

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, August 27 2019; 5:30 p.m.

Bartlett Regional Hospital – Boardroom

<b>I.</b>	<b>CALL TO ORDER</b>		<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>		<b>5:35</b>
<b>III.</b>	<b>APPROVE AGENDA</b>		<b>5:40</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>		<b>5:45</b>
<b>V.</b>	<b>CONSENT AGENDA</b>		<b>5:50</b>
	A. July, 23 2019 Board of Directors Minutes	(Pg. 3)	
	B. August 9, 2019 Draft Physician Recruitment Minutes	(Pg. 8)	
	C. August 12, 2019 Draft Governance Committee Minutes	(Pg. 10)	
	D. August 14, 2019 Draft Finance Committee Minutes	(Pg. 11)	
	E. August 15, 2019 Draft Joint Conference Minutes	(Pg. 13)	
	F. August 23, 2019 Draft Planning Committee Minutes	(Pg. 15)	
	G. Patient Compliment	(Pg. 17)	
<b>VI.</b>	<b>BOARD EDUCATION</b>		
	• Staff Development Nurse Residency Program	(Pg. 19)	<b>5:55</b>
	– Gail Moorehead		
<b>VII.</b>	<b>MEDICAL STAFF REPORT</b>		<b>6:15</b>
	A. July 2, 2019 Medical Staff Minutes	(Pg. 27)	
	B. Chief of Staff Report	(Pg. 32)	
<b>VIII.</b>	<b>EXECUTIVE SESSION</b>		<b>6:20</b>
	A. Credentialing report (BLUE FOLDER)		
	B. Confidential Chief of Staff Report (BLUE FOLDER)		
	C. Patient Safety Dashboard (BLUE FOLDER)		
	D. Legal and Litigation Review		

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

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient safety dashboard, the confidential chief of staff report, and the credentialing report.*

*And*

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

<b>IX.</b>	<b>OLD BUSINESS</b>	<b>6:30</b>
	A. Campus Plan update	
	B. Crisis Intervention update	
	C. State Budget	
<b>X.</b>	<b>NEW BUSINESS</b>	
	Action items	
	A. Capital Projects	(Pg. 33)
	1. ASU-11 Supply Fan Upgrade	
	2. Endoscopy Workroom Ventilation Upgrades	
	3. Lab Ventilation and Cooling Upgrades	
	4. Chiller No. 2 Replacement	
	5. ASU-1 Heating Coil Upgrade to Glycol	
	6. ER Waiting Area/Pas Area	
	B. Affiliation Study RFP	(Pg. 37)
<b>XI.</b>	<b>MANAGEMENT REPORTS</b>	<b>6:55</b>
	A. CLO Management report	(Pg. 40)
	B. HR Management report	(Pg. 41)
	C. CNO Management report	(Pg. 42)
	D. COO Management report	(Pg. 45)
	E. CBHO Management report	(Pg. 50)
	F. CFO Management report	(Pg. 53)
	G. CEO report	(Pg. 55)
<b>XII.</b>	<b>CEO REPORT</b>	<b>7:00</b>
	A. Ophthalmologist update	
	B. State Budget update	
<b>XIII.</b>	<b>STRATEGIC DISCUSSION</b>	<b>7:05</b>
	A. Strategic Retreat	
	B. Nominating Committee	
<b>XIV.</b>	<b>PRESIDENT REPORT</b>	<b>7:20</b>
<b>XV.</b>	<b>BOARD CALENDAR</b>	(Pg. 56) <b>7:25</b>
<b>XVI.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>	<b>7:30</b>
<b>XVII.</b>	<b>ADJOURNMENT</b>	<b>7:35</b>

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
July 23, 2019 – 5:30 p.m.  
Robert F. Valliant Boardroom

**CALL TO ORDER** – The Board of Director’s meeting was called to order at 5:32 p.m. by Lance Stevens, Board President

**ATTENDANCE**

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

**ALSO IN ATTENDANCE**

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Don Schneider, MD, COS
Scott Chille, IT Director	Jane Johnson, Billing Supervisor	Linda Beckner, Fiscal Tech
Anita Moffitt, Executive Assistant		

**ATTENDEES VIA ZOOM VIDEO CONFERENCE**

Megan Costello, CBJ Law      Rose Lawhorne, CNO

**APPROVAL OF THE AGENDA** – *MOTION by Mr. Johnson to approve the agenda as written. Ms. Knapp seconded, agenda approved.*

**PUBLIC PARTICIPATION** – Community member, Dennis Harris introduced himself and expressed frustration for having to fill out registration forms for repeat lab visits scheduled 10-14 days apart. It’s very time consuming for patients and staff since the document is to be scanned and disposed of. He suggested providing patients with identification cards with scan bars and obtaining verbal verification that information is accurate. After Mr. Harris’ departure, Ms. Hale acknowledged that this was a good observation. This topic had been discussed at the Governance Institute’s Leadership conference and good suggestions had been made regarding the use of electronic capabilities to address this issue.

**CONSENT AGENDA** – Mr. Johnson noted incorrect spelling of Rasmuson Foundation in the Board of Director minutes and CBHO report. *MOTION by Mr. Johnson to approve the consent agenda with the corrected spelling of Rasmuson. Mr. Solomon-Gross seconded. Consent agenda approved.*

**BOARD EDUCATION**

**AETNA REFUND PROCESS** – Jane Johnson and Linda Beckner reported that a review of Aetna’s credit balance showed opportunity for improvement in Patient Financial Services’ (PFS) refund process. They then highlighted the goals, data analysis and action plans for improving PFS’ refund process. In the last 3 months, Aetna refund checks have dropped from 30 to 7. The goal is set to have 0 refund checks by December 31, 2019.

