

Bartlett Regional Hospital

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

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

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

or call

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

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
V.	CONSENT AGENDA		5:45
	A. January 25, 2022 Board of Directors Meeting Minutes	(Pg.3)	
	B. February 3, 2022 Strategic Planning Work Session Minutes	(Pg.8)	
	C. December 2021 Financials	(Pg.11)	
VI.	OLD BUSINESS		5:55
	➤ COVID update		
VII.	NEW BUSINESS		
	➤ Strategic Plan – ACTION ITEM	(Pg.16)	6:00
VIII.	MEDICAL STAFF REPORT		6:05
IX.	COMMITTEE MINUTES/REPORTS		6:10
	A. February 4, 2022 Draft Planning Committee Meeting Minutes	(Pg.19)	
	B. February 11, 2022 Draft Finance Committee Minutes	(Pg.21)	
	C. February 15, 2022 Draft Compliance Committee Minutes	(Pg.23)	
	➤ Annual Risk Management Plan – ACTION ITEM	(Pg.25)	
	D. February 18, 2022 Draft BRH & Assembly Joint Committee Minutes	(Pg.31)	
	➤ Family Practice Building Purchase - ACTION ITEM	(Pg.33)	
X.	MANAGEMENT REPORTS		6:20
	A. Legal Management Report	(Pg.35)	
	B. HR Management Report	(Pg.36)	
	C. CCO Management Report	(Pg.37)	

	D. CBHO Management Report	(Pg.41)	
	E. CFO Management Report	(Pg.43)	
	F. CEO Management Report	(Pg.50)	
XI.	CEO REPORT / STRATEGIC DISCUSSION		6:30
XII.	PRESIDENT REPORT		6:35
	➤ Governance Institute Leadership Conferences	(Pg.53)	
XIII.	BOARD CALENDAR – March 2022	(Pg.54)	6:40
XIV.	BOARD COMMENTS AND QUESTIONS		6:45
XV.	EXECUTIVE SESSION		6:50
	A. Practitioner Health and Wellness Committee Survey Results		
	B. Credentialing Report		
	C. February 1, 2022 Medical Staff Meeting Minutes		
	D. Patient Safety Dashboard		
	E. Patient Concern		
	F. Legal and Litigation		
	G. Campus Planning		

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

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

And

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

And

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

XVI.	ADJOURNMENT		7:30
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NEXT MEETING – Tuesday, March 22, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
January 25, 2022 – 5:30 p.m.
BRH Zoom videoconference

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

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President	Mark Johnson, Secretary	Brenda Knapp	Deb Johnston
Hal Geiger	Iola Young	Lindy Jones, MD	

ABSENT – Lance Stevens and Rosemary Hagevig

ALSO PRESENT

Jerel Humphrey, Interim CEO	Kevin Benson, CFO	Kim McDowell, CNO
Dallas Hargrave, HR Director	Karen Forrest, Interim CBHO	Michelle Hale, CBJ Liaison
Barbara Nault, Legal Advisor	Robert Palmer, CBJ Law	Joseph Roth, MD, COS
Anita Moffitt, Executive Assistant		

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

PUBLIC PARTICIPATION – None

CONSENT AGENDA - *MOTION by Mr. Geiger to approve the consent agenda as presented. Ms. Johnston seconded. There being no objection, the December 28, Board of Directors minutes, the January 8, 2022 Strategic Planning Work Session minutes and November 2021 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported that we have two patients in the hospital. The majority of patients we are seeing are unvaccinated. We have 20 employees out with COVID. We have had very little issues medevacking patients. When there are, it's mainly due to staffing issues at receiving hospital. Because we have so many staff out with COVID, we are following the CDC guidelines for contingency and crisis staffing. We are looking on a case by case basis what the needs are of the hospital to maintain operations. Last month, there were 3,679 tests run through molecular lab 5,383 ran as of today (1/25/2022). The federal government is no longer sending traditional monoclonal antibodies because they do not work on Omicron the way they did for the Delta variant. They are looking at adjunctive antivirals and at Remdesivir to offer patients. Discussions held with the state about how this will be rolled out. Criteria has to be met by patients, blood work and an in depth medical reconciliation must be done to make sure we are dosing correctly and giving it to the appropriate people. Pharmacy must be on board to get everything in place. Our plan is to try to roll it out and be able to offer it to the community by the end of the week. In response to Ms. Young, Ms. McDowell reported we are good on testing supplies. We have plenty of PCR tests. We have also received antigen testing kits and are distributing them to employees for home use.

MEDICAL STAFF REPORT – Dr. Roth reported that Dr. Kilgore, local pediatrician, died in a diving accident in Florida on January 14th. This is a great loss to the community and she will be missed. He reported the following from the January 4th meeting: The physician health and wellness survey results were presented. Dr. Allen will

present results to the board at the February meeting. At a Horty Springer seminar, he learned that the standard of care is that the board approve all policies of the hospital. We need to figure out a process to do this. He suggests reviewing them at Joint Conference meetings before presenting to the full board. A discussion held about the number of policies to be reviewed. Ms. Knapp stated that she's aware that the board is supposed to approve the by-laws of the medical staff but doesn't remember ever being involved with approving their policies. She suggests getting legal advice and making a plan for doing this approval process. Ms. Nault will speak with Horty Springer about how this can be accomplished in a manageable way. Policies will be made available to the board for review.

COMMITTEE REPORTS:

Quality Committee – Draft minutes from the January 12th meeting in the packet. Dr. Jones reported the safety plans of the different departments, included in the packet, were approved. ***MOTION by Dr. Jones on behalf of the Quality Committee that the Board approve the safety plans included in the packet.*** Ms. Knapp obtained confirmation that these plans as presented in the packet, were approved by the Committee ***Ms. Knapp seconded. There being no objection, MOTION approved.***

Finance Committee – Draft minutes from the January 14th meeting in the packet. Ms. Johnston reported it was a relatively short meeting. There were two action items that came out of the meeting. The first one is for an additional appropriation of \$4 million from hospital reserves to complete the behavioral health facility. Justification for additional funding is very well described in the memo to the finance committee included in the packet. ***MOTION by Ms. Johnston that we approve this appropriation of \$4 million from hospital reserves and move it to the Assembly for approval.*** Mr. Benson reported that he has been in discussion with CBJ Finance over the last couple of days and wants to amend the funding portion of this recommendation; it will be funded from bond proceeds rather than hospital fund balance. Ms. Johnston will amend her motion if there is no objection from the Finance Committee. In response to Ms. Young's request for more detail about the change, Mr. Benson stated the memo in the packet from Ms. Rynne was pretty detailed. The change in costs are a result of when we added the third floor to the building, switched plans from wood to steel and prices of materials have increased. She then asked about the change regarding using BRH's reserves vs. bonding. Mr. Benson explained that in discussions leading up to this meeting, we have been talking about using a bond issue for the potential purchase of another property. Due to the tax consequences associated with that, we want to apply the bond proceeds to the ED renovation and the behavioral health building. An appropriation is being drafted now that will go to the Assembly on Jan 7th for initial reading for the bond issue and how the proceeds are to be used. It had been determined that \$12 million would be used for the ER, \$8 million for the behavioral health building, \$4 million of which will be the additional appropriation the board is being asked to approve tonight. A switch of the other \$4 Million will be from fund balance to bond proceeds. All of these changes are to be captured in one appropriation so it makes sense to the Assembly. Ms. Young asked if we anticipate needing more funding for the behavioral health building in the future. Mr. Benson said no, contracts are being locked in, long term supplies are being purchased and there are contingency funds included. Project completion date is anticipated to be March 2023 and unless something unforeseen happens, we should be solid. ***MOTION amended that we approve this appropriation of \$4 million from bond proceeds and move it to the Assembly for approval. Mr. Geiger seconded the MOTION as amended.*** Mr. Solomon-Gross expressed his support. ***There being no objection, MOTION approved as amended.***

Ms. Johnston stated the second action item is a request for \$325,000 additional funding to complete the design and development phase for the ED renovation project. Justification for additional funding is well described in the memo to the finance committee included in the packet. The issue is that we've spent the money already allotted for the design of the ED renovation project. The request is to have these additional funds come from reserves. ***MOTION by Ms. Johnston on behalf of the Finance Committee that we forward to the Assembly an appropriation request for an additional \$325,000 to be taken from hospital reserves to be used for additional design costs for the ED renovation and addition. Mr. Geiger seconded. There being no discussion or objections, MOTION approved.***

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported that she is reviewing a contract renewal with Virginia Mason for oncology coverage, assisting with a delivery of services issues for a diabetes prevention program and working on a call coverage arrangement with a local provider group. She is also working with compliance and CBJ law with some patient issues.

HR Report – Mr. Hargrave highlighted from his report that he, Mr. Solomon-Gross and Kim Russel participated in a meeting with BE Smith regarding executive recruitment. Terms have been negotiated for BE Smith to work on CEO recruitment. The board had given approval on the record that we move ahead with BE Smith, however, the total cost of using this firm is beyond Mr. Hargrave's spending authority. It has been advised to formalize signing authority for this amount, approximately \$110,000, for Mr. Hargrave. Because Mr. Humphrey works for BE Smith, it is not appropriate for him to sign. A summary of what BE Smith will do was given. There is a 2 year guarantee that the CEO should be in place successfully for at least two years, if not, BE Smith will redo the recruitment effort at no additional costs. He and Mr. Solomon-Gross have been working on organizing a CEO Recruitment Committee. He stated that it is important for the board to be clear about what the CEO Recruitment Committee's authority is. Mr. Solomon-Gross confirmed that the board had approved moving ahead with BE Smith for recruitment of CEO. BE Smith anticipates that it will be approximately 120 days to get someone in place and they are committed to finding a good fit for BRH. The search committee will be a lot different than what we had last time. They will bring the finalists to the board and the board will then conduct extensive on-site interviews. Ultimately, the board will select the CEO. When Mr. Geiger asked if a limit of \$150,000 would be more appropriate, Mr. Hargrave responded that he is comfortable that \$110,000 is sufficient. ***MOTION by Mr. Geiger to grant authority for Mr. Hargrave to sign this CEO Recruitment contract with BE Smith for an amount not to exceed \$130,000. Ms. Knapp seconded.*** Ms. Johnston proposed changing the dollar amount to a percentage. Mr. Geiger and Ms. Knapp would like to keep the motion as is. Mr. Solomon-Gross agreed. Roll call vote taken. ***MOTION to grant authority for Mr. Hargrave to sign this CEO Recruitment contract with BE Smith for an amount not to exceed \$130,000 unanimously approved.***

Mr. Solomon-Gross stated the next step is to determine what authority the CEO Recruitment Committee will have. He noted that BE Smith recommends 7 people on the committee and the selection of the CEO ultimately done by the board. The committee would do initial interviews of candidates presented and narrow it down to 3 finalists. These finalists would be presented to the board for approval to move to the next round. He agrees with these recommendations. In response to Ms. Knapp, he said if finalists are not approved by the board, BE Smith will present more candidates. Mr. Geiger asked for clarification of the work to be done by the committee. The search committee will spend about 10-15 hours interviewing 7 or 8 people presented by BE Smith as their top candidates. After interviews, the committee will pare the number down to 3 candidates to present to the board. Mr. Hargrave reported that BE Smith will use their interviews with board members and identified stakeholders to help them determine who will be the best candidates to present to the committee. Ms. Knapp asked if after interviewing stakeholders, will BE Smith help develop questions to be asked during the interviews of the candidates and what is the process to be during the 2-hour interview sessions with the board. Mr. Hargrave reported the kickoff meeting with the recruitment committee, hopefully to take place as early as next week, will outline what BE Smith will do. If developing questions is not something they do, he and Kim Russel are available to help develop them. Ms. Knapp provided direction on behalf of the board that the CEO Selection Committee will put forward the top candidates for the board to interview and make a final selection of the new CEO. Mr. Solomon-Gross noted initial candidate interviews will be held virtually. Final candidates will come on-site for the selection committee to interview.

CNO Report – No questions. Mr. Solomon-Gross said it was great report, very thorough.

CBHO Report – Ms. Forrest reported there's an increase in demand for services. The wait list for Rainforest Recovery Center (RRC) has gone up quite a bit in the last month. The Mental Health Unit (MHU) is taking more patients from across the state, outside of the SE Alaska area. Bartlett Outpatient Psychiatry (BOPS) between 2020 and 2021, saw a 33% increase in the number of people served. One of the challenges we have right now is a nursing shortage. Ms. Knapp stated the CBHO and CNO reports are very thorough. She asked if the acting medical directors for BOPS, RRC and MHU are positions to be filled by permanent staff. Ms. Forrest said no and explained that when the Medical Director of Behavioral Health services retired, instead of immediately trying to fill that position, 3 psychiatrists were asked to take on extra duties as we evaluate our programs. Mr. Solomon-Gross thanked Ms. Forrest for her report.

COO Report – Ms. Young said the sleep lab notes referenced adding two extra nights for studies and asked if it was 2 nights per week or month and how many patients can be seen per night. Mr. Humphrey responded it would be 2 nights per month and that 2 patients could be seen each night. Ms. Young commented that the new CT sounds fabulous and asked if

there are marketing efforts planned to advertise this state of the art equipment. Yes, Ms. Hardin, our new Director of Marketing, started work on Monday. She will work on putting together some clinical marketing efforts. Ms. Young then noted that she was happy to read about the initiatives and innovations that the staff did in lab and pharmacy in anticipation of potential supply shortages. She referenced the pharmacy manually produced pre-filled syringes of IV medications as an example. In response to Mr. Geiger's question about Amanda Black's services, Mr. Humphrey stated that this Friday will be her last day. She is wrapping up projects and working with Ms. Hardin this week to help her transition into her role.

CFO Report – Mr. Benson noted that December is usually a slower month due to the holidays and unavailability of people. Staff did a great job of pushing forward and getting things done. He expressed his appreciation of working with the finance staff and said he will certainly miss them. Mr. Solomon-Gross said Mr. Benson will be missed. He thanked him for his service to BRH over the past few years, not only as the CFO but stepping in as the interim CEO when Mr. Bill retired. He wished him the best of luck and advised him to do a lot of fishing in Minnesota. Mr. Benson said it's been a privilege. BRH is a great organization with a great mission in caring for the health of the community and it has been his pleasure to work here.

