	7.2%	\$8,181,129	17. Net Patient Revenue	\$77,660,066	\$76,313,382	\$1,346,684	1.8%	\$68,815,695	12.9%
\$351,197	\$768,320	-\$417,123	-54.3%	\$1,408,796	18. Other Operating Revenue	\$8,334,013	\$6,667,890	\$1,666,123	25.0%	\$11,872,829	-29.8%
\$9,779,844	\$9,561,627	\$218,217	2.3%	\$9,589,925	19. Total Operating Revenue	\$85,994,079	\$82,981,272	\$3,012,807	3.6%	\$80,688,524	6.6%
Expenses:											
\$4,172,073	\$4,199,621	\$27,548	0.7%	\$4,034,183	20. Salaries & Wages	\$34,444,801	\$36,446,737	\$2,001,936	5.5%	\$33,360,902	3.2%
\$329,545	\$286,857	-\$42,688	-14.9%	\$276,465	21. Physician Wages	\$2,662,787	\$2,489,499	-\$173,288	-7.0%	\$2,398,356	11.0%
\$209,851	\$91,511	-\$118,340	-129.3%	\$87,578	22. Contract Labor	\$1,370,365	\$794,181	-\$576,184	-72.6%	\$1,201,179	14.1%
\$2,192,232	\$2,157,504	-\$34,728	-1.6%	\$2,207,481	23. Employee Benefits	\$19,049,253	\$18,724,015	-\$325,238	-1.7%	\$18,224,075	4.5%
\$6,903,701	\$6,735,493	-\$168,208	-2.5%	\$6,605,707	24. % Salaries and Benefits / Total Operating Revenue	\$57,527,206	\$58,454,432	\$927,226	1.6%	\$55,184,512	4.2%
70.6%	70.4%			68.9%		66.9%	70.4%			68.4%	
\$165,961	\$77,676	-\$88,285	-113.7%	\$153,077	24. Medical Professional Fees	\$625,806	\$674,133	\$48,327	7.2%	\$836,615	-25.2%
\$322,387	\$158,068	-\$164,319	-104.0%	\$318,535	25. Physician Contracts	\$2,857,553	\$1,371,815	-\$1,485,738	-108.3%	\$2,193,147	30.3%
\$203,518	\$223,059	\$19,541	8.8%	\$244,556	26. Non-Medical Professional Fees	\$1,549,239	\$1,935,812	\$386,573	20.0%	\$1,582,320	-2.1%
\$1,354,348	\$1,135,078	-\$219,270	-19.3%	\$1,784,985	27. Materials & Supplies	\$11,582,465	\$9,850,709	-\$1,731,756	-17.6%	\$11,853,031	-2.3%
\$199,502	\$119,604	-\$79,898	-66.8%	\$141,066	28. Utilities	\$1,213,924	\$1,037,995	-\$175,929	-16.9%	\$930,410	30.5%
\$440,614	\$346,745	-\$93,869	-27.1%	\$396,195	29. Maintenance & Repairs	\$3,577,128	\$3,009,219	-\$567,909	-18.9%	\$3,355,728	6.6%
\$60,069	\$35,070	-\$24,999	-71.3%	\$59,826	30. Rentals & Leases	\$482,152	\$304,344	-\$177,808	-58.4%	\$423,966	13.7%
\$120,075	\$50,680	-\$69,395	-136.9%	\$43,647	31. Insurance	\$597,795	\$439,818	-\$157,977	-35.9%	\$384,577	55.4%
\$600,353	\$585,605	-\$14,748	-2.5%	\$585,750	32. Depreciation & Amortization	\$5,028,781	\$5,082,222	\$53,441	1.1%	\$5,104,344	-1.5%
\$32,973	\$45,977	\$13,004	28.3%	\$49,359	33. Interest Expense	\$72,381	\$399,009	\$326,628	81.9%	\$405,936	-82.2%
\$186,388	\$120,380	-\$66,008	-54.8%	\$147,544	34. Other Operating Expenses	\$1,083,743	\$1,044,757	-\$38,986	-3.7%	\$809,890	33.8%
\$10,589,889	\$9,633,435	-\$956,454	-9.9%	\$10,530,247	35. Total Expenses	\$86,198,173	\$83,604,265	-\$2,593,908	-3.1%	\$83,064,476	-3.8%
-\$810,045	-\$71,808	-\$738,237	1028.1%	-\$940,322	36. Income (Loss) from Operations	-\$204,094	-\$622,993	\$418,899	-67.2%	-\$2,375,952	-91.4%
\$102,268	\$153,425	-\$51,157	-33.3%	\$102,272	37. Non-Operating Revenue	\$815,491	\$1,331,507	-\$516,016	-38.8%	\$817,834	-0.3%
\$59,617	\$69,608	-\$9,991	-14.4%	\$87,830	38. Interest Income	\$779,087	\$604,092	\$174,995	29.0%	\$1,616,445	-51.8%
\$161,885	\$223,033	-\$61,148	-27.4%	\$190,102	39. Total Non-Operating Revenue	\$1,594,578	\$1,935,599	-\$341,021	-17.6%	\$2,434,279	-34.5%
-\$648,160	\$151,225	-\$799,385	528.6%	-\$750,220	40. Net Income (Loss)	\$1,390,484	\$1,312,606	\$77,878	-5.9%	\$58,327	-2283.9%

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

	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,442,537	\$3,496,690	\$3,601,173	\$3,853,990	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268
2. Inpatient Ancillary Revenue	\$867,348	\$967,965	\$948,416	\$994,166	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373
3. Total Inpatient Revenue	\$4,309,885	\$4,464,655	\$4,549,589	\$4,848,156	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641
4. Outpatient Revenue	\$9,649,589	\$10,738,169	\$10,092,754	\$10,377,400	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016
5. Total Patient Revenue - Hospital	\$13,959,474	\$15,202,824	\$14,642,343	\$15,225,556	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657
6. RRC Patient Revenue	\$298,494	\$306,157	\$260,533	\$279,368	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856
7. BHOPS Patient Revenue	\$338,131	\$268,401	\$397,376	\$339,418	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780
8. Physician Revenue	\$1,057,303	\$746,440	\$1,002,577	\$1,296,987	\$952,323	\$887,205	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164
9. Total Gross Patient Revenue	\$15,653,402	\$16,523,822	\$16,302,829	\$17,141,329	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,615,020	\$2,547,558	\$2,216,872	\$2,950,543	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339
10a. Rural Demonstration Project	\$0	\$0	\$0	\$0	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$3,912,124	\$4,271,369	\$3,999,246	\$3,866,790	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949
12. Physician Service Contractual Allowance	\$650,211	\$501,074	\$538,592	\$513,703	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154
13. Other Deductions	\$15,371	\$14,700	\$15,984	\$0	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490
14. Charity Care	\$132,164	\$64,346	\$128,280	\$99,125	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914
15. Bad Debt Expense	\$147,383	-\$42,514	\$285,019	\$11,568	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964
16. Total Deductions from Revenue	\$7,472,273	\$7,356,533	\$7,183,993	\$7,441,729	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810
% Contractual Allowances / Total Gross Patient Revenue	45.9%	44.3%	41.4%	42.8%	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%
% Bad Debt & Charity Care / Total Gross Patient Revenue	1.8%	0.1%	2.5%	0.6%	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%
% Total Deductions / Total Gross Patient Revenue	47.7%	44.5%	44.1%	43.4%	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%
17. Net Patient Revenue	\$8,181,129	\$9,167,289	\$9,118,836	\$9,699,600	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647
18. Other Operating Revenue	\$1,408,796	\$1,170,901	\$720,292	\$617,599	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197
19. Total Operating Revenue	\$9,589,925	\$10,338,190	\$9,839,128	\$10,317,199	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844
Expenses:													
20. Salaries & Wages	\$4,034,183	\$4,458,619	\$4,247,968	\$4,302,473	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073
21. Physician Wages	\$276,465	\$303,191	\$253,404	\$251,201	\$327,662	\$340,047	\$349,470	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545
22. Contract Labor	\$87,578	\$100,161	\$148,622	\$210,724	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851
23. Employee Benefits	\$2,207,481	\$2,249,233	\$2,304,454	\$2,599,496	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232
	\$6,605,707	\$7,111,204	\$6,954,448	\$7,363,894	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701
% Salaries and Benefits / Total Operating Revenue	68.9%	68.8%	70.7%	71.4%	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%
24. Medical Professional Fees	\$153,077	\$77,711	\$71,129	\$66,178	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961
25. Physician Contracts	\$318,535	\$349,961	\$412,570	\$365,022	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387
26. Non-Medical Professional Fees	\$244,556	\$147,848	\$239,347	\$200,348	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518
27. Materials & Supplies	\$1,784,985	\$994,645	\$1,344,734	\$1,242,516	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348
28. Utilities	\$141,066	\$124,914	\$136,586	\$129,644	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502
29. Maintenance & Repairs	\$396,195	\$475,514	\$510,019	\$229,319	\$654,916	\$422,017	\$361,725	\$559,794	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614
30. Rentals & Leases	\$59,826	\$57,588	\$46,956	\$45,000	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069
31. Insurance	\$43,647	\$63,358	\$43,647	\$43,207	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075
32. Depreciation & Amortization	\$585,750	\$604,315	\$604,508	\$614,334	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353
33. Interest Expense	\$49,359	\$49,359	\$49,359	\$49,359	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973
34. Other Operating Expenses	\$147,544	\$121,164	\$106,734	\$99,384	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388
35. Total Expenses	\$10,530,247	\$10,177,581	\$10,520,037	\$10,448,205	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889
36. Income (Loss) from Operations	-\$940,322	\$160,609	-\$680,909	-\$131,006	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045
Non-Operating Revenue													
37. Interest Income	\$102,272	\$102,266	\$104,901	\$102,551	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268
38. Other Non-Operating Income	\$87,830	\$107,222	\$120,901	\$73,423	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617
39. Total Non-Operating Revenue	\$190,102	\$209,488	\$225,802	\$175,974	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885
40. Net Income (Loss)	-\$750,220	\$370,097	-\$455,107	\$44,968	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
February 28, 2022

	<u>February-22</u>	<u>January-22</u>	<u>February-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	21,662,275	22,205,736	31,905,997	(10,243,722)
2. Board designated cash	30,174,095	29,706,760	35,717,268	(5,543,173)
3. Patient accounts receivable, net	16,843,857	16,652,127	15,317,033	1,526,824
4. Other receivables	584,230	684,114	(877,588)	1,461,819
5. Inventories	3,681,705	3,763,829	3,336,125	345,580
6. Prepaid Expenses	2,800,205	2,653,187	2,773,269	26,936
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	75,778,304	75,697,690	88,200,981	(12,422,676)
Appropriated Cash:				
9. CIP Appropriated Funding	17,164,683	17,244,030	3,311,630	13,853,053
Property, plant & equipment				
10. Land, bldgs & equipment	152,463,783	152,409,795	146,798,545	5,665,239
11. Construction in progress	12,846,504	12,743,862	7,939,704	4,906,801
12. Total property & equipment	165,310,287	165,153,657	154,738,249	10,572,040
13. Less: accumulated depreciation	(106,539,343)	(105,939,110)	(99,145,256)	(7,394,087)
14. Net property and equipment	58,770,944	59,214,552	55,592,999	3,177,954
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	164,368,778	164,811,116	159,509,287	4,859,496
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,312,176	1,236,761	1,072,426	239,750
18. Accrued employee benefits	5,154,183	4,713,630	5,175,726	(21,543)
19. Accounts payable and accrued expenses	3,328,898	3,693,454	3,051,336	277,562
20. Due to 3rd party payors	2,289,866	2,315,632	4,051,027	(1,761,161)
21. Deferred revenue	826,668	869,835	(3,322,181)	4,148,849
22. Interest payable	53,414	(72,885)	63,060	(9,646)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	244,290	242,979	210,743	33,547
25. Total current liabilities	14,239,495	14,029,406	11,212,137	3,027,358
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	95,512	99,779	1,108,578	(1,013,066)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	83,273,706	83,277,973	86,731,347	(3,457,641)
31. Total liabilities	97,513,201	97,307,379	97,943,484	(430,283)
32. Fund Balance	66,855,577	67,503,735	61,565,801	5,289,777
33. Total liabilities and fund balance	164,368,778	164,811,116	159,509,287	4,859,496