IT INFRASTRUCTURE PLAN – Mr. Chille reported that we have a large scale IT infrastructure change due. Our current system storage is in various stages of life cycle replacement, takes up lots of space and power, generates a lot of heat, has increasing operating expense support costs and has a lack of redundancy. Future needs demand a refresh and VxBLOCK is the proposed solution to meet our needs. It will decrease our physical footprint from 6 racks to 2, decrease electrical load and reduce overall heat output, 5 year maintenance is included in the purchase so will have decreased operation expense costs and manageable capital expense increases as storage and computer capacity demands occur. VxBLOCK will blend environments and be able to share computer storage, support and resources across each environment. It will provide better redundancy and be able to reduce downtime impact on most systems. The cost benefit analysis reflects a \$2.3 Million investment in hardware, approximately \$110,000 in migration of PACS data and \$45,000 in migration of Meditech data. Total projected benefits is a savings of \$1.1 Million over the 5 year investment. Information was provided about alternative solutions that had been reviewed and justification provided for the conclusion made. The purchase has been approved in the capital budget. In response to Dr. Urata's query as to the flexibility of VxBLOCK to accommodate a different system in the future, Mr. Chille stated that it would depend on the system. The VxBLOCK is a validated solution for Epic, Meditech and Cerner at this time. Mr. Kendziorrek expressed his support of this solution. Clarification was provided regarding the maintenance agreement and it was noted that replacement hardware components will be readily accessible via Reliable Transfer.

**Medical Staff Report** – Dr. Schneider noted the June 4th Medical Staff meeting minutes in the packet. He reported the following were discussed at the July 2<sup>nd</sup> meeting: 24 hour pharmacy is up and running, CCFR running the sleep off program and the Emergency Department's concerns regarding this transition, point of care ultrasounds, Credentials Committee developing criteria to allow privileges in robotic surgeries in case we get a robotics program at BRH and iStat is to go live in August. A discussion was held regarding the Emergency Department's concerns about sleep off and the actions being taken to address them. Mr. Bill noted that in response to the board's request for more information, Medical Staff Quality Improvement will provide a monthly dashboard report to the Chief of Staff for board reporting purposes.

**Executive Session** – Mr. Stevens noted changes to the language to be used when going into and coming out of Executive Session. ***Motion made by Mr. Kendziorrek to recess into executive session to discuss several matters:***

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient safety dashboard, the confidential chief of staff report, and the credentialing report.*

*And*

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

*And*

- *To discuss subjects that may tend to prejudice the reputation and character of a person, provided the person may request a public discussion, specifically, the CEO evaluation. (Staff and CEO and Medical Chief of Staff are excused from this section of the session, but may be called in to answer question as appropriate.)*

**Mr. Johnson seconded. Motion approved.** The committee entered executive session at 6:10 pm and returned to regular session at 7:03 pm.

- A. Credentialing report (BLUE FOLDER): ***Motion by Ms. Knapp to approve the credentialing recommendations. Dr. Urata seconded. Credentialing recommendations approved.***
- B. Confidential Chief of Staff Report (BLUE FOLDER): No action to be taken. The Board reviewed the confidential chief of staff report.
- C. Patient Safety Dashboard (BLUE FOLDER): No action to be taken. The Board reviewed the Patient Safety Dashboard.
- D. Legal and Litigation Review: The Board provided direction to BRH attorney regarding litigation strategies.
- E. CEO Evaluation review (BLUE FOLDER): ***Motion by Ms. Knapp to continue employing Charles Bill as the CEO of the Hospital, with his pay to be increased by 1% and a list of goals to be provided. Roll call vote taken. Motion passed 8 to 1 with Mr. Johnson being only member opposed.***

**OLD BUSINESS:**

CAMPUS PLAN UPDATE – Mr. Bill provided an overview of the proposed project schedule from Jensen Yorba Wall (JYW) included in the packet. Managers have already begun responding to questionnaires regarding their departments. Meetings have been scheduled for JYW to meet with senior leaders and department managers to allow further discussions regarding future needs to be considered. Medical Staff input will also be sought. The plan will come back to the Planning Committee and to the Board before its finalized. The completed plan will be used to help guide us at our annual Strategic Planning meeting. Mr. Kendziorrek is pleased with the details outlining the project schedule.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that the design RFP posted yesterday. A pre-proposal meeting is scheduled to take place July 29<sup>th</sup>. We anticipate hearing from the Alaska Mental Health Trust on or before July 31<sup>st</sup>, Premera on or before August 10<sup>th</sup> and the Rasmuson Foundation in November regarding Capital Grant Funding. The Mental Health Trust and Premera funding would be FY20 capital dollars. Rasmuson funding would be FY21 capital dollars. Dr. Urata suggested looking into the Murdock Trust as a possible funding source. Mr. Bill confirmed a 1<sup>st</sup> floor parking garage is to be included in the designs as an option to be considered.

**NEW BUSINESS:**

STATE BUDGET – Mr. Bill noted there is not much to report as of this afternoon. He gave a brief overview of the latest status and expressed concern for the incredible impact proposed cuts to the State,

the economy and the loss of insured patients would have on BRH. He stated that when we know what the budget will look like, we may want to have a special meeting to strategize. A brief discussion was held about PERS liability.