CEO Report – Mr. Humphrey reported that with every engagement, he takes stock of the existing organization. With Mr. Benson leaving, he thought it would be a good time to take a hard look at how BRH should be organized going forward. Working with Mr. Hargrave, he looked at the historical organization structures BRH has had in the past and took stock of the talent we have at our senior level. He reported that he had a heart to heart talk with Ms. McDowell to see if she would be willing to take on some additional clinical responsibilities. She is. This gives us an opportunity to streamline our organization and eliminate the COO position. Most of the clinical departments will move to Ms. McDowell and Mr. Humphrey will add the directors of Physician Services and Marketing to the list of people that he directly oversees. We will add a Business Development/Facilities Management person since we are looking at acquiring some more facilities at some point. Changing from the old organizational structure to this new one will be FTE neutral. Mr. Solomon-Gross was involved with Mr. Humphrey's thought processes. Mr. Solomon-Gross thanked Mr. Humphrey and expressed his appreciation for how much diligence and effort was put into looking at our whole organization and making these recommendations to streamline it. He thinks these changes will make BRH better and stronger. BRH is very strong and staff is extremely committed to taking care of the health of our community. Mr. Geiger expressed concern that the CEO may be supervising too many people. Mr. Humphrey stated that given the size of the hospital and the competence of the directors, he feels comfortable with the number of direct reports. The directors are very knowledgeable in their roles. Ms. Knapp agrees that this is a lot of people but if supervising professionals, you can have a broader span of direct control. Ms. Young thanked Mr. Humphrey for including the compliance and risk report. She noted this report is the result of a meeting of Ms. Young, Mr. Solomon-Gross, Mr. Humphrey and Mr. Overson. Including it as part of the management report ensures that we are giving compliance the attention that it needs. She then asked what progress has been made in trying to extend the lease of the Bartlett Surgery and Specialty Clinic space. The lease is up at the end of December. Mr. Humphrey does not have an answer at this time. He will look into it and see what the game plan is going forward. She noted extending the lease makes good sense. Mr. Solomon-Gross thanked Mr. Humphrey for his leadership.

CBJ Liaison report – Ms. Hale reported the January 10th Assembly meeting was a very difficult meeting. Mitigation measures have been extended until April 30th. She stated that she has talked with Mr. Solomon-Gross quite a bit about things that might have happened at committee meetings that are touched on very lightly or not at all at the board meeting. She requests committee chairs keep a running tally of the important things that happen at committee meetings and make sure they are touched on at the board meetings. As the liaison, she is not able to attend all committee meetings and is often unable to read the entire board packet. Mr. Solomon-Gross said our packets are very thorough with a lot of information. He requests committee chairs, when called on at the board meetings, to report on the relevant, important topics discussed at the committee meetings. Dr. Jones thanked Ms. Hale and the Assembly for taking the hit for the COVID mitigations. BRH's Emergency Department has fared much better than other places in Alaska because of its leadership. He said he knows it's hard and people are mad but he feels the Assembly is doing the right thing in keeping our community safe. Ms. Hale thanked Dr. Jones for his comments and will pass it on to the Assembly where she thinks it will mean a lot. She said the Assembly is very appreciative of all of the work being done in BRH as well. Mr. Johnson echoed what Dr. Jones said and noted that he and his wife went to HI in December and their protocols are much stricter than Juneau's. Mr. Solomon-Gross thanked Ms. Hale and said he looks forward to working with her again this year as our liaison.

PRESIDENT REPORT – Mr. Solomon-Gross reported he continues to meet weekly with the CEO. He will continue to work with Mr. Hargrave on our CEO search. He has spent time this last month talking to Jeff Rogers, CBJ Finance

Director and with Rorie Watt, City Manager. He is looking forward to next month and seeing where we go with the CEO search. He expressed appreciation for the new committee chairs stepping up after changes were made. Ms. Knapp expressed appreciation for Mr. Solomon-Gross making changes to the committee chairs. It's good to change things up to get different board members involved with different aspects of policy development and decision making. Mr. Johnson noted another advantage to making changes is that board members get a better understanding of the organization.

BOARD CALENDAR – February calendar reviewed. A Strategic Planning Work Session will be held at 5:15 on Thursday, February 3rd to finish up the work we began on January 8th. Planning Committee will meet at noon on February 4th. A Compliance and Audit Committee meeting will be held at 12:30 pm on Tuesday, February 15th. Annual compliance training for the board is to be provided by an outside company and should take about 1.5 hours. Ms. Moffitt will send out a poll to lock in a date and time for this to take place. Board of Directors meeting is on the 22nd and a Governance meeting will be held at noon on the 24th. More meetings may be added later.

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

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and 340B updates.*

And

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

And

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

Ms. Knapp seconded. The Board entered executive session at 6:58p.m., after a 5-minute break. They returned to regular session at 7:44 p.m.

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

BOARD COMMENTS AND QUESTIONS – None

ADJOURNMENT: 7:45 p.m.

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

Bartlett Regional Hospital

MINUTES - STRATEGIC PLANNING WORK SESSION

February 3, 2022 – 5:15 p.m.

Zoom videoconference

CALL TO ORDER – The Strategic Planning work session was called to order at 5:21 p.m. by Kenny Solomon-Gross, Board President

BOARD MEMBERS PRESENT

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

ABSENT: Rosemary Hagevig, Vice President

ALSO PRESENT

Jerel Humphrey, Interim CEO	Dallas Hargrave, HR Dir.	Mila Cosgrove	Anita Moffitt
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Mr. Solomon-Gross welcomed everyone to the meeting and turned it over to Ms. Cosgrove. She thanked everyone for attending and provided an overview of what was accomplished at the January 8th meeting. She reported that the meeting had been very productive but rushed. The goal for tonight's meeting is to complete the work that had been started at that meeting. High level strategic objectives and goals had been identified and key initiatives were proposed. After session ended, Mr. Hargrave sent a survey monkey to board members asking them to select the top three initiatives under each objective that they would like to work on. Ms. Cosgrove did note that she done a bit of cleanup and wordsmithing to the proposed initiatives but didn't want to overstep. The cleaned up, color coded document in the packet is the one we will be working on tonight. The end goal is to make sure the wording works for the initiatives and to rank them. The lesser ranked items will be taken off so the board can focus on the higher prioritized initiatives. Ms. Knapp agrees with the approach.

Ms. Cosgrove instructed attendees to raise their hands if they wish to speak. She explained that initiatives highlighted in green received 4 or more votes, yellow received 3 votes and anything receiving less than 3 votes in orange.

UPDATE STRATEGIC PLAN:

Goal 1. Services: Develop, maintain and grow a service portfolio that is responsive to community needs and is sustainable. Proposed initiatives:

1. Develop a comprehensive telehealth department at BRH to help develop new service lines.
2. Build affiliations and partnerships with other healthcare organizations to grow service lines.
3. Recruit needed medical specialists: Ortho, Neurology, General Surgery
4. Evaluate how to develop hospital run clinics
5. Identify ancillary service lines BRH can provide that are not available in Juneau.
6. Evaluate how BRH can become a provider of telehealth services to support physician recruitment

After much discussion, initiatives for Services were identified as:

- 1.1 Evaluate and expand affiliations and partnerships with other healthcare organizations.
- 1.2 Develop a comprehensive telehealth department at BRH to help develop new service lines.
- 1.3 Recruit needed medical specialists.

Goal 2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth. Proposed initiatives:

1. Evaluate what needs to be on campus versus off. Consider moving administrative services and storage off campus to maximize space for clinical services.
2. Move decisively on proposed property acquisitions.
3. Evaluate current BRH technology and industry best practices to prioritize replacement and identify new equipment needs.
4. Evaluate off campus acquisitions to support continuum of care and relieve on campus pressure.
5. Evaluate service line needs and determine if property growth is the best alternative to support expanded care.
6. Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate ROI.
7. Continue to monitor strategic goals for facilities
8. Educate Board on equipment replacement and maintenance schedules.

After much discussion, initiatives for Facility were identified as:

1. Develop a facility plan that provides for the efficient delivery of clinical services.
2. Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate ROI so the board can move decisively.
3. Evaluate current BRH technology and industry best practices to prioritize replacement and identify new equipment needs.

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

1. Identify resolutions to EMR system concerns.
2. Expand workforce development programs.
3. Develop relationship with SEARHC to reach mutually agreeable goals to ensure best health care for our community.
4. Explore feasibility of hospital run clinics by hospital employed providers.
5. Improve alliances with existing primary care clinics.
6. Enhance relationships with healthcare providers that are currently in our community.
7. Measure, evaluate and adapt with respect to employee, doctors and stakeholders.
8. Attract new providers to fill in holes in existing services in Juneau.
9. Pickup discussion about provider wellness that the medical staff has initiated.

After much discussion, particularly around opening communications with SEARHC, initiatives for People were identified:

1. Resolve EMR system concerns.
2. Expand workforce development programs.
3. Explore feasibility of hospital run clinics and hospital employed providers.

Goal 4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives. Proposed initiatives:

1. Evaluate current guidelines to identify the unrestricted number of days' cash on hand that are required, based on Covid experience.
2. Ensure BRH has the proper executive team to manage finances and assure adequate financial controls.
3. Keep an eye on inflation, provider shortages, and labor shortages as it is unlikely that there will be additional Covid funds.
4. Look at profitable service lines and see how reimbursement rates are impacting revenues. Can new service lines be added that will pay for themselves? Utilize Moss Adams tools.
5. Continue focus on marketing initiatives.
6. Evaluate how new competition is impacting profitable service lines.
7. Look at locums, travelers, etc. to see how it compares to BRH staff for finances, quality and stability
8. Look at current income streams; commercial, Medicare, Medicaid

After much discussion, initiatives for Financial identified as:

1. Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required.
2. Ensure BRH has the proper executive team to manage finances and assure adequate financial controls.
3. Monitor inflation, provider shortages, and labor shortages impact on budget.
4. Evaluate service line impact on revenues.

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

1. Stay current on technology and resources to facilitate risk management, data security, and employee safety.
2. Improve graphical and statistical information presented to the board.
3. Develop quality initiatives beyond the regulatory requirements that are meaningful to the community.
4. Develop additional quality measure beyond those that are mandated beyond accreditation or regulation.
5. Full explanation of any harm that shows up on dashboard. Items that are repeated and a full report back on action taken.
6. Legal consultation regarding certificate of need compliance for ER expansion.
7. Keep a robust education program along with staff training.
8. Have board committee chair work with quality officer to review agenda prior to meeting.

After much discussion, initiatives for Quality and Safety identified as:

1. Stay current on technology and resources to facilitate risk management, data security and employee safety.
2. Develop quality initiatives that exceed accreditation and regulation requirements.

Goal 6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals. Proposed initiatives:

1. Make sure information from compliance officer is presented in a way that is concise, understandable and not redundant.
2. Keep a robust education program along with staff training.

After much discussion, initiatives for Compliance identified as:

1. Maintain a robust education and training program at all levels to assure compliance goals are achieved.

Ms. Cosgrove said she feels the board has navigated the development of these initiatives very well. She is going to clean up the wording and remove the rankings on the document she has been working on throughout the meeting. She will also note whether it is the board or staff that owns the tasks as identified during discussions. The board will review and ultimately adopt the strategic plan. Mr. Stevens noted that we identified things as board initiatives or things to be assigned to staff. He asked if it would be better to identify what committee would own the initiative instead. Ms. Cosgrove will speak to Mr. Solomon-Gross about the committee assignments.

COMMENTS – Mr. Solomon-Gross thanked Ms. Cosgrove for all of her efforts and leading us through this process.

Adjourned: 7:18

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: February 7, 2022
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: December Financial Performance

Revenue rebounded in December after a slower month in November. Inpatient revenue continues to run under budget by 16% or 890,000 primarily to a 45% decrease of patient days from the Metal Health Unit. This was mostly made up by outpatient revenues that was 7% or \$767,000 over budget. Outpatient volumes for observation patients was 6% greater than budget as were surgical procedures.

After Rainforest, BHOPS and physician revenue, the month ended slightly under budget by 142,000 (0.8%) less than budget for Gross Patient Revenue.

After deductions from revenues, Net Patient Revenue was \$350,000 (3.6%) less than budget.

BRH received additional Relief Funds of \$2,900,000 in December that was realized through Other Operating Revenues. As a result, Total Operating Revenue finished \$2,100,000 or 20% greater than budget.

Total Expenses were slightly under budget, finishing at 65,000 (0.6%) under budget, yielding an Operating Income of \$2,100,000 as compared to a budgeted Operating Loss of -\$79,000. After Non-Operating Income, Net Income finished at \$2,300,000. After five months, the Net Income is \$2,600,000, for a 3.9% margin.

Items of interest incurring in December were as follows:

- Interest Expense shows a credit as the bonds were trued up from the portion of bonds that were refinanced in FY2021 resulting in decreased interest expense.
- Cash balances increased \$3.1 million reflecting the Provider Relief Funds deposit.