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,726	5,166	-8.5%	4,374	5,112	5,166	-1.0%	4,350
Contractual Allowance %	42.7%	43.6%	-2.0%	45.9%	41.7%	43.6%	-4.4%	44.2%
Bad Debt & Charity Care %	0.2%	1.3%	-81.5%	1.8%	2.9%	1.3%	115.2%	1.2%
Wages as a % of Net Revenue	50.0%	52.1%	-4.0%	53.8%	49.5%	52.1%	-4.8%	53.7%
Productive Staff Hours Per Adjusted Patient Day	25.3	26.4	-4.1%	21.3	26.1	25.6	1.6%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	4.3	4.2	3.6%	3.6	4.1	4.3	-4.4%	4.0
Overtime/Premium % of Productive	6.72%	7.12%	-5.6%	7.12%	7.66%	6.70%	14.4%	6.70%
Days Cash on Hand	61	67	-9.4%	90	65	67	-3.3%	99
Board Designated Days Cash on Hand	133	146	-9.4%	110	142	146	-3.3%	110
Days in Net Receivables	53.3	53	0.0%	55	53.3	53	0.0%	55
Days in Accounts Payable	48.7	49	0.0%	47	48.7	49	0.0%	47
Total CMI	1.19							
MCR CMI	1.27							
MCD CMI	1.30							
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					55.5%	33.7%	64.6%	61.9%
Total debt-to-capitalization (without PERS)					14.1%	33.7%	-58.1%	15.7%
Current Ratio					5.32	2.00	166.1%	7.26
Debt-to-Cash Flow (with PERS)					8.54	2.7	216.3%	9.17
Debt-to-Cash Flow (without PERS)					2.18	2.7	-19.4%	2.32
Aged A/R 90 days & greater					48.6%	19.8%	145.5%	48.3%
Bad Debt Write off					0.0%	0.8%	-100.0%	-0.5%
Cash Collections					90.4%	99.4%	-9.1%	98.4%
Charity Care Write off					0.2%	1.4%	-85.7%	1.6%
Cost of Collections (Hospital only)					4.5%	2.8%	60.7%	4.5%
Discharged not Final Billed (DNFB)					10.7%	4.7%	127.7%	13.8%
Unbilled & Claims on Hold (DNSP)					13.3%	5.1%	160.8%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					0.6%	21.3%	-97.2%	0.0%

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes
April 1, 2022 – 12:00 p.m.
Zoom Videoconference / BRH Boardroom

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

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT (*Virtual attendees italicized*): Brenda Knapp*, Lance Stevens*, Mark Johnson*, Deb Johnston, Hal Geiger, Iola Young and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Robert Tyk, Karen Forrest, Kim McDowell, Dallas Hargrave, Marc Walker, Katie Koester, Lisa EaganLagerquist, Mark Kneedler, Sara Dodd, Sherri Layne, Claire Stremple and Anita Moffitt

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

PUBLIC PARTICIPATION – None

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

COVID STATUS – Ms. McDowell reported we have 3 Covid patients in house, 7 Covid positive employees. PPE, testing supplies and staffing are all stable at this time. Most Covid positive cases coming through the ED now are incidental findings. There has been a big decrease in the use of our monoclonal antibodies clinics. There has been a spike in Covid cases throughout CBJ due to spring break travel.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker reported that the facility plan and timeline, included in the packet, have been updated since our last meeting. Completed projects have been removed, new projects, not identified in the original master plan but since been deemed a priority, included.

CURRENT PROJECTS UPDATE – Mr. Walker reported the site improvement project is well underway and moving along quicker than anticipated. Doors and frames for the campus door project were ordered in February and are anticipated to be on campus mid-July for installation.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Ms. Koester reported the field report in the packet reflects the status of the behavioral health building project as of last Thursday. Mr. Forrest reported the work on the behavioral building is going well. She noted that Bartlett Outpatient Psychiatric Services (BOPS) will be expanding significantly, the number of patients they will be able to serve. Patient numbers and revenue information reviewed. Psychiatric providers are currently providing more services with fewer people. There is a need for more therapists, recruitment has been very difficult. In response to Ms. Knapp, Ms. Forrest stated there is no grant funding for the Applied Behavioral Analysis (ABA). Discussion held about projected budget for ABA. An overview of the design changes taking place to the second floor was provided. There will be an elevator in the building. In response to Mr. Johnson, Ms. Forrest reported patient data can be sorted to distinguish CBJ residents from other communities, majority of the patients are from CBJ. Mr. Solomon-Gross initiated discussion about staffing. He requests a staffing plan, to include flow charts be created and presented to the committee. Ms. Knapp suggests HR help with developing a recruitment and marketing plan. Discussion held about the need for a motion to move ahead with changing floor plans. Mr. Humphrey would like a vote of confidence on record. **MOTION by Mr. Johnson: The Planning Committee supports the change in the use of the second floor of the new**

building for the BOPS program as presented and would like the full Board to support it as well. Mr. Stevens seconded. There being no objections, MOTION approved.

ED EXPANSION PROJECT UPDATE - Ms. Koester noted Lisa EaganLangerquist and Mark Kneedler are present and able to help answer any questions the committee may have. She stated that direction from the Planning Committee on the preferred alternate plan for the ED expansion/upgrade project is requested today. Cost estimates from pre-design to current estimates have increased significantly and additional funds are required to complete the project. Increased cost estimates are partly due to the needs that have come up as a result of Covid that had not been identified in the initial plans and the increase in materials. She provided an overview of the pre-design plans which include everything BRH wanted. She then provided an overview of option J, that stays within the original budget. This option causes issues and doesn't improve patient services and delivery of services enough to warrant doing it. Option G is the preferred alternative. It would require an additional \$5 Million but improves patient delivery and our ability to meet code changes in the negative pressure rooms. Ms. EaganLangerquist provided a broad overview of option G. Ms. McDowell reported that key stakeholders have reviewed these plans and identified option G as the safest option for patients and staff. She provided an overview of the list of items supporting this option included on pages 17 and 18 of the packet. In response to Mr. Johnson, Mr. Kneedler stated that discussion has not been held with the state yet about a Certificate of Need (CON) because we need to have a plan first. A consultant has been brought on board to help with the CON process. Once we have authorization to move ahead with a plan, a letter of intent will be drafted and sent to the state to open up discussions. Mr. Johnson expressed concern about moving too far ahead and possibly receiving a negative response from the State. Mr. Solomon-Gross stated that Barbra Nault assisted in bringing a consultant on board to help with this process. He also acknowledged the need for a plan before moving ahead with the CON process. He believes with the help of the engineers and the attorneys, BRH has done its due diligence. Discussion held about the number of rooms to be added to the ED; one airborne isolation room and 2 negative pressure rooms. Overall, the number of negative pressure rooms will increase from 2-6, exam rooms increase from 13-16. Room usage and CON standards discussed. Mr. Tyk said he feels there is hardly any risk of a negative response from the state. BRH is the only hospital in Juneau, this expansion will improve patient and staff safety and increase the ability to serve the population. BRH must be clear about what it is doing and why. Mr. Solomon-Gross noted that he has been in conversations with attorneys Robert Palmer and Barbra Nault about a CON and they don't anticipate any issues. He also noted there is a specialist on board to assist us with the CON process.

MOTION by Mr. Stevens to forward option G to the Finance Committee for review and funding source so we can move this project forward. Mr. Johnson seconded. There being no objections, MOTION approved.

Ms. Knapp thanked the staff and consultants for their work on this project. Ms. Johnston agreed staff and consultants have done an excellent job explaining the differences and what the needs are. She is happy to have this come back to Finance

Bartlett Surgery and Specialty Clinic (BSSC) Relocation – Mr. Humphrey reported we are still looking at options and have no recommendation at this time. He has not heard back from SEARHC about extending of the current BSSC lease.

Prioritization of Strategic Goal Initiatives – Ms. Knapp reported she has no problems with the initiatives assigned to the Planning Committee but is not sure what should be tackled first. Feedback from staff is needed to help make this decision. Mr. Solomon-Gross stated that he would like the chairs from each committee to instruct staff to put together some plans on the initiatives they want to work on. Presentations will be made to the committees for approval and moving to the full Board. Ms. Knapp will ask, through the CEO, that feedback from staff be provided about what staff can provide and what timeframe is recommended for completing each initiative. Mr. Johnson noted that consultants may be needed to help accomplish these tasks. Ms. Knapp will meet with Mr. Humphrey to discuss what staff would be best to provide feedback. Mr. Solomon-Gross encourages all committee chairs to meet with Mr. Humphrey to discuss his recommendations.

Comments – Ms. Knapp will be travelling on Friday, May 6th. Ms. Moffitt to send a survey to identify a date for the next meeting

Next Meeting – To be determined

Adjourned – 1:07 pm.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Zoom Meeting April 8, 2022 at 12:00pm

Called to order at 11:58 a.m. by Finance Chair, Deb Johnston.

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

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

Public Comment: None

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

Mr. Geiger made a MOTION to approve the minutes from the March 16, 2022 FY23 Budget Presentation to the Finance Committee. Mr. Stevens seconded, and they were approved.

Covid-19 Update – Kim McDowell

There are currently no Covid-19 patients in-house, and four employees are out for precautions. For the last couple months, about 2000 molecular lab tests have been performed.

February 2022 Financial Review – Bob Tyk

The month of February is always a difficult month for an analysis because of the number of calendar days compared to the other months of the year. The expectation is that the volumes and therefore, revenue will be less than the prior months but that is not necessarily always the case.

The volumes in February were less per calendar day for acute care patient days when compared to January, but increased for the MHU and RRC. Unfortunately, those two units do not generate the same amounts as acute care. Because of this, we saw a decrease in gross patient revenue of (\$859,586) when compared to January. Outpatient visits increased in the ED, Radiology, Endoscopy and Same Day Surgery which are all positive.

We continue to see an increase in RRC, BHOPS and Physician revenue on a fairly consistent basis. Though inpatient revenue per day decreased from January, February is much higher than in December and November...very positive signs.

The deductions from revenue as a percentage of total gross patient revenue are consistent with the prior months. Bad debt was extremely low this month and I will explain why. The number that shows up on the income statement is not the actual dollar amount of bad debts for the month. It is a calculation which compares what should be reserved as bad debt less what was written off, with that number then being compared to the bad debt reserve on the balance sheet. The difference is then what is booked for the month. Some of the clean-up of bad debt accounts from January continued in February as well which resulted in the very low expense in February.

Total expenses continue to run at an unsustainable level. We saw an increase of 9.4% in the total expense per day between January and February. Contributing factors to this were Salaries and wages, Contract labor, Medical professional fees, Materials/Supplies, Maintenance/Repairs and Other Operating Expenses. We need to drill down



on each of these categories to better understand the rationale for increase. Some items are easier to understand than others.