**LEVEL IV TRAUMA HOSPITAL DESIGNATION RESOLUTION** – BRH has submitted a request for a verification site visit relative to Level IV trauma facility capability to DHSS. The preferred time frame for the surveyors visit would be between November 10 and December 15. Designation of facilities as Level IV trauma centers are made by the State of Alaska based on recommendations from the verification surveyors and the Board of Directors must resolve to provide the resources necessary to achieve and sustain a level IV trauma hospital designation. In response to Mr. Johnson’s questioning if BRH has considered adding a pediatric facility recognition, Ms. Lawhorne stated it has been and discussions are taking place. A discussion was held about physician champions for Level IV designation. ***Motion by Mr. Kendziorek to adopt the Level IV Trauma Hospital Designation resolution. Dr. Urata seconded. Motion passed.***

**ANESTHESIOLOGY EQUIPMENT PURCHASE** – ***Motion by Dr. Urata to approve the Finance Committee’s request for \$281,000 to update our anesthesia equipment.*** The quote is included in the packet and had been approved by the Finance Committee with no objections. ***Ms. Hagevig seconded. Motion passed.***

**MANAGEMENT REPORTS** – No questions regarding management reports included in the packet. Mr. Johnson commented that the reports are getting better and better. Ms. Hagevig agreed.

**CEO REPORT** – Mr. Bill reported the following: As a response to the recent survey conducted, the management reports are to be included in the Bartlett Buzz and in the monthly Medical Staff packets. Dr. Kopstein was here July 18-20 to meet with Optometrists, clinic and OR staff and to make sure we have processes, equipment and supplies in place for him. He will begin to see patients in clinic on August 29, in the operating room on August 30 and surgical post-ops and clinic visits on August 31. For now, he will provide services 3 days a month with a future goal to be here full time. Dr. Jones noted that it will be a new revolution of eye care in Juneau and he is very excited about it.

**FOCUS AND EXECUTE UPDATE** – Mr. Bill presented an overview of Focus and Execute goal number 4, the finance plan. We are about 77% complete in the improved revenue cycle practices. Mr. Benson identified some of the projects implemented to accomplish this. A discussion was held about staffing benchmarks and how we do that with our uniqueness.

Mr. Bill reported that Title 40 was approved unanimously by the Assembly at last night’s meeting. Dr. Urata commented that we need to be aware of unforeseen circumstances to private practitioners in our community as a result of this. Mr. Bill noted that he will be the presenter at the Chamber meeting on August 1. He reported that the status of the injunction filed by ASHNHA against the rate decreases from DHSS is that the state has moved for summary judgement to dismiss. The hearing is scheduled for August 14. Mr. Bill will keep the board updated. A preliminary report has been received for the healthcare workforce analysis recently conducted. The final report is to be given at the annual Southeast Conference in Sitka scheduled to take place in September. One takeaway from the preliminary report is the prediction that 500 new nurses will be needed in SE Alaska over the next 5 years.

**STRATEGIC DISCUSSION** – Mr. Bill provided in depth information about the roles of the COO and the CNO. He also explained how information is communicated between him and the rest of the senior leadership team.

**PRESIDENT REPORT** – Mr. Stevens reported that he had met with Rorie Watt, City Manager and Mila Cosgrove, Deputy City Manager to provide updates on the CEO evaluation process. Mr. Watt was very complimentary in the way Mr. Bill has interacted with the city portion of his job and appreciates the strategic approach to campus planning and integrating that into the CIP process. Ms. Cosgrove identified that leadership is not addressed in our CEO review process and we may want to consider adding it. Mr. Stevens said we may also want to consider a board review process. He then shared his appreciation for the ED department and the difficult job they have. He strongly encourages that in addition to taking care of their patients, they use the resources available to take care of themselves.

**BOARD CALENDAR** – August calendar reviewed. No changes requested. Ms. Knapp noted the Governance meeting on August 12 has one single agenda item, Affiliation Analysis RFP. She encouraged board members to provide input regarding the information to be included in the RFP and to attend the meeting if available.

**BOARD COMMENTS AND QUESTIONS** – Mr. Johnson would like to know how things are going with Meditech since the system upgrade. Did the costs exceed our expectations and what can it do or not do that some of the other systems can do? This information is to be provided at a future meeting.

**ADJOURNMENT** – 7:50 p.m.



# Bartlett Regional Hospital

## PHYSICIAN RECRUITMENT COMMITTEE

August 8, 2019 7:00 am Minutes

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### Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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**Members Present:** Mark Johnson, Chair, Steve Strickler, DO, Lindy Jones, MD, John Raster, MD, Chuck Bill, CEO, Kathy Callahan, Dir. Physician Services, Bradley Grigg, CBHO

Others: Eugene Huang, MD

### Called to Order at 7:03 am

Mark Johnson called to meeting to order. Mr. Johnson asked Members to review the minutes from the August Members received a copy of the minutes from August 20, 2018. A motion to approve was made by Lindy Jones, MD seconded by John Raster, MD.

1. Oncologic Advance Nurse Practitioner: Chuck Bill and Kathy Callahan reported to the committee the growth of the outpatient oncology services and the need to expand the provider pool to include an ANP. Dr. Eugene Huang came to the meeting to support the need for coverage when the contracted providers are not in town and to participate in the discussion. The need to hire someone with experience was emphasized and the role of providing services when the contracted providers are out of town and assisting in the infusion department as needed was discussed. The committee also discussed the possibility of eventually needing a full time Medical Oncologist. A motion to support the recruitment of an Advanced Nurse Practitioner was made by John Raster, MD seconded by Lindy Jones, MD. Motion passes.
2. Gerontology- Community Request: Chuck Bill brought up the community's expressed interest in a Gerontologist. A discussion of the need for this specialty occurred and a suggestion that Administration communicate with the local primary care clinics to determine if this was of interest and suggest that the hospital could support recruitment for this subspecialty potentially with moving and/or loan forgiveness.
3. Update on Medical Staff Development Plan: Chuck reported that the MSDP would be included in a Community Needs Analysis project that is going out for RFP soon.
4. Ophthalmology: Chuck Bill and Kathy Callahan reported on the success in finding an Ophthalmologist to come to Juneau and provide services locally monthly with collaboration of the Optometrists in the community. This will include co-management following cataract or other surgery. Members expressed enthusiasm for the new program.
5. Psychiatry: Bradley Grigg, CBHO provided a report announcing that three positions have been successfully filled. There have been two full time Advanced Nurse Practitioners hired working in MHU, BOPS and Rainforest Recovery as well as taking on call duties. Dr. Sonkiss who was a locum now works for BRH 14 days on 14 days off in the Mental Health Unit and Rainforest Recovery Services. We continue to have one locum but have been able to retain a long term arrangement allowing for stability and high quality of care. The committee expressed strong



support of the need for psychiatry and behavioral services and hopes that telemedicine might help with access to care needed in the community.

