

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, April 23, 2019; 5:30 p.m.
Bartlett Regional Hospital – Boardroom

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:35
III.	APPROVE AGENDA	5:40
IV.	PUBLIC PARTICIPATION	5:45
V.	MEDICAL STAFF REPORT	5:50
VI.	EXECUTIVE SESSION	5:55
	A. Credentialing report (BLUE FOLDER)	
	B. Patient Safety Dashboard (BLUE FOLDER)	
	C. Litigation update	
VII.	BOARD EDUCATION – Marc Walker (Pg. 3)	6:05
	• After Hours Lockdown	
VIII.	CONSENT AGENDA	6:15
	A. March 26, 2019 Board of Directors minutes (Pg. 11)	
	B. Draft Finance Committee Minutes (Pg. 14)	
	C. Management reports (Pg.16)	
IX.	OLD BUSINESS	6:20
	A. Focus and Execute quarterly update	
X.	NEW BUSINESS	6:25
	• Committee Action Items (if any)	
XI.	CEO REPORT	6:30
XII.	STRATEGIC DISCUSSION	6:35
	A. State and Federal Budget Implications	
	B. Ophthalmologist update	
	C. Crisis Intervention - Bradley	
XIII.	PRESIDENT REPORT	6:45

XIV.	BOARD CALENDAR (Pg. 35)	6:55
XV.	BOARD COMMENTS AND QUESTIONS	7:00
XVI.	ADJOURNMENT	7:05

Facilities Management After Hours Lockdown

Mike Lopez, Mary Crann, Beth Mow,
Gail Moorehead, Ariel Thorsteinson
& Marc Walker
23 April 2019

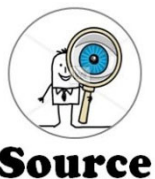
Improvement Goal

- We are working to improve the safety of patient, visitors and staff by reducing the number of after hours access points and controlling accessible locations for non-employees.
- We chose this project because:
 - we expect it to provide a safer environment, as well as help protect our infrastructure from vandals.
 - This process is high risk and low volume.
- Our goal is to control and monitor access while maintaining access for staff, patient visitors and physicians by December 31st 2019.



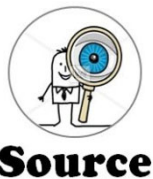
Data Collection

- **Baseline:** Currently there are 9 external access points and 5 unsecured stairwells.
- **Data collection method and frequency:**
 - Waste walk
 - Flowcharting
 - Lenses
- **Scope**
 - Hospital Main Building



Data Analysis

- **Conclusion:** The new systems and processes once in place, will greatly improve safety.
 - Access Points
 - Badge Access System
 - Visitor Control Program



Change Management

- Change Concepts applied:
 - Automation, access control system
- Challenges / Barriers:
 - Visitor Policy
 - Culture change staff and physicians
 - Culture change visitors
 - Vending Services
 - Meditation Room Access



Activity Summary

- Established Administrative Support
- Established Work Group
- Defined desired outcome
- Developed list of control points
- Developed equipment and infrastructure needs
- Brought Fire Marshal in for consultation
- Started development of a Visitor Policy/Plan
- Developed rough cost estimation



Current and Future

- Current
 - Interim measures
- Future
 - Funding approval
 - Visitor policy/passes
 - Signage plan
 - Media internal/external



Monitoring

- Interim measure appears successful
 - Locking Remote Restrooms



Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
March 26, 2018 – 5:30 p.m.
Robert F. Valliant Boardroom

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:30 p.m. by Lance Stevens, Board President

ATTENDANCE

Lance Stevens, President	Bob Urata, MD, Secretary	Mark Johnson
Rosemary Hagevig, Vice-President	Brenda Knapp	Lindy Jones, MD
Marshal Kendziorek	Kenny Solomon-Gross	Deb Johnston

ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Megan Costello, CBJ Law
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Don Schneider, MD, COS
Rose Lawhorne, Assistant CCO	Audrey Rasmussen, Director of CCU	
Michelle Hale, CBJ Liaison	Anita Moffitt, Executive Assistant	
Elizabeth Jenkins, KTOO Reporter		

APPROVAL OF THE AGENDA – *Ms. Hagevig made a MOTION to approve the agenda as presented. Mr. Johnson seconded and it was approved.*

PUBLIC PARTICIPATION – None

ECRI ROBOTICS REPORT – Marc Schlessinger from the ECRI Institute, provided an overview of the assessment for robotic assisted laparoscopic surgical (RALS) needs they conducted for BRH. Intuit Surgical (da Vinci robotics supplier) projects a 3.3 year return on investment (ROI), ECRI projects a 5.5 year ROI on equipment that only has a 7 year life span. Pricing and comparisons for the da Vinci Xi and the X were discussed as were RALS possible surgical procedures and volumes, staffing, recruitment and training needs. Current surgical volumes would support a robotics program however, BRH currently only has two surgeons trained in robotics surgery and there is no certainty of their future at BRH. Staff turnover rate in the OR is significant and a true safety concern. A stable employee group, possibly including a surgical PA trained in robotics must be maintained. Surgical outcomes for robotic surgery and open surgery are the same but advantages of robotic surgery were noted. The initial capital cost of a robotics program would be approximately \$2.5 Million. Creation of a multi-disciplinary surgical robotics steering committee meeting is recommended as is developing multiple pathways for attaining privileges for each RALS. Board members posed multiple questions regarding training requirements, proficiency vs. competency, advantages and disadvantages, higher costs of RALS procedures, staffing needs, increased anesthesia times and vendor support via surgery observations.

