

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, May 28, 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. | CONSENT AGENDA | 5:45 |
| | A. April 23, 2019 Board of Directors Minutes | |
| | B. April 22, 2019 Draft Planning Committee Minutes | |
| | C. May 8, 2019 Draft Finance Committee Minutes | |
| | D. May 8, 2019 Draft Board Quality Committee Minutes | |
| V. | PUBLIC PARTICIPATION | 5:50 |
| VI. | MEDICAL STAFF REPORT | 5:55 |
| VII. | EXECUTIVE SESSION | 6:00 |
| | A. Credentialing report (BLUE FOLDER) | |
| | B. Patient Safety Dashboard (BLUE FOLDER) | |
| VIII. | BOARD EDUCATION – Sarah Hargrave and Jeannette Lacey | 6:05 |
| | <ul style="list-style-type: none">Familiar Faces of Bartlett Program | |
| IX. | OLD BUSINESS | 6:15 |
| | A. Campus Plan update | |
| | B. Crisis Intervention update – Bradley Grigg | |
| X. | NEW BUSINESS | 6:25 |
| | A. Orthopedic Equipment Purchase (Recall previous action /Action item) | |
| | B. IT Hardware Purchase (Action item) | |
| | C. Ophthalmology Equipment Purchase (Action item) | |
| | D. Safety Management Program (Action item) | |
| XI. | MANAGEMENT REPORTS | 6:35 |
| | A. CLO Management report | |

- B. [HR Management report](#)
- C. [CCO Management report](#)
- D. [CBHO Management report](#)
- E. [CFO Management report](#)
- F. [CEO Management report](#)

XII.	CEO REPORT	6:40
	A. Focus and Execute update - Goal 4: Financial	
	B. Ophthalmologist update	
XIII.	STRATEGIC DISCUSSION	6:45
	• State and Federal Budget Implications	
XIV.	PRESIDENT REPORT	6:55
XV.	BOARD CALENDAR	7:00
XVI.	BOARD COMMENTS AND QUESTIONS	7:05
XVII.	ADJOURNMENT	7:10

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
April 23, 2019 – 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	Rosemary Hagevig, Vice-President	Mark Johnson
Brenda Knapp	Marshal Kendziorek	Deb Johnston
Kenny Solomon-Gross		

ABSENT

Bob Urata, MD, Secretary	Lindy Jones, MD
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ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Megan Costello, CBJ Law
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Don Schneider, MD, COS
Billy Gardner, CCO	Rose Lawhorne, Assistant CCO	Marc Walker, Facilities Director
Michelle Hale, CBJ Liaison	Megan Taylor, Executive Assistant	

APPROVAL OF THE AGENDA – Agenda approved as presented.

PUBLIC PARTICIPATION – None

Medical Staff Report – Dr. Schneider had nothing to report.

Executive Session – *Mr. Kendziorek made a MOTION to go into executive session to discuss the credentialing report, patient safety dashboard and to receive an update on litigation; all of which are confidential by nature and protected by law. Mr. Johnson seconded and motion approved.*

The committee entered executive session at 5:32 pm and returned to regular session at 5:42 pm.

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

BOARD EDUCATION – Marc Walker, Facilities Director, presented the goals and action plan for after-hours lockdown. He stated that Juneau’s crime rate is over 124% higher than the national average. Theft is one of the highest crimes in Juneau and BRH has experienced two cases of arson in recent history. The goal is to improve the safety of patients, visitors and staff by reducing the number of after-hours access points and controlling accessible locations for non-employees. The safety committee has identified the need for 23 proximity readers, 13 cameras and 9 badge readers for monitoring 9 external access points and 5 unsecured stairwells. The approximate cost of purchasing this equipment is \$206,000. A new visitor control policy will also be written. Ms. Johnston requested crime statistics for BRH. A discussion

was held about camera monitoring. Mr. Walker stated that we will have the capability to lock down the entire facility with a single button push.

CONSENT AGENDA – Mr. Stevens requested the management reports be removed from the consent agenda to allow for questions to be asked and comments to be made easier. Ms. Knapp requested a consistent template for future management reports. *Mr. Johnson made a MOTION to approve the consent agenda minus the management reports. Mr. Solomon-Gross seconded. The consent agenda was approved as amended.*

MANAGEMENT REPORTS - Mr. Johnson expressed his appreciation for the thorough report on behavioral health followed up by a discussion about recruitment of a psychiatrist and locum coverage. Ms. Hagevig stated that verbal management reports are more in depth than written reports. Mr. Kendziorek inquired about Alaska law related to chemical restraint of minors which led to a discussion about restraint use statutes and policies. In response to Mr. Stevens’s inquiry regarding a PERS amendment, Mr. Hargrave reported that the assembly would have to approve an amendment to the PERS agreement prior to obtaining the final approval from the Division of Retirement and Benefits department. A discussion was held about physician participation in PERS. BRH and CBJ are working jointly on the PERS amendment, there is no action required of the BRH Board. *Ms. Hagevig made a MOTION to approve the management reports. Mr. Johnson seconded. The management reports were approved.* It was noted that management reports do not need to be approved by the board.

FOCUS AND EXECUTE UPDATE - Mr. Bill reminded the committee of the 6 key strategic objectives and provided highlights of some of the goals under each category. He pointed out the success Mr. Grigg has had in BOPS; 13 active patients at his arrival to 200 patients currently, including 87 minors. Patients are now able to stay in town for services. Staff work diligently to maintain survey readiness status for Joint Commission Accreditation. BRH still struggles with turnover of new hires. A survey for BRH to be considered for a ranking in Modern Healthcare’s “Top 100 Places to Work in Healthcare” was sent to all employees. There was a 45% response rate. Results should be ready by June. BRH has been actively working with University of Alaska and the SE Conference to conduct a healthcare workforce needs assessment. We have four medical oncologists that will each provide one week of coverage per month. Telehealth services will help us grow by reaching patients in other SE communities. Mr. Benson will complete a productivity assessment. 24 hour pharmacy is to begin next month. The 340B pricing program will be tested with Safeway and Fred Meyer for the first quarter, beginning July 1st. More licensed pharmacies may be added quarterly. Materials Management is working on making better use of our group purchasing agreement. In the interest of saving time, Mr. Bill ended his overview and suggested Board members look at the progress at their leisure. Mr. Stevens suggested updates from only one category at a time be provided at future board meetings.

NEW BUSINESS – Finance Committee Action Item. *Mr. Johnson made a MOTION to approve \$178,000 for the purchase of Ophthalmology equipment as recommended by the Finance Committee. Ms. Hagevig seconded.* (The Finance Committee had recommended approval of funds for Orthopedic equipment, not Ophthalmology equipment.) Because this action item was not listed on the agenda, the purchase for the Orthopedic equipment will be brought before the Board for approval at the May 28th meeting. Future action items coming out of committees will be listed separately on the board agendas.