**Meeting Adjourned at 07:55**

DRAFT

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

**Governance Committee Meeting  
Minutes  
Monday, August 12, 2019; 12:30 p.m.  
Bartlett Regional Hospital - Boardroom**

**Called to order at 12:29 p.m. by Brenda Knapp, Committee Chair**

**Attendance:**

Committee Members: Brenda Knapp, Rosemary Hagevig and Kenny Solomon-Gross

BRH Staff: Chuck Bill, CEO, Kevin Benson, CFO, Rose Lawhorne, CNO, Megan Costello, CLO, and Suzette Nelson, Executive Assistant

Also present: Deborah Johnston, Board Member and Michelle Hale, Assembly Liaison

***Ms. Hagevig made a MOTION to approve the minutes from July 16, 2019.***

***Mr. Solomon - Gross seconded and they were approved with no objections.***

Affiliation Analysis RFP: Mr. Bill presented a preparatory document to the committee for review. He has connected with Rory Watt and they agree that the assembly needs to be aware that we are going to request this analysis, assuring them that this is a fact finding mission and we do not want to alarm the community.

In the structuring of what we ask, this will go back to the board, publicly noticed and possibly communicated with the Chief of Staff to communicate with the medical community if they have any comments. This may take 90-100 days.

A discussion was held about having this and the campus plan ready for the Board Strategic Planning retreat. We are looking at March for that.

Mr. Bill stated he suspects the costs for this can be anywhere from 80k-100k.

Mr. Benson shared his positive experiences regarding affiliations in his previous employments.

Ms. Knapp requested Mr. Bill provide a current update with Central Penn and their affiliations.

***Mr. Solomon - Gross made a MOTION to approve the language for the Affiliation Analysis RFP to present to the board for consideration and actioned. Ms. Hagevig seconded and the motion was approved with no objections.***

**Adjourned at 12:59 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Finance Committee Meeting Minutes BRH Boardroom – August 14, 2019

**Called to order at 7:01 a.m. by Finance Committee Chair, Dr. Bob Urata.**

**Finance Committee & Board Members:** Dr. Bob Urata (Chair), Kenny Solomon-Gross, Marshal Kendziorek

**Staff:** Kevin Benson, CFO, Chuck Bill, CEO, Billy Gardner, COO, Rose Lawhorne, CNO, Blessy Robert, Director of Accounting and Anita Moffitt, Executive Assistant

**Introductions** - Mr. Benson introduced Blessy Robert, Director of Accounting. Ms. Robert replaced recently retired, Karen Taug.

**Approval of the Minutes** – Due to a lack of quorum, the minutes were not approved.

**June 2019 Finance Review** – Mr. Benson noted that June marked the end of the Fiscal Year. He reported that 2019 was a challenging year both operationally and financially but the year ended on a strong note achieving a Net Income of \$1.5 Million. Inpatient days in June were 12% greater than budget and overall Outpatient volumes were strong. Hospital revenues were \$800,000 greater than budget. Physician revenues exceeded budget by \$319,000. Net patient revenue finished at 2.9% in excess of budget. Expenses exceeded budget by 35.8%, however \$2.2 million was a recording of PERS expense to reflect the On-Behalf funding by the State of Alaska. The expense is offset by recording the funding in Other-Operating revenue. This resulted in an Operating loss of \$234,000. Interest Income had been understated throughout the year. The Final Net Income was \$1,515,000. On a year to date basis BRH has a Net Income of \$2,881,000 and is 13% behind budget target. Year to date income from Operations is -3.2% while the final Net Income is 2.84%. Capital spending through June 2019 was \$3,603,109 of the \$7,721,602 budgeted. Discussion was held regarding why capital spending is so far below budget.

**Capital Projects** - Mr. Gardner provided an overview of multiple time sensitive unbudgeted and under budgeted capital projects to be completed that require Board approval.

- ASU-11 Supply Fan Upgrade – This will address issues regarding upgrades to air ventilation rate requirements in the surgical operating suites. Currently, if ASU-11 fails, all surgery suites will have to be shut down until repairs or replacements are made. Replacing SF-11 with a pair of plenum style fans would allow for a higher air flow rate and would offer a redundancy that is currently not present. There is an estimated 5 month lead time to get equipment built and shipped to Juneau and it is estimated that the OR will be closed for 5 days for installation. For minimal OR time loss, the target date to do this upgrade is President's Day weekend. The C-section suite in OB will be used for emergency surgeries during this closure.
- Endoscopy Workroom Ventilation Upgrades – This project will run concurrent with the ASU-11 Supply fan upgrade. This upgrade is necessary to meet ventilation regulation compliance.
- Lab Ventilation and Cooling Upgrades – Due to the lab's location directly above the facility boiler room, heat transfer through the floor makes the average floor temperature in the lab 83

degrees with some places reaching 91 degrees. Not only are these temperatures uncomfortable for the employees, sensitive laboratory supplies are damaged due to excessive temperatures. The upgrade will eliminate or significantly reduce the heat load in the floor and ensure that full design air flow can be supplied to the space throughout the year. These improvements should allow the existing ventilation/cooling system to function as originally designed and maintain the space at the desired temperature set point.