BOARD EDUCATION – Audrey Rasmussen, CCU Director, presented the goals and action plan to obtain the Beacon Award for Excellence awarded by the American Association of Critical Care Nurses (AACN). The Beacon award was created to recognize individual units that distinguish themselves by improving every facet of patient care. Dr. Urata complimented Ms. Rasmussen and her team for their hard work and dedication to excellent care.

CONSENT AGENDA – *Mr. Kendziorek made a MOTION to approve the consent agenda as presented. Ms. Knapp seconded the motion and it was approved.*

TITLE 40 – Mr. Bill reported the proposed changes to Title 40.15.60 were presented to the Medical Staff at the March 5th meeting. Medical Staff had no comments. *Ms. Knapp made a MOTION to move Title 40 changes to the Assembly for approval. Mr. Kendziorek seconded.* Dr. Urata objected. He reiterated that the Medical Staff's concern is that the hospital is going to hire more physicians and drive private practitioners out. *Roll call vote was taken. Motion passed 8 to 1 with Dr. Urata being only member opposed.*

NEW BUSINESS – *Ms. Hagevig made a MOTION to approve the Quality Committee Management Plans and Evaluations action items listed on the agenda. Dr. Urata seconded and it was approved.* Mr. Kendziorek noted that these items are very informative and well presented. He expressed his appreciation to the Quality Department for all of the hard work put into them. Ms. Knapp encouraged all board members and staff to attend the Quality Committee meetings if available to do so.

Medical Staff Report – Dr. Schneider reported that the March 5th Medical Staff meeting was very quick. There was not a lot of new or alarming issues.

Executive Session – *Mr. Kendziorek made a MOTION to go into executive session to discuss the credentialing report, patient safety dashboard, Siddon v BRH litigation strategy and Estate of Adams litigation strategy. All of which are confidential by nature and protected by law. Mr. Solomon-Gross seconded and motion approved.* Mr. Bill requested the reversal of order of items C (Siddon litigation) and D (Adams litigation) to allow Drs. Schneider and Urata to stay for discussion of the Adams litigation strategy but recuse themselves for the Siddon litigation strategy. The committee entered executive session at 6:33 pm and returned to regular session at 7:00 pm.

Mr. Kendziorek made a MOTION to approve the credentialing report as presented. Ms. Knapp seconded and it was approved.

Mr. Kendziorek made a MOTION to move forward with the Siddon matter as presented by the CBJ attorney. Ms. Knapp seconded. Dr. Urata abstained and the motion was approved.

CEO Report – Mr. Bill reported that he commented at the State Budget hearing on Friday night on the impact of the Governor's budget on healthcare throughout the state and more particularly on Bartlett. The House Budget Committee presented, prior to the commentary, a history of funding of state services in AK, the timeline, budget cuts vs the PFD and then dove into that with more detail. What he took away from the meeting was that there is a big change from the house about not accepting the governor's budget and looking at how the PFD could be used to reduce the impact of that. They spoke about being able to

eliminate the majority, if not all of the cuts presented from the governor's budget by reducing the pfd. The general consensus from the public is that they are willing to give up the pfd or pay state taxes to avoid cuts in services. Mr. Bill has not had an opportunity to testify on the Senate side yet.

Mr. Bill reported that he will be in Washington DC to attend the annual American Hospital Association (AHA) meeting from April 6th through 10th. He will have an opportunity to meet with our legislators to primarily talk about continuing the Rural Demonstration Project. He also noted that we have received a public records request from Blood Bank of Alaska (BBA) for a copy of our contract with Bloodworks Northwest. It was noted that BBA has still not provided pricing information as requested multiple times. Mr. Solomon-Gross asked that Mr. Bill talk to BBA about entering into a contract for platelets only. A date is to be determined for the quarterly Joint Conference meeting with the medical staff.

STRATEGIC DISCUSSION

Robotics – Ms. Hagevig discussed the public image of the hospital and does not want to send the message that BRH does not want to technologically advance. Mr. Johnson stated that RALS can affect our recruitment efforts and should be kept under consideration. Mr. Kendziorek supports RALS for BRH but expressed concerns of the high turnover of support staff in the OR. Mr. Bill noted that the OR Director is also concerned about staffing and raised the issue of the cost of recruiting and training staff. He does not feel that a 5.5 year ROI is accurate when looking at the big picture. Senior Leadership recommends that discussions continue as we recruit to stabilize potential staff and let the tentative situation with finances and State Medicaid sort themselves out before we commit. Dr. Jones expressed concerns about the need for a core group of trained technicians available for both robotics care as well as complex surgical cases, the number of cases only sufficient for physicians to be competent but not proficient in RALS and the significant higher cost to patients for robotic procedures that have the same outcome as non RALS procedures. Ms. Johnston requested national data on retention of robotics trained physicians and staff. Since we are not ready to take action yet, this discussion is to be put on hold. A steering committee will be formed to gather information and help guide future discussions. Dr. Urata stressed the importance of readiness when implementing a new program and supports waiting. Mr. Stevens noted that Central Peninsula just brought their program on line and suggested we wait to see how successful they are and learn from them. Mr. Bill suggested another option might be to form an affiliation with Virginia Mason or somewhere to bring up a robotic surgical team to Juneau on a regularly scheduled basis. Board will resume discussions at a later date.

Mr. Bill reported that Dr. Kopstein has a part time employment contract under review by his attorney. He has applied for his Alaska license and may be able to begin providing services here by June. Surgical equipment needs have yet to be identified.