Mr. Kendziorek provided an update on the April 22 Planning Committee meeting. Status reports for sleep off and the crisis stabilization unit had been discussed. The responses to the RFP for the Campus Plan were due this week. Space is to be blocked out on the plans for the Crisis Stabilization Unit but details will not be included. An RFP for the design plan of the Crisis Stabilization Unit is to be released next week. Updates on Ophthalmology as well as collaboration efforts with SEARHC had also been discussed.

CEO Report – Mr. Bill reported that earlier today, he had met with UA representatives who are putting together a video, including Mr. Bill and other business leaders from around the state. He discussed the value of the university to BRH for nursing recruitment and training. He also reported that DHSS Commissioner Crum will be at BRH tomorrow (4/24) and will meet with a small group of people to talk about the impacts of the budget as it is currently presented. Exempting Behavioral Health will have a negative \$1.9 million impact annually. Chuck is to provide the definition of “Sole Community” for Ms. Hagevig and the board.

STRATEGIC DISCUSSION

State and Federal Budget Implications – no further discussion at this time. AK delegates support continuing the Rural Demonstration Project.

Ophthalmologist update – Dr. Kopstein is still on board but working through contractual agreement with his current employer. He has applied for his Alaska Medical License and has submitted his application for privileges at BRH to the Medical Staff office for processing. The hope is that he will begin providing services 3 days per month in June. The number of days will increase as needed. Expect up to two weeks to work out the details of his current contractual obligations.

Crisis Intervention – Mr. Grigg reported that we are moving forward with additional grant opportunities. He met last week with the Mental Health Trust Authority and Premera. Premera has obligated \$5 Million to rural behavioral healthcare that is to be handled by the Mental Health Trust. BRH has submitted a request to Premera through the Trust for 2 million capital dollars to further assist with building the crisis stabilization program.

PRESIDENT REPORT – Mr. Stevens provided information learned at the Leadership conference. A focus on the following areas could help make BRH stand out in the community and make us stronger: Patient portal, Telemedicine video access, Regional emphasis for BRH. Conference attendees will work to include what they have learned in committee work and in their role as a board member. Ms. Hagevig noted the conference was very informative and a big takeaway is that we may be spending too much time talking about current topics and not enough time discussing preparations for the future. She also noted that her recent Horty Springer conference was very eye opening and informative as well. Ms. Knapp emphasized the importance of affiliations and programs over need for buildings, etc. Mr. Stevens stated that the Executive Committee needs to start the process for Mr. Bill’s CEO evaluation next month. He also encouraged board members to attend the BRH service awards banquet on Saturday, April 27th.

BOARD CALENDAR – The May calendar was reviewed. A doodle poll will be sent out to identify a date and time for a Governance Committee meeting. The Executive Committee will meet at 12:00pm on May 13th. The next Planning meeting is to be held at 7:00am on June 3rd

BOARD COMMENTS AND QUESTIONS – Mr. Kendziorek will provide suggestions to Mr. Stevens and Mr. Bill regarding board agenda.

ADJOURNMENT – 7:20 p.m.

Bartlett Regional Hospital

MINUTES

PLANNING COMMITTEE MEETING

Monday, April 22, 2019 – 7:00 a.m.

Bartlett Regional Hospital - Boardroom

COMMITTEE AND BOARD MEMBERS PRESENT:

Marshal Kendziorek

Kenny Solomon-Gross

Rosemary Hagevig

Mark Johnson

Brenda Knapp

ALSO PRESENT:

Chuck Bill, CEO

Bradley Grigg, CBHO

Megan Costello, CLO

Rose Lawhorne, Asst. CCO

Dallas Hargrave, HR Director

Suzette Nelson, Executive Assistant

CALL TO ORDER - Planning Committee meeting was called to order at 7:01 a.m. by Marshal Kendziorek, Committee Chair.

APPROVAL OF THE MINUTES – *Mr. Solomon-Gross made a motion to approve the January 28, 2019 minutes. Ms. Knapp seconded. There being no objection, they were approved.*

PUBLIC COMMENT - None

OLD BUSINESS

- A. Sleep Off Status** – Continued dialogue with the CBJ Assembly regarding the transition of Sleep Off services from Bartlett to CCFR. Next Committee of the whole is Monday, April 29, where further budgetary and programmatic details will be discussed in hopes the Assembly votes to move forward with the transition.
- B. Campus Plan RFP**– Design RFP for this new facility is scheduled to post on or before May 15, 2019. In the interim, Bartlett is providing Crisis Intervention Services in a designated “safe room” on its Medical Unit. Services include psychiatric treatment, therapeutic services and case management. Since January 1, 2019, 15 youth have benefitted from this service.
- C. Mental Health Trust Grant and Crisis Stabilization Plan**– Bartlett Outpatient Psychiatric Services (“BOPS”) continues to expand to meet the need of children, adolescents, and adults seeking outpatient treatment. FY19 (7/1/18 through 3/31/19), BOPS seen over 200 patients, 87 of whom are under the age of 18. 2 full time providers and 2 part-time providers are providing outpatient services. In addition, there are 3 full time licensed therapists providing clinical services, 2 of whom are child and adolescent focused. BOPS recently expanded its hours to 7pm on Mondays and Wednesdays to accommodate work and school schedules for families
- D. Ophthalmology Updates**– Mr. Bill is actively in communication with the potential Ophthalmologists. He has finished his backup credentials and is working out his commitments in his community and will touch base regarding his availability. The committee requested to get an update with his local contract to confirm he is able to fulfil our community needs.

E. SEARHC Collaboration SWAT Analysis – Mr. Bill has started conversations with SEARHC to improve collaboration with their organization.

F. Restricted Funds Update (Discussed at Finance) – This issue was taken through the Finance committee. The recommendations to the Board have been identified to a more appropriate title.

FUTURE AGENDA ITEMS

- **Proposal for campus plan**
- **Timeline for SEARHC Analysts**
- **St. Vincent Update**

Next meeting – Tuesday, June 4, 2019

Comments – None

Adjournment – Meeting adjourned at 7:49 am

DRAFT

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – May 8, 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, Marshal Kendziorek

Staff: Kevin Benson, CFO, Chuck Bill, CEO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Karen Taug, Controller, Megan Taylor, Executive Assistant, and Scott Chille, IS Director

Mr. Johnson made a MOTION to approve the minutes from the April 10, 2019 Finance Committee Meeting, following a correction. Dr. Urata noted no objections and they were approved.

March 2019 Finance Review – Kevin Benson, CFO

Mr. Benson explained that Bartlett Regional Hospital continued to see inpatient revenue that is below expectations. However, there was an improvement compared to February (15% below, versus 20% under budget in February). Capital spending comes in at 33% of budget spent, with one quarter left in the fiscal year. Mr. Benson noted that the financials for the month of April 2019 seem to have rebounded.

IS Update – Scott Chille, Director

Mr. Chille presented an overall update on projects – past, present, and future. He explained that he is coming up on his one year mark at BRH, and presented a summary of all he and his team have accomplished in that year:

- Access Layer Switches Replaced
- Firewall Upgrades
- Redundant Internet Speeds
- Wireless Controller Upgrades
- Citrix Access (replaced old network)
- Privileged Access Management
- Security Awareness Program
- Overhaul of Cable Management Systems

Security Awareness Program updates included our Organizational Risk Score of 20.0 (20th percentile good) and that the training video series is set to begin soon. Although numbers of people who click through on phishing emails had decreased dramatically, Mr. Chille states the numbers of those who report the emails has decreased as well. He has ideas on rewarding those who report phishing emails in order to raise reporting numbers.