- Chiller No. 2 Replacement – The existing water chiller #2 has reached the end of its useful life. Continuing to rely on the unit will lead to increasing maintenance costs and reduced reliability.
- ASU-1 Heating Coil Upgrade to Glycol – This project is to upgrade the heating loop at the main heating coil for ASU-1 to an antifreeze loop to prevent coil damage from freezing conditions. This heating coil supplies heat to one third of the main hospital and to multiple floors so it is imperative to minimize the risk of coil failure.
- Central Sterilization Room (CSR) Upgrades – This project allows for the addition of an Ultrasonic Ophthalmology Instrument cleaner, a new triple sink, sterilizer, sterilizer pumps and a new pass through window to the CSR.

The \$785,000 shortfall in budgeting for these projects will be funded by projects that will not be completed this year. The total capital budget spending will not be exceeded.

Future projects include:

- Stairwell doors replacement – Current designs pose safety risks. We are looking at new design solutions and will have pricing soon.
- After-hours main hospital lockdown – To address safety concerns and reduce vandalism, there is a plan to install badge readers on all entrances into the main hospital for after-hours use.
- ER Waiting Area/PAS Desk – Due to recent events and to ensure the safety of our employees, construction designs and costs are being obtained to enclose the registration desk in the ER. The design must adequately address safety concerns while still maintaining a presence in the ED waiting area. A discussion was held about increased violence of patients and visitors and the need to address safety and security concerns.

Due to a lack of a quorum, action was not taken on these capital projects. Dr. Urata will make a recommendation to the full board to approve these projects at the August 27<sup>th</sup> Board of Directors meeting. Mr. Kendziorek and Mr. Solomon-Gross expressed their support of approval of the capital projects identified.

**Next Meeting:** September 11, 2019 at 7:00 a.m. in BRH Boardroom

**Adjourned – 7:43 a.m.**

# Bartlett Regional Hospital

## JOINT CONFERENCE COMMITTEE

August 15, 2019 – 7:00 a.m.

Robert F. Valliant Boardroom

### Minutes

#### MEMBERS PRESENT:

Lance Stevens, Board President  
Bob Urata, MD, Board Secretary  
Theresa Shanley, MD, Past Chief of Staff

Don Schneider, Jr., MD, Chief of staff  
Noble Anderson, MD, Secretary/Treasurer

#### ALSO PRESENT:

Chuck Bill, CEO

Anita Moffitt, Executive Assistant

**Call to Order-** Meeting was called to order at 7:06 a.m. by Lance Stevens, Board President

**Public Participation** – None

**Approval of the Minutes** – *Dr. Shanley made a MOTION to approve the May 10, 2019 Joint Conference meeting minutes. Dr. Urata seconded. There being no objections, the minutes were approved.*

**EXECUTIVE SESSION** – None

#### NEW BUSINESS

**Affiliation Study** – Mr. Bill reported that the Governance Committee is going to make a recommendation to the Board of Directors (BOD) that a deep dive of affiliation options for BRH is conducted. Nothing is to be left out of the options for consideration including affiliating with SEARHC or possibly even selling the hospital. If the BOD approves, an RFP will be sent out. The information obtained will be used in our next Strategic Planning Session which is probably going to be held in March. It was noted that a couple of things to be considered when looking at our options are what would the triggers be for doing this while still in a strategic position and how could an affiliation improve access to services or care in the community. Mr. Bill noted that it's important not to send the wrong message to the public, this is a fact finding mission only. The Assembly will be notified if this is approved.

**Master Facility Plan** – BRH has hired Jensen Yorba Wall (JYW) to revise the Master Facility Plan they had created in 2011. This will give us a current look at our aging plant, infrastructure and options that may be available to meet our future needs. Options would include expanding upwards on existing building, building on the BRH owned property located on the hillside above Wildflower Court as well as possible off-site locations. The feasibility of creating another access point to BRH will be included. The plan will help us address the domino effects of remodeling and constructing and provide options for possible replacement of the Juneau Medical Center, which is beyond its useful life, and eliminating the need to lease space for the Specialty Clinic. Meetings have already been held with each department to identify future needs. Dr. Urata proposed looking at the property the old Walmart and initiated a

conversation about the need to rebuild/remodel hospitals frequently to meet the needs of new technology and growth. Dr. Schneider reported that JYW will do a feedback presentation at the September Medical Staff meeting.

Mr. Bill also reported that BRH will be entering into an agreement with a company to conduct a community healthcare needs assessment. Non-government hospitals are required by CMS to do one every two to three years but we are not. The information will be very useful in updating our physician recruitment needs and in our strategic planning. An RFP has been published. The winning bidder will reach out to members of the medical staff as well as the general community to help identify the healthcare needs in the community. With the affiliation study, the master facility plan and the community healthcare needs assessment results, we will have a lot of great information to use during our March Strategic Planning meeting.

## **OLD BUSINESS**

**Ongoing Communications** – As a result of the last joint conference meeting, we have started reciprocating minutes from the Board and Medical Staff meetings. There have also been tools provided to the Chief of Staff from the Quality Committee to report to the medical staff as well as the BOD.

Dr. Shanley reported that a discussion about the Meditech upgrade had been held at the Medical Staff meeting but the information received was unclear. Mr. Bill reported that training for each provider as a result of the upgrade is to take no more than 4 hours. ER and Ambulatory Care modules will be added during this upgrade and an Oncology module will hopefully be added in the future. The ER doctors have looked at the new Meditech module and are pleased with what they saw reporting that it is much better than the old system.