PRESIDENT REPORT – Mr. Stevens reported that the Joint Session with the Assembly went very well and thanked everyone for attending. He also reported that he and Mr. Bill are working on a document that reviews the past 5 years. This document will be presented at next month's Board meeting.

BOARD CALENDAR – The April Board calendar was reviewed. It was decided that a 7:00 am Planning Committee will be held on Monday, April 22nd.

BOARD COMMENTS AND QUESTIONS – None

ADJOURNMENT – 7:45 p.m.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – April 10, 2019

Called to order at 7:00 a.m. by Finance Committee Chair, Dr. Bob Urata.

Finance Committee & Board Members: Dr. Bob Urata (Chair), Mark Johnson, Deb Johnston

Staff: Kevin Benson, CFO, Rose Lawhorne, Asst CCO, Billy Gardner, CCO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Karen Taug, Controller, Megan Taylor, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from the March 13, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

February 2019 Finance Review – Kevin Benson, CFO

Mr. Benson explained that Bartlett Regional Hospital had a decrease in inpatient revenue and patient days that led to an overall decrease in revenue, that was somewhat offset by an increase in outpatient revenue. To address staffing concerns and lower cost associated with temporary coverage and travel nurses, in the next four to six months efforts will be made to recruit some of the twelve nurses graduating from UAS, and gradually on-board them starting June 1st. The hope is that they can get a temporary license and be trained primarily in a single department, and cross trained to float in another department when needed.

Crisis Stabilization Update – Bradley Grigg, CBHO

Mr. Grigg presented an update to the status of the Crisis Stabilization project. The RFP for the design phase will post in a couple weeks, with a decision to be made by the end of May. Premera has received tax credits, resulting in \$5 million that they have chosen to invest in behavioral health. This money will be managed by the Mental Health Trust, and Mr. Grigg traveled to Anchorage to request \$1.5 million for both the Crisis Stabilization project and the detox facility project, where Premera participated via phone. Mr. Grigg stated they should know within 60 days, and will have a three year rollover to allow a calculated application to best utilize the funds.

The details of the detox facility project will be very similar to what was laid out a year ago, with eight beds that can hopefully allow for some flexibility of use while maintaining separation between adults and minors (e.g. four adult beds and four child beds, or five adult beds and three child beds, etc). The sixteen beds at RRC currently will remain, and the plan is to add four beds for detox. Regarding staffing for the crisis stabilization project, there will be 24-hour care, which will include psychiatric, behavioral health assistant(s), and nurse coverage. Mr. Grigg expressed that ideally there would be an assessment center to function as a single point of entry for RRC, mental health, crisis stabilization, and detox, to bypass the Emergency Department all together for these patients. They would still be assessed by a physician, in the assessment center, to rule out other medical conditions.

Swing Bed Program – Kevin Benson, CFO

Cost-based reimbursement from Medicare (just like inpatient) is \$2,700 per day, so reimbursement would be \$1.9 million. Accounting for the loss of \$677,000, and cost of staffing and ancillary services

(\$200,000), the total net reimbursement is projected at about \$1.1 million. Central Peninsula Hospital in Soldotna is a rural demonstration project hospital with swing beds, so there will be a site visit for information gathering and comparison's sake. Mr. Johnson requested information on a timeframe, but Mr. Benson clarified that the issue is finding the appropriate point of contact at CMS who is knowledgeable in implementing a swing bed program at a rural demonstration project hospital. The rural demonstration project ends June 2021 however, and if it doesn't get renewed, then it wouldn't make financial sense to continue with this project. Mr. Bill is working to get the program permanent, instead of the five year renewal that is currently the case.

IV Infusion Pump Replacement – Kevin Benson, CFO

The pumps are at or have surpassed their allotted ten year lifespan, and therefore are being replaced. There are single and multiline pumps that interface with Meditech. The pumps that were selected were preferred by nurses, should be a seamless integration with the current BRH IT systems, and was the lowest cost option at \$327,000 (\$200,000 below the budgeted amount, so approval by the board is not required).

There was a request for orthopedic equipment (for use by Dr. Hightower) in the amount of \$178,000 (not in the approved budget).

Mr. Johnson made a motion to approve the request in the amount of \$178,000 for orthopedic equipment. Ms. Johnston seconded the motion. There were no objections and the motion passed.

340B Expansion – Kevin Benson, CFO

Effective July 1st, the 340B program will be expanded to Safeway and Fred Meyer pharmacies, and they will split the savings with BRH. This will increase revenue and benefit local pharmacies. This is the deadline for getting data streams in place. BRH will spend the quarter seeing if the program is effective, then either discontinue it or expand further to additional local pharmacies (around January 1st). Ms. Johnston asked if this would require additional administrative burden to the hospital, to which Mr. Benson responded that most of the work is done behind the scenes and no additional staff would be needed. The 340B program would need to be audited annually to ensure compliance with requirements. Patients wouldn't notice a difference at the consumer level.

Departmental Assessments – Kevin Benson, CFO

Mr. Benson presented a plan to assess productivity by department. BRH staffing has remained consistent over time, so the assumption is that current operations are efficient, but considering proposed state budget cuts, preparation must be made ahead of time to assess options for responding to substantial decreases in revenue. The GPO will conduct the assessment, as they have access to a large database of hospitals and can provide benchmarks for comparison. Fairbanks is conducting an assessment of their own, so BRH is waiting for completion of that assessment to gather information from their experience.

Dr. Urata brought up the Moss Adams assessment done last year of profitability by service line. He suggested looking at that again, and updating the model based on current operations to determine how operations may have changed.