I have observed a lack of control and accountability among the departments of the hospital that drive these increases. Some departments have the view that a *want* is the same as a *need*...and they are dramatically different. Senior leadership must educate and lead by example when it comes to purchasing anything and everything.

These expenses resulted in a loss from operations of (\$810,045) and a total net loss of (\$648,160) for the month of February. On a year-to-date (YTD) basis BRH still shows a loss from operations of (\$204,094) and a total net income of \$1,390,484. But this profit is the result of an influx of Federal money that has now ceased.

Again, the Balance sheet looks fairly stable but the cash balances for BRH have been declining steadily for the past year. Cash plus Board designated cash have decreased \$15,786,895 or 23% from February 2021. Obviously, there have been capital projects and purchases but BRH needs to be well aware of its ongoing cash needs. On a positive note, the days in net receivables is 53.3 (very good) and days in accounts payable is 48.7, which is also right where it needs to be.

The revenue cycle team (PAS, PFS, HIM and Case Management) here is one of the best groups I have had the pleasure to work with. They understand what needs to be done and are doing it, continuing to collect on billed accounts.

Improving the financial strength of BRH is a day-to-day process. Leadership from the top is required. Deciding where this organization needs and wants to go is imperative. It can be done but everyone must stay the course.

There was a discussion regarding where Mr. Tyk would recommend initially tightening up expenditures. He mentioned desktop printers, and described the desired plan for a new request for products or services form/process.

Charge Data Master Review Project – Bob Tyk

Last done was three to four years ago, the company was on-site on April 5th and 6th interviewing department directors. There are a number of changes that were made immediately, and several other changes were initiated. The final report should arrive in about two weeks, and an overview of findings will be presented at the next Finance Committee Meeting.

Materials Management/Supply Chain Project – Bob Tyk

The primary goal of Materials Management is ensuring enough supplies are on-hand to operate normally. Supply challenges being experienced nationally are accentuated in Juneau due to lack of access from the road system and lack of other facilities to borrow from if needed. Jack Fitzpatrick is training Willy Dodd (Materials Management Director), looking for additional warehouse space, and optimize processes through the GPO. He is including clinical directors and IT in the process, and receiving positive feedback from all involved.

Assembly FY23 Budget Presentation – Bob Tyk

BRH is scheduled to present the FY23 budget to the CBJ Assembly on the 27th of April, in order to get budget approved. Bob will collaborate with Jeff Rogers beforehand, to ensure as smooth a process as possible.

Planning Committee Report: ED Expansion Project & Parking Study – Brenda Knapp

Ms. Knapp stated that the Planning Committee approved plan G from Alaska Architects, and the parking assessment (\$150,000). However, input is needed from the Finance Committee on how extra funds will be covered on both projects. Plan G has scaled things back moderately while including some valuable upgrades. Plan J is a barebones plan that is within the original budget. Both plans reduced exam rooms and put the pharmacy on the lower level. Plan G has more negative rooms, with an airborne infection isolation room. The equipment list has not been updated, but the amount listed is for entirely new equipment, so it should not end up being higher than that. This will be completed before going out to bid.

Ms. Johnston discouraged using bonds to fund projects, and using capital reserves instead. Mr. Stevens stated that due to its necessity for the community that it would be okay to use a combination of bonds and reserves. Mr. Solomon-Gross agreed.

Mr. Geiger made a MOTION to pass on a recommendation for Plan G to the full board. Mr. Stevens seconded and the motion passed.

The Parking Study will include the testing needed to see if the triangle by the behavioral health building can support parking, and would cover all three locations. The hillside location was brought up as possibility by city manager, so will be studied.

Mr. Stevens made a MOTION to request \$150,000 to study the three sites as recommended to the planning committee. Mr. Geiger seconded.

Next Meeting: Friday, May 13th at Noon via Zoom

Additional Comments: None

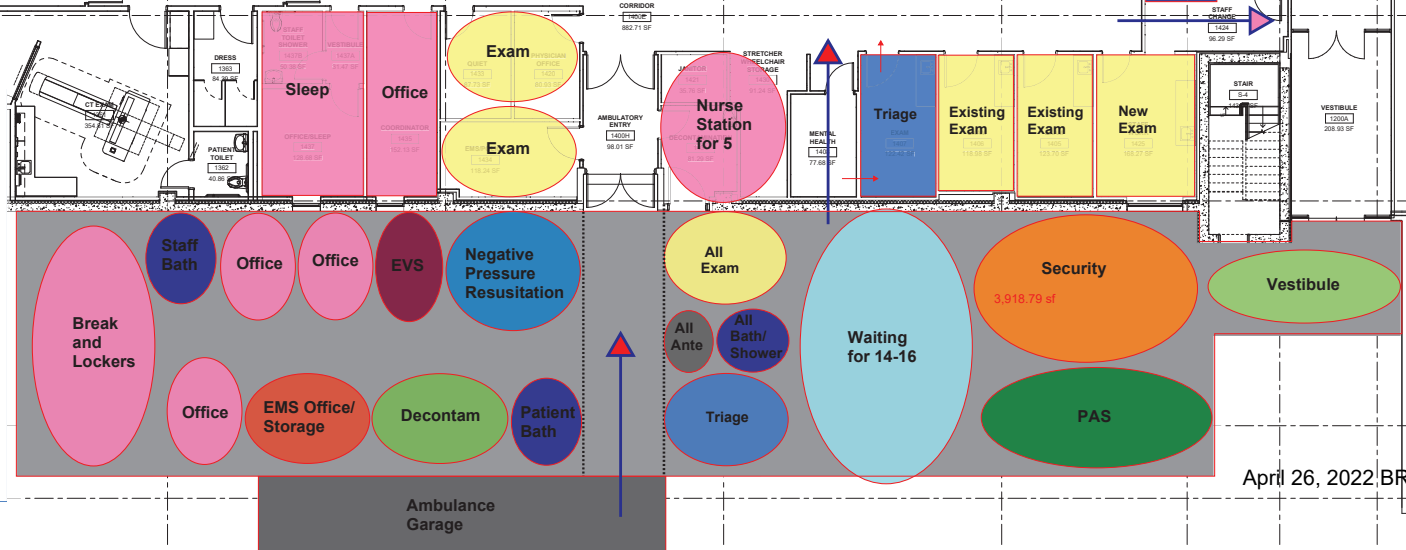
Adjourned at 1:01 p.m.

DRAFT



Option G:
3, 900 SF Addition + Ambulance Garage

	Existing	Predesign	Option G	Option J
Triage	1	2	2	1
Trauma	3	4	3	3
Exams	6	6	2	7
Psych	1	2	2	1
Airborne Infection Isolation	0	1	1	0
Negative	2	3	6	4
Exam Room Total	13	18	16	16
Pharmacy Location		Second Floor	First Floor	First Floor
Construction Costs		\$11,238,581	\$10,214,420	\$6,128,110
Total Project Costs		\$18,800,000	\$17,407,000	\$12,299,000



ED Expansion - Option G

- Visible security presence at the entrance with easy access to other units for safety
- Registration at entrance to help guide patients to correct departments, as well as to ensure completed registration for ED patients upon discharge/admission
- Triage location will allow for more of a streamlined process for patients and allow for line of sight from PAS and security
- Negative pressure resuscitation room allows for patients that are critically ill with unknown COVID-19 status or other communicable diseases to be stabilized, i.e. intubation, cardiac arrest, respiratory arrest, without risk of exposure to department
- Airborne Infection Isolation (AII) room allows true isolation for easily communicable infectious processes. Currently the ED does not have a true AII room. The AII room will allow for patients to be able to use a dedicated bathroom, as well as staff having an ante room for donning and doffing
- Six negative pressure rooms to accommodate current/ future pandemic concerns (this was part of an original project that was rolled into the remodel due to the timing of the project)
- Two nurses' stations. The smaller nurse's station will accommodate line of sight to new rooms, and will also have space for providers to dictate, as well as other ancillary providers that need to chart and access patient records, i.e. PES(Psychiatric Emergency Services). Larger nurse's station will have a 360 degree view of the department and patient rooms. This will increase safety for patients and staff, to have visual, as well as being able to audibly hear calls for assistance
- Separate medication room so nurses can pull medications and calculate drug dosages in a space that decreases distraction to prevent medication errors(moving out of nurses station)
- Nutrition room moved to decrease traffic in nurse's station
- Added two more patient bathrooms, for a total of four. Bathrooms will be placed in areas that allow easy access for patients regardless of what area of the department they are in

- Adding an additional psychiatric room, and relocating existing psychiatric room, so that they are directly across from the nurse's station side by side, and farther away from the exterior doors
- With PAS moving by triage, able to utilize that space for easy access storage
- Sliding glass doors will be placed between trauma bed 1 and 2, to allow for increased privacy. Doors would be able to slide open and provide a larger work space for mass causality incidents
- Larger staff locker and breakroom to allow staff to have an area in which they can comfortably have breaks and eat. Current space allows for two staff members to break at a time and no space for staff personal belongings
- Case management office to accommodate three people, ED director's office, JEMA office and sleep room, extra office that can also be used for a family conference room
- Pharmacy on first floor (24 hrs.) in old waiting room space



City and Borough of Juneau
City & Borough Manager's Office
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-5240 | Facsimile: 586-5385

TO: BRH Board Chair Solomon-Gross

DATE: February 2, 2022

FROM: Rorie Watt, City Manager

RE: Property Considerations

As the Board contemplates possible land or facility additions to the BRH campus, I recommend that you consider two ideas that may help achieve similar results:

1. Construction of a parking garage.

Parking garages are rarely favorites for capital funding, but they can free up land for other development opportunities. Surface parking is a low value use for high value land, BRH currently uses more than three acres for surface parking.

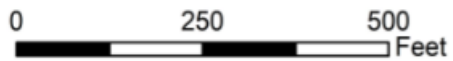
2. Hillside Excavation.

It may be feasible and economical to excavate some of the hillside behind the BRH campus. The general idea would be to emulate the hillside excavation on the adjacent parcels to the north. Generally, the topography behind the CBJ land is steep and excavation of it may or may not be feasible. Depth to bedrock is uncertain and its location could make excavation more or less favorable. Generally, though if BRH could acquire an acre or two of usable land, it may be worth the cost, even at a premium.

The attached drawing looks good on paper, but the contour lines are at 20' foot intervals and the 2 acre box would have an 80'-100' back slope. Still, a development option may be feasible depending on a variety of factors. Next step would be to hire an engineering/survey firm to perform some survey and geotechnical work to see if this concept is worth pursuing.

Purchasing property as a public entity can be tricky; both of these ideas may give the board to create usable land on campus through its sole discretion.