Dr. Schneider stated that the Medical Staff is interested in making an EMR Committee part of the Medical Staff Committees. The driving force for this is that the Medical Staff would like to have more say in the decision making regarding changes that effect how they work. He suggested having physicians with different levels of technological competency.

**Ophthalmology** – Mr. Bill reported that Dr. Kopstein is set up and ready to go to begin seeing patients at the end of the month. He will begin doing surgeries next month. Surgeries will be done on Fridays, clinics will be held on Thursdays and Saturdays. A meet and greet with the medical staff will be scheduled.

**Joint Conference meeting schedule** – It was agreed that quarterly joint conference meetings are valuable. A doodle poll will be sent out to determine a date in November for the next one to be held. Future polls will be sent via the Nasdaq Boardvantage Portal. Ms. Moffitt provided information about the portal and will work with Ms. Kesselring to make sure the designated physicians have access to and begin using the portal. Discussion was also held about meeting participation via Zoom video conferencing.

**Comments** – Mr. Stevens encouraged physician attendance at the March Strategic Planning meeting.

**Adjournment** – 7:43 a.m.



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Planning Committee

August 22, 2019

Minutes

**Called to order at 7:00 a.m., by Planning Committee Chair, Marshal Kendziorek**

**Planning Committee and Board Members:** Marshal Kendziorek, Rosemary Hagevig, Kenny Solomon-Gross

**Staff:** Chuck Bill, CEO, Kevin Benson, CFO (phone), Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Megan Costello, CBJ Law, and Megan Rinkenberger, Executive Assistant, with guest presenter Corey Wall, Vice President of Jensen Yorba Wall, Inc. an architectural firm.

*Mr. Solomon-Gross made a MOTION to approve the minutes from July 19, 2019. There were no objections and they were approved as presented.*

## OLD BUSINESS

**Campus Plan Update (Corey Wall)** – A summary of capital improvement projects and general plan for improvements, as outlined in their “Master Plan” was presented. Mr. Wall said one of the key notions is that they are working on developing a process not a product. This was a suggested list of upgrades and renovations over the next decade, based on interviews with department heads and assessment of need and complexity by project. Since they had already developed a plan of this type in 2011, it made it easier and more efficient for them to update that to reflect current needs. The areas addressed include a surgical services renovation, the Crisis Intervention facility, medical offices, etc. Mr. Wall stressed the concept of a “living document” for this plan, as all things change over time. After they interviewed departments and SLT, and gathered a list of needs for physical environments, the engineers have begun to look at those needs and develop that current plan.

Areas of greatest complexity and need is located in the lower floor of the main hospital building, with almost every department there at max capacity. These departments also reside in a concrete structure that presents challenges to renovation. Architects and engineers are thinking outside the box to try and solve many issues with one solution.

**RRC Update (Bradley Grigg)** – Mr. Grigg meets with the construction teams weekly to review progress and plan. Over the last four and a half weeks, foundational prep work has been done, then they will begin working on framing and enclosing the detox and assessment



centers, with the hope of completing before the cold weather arrives, so interior work – electrical, plumbing, etc. – can be done during the colder months. June 2020 remains the anticipated completion date. This project was funded almost entirely without grants, so any legislative funding changes would likely have some minor affect, but should be manageable. As of January 1, 2019, the Medicaid reimbursement rate for Behavioral Health services increased by 70%.

**Crisis Stabilization Plan Status (Bradley Grigg)** – The design proposals were due two weeks ago, with five applicants. Projected at \$7M for Crisis Stabilization and BOPS, and parking an additional \$2M, for a total of \$9M. There should be an award for the design in the next week or two. BOPS will be moving into Juneau Medical Center, so Marc Walker is working with contractors to replace the carpet and update the building in preparation for a mid-September move. Mr. Bill explains that the board will need to approve parking option. *(This should be an ongoing agenda item.)*

Grant status: In September, BRH received the initial \$500k grant from the state, giving us operational costs to provide services for FY20. Notice from trust that they awarded us \$200k capital grant for FY20 from \$1.5M request, due to budget concerns, trust scaled back. BRH can apply for more in FY21. Premera NW’s president verbally committed to \$1M strictly toward capital for FY20 that can roll over. Finalized tier two request with Rasmuson, who suggested that BRH request \$800k. Murdock Foundation has welcomed BRH to apply for their tier two grant, which is \$100k-\$600k. Bartlett Foundation has been active in raising funds to pay for patient room materials and supplies.

**Ophthalmology Update (Chuck Bill)** – All the equipment is in place, and Dr. Kopstein will be in town a week from tomorrow to see his first actual patient. First surgeries scheduled for September.

**Satellite Pharmacy Project Status (Chuck Bill)** – The site is enclosed in plastic, and demolition is underway. Parking is not presenting as much of an issue as expected. An issue has come up that may postpone the original November expected completion date.

**Community Needs Assessment (Chuck Bill)** – RFP is complete, and expected to cost \$10k - \$15k. David Sandberg, who works with BRH in Focus and Execute, is one of the bidders. Once the contract is signed, the timeline is around 90 days.

**NEW BUSINESS: Affiliation Analysis (Chuck Bill)** – This is being driven by the Governance Committee, but Mr. Bill felt the Planning Committee should hear about it as well.