Recently completed projects included the Critical Care Flowsheet, which has received very positive reactions by the CCU staff, the MU2 attestation (and MU3 is being worked on), T-system cloud integration, and Summit Exchange Interface engine. In progress projects included the Windows 10 upgrade (anticipating 300 desktops by 2020), TELCOR/iStat/Smartpumps, and Access e-forms.

Helpdesk improvements included training to increase “First Call Resolution”, which is up 200%, and decrease “Average Ticket Handle Time”, which is down 75%. Departmental improvements are in progress. Meditech downtimes continue on the third Thursday of each month, but they are now caught up, so downtimes are able to be shorter to cover just the current upgrade(s).

Upcoming projects included both 1. The VxBlock installation to merge the three “silos” of Meditech, PACS, and other hospital technical storage and processing needs into one structure that will result in an approximately 75% decrease of physical footprint and allow for shared storage space, and 2. Replacing the Core that is eight or more years old, and had a lifecycle of five to seven years. There has been six major outages attributed to the Core in the last nine months. *(No action needed to be taken on the cost of core replacement since it was already in the approved budget.)*

Ophthalmic Equipment – Chuck Bill

Mr. Bill explains that a signed contract should be received this week, Alaska licensure is in progress following a request for additional documents, and the credentialing file is in. He states he may be able to fast-track some of the process claiming emergency need. Mr. Jurrens, the OR director, should be ready to present the equipment needed to the board at the meeting on May 28th so that purchasing can begin as soon as possible. Ideally the ophthalmologist would begin in June, serving as best they can until the equipment arrives, namely performing Macular Degeneration injections. There is space in Bartlett Surgery Center, but the physical space needed for the equipment is minor.

Next Meeting: June 12th, 2019 at 7:00 a.m. in BRH Boardroom

Adjourned – 7:46 a.m.

Bartlett Regional Hospital

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Board Quality Committee May 08, 2019 Minutes

Attendance: Rosemary Hagevig, (BOD), Sarah Hargrave (Quality Director), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst), Nathan Overson (Director Compliance), Brenda Knapp (BOD), Bradley Grigg (Chief Behavioral Health Officer)

Approval of the minutes – March 20, 2019 – *minutes approved as written.*

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Ms. Hargrave reviewed the 2019 Q1 Board Quality Dashboard. The Q1 overall scores look good. Inpatient Behavioral Patient Satisfaction increased to 70.3%. Mr. Grigg explained that the reason for this improvement is the growing patient volume and employees' great work. Serious Safety Events had one case due to misdiagnoses, and an RCA2 was done. Fall and Sentinel Events had zero results. Severe Sepsis/ Septic Shock Measure is at 54%. The Screening for Metabolic Disorders measure was added to be monitored since Dr. Gartenberg wants to keep an eye on this measure.

Ms. Hagevig pointed out that the Cleanliness and Quietness of Hospital Environment score dropped and suggested to be monitored.

Ms. Hargrave asked the Board if the BOD Quality Scorecard is helpful or needs changed. Trend was suggested, Ms. Hargrave will create a proposal and present it next meeting.

New Business:

Preliminary Hospital Compare Report – Ms. Koelsch explained that the purpose of the Preliminary Hospital Compare Report is to give the Hospital opportunity to look at our data results before they are posted on Hospital Compare.

Framework for Effective Board Governance of Health System Quality – Presentation packets were given to Ms. Knapp and Ms. Hagevig.

Old Business:

Review/ Approval of Annual Plans –The Safety Management Plan benchmark and goal was reviewed and approved. Mr. Overson is the new Employee Safety Committee Chairman and will

be working with AKOSH moving forward. He also mentioned that the focus will change a little bit and his goal is to decrease Worker Compensation.

Board Strategic Plan – Quality Initiatives

PI Methodology - Ms. Hargrave shared a brief history of how we got to the Clinical Microsystems, what it means and explained the Sharp End of Care. She mentioned that Mr. Chuck Bill and herself checked the Process Improvement Methodology that we currently used and decided not to change it as of the moment.

Additionally, Ms. Hargrave shared the reasons why we prefer to stay with Clinical Microsystem and presented the PDSA Improvement Ramp.

RCA2 – The RCA2 Goal, Safe Assessment Code (SAC) matrix, Probability Categories and the Triggering questions on why and how events happen was discussed. Ms. Hargrave added that the most important step in RCA2 is the identification and implementation of actions to eliminate or control vulnerabilities.

Ongoing Professional Practice Evaluation Update – OPPE is a Joint Commission requirements. This is a routine monitoring and evaluation of current competency and professional behavior or “Scorecard”. This is provided to Credentials committee to be considered during reappointment. Ms. Hargrave presented the sample scorecard for Medicine and Hospitalist specialty and its content. She also discussed the Goal, the Task at hand and the Imperatives of this OPPE project.

Next Quality Board meeting: July 10, 2019 4:15PM

Adjourned at 5:13 pm

Intradepartmental Collaboration: Case Management, Emergency Dept., Quality Dept., Behavioral Health, Hospitalist Service

Familiar Faces of Bartlett

Jeannette Lacey, LMSW, ACM, Director of Case Management

Sarah Hargrave, MS, RN, CPHQ, Director of Quality

May 28, 2019

Improvement Goal

- We are working to improve care for multi-visit patients
- We chose this project because:
 - Subgroup of patients that are high utilizers of the ED with complex co-occurring needs
 - Can be difficult to “move the mark”
 - Resource utilization
 - Pilot project to help with best practice framework
- Our goal is to get to decrease average number of MVP visits/day to the ED by 10% by 12/31/19



Familiar Faces of Bartlett

MVP

A multi-visit patient (MVP) is a patient with:

- 10 or more ED visits in a year; or
- 5 or more in a quarter; or
- 3 or more in a month.



Complex co-occurring conditions



Why is one patient an MVP and the other isn't?

Mr. Smith
42 year old male

DM
CAD
HTN
Afib
ARF



MVP
10 admits/year

Mr. Johnson
42 year old male

DM
CAD
HTN
Afib
ARF



Not an MVP
1 admit/year

What is really driving utilization?