Bartlett Regional Hospital
Dashboard Report for December 2021

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	439	378	16%	383	14.6%	2,736	2,244	22%	2,226
Patient Days - Critical Care Unit	75	101	-26%	93	-19.4%	587	600	-2%	595
Avg. Daily Census - Acute	16.6	15.5	7%	15.4	8.0%	18.1	15.5	17%	15.3
Patient Days - Obstetrics	64	63	1%	46	39.1%	377	376	0%	373
Patient Days - Nursery	55	52	5%	35	57.1%	290	312	-7%	309
Total Hospital Patient Days	633	595	6%	557	13.6%	3,990	3,532	13%	3,503
Births	23	26	-10%	18	27.8%	149	152	-2%	151
Mental Health Unit									
Patient Days - Mental Health Unit	136	248	-45%	121	12.4%	934	1,472	-37%	997
Avg. Daily Census - MHU	4.4	8.0	-45%	3.9	12.4%	5.1	8.0	-37%	5.4
Rain Forest Recovery:									
Patient Days - RRC	178	248	-28%	173	2.9%	983	1,472	-33%	358
Avg. Daily Census - RRC	6	8.0	-28%	6	2.9%	5	8.0	-33%	1.9
Outpatient visits	47	88	-46%	139	-66.2%	257	521	-51%	517
Inpatient: Admissions									
Med/Surg	77	58	33%	64	20.3%	400	344	16%	341
Critical Care Unit	39	36	8%	33	18.2%	246	215	15%	213
Obstetrics	23	28	-16%	20	15.0%	161	163	-1%	162
Nursery	23	26	-10%	18	27.8%	148	152	-3%	151
Mental Health Unit	22	21	4%	20	10.0%	145	125	16%	124
Total Admissions - Inpatient Status	184	168	9%	155	18.7%	1,100	999	10%	991
Admissions - "Observation" Status									
Med/Surg	63	63	0%	71	-11.3%	430	373	15%	370
Critical Care Unit	33	27	24%	25	32.0%	149	158	-6%	157
Mental Health Unit	3	2	26%	3	0.0%	21	14	49%	14
Obstetrics	14	14	-2%	17	-17.6%	90	85	6%	84
Total Admissions to Observation	113	106	6%	116	-14.4%	690	630	10%	625
Surgery:									
Inpatient Surgery Cases	50	50	-1%	49	2.0%	281	298	-6%	296
Endoscopy Cases	96	89	8%	100	-4.0%	524	528	-1%	524
Same Day Surgery Cases	128	119	8%	111	15.3%	602	705	-15%	699
Total Surgery Cases	274	258	6%	260	5.4%	1,407	1,531	-8%	1,519
Total Surgery Minutes	18,429	18,480	0%	17,474	5.5%	95,184	109,690	-13%	108,796
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	815	968	-16%	941	-13.4%	6,064	5,743	6%	5,696
Cardiac Rehab Visits	0	58	-100%	56	-100.0%	187	345	-46%	342
Lab Visits	1,153	292	294%	319	261.4%	9,505	1,735	448%	1,721
Lab Tests	8,474	9,940	-15%	9,743	-13.0%	58,889	59,000	0%	58,519
Radiology Visits	855	815	5%	796	7.4%	4,865	4,835	1%	4,796
Radiology Tests	2,353	2,371	-1%	3,506	-32.9%	14,118	14,076	0%	13,961
Sleep Study Visits	4	23	-82%	7	-42.9%	126	135	-7%	134
Physician Clinics:									
Hospitalists	203	236	-14%	257	-21.0%	1,440	1,401	3%	1,390
Bartlett Oncology Clinic	89	86	4%	79	12.7%	573	509	13%	505
Ophthalmology Clinic	90	95	-5%	78	15.4%	432	563	-23%	558
Behavioral Health Outpatient visits	712	408	75%	437	62.9%	3,923	2,419	62%	2,399
Bartlett Surgery Specialty Clinic visits	239	232	3%	250	-4.4%	1,358	1,376	-1%	1,365
	1,333	1,056	26%	1,101	21.1%	7,726	6,268	23%	6,217
Other Operating Indicators:									
Dietary Meals Served	16,712	20,134	-17%	22,663	9.2%	95,036	119,503	-20%	118,529
Laundry Pounds (Per 100)	398	381	4%	381	6.3%	2,335	2,262	3%	2,244

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,012	5,166	-3.0%	3,937	5,214	5,166	0.9%	4,389
Contractual Allowance %	40.4%	43.6%	-7.3%	44.4%	41.4%	43.6%	-5.0%	43.9%
Bad Debt & Charity Care %	6.0%	1.3%	351.7%	2.2%	3.4%	1.3%	151.9%	1.2%
Wages as a % of Net Revenue	51.2%	52.1%	-1.7%	57.7%	49.7%	52.1%	-4.5%	53.5%
Productive Staff Hours Per Adjusted Patient Day	26.1	26.0	0.5%	21.2	26.6	25.5	4.2%	22.5
Non-Productive Staff Hours Per Adjusted Patient Day	4.1	4.3	-5.7%	3.7	4.1	4.2	-2.8%	3.9
Overtime/Premium % of Productive	6.10%	5.92%	3.0%	5.92%	7.65%	6.53%	17.2%	6.53%
Days Cash on Hand	71	71	0.6%	102	69	71	-2.7%	108
Board Designated Days Cash on Hand	151	150	0.6%	119	146	150	-2.7%	119
Days in Net Receivables	52.2	52	0.0%	46	52.2	52	0.0%	46
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					55.3%	33.7%	64.2%	61.9%
Total debt-to-capitalization (without PERS)					14.6%	33.7%	-56.5%	15.7%
Current Ratio					5.64	2.00	182.2%	7.26
Debt-to-Cash Flow (with PERS)					6.64	2.7	145.9%	9.17
Debt-to-Cash Flow (without PERS)					1.76	2.7	-34.9%	2.32
Aged A/R 90 days & greater					47.1%	19.8%	137.9%	48.3%
Bad Debt Write off					1.9%	0.8%	137.5%	-0.5%
Cash Collections					112.0%	99.4%	12.7%	98.4%
Charity Care Write off					0.3%	1.4%	-78.6%	1.6%
Cost of Collections (Hospital only)					3.8%	2.8%	35.7%	4.5%
Discharged not Final Billed (DNFB)					10.1%	4.7%	114.9%	13.8%
Unbilled & Claims on Hold (DNSP)					10.1%	5.1%	98.0%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					0.8%	21.3%	-96.2%	0.0%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$3,672,150	\$4,617,388	-\$945,238	-20.5%	\$3,443,060	1. Inpatient Revenue	\$23,969,970	\$27,406,461	-\$3,436,491	-12.5%	\$22,628,864	5.9%
\$1,073,788	\$1,018,709	\$55,079	5.4%	\$851,942	2. Inpatient Ancillary Revenue	\$6,831,187	\$6,046,517	\$784,670	13.0%	\$5,796,602	17.8%
\$4,745,938	\$5,636,097	-\$890,159	-15.8%	\$4,295,002	3. Total Inpatient Revenue	\$30,801,157	\$33,452,978	-\$2,651,821	-7.9%	\$28,425,466	8.4%
\$11,143,687	\$10,376,496	\$767,191	7.4%	\$9,726,715	4. Outpatient Revenue	\$65,813,441	\$61,589,548	\$4,223,893	6.9%	\$58,870,152	11.8%
\$15,889,625	\$16,012,593	-\$122,968	-0.8%	\$14,021,717	5. Total Patient Revenue - Hospital	\$96,614,598	\$95,042,526	\$1,572,072	1.7%	\$87,295,618	10.7%
\$252,501	\$348,955	-\$96,454	-27.6%	\$272,658	6. RRC Patient Revenue	\$1,501,814	\$2,071,205	-\$569,391	-27.5%	\$503,731	198.1%
\$574,433	\$274,957	\$299,476	108.9%	\$299,408	7. BHOPS Patient Revenue	\$2,544,174	\$1,632,012	\$912,162	55.9%	\$1,424,248	78.6%
\$854,494	\$1,076,408	-\$221,914	-20.6%	\$1,040,456	8. Physician Revenue	\$5,751,224	\$6,388,996	-\$637,772	-10.0%	\$6,093,185	-5.6%
\$17,571,053	\$17,712,913	-\$141,860	-0.8%	\$15,634,239	9. Total Gross Patient Revenue	\$106,411,810	\$105,134,739	\$1,277,071	1.2%	\$95,316,782	11.6%
					Deductions from Revenue:						
\$2,807,374	\$3,108,549	\$301,176	9.7%	\$3,268,898	10. Inpatient Contractual Allowance	\$16,504,821	\$18,465,265	\$1,960,444	10.6%	\$16,693,484	-1.1%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$1,875,000	-\$1,350,000	\$525,000		-\$308,333	
\$4,173,471	\$4,119,118	-\$54,353	-1.3%	\$3,311,825	11. Outpatient Contractual Allowance	\$26,133,547	\$24,448,972	-\$1,684,575	-6.9%	\$21,680,955	20.5%
\$475,883	\$723,982	-\$248,099	-34.3%	\$663,498	12. Physician Service Contractual Allowance	\$3,314,245	\$4,297,182	-\$982,937	-22.9%	\$3,810,722	-13.0%
\$21,140	\$14,826	-\$6,314	-42.6%	\$12,378	13. Other Deductions	\$142,889	\$88,000	-\$54,889	-62.4%	\$78,038	0.0%
\$45,611	\$132,263	-\$86,652	-65.5%	\$103,391	14. Charity Care	\$681,112	\$785,048	-\$103,936	-13.2%	\$722,605	-5.7%
\$1,011,727	\$103,724	-\$908,003	-875.4%	\$246,743	15. Bad Debt Expense	\$2,889,827	\$615,657	-\$2,274,170	-369.4%	\$462,605	524.7%
\$8,185,206	\$7,977,462	-\$207,743	-2.6%	\$7,298,400	16. Total Deductions from Revenue	\$47,791,441	\$47,350,124	-\$441,317	-0.9%	\$43,140,076	10.8%
40.4%	44.9%			46.3%	% Contractual Allowances / Total Gross Patient Revenue	41.4%	44.9%			43.9%	
6.0%	1.3%			2.2%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.4%	1.3%			1.2%	
46.6%	45.0%			46.7%	% Total Deductions / Total Gross Patient Revenue	44.9%	45.0%			45.3%	
\$9,385,847	\$9,735,451	-\$349,603	-3.6%	\$8,335,839	17. Net Patient Revenue	\$58,620,369	\$57,784,615	\$835,754	1.4%	\$52,176,706	12.3%
\$3,342,074	\$850,639	\$2,491,435	292.9%	\$2,934,618	18. Other Operating Revenue	\$7,629,219	\$5,048,936	\$2,580,283	51.1%	\$9,971,872	-23.5%
\$12,727,921	\$10,586,090	\$2,141,831	20.2%	\$11,270,457	19. Total Operating Revenue	\$66,249,588	\$62,833,551	\$3,416,037	5.4%	\$62,148,578	6.6%
					Expenses:						
\$4,448,979	\$4,649,582	-\$200,603	4.3%	\$4,346,429	20. Salaries & Wages	\$26,085,595	\$27,597,532	\$1,511,937	5.5%	\$25,162,958	3.7%
\$235,235	\$317,590	-\$82,356	-25.9%	\$327,409	21. Physician Wages	\$2,022,826	\$1,885,051	-\$137,775	-7.3%	\$1,773,806	14.0%
\$116,802	\$101,314	-\$15,488	-15.3%	\$138,160	22. Contract Labor	\$1,029,334	\$601,354	-\$427,980	-71.2%	\$987,116	4.3%
\$2,384,712	\$2,388,659	-\$3,947	0.2%	\$2,240,566	23. Employee Benefits	\$14,466,655	\$14,177,851	-\$288,804	-2.0%	\$13,559,679	6.7%
\$7,185,728	\$7,457,145	-\$271,418	3.6%	\$7,052,564	% Salaries and Benefits / Total Operating Revenue	\$43,604,410	\$44,261,788	-\$657,378	1.5%	\$41,483,559	5.1%
56.5%	70.4%			62.6%		65.8%	70.4%			66.7%	
\$50,370	\$85,999	-\$35,629	-41.4%	\$73,531	24. Medical Professional Fees	\$356,611	\$510,455	-\$153,844	-30.1%	\$614,814	-42.0%
\$326,380	\$175,007	-\$151,373	-86.5%	\$293,873	25. Physician Contracts	\$2,145,094	\$1,038,742	-\$1,106,352	-106.5%	\$1,529,816	40.2%
\$194,816	\$246,957	-\$52,141	21.1%	\$254,474	26. Non-Medical Professional Fees	\$1,094,399	\$1,465,798	-\$371,399	-25.3%	\$1,222,715	-10.5%
\$1,553,150	\$1,256,652	-\$296,498	-23.6%	\$1,926,373	27. Materials & Supplies	\$8,883,579	\$7,458,952	-\$1,424,627	-19.1%	\$8,934,897	-0.6%
\$157,087	\$132,411	-\$24,676	-18.6%	\$122,992	28. Utilities	\$760,978	\$785,969	-\$24,991	3.2%	\$659,446	15.4%
\$456,037	\$383,888	-\$72,149	-18.8%	\$432,628	29. Maintenance & Repairs	\$2,702,166	\$2,278,581	-\$423,585	-18.6%	\$2,574,394	5.0%
\$97,199	\$38,825	-\$58,374	-150.4%	\$49,555	30. Rentals & Leases	\$373,322	\$230,449	-\$142,873	-62.0%	\$301,100	24.0%
\$60,796	\$56,108	-\$4,688	-8.4%	\$65,584	31. Insurance	\$411,996	\$333,031	-\$78,965	-23.7%	\$297,284	38.6%
\$640,537	\$648,352	-\$7,815	1.2%	\$583,834	32. Depreciation & Amortization	\$3,782,497	\$3,848,269	-\$65,772	1.7%	\$3,933,310	-3.8%
-\$241,751	\$50,902	-\$292,653	574.9%	\$50,909	33. Interest Expense	\$4,829	\$302,130	-\$297,301	98.4%	\$305,668	-98.4%
\$119,674	\$133,262	-\$13,588	10.2%	\$102,814	34. Other Operating Expenses	\$778,094	\$791,079	-\$12,985	1.6%	\$537,444	44.8%
\$10,600,023	\$10,665,508	-\$65,486	0.6%	\$11,009,131	35. Total Expenses	\$64,897,975	\$63,305,243	-\$1,592,732	-2.5%	\$62,394,447	-4.0%
\$2,127,898	-\$79,418	\$2,207,316	-2779.4%	\$261,326	36. Income (Loss) from Operations	\$1,351,613	-\$471,692	\$1,823,305	-386.5%	-\$245,869	-649.7%
\$102,195	\$169,863	-\$67,668	-39.8%	\$101,310	37. Non-Operating Revenue	\$613,208	\$1,008,219	-\$395,011	-39.2%	\$614,172	-0.2%
\$61,340	\$77,065	-\$15,725	-20.4%	\$73,568	38. Interest Income	\$657,287	\$457,420	\$199,867	43.7%	\$453,688	44.9%
\$163,535	\$246,928	-\$83,393	-33.8%	\$174,878	39. Other Non-Operating Income	\$1,270,495	\$1,465,639	-\$195,144	-13.3%	\$1,067,860	19.0%
\$2,291,433	\$167,510	\$2,123,923	-1267.9%	\$436,204	40. Total Non-Operating Revenue	\$2,622,108	\$993,947	\$1,628,161	-163.8%	\$821,991	-219.0%
					Net Income (Loss)						