Hospital parking excavation area



Total parking = approx. 142,775 sq ft
Contours are at 20ft intervals

Bartlett Regional Hospital

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

**April 26, 2022
Management Report
From Studebaker Nault and CBJ Law**

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

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

Report Period - 3rd Quarter FY22 (January, February, March)

New Hires	26
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Separations	34	All Other Separations
	2	Retirement
	4	Casuals/temp
Total	40	

Contract/Travelers	1	OR Tech
	1	CCU RN
	2	ED RN
	1	MHU RN
	1	Respiratory Therapist
	1	Physical Therapist
	6	Ultrasound Tech
Total	13	

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	CDI Social Work Case Manager	FT and PT	Case Management
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	CT Technologist	FT	Diagnostic Imaging
	Physical Therapist	FT	Rehabilitation Services
	Security Officer	FT	Facilities
	House Supervisor	FT	Nursing Administration
	RNs	FT	ALL UNITS

All Employee Turnover		
All Employee Types	FT Employees	All Others
5.83%	3.85%	10.36%

686 Employees
FS/FT employees = 493
All others = 193

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
6.66%	2.77%	12.67%

180 Nurses
FS/FT = 108
All others = 71

Grievances	1	Pending
Arbitration Cases	0	

Reports of Injury	
Department/Employee	Brief overview
MHU	Slip and fall in parking lot
Pas	Slip and fall in parking lot
RRC	Slip and fall in parking lot
Nursing Administration	Slip and fall in parking lot
OB	Slip and fall in parking lot
Rehab Services	Sharps injury
PAS	Employee Health vaccine administration issue
Emergency	Needlestick X3
OR	Injured knee while pushing stretcher
Nursing Administration	Needlestick
Diagnostic Imaging	Shoulder injury while helping patient
ABA Clinic	Workplace Exposure x3

CEO Recruitment Update. On April 19, 2022 Board President Kenny Solomon-Gross, Consultant Kim Russel and HR Director Dallas Hargrave met with BE Smith for a CEO recruitment status update. BE Smith has made contact with many potential candidates many of whom the recruiter believes could be a good fit for the hospital’s CEO. I have a doodle poll out to the CEO Recruitment Committee to get some days scheduled for virtual meetings in the first 2-3 weeks of May.

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April 2022 Chief Clinical Report

Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

Cardiac Rehab

- Cardiac rehab started seeing patients again March 14th. Since this date 45 patients have been served which exceeded prior monthly totals.
- Integration with Meditech is complete, which means patient reports flow automatically into the patients chart.
- Currently looking to communicate more effectively with hospitals/cardiologists that do cardiac interventions for our patients so we can get them immediately into the cardiac rehab program.
- Pulmonary telehealth is ready, and looking forward to patient referrals.

Respiratory Therapy

- Oxygen supplies remain solid
- Staffing is stable, with extra help coming for cruise season. Currently looking for a full-time RT to complement the staff.

Sleep

- Sleep lab is running almost up to normal capacity. Running 4 nights in a row, every other week (usual schedule is 3 nights/week). We are still looking for a full time Juneau employee.

Critical Care Unit (CCU)

- The department has been working on the Healthy Work Environment standards from American Association of Critical Care Nurses, specifically with creating a more formal employee recognition program.
- Documentation and reporting of Critical Lab values was at 97.2% in March. The second month in a row that it has been above 90%. This is a great improvement, and is 60% better than when tracking started.

Diagnostic Imaging (DI)

- Script Sender project is on track. Orders will come into DI from referring physicians will be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. Testing is going well and requires collaboration from multiple parties. This will also make sure supporting diagnosis codes for appropriate use criteria are provided. An additional benefit is reduction in paper and will help with our paperless goal. The services with Script Sender also include the ability to obtain and prior authorization with our agreement with Infinx.
- We are in the process of becoming accredited in low dose lung cancer screening with the American College of Radiology.

Dietary

- Cafeteria opened up to community partners and the community. Exciting to see familiar faces back in our cafeteria.

Laboratory

- Molecular is being tasked with bringing on collections, previously done by Capital City Fire and Rescue(CCFR). Posting is needed for collecting staff, which many staff currently at CCFR have expressed interest. COVID collection will operate 7 days a week.
- As our community continues with the COVID pandemic, the overall numbers have been dropping. The community collecting sites will shut down on April 30th. Current plans are to move entire process to Bartlett. The current selected site will be room A of Bartlett House, with a drive through tent on the north end. There is still a need for testing for Short Day Surgery patients, as well as the community.

Medical Surgical Department (M/S)

- We continue to have a higher census; we've hired two of our CNAs-in-training and have a new grad and a PRN RN coming.
- The Joint Commission re-survey went well.
- We have started a Two RN Skin Assessment on admission/transfer for identifying pressure ulcers and skin breakdown, which is best-practice.
- Completed a number of mini-PI projects, including improving flow for documentation and artificial nutrition order clarification.

- Working on creative staffing solutions ahead of cruise ship season.

Obstetrics Department (OB)

- OB Director, Lauren Beason and Sara Gress, Lactation Manager have submitted their PowerPoint in preparation for their Joint Commission Presentation on May 4th. This presentation focuses on the process improvement journey to achieving the highest rates of Exclusive Breastmilk Feeding measure (PC-05) in the nation. They will be presenting live alongside Legacy Good Samaritan Hospital in Portland as the leaders in this initiative. This is very exciting!
- The monthly drill in OB for April is focusing on Special Care Nursery neonatal management. OB RNs will be running mini-stations that focus on skills needed for urgent neonatal care- including neonatal IV placement, SiPAP management(for continuous spontaneous breathing support), interpreting cord and capillary gases, and other key skills.
- Continued work on the AKPQC (Alaska Perinatal Quality Collaborative) and the current project: SAPI (Substance Affected Pregnancies Initiative). Primarily focusing on our universal screening system and current rates. We are collaborating with leaders on the unit and looking at how we can continue to increase our rates to better improve on this section of the initiative.

Rehabilitation Services

- Interviews for the Director position will take place at the end of April.
- We have one traveling PT who will extend his contract through May.
- Speech is utilizing their own Endoscope more for Swallow Instrumentals that can be done as an inpatient or outpatient.
- ABA therapy is using our pediatric gym during PT therapists lunch hour to share our pediatric resources with their caseload.
- Patient wrote a glowing review ending with, “The PT department is a credit to the hospital and I wanted to make sure that administrators at the hospital knew how good of a job these professionals are doing.” Very proud of the team!

Pharmacy Department

- Pharmacy is recruiting for one pharmacist and two pharmacy technician positions. We are exploring options for a Technician in Training program.

- Pharmacy is replacing Omnicell cabinets in the anesthesia workroom, endoscopy room, and pharmacy that have reached the end of life and are no longer supported.
- Drug shortages due to supply chain disruptions and COVID delays keep the pharmacy staff and especially our pharmacy purchaser busy locating sufficient supply through alternative sources and pharmacists are available to recommend substitutions.

Surgical Services

- Surgical services will be receiving video equipment upgrades that have desperately been needed. We expect the equipment to arrive in May and hope to be transitioned by June.
- Our surgical tech trainees are making great headway and we hope to have them independent by this summer.
- We are evaluating some of our current processes and are starting with our Preadmission Testing (PAT) processes. We have a great team that is wanting to work together to enhance the surgical experience for our patients.
- We have welcomed a new RN informaticist who will be working to implement Association of Perioperative Registered Nurses (AORN) and JACHO standards into our current documentation.

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April 26, 2022 Behavioral Health Board Report Karen Forrest, Interim Chief Behavioral Health Officer

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Staffing:

- Recruitment continues for permanent and travel nurses. The MHU has two travel nurses and five full-time nurses including Acting Nurse Manager. RN staffing levels are being closely monitored by nursing leadership and the Senior Leadership Team.

Program:

- MHU capacity was limited to five patients from 3/20-4/11/22 due to nursing shortage. Admissions outside SE Alaska were paused during this time. As of 4/11/22, the MHU is open to admissions across the state.
- The Joint Commission (TJC) conducted a follow-up survey on 4/1/2022 to review the status of condition level findings identified in December survey. The BH Department passed both findings. In addition, on 4/1/2022, the surveyor cited the MHU for not having automatic door closers on the dayroom doors; BRH corrected this same day. Remaining work to address ligature risk areas identified in the December survey is ahead of schedule. Monthly reporting of environmental safety rounding as required by corrective action plan is 100% compliant for March.
- Internal review of regulation and documentation requirements for MHU is underway to identify and address possible redundancies in assessment, documentation and workflow.
- Badge reader was added to the MHU for faster access to the crash cart. Entry to crash cart room previously required a key, which could potentially delay urgent care.
- March data:
 - 15 admissions, 14 discharges
 - Average Daily Census = 5.00
 - Average LOS = 4.90

RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT (12 BEDS):

Staffing:

- Recruiting for an Administrative Clinical Assistant

Program:

- RRC has raised its residential census from 8 to 12 patients due to community COVID risk levels; however, COVID mitigation requirements continue to create some challenges for admission.
- March data:
 - 8 admissions, 11 discharges
 - Average Daily Census = 6.67
 - Average LOS = 24.18
 - Completed program = 8

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

WMU remains closed at this time due to nursing staff shortages

Program:

- Work continues on requirements for final approval of 1115 Medicaid Waiver certification for service categories WM 1.0 Outpatient SUD Services and WM 3.7 Medically Monitored Inpatient Withdrawal Management.

RRC OUTPATIENT TREATMENT:

Program:

- March data:
 - 105 medication management and therapy appointments were attended (204 scheduled)
 - 51% Attended / 27% No-Show / 22 % cancelled

PSYCHIATRIC EMERGENCY SERVICES (PES):

Staffing:

- Currently fully staffed

Program:

- March data:
 - 47 patients assessed for psychiatric emergency services
 - 41 adults; 6 children/adolescents
 - 23 day-time assessments; 24 evening/night-time assessments

CRISIS INTERVENTION SERVICES (CIS):

Program:

- Currently evaluating all CIS practices to improve service delivery consistency and efficiency. Creating standardized practices for workflow, services, documentation, assessment, intake and discharge. Planning to share streamlining information with hospital departments and community providers to maximize appropriate referrals.
- Specifically considering provision of Home Based Family Treatment under the 1115 Medicaid Waiver. Working with DBH for approval to add this additional service under the 1115 Waiver.
- Also evaluating insurance requirements to identify specific community services and allowable locations in order to increase community engagement and increase efficiencies.
- March data:
 - 18 new patients were referred to CIS (10 adults & 8 children/youth)
 - 75 therapy and crisis intervention appointments were provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

Staffing:

- Three new hires include an Administrative Clinical Assistant, a Medical Assistant, and a Therapist

Program:

- BOPS clinical staff are doing their best to coordinate care for patients and address large waitlist. Psychiatric appointments are readily available and psychiatric staff are working diligently to get people in for assessment and treatment and have been very beneficial in getting services underway.
- March data:
 - 684 psychiatric evaluations, medication management and therapy appointments held (900 scheduled)
 - 76% Attended / 11% No-Show / 13 % cancelled

RRC NAVIGATORS:

Staffing:

- Navigator team fully staffed with a new clinical supervisor in place.

Program:

- Currently evaluating and assessing needs of community partners to ensure community needs are met.
- Creating an intake process to establish community members served by Navigators as BRH clients in order to seek reimbursement for services provided under the 1115 Medicaid Waiver.
- Working to acquire a vehicle for use with all community outreach programs.

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

Staffing:

- All five ABA technicians now board certified and able to work at full capacity.
- One ABA technician recently passed the assistant behavior analyst (BCaBA) certification exam and is working to obtain a state license.
- An additional Board Certified Behavior Analyst (BCBA) position will be created and recruited to assist with supervising the ABA technicians, creating programming and providing assessments, parent trainings, and other duties. This BCBA will also provide consultation to the Juneau School District.