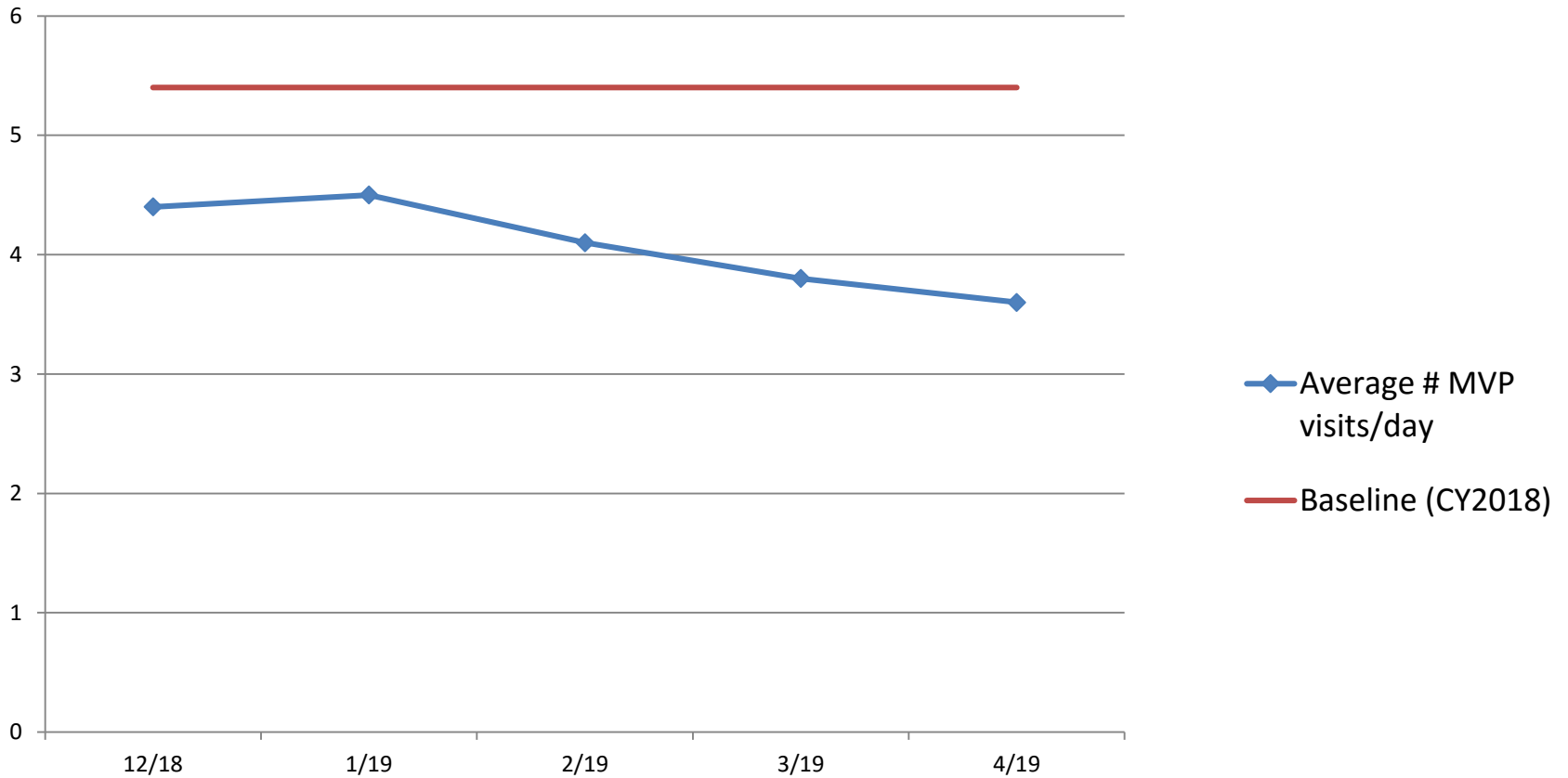
Data Collection

- **Baseline:** In calendar year 2018, 296 MVP patients created 1,979 visits.
 - MVP visits made up 15.1% of total ED visits, averaging 5.4 visits/day.
 - 3-4% of patients are yielding 15% of visits
- **Data collection method and frequency:**
Data collection by hand, and through report-writers
- **Scope**
 - Emergency Department
- **Validity:** Recommended by evidence-based practice pilot



Familiar Faces Data

Average MVP ED visits/day



Data Analysis

- **Comparison:** Currently running below 2018 baseline for average visits/day. Work builds on existing efforts by Case Management, and ED staff.
- **Real-Life Example...**



Change Management

- Change Concepts applied:
 - MVP Monthly Review Meeting; Sharing information at Huddle; Case Management Champions; Learned to assess DOU
- Challenges / Barriers:
 - Practice
 - Staffing
 - Broader front line engagement



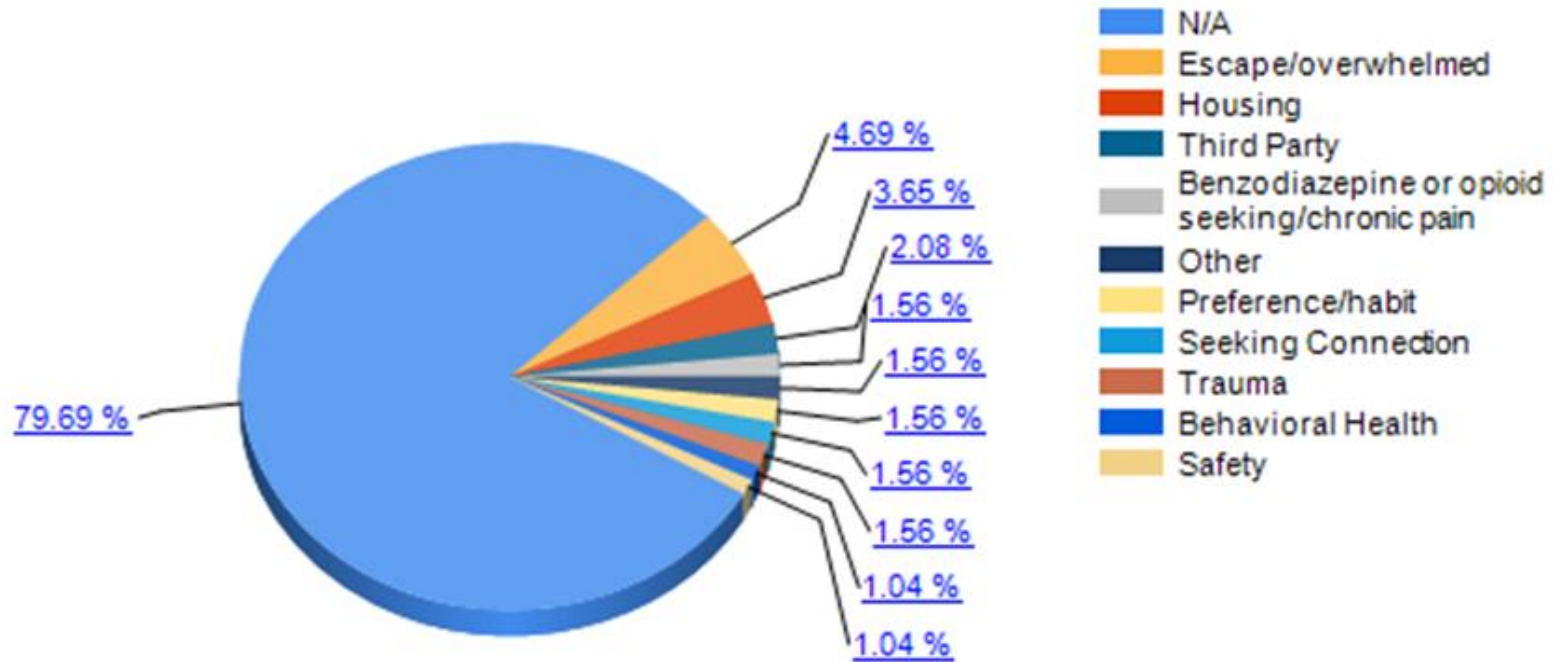
Activity Summary

- Interviewing patients... what is really bringing them in?
- Real-time linkage
- Anticipating the return visit
- EDIE guidelines
- Multi-disciplinary approach
- Engaging community partners