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
December 31, 2021

	<u>December-21</u>	<u>November-21</u>	<u>December-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	22,950,807	19,700,052	34,239,541	(11,288,734)
2. Board designated cash	30,266,907	30,341,553	35,824,845	(5,557,938)
3. Patient accounts receivable, net	15,965,465	17,902,598	13,030,156	2,935,310
4. Other receivables	588,186	907,038	(252,703)	840,889
5. Inventories	3,803,022	3,745,351	3,341,683	461,339
6. Prepaid Expenses	2,801,467	2,939,487	2,828,828	(27,361)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	76,407,791	75,568,016	89,041,227	(12,633,435)
Appropriated Cash:				
9. CIP Appropriated Funding	18,301,848	18,853,710	4,163,554	14,138,294
Property, plant & equipment				
10. Land, bldgs & equipment	152,194,817	152,031,616	146,403,489	5,791,329
11. Construction in progress	11,827,784	11,100,753	7,105,584	4,722,199
12. Total property & equipment	164,022,601	163,132,369	153,509,073	10,513,528
13. Less: accumulated depreciation	(105,356,299)	(104,715,882)	(97,974,462)	(7,381,838)
14. Net property and equipment	58,666,302	58,416,492	55,534,617	3,131,691
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	166,030,788	165,493,060	161,143,074	4,887,715
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	832,124	2,523,324	671,459	160,666
18. Accrued employee benefits	4,792,357	4,974,135	4,772,028	20,329
19. Accounts payable and accrued expenses	3,469,843	2,654,776	3,131,977	337,865
20. Due to 3rd party payors	2,341,398	2,367,164	4,250,857	(1,909,459)
21. Deferred revenue	913,002	956,168	(3,009,812)	3,922,813
22. Interest payable	120,490	445,609	329,797	(209,307)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	160,707	456,756	127,203	33,503
25. Total current liabilities	13,539,921	15,287,932	11,143,509	2,396,410
Long-term Liabilities:				
26. Bonds payable	17,350,000	17,350,000	17,260,000	90,000
27. Bonds payable - premium/discount	105,471	111,164	1,137,329	(1,031,858)
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	84,403,665	84,409,358	87,670,098	(3,266,433)
31. Total liabilities	97,943,586	99,697,290	98,813,607	(870,023)
32. Fund Balance	68,087,202	65,795,768	62,329,465	5,757,737
33. Total liabilities and fund balance	166,030,788	165,493,060	161,143,074	4,887,715

Bartlett Regional Hospital

3260 Hospital Drive, Juneau Alaska 99801 907.796.8900

www.bartletthospital.org

Date: February 21, 2021

To: Bartlett Regional Hospital Board of Directors

From: Dallas Hargrave
Human Resource Director

Re: Presentation of Strategic Goals and Key Initiatives

After engaging in an almost day-long strategic planning session and a follow-up meeting to further develop key initiatives for each strategic goal, Board of Directors was given an opportunity to comment by email response to the HR Director on a draft of the Board strategic goals and key initiatives. I received feedback from two Board members that I summarized below:

- Eliminate acronyms so that the document is more easily understood.
- Be consistent in our use of punctuation throughout the document.
- The key initiatives are distributed to too few committees, resulting in some committees having a disproportionate amount of key initiatives assigned to them. It was specifically recommended that key initiatives 1.1, 2.2 and 3.3 could go to Governance Committee. It was suggested that making this change would spread the work between more board members and allows the Board to finalize your strategic goals more quickly.
- Setting due dates with input from staff.

I am presenting a revised document to the Board for consideration that makes the suggested changes regarding punctuation and acronyms. I did not make any changes regarding the committee assignments, but would make those changes if the Board provides that guidance to me at the Board meeting on February 22, 2022.

Finally, as the different assigned committees progress on accomplishing the key initiatives, regular updates should be provided to the whole Board during the committee reports at the Board meetings. If the different committees work with staff to establish deadlines or key dates for any initiatives, those can also be communicated to the whole Board during the committee updates.



1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.		
	Initiative	Owner
1.1	Evaluate and expand affiliations and partnerships with other healthcare organizations.	Planning Committee
1.2	Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines.	Planning Committee
1.3	Recruit needed medical specialists.	Physician Recruitment Committee

2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.		
	Initiative	Owner
2.1	Develop a facility plan that provides for the efficient delivery of clinical services.	Planning Committee
2.2	Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively.	Planning Committee
2.3	Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs.	Planning Committee

3. People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.		
	Initiative	Owner
3.1	Resolve electronic medical record system concerns.	Planning Committee
3.2	Expand workforce development programs.	Planning Committee
3.3	Explore feasibility of hospital run clinics and hospital employed providers.	Planning Committee

4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.		
	Initiative	Owner
4.1	Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required.	Finance Committee
4.2	Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls.	Finance Committee
4.3	Monitor inflation, provider shortages, and labor shortages impact on budget.	Finance Committee
4.4	Evaluate service line impact on revenues.	Finance Committee

5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.		
	Initiative	Owner
5.1	Stay current on technology and resources to facilitate risk management, data security, and employee safety.	Quality Committee
5.2	Develop quality initiatives that exceed accreditation and regulation requirements.	Quality Committee

6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.		
	Initiative	Owner
6.1	Maintain a robust education and training program at all levels to assure compliance goals are achieved.	Compliance Committee

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

February 4, 2022 – 12:00 p.m.

Zoom Videoconference

Called to order at 12:01 p.m., by Planning Committee Chair, Brenda Knapp.

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

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

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – *Mr. Stevens made a MOTION to approve the minutes from the December 3, 2021 Planning Committee meeting. Mr. Johnson seconded. There being no objections, minutes approved.*

COVID STATUS – Ms. McDowell reported that we have no Covid patients in-house and 17 employees currently out with Covid. We try to follow the 10-day isolation plan for employees but the contingency and crisis plan allows staff to return to work on day 6 of infection if they are feeling well, have a negative antigen test and have consulted with infection prevention and their director. Staffing levels are currently ok. Demobilization of emergency workers provided by the state begins today. 2 will be leaving at the end of their shifts today and the last round are scheduled to depart in March. We are still actively recruiting for nursing positions. Alaska is hitting a plateau of positive cases and following national trends, should see cases begin to decrease. Numbers reported are not accurate as they don't take into consideration the large number of home tests not reported. The molecular lab processed 6,671 tests in January. PPE supplies remain adequate for now even though snow caused the collapse of the storage unit where supplies were stored. A request has been made to the state to get replacement supplies. In response to Ms. Knapp, Ms. McDowell acknowledged that there are aggressive recruitment efforts going on. We are trying to get creative and looking at all of our options to bring previous staff back. She is confident we will be able to handle the staffing needs by the time the emergency workers leave.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker raised a concern that the master facility plan has never been formally adopted. Mr. Stevens responded that because the plan has to evolve and grow, by adopting it, only the plans identified on the date of adoption would actually be approved and everything else would be an exception. He reported that elements of the master facility plan were adopted and this is a guiding document to get us to the various approvals that are needed. We're not saying that all of these projects are approved as of today. Mr. Johnson and Ms. Knapp agree. She stated the current process is workable and doesn't think it needs to be changed. Mr. Walker acknowledged that this makes sense and reported there will be some updates made to the timeline in the next few weeks. He noted that if the south parking entrance and garage is to remain a priority, we need to start defining what that looks like. In response to Mr. Johnson's query as to where the new entrance would be located, Mr. Walker responded that different options have been presented and it is yet to be decided. Ms. Knapp expressed the importance of having a second entrance to the hospital. In response to Mr. Johnson's question about how obtaining a certificate of need (CON) for the ED expansion would affect the timeline, Mr. Walker said we don't know yet. Mr. Solomon-Gross stated that the lawyers and architects are working on it and will see that it's taken care of should we need one.

CURRENT PROJECTS UPDATE – Mr. Walker reported that some projects on the enclosed projects update list are in the closeout phase and will soon be behind us. ASU-11/ Endoscopy Ventilation has run into a few hiccups again. As things were being balanced out, it started affecting other areas. The contractor will come back in and focus on the entire department and not just the area that was affected. Gutters and downspouts are being worked on as time allows for the RRC siding and window replacement project. The behavioral health facility project is moving ahead as weather permits. The notice to proceed for the campus door upgrades has been awarded and we are waiting to receive submittals from the contractor. Discussion held about the age of the buildings on campus.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – The behavioral health field report in the packet reflects the current status of the behavioral health building project. Mr. Stevens asked if the concrete was able to be poured and the project kept on track. Ms. Rynne reported the vertical concrete has been completed. The next phase of concrete will be the slab at the lower level but is currently on a holding pattern due to snow. We hope to begin steel erection at the end of February.

ED EXPANSION PROJECT UPDATE - Ms. Rynne reported that there was a kickoff meeting with the design team, Architects Alaska, on January 7th. They and their consultants were on site January 18th – 20th meeting with various stakeholder groups impacted by the project. She then provided an overview of a bubble diagram from their draft, pre-design report received on February 1st. Staff is reviewing the diagram and we anticipate getting the final report in the next week or so. One thing that has grown as the result of meeting with staff, and was not well described in the RFP, is the need for renovation for existing space. (Spaces to be replaced in this expansion had been identified.) We anticipate getting a probable cost estimate and concept submittal on March 7th. Mr. Johnson initiated a conversation about the number of beds in the ED. The current bed count for the ED is 12. The five existing exam rooms are too small and are being replaced with right sized exam rooms. There will be one additional psychiatric holding room and one additional exam room added. This ED expansion will include areas for services currently provided in the triage modular. The airborne infection control room, some exam rooms and one of the trauma bays will have negative air and an anteroom to access these spaces. Mr. Walker noted this project is putting the entrance to the ED and the waiting area at the exterior of the facility so people don't have to go through the facility to get to the ED. This addresses some of the Covid driven concerns and allows two different paths coming through triage into the ED, one of those being a negative pressure triage space. Ms. Knapp expressed concern that people who may have a contagious illness would go through the waiting room before being isolated in an airborne infection control room. Ms. Rynne will consult with the architects to find out how that is being addressed and will provide an update. Mr. Solomon-Gross obtained confirmation that we are adding two exam rooms, not two beds. Exam rooms are not classified as beds. The certificate of need identifies 1,500 as the number of visits required per exam room and we will have to do the math to make sure we have the appropriate number to support those exam rooms. Mr. Johnson suggested the psychiatric bed as well as the triage room for infectious disease might qualify for exemption from the 1,500 visits regulation.

MARKETING STRATEGY UPDATE – Mr. Humphrey reported that Erin Hardin has been hired as the new marketing director. The two of them are closely reviewing the marketing efforts put forward to date. They will revise and build upon what had been put in front of the committee previously and will present a new plan at the next planning meeting.

Comments – Mr. Stevens confirmed the next meeting date will be held at 12:00pm on Friday, March 4th.

EXECUTIVE SESSION - MOTION by Mr. Stevens, to recess into executive session as written in the agenda 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. Mr. Johnson seconded. Committee entered executive session at 12:38 pm and returned to regular session at 12:49 pm.

Adjourned – 12:50 pm.

Bartlett Regional Hospital

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

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

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

Staff & Others: Jerel Humphrey, CEO, Kevin Benson, CFO, Kim McDowell, CCO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Seanna O’Sullivan, Gage Thompson, Megan Rinkenberger, Ibn Bailey, and Tiara Ward, CBJ.

Public Comment: None

Mr. Stevens made a MOTION to approve the minutes from the January 14, 2021 Finance Committee Meeting. Mr. Geiger seconded, and they were approved.

Covid-19 Update – Kim McDowell, CNO

BRH has four patients in-house with Covid-19, and none on ventilators. Nine employees are out with Covid-19. There has been a decrease in new cases city-wide. PPE is stable and plentiful and the lab is well stocked with tests. The majority of patients hospitalized with Covid-19 are not vaccinated or not fully vaccinated (have not received their booster).

December 2021 Financial Review – Kevin Benson, CFO

Revenue rebounded in December after a slower month in November. Inpatient revenue continues to run under budget by 16% or 890,000 primarily to a 45% decrease of patient days from the Metal Health Unit. This was mostly made up by outpatient revenues that was 7% or \$767,000 over budget. Outpatient volumes for observation patients was 6% greater than budget as were surgical procedures.

After Rainforest, BHOPS and physician revenue, the month ended slightly under budget by 142,000 (0.8%) less than budget for Gross Patient Revenue.

After deductions from revenues, Net Patient Revenue was \$350,000 (3.6%) less than budget. BRH received additional Relief Funds of \$2,900,000 in December that was realized through Other Operating Revenues. As a result, Total Operating Revenue finished \$2,100,000 or 20% greater than budget.

Total Expenses were slightly under budget, finishing at 65,000 (0.6%) under budget, yielding an Operating Income of \$2,100,000 as compared to a budgeted Operating Loss of -\$79,000. After Non-Operating Income, Net Income finished at \$2,300,000. After five months, the Net Income is \$2,600,000, for a 3.9% margin.

Items of interest incurring in December were as follows:

- Interest Expense shows a credit as the bonds were trued up from the portion of bonds that were refinanced in FY2021 resulting in decreased interest expense.
- Cash balances increased \$3.1 million reflecting the Provider Relief Funds deposit.

Physician Call Room – Kevin Benson, CFO

There was a previous discussion about changing these, and during Covid-19 they got moved around. A space has been identified on the second floor, and plans were designed. CBJ estimated the cost of a new hotel suite-style call room at \$175k, with a common space and a couple private sleeping rooms. The winning bid ended up being two to three times that much, so BRH had to cancel it. BRH has a history of canceled contracts, and there was a discussion about why that might be. It was suggested that it may be due to supply chain issues, etc. BRH is currently using a previous patient room that has been converted to a sleeping space for them.

Next Meeting: Friday, March 11th, 2022 at 12:00 via Zoom

Additional Comments: None

Adjourned at 12:43 p.m.