Program:

- ABA is currently providing direct services for 14 patients in home, school, and the community. Staff are working in four elementary schools, two middle schools, and one high school in Juneau School District.
- Several additional patients have initial intake assessments underway.
- Current waitlist has 66 people with new referrals averaging 1-2 per week.
- March data:
 - Total caseload remains at 17 following initial intake patients
 - 177 appointments attended; 71% Attended / 3% no-showed / 26% cancelled

CRISIS STABILIZATION CENTER

- Construction of the building continues to progress as scheduled
- Floor 2 redesign is complete to accommodate behavioral health services
- The Alaska Mental Health Trust Authority (AMHTA) has awarded BRH \$100,000 to provide technical support for program planning
- BRH has established an internal steering committee to develop/address programming, patient flow protocols, electronic health record, and other operational needs
- CBHO invited to speak at Glacier Valley Rotary Club luncheon April 2022

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

April 26, 2022 CFO Board Report

Robert Tyk, Interim CFO

Finance – Robert Tyk

- Materials Management/Supply Chain consultant on-board
- ChargeMaster on-site review complete and awaiting full report
- Reduced number of credit cards to a manageable number
- Worked with Accounting to develop a Capital Expenditure Request (CER) form to be utilized for all capital purchases

Accounting – Blessy Robert

- Successfully transitioned paydays to one week out. This change in payday allows us to process payroll with more accuracy and to provide more training to staff.
- We have started to close financials by the 15th of the following month and continuing to close earlier in the month.
- We completed the reporting on Provider Relief Fund for the payment received period of July 1, 2020 to December 31, 2020. We do not have any other reporting for the rest of the year.
- We currently applying for two new small grants that are part of our continued operations.

Health Information Management – Rachael Stark

- HIM has a new team member who continues to do a great job and picking up the processes very well.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill the molecular labs.
- There also is an increase with the BOPS accounts for coding. We have also started coding for the ABA clinic.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting weekly with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.
- We have started our yearly purge of old records and this project will continue through the year.
- We are gearing up for cruise ship season.
- *“FairWarning” Effectiveness Report attached*

Patient Financial Services – Tami Lawson-Churchill

- Overall cash collections for the month of March was just over \$9.7 Million
- HRSA Uninsured COVID relief program benefits were exhausted as of 3/22/22 for COVID testing and treatment
- State and Federal Price Transparency documents were updated in house as well as on our website as of 3/31/22
- PFS/HIM working with company, RIMR to perform a comprehensive CDM audit & review for all hospital facility departments
- BRH working on a billing agreement with CCFR to provide new hire physicals to CCFR staff
- Revising documents and procedures in preparation for cruise ship arrival in late April

Materials Management – Willy Dodd

- Jack Fitzpatrick, MM Consultant, has been working closely with Materials Management to improve processes, communication, and strengthen relationships within our hospital. We have met with many Directors and are working toward improving many different aspects of our departmental operations.

- We are actively looking for Warehouse space due to the collapse of the off-site space in January. We are hoping to have a lease in place in the next few weeks. This will allow MM to bring in more product and help to stabilize our inventory.
- MM is also heading up a project to work with Engage to address many different system-related issues within Meditech. This will be a very deep dive into the system to potentially solve a number of different issues related to inventory management. This will include updating our handheld inventory devices, as the current handhelds are dated and have very limited functionality. We are hoping to have a demo of some new devices in the near future.

Facilities – Marc Walker

Staffing:

- **Laundry Department:** At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.
- **Environmental Services:** The department remains short staffed with 4 FT positions currently open. EVS staff moving into the CNA training program and then into CNA rolls has been a success for BRH but a challenge for EVS staffing. Our Environmental Services Supervisor has been working the floor more and more while still training new staff a working on process improvement. He has been spending significant time retraining our floor care team on more efficient techniques with notable improvements.
- **Biomed Department:** The Biomed Department is fully staffed with a Supervisor and a Technician.
- **Security Department:** The Department currently has one FT position open.
- **Maintenance Department:** The Maintenance department is currently fully staffed.

Project Updates:

Under Construction:

- **ASU-11/Endo Fan:** RFP 12 work for new fire/smoke damper and additional access hatches completed. RESPEC currently working on RFP 13 details for final system rebalance. New substantial completion date for project is 4/29/2022.
- **RRC Siding and Window Replacement:** New substantial completion date for project will be pushed back to 5/31/2021. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
- **Behavioral Health Facility:** Steel erection is underway and interior wall framing has begun at the lower level. The Level 1 floor slab is scheduled to be poured on March 30, followed by the Level 2 floor slab the following week. Changes are being incorporated ahead of construction to convert the use of the second floor from specialty clinic space to a behavioral health function. The final completion date is anticipated to be mid/late March of 2023.
- **BRH New Water Main and RRC Waste Line Repairs:** Bids opened on 2/15. The apparent low bidder was Admiralty Construction. Work is estimated to start the end of April.
- **BRH Site Improvements:** Admiralty Construction will resume road work that was suspended last summer due to other construction on campus March 16th. Bid came in at \$1.9M.
- **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks.

In Design:

- **BRH Surge Protection:** PDC/RESPEC will provide final bid documents for surge protection once final comments are issued from CBJ and BRH. Arc flash and coordination report will be submitted one week after final surge protection design. UPS design pending final design fee proposal.
- **Underground Fuel Line Replacement:** 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$ 415,000. Total project cost is \$609,000. Bid advertisement to go out soon. Construction to begin late fall of 2022.
- **Chiller #2 Replacement:** Bid was award to Schmolck Mechanical Contractors (SMC). Currently in submittal phase of project. NTP (Notice to Proceed) was issued to SMC on 3/18/2022. Contract length is 240 days from NTP. Lead time for chiller unit is currently 27 weeks.
- **CT Scanners/MRI Replacement:** 100% bid documents are due May 9. Project will advertise for bid late May. Architect's estimate range is \$1.1M-\$1.3M. Construction planned to begin in June 2022 with completion in mid-November.

- **ED Addition and Renovation:** Architects Alaska continues to work on design after receiving approval of a single concept design.

Planning:

- **Valiant Administration Building Window Replacement:** Current plan is to remove and reinstall siding at the south wall and install new windows to mitigate water infiltration during intense rain events. It has been proposed to expand the scope and time frame of the envisioned project. Given the anticipated scope revisions, the remaining funds of \$143,000 will likely be insufficient to complete all the work. We will work with the designer of record to obtain a new estimate for the cost of the full project.

On hold/Cancelled:

- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** The low bid of two bids came in at \$438,500, more than twice the midpoint of the estimated range of \$150,000-\$250,000. Bid award has been cancelled. Current plan is to revise/reduce scope of the project and rebid late summer 2022 for construction starting around November 2022.

Information Systems – Scott Chille

Projects

- **Microsoft365/Office365 migration:** Final mailboxes will be complete Friday, April 15th.
- **Citrix Portal Upgrade project:** Underway and close to complete. Will improve our remote access security posture.
- **Multi-Factor Authentication Project:** Testing our new 2nd factor authentication platform (DUO by Cisco). Planned to roll-out to all staff and providers for all remote authentication like Citrix, VPN, and Office365 access. Email blast and how-to guides to be sent out very soon with an expected roll-out early May.

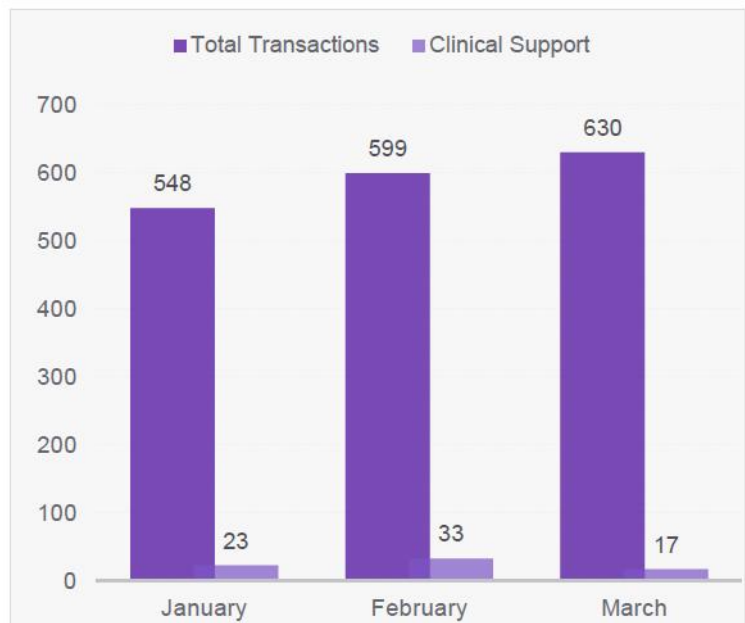
Department Updates

- New Systems Administrator and Desktop Support positions posted online.
- [Projects Master List attached](#)

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

Volume Review:

- 3.22% abandoned over 10 seconds
- 17.3 second average speed to answer
- 89.77% answered within 20 seconds



Information Security

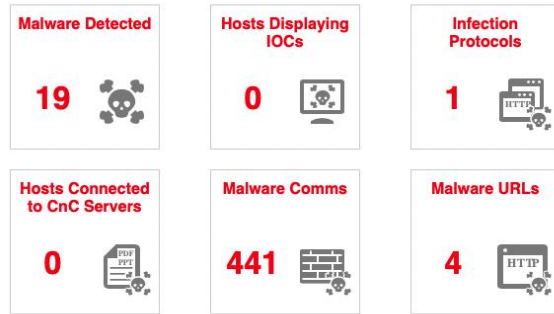
- **New Firewall Reporting Capabilities**



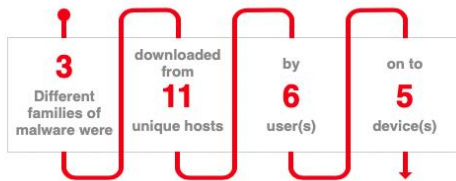
I. EXECUTIVE SUMMARY

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

Assessment Period: Tue Mar 1 2022 00:00:00 to Thu Mar 31 2022 23:59:00



MALWARE PROFILE: OVER 1 MONTH



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

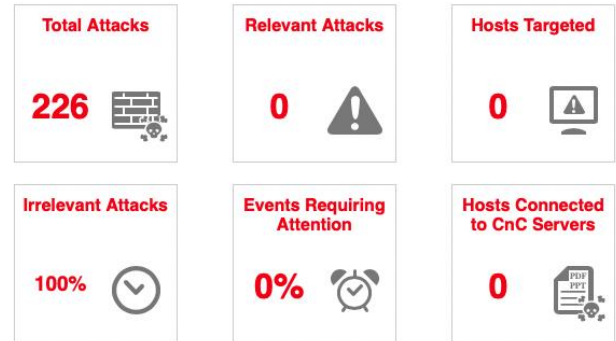
1. Establish continuous visibility into advanced malware
2. Augment existing controls in order to mitigate this risk



I. EXECUTIVE SUMMARY

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

Assessment Period: Tue Mar 1 2022 00:00:00 to Thu Mar 31 2022 23:59:00



RELEVANT ATTACKS CARRY THE FOLLOWING RISKS

CLASSIFICATION	COUNT
Attempted User Privilege Gain	112
Attempted Administrator Privilege Gain	58
Web Application Attack	48
Attempted Information Leak	8

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

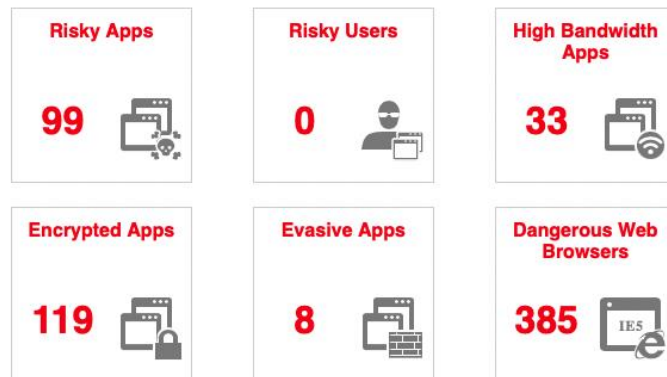
1. Establish continual visibility into its network attack risks
2. Implement automated protections in order to mitigate this risk going forward



I. EXECUTIVE SUMMARY

Cisco has determined that Bartlett Regional Hospital is at a high risk due to the use of applications that are potentially dangerous to the enterprise yet have low business relevance. These applications may leave your network vulnerable to attack, carry malware, or waste bandwidth.