Current and Future

M. Primary Driver of Utilization



12/1/2018- 4/30/2019

26/48



Sample

Monitoring



- **Ongoing Review**
- **Sustaining the Gains**
- **Continuous Improvement**

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DATE: May 21, 2019
TO: Charles Bill
FROM: Kevin Benson, Chief Financial Officer
RE: Orthopedic Surgical Equipment for Dr. Hightower

The attached listing showing the surgical equipment requested by Dr. Hightower. The total cost of this equipment is \$178,649. This is an unbudgeted Capital Expenditure that required board approval. We have identified \$2 million of budgeted capital expenditures so the Capital Budget in total will not be exceeded.

Cc: James Jurrens

Name of Set	Company	Purchase	Cost	Consigned
Large External Fixture	Zimmer Biomet	Y	\$45,925.00	N
MAX VPC Set Radial	Zimmer Biomet	Y	\$14,460.00	N
LCP mini frag	DePuy Synthesis	Y	\$65,107.50	N
Tremano Shoulder Set	Arthrex	Y	\$17,000.00	N
Compression screw set	acumed	Y	\$16,156.80	N
Hood System	Zimmer Biomet	Purchased	\$20,000.00	N
	Total Requested		\$178,649.30	

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DATE: May 21, 2019
TO: Charles Bill
FROM: Kevin Benson, Chief Financial Officer
RE: Ophthalmological Equipment for Dr. Kopstein

The attached listing showing the equipment for establishing an Ophthalmology program. The cost of equipment needed in the Operation Room is either \$200,640 or \$162,741 depending on the selection of the surgical microscope.

The cost of equipping the office and patient exam rooms is approximately \$150,000 for a total cost range of \$312,000 to \$350,000. Depending on surgical volume the return on investment should be 1.5 to 2 years.

This is an unbudgeted Capital Expenditure that required board approval. We have identified \$2 million of budgeted capital expenditures so the Capital Budget in total will not be exceeded.

Cc: James Jurrens
Kathy Callahan

Capital requests	Company	Common name	Reference Number	Cost	# needed	Total Cost	Available trade in	Trade In
	Stryker	Surgeon chair Eye Surgery	7172274	\$1,986.23	1	\$1,986.23	N/A	
	Stryker	Stretcher	7168720	\$7,111.41	1	\$7,111.41	N/A	
	ALCON	Centurion Vision System (Phaco)		\$65,000.00	1	\$65,000.00	N/A	
	ALCON	Centurion Phaco Handpiece		\$2,500.00	6	\$15,000.00	N/A	
	ALCON	Lux OR LX 3 Surgical Microscope			1	\$66,600.00	Yes	Pay for scope with supplies
	ZEISS	OPMI Kumera 700 System	2111-614	\$116,998.99	1		Yes	
	Stryker	Eye Stretcher Chair	7168709	\$7,043.72	1	\$7,043.72	N/A	
				<u>\$200,640.35</u>		<u>\$162,741.36</u>		or

ANNUAL EVALUATION OF THE Safety Management Program January 1 – December 1, 2018

Evaluate the Safety Management Program's "objectives" to ensure they represent the organizations most important concerns. Please list any new objectives or confirm that the current objectives still apply and no changes are recommended.

Evaluate the Safety Management Program's definition of "scope" to assure it remains appropriate for the current structure of the organization. Please list any recommended changes to the scope or confirm that the current scope is still appropriate and no changes are recommended.

Consider whether an occupational Safety Officer should be part of BRH future planning. Currently many occupational safety duties fall to other full time employees who do not specialize in Occupational Safety like Mental Health, Security and Risk Management.

List the performance measures used and their outcomes to evaluate the Safety Management Program's "performance". Set new or higher goals for the upcoming year. Use the evaluation of the Safety Management Program's "effectiveness" section to aid in the development of the new performance measures.

Performance Measures for 2018	Goals/ Benchmark	OUTCOME
Implement Workforce Safety Measures from evaluation by ASHNA- as approved by SLT and the Board.	75%	20%
Improve / Update process for patient overflow when patient needs admission to inpatient	100%	100%
Propose and support increased BRH security staffing	2 Officers on Duty at all times	2 security officers on in the evening.

New Performance Measures for 2019	Goals/ Benchmark	OUTCOME
Perform a BRH needs assessment from the Workforce Safety Measures evaluation performed by ASHNA; implement all required/prioritized elements.	Implement 100% of required and prioritized elements	
Identify and assess BRH's compliance with AKOSH program requirements (goal outlined in Focus & Execute).	100% AKOSH programs assessed for compliance	
Increase staff, visitor and patient safety by implementing an after-hours Facility Lockdown Program (goal outlined in Focus & Execute).	Project 100% complete	
Develop additional and more specific training to offer staff around De-Escalation/Crisis Intervention/Violence Reduction/Restraints.	New unit specific training developed	

ANNUAL EVALUATION OF THE Safety Management Program (continued)

Evaluate the “effectiveness” of the Safety Management Program considering what went well, what has been accomplished and what needs improvement.

What went well?

- Restraint documentation and monitoring by Behavioral Health
 - MHU Restraint rates continue to be low
 - Flu Vaccine Pod Exercise
 - Hiring new Risk Manager and Consistent coverage of a Risk Manager while in transition
 - New Director of Quality
 - Risk Manager improving occurrence reporting system and stream lining submitting reports
-

What has been accomplished?

- AKOSH inspection for health and safety
 - Training for Team STEPPs
 - Analysis of Hospital After Hours access to control access after 2000
 - Establishment of Policy Management Committee / Upgrade of Policy Tech
 - Duress buttons live
 - MAT Clinic started and continuing to grow in outpatient
 - Received Grant for Crisis Center
 - Completed TJC inspection / addressed issues included
-

What needs improvement? Include performance improvement ideas to be discussed and implemented.

- AKOSH revisit as prior visit did not count
 - Implementation of recommendations by safety assessment
 - Safe holding areas for Behavioral Health overflow and review of policy/protocol.
 - Continue pursuit of locking hours proposal / implementation
 - Better reporting from RL solutions
 - Better use of duress buttons
 - More safety drills and training relating to behavioral emergencies consider developing behavioral health rapid response
 - Evaluate current restraints used hospital wide and if they should be upgraded
-

Performance improvement projects initiated in response to the evaluation:

Workforce Safety continues to focus on increased need of 1:1s, security, training for staff and implementation of recommendations of our Workforce Safety Plan and Practice at this hospital. Coordinate Efforts with Directors/Managers, MDs and SLT on long term improvements for continued risk for overflow of patients and how to manage them in the future in a constructive way. Continue to evaluate need for Employee Safety Officer to help evaluate/assess, perform inspections and monitor trends around employee safety.