Bartlett Regional Hospital

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Board Compliance & Audit Committee Meeting

Draft Minutes

February 15, 2022

Called to order at 12:30 PM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:

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

Staff/Other: Nathan Overson, Compliance Officer; Kim McDowell, CCO; Dallas Hargrave, HR Director

Previous Board Compliance Meeting Minutes Approval: *Ms. Johnston made a MOTION to approve the December 20th 2021 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Knapp seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

COVID-19 Update:

Ms. McDowell gave the COVID update stating three COVID positive patients are currently in house, none on ventilators. There have been some increased activity through the Emergency Department. Those patients seem to be a mix of symptomatic patients related to COVID, and others with incidental COVID findings. Bartlett currently has nine employees out with COVID, and staffing remains stable at this time. Eleven new cases are reported from the city yesterday indicating a downward trend in positivity rates. Personal protective equipment and testing supplies remain stable.

Committee Compliance Training:

Mr. Overson gave an overview of how the Risk Management Plan is managed at Bartlett. Mr. Overson shared the distinction between patient safety and process improvement within the clinical setting being managed by Bartlett's Quality Department, compared to the insurance and legal liability consideration of Bartlett's Risk Management Program. Ms. Johnston asked whether the Risk Management Program would encompass more of the less traditional risk elements such as business risk. Mr. Overson said that what she may be describing is often referred to as enterprise risk management, which Bartlett does not include under its Risk Management Program.

Risk Management Plan Review:

There was some discussion about how dense and detailed the Risk Management Plan is. Ms. Knapp asked that perhaps for the next annual review cycle the document could be revised to make it easier for board members to follow. Mr. Solomon-Gross asked that all the board members look at the plan in order to discuss any thoughts when it goes to the full board.

Ms. Knapp made a MOTION to move the Risk Management Plan to the full board for approval, subject to minor editorial revision. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young passed the motion with change.

Compliance Officer Report:

Mr. Overson reviewed with the committee the newly approved compliance dashboard and the data metrics. Mr. Geiger asked that footnotes be created for the dashboard because of the necessity of keeping the individual descriptions small does not allow for the complicated ideas they represent to be fully appreciated without more information.

Mr. Overson gave an update on a Service Line Advisory Workgroup that has recently convened as a high priority compliance initiative. The workgroup will develop the operational framework for the Service Line Committee that has yet to be created. As the framework is being developed, the workgroup will also review new or proposed changes to existing lines of service within the hospital.

Executive session:

A MOTION was made by Ms. Knapp to recess into executive session:

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

The committee went into executive session at 1:18 PM and returned at 1:50 PM

Meeting Adjourned: 1:53 PM

Next Meeting: May

Bartlett Regional Hospital
RISK MANAGEMENT PLAN
CY 2022



Revised: February 11, 2022
Submitted by: Nathan Overson, CHC

AUTHORITY AND RESPONSIBILITY

Board of Directors

The Board of Directors of Bartlett Regional Hospital is responsible for the quality and effectiveness of the patient care provided by the medical staff and other professional and support staff. It sets expectations, directs, and supports Bartlett Regional Hospital's (BRH) governance and management activities which include supporting the Risk Management Program to minimize preventable harm to patients, employees, visitors and property. It has the final authority and responsibility for the program, but delegates the authority and accountability for the operation of the program to the Administrative and Medical Staff of BRH. It appoints, through the chief executive officer, a director of compliance and risk. The director of compliance and risk is responsible for the Risk Management Program. It recognizes the importance of a Risk Management Program and provides resources and support to prevent such events that may result in injury to patients, staff, or visitors, property damage, financial loss, or damage to the facility's reputation.

RISK MANAGEMENT SUPERVISION

The director of compliance and risk is also the acting risk manager. The risk manager works closely with the lead security officer, and the quality director who is also the patient safety officer. The risk manager acts as a designee of the chief executive officer. The risk manager has the responsibility for monitoring, coordinating, planning, and implementing all loss prevention activities and programs that have a shared goal of a safe environment for patients, employees, and visitors to the hospital. Trending and tracking of potential problems are included in this responsibility as well as the integration of information with the Patient Safety Committee and the Environment of Care (EOC) Committee.

MEDICAL STAFF

The medical staff actively participates in peer review via the identification of potential risk in clinical areas that represent a significant source of actual or potential patient injury. This is achieved through the close coordination with the quality director who helps facilitate the peer review process as a representative of hospital administration. The quality director in conjunction with the medical staff identifies specific patient cases with potential risk in the clinical aspects of patient care and safety.

PURPOSE AND PHILOSOPHY

The purpose of the Risk Management Plan is to support the mission and vision of Bartlett Regional Hospital to provide patient centered quality care in a sustainable

manner. This is accomplished by acting to protect, patients, staff and visitors from injury, physical property from damage and financial assets from being wasted. Risk management acts to support BRH's reputation and standing in the community.

The objective of the risk management plan is to provide an ongoing, comprehensive, and systematic approach to reducing vulnerabilities. Risk management activities include identifying, investigating, analyzing, and evaluating risks, followed by selecting and implementing the most appropriate methods for correcting, reducing, managing, transferring or eliminating these vulnerabilities.

The philosophy of the Risk Management Program is that patient safety and risk management is the responsibility of each employee of Bartlett Regional Hospital. Teamwork and active participation among management, providers, and staff are essential for an efficient and effective Risk Management Program. The Risk Management Program plays an important role in directing the organization towards fulfilling the mission and vision of BRH to provide patient centered sustainable quality care.

SCOPE

Risk management is a systematic process of identifying, evaluating and mitigating practices and situations that pose risk of harm to patients, visitors and staff of BRH. Emphasis is placed on advocating the exercise of loss-prevention strategies intended to preserve the resources of Bartlett Regional Hospital and its professional staff from loss attributed to professional liability.

The risk and quality management activities at BRH are mutually compatible and interdepartmental and are part of the organization's performance improvement system. BRH's Risk Management Program is designed to comply with all federal and state regulatory requirements. Resources are provided to the Quality Department and the Compliance & Risk Department via the director of quality and the director of compliance and risk. The integration of hospital risk management with quality assurance activities ensures information about patient care and safety are exchanged.

STRUCTURE

Risk management activities are established by BRH leaders, based on needs assessments, as guided by the mission, vision, and core values, and as defined by strategic and operational plans, budgets, resource allocation, and standards.

Board of Directors

Bartlett's Board of Directors receives and reviews reports through the performance improvement structure, summarizing the findings of the Risk Management Program via the Hospital Performance Improvement Committee, the Environment of Care (EOC) Committee, and reports by the risk manager or director of quality. The Board of directors designates the chief executive officer the responsibility for the patient grievance process who delegates to the director of compliance and risk the responsibility of managing the patient and visitor complaint process. The Hospital Performance Improvement Committee serves as the Grievance Committee for a system analysis approach to investigate system concerns or issues.

Senior Leadership Team:

The senior leadership team, comprised of the chief executive officer, chief financial officer, chief clinical officer, chief behavioral health officer and director of human resources, ensures that an integrated patient safety program is operationalized, and assumes responsibility for the strategic direction and integration of all risk management activities. The Patient Safety Culture survey results provide feedback on workplace, patient safety practices, communication, teamwork, adverse event reporting, and leadership to help guide vision and goals of the organization. The senior leadership team is responsible to assure that key strategies and processes of the organization are identified and prioritized, and that the efforts of risk management support and integrate the strategic objectives of the organization and feedback from all community and hospital connections. The senior leadership team supports transparency in communication related to the risk management process.

Departments

Individual departments are responsible for quality management, regulatory compliance, and risk management activities relative to the services they provide. Progress on departmental risk management activities are submitted in writing when warranted to the Compliance and Risk Department or the patient safety officer depending on the activity.

RISK MANAGEMENT PROCESS

Risk management and quality improvement are complementary and continuous processes that link activities to BRH's mission and strategic plan. The risk management process ensures all employees have a risk management philosophy and are the first line of defense. The process should be outcome oriented; the

Compliance and Risk Department will work closely with the Quality Department to ensure change elements are measured by quality indicators and dashboards.

METHODS

Establishing a consistent definition and measurement process supports the goal of preventing harm or loss and delivering safe care to patients by allowing rapid identification of serious safety events, quick mitigation to prevent further harm, and consistent evaluation of prevention methods. A clear and consistent plan for conducting investigations is imperative along with establishing common definitions and a shared mental model.

risk Management and patient safety activities include:

1. Review and triage occurrence reports completed by staff and providers in the occurrence reporting software system.
2. Prioritize events, hazards, and system vulnerabilities.
3. Measure and report frequency and severity of events to transform risk management into a pro-active program.
4. Ensure timely execution of Root Cause Analysis, mitigation, and corrective action plans using Root Cause Analysis best practice guidelines and tools.
5. Collaborate with the director of quality identifying near misses or trends and utilizing evidence-based tools for process improvement and quality assessment activities.
6. Collaborate with the director of quality to communicate data and investigation findings to the Board of Directors, senior leadership and staff.
7. Participation in litigation processes by attending depositions, supporting staff, providing documentation, and acting as liaison to BRH legal counsel.
8. Report potential medical malpractice liabilities to the risk manager at the City and Borough of Juneau and appropriate insurance liability carriers and agents.
9. Identify, investigate, and report Sentinel Events as required by Joint Commission standards.
10. Identify, investigate and report Serious Reportable Events required by the National Quality Forum.
11. Model and support evidence-based risk reduction concepts and tools to improve communication, and other high-risk areas.
12. Review quality performance indicators to evaluate risks and strategies.
13. Review of patient grievances and responding following BRH policy, Centers for Medicare and the Medicaid Conditions of Participation.
14. Evaluate grievance data using system analysis with a grievance function of the HPIC committee and incorporate into QAPI

15. Collaborate with the director of quality in completing a Patient Safety Culture survey and developing risk and quality plans that incorporate staff input and participation.
16. Collaborate with the City and Borough of Juneau Risk Manager in litigation, property damage, and employee events, and attend and participate in Joint Safety meetings.

COMMUNICATION

Communication of risk management outcomes to all levels of BRH is vital. Conclusions, recommendations, and actions are communicated to leadership, and individuals responsible for implementing and coordinating improvements through various presentations or reports. Examples of meetings where relevant information may be reported include:

1. Medical staff meetings
2. Individual department staff meetings (when appropriate)
3. Board or Hospital Quality Committee reports
4. Management team meeting
5. Patient Safety Committee Meeting
6. Hospital Performance Improvement Committee

An annual review and revision of the risk management plan and objectives are provided to the Hospital Performance Improvement Committee and the Board of Directors.

Bartlett Regional Hospital

Minutes

BRH and ASSEMBLY JOINT COMMITTEE MEETING

February 18, 2022 – 12:00 p.m.

Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:03 p.m. by Alicia Hughes-Skandijs, Chair.

BRH BOARD AND COMMITTEE MEMBERS* PRESENT

Kenny Solomon-Gross, President* Mark Johnson, Secretary Deb Johnston* Lance Stevens*
Hal Geiger Rosemary Hagevig Jerel Humphrey, BRH Interim CEO

CBJ ASSEMBLY COMMITTEE MEMBERS PRESENT

Alicia Hughes-Skandijs* Beth Weldon, Mayor* Christine Woll*

ALSO PRESENT

Kim McDowell, CCO BRH Rorie Watt, City Manager Loren Jones, CBJ
Dallas Hargrave, HR Director Karen Forrest, Interim CBHO BRH Jeff Rogers, CBJ Finance Director
Sherri Layne, Asst CBJ Attorney Robert Palmer, CBJ Attorney Megan Rinkenberger, Exec Asst BRH
Dan Bleidorn, Lands & Res Mgr Beth McEwen, City Clerk Erin Hardin, Marketing Dir. BRH
Beth Mow, Contracts Admin BRH Suzette Nelson, Exec Asst BRH Lyndsey Brollini, KTOO

PUBLIC PARTICIPATION – None

EXISTING PROPERTY CONSIDERATIONS

Mr. Watt encouraged looking at current campus uses to see if efficiency of current property can be maximized. He suggested considering a parking structure instead of the current space that the parking lots take up, and removing part of the hill side to expand current footprint outward, even if just enough for a single row of parking spaces, but recognized that this option could be costly.

FAMILY PRACTICE BUILDING PURCHASE

The primary intention of BRH in purchasing this building and surrounding land is supportive, so that current tenants have reassurance that they can continue to occupy the space, at least in the short term. There has been no discussion of removing the current tenants, but the purchase would allow for expansion of medical needs over time. The purchase has been vetted by the attorneys to ensure no favoritism with BRH-associated providers. This is one of a list of properties to investigate as they become available, but it is the only one currently available. Another reason for the purchase is the available flat land surrounding the building. BRH will not be paying over the appraised price.

Currently there are three leaseholders occupying the space. Two of those leases were up in December, and were renewed on a month-to-month basis, with a 60-day notice option from either party. The third lease has an additional year left on it. If one of the two lease holders that are currently on a month-to-month basis decides to vacate, BRH could use the space for other recruited independent providers, but that is not the immediate intention.

Mayor Weldon asked about the condition of the building and anticipated maintenance costs had been investigated. No building inspections have been conducted yet. Once there is a signed purchase agreement, BRH would have the authority to go forward with the evaluation. The building was built in 1984. There will be an action item presented at the upcoming

BRH BOD Meeting to vote on the purchase of the Family Practice building. With this support, BRH can move forward with the due diligence before bringing it to the Assembly for a purchase recommendation.

The existing property recommendations from Mr. Watt will be moved forward for exploration, and Mr. Solomon-Gross will put them on the Planning Committee's agenda for their next meeting.

BOARD COMMENTS AND QUESTIONS – None

ADJOURNMENT: 12:33 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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DATE: February 21, 2022
TO: BRH & Assembly Joint Committee
FROM: BRH Board President Kenny Solomon-Gross and Finance Chair Deborah Johnston
RE: Purchase of Family Practice Building

GOALS:

Short-Term: Community Stability & Investment Opportunity

Ensure BRH has enough land to expand into because the existing BRH campus is nearing capacity.

Provide strategic investment opportunities through the existing rental revenue stream, knowing that all leases and financial arrangements of the existing tenants will need to be analyzed for compliance with federal health care regulatory requirements before closing.

Mid-Range: Expand Specialty Service Providers

Provide the opportunity to expand specialty services by offering a space to specialty providers not currently serving the community and relocating select, well-established BRH specialty services in the future.

Long-Term: Potential for Physical Growth

Expand our footprint locations allowing BRH to overcome current space restrictions on campus due to growth in services areas and thereby establish a greater physical presence in the Juneau community. The property's flat, useable land offers ample opportunity for future building expansion, providing further square footage for operations.