Staff emphasized the value of assessors speaking with department directors to fully understand the real-life implications of their data findings, and the impact of any decision outcomes.

Next Meeting: May 8th, 2019 at 7:00 a.m. in BRH Boardroom

Adjourned – 7:52 a.m.

Bartlett Regional Hospital

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April 23, 2019 Management Report From CLO

Topics*

- General contract review and legal research
- Risk management/litigation monitoring and related consults
- General legal advice/review of records requests, subpoenas & similar docs
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and/or Quality Director
- Title 40 Ordinance for Assembly
- Legal Case Review monitoring and strategy discussion/updates with outside counsel

*Full project report available at month's end to Board members upon request.

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Management Report from Dallas Hargrave, Human Resources Director
April, 2019 (3rd Quarter Data—January, February, March, 2019)

New Hires	32
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Separations	20 All Other Separations
	1 Retirement
	9 Casuals/temp
Total	30

Contract/Travelers	3 Operating Room RN
	8 M/S RN
	1 CCU RN
	3 Ultrasound Tech
	1 CT Technician
	1 Histology Tech
	2 Dietitian
Total	19

Hard to Recruit Vacancies	RN's	FT	All Dept
	Forensic Nurse Examiner II	Casual	Emergency
	Nurse Educator	FT	Surgical Services
	Pharmacy Technicians	FT	Pharmacy
	Psychiatrist	FS	Mental Health Unit

All Employee Turnover		
All Employee Types	FT Employees	All Others
4.68%	3.24%	7.65%

641 Employees
FS/FT employees = 432
All others = 209

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
4.62%	4.46%	4.91%

173 Nurses
FS/FT = 112
All others = 61

Grievances	0
Arbitration Cases	0

Workers Compensation Claims	
Department	Brief overview
Mental Health Unit	Rotator Cuff Injury (Patient interaction)
Emergency Department	Scratched Wrist (Patient Interaction)
Emergency Department	Lower Back (Attempting to lift intoxicated pt.)
Emergency Department	Injured arm and Face (Patient interaction)
Surgical Services	Allergic Reaction to detergent used on scrubs
Behavioral Health	
Outpatient Services	Slipped on ice in parking lot
	Slipped on ice between Admin
Patient Financial Services	Build and Med Arts
OB	Shoulder Pain (after lifting patient)
	Sprained thumb & wrist (pulling
Materials Management	a box off of shelf)
	Injured knee (Fell on internal
Laboratory	staircase)
Critical Care Unit	Elbowed in head (Interaction with patient)

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org
Management Report from Dallas Hargrave, Human Resources Director
April, 2019 (Continued)

Change to PERS Agreement Amendment

We have received a tentative approval from the State of Alaska Division of Retirement and Benefits to draft changes to our PERS agreement amendment. These changes will need to be approved by the CBJ Assembly, along with some CBJ-related changes, prior to the final approval from the Division of Retirement and Benefits. Below is a summary of the BRH-related changes:

1. This is a change of the definition of a casual position at BRH to be defined by up to 780 annual hours of work *in the job classification*. We currently defined a casual by up to 780 annual hours by *employee*. In our audit last year, the PERS auditor pointed out that under our current language we had defined a casual position as an employee working up to 780 hours per year. Although it is somewhat rare, we do have some employees who are employed in more than one casual position and we were incorrectly tracking the hours worked by the time in each casual position, rather than the total time worked in all casual positions. The PERS auditor suggested that a way to correct this is to change the definition of a casual position in our amendment to our PERS agreement so that the hours associated with the casual definition are associated with the job classes rather than the employee. The draft language changes are below:

Part-time limited, Casual, and Seasonal Casual ~~employees positions: employees~~ working less than 780 hours per year in each job classification. ~~occupying a permanent position that work less than 780 hours per calendar year:~~

Casual Employees are scheduled to work on an intermittent basis, i.e. partial workdays, partial workweeks, weekends or full workweeks, as the need arises (typically less than sixteen (16) hours in a seven (7) day period or thirty-two (32) hours in a fourteen (14) day period). A casual employee has no commitment to fill any particular position(s). Likewise, the Hospital has no commitment to provide work for casual employees. Casual employees are scheduled to work less than 780 hours per calendar year in a job classification and do not receive or accrue fringe benefits.

2. BRH is in a current discussion with an Ophthalmologist to become an employee of the hospital. In order to increase the flexibility of the language to exclude all physicians that may be employed in the future (with the exception of Psychiatrists, who are currently in PERS), we drafted this change. This would allow us to hire additional medical providers that may not be currently listed and have never been employed in the past without having to amend the PERS agreement for each type of medical provider that might be hired in the future. The relevant draft language changes are below:

The BRH Chief Executive Officer, Chief Financial Officer, ~~Hospitalist, Hospitalist Medical Director~~ any Physician with a specialty other than Psychiatry, Advanced Practice Registered Nurse, Nurse Practitioner, and Physician's Assistant ~~and General Surgeon~~ classifications are excluded from PERS.

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Chief Clinical Officer, William Gardner Board Report April 23, 2019

Diagnostic Imaging

- Citrix is up. Clinical IT is working with the reading physicians from (VM) establishing their user profiles.
- The Pediatric piece is still being worked out.

Nutrition Department

- Initial planning stages for implementing IDDSI (International Dysphagia Diet Standardization Initiative) to replace NDD (National Dysphagia Diets) terminology – timeline TBD yet, RDN and SLP (Speech Language Pathologist) working with Meditech Informaticist team to determine a projected timeline for order changes and will base staff training and outreach on projected Meditech timeline.