Report revised and approved by Safety Subcommittee. Date: 12/14/17

Report submitted by: Ariel Thorsteinson, Nurse Manager MHU

Workforce Safety Committee Chair

Date: _____

Notes:

The 2019 performance goals were modified, but not materially changed, by Nathan Overson, the new Workforce Safety Committee Chair 05/08/2019.

Bartlett Regional Hospital

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May 21, 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.

Bartlett Regional Hospital

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

May 2019 Management Report Dallas Hargrave, Human Resources Director

- The HR Director participated in the quarterly State of Alaska Retire Health Plan Advisory Board meeting last month. The HR Director sits on the RHPAB as the municipal HR representative.
- The HR Director traveled to Anchorage this month to participate in the Statewide Area Health Education Center (AHEC) Steering Committee meeting in an effort to work with the University of Alaska to further develop the healthcare workforce within Alaska. The HR Director is entering the second year of a two year term as the Chair of this statewide committee.
- In April, Human Resources coordinated a training session with Managers and Supervisors where Finance Staff presented information on how to better use API, our workforce management software. In May, Human Resources coordinated with Dr. Mimi Benjamin and Nathan Overson as they presented the first part of a two-part class for managers and supervisors on facilitating change.
- Human Resources successfully provided support to the Employee Engagement Committee and Senior Leadership to pull off another successful Hospital Week celebration from May 12 to May 18. See the information below for details of what was sent to employees regarding events that occurred during Hospital Week.

NATIONAL HOSPITAL WEEK IS MAY 12-18, 2019



Monday, May 13th – Hospital Week Gift Day

Be on the lookout for your Hospital Week gift during your shift! *



Tuesday, May 14th – Minute To Win It Day



Take a break, gather some friends, and come join us in the cafeteria from 11:30 am to 1:00 pm to play some games and earn some prizes!

Wednesday, May 15th – Guardian Day



May 15th is being dedicated to celebrate and honor Stacie and baby Delta Rae along with Pilot Patrick Coyle and Paramedic Margaret Langston. Join us near the main entrance of the hospital at 1:20 pm. A few words will be spoken followed by the unveiling of an addition to the hospital's gardens at 1:29 pm. Following the unveiling we will have some light refreshments and snacks available in the gallery.

Thursday, May 16th – Fiesta Day



Employees enjoy a free fiesta meal (lunch or dinner) in the Cafeteria. When you arrive to the Cafeteria a coupon will be provided to you as you enter. If you are unable to attend during lunch, please come to the HR Office after lunch on Thursday and claim your coupon for future use during the week. A special dessert will be delivered to Night shift staff to round out the day!

Friday, May 17th – Bartlett Gallery Walk



Join us in the gallery to view and celebrate the many works of art produced by our BRH staff! Items will be on display from 8:00 am to 4:00 pm. Light snacks and refreshments will be available.

*If you are not available during gift rounding on 36/48 Monday, hoods can be picked up in the HR office starting on Tuesday (5/14) between 7:30am and 5:00pm and will be available there for the rest of the week. May 26, 2019 Board of Directors Meeting Page 31 of 43

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Chief Clinical Officer, William Gardner Board Report Tuesday, May 28, 2019

Cardiac Pulmonary Rehab Department

- Finalizing Accreditation Gap analysis. AACVPR (American Association of Cardiovascular Pulmonary Rehabilitation) accreditation is not mandatory for this service; however, the Gap analysis will show us where we stand should our department decide to achieve it.

Critical Care Department

- Finished the application for the AACN Beacon award in April. Please see the attached information sheet.
- One of our RN's, Sarah Johnson, will be joining the Peace Corps. Congratulations, Sarah!

Emergency Department

- I-Stat (Bedside Point of Care testing for Labs) is expected to go live in mid-July. Orders are currently being built and entered into our EHR. This project will greatly improve patient flow.
- Implementation of a Charge Role in ED to help facilitate through put (patient flow).
- Implementation of a call process form for cruise ships so providers can focus on patients without continuous interruptions.

Laboratory Department

- Currently performing a self-accreditation inspection. This is required during off years. All checklists are reviewed for potential deficiencies. Documentation of this inspection must be submitted to the College of American Pathologists.

Obstetrics Department

- 2019 Quarter 1 deliveries: 74
- 2019 year to date deliveries: 118
- 1 ongoing preceptorship for OB RN
- 1 new graduate preceptorship to begin in May
- New Director Transition complete. Thank you Michelle VanKirk for your dedication and service. Welcome Lauren Beason to your new role at BRH.

Pharmacy Department

- We will go live with our 24 hour inpatient pharmacy this summer. Our target date for go live will be July 1st. Expansion of our pharmacy hours will greatly enhance our Quality of care and offer increased support for Clinicians, Physicians

and patients. Additionally, pharmacists will be available to support Code Blue and Rapid Response situations 24/7.

-

Respiratory Therapy Department

- We are enhancing Rapid Response Team activation by family members with educational materials. A brochure is being developed which explains to family members how to initiate a rapid response. Nursing will review the brochure with the patient and their visitors.

Sleep Laboratory Department

- Working with 3rd parties to improve downstream equipment delays.

Staff Development Department

Every two years Gail Moorehead, Staff Development, works in collaboration with UAA, Directors, and the CCO to host a Luncheon for UAA Nursing Student graduates. This event gives BRH a powerful recruitment opportunity as graduating nursing students, department Directors and Senior Leaders are brought together for a couple of hours to develop employment interest. Here are some quick statistics Gail has put together for review:

2017 UAA Nursing Cohort

- 6 hired
- 4 currently employees
- 1 left due to health reasons
- 1 moved to Anchorage last fall
- This gives us a 66% two year retention rate.

2019 Cohort

We have put out offers to 10 new graduates.

Thank you Gail for all the effort you put into making BRH an attractive employment option to all of these Nursing students!

Medical Staff

The BRH Medical Staff began a wonderful recognition program five years ago when they instituted the Excellence in Nursing Award. Dr. Schneider, Chief of Medical Staff, presented this year's award during Nurses' Week to Katie White of CCU. The award is presented with a trophy, \$500 check, and the recipient's photo/name placed on a plaque next to our gift shop. The lists of recipients are as follow:

2015: Laura Gregovich

2016: Luke Dihle

2017: Salude Elizarde

2018: Angela Lessard

2019: Katie White

Congratulations to you all!

Hospital/Nursing Week

This year's Nursing week and Hospital week activities were a huge success for our organization.

Each event had a week's worth of fun, activities, and expressions of appreciation throughout the hospital. We want to especially thank the Employee Engagement committee members: (Anita Moffitt, Anne Yarnall, Cindy Carte, Gail Moorehead, Janell Meade, Katie Bausler, Mary Fisher, Megan Taylor, Miranda Dumont and Suzette Nelson) for their sincere dedication and work. While the events lasted two weeks, many months of planning went into the making.