HOW:

The Family Practice Building located in the valley houses multiple established medical practices. Purchasing the building gives BRH more exposure to the patient population we currently serve. Our population finds it convenient to access services with other healthcare providers who have locations, or plan to open them, in the valley. We want to provide easy access to specialty care practitioners and offer the same level of care delivery at a location closer to patients' homes.

At a purchase price of \$2.4 million (appraised value), the property would provide an investment opportunity, providing a better return annually (6.8% or \$165,000, see attachment) than the 1% return currently being realized. Based on first-year projections, the subsequent two-year projections have a 3% conservative growth rate added to their gross revenue and expenses that shows a healthy bottom line.

WHY:

BRH has one central location with no additional ownership of physical sites in Juneau, limiting the scope of practice and making it hard for our team to accommodate the demand for services that we provide. Our current needs are not being met due to a lack of available space, limiting our future strategic needs to deliver care to a broader patient population.

ATTACHMENT

\$165,000 net operating income / \$2,400,000 purchase price = 6.8% annual return on investment

CAPITALIZATION OF NET INCOME				
Family Physicians Practice	6,800 SF	\$	2.65	\$ 216,240
Dr. Raster	1,000 SF	\$	2.50	\$ 30,000
Chiropractic First	1,550 SF	\$	2.50	\$ 46,500
Gross Revenue	9,350 SF			\$ 292,740
Stabilized Vacancy & Credit Loss			5%	\$ (14,637)
Gross Effective Income				\$ 278,103
EXPENSES	10,640	sf	GBA	
Professional Management			5%	\$ (13,905)
Administration		\$ 0.35	SF	(3,724)
Utilities		\$3.40	SF	(36,176)
Building Maintenance & Upkeep		\$ 2.50	SF	(26,600)
Insurance		\$ 0.64	SF	(6,810)
Real Estate Taxes		\$ 2.00	SF	(21,280)
Reserve Allowance		\$ 0.45	SF	(4,788)
Total Expenses				\$ (113,283)
Net Operating Income				\$ 164,820
Capitalization Rate				7%
Indicated Value				\$ 2,354,575
Rounded				\$ 2,355,000

Excerpt above from page 61 of Market Value Appraisal, Medical Clinic, 10301 Glacier Highway, Juneau, Alaska, prepared for Division of Lands and Resources, City and Borough of Juneau, by Julie Dinneen Company on July 20, 2021

**February 22, 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

Bartlett Regional Hospital

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

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

CEO Recruitment Update. The CEO Recruitment Committee has been formed and had a preliminary meeting with the BE Smith Recruitment team. The CEO Recruitment Committee is comprised of Kenny Solomon-Gross, Brenda Knapp, Iola Young, Jeff Rogers, Dr. Anne Standerwick, Sarah Hargrave, and Maria Uchytel. BE Smith has collected a variety of preliminary information regarding the CEO position and the hospital. There is a status update meeting between the BE Smith recruitment team, Kenny Solomon-Gross, Kim Russel and Dallas Hargrave on Monday, February 21, 2022. Finally, the senior recruiter assigned to our team is in the process of arranging travel to Juneau to interview Board members and other stakeholders, likely to occur on March 3, 2022.

Recruitment Activity at the Hospital Continues to be Significant. As of February 17, 2022, the hospital is recruiting for 52 open positions. While this is slightly less than in recent months, the vacancies are higher and more difficult to fill for many positions than in prior years. We allocated an additional .5 Human Resource Generalist position to put additional efforts into recruitment and are in the process of assessing strategic options on how to address recruitment and retention at the hospital. The Board should expect further updates as we work through those details and develop initiatives to address recruitment and retention.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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www.bartletthospital.org

February 2022 Chief Clinical Report

Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

- New software was installed on 1/24 that will allow monitoring of cardiac rehab patients, as well as ease of information for provider and patients to access information in the medical record.
- Telehealth program for cardiac rehab has been approved and is in the final stages. This includes the hiring of an exercise physiologist, who will start March 7th.
- Oxygen supplies remain stable, and most of the supplies that were in the collapsed storage building were recovered.
- Sleep lab is almost up to normal capacity. Once hiring is completed, sleep lab will be running at full capacity, which would be three nights a week.

Critical Care Unit (CCU)

- CCU has a nurse that just completed their preceptorship and is doing great! This aided in CCU being fully staffed.
- CCU is trialing a new Zebra hand-held documentation device starting the middle of February. This device will allow nurses to scan medications, and document bedside tasks. Thank you to Clinical IT for their hard work in making this happen.
- CCU will also be working to achieve American Association of Critical Care Nursing (AACN) Healthy Work Environment standards. The first step is surveying the staff, and assessing where the staff feel the department is in regards to the six essential standards needed to build, and sustain a healthy work environment.

Diagnostic Imaging (DI)

- DI continues recruitment for positions in CT, US and Sonography
- DI is working on a process that will help ensure that patients receive follow up after significant radiologic findings.

- Should the need arise, DI has a staffing plan that allows for redundancy in most positions. This is in the event there is a need to accommodate employee illness related to COVID-19. This plan will allow DI to continue to provide services to patients, with minimal, if any interruption.

Infusion and Chemotherapy Department

- Infusion Therapy is excited to announce that they have started administering Evusheld, which is a long acting monoclonal antibody combination indicated for pre-exposure prophylaxis in severely immunocompromised patients at risk for COVID-19 complications. An emergency use authorization was issued by the FDA for this treatment recently, and Infusion has administered several doses already, and have many more scheduled to receive it.

Laboratory Department

- Molecular Lab saw a spike in January related to COVID testing.
- Staffing remains stable. Lab is training many new members that will help in various areas within the lab.
- Lab is working with Respiratory Therapy and the Emergency Department to get rapid venous blood gas results. This will allow providers to intervene quicker for patients that may present for critical care.
- Lab is still seeing occasional supply issues in general, which is occurring nationwide. This is monitored closely by lab director.

Medical Surgical Department

- Census continues to remain high with Med/Surg seeing an average about 22 patients/day.
- COVID wing remains closed, as we have seen a steady decline in admissions related to COVID-19.
- Med/Surg is using new Theraworx wipes that CCU has piloted, they preserve more of the natural biome of the skin than Chlorhexidine wipes. These wipes can be used for the daily cleansing needs of patients.
- Med/Surg has been enjoying having our CNAs-in-training on our floor, they've been very helpful when we're busy. We are optimistic that some of them will join our team officially after they have passed their tests!

Nursing Administration

- In the past few months Nursing Administration has welcomed new staff members. This includes several house supervisors, as well as staff in Central Staffing. All of the new staff members bring a diverse background of experience and knowledge to the department.

- House Supervisors will begin weekly training huddles to standardize processes and renew focus on training. Our team is working on projects related to development of a BRH transfer center which is aimed at streamlining process for direct admits. Other projects include developing disaster management training for house supervisors, and rapid response mock codes.
- Float Pool continues to support multiple departments, and is expanding their float area to include some outpatient areas. All Float Pool staff have eight or more float areas. Current projects include developing areas of expertise in specific units and committee engagement with inpatient departments.
- Central Staffing has streamlined processes for shift vacancies and float contracts. Staff are also working on Functional System Administrator (FSA) for API, which is the time clock management system for BRH. This training allows central staffing to troubleshoot issues in API staffing and scheduling. Some staff have already completed all 3 levels of FSA training. Central staffing will also begin weekly training huddles to increase knowledge in API and Smartsheet development and maintenance.

Obstetrics (OB) Department

- The Director of OB presented at the AKPQC (Alaska Perinatal Quality Collaborative) meeting in January on Bartlett's excellent work on the Eat, Sleep, Console protocol in caring for neonates experiencing withdrawal. This presentation was selected to be a feature in the ASHNHA January quality newsletter. The work we have currently accomplished, as well as the upcoming educational opportunities, were also highlighted.
- OB is incredibly humbled and excited to share that Joint Commission has recognized OB with a Recognition of Performance regarding our Exclusive Breast Milk Feeding rates. They have identified this as a performance measure that many other hospitals struggle with, and have reached out to our team for support. The following is part of the correspondence OB received from TJC. "In the spirit of collaboration, quality improvement, and better patient care, we are working to develop educational webinars featuring high performing organizations like Bartlett Regional Hospital to share with the rest of the TJC-accredited hospitals. We believe this is a great opportunity to recognize the superior outcomes you're achieving in this facility, as well as to provide relevant and valuable insights to your peer organizations." OB is very enthusiastic about partnering with TJC on this project and sharing our successes with other facilities.
- OB will be rolling out their third support group (free of charge), titled "Birth Healing & Reflection" starting in March. This is a 3-week series that runs quarterly and creates a space to help individuals process the complex emotions surrounding unexpected birth events, and create a space for healing and support. Statistics nationwide show that one in three women would consider some element of their childbirth experience to be traumatic. Regardless of how wonderful their care was, there are events of labor and delivery that need to be processed. This support group will allow a space to support women and their partners in processing unexpected birth events. The two other support groups that meet monthly: "Real Talk"- Mother's Support

Group, and Pregnancy and Infant Loss Support group have been incredibly successful and very well attended. We are very grateful to be able to expand support to the community.

Pharmacy

- Therapies for treatment of COVID-19 are changing rapidly. Two new oral antiviral medications are available for Bartlett outpatients who have tested positive for COVID-19. Paxlovid and Molnupiravir are both taken twice a day for five days. There are some very important precautions associated with these new medications, so it is important to discuss them thoroughly with a provider and pharmacist. Their availability is limited while production is ramping up to meet the demands, and at this time, they are restricted to patients who have conditions which might cause them to have poor outcomes from infection with the virus.
- Pharmacists are working with nurses in Central Staffing to help patients receive monoclonal antibodies for COVID-19. These are intravenous medications that are administered by nurses in the Triage building to patients who are not sick enough to require hospitalization. Two of the neutralizing antibodies that were effective for the Delta variant are not recommended for the Omicron variant. One formulation, Sotrovimab, has been shown to be effective, and a new medication, Bebtelovimab, is expected to be available around the beginning of March.
- Two pharmacy technicians are nearing completion of certifications in cleanroom processes and compounding of sterile medications and one technician is completing extensive training and national certification in acquiring and documenting accurate medication histories.
- The Alaska Pharmacists Association awarded Andrew Vallion Outstanding Pharmacist of the month for January 2022 for his work as Vaccine Coordinator during Juneau's successful borough wide vaccination drive for COVID-19.
- Pharmacy continues to experience supply chain issues, just as many are nationwide. Pharmacy continues to stay busy resourcing sufficient supply through alternate avenues as well as consulting with providers for equal substitutions.

Physical Therapy Department

- Speech therapists are getting the word out on our FEES (Fiber optic Endoscopic Evaluation of Swallowing) protocol. We now have the ability to perform a comprehensive evaluation of a patient's swallowing. This service is offered for both inpatients, as well as outpatients.
- Physical Therapy is excited that through hard work and creative scheduling, there is currently no patients on the wound care wait list.

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

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Addressing The Joint Commission (TJC) survey

- Mitigation plan accepted by TJC; some facility changes and new protocols already in effect in response to the environmental risk assessment results and TJC findings
- Suicide risk assessment tool implemented in the electronic medical record
- The MHU currently has two State of Alaska emergency nurses. One is schedule to depart this month and the other in March. Additional travel nurse was hired and for a 13-week contract and is scheduled to start on later this month.
- Continue to accept referrals statewide.
- January data:
 - 20 admission, 17 discharges
 - Average Daily Census = 4.93
 - Average LOS = 4.70

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

- January data:
 - 9 admissions, 6 discharges
 - Average Daily Census = 5.74
 - Average LOS = 23.5
 - ATA: 2
 - Completed program = 4
- Applicants residing in Southeast Alaska are prioritized; applications statewide are accepted
- 13 patients on waitlist
- Nurse Manager position now filled
- 1 nursing resignation effective March 13, 2022.

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

- January data:
 - 0 admits, 1 discharge (1/2/2022)
- Reopened 2/16/2022 based on nursing staffing availability
- Developed policies and procedures to transfer patients from WMU to RRC, ATA (Against Treatment Advice) & AMA, updated WMU CIWA order sets, Columbia-Suicide Severity Rating Scale across all Rainforest Recovery Services.
- 1 nursing resignation effective Feb 9, 2022.

RRC OUTPATIENT TREATMENT:

- January data:
 - 100 medication management and therapy appointments attended
- Services include Medication Assisted Treatment and ASAM Assessments
- Prioritizes patients awaiting admission to or transitioning from residential treatment utilizing a combination of virtual/in person outpatient treatment model.

PSYCHIATRIC EMERGENCY SERVICES (PES):

- January data:
 - 37 patients assessed for psychiatric emergency services

- 32 adults; 5 children/adolescents
- 20 day-time assessments; 17 evening/night-time assessments

CRISIS INTERVENTION SERVICES COMMUNITY BASED TEAM (CIS):

- January data:
 - 9 new patients were referred to CIS (2 Adults & 7 Kids)
 - 38 therapy and crisis intervention appointments were provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES

- January data:
 - 519 psychiatric evaluations, medication management and therapy appointments held (750 scheduled)
 - 18 % cancelled
- New child/adolescent and adult psychiatrist joined the team late January

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

- January data:
 - Total caseload is at 18 following initial intake patients
 - Current waitlist is growing; now 74 patients as of beginning of February
 - 127 appointments attended; 26% cancelled; 3% no-showed: Cancellations were all due to Covid-19 infections with pediatric patients and their families.
- ABA serves individuals with autism from the ages of two to twenty-one in home, school, community, and clinic settings focusing on social skills, social communication, and maladaptive behaviors
- Currently have two different social skills groups up and running: one for middle school and one for high school
- Current ABA Team is fully staffed and includes:
 - 1 FTE Board Certified Behavioral Analyst who serves as the ABA Director
 - 5 FTE ABA Technicians
 - 1 FTE Administrative Staff
- ABA Director continues to provide consultation to Juneau School District on BRH contract for several hours weekly; includes behavioral assessments, interventions and staff training for teams at a variety of schools

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February 22, 2022 Board Report Kevin Benson, CFO

Finance – Blessy Robert

- Working on FY23 budget.
- Working on updating policies.