Assessment Period: Tue Mar 1 2022 00:00:00 to Thu Mar 31 2022 23:59:00



YOUR NETWORK PROFILE



RECOMMENDATIONS

Cisco recommends Bartlett Regional Hospital deploy Cisco Firepower Appliances (NGIPS/NGFW) with App Control and URL Filtering to:

1. Reduce your application attack surface
2. Granularly control applications, bandwidth, URL access and acceptable use policies
3. Get visibility into network risks and usage, including mobile devices and BYOD risk

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



Attack Surface Analysis

Bartlett Regional Hospital

01/21/2022 - 02/21/2022

Executive Summary:

Understanding your attack surface is a critical capability to establishing a resilient security program. This **Overview Report** provides an assessment of Bartlett Regional Hospital's external attack surface over the last 30 days from an attacker's perspective. By assessing your environment through the lens of an attacker you can understand your most tempting targets and your organization's security risk over time. The information presented also includes helpful information on Bartlett Regional Hospital's exposure to recent attacks in the news and how Bartlett Regional Hospital's external attack surface compares to industry and global norms.

To generate this report, the Randori Attack Platform has been continually monitoring your attack surface and alerting Bartlett Regional Hospital's team to new risks as they are discovered. Over the past 30 days, the platform has conducted:

2K ACTIONS PERFORMED 61 ARTIFACTS DISCOVERED 9 TARGETS DETECTED 1 ALERTS GENERATED

Targets



Prioritization Matrix

		ATTACKABILITY			
		Low	Medium	High	Critical
BUSINESS IMPACT	High	0	0	0	0
	Medium	0	0	0	0
	Low	0	0	0	0
	Not Provided	6	8	3	0

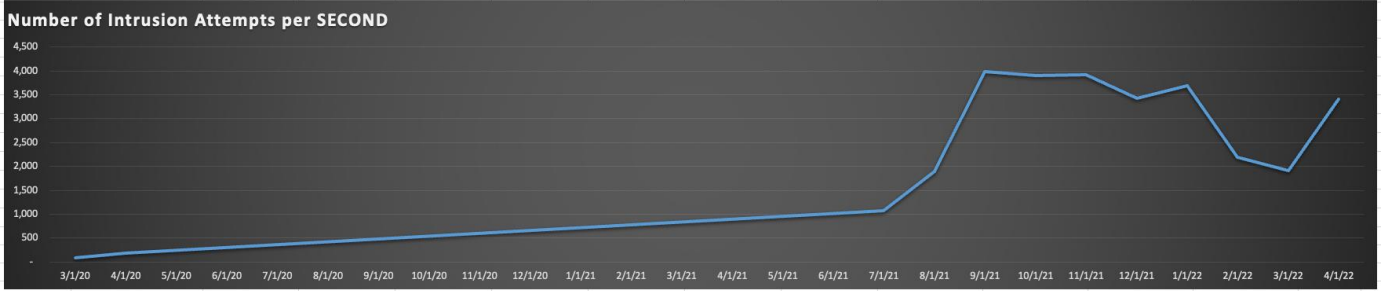
RISK: ■ Critical/High ■ Medium ■ Low

- **Third-Party Penetration Test**
 - The full penetration test is now complete, and the final report is being reviewed.
 - Once the review is complete, we will present the results to the BOD and SLT along with an action plan for any remediation steps that are recommended.
- **Rapid7 Incident Detection and Response Report**
 - No MITRE ATT&CK Techniques detected in March 2022

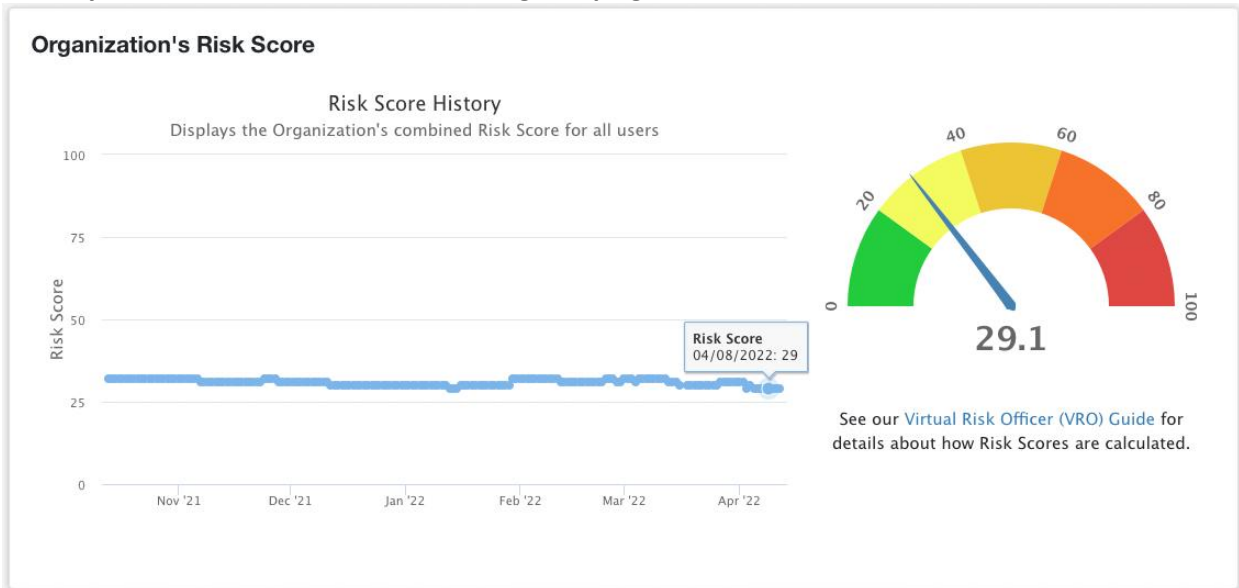


- **Rapid7 Hunt Report:**
 - Each month we perform an active hunt campaign starting with the presumption that we are already compromised and then look for evidence of said compromise including lateral movement, credential compromise/re-use, pivoting, malware, data exfiltration, etc.
 - The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **849 endpoints**. **Rapid7 did not identify any indicators of compromise via hunt data during the month of March.**
 - The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.
- **Cybereason (Endpoint Detection and Response) Report: March (no report yet, expected March 19th)**
 - No MalOps detected.
- **Attacks on Bartlett network have resumed their increase in the last 30-days, and are significantly higher than our previous baseline in March of 2020.**
 - Remaining vigilant in our efforts to keep the attack surface LOW and continuing to actively block bad activity and hunt down all alerts.

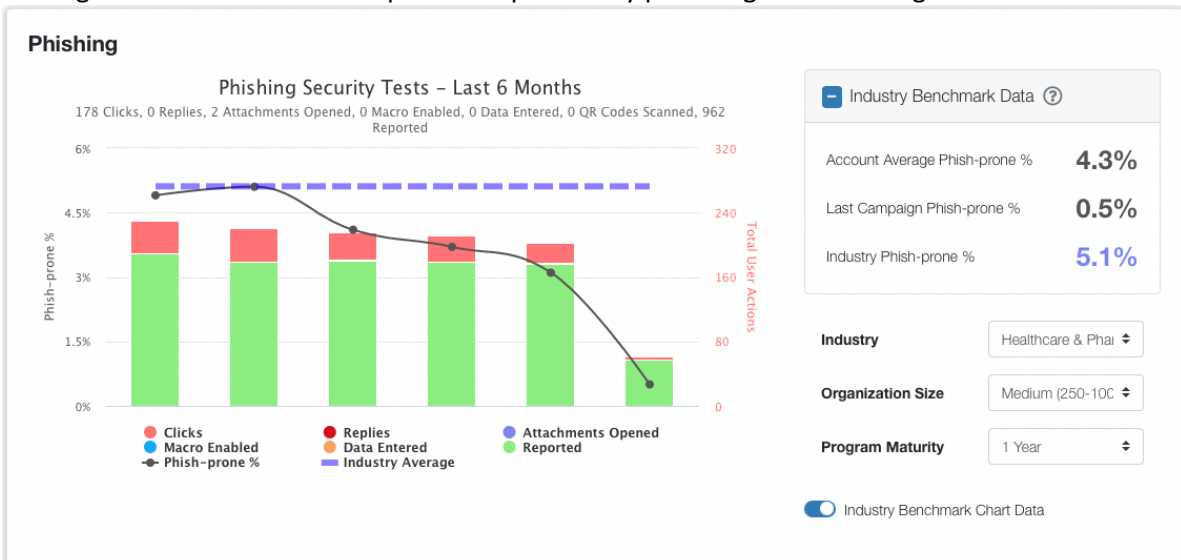
Attacks on Bartlett Network	3/1/20	4/1/20	7/1/21	8/1/21	9/1/21	10/1/21	11/1/21	12/1/21	1/1/22	2/1/22	3/1/22	4/1/22
Per Minute	86	183	1075	1896	3980	3905	3920	3425	3687	2193	1916	3408
Per Hour	5,160	10,980	64,500	113,760	238,800	234,300	235,200	205,500	221,220	131,580	114,960	204,480
Per Day	123,840	263,520	1,548,000	2,730,240	5,731,200	5,623,200	5,644,800	4,932,000	5,309,280	3,157,920	2,759,040	4,907,520
Per Week	866,880	1,844,640	10,836,000	19,111,680	40,118,400	39,362,400	39,513,600	34,524,000	37,164,960	22,105,440	19,313,280	34,352,640
Per Month	3,839,040	8,169,120	47,988,000	84,637,440	177,667,200	174,319,200	174,988,800	152,892,000	164,587,680	97,895,520	85,530,240	152,133,120
Per Year	45,201,600	96,184,800	565,020,000	996,537,600	2,091,888,000	2,052,468,000	2,060,352,000	1,800,180,000	1,937,887,200	1,152,640,800	1,007,049,600	1,791,244,800



• Security Awareness Risk Score and Phishing Campaigns



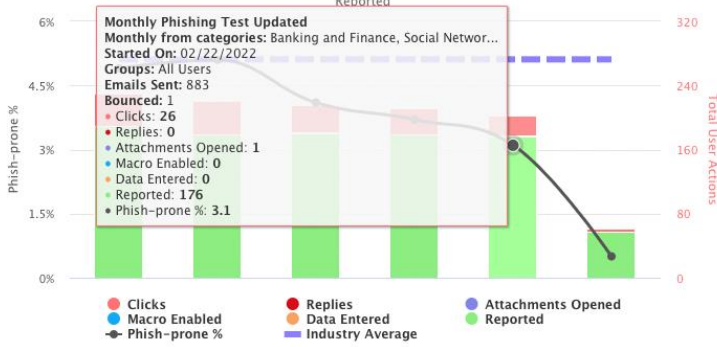
- We are almost halfway through Season 4 of The Inside Man video training series, and it is very well received by the staff.
- Our Phishing Campaigns are still going strong, and we are below the industry average for our size organization. We can still improve our posture by providing more training and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