**Next meeting:** October 8, 2019 at 7:00 a.m. (Will verify at BOD Meeting on Aug 27<sup>th</sup>)

**Adjourned at 8:00 a.m.**

**Bartlett Regional Hospital**

**Attention: Charles E Bill CEO**

Dear Mr Bill,

I was admitted July 29th to your hospital, first through the emergency room and then to the ICU for an episode that occurred during a well planned family fishing trip in Gustavus. Everything changed when I lost my memory for a couple of hours and was airlifted to the closest hospital nearby, Bartlett Regional Hospital.

I was reeling in a Halibut, and he was not even that big, when I experienced a terrible headache. I forgot I was in Alaska, didn't know how old I was, or even who the president was at the time. Thinking quickly, my boyfriend's daughter who's a nurse, notified the captain of the boat. We quickly turned around to the nearest seaplane.

I was admitted quickly, and tested over and over again. MRI, MRA, blood work, and heart, and treated by your wonderful staff of doctors and nurses.. My neurologist at home, Dr Lewis Levy spoke at length with Dr Taintor for over an hour. Dr Taintor was so caring while relaying the facts of my episode, my neurological status , and his findings. It was encouraging and comforting to know I was in the right place.

My boyfriend Phil slept in my room that night in the pull out couch, and we spent the rest of our 5 day vacation in the Bartlett House, next door. Dr Taintor said to me "I am talking to you as if you were a family member. "I would advise you to stick around here for a while, and not go back to Gustavus, just in case." The first 48 hours are crucial if I had a stroke. I was petrified but I was certain I was getting the best of care.

So we made the best of what would have been a family fishing trip, and stayed by ourselves in Juneau. We had a buying spree, picking out clothes to wear, other than our fishing boots, and rain gear in Fred Meyers, walked to the salmon hatchery 2 times, and took the tram to the top of the mountain, while starting our day off in the Bartlett Hospital cafeteria.

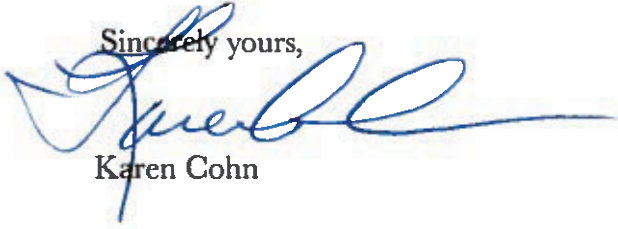
I want to thank you for everything. Your nurses are wonderful, hardworking and so caring. Your staff consists of the most pleasant and helpful concerned people I have ever met, and Dr Taintor was exceptional. He spent time with me, explained everything, and was genuinely involved each step of the way. I cannot forget to mention, Dr Andersen who was also involved at night.

I

I had all my test results reviewed by 2 additional doctors who all agree, it seems I had a complex migraine headache which I have never had before There was no damage, no change, no bleeds I am fine. I do take imitrex for migraines but this was brand new. I cannot thank you enough.

And just now, as I returned from the post office, mailing your patient survey back, and finishing up this letter to you, I get a call from Alaska, from the Bartlett Hospital from one of your staff, asking me how I was!!!! I simply reiterated all that I just told you, how grateful I am, and how wonderful you are, and thank you. I would recommend your hospital, the 57 bed personal care unit to anyone and everyone. I am very blessed.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Karen Cohn', with a long horizontal flourish extending to the right.

Karen Cohn

# STAFF DEVELOPMENT NURSE RESIDENCY PROGRAM

Gail Moorehead, MSN, RN-C, CMSRN, CPHQ

August 27, 2019

With the support of

Rose Lawhorne, Billy Gardner

Nursing Directors and Human Resources

# IMPROVEMENT GOAL

- We are working to improve the efficient onboarding of new to practice RNs.
- We chose this project because:
  - Provide a robust, standardized training plan for new hire RNs
  - Increase retention of new graduate RNs
  - Reduce use of Travel RNs on clinical nursing units
  - Recent studies of the costs of nurse turnover range to over \$64,000 per nurse (O'Brien-Pallas et al., 2006, Stone et al., 2003)
- Our goals are:
  - To increase the retention rate of graduate nurses to **90% by May 2021**.
  - To support local graduates to return to Juneau to practice nursing at Bartlett Hospital.
  - Provide training during residency program to increase competency and confidence in patient care and safety in a structured setting.



# DATA COLLECTION

- **Data collection method and frequency:**
  - Reviewed current use of travel nurses and costs pre program. Will review the same data at six months, one year and two years.
  - Reviewed the retention of nurses from the last UAA graduating class.
  - Retrospectively reviewed the transfer rates of novice nurses between departments.
- **Scope**
  - All Nursing Units. Medical/Surgical, Critical Care, Obstetrics, Emergency Room, Surgical Services, Rainforest Recovery Center



# DATA ANALYSIS

- **Comparison:** Program began in June 2019 so comparison from baseline is pending completion of first cohort.
- **Data subsets:**
  - July data showed 16 travel nurse positions in CCU,ED, OR, MS, MHU
    - Med/Surg travel RN costs for summer 12 week contracts for 8 RNs \$241,920.00
    - ER/OR/CCU travel RN costs \$293,568.00 for 12 week contracts for 8 RNs
    - 5-6 month unstructured trainings lead to increased cost per employee
    - 23 RN Travelers were used in FY2018, 20 in FY2017
- **Conclusion:**
  - Estimated payroll per new graduate for 16 week training program will be approximately \$20,000.00 per employee. Cost for program \$240,000.00 for summer 2019 including employees and educators time for training, preceptor differentials. Nurse preceptors on unit salaries are not included in the cost since they are also providing direct patient care per census numbers.