Employee Service Awards

Thank you for attending this amazing event which recognizes the service of our Employees. This year's event took place on top of Mt Roberts and included music from a local band—Siblings and Outlaws – which includes our very own Rose Lawhorne and her family.

AACN Beacon Award for Excellence®

The Beacon Award for Excellence provides a road map and tools to assist hospital units on their path to excellence, honoring individual units that distinguish themselves by improving every facet of patient care.

The Beacon Award's three levels of designation recognize significant milestones along a unit's journey to excellence.



Why Strive for a Beacon Award?

Recognition—Beacon awardees set the standard for excellence in patient care environments by collecting and utilizing evidence-based information to improve patient outcomes, and patient and staff satisfaction. Highly regarded patient safety and quality programs consider a Beacon Award a significant achievement in their evaluation process.

Recruitment and Retention—Signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover. Since Beacon is a unit-based award, the application can be driven by the nursing staff, helping to nurture empowerment and engagement.

Credibility With Consumers—Indicates exceptional patient-centered care through consistent processes that engage staff, stakeholders, patients and families.

Tools to Measure Progress—Beacon applicants and awardees receive a comprehensive feedback report, which includes strengths and opportunities for improvement to chart the excellence journey over time.

The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes. Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care.

American Association of Critical-Care Nurses



Who can apply?

- Any unit where patients receive their principal nursing care after hospital admission is eligible.
- Units must apply individually. If a hospital has multiple units seeking designation, each unit must submit an application.
- AACN membership is not required for a unit to apply.

To be eligible to receive the Beacon Award, a unit must meet defined criteria in the following categories:

- Leadership Structures and Systems
- Appropriate Staffing and Staff Engagement
- Effective Communication, Knowledge Management and Learning Development
- Evidence-Based Practice and Processes
- Outcome Measurements

How to get started—Learn more at www.aacn.org/beaconjourney

- Download the Beacon Award for Excellence Application Handbook for all the details on the application development and submission process.
- To help your unit develop a strong Beacon application, review the resources and tools section of the website.
- For eligible units, the Beacon Award audit tool has a set of questions that will help determine where you are on the journey to excellence and whether you're ready to apply.

For questions regarding the AACN Beacon Award for Excellence, email beacon@aacn.org.

American Association of Critical-Care Nurses



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May 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) is 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:**
 - **Dr. Jamie Stevens** interviewed with BH Leadership on May 17, 2019 (cv attached). She is a Board Certified Child & Adolescent Psychiatrist who is interested in outpatient and crisis stabilization services. She would be able to provide coverage on MHU and at RRC as needed. Contract is in development.
 - Behavioral Health continues to recruit for a full time MHU psychiatrist with the goal of eliminating the need for ongoing long-term locum coverage.

- **Rainforest Recovery Center:**
 - Daily Average of 14 patients in April 2019, with an average length of stay 19 days.

- **Mental Health Unit:**
 - Daily Average of 9.7 patients per day in April 2019, with an average length of stay 10 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 Justina Yung, LCSW, as a third full time therapist. Justina began work on May 12 and is primarily serving children and adolescents.

- **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 15 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.
 - **Other Crisis Grant Opportunities:**
 - May 14, 2019 – Second joint meeting with Bartlett Behavioral Health, Alaska MH Trust and Premera in Anchorage to initiate the Grant Proposal process. Grant proposals were submitted on May 21, 2019:
 - Alaska MH Trust (\$1,500,000)
 - Premera (\$2,000,000)
 - We anticipated responses as to these possible capital awards by June 30, 2019.
 - Rasmussen Foundation grant cycle is set to open in July 2019. We anticipate applying for additional capital funds through them as well.
 - **Other FY20 Grants Update:**
 - 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; Requested amount \$950,000 annually.
 - Psychiatric Emergency Services (Emergency Assessment Funding); Requested amount \$150,000 annually.
 - Proposals submitted May 1, 2019. Anticipated notifications of award go out on or around June 15, 2019.

- **Crisis Stabilization Design Update:**
 - Design RFP is being finalized. Grant appropriation heard at the June 3 and June 24 assembly meetings. Upon assembly approval, the Design RFP will post.

- **Rainforest Detox/Assessment Center Renovation Update:**
 - Construction bid awarded to Alaska Commercial Contractors
 - Pre-Construction Meeting scheduled for June 4, 2019 at 3:30pm at BRH Boardroom

- **Sleep-Off Update:**
 - Dialogue for the last several months with City Manager's Office, CCFR, St. Vincent De Paul, and BRH in identifying an alternative site and provider for sleep-off services.
 - This transition plan was approved by the Committee of the Whole in April to move forward to the General Assembly. Anticipation is this will be approved with a hopeful transition to CCFR/St Vincent on or around July 1, 2019.

- **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.
 - 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.

- **Petersburg Medical Center Outpatient Psychiatry Update:**
 - PMC has used tele-psychiatry for the last 18 months with a lower 48 company via contract. Recent Patient feedback around lack of consistency in providers and lack of understanding of SE Alaska life cause PMC to discontinue their contract.
 - Late April 2019 PMC reached out to Bartlett to gauge interest and availability in providing all of their outpatient psychiatric needs via telemedicine (approx. 50-60 patients)
 - We are currently working through a MOA for BOPS to become the primary outpatient psychiatric provider for the community. More to come in June.

Bartlett Regional Hospital Board of Directors Meeting CFO Report – May 28, 2019

HIM – Rachael Stark

- We received the kickoff call with Access E-Forms solution to begin implementation of a forms solution for BRH. Weekly meetings were set up. The servers are built and Access is giving us 32 forms instead of 12. We anticipate going live on July 1, 2019.
- Project SEARCH team helping with 2011 purge. We are half way through and projected to be done by the end of May. Project SEARCH ends their rotation this week and break for summer on 05/23/19.
- There have been many time off requests and very short-handed for the month of April, May and June.

IS – Scott Chille

Projects

- TELCOR & iStat project in progress – expected Go-Live mid-May
- Cisco network CORE replacement procurement in process – expect by end of June
- New Antivirus being installed to all BRH systems – June
- Multi-factor authentication for remote access being deployed – early June
- AT&T FirstNet (priority access for emergencies/first-responders) migration of cellular account to more robust platform – end of May

Meditech Expanse, ED Module, Web Ambulatory

- Cost came down \$50,000
- Working with key stakeholders to develop plans and Go-Live dates

Security Risk Assessment Remediation

- 85% of identified items have been remediated to-date.
- Security Awareness Training
 - Baseline Training 65% complete – 217 staff still need to complete baseline training
 - New Netflix style training series starting in May – Title: Inside Man
 - Developing new materials and schedule to increase awareness and “brand” our program.

PFS – Tami Lawson-Churchill

- Finalizing DSH Audit
- CDM Review
- MCR QTRLY Credit Balance Reporting
- BOPS Telemedicine Process

PAS – Angelita Rivera

- We are working with HIM on Access e-forms implementation to get us up and running by July.