Phishing

Phishing Security Tests – Last 6 Months

178 Clicks, 0 Replies, 2 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 0 QR Codes Scanned, 962 Reported



Industry Benchmark Data

Account Average Phish-prone % **4.3%**
 Last Campaign Phish-prone % **0.5%**
 Industry Phish-prone % **5.1%**

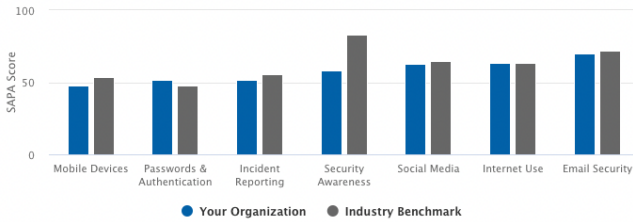
Industry Healthcare & Phar
Organization Size Medium (250-100
Program Maturity 1 Year

Industry Benchmark Chart Data

Security Awareness Proficiency Assessment (SAPA)

SAPA Score Per Knowledge Area

Average for Completed Assessments



Industry Benchmark Data

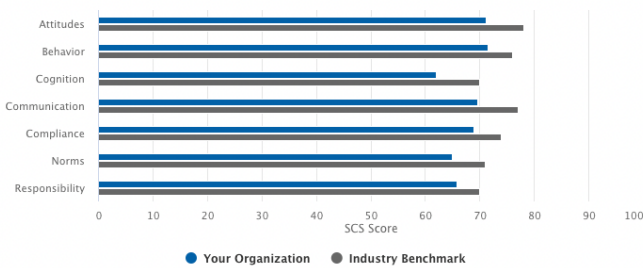
Organization's SAPA Score: **57.9%**
 Industry SAPA Score: **63.7%**

Industry Healthcare & Phar
Organization Size Medium (250-100

Security Culture Survey (SCS)

SCS Score Per Dimension

Average for Completed Surveys



Industry Benchmark Data

Organization's SCS Score: **62**
 Industry SCS Score: **74**

Industry Healthcare & Phar










Your Monthly Effectiveness Report

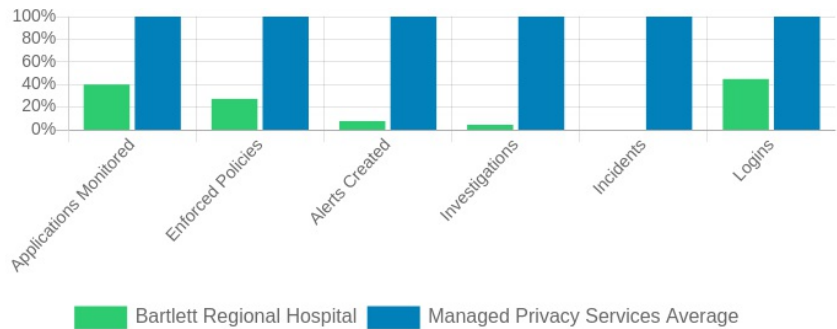
Learn more about your FairWarning solution and how to ensure **Bartlett Regional Hospital** is receiving the most value possible.

NEWS & UPDATES

Sign up for events and webinars by visiting our website [here](#) or visit the Community to search for on-demand resources and training menus. Log into the Community portal [here](#).

YOUR USAGE AND ADOPTION SUMMARY

-  Active Enforced Policies
-  Quick Reports
-  Ad Hoc Reports
-  Intelligent Filtering
-  Machine Learning Enabled
-  Automatic Incident Response
-  Dynamic Identity Intelligence
-  Person of Interest
-  FairWarning Version



 This indicates you are not using this feature. Contact your CEM to learn more.

MONTHLY INVESTIGATION ACTIVITY

Your confirmed incidents

0

Indicates potential breach, policy violation or incident

Your investigation to incident ratio

0%

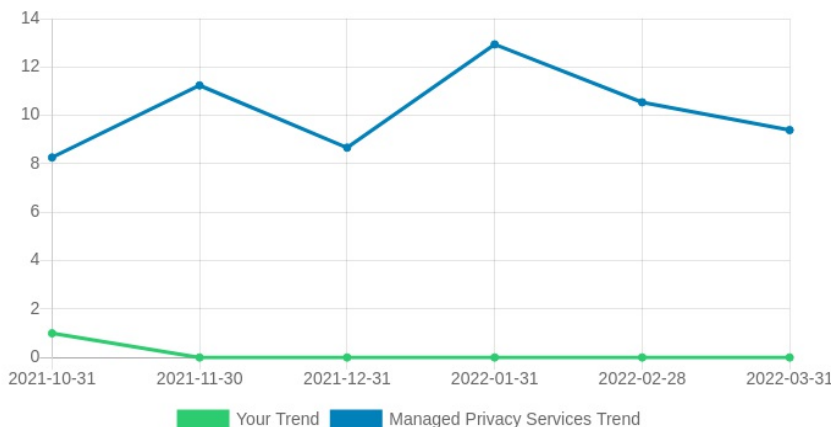
The percentage of closed investigations that were incidents

Your open investigations

0


Number of open investigations created last month

Incident Trend

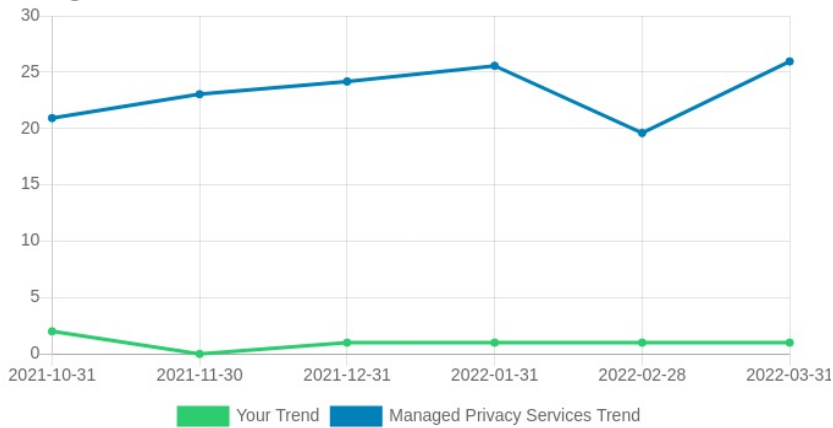


Last 6-months

Your average of 0 incidents per month compares to the customer average of 10 per month.

 Great job! You are below our customer average.

Investigation Trend



Last 6-months

Your average of **1** investigations created per month compares to the customer average of **23** per month.

MONTHLY ALERT ACTIVITY

Your active Enforced Policies

3

Total number of active policies monitoring for inappropriate access. Customer average is **11**.

Your current alerts under review

0

Total number of created alerts this month that are under review. Customer average is **14**.

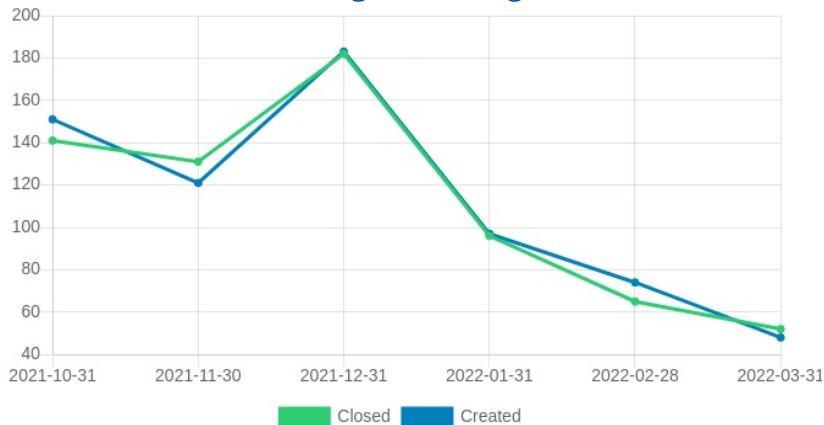
Your alerts closed with investigation

1

Total number of alerts that required an investigation. Customer average is **31**.

Alerts Created vs. Closed Trend

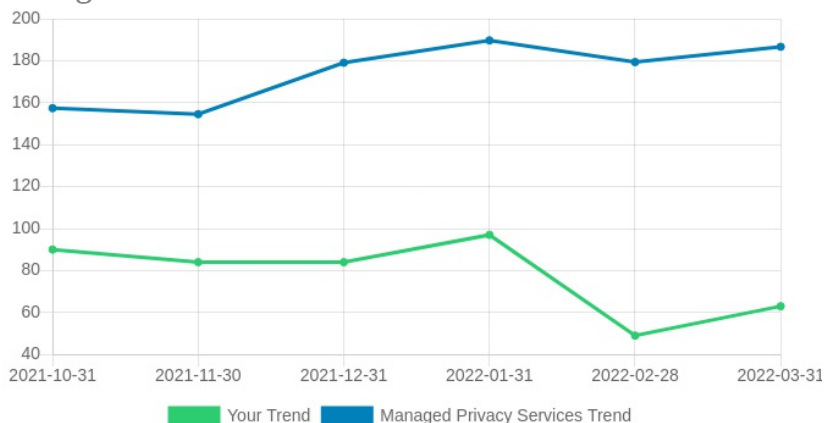
71% of alerts were closed by **Intelligent Filtering** this month



Last 6-months

Your average closure of alerts created per month is **99%**.

Total Login Trend



Last 6-months

Your team's average logins per month is **78**. This compares to the customer average of **174** per month.

USAGE

Your integrated applications

2

Meditech 6, T-System

Your unused data source licenses

1

Represents the total number of purchased data source licenses remaining

Your live data

15

Months available for reporting based on a data retention policy of 999 months

Your archived data

0

Months available archived based on a data retention policy of 999 months

Months monitoring

14.7

Months since go-live on 2021-01-20

Your storage usage

SaaS

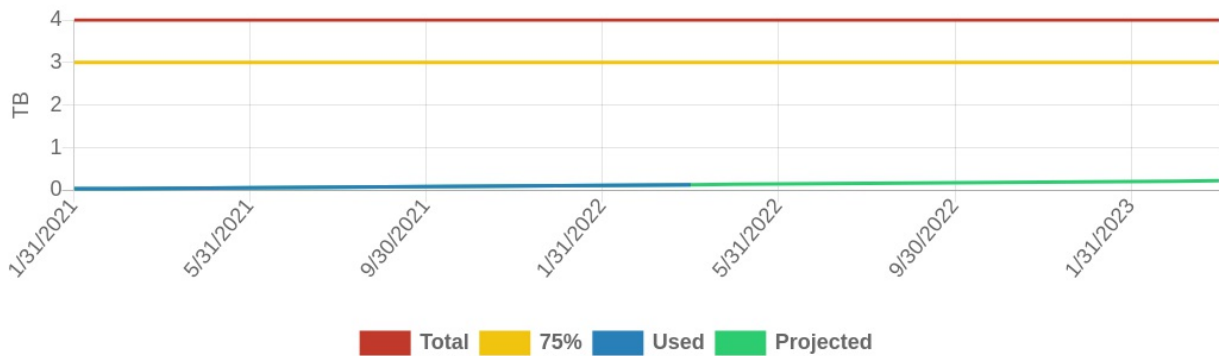
4%

0.1337890625 of 4 TB

Your monthly storage growth

0 %

0.008 of 4 TB



Connect with us



Projects Master List



Project Name	Apr 10					Apr 17					Apr 24					May 1					May 8							
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1 Projects UNDERWAY																												
2 SARA System																												
3 Citrix Upgrade/Re-Balance and New Build																												
4 RL Datix - RL Solutions Upgrade																												
5																												
6 To Be Completed																												
7 HR Meditech Portal - Server Build etc																												
8 3M Server Migration to Web-based server																												
9 Dell VxBlock Expansion																												
10 Dell EMC PowerStore - needs to move physically																												
11 Upgrade VMware to version 7.0.x across clusters																												
12 Exchange Server (On-Premises) Upgrade																												
13 Domain Controller Upgrades																												
14 Philips iECG - DFT Interfacing																												
15 NOVANet Upgrade																												
16 HillRom Bed Project																												
17																												
18																												
19 MEDITECH Final Server Migration																												
20 Data Repository BKG																												
21 ISWeb																												
22 ISSQL																												
23 (Printer Server Work)																												
24 FirstData Bank																												
25 RESTApi																												
26 VPN Migration to Engage when all complete																												
27																												
28 Pharmacy Shell - VACATE																												
29 Unitrends																												
30 NetApp stuff																												
31 File Server Migration																												
32																												
33 Kevin's Stuff																												
34 Syngovia Server Build																												
35 Discharge Rx																												
36 LSI Project																												