Obstetrics Department

2019 Deliveries:

- 1st quarter Deliveries: Jan-Mar 2019 total Deliveries: 74
- April 2019 (to date)- Month not quite ½ over and already have 19 deliveries for the month.
- OB is seeing high census of labor patients.
- 2018 total for year deliveries: 306
- 1 Ongoing Preceptorship for OB RN
- 10-OB RN's passed their National exam for In-Patient OB Certification
- Onboarding new OB Director, Lauren Beason. Michelle stepping down due to multiple family situations. Transition for new OB Director to fully take effect at the end of May to make as smooth as possible transition.

Pharmacy Department

- Pharmacy in the process of going 24 hours
- Changing the process of billing patients. Changing from billing on dispense to billing on administration. Reflects best practices.
- Oncology pharmacy build. Reflects USP 800 guidelines.
- Establishing contract pharmacies in the community.

Bartlett Regional Hospital
CFO Report
April 23, 2019

HIM – Rachael Stark

- Received kickoff call with Access E-Forms solution to begin implementation of a forms solution for Bartlett Regional Hospital. Picked a team and have four forms sent out of 12.
- Project SEARCH team helping with 2011 purge. We are half way through and projected to be done by the end of May.

Facilities – Marc Walker

Staffing:

- The Maintenance Department has filled one open full time position with a Casual Employee and has an offer out to fill the second vacancy. There is one budgeted FY19 position that has not yet been approved.
- BioMed is fully staffed.
- Security is fully staffed but looking for more casual officers.
- Environmental Services is fully staffed. The EVS Supervisor has announced his retirement for June 2019. We are recruiting for his replacement.
- Laundry is fully staffed.

Of Note:

- The Main Server Room Fire Suppression System project is complete. The design team reviewed and approved the information submitted for the Operations and Maintenance Manual, but was again rejected by BRH due to inaccurate information.
- The MAB Roof Replacement project has been awarded. The pre-construction meeting has occurred and submittals are being received and reviewed.
- The Pharmacy Clean Room project is in the final design stage. The last team meeting before we have bid ready documents is April 11th.
- RRC Detox expansion is out to Bid with bid opening occurring April 23rd.
- Other projects underway or just getting started include: ASU 11 Supply Fan replacement, Ventilation Improvement for the Laboratory, JMC Fire alarm replacement, SF1 heating coil water to glycol conversion, Rooftop Chiller #2 replacement, and Endoscopy Ventilation improvements.

IS – Scott Chille

Projects:

- T-System 5.1 Version Upgrade – April 25th 01:00am – Cloud migration was successful
- Self-Password reset option being rolled out to reduce downtime impact of end-user account lockouts – April 19th
- Citrix Remote Desktop to replace current Bartlett Remote Access April 26th
- TigerConnect (Secure Text Messaging) Go-Live week of April 29 – May 3
- Summit Exchange Interface engine migration April 9th – SUCCESS
- TELCOR & iStat project in progress – expected Go-Live mid-May

Patching – April 18th early morning downtime - Meditech will remain ONLINE

Meditech Expanse, ED Module, Web Ambulatory

- Working with key stakeholders to develop plans

- Expanse tentative November, Web Ambulatory March 2020, ED Module still working out details

Security Risk Assessment Remediation

- Security Awareness Advisory Board part of I.T. Steering Committee
 - New monthly training series starting in May
 - Developing new materials and schedule to increase awareness and “brand” our program.
- Security Awareness Training – 65% complete – 217 staff still need to complete

PAS – Angelita Rivera

- Prepping for the tour season, it’s a green team so hopefully by June they will all be operating a good comfort level.
- Also, in conjunction with HIM, working to get ACCESS Electronic forms/signature up and going.

PFS – Tami Lawson-Churchill

- Finalizing Policies
- 2019 Moss Adams DSH Audit
- Short Staffed (FMLA) (Union Staff)
- Rebilling BOPS Claims (Psych Dr. Enrollment)
- Implementing Lactation Billing Process



Memo

To: Kevin Benson, CFO – Bartlett Regional Hospital
From: Brian Bertsch - Principal
Date: March 27, 2019
Subject: Medicare Swingbed Reimbursement Analysis

Kevin,

Eide Bailly LLP conducted an analysis of the financial and reimbursement impact of having Medicare swingbed days provided by Bartlett Regional Hospital. The analysis included 730 Medicare swingbed patient days that would be provided by Bartlett Regional Hospital in addition to the existing acute patient days and volumes for the June 30, 2018 fiscal year. We utilized the June 30, 2018 filed Medicare cost report to determine the Medicare reimbursement impact under the CMS Rural Community Demonstration Program. Bartlett Regional Hospital, in conjunction with Eide Bailly LLP, determine these 730 additional swingbed days would generate approximately \$1,163,400 in gross revenue (\$292,000 in routine charges and \$871,400 in ancillary charges). From this revenue Bartlett Regional Hospital provided additional expenses that would be incurred due to the additional days. These expenses were a total of \$50,000 for an additional FTE and approximately \$144,000 in ancillary department variable expenses, for a total of \$194,000 in total expense.

Based on the assumptions noted above, the financial impact of providing the additional 730 Medicare swingbed days is as follows:

Estimated Impact utilizing June 30, 2018 Medicare cost report under Rural Community Demonstration Program

Expenses associated with additional swingbed days	(\$194,000)
Impact on current Inpatient Medicare reimbursement	(\$677,000)
Medicare Swingbed reimbursement for 730 days	\$1,976,600
Net Estimated Impact of providing 730 swingbed days	\$1,105,600

The analysis was prepared with the assumptions mentioned previously. Any changes in the assumptions of utilization, expenses and charges, along with other factors related to the base data utilized from the June 30, 2018 filed Medicare cost report would adjust the financial impact calculations.