Facilities – Marc Walker

Staffing

- The Maintenance Department has one budgeted FY19 position that has not yet been approved.
- BioMed is fully staffed
- Security is fully staffed, but as always looking for more casual officers.
- Environmental Services is fully staffed. The EVS Supervisor has announced his retirement for June of 2019. We are recruiting for his replacement.
- Laundry is currently fully staffed.

Of Note

- The Main Server Room Fire Suppression System project is complete. We have withheld the standard 10% awaiting DOL confirmation of appropriately file Certified Payroll.
- The MAB Roof Replacement project is currently under way. Scheduled substantial completion is June 14th.

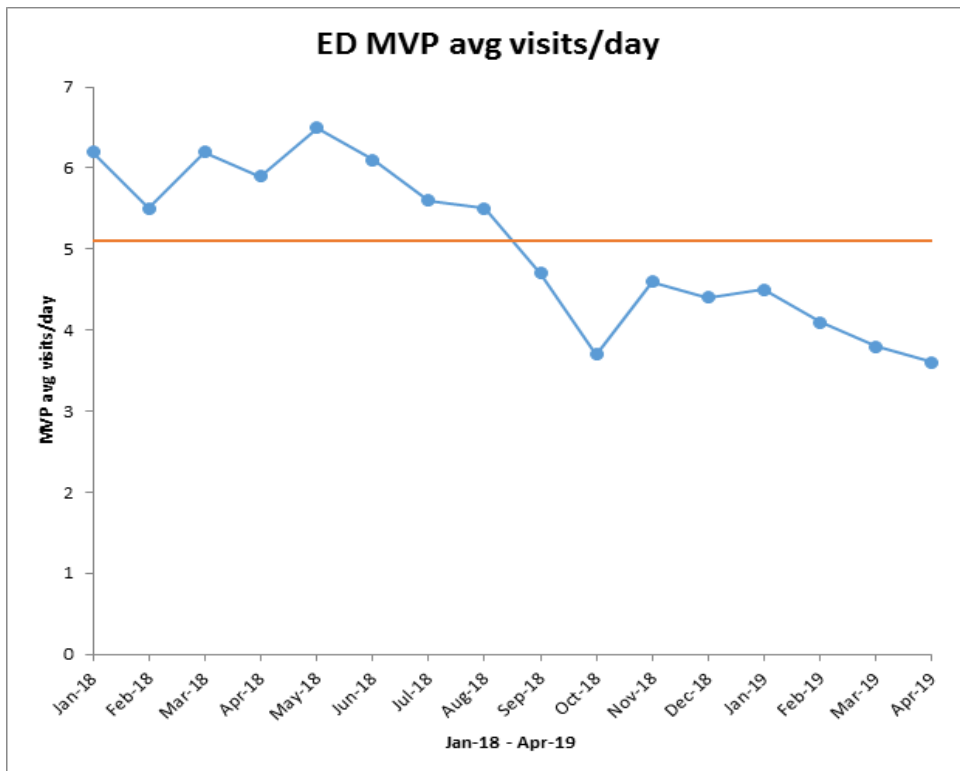
- The Pharmacy Clean Room project went out to bid May 20th.
- RRC Detox expansion has been awarded to ACC and is in the submittal review process.
- JMC space conversion to house BOPS temporarily is in the early stages of development at this time.

Other projects awaiting SLT approval

- 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, Endoscopy Ventilation improvements and After Hours Lock Down.

Case Management – Jeannette Lacey

- Cruise ship season is well underway and we are working with many tourists in the ED and on the in-patient units. Case Management works closely with these patients to help them return to their home communities or, less often, back to their cruise ships when they are well enough.
- CDI update
 - The CDI goal is to perform a concurrent clinical documentation improvement (CDI) review on all in-patient Medicare charts. This is a challenging goal to meet, but the CDI nurses are getting closer at 83% the past two months. When the documentation accurately reflects the severity of illness, we’re able to be reimbursed for the level of care we are providing and may reduce length of stay outliers.
 - An online training tool was purchased for BRH credentialed medical providers. Access has been provided to the hospitalists and will be presented to the full medical staff next month.
- Soldotna swing bed site visit last week. From the CM perspective/work-flow, swing beds appear to be a manageable and positive initiative. More evaluation still needs to be done.
- In an effort to support staff and patient safety, the social workers are taking a one-day de-escalation training sponsored by the crisis stabilization grant next month to increase and maintain our competency with de-escalation strategies with aggressive and/or emotionally disturbed patients.
- Multi-visit patients (MVPs) — We have been working with these patients for a while, but have recently finished building a report, designed by Sarah Hargrave, Director of Quality, that illustrates some of our outcomes. We have seen a reduction in utilization by our MVPs. We were averaging 6 MVP patients per day and now are seeing 3-4 per day. As we continue our interventions, we expect to see a continued downward trend.



Note:

One of our more recent interventions is our monthly review meeting with an organizational interdisciplinary treatment team to review our highest utilizers in the ED. This team includes the medical directors for behavioral health and the hospitalist service, ED RN manager, directors of Quality and Case Management, and ED CMs to identify and review drivers of utilization and to coordinate strategies to support these patients in more appropriate ways.

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May 2019 Board Report Chuck Bill, CEO

The budget discussion just keeps going. There seems to be agreement in both branches of the legislature on a cut of about \$80 Million to Medicaid.

DHSS has shared a couple of things:

1. They will not be ready to implement DRGs until at least July of 2020. In the meantime, they will have to find the savings elsewhere.
2. They are looking at other options to keep Bartlett whole. They are talking to CMS about “Certified Public Expenditures” as a process to contract for certain services, that we already provide, outside the normal scope of work of most hospitals. This should provide additional revenue. They also mentioned, at the ASHNHA Board meeting, that they are talking to the Finance Commissioner about ways to provide some relief to hospitals from PERS.

As you can see from the managers’ reports, we have lots of irons in the fire. Projects and grant applications are all consuming for Bradley. Other projects, swing beds, and 340B are consuming Kevin’s time. Billy is also working on swing beds, operations, staff and patient safety. Dallas is busy with the employee celebrations, recruiting, etc. See their reports for more details.

Today, May 22, I received the signed agreement from Dr. Kopstein, Ophthalmologist. We are now working on the logistics: Alaska State License, hospital privileges, ordering equipment for both the O.R. and the clinic, ordering Meds and supplies. We will be setting up a time, soon, for him to come back to Juneau to do a walk through (mock clinic) as well as an education session with the optometrists and other interested providers.

June 2019

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 7:00am Planning Committee Meeting (PUBLIC MEETING)	4	5	6	7	8
9	10	11 7:00am Credentials Committee (NOT A PUBLIC MEETING) 5:15pm Board Compliance BR (PUBLIC MEETING)	12 7:00am Finance Committee Meeting (PUBLIC MEETING)	13	14	15
16	17	18	19	20	21	22
23	24	25 5:30pm Board of Directors (PUBLIC MEETING)	26	27	28	29
30					Need to discuss moving the September Board Meeting	

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**