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 these 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 contracted with an outside company to perform an audit of our coding for the Bartlett Outpatient Psychiatric Clinic. The audit has been completed and we will have a meeting with the company next week.
- We have started our yearly purge of old records and this project will continue through the year.

Case Management – Jeannette Lacey

- ASHNHA Flex Readmissions Reduction Collaborative CM is partnering with Quality on a statewide initiative to reduce readmissions. ASHNHA, with the State of Alaska Flex Team, has launched a readmission reduction collaborative based upon the ASPIRE model, "Designing and Delivering Whole-Person Transitional Care," a framework developed by Dr. Amy Boutwell for the Agency for Healthcare Research and Quality (AHRQ). We will follow the I.H.I. collaborative model of improvement along with integrating tools from LEAN and other methodologies to assist in analysis and moving performance forward. The collaborative will meet monthly from January through May, 2022 and will culminate with a poster session in September.
- Staffing:
 - Lena Lenkiewicz has transitioned to a casual position and Erin Kusek is transitioning to the Oncology Patient Navigator position. Erin has her MSW and has been working with Case Management with inpatients for the past five years.
 - We have two new SWCM starting to fill openings on MHU and MS/CCU, Collin Tonkovich, MSW and Naomi Robarge, BSW, respectively.
 - We continue to recruit for our Lead CDI Specialist.
- Discharge Delays: We continue to have challenges with transitions of care related to COVID and staffing levels in step-down facilities and services.
 - Limited availability of local skilled nursing facility beds
 - Limited availability of Hospice and Home Care services
- However, CCFR Mobile Integrated Health has been an incredible support filling gaps wherever possible while broadening scope and continuing to support Medical Respite COVID isolation for our unsheltered population.
- COVID
 - Quarantine and Isolation:
 - We had another significant spike in COVID cases with our unsheltered population that started about mid-January, leading us to reserve rooms in several hotels for isolation. We have had up to 20 rooms in use, but that number has been trending back down over the past couple weeks and as of today, 2/15/22, we have 7 hotel rooms in use.

Materials Management – Willy Dodd

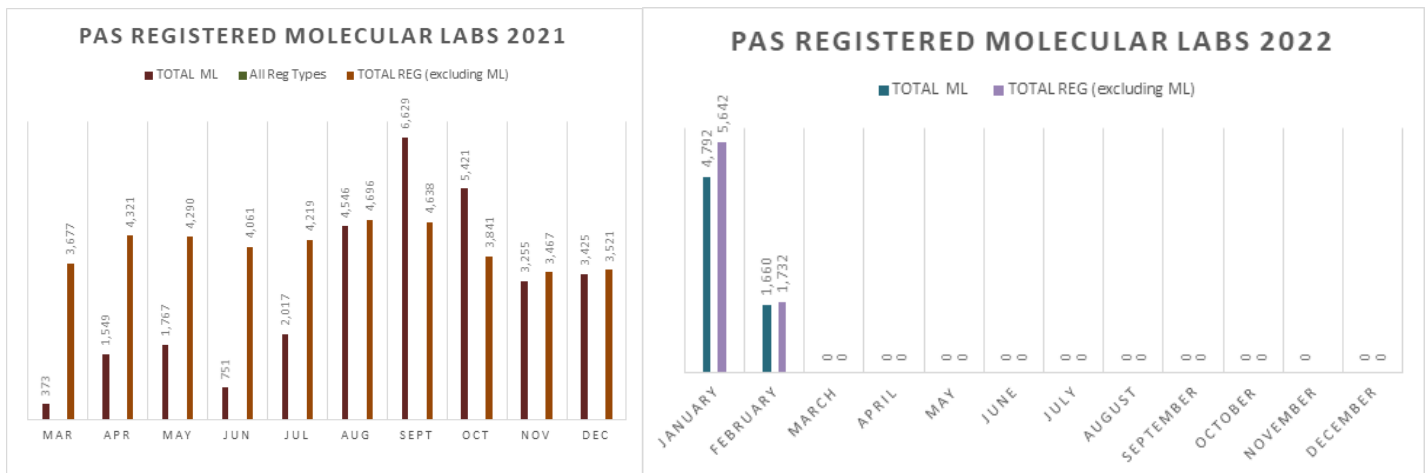
- Materials Management continues to see supply chain shortages in nearly all departments throughout the hospital. We have been working closely with our GPO, Vendors and Manufacturers to ensure we can source the necessary supplies to keep the hospital running. Various sources suggest that the supply chain challenges are expected to continue into the summer.
- The MM Director and Buyers are working closely with our GPO and distributors to convert to contracted items that were identified during the Purchase History Analysis conducted by our GPO. As more items are converted, Bartlett should continue to see a decrease in expenses, as well as an increase in rebates earned through the on-contract spend. This is a long, on-going process, as new items need to be vetted by staff, Doctors, Surgeons, etc.

Patient Financial Services – Tami Lawson-Churchill

- Overall cash collections for the month of January was just over \$8.3 Million
- State Price Transparency documentation requirements have published and posted
- Surprise Billing Act legislation effective 1/1/22. BRH is compliant with these regulations but process is ongoing
- PFS, PAS, HIM and Molecular Lab working together to streamline registration process

Patient Access Services – Angelita Rivera

- PAS is currently recruiting for two part-time positions one-night shift and evening and one FT position.
- Here are the stats for ML from PAS Registrations. Molecular labs have drops these first two weeks in February.



Information Systems – Scott Chille - MISSING Projects

- **Microsoft365/Office365 migration:** Tenant migration completed. Exchange mailbox migration in progress.
- **Imprivata Single Sign-On and EPCS project:** in progress and pilot departments are very happy with the product. Rolling implementation by department to commence per the schedule, depending on COVID impact in the hospital and staffing levels.

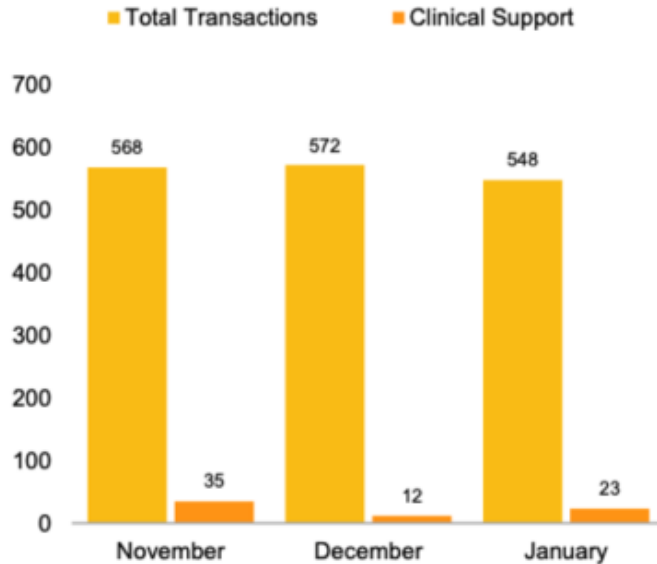
Department Updates

- New Systems Administrator and Desktop Support positions posted online.

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

Volume Review:

- 1.97% abandoned over 10 seconds
- 15.4 second average speed to answer



Information Security

- **New Firewall Reporting Capabilities**
 - We have a plan to implement the recommended actions to reduce our risk.

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: Sun Jan 2 2022 00:00:00 to Sun Jan 16 2022 23:59:00

Risky Apps 94	Risky Users 675	High Bandwidth Apps 32
Encrypted Apps 111	Evasive Apps 6	Dangerous Web Browsers 12

YOUR NETWORK PROFILE

11 Operating Systems	0 Mobile Devices	943 Applications in Use	14 File Types Transferred
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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

I. EXECUTIVE SUMMARY

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

Assessment Period: Sun Jan 2 2022 00:00:00 to Sun Jan 16 2022 23:59:00

Total Attacks 176	Relevant Attacks 0	Hosts Targeted 0
Irrelevant Attacks 100%	Events Requiring Attention 0%	Hosts Connected to CnC Servers 0

RELEVANT ATTACKS CARRY THE FOLLOWING RISKS

CLASSIFICATION	COUNT
Attempted User Privilege Gain	86
Web Application Attack	42
Attempted Administrator Privilege Gain	37
Attempted Information Leak	11

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

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

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



Executive Summary

Bartlett Regional Hospital

12/21/2021 - 01/21/2022

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

Targets

Instances of attackable software hackers can discover.



Prioritization Matrix

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

ATTACKABILITY

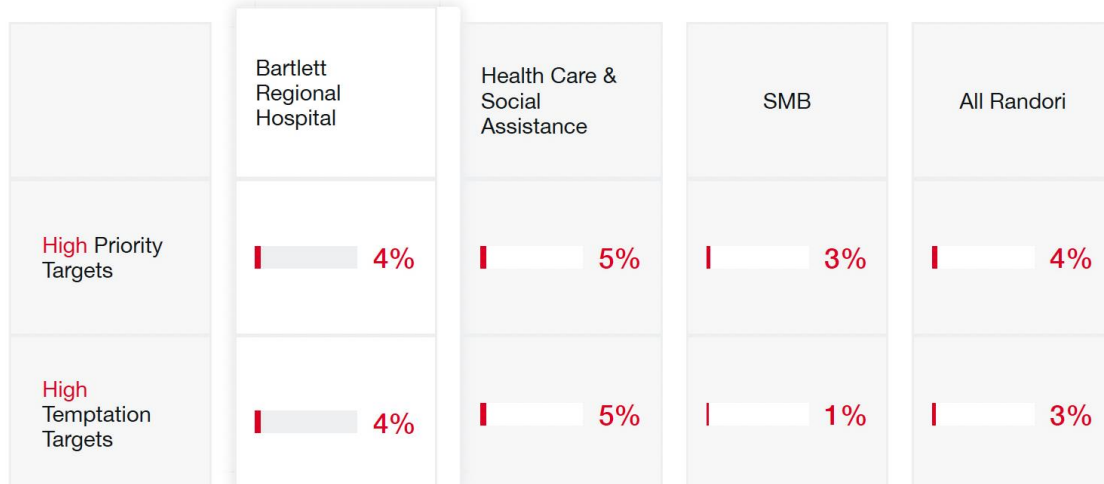
		Low	Medium	High	Critical
BUSINESS IMPACT	High	0	0	0	0
	Medium	0	0	0	0
	Low	0	0	0	0
	Not Provided	8	14	2	0

RISK: ■ Critical/High ■ Medium ■ Low

Peer Comparison

Beta

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



- **Third-Party Penetration Test**

- We have an engagement with our 3rd Party vendor Rapid7 to perform a Penetration Test and Vulnerability Assessment across our organization over the first 2-weeks of March.
- Rapid7 will perform a Penetration Test from the outside as well as perform an Assumed Breach scenario where we will provide their team with a basic user account and access to a standard internal system as if they had already obtained those credentials and foothold by compromising a staff member through a phishing email or similar tactic.
- Once the report is complete, we will present the results to the BOD and SLT along with an action plan for any remediation steps that are recommended.

- **Rapid7 Incident Detection and Response Report**

- No MITRE ATT&CK Techniques detected in January 2022
- Major uptick in processed events. 36 Million/Day vs. 13 Million/Day due to increased reporting capability from our new firewalls.



- **Rapid7 Hunt Report:**

- Each month we perform an active hunt campaign starting with the presumption that we are already compromised and then look for evidence of said compromise including lateral movement, credential compromise/re-use, pivoting, malware, data exfiltration, etc.
- The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **837 endpoints**. **Rapid7 did not identify any indicators of compromise via hunt data during the month of January.**
- 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: January**

- One low level alert was captured by our Anti-Malware system and was immediately investigated and remediated. An application was attempting to establish outbound communication to a known Command and Control network but the Anti-Malware stopped the traffic and the firewall blocked all inbound traffic to that system.

Executive Summary

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

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

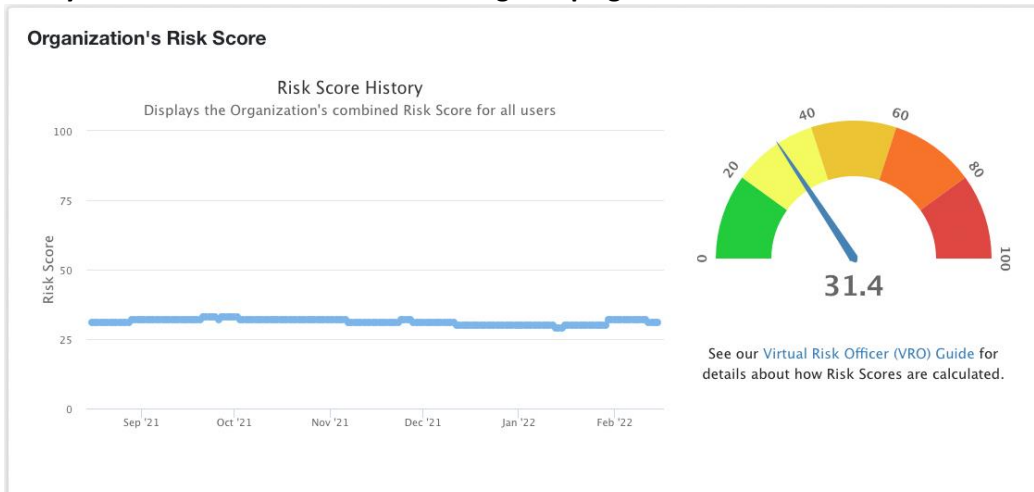
The root cause for detections this month was "Connection to malicious address".

- **Attacks on Bartlett network noticed a sharp decline in the last 30-days but still significantly higher than our previous baseline in March of 2020.**

- Remaining vigilant in our efforts to keep the attack surface LOW and continuing to actively block bad activity and hunt down all alerts.