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April 2019 Behavioral Health Board Report Bradley Grigg, CBHO

- **Psychiatry Update:**
 - **Dr. Joanne Gartenberg** (BRH Employee) providing administrative oversight to BH Medical Staff in addition to seeing patients at RRC, BOPS, and covering MHU (including call).
 - **America Gomez, Psychiatric Mental Health NP** (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
 - **Dr. Joshua Sonkiss** (BRH Contractor) continues to provide weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU on a 7 day on/7 day off rotation.
 - **Tina Pleasants, Psychiatric Mental Health NP** (BRH Employee) starts employment Monday, March 25, 2019, providing weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU on a 7 day on/7 day off rotation, alternating with Dr. Sonkiss.
 - **Dr. Helen Short** (Locum) has extended her assignment through September 2019 while we continue to recruit for full time MHU coverage and call.

- **Psychiatry Recruitment Update:**
 - **We continue to recruit for a full-time psychiatrist for MHU.** Preference is for Board Certification in Adult & Child/Adolescent Psychiatry as we move forward with Crisis Stabilization Planning and Development.

- **Rainforest Recovery Center:**
 - Daily Average of 11 patients in March 2019, with an average length of stay 17 days.

- **Mental Health Unit:**
 - Daily Average of 9.7 patients per day in March 2019, with an average length of stay 13 days.

- **Bartlett Outpatient Psychiatric Services:**
 - BOPS continues to operate under extended hours on Mondays and Wednesdays to 7pm to accommodate work and school schedules for patients and their families. We anticipate adding a third day of extended access in May. We are seeing success in that every time block offered in those extended hours offered since February 1, 2019 has been full.
 - Due to increased patient numbers, BOPS has hired a third full time therapist who will begin work in May. This new therapist will serve primarily children given our increased number of child referrals

- **Grants Update:**
 - **Crisis Stabilization:**
 - Bartlett Behavioral Health was awarded a \$2 million grant (\$1.5 million operational/\$500k capital) to develop and implement this program.
 - We are expending the FY19 operating dollars for staffing costs associated with serving patients under “Crisis Stabilization” Status on our Medical Unit (Safe Room). Since January 1, 2019 we have served 13 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.
 - **Other Crisis Grant Opportunities:**
 - The MH Trust is partnering with Premera and the designated funds Premera has obligated for the development of rural Crisis Stabilization Services in Alaska pursuant to the recent corporate tax law changes.
 - April 10, 2019 – Joint meeting with Bartlett Behavioral Health, Alaska MH Trust and Premera in Anchorage to initiate the Grant Proposal process. Anticipated Grant submission will mid May 2019 with an anticipated funding of July 1, 2019. We have requested \$2 million capital funds.
 - Rasmussen Foundation grant cycle is set to open in July 2019. We anticipate applying for additional capital funds through them as well.
 - **Other Grants Update:**
 - March 7, 2019 - Bartlett Behavioral Health was awarded a grant by the State of Alaska to develop Ambulatory Detox Services. Start date was April 1, 2109. Duration FY19-20 totaling \$355,000 operational funds, mostly to cover personnel costs for Psychiatry and Psychiatric NP Staff.
 - Comprehensive Behavioral Health Grants Update (“CBHTR”) – Competitive RFPs posted for the following services, all for which BRH will be applying:
 - Substance Use Disorders Residential and Outpatient Treatment.
 - Psychiatric Emergency Services (Emergency Assessment Funding)
 - Essential Equipment Grant for Behavioral Health Service Delivery
 - Proposal due dates extended to May 1, 2019

- **Crisis Stabilization Update:**
 - Ongoing meetings with Emergency Department, Hospitalist Service, and Psychiatry to have developed protocols to begin serving patients who are boarding, either awaiting an open bed by providing psychiatric/therapeutic treatment services while boarding in hopes of stabilizing for possible discharge back home. Our services in the hospital will be limited during this time, due to only have one bed on the Medical Floor
 - Since January 1, 2019 we have served 23 patients under the Grant who are considered “Crisis Stabilization,” 13 of whom are youth aged 10-17. Average length of stay has been 4 days.

- **Sleep-Off Update:**
 - Dialogue for the last several months with City Manager’s Office, CCFR, and BRH is identifying an alternative site and provider for sleep-off services.
 - St. Vincent de Paul has joined the dialogue as a probable partner with CCFR to house and provide staffing for a sleep off center in the community.
 - St. Vincent proposed using their former Thrift Store site to renovate and provide sleep off services
 - April 8, 2019 Committee of the Whole voted to move forward with clarifying the budget and programmatic structure of Sleep Off transitioning to CCFR.

- **Psychiatric Emergency Services Update:**
 - As we move toward the construction/expansion of the Detox Center, Crisis Stabilization Center and Assessment Center, our goal is to create a single point of entry for Behavioral Health Services on our campus in the Assessment Center. Specifically, the Assessment Center will provide those assessments to determine if a patient needs admission into RRC, Detox, and Inpatient Psych.
 - It makes sense for Behavioral Health and Psychiatry to move in this direction to solidify this single point of access into our services on campus.
 - Historically, JAMHI (for adults) and JYS (for youth) have assessed patients who present in the ED who are experiencing Behavioral Health crises.
 - Bartlett BH Leadership has met with JAMHI and JYS to initiate the dialogue of this role shifting from JAMHI/JYS to Bartlett conducting its own emergency assessments in house.
 - Both JAMHI and JYS are on board with this shift. Anticipation is a two phase where:
 - July 1, 2019: BRH assesses all Behavioral Health patients in the ED< Medical, CCU, and OB 07:00-19:00 (Monday through Friday). JAMHI and JYS will cover the evenings and all of weekends during this time.
 - October 1, 2019: BRH assumes 24/7 coverage for Psychiatric Emergency Assessments.
 - Bartlett will be eligible for reimbursement for these Assessments throughout the hospital, whereas JAMHI and JYS couldn’t be reimbursed for these services historically.
 - Estimated Revenue is still being projected and should be available in May review and dialogue.