Project Name	Apr 10					Apr 17					Apr 24					May 1					May 8												
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	S	M	T	W	T	F	S				
37 O365 Migrations (batches of 25 or so)	[Dark Blue Bar]															O365 Migrations (batches of 25 or so)																	
38 Imprivata SSO - In flight																																	
39 Chartwise																																	
40 LaunchIT - ongoing issues																																	
41 MD Audit - ongoing small issues																																	
42																																	
43 Networking Projects	[Green Bar]																																
44 Firewall Migrations - Ongoing	[Green Bar]																																
45 Internet Firewalls - Decryption needed for inbound	[Green Bar]																																
46 VPN Tunnels - Limit by ports	[Green Bar]																																
47 AnyConnect - Testing and adding 2FA		[Green Bar]																															An
48 AnyConnect - Use with Umbrella / Cloud firewall	[Green Bar]																																
49 AnyConnect - Tenant controls	[Green Bar]																																
50 Public Guest ASA's		[Green Bar]																															
51 ISE Upgrade - Network Policy Servers	[Green Bar]															ISE Upgrade - Network Policy Servers																	
52 A/D Agent Authentication into ISE	[Green Bar]															A/D Agent Authentication into ISE																	
53																																	
54 Other Projects	[Green Bar]																																
55 Cable Tray work in Main DC - Critical																																	
56 Unitrends Physical Move - plumb into CORE																																	
57 Decommission Nexus after older equipment gone																																	
58 DUO - MFA	[Green Bar]																																
59 Remove Old UPS units in Main DC																																	
60 Install 2nd UPS in MedArts Building																																	
61																																	
62																																	
63																																	

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

April 2022 Board Report
Jerel Humphrey, Interim CEO

CEO Report – Jerel Humphrey

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Continue to work with and support Dr. Garcia to recruit a total bone and joint orthopedic surgeon
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- We continue to push for physician input on how we can improve support for the EHR
- Had monthly meeting with Dr. Roth, President of the Medical Staff Executive Committee, to discuss ways the hospital can better support the physicians and staff
- Received a letter from the Alaska State Medical Association (ASMA) thanking BRH for its \$10,000 donation to support the ASMA Physician Health Committee.
- Met with Planning Committee Chair, Brenda Knapp, to review strategic goals assigned to Planning Committee
- Revisited with CEO of SEARHC regarding extension of the Bartlett Surgery and Specialty Clinic lease. He is willing to give us a 3-month extension.

Compliance and Risk - Nathan Overson

- Work, by the revenue cycle team, has begun on the biennial Medicaid Provider Self-Audit. A statistically significant sample size of all Medicaid accounts billed in 2020 will be evaluated for accuracy and reported back to the State of Alaska DHSS.
- The Service Line Advisory Workgroup has been actively reviewing Compliance Program considerations for the Community Navigator program, Crisis Intervention Services and proposed changes at BOPS services aimed at getting more access to therapy services for patients.
- A Crisis Care Center Steering Committee has been created to review compliance, and operational considerations of the new services and changes that will happen as a result of the construction of the Crisis Care Center. This Steering Committee will follow the same concept as the Service Line Workgroup; however, it will be focused solely on Crisis Care Center related work due to the scope of this particular project. Separating this steering committee from the Service Line Advisory Workgroup will allow concurrent review of other service lines throughout the organization.
- The 340B Oversight Committee is in the last review stages of finalizing the 340B Policy and Procedure Manual.

Community Relations/Marketing & Strategy – Erin Hardin

BRH Board Internal Marketing Survey – currently open and seeking feedback from board members. Email Erin or Anita if you need the link resent to you.

BRH Staff Internal Communications Survey – 104 anonymous responses from staff. Survey results are currently being reviewed and analyzed.

House Calls Readership Survey Results & Next Steps

- The Spring 2022 edition of House Calls included a robust readership survey to help determine the effectiveness of the magazine as a communications and marketing tool for Bartlett.
- On average, 25,000 issues are printed and shipped each quarter to our service area communities.

- The survey was open through the month of March 2022. 156 people took the time to respond to the survey.
- Survey results are being reviewed and discussed with the vendor, including opt-in mailing, alternative print options, transition to email, and repurposing magazine funds for other marketing efforts.
- The results from CBJ's [recent public information survey](#) are also being reviewed and considered.
- House Calls Survey Results Highlights:
 - Demographics: 72% of respondents are 56 years of age and older. 74% are female. 79% reside in Juneau.
 - 84% felt Bartlett was performing a valuable service by providing House Calls.
 - 34% read 'some' or 'just skim' each House Calls issue. 40% said after reading House Calls their opinion has 'not changed.'
 - 66% said a past experience influenced their perception of Bartlett, followed by 58% for House Calls, and 47% for a Bartlett staff member.
 - 38% said they were very likely to choose Bartlett for care after reading House Calls. 31% said they already seek care at Bartlett.
 - Topics most interested in reading about frequently referenced human interest/personal stories and new/specialty services.
 - 61% said they would consider reading House Calls if it were delivered via email.

Social Media Performance Summary for March 2022 compared to the month prior (Instagram, Facebook, Twitter):



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

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

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

BSSC, BMOC, SEPS – Sara Dodd

Bartlett Surgery & Specialty Clinic:

Bartlett Surgery & Specialty Clinic Volume									
	July	August	September	October	November	December	January	February	March
Office Visits	197	214	158	169	188	171	116	162	172
Hospital Visits	26	38	21	44	17	13	24	26	20
Procedures	102	180	117	155	102	125	103	156	147
Injections	32	43	26	12	22	24	26	16	22
In-Office Imaging	44	55	38	33	39	43	37	33	32
	401	530	360	413	368	376	306	393	393

General Surgery:

- We continue to analyzing possible space for BSSC to relocate when the current lease expires. We will start working on preparing recently vacated space in the Juneau Medical Center to accommodate some of our clinic needs and continue to look at options.
- Our team continues to successfully work with the OR team on procuring additional endo days for Dr. Ben Miller as they come available. This has been very helpful with cutting down the backlog of endoscopies.

Ophthalmology:

- We had a very successful eye clinic in March. There was a huge team collaboration across the hospital that made our eye surgery day a success. We had excellent patient feedback across the board regarding the care they received. Thank you to everyone who helped make this clinic run so smoothly!

- We are happy to announce that starting in July, Alaska Retinal Consultants will be sending Dr. Matt Guess to be our main Juneau provider. This will provide better continuation of care for our patients and help the departments in BRH be able prepare in advance for the clinic each month.
- We hired an experienced ophthalmic technician and she started during our March clinic. In addition to working on clinic days, she will provide admin support throughout the month to assist with clinic prep and process improvement (PI) projects.
- Gathering information to analyze possibility of moving YAG procedures from the OR to the clinic.

Bartlett Medical Oncology Center:

Bartlett Medical Oncology Center									
	July	August	September	October	November	December	January	February	March
Office Visits	96	94	104	104	85	89	80	72	114
By Visit Type:									
Chemo Education w NP	5	4	4	7	6	3	6	10	2
Chemo Injection	0	0	1	0	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19	41
Hematology New Patient	3	2	0	4	3	2	0	1	2
New Patient w NP	5	0	0	0	0	0	0	0	0
Oncology New Patient	2	8	5	7	3	2	0	3	6
Routine Visit w NP	20	23	24	19	25	14	17	13	21
Survivorship	0	0	0	0	0	0	0	1	0
Zoom Follow Up	29	7	8	8	7	13	48	27	28
Zoom NP Hematology	2	5	3	0	1	4	1	1	0
Zoom NP Oncology	3	4	5	6		6	4	5	2

- Sarah Dunn, NP and Marlowe Dunker, RN will be attending the Oncology Nursing Society conference the last week of April in California. The ONS conference will be a great opportunity for them to meet and network with oncology nurses across the United States. They will learn new treatment approaches, symptom management, burnout prevention, and advance their understanding of cancer types, which will make our clinic practice stronger and translate into improved patient care.
- We have had a marked increase in new referrals this past month. The oncologists have been adding extra telemedicine days to accommodate. Dr. Weiden will be in Juneau April 19-21, and Dr. Malpass will be in Juneau May 3-5.
- Oncology has been working with Erin Kusek, the oncology patient navigator on process improvement and patient collaboration.
- Preparing a workflow to consult a Clinical Decision Support Mechanism for advanced imaging services to satisfy Appropriate Use Criteria (AUC) requirements.
- Working with DI to implement Script Sender for transmitting orders from eClinicalWorks to DI/Meditech.



Southeast Physician Services:

Southeast Physician Services										
	Claims count									
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Alpine Dermatology	110		29	137	168	123	113	104	118	153
Bartlett Medical Oncology	96		94	104	103	87	89	80	76	112
Bartlett Surgery & Specialty Clinic	527		617	468	599	527	532	415	495	491
Seattle Anesthesia Services	197		191	157	195	143	201	146	135	213
Southeast Radiology Consultants	718		922	932	824	519	707	642	745	1017
Total	1648		1853	1798	1889	1399	1642	1387	1569	1986

- We continue working on all outstanding contracts for our business lines.
- MCD Self Audit- Our team is in the process of running the RAT-STAT report and plan to start working on the self-audit in the coming months.
- MD Audits- We are currently developing a standardized process.
- Continuing to learn about and understand the impact of the No Surprises Act. We have begun internal weekly calls to ensure consistency between SEPS, BMOC, BSSC service lines.
- Gathering information to improve workflows in eClinicalWorks to identify out-of-network care.

May 2022

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

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5 12:00 Planning Committee (PUBLIC MEETING)	6	7
8 	9 9:00am Board Governance Committee (PUBLIC MEETING)	10 7:00am Credentials Committee (NOT A PUBLIC MEETING)	11 3:30pm Board Quality Committee (PUBLIC MEETING)	12	13 12:00pm Finance Committee (PUBLIC MEETING)	14
15	16	17	18	19	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

MAY 2022 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Thursday, May 5th

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Board Governance Committee 9:00am Monday, May 9th

<https://bartletthospital.zoom.us/j/93527626182>

Call 1 888 788 0099 Meeting ID: 935 2762 6182

BRH Board Quality Committee 3:30pm Wednesday, May 11th

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

Call 1 888 788 0099 Meeting ID: 931 3522 9557

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

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

Call 1 888 788 0099 Meeting ID: 987 3361 0436

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

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

Call 1 888 788 0099 Meeting ID: 932 9392 6195