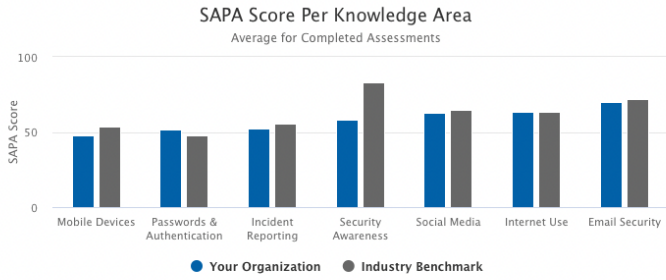
Attacks on Bartlett Network						
	As of March-15 2020	As of Oct-08	As of Nov-08	As of Dec-08	As of Jan-09 2022	As of Feb-09
Per Minute	86	3905	3920	3425	3687	2193
Per Hour	5,160	234,300	235,200	205,500	221,220	131,580
Per Day	123,840	5,623,200	5,644,800	4,932,000	5,309,280	3,157,920
Per Week	866,880	39,362,400	39,513,600	34,524,000	37,164,960	22,105,440
Per Month	3,839,040	174,319,200	174,988,800	152,892,000	164,587,680	97,895,520
Per Year	45,201,600	2,052,468,000	2,060,352,000	1,800,180,000	1,937,887,200	1,152,640,800

- **Security Awareness Risk Score and Phishing Campaigns**



- We have some work to do on our Security Awareness Culture Scores. We have another training campaign in the works and will release that to the hospital staff later this month.
- Our Phishing Campaigns are still going strong, and we are below the industry average for our size organization. We can still improve our posture by providing more training and collateral materials.

Security Awareness Proficiency Assessment (SAPA)



Industry Benchmark Data ⓘ

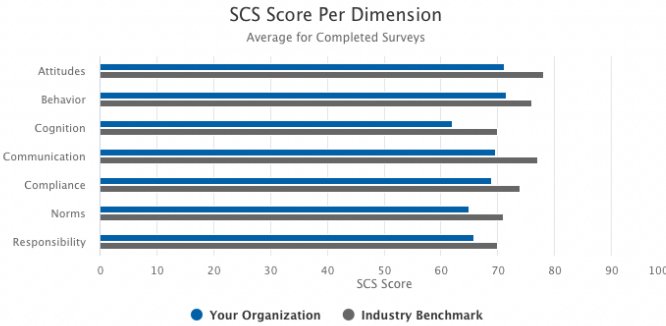
Organization's SAPA Score: **57.9%**

Industry SAPA Score: **63.7%**

Industry: Healthcare & Phar ⌵

Organization Size: Medium (250-100) ⌵

Security Culture Survey (SCS)



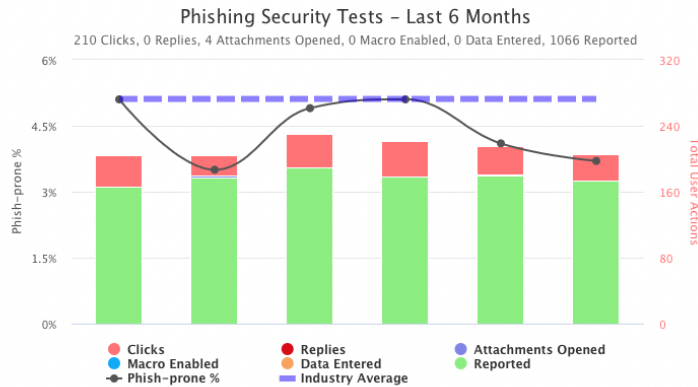
Industry Benchmark Data ⓘ

Organization's SCS Score: **62**

Industry SCS Score: **74**

Industry: Healthcare & Phar ⌵

Phishing



Industry Benchmark Data ⓘ

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

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

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

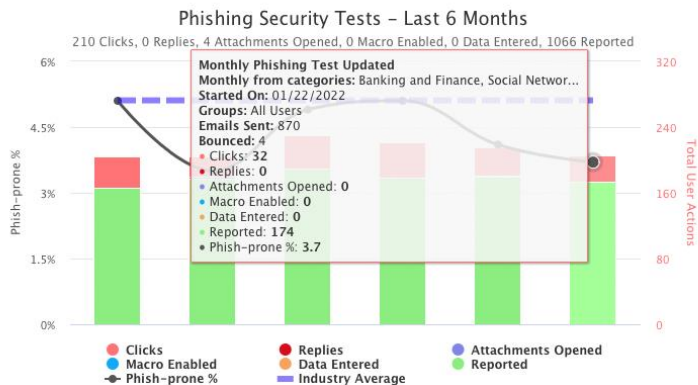
Industry: Healthcare & Phar ⌵

Organization Size: Medium (250-100) ⌵

Program Maturity: 1 Year ⌵

Industry Benchmark Chart Data

Phishing



Industry Benchmark Data ⓘ

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

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

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

Industry: Healthcare & Phar ⌵

Organization Size: Medium (250-100) ⌵

Program Maturity: 1 Year ⌵

Industry Benchmark Chart Data

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February 2022 Board Report Jerel Humphrey, Interim CEO

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Reviewed history of EMR with Scott Chille, Kirsten Kincaid and Kim McDowell. There is still a lot of work to do with this system
- Continue to work with and support Dr. Garcia to recruit a total bone and joint orthopedic surgeon
- Chaired the monthly Incident Command Team meeting.
- Getting organized for the ED expansion project
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- Pulling resources together to support Dr. Joy Neyhart as she deals with tragic death of her partner Dr. Kim Kilgore
- Hired Interim CFO, Robert (Bob) Tyk. Bob's first day at BRH was February 21st.
- Sat in on the second session of the strategic planning process of the board on February 3rd.

Compliance - Nathan Overson

- A HIPAA concern was brought forward that highlighted an example of how our compliance process is intended to work. The situation was investigated and facts reviewed by the HIPAA Security Officer, HIPAA Privacy Officer and the Compliance Officer per the Patient Privacy Violation Sanction Policy. Assistance for determination was sought through BRH's Cyber Security Insurance Carrier. Kudos to the team who brought the concern forward to allow the compliance process to address areas of improvement as needed; ultimately for the benefit of protecting patient's privacy rights.
- A Service Line Advisory Workgroup has convened to develop the operational framework for the upcoming Service Line Committee who will inform Senior Leaders on operational and compliance considerations of new or changing service lines. As the framework is being developed this advisory workgroup will also review new or proposed changes in service lines of the hospital.
- A 340B Oversight Committee has been created. The committee is responsible for all areas of the 340B Program including policy development, internal audit, compliance, education etc. They have met several times and are making progress toward the improvement initiatives they have adopted as a result of a comprehensive review of 340B program.
- The Compliance and Audit Committee of the board adopted a new dashboard format for tracking key compliance metrics. The template for the dashboard came from PYA, P.C., the firm that performed our Compliance Program Review and Risk Assessment. The new dashboard will give a broader scope and insight into the activities of the Compliance Program.

Community Relations/Marketing & Strategy – Erin Hardin

- Erin started in the Marketing Director position on January 24, 2022.
- Current focus is on 30-day goals (Discovery phase), including holding introductory meetings, preparation of FY2023 department budget, understanding current brand, and review of all existing contracts.
 - Introductory meetings are underway, starting with members of the senior leadership team and current contract representatives. Initial goal is to establish lines of communication and identify high-priority work.
 - FY2023 budget preparation is underway, starting with an analysis of current department spending. Initial goal is to understand existing brand investments and advertising efforts.
 - A review of all existing department contracts is underway, as located in the current FY2022 budget. Initial goal is to identify what services are being contracted and at what cost – where are funds currently being invested? Are data available to support continued investment?
- Forthcoming marketing plan and identified strategies will be informed by current department efforts as noted above.
 - Marketing plan will be built following the below phases:

1. Discovery – study current business efforts and understand current market position, conduct SWOT analysis, understand competitors, learn customers (ongoing)
 - Study of current business efforts underway (see 30-day goals above) – will inform SWOT analysis
 - Understanding our current brand – a well-defined brand will guide advertising and marketing
 - What is our organization’s vision? Where are we going in the next 5, 10, 30 years? (BRH Strategic Plan)
 - What do we stand for? What are our values? Why do we do what we do? (BRH Vision – Mission – Values)
 - What do our customers say that sets us apart? How do we communicate and engage with staff?
 - Forthcoming Spring 2022 *House Calls* magazine was revised to include robust public readership survey – feedback will inform SWOT analysis and forthcoming strategy and tactics
 - Forthcoming meetings with Quality/Process Improvement, HIM, PAS, HR, Staff Development
 - Forthcoming staff communications survey to gain feedback on current internal and external communications methods and ideas for changes
2. Ideation – create a brand profile, establish SMART marketing goals (*forthcoming*)
3. Strategy – determine concept of message delivery, establish plan to achieve goals (*forthcoming*)
4. Tactics – implement data-driven tools to execute strategy (website, social media, content marketing, print, digital, etc.) (*forthcoming*)
5. Analysis – establish and track metrics, report on results to determine what’s working (*forthcoming*)
6. Adaptation – evaluate efforts regularly and make improvements, update strategy as needed (*forthcoming*)

BSSC, BMOC, SEPS – Sara Dodd

Bartlett Surgery & Specialty Clinic –

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

General surgery:

- Still looking for a new location to accommodate BSSC for when our lease expires are the end of this year. We recently spoke with a realtor, but have not had any viable places yet.
- OR has been very helpful providing additional endoscopy days to help with the back log we currently have.

Dermatology:

- Kris Miller is adding additional clinic days to his rotation to help with the demand.

Ophthalmology:

- Cases were canceled the week of 2/10/22 due to communication surrounding supplies. We are trying to get an add on day from the provider and OR to make up for these canceled cases.

Bartlett Medical Oncology Center –

- Due to the rise in Covid numbers, the oncologists held televisit clinics in January and the beginning of February. We are hoping that they will be back in person for their late February/March clinics.
- We have had two Evushield consent clinics for patients so far. Evushield is a new drug available for immunocompromised patients for pre-exposure prophylaxis against Covid. The drug is administered in the infusion department.
- The ECW-Meditech lab order interface went live on February 1. Want to give a shout out to the staff who have been working on this project: Frances Jones, Ilea Belcourt, Pam Eby, and Britt Watters.
- Marlowe Dunker, BMOC’s clinical nurse, has advanced to RNIII status. She’s been with Bartlett for almost 14 years and is a vital member to our oncology team! Congrats, Marlowe!

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

Southeast Physician Services –

Southeast Physician Services							
		Claims count					
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan
Alpine Dermatology	110		29	137	168	123	104
Bartlett Medical Oncology	96		94	104	103	87	80
Bartlett Surgery & Specialty Clinic	527		617	468	599	527	415
Seattle Anesthesia Services	197		191	157	195	143	146
Southeast Radiology Consultants	718		922	932	824	519	642
Total	1648		1853	1798	1889	1399	1387

Contracting:

- BSSC: Multiplan – As of 02/10/22, No change. Will run an analysis once we receive payments with 2022 DOS.; UHC – As of 02/10/22, No change.
- BMOC: Multiplan – No contract can be initiated until Multiplan patients are seen.; UHC – As of 02/10/22, No change.
- SAS
 - AETNA – As of 12/22/21, contract signed. Effective February 1st, 2022.
 - BC – As of 12/10/21, contract signed. Effective January 1st, 2022.
 - MODA – As of 12/17/21, contract signed. Effective February 1st, 2022.
 - MULTIPLAN – As of 01/19/22 waiting on proposal.
 - UHC – As of 02/01/22, per Dr. Looney wait to counter until we have enough data to analyze for 2022.
- SRC
 - AETNA – As of 02/09/22, AETNA is analyzing Dr. Shanley’s counter.
 - MODA – As of 02/04/22, contract signed. Effective date will be 30 days after credentialing is complete which can take 90-120 days.
 - MULTIPLAN – As of 01/21/22, pending Dr. Shanley’s approval on contract.
 - UHC – As of 01/21/22, holding off on contracting.

MD Audits:

- Developing a standardized process.

Staffing:

- Vanessa Rose Dickinson resigned, last day February 20th and then she will be helping as a casual.
 - Ilea Belcourt will be interim until position is filled



Conferences & Webinars

The Governance Institute hosts events that offer current information, interactive sessions, expert speakers, and the opportunity to meet others with a similar commitment to improving governance and achieving optimal board performance. Our hybrid event enables you to attend in-person for an individual connection experience, or offers you the flexibility of engaging virtually. Your choice!

Conference Videos ↗

Webinars ↗

Education Agenda ↗

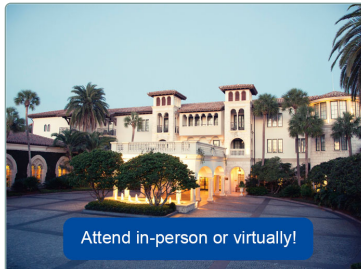


Attend in-person or virtually!

February 2022 Leadership Conference

February 13–16, 2022
Eau Palm Beach Resort & Spa
Manalapan, Florida

[LEARN MORE ↗](#)



Attend in-person or virtually!

2022 System Forum

March 6–8, 2022
The Cloister at Sea Island, Sea
Island, GA

[LEARN MORE ↗](#)



Attend in-person or virtually!

April 2022 Leadership Conference

April 10–13, 2022
Fairmont Scottsdale Princess
Scottsdale, Arizona

[LEARN MORE ↗](#)



Attend in-person or virtually!

Governance Support Forum

September 10–11, 2022
The Broadmoor
Colorado Springs, Colorado

[LEARN MORE ↗](#)



Attend in-person or virtually!

September 2022 Leadership Conference

September 11–14, 2022
The Broadmoor
Colorado Springs, Colorado

[LEARN MORE ↗](#)

2022 Events →

March 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 agenda.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
		1	2	3	4 12:00pm Planning Committee (PUBLIC MEETING)	5
6	7	8 7:00am Credentials Committee (NOT A PUBLIC MEETING)	9 3:30pm Board Quality Committee (PUBLIC MEETING)	10	11 12:00pm Finance Committee (PUBLIC MEETING)	12
13	14	15	16	17	18	19
20	21	22 5:30pm Board of Directors (PUBLIC MEETING)	23	24	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 – Every 3 months
 Physician Recruitment – As needed
 Governance – As needed
 Planning – 1st Friday every month

MARCH 2022 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, March 4th

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Board Quality Committee 3:30pm Wednesday, March 9th

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

Call 1 888 788 0099 Meeting ID: 931 3522 9557

BRH Finance Committee 12:00pm Friday, March 11th

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

Call 1 888 788 0099 Meeting ID: 987 3361 0436

BRH Board of Directors Meeting 5:30pm Tuesday, March 22nd

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

Call 1 888 788 0099 Meeting ID: 932 9392 6195