Bartlett Regional Hospital

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April 2019 Board Report Chuck Bill, CEO

Many things have transpired since our last board meeting.

- I continue to work on advocacy efforts with our state administration and legislators regarding the State's budget for Medicaid. I am attaching my earlier report on this. I expect to have a meeting with Commissioner Crum, facilitated by the CBJ lobbyist, before the April board meeting. So look for an update at the meeting. I'm attaching a white paper I produced for that meeting.
- I'm also attaching my report on the AHA annual meeting. I do expect legislation renewing or making the Rural Demonstration Project permanent to be proposed by senator Grassley and cosponsored by our delegation within the next 90 days.
- We are continuing to work with Ophthalmologist, Dr Kopstein to get his contract finalized and his Alaska license and BRH credentials in place. I'm hopeful that this will be complete by end of June and he can start seeing patients. We will begin remodeling space in the Specialty clinic and ordering equipment and supplies as soon as the contract is executed.
- Juneau Bone & Joint has announced that they have a new Orthopedist joining their practice in June. His name is Greg Schellack. This will get us back to 4 orthopedists on staff and eliminate our need for Locums coverage!!!!
- We should begin the construction process for the Pharmacy clean room within the month. In order to accommodate this near our infusion service, we need to move out some existing offices and the gift shop. The offices will relocate to the back of the empty space in the medical office complex. The gift shop will move to the main lobby in front of Labor and Delivery. They plan on adding a coffee bar.
- The RFP for updating the campus development plan has been released. The RFP for the remodel of Rainforest will drop the Monday after this board meeting.
- I attended the Northrim Bank Economic Summit on the 15th. They were cautiously optimistic about the State's Economy but very worried that the budget presented by the Governor would throw us into a prolonged recession. The inflation factor for Alaska for 2018 was 3%.

I'll cover more recent events in my verbal report.



Impact of DHSS Proposed Budget on Bartlett Regional Hospital

Charles Bill

April 15, 2019

Bartlett
Regional Hospital



Impact of DHSS proposed Budget on Bartlett Regional Hospital

Bartlett Regional Hospital is a 75 bed, Sole Community, Rural Hospital.

- 16 beds are in Rainforest Recovery Center, a Residential Rehabilitation program for Alcohol and Drug Addiction recovery.
- 12 beds are in a locked Mental Health ward that is one of 4 sites in Alaska providing D.E. T. services.
- 6 beds are in the Critical Care Unit
- 7 beds are in Labor and Delivery
- 36 beds are in General Acute Care
- Bartlett's Emergency Department sees about 19,000 emergency visits per year.
- We deliver over 300 babies per year.

Bartlett's Operating Margin for the past 2 ½ years has been:

- FY17 - <\$9,004,323> (Major PERS accrual)
- FY18 - <\$24,409>
- FY 19 (YTD) - <\$461,400>

It is clear that Bartlett Regional Hospital has no capacity to absorb the cuts proposed by the State Budget. Those cuts project out as:

- -5% (Behavioral Health exempted) <\$784,049>
- Move to DRGs (Behavioral Health exempted) <\$1,143,418>
- Annualized Total <\$1,927,467>

Bartlett is recognized by CMS as participating in the Medicare Rural Demonstration Project. This demonstration, which may be made permanent this year, identifies rural hospitals, like Bartlett, as challenged to survive on DRGs because of the lack of economies of scale. The project provides supplemental funding to make up the difference between DRG payments and Bartlett's Medicare Cost. This difference has averaged \$3.7 million annually over the last 3 years. A move to DRGs by Medicaid will have a similar impact and force Bartlett to curtail losing services. Rainforest Recovery and DET are the most likely targets.

On Apr 12, 2019, at 1:34 PM, Charles Bill <cbill@bartletthospital.org> wrote:

Hi all,

I got back from a very successful advocacy trip to Washington D.C. on Wednesday. I'm attaching Becky Hultberg's CEO Weekly Update because she does a good job of summarizing the AHA meeting as well as our visits with our legislators.

To expand on the legislative visits;

We met with Don Young first. He was engaged and supportive of all of our agenda items including Making the Rural Demo Project permanent (he offered to co-sponsor this legislation), as well as supporting the 340b program and protecting rural access to care.

We next met with Senator Sullivan. He also is very willing to cosponsor legislation re the Rural Demo. He also offered to facilitate a meeting between Commissioner Crum, Seema Verma, who is the head of CMS, and ASHNHA to explore viable alternative payment mechanisms to reduce Medicaid cost while improving value.

Finally, we met with Senator Murkowski. She is also supportive re the Rural Demo project and cosponsored the legislation to renew it last time. She said that the Democrats will move a "Strengthen the ACA and move towards a single payer plan" and the Republicans will move a "Repeal and Replace the ACA" plan forward. Neither of which will go anywhere.

This is about the 4th AHA annual meeting I have attended and the 7th time I've visited the state's legislators. I agree with Becky's observation that this meeting received an unprecedented level of participation by key legislators and it is highly unusual to get the amount of quality time we had with our delegation. I think this is an indication of the importance being ascribed to healthcare by both parties.

I met with CBJ manager Rorie Watt this morning and we are working on the Sleep Off transition. We also talked with the CBJ lobbyist about the state of the State budget. He offered to set up a meeting for me with Commissioner Crum to emphasize the impacts the current budget proposal will have on Bartlett Regional Hospital. I expect that to happen next week.

Chuck

From: Becky Hultberg [<mailto:becky@ashnha.com>]

Sent: Friday, April 12, 2019 12:08 PM

Subject: Confidential CEO Weekly Update for April 12

I was in Washington, D.C. this week for an AHA board meeting and the AHA annual conference. Health care is going to be a spotlight in the 2020 election, as evidenced by the fact that both Senate Majority Leader Mitch McConnell and House Speaker Nancy Pelosi addressed the conference, which I don't think has ever happened before. Thanks to Chuck Bill, Rick Davis, Bruce & Shanda Richards, Preston Simmons and Tim Strickland for representing Alaska hospitals at the conference and with our congressional delegation.

Points of Information:

More on Medicaid block grants. While in D.C., I had the opportunity to learn more about the Trump administration's plans for block grants. The cliff notes version – there does not appear to be complete alignment in the administration over block grants, but it is a priority of the CMS Administrator, Seema Verma. Administrator Verma has been pitching the idea to Governors – hence the Dunleavy letter to the President. Legal questions remain over how far CMS can move on block grants as well.

The Alaska State House of Representatives passed the operating budget yesterday, with \$58 million in Medicaid cuts, far less than the Governor's original \$200+ million proposal and his Phase I reduction of \$100 million. While the administration can make the cuts regardless of the level of appropriation, the House process provided an opportunity for legislators to go on record with their priorities – which included safeguarding reasonable reimbursement for hospitals and nursing homes, restoring adult preventive dental and protecting small hospitals. This was a good outcome given the potential scenarios. Many of you were involved in working with Legislators to advocate for our patients, so thank you.

We had an **op-ed on Medicaid cuts** published in publications around the state this week, including in Anchorage, Juneau, Fairbanks, Sitka, and the Arctic Sounder. [Here's a link.](#)

Meetings and Events:

Following our legislative committee meeting this week, **we heard the results of ASHNHA's recent public opinion poll**, which included information on public perception of Medicaid expansion, the Governor's cuts and the Governor himself. It was insightful and informative. If you'd like to listen to the recording, let us know.

This week, **ASHNHA and Petersburg Medical Center hosted a three-day Medicare Boot Camp.** We had great attendance from small hospitals.

Meetings with Congressional delegation: The individuals noted above met with Congressman Young, Senator Sullivan and Senator Murkowski this week. Topics of conversation included:

- Request to extend or permanently authorize the rural community hospital demonstration project
- Support for 340B program
- Opportunities for Alaska to transform care through an 1115 waiver
- Support for addressing surprise billing by getting patients out of the middle
- Concern about the state budget, the Medicaid program and impacts on Alaskans

Alaska attendees also participated in a joint dinner with the Washington and Oregon hospital associations, part of the WSHA regional quality collaborative. Meetings like this are a great opportunity for networking, to understand federal policy changes

that will impact our members and to spend time discussing these issues with our congressional delegation.

Coming up next week are several ASHNHA events, including the ASHNHA Patient Safety Committee in-person meeting and the CNO/DON Committee meeting.

Have a great weekend.

Becky

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Becky Hultberg, President/CEO

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-----Original Message-----

From: Sarah Hargrave
Sent: Monday, April 01, 2019 3:17 PM
To: Kathryn Bausler
Cc: Charles Bill
Subject: FW: House Calls Spring 2019

Good job! Not sure how they decided to contact me, but well done!

-----Original Message-----

From: Mark Millea [<mailto:mjmillea@gci.net>]
Sent: Sunday, March 31, 2019 4:23 PM
To: Sarah Hargrave
Subject: House Calls Spring 2019

I just finished reading House Calls Spring 2019 and wanted to say what a great publication! Seemed to me every item was of interest to me. It was good to read the sad "Forever in our hearts" about Stacie Rae Morse RN and the lost Guardian Flight. As a longtime Juneau resident, those kinds of tragedies particularly hit home. But then, "First baby of 2019" was a great read! I've enjoyed ones from preceding years too, partly because Lindy Jones was our family doctor, and just the idea seems so great to me! So please pass my "likes" on to your House Calls Crew!

Cheers, Mark Millea

May 2019

****All meetings are held in BRH Boardroom unless otherwise noted****

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8 7:00am Finance Committee Meeting (PUBLIC MEETING) 4:15 Board Quality (PUBLIC MEETING)	9	10 7:00am Joint Conference (PUBLIC MEETING)	11
12	13	14 7:00am Credentials Committee (NOT A PUBLIC MEETING)	15	16	17	18
19	20	21	22	23	24	25
26	27 Memorial Day 	28 5:30pm Board of Directors (PUBLIC MEETING)	29	30	31	

Committee Meeting Checkoff:

- Board of Directors – 4th Tuesday every month**
- Board Compliance – 2nd Tuesday every 3 months (Mar, Jun, Sept, Dec)**
- Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)**
- Executive – As Needed**
- Finance – 2nd Wednesday every month**

- Joint Planning – As needed**
- Physician Recruitment – As needed**
- Governance – As needed**
- Planning – As needed**