# CHANGE MANAGEMENT

- **Change Concepts applied:**

- Brainstorming – Meet with Clinical Nurse Directors to identify needs on units and how to support new graduates
- Benchmarking – Contacted other hospitals with programs to find best practices

- **Challenges / Barriers:**

- Delay in start dates due to college transcripts not transmitted to Board of Nursing in a timely manner. – Delayed start date of new nurses by 1 month.
- Scheduling of Preceptors to work with nurses on home units. – Keeping consistency to have new graduates work with the same preceptor for continuity of onboarding.



## ACTIVITY SUMMARY

- Hired 10 new graduate nurses for 6 departments. The hiring process was done collectively with all nurse directors to find the best placement for each new hire.
- Worked with Nurse Educators to develop plan for onboarding nurses as a cohort. Developed training for hospital and unit based training.
- Trained new preceptors on each of the units to accommodate the new hires.
- Developed approved contact hours for nurses to receive continuing professional development for their continuing nursing licensure.
- Meet with the directors, preceptors, preceptees and educators to follow up on onboarding progress.
- Program began on June 3, 2019. All new graduates successfully passed their nursing boards (NCLEX) by July 26<sup>th</sup> and will be transitioning to full time positions.



# CURRENT AND FUTURE

- Current
  - The retention rate of the last cohort of UAA graduates hired in 2017 was 70%.
  - Average onboarding time for new hires within the Staff Development program is 3-4 months. Staff trained outside the staff development program average five (5) months.
- Future
  - Continue with the nursing student intern program. Six (6) out of ten (10) new hires were involved in the program during school.
  - Include Evidence Based Projects and Quality Metrics into program
  - Initiate PRN float pool program to have staff ready to fill vacancies. This year we had vacancies for all our hires within direct departments.
  - Continue program on an annual basis within two years.



# MONITORING

- Success Interventions

- Hiring process was streamlined. New graduates were able to attend one interview with all nurse directors.
- Developed curriculum and engaged providers and other departments to provide training for new graduates.
- Utilized other disciplines to provide interdepartmental training to foster teamwork and improved communications.
- Provided training in Advanced Cardiac Resuscitation for Adults and Pediatrics, IV Therapy, Mock Codes and Simulations during residency.

Future Interventions:

- Monitor the development of float areas to allow more flexible hospital staffing
- Track the length of stay per graduate in their initial departments.
- Develop a future program to develop nurses to transition into specialty programs to assist with career development.

**Bartlett Regional Hospital  
Medical Staff Meeting  
Tuesday, July 2, 2019 at 6:15 p.m. – BRH Café  
MINUTES**

**MEMBERS PRESENT:**

Anderson, Noble, MD, Secretary/Treasurer	Benjamin, Mimi, MD
Bowman, J. Russel, DO	Brooks, Beatrice, MD
Dressel, Amy, MD	Huang, Eugene, MD
Kilgore, Kimberly, MD	Kim, Daniel, MD
Kirk, J. Kennon, MD	Laktonen, Alberta, MD
Luhrs, Kayla, MD	Newbury, Nicholas, DO
Olsen, Eric, MD	Roth, Joseph, MD
Saltzman, Michael, MD	Schmidt, Jennifer, MD
Schneider, Don, Jr., MD, Chief of Staff	Schwarting, Ted, MD
Sheufelt, Janice, MD	Standerwick, Anne, MD
Thompson, James, MD	Urata, Robert, MD
Valentine, Priscilla, MD	Vanderbilt, Burton, MD

**MEMBERS ABSENT:**

Banyas, Michael, MD	Bellows, Blaise, MD
Blanco, Jessica, DMD	Brown, Kenneth, MD
Buley, Catherine, MD	Burns, Ronnie, DO
Bursell, John, MD	Cook, Jeannette, MD
Delsman, Erica, MD	Dooley, Laura, MD
Dunn, Taylor, MD	Gartenberg, Joanne, MD
Greer, Steven, MD	Gruchacz, Pamela, MD
Haddock, Nathaniel, MD	Harrah, Daniel, MD
Hernandez, Dorothy, MD	Hightower, Charles, MD
Keirstead, Linda, MD	Maier, Anya, MD
Malter, Alex, MD	McPherson, Alan, MD
Miller, Benjamin, DO	Miller, David, MD
Moxley, Kelly DPM	Mulcahy, Allison, MD
Neyhart, Joy, DO, Vice-Chief of Staff	Odell, Michael, MD
Peimann, Catherine, MD	Peimann, Nathan, MD
Peterson, Quigley, MD	Raster, John, MD
Schellack, Gregg, DO	Schultz, Charles, DDS
Scott, Jessica, MD	Skan, Paul, MD
Strickler, Steven, DO	Taintor, Matthew, MD
Than, Nandi, MD	Totten, Jodie, MD

**MEMBERS EXCUSED:**

Benjamin, Brian, MD	Jackson, Keegan, MD
Jones, Lindy, MD	Shanley, Theresa, MD, Past-Chief of Staff

- I. **CALL TO ORDER:** The regular Medical Staff meeting was called to order by Dr. Don Schneider, Jr., Chief of Staff at 6:17 p.m.
  
- II. **INTRODUCTION OF GUESTS:**
  1. **Michael Middleton, MSII**
  2. **Allison Hourigan, MSII**

III. **APPROVAL OF MINUTES:** The minutes from the regular scheduled Medical Staff meeting on June 4, 2019 was unanimously approved as written.

IV. **OLD BUSINESS:**

A. **Administration – Chuck Bill, CEO**

1. **B-Safe Program Update** – Lauren Beason, Director of Bartlett Beginnings, is revising the script pertaining to BRH's B-Safe program that is currently on the BRH Foundation website. Lauren will reach out to Dr. Joy Neyhart in the event she has any questions.
2. **State of Alaska Budget** - The State of Alaska FY2020 budget has reduced their Medicaid cuts by 5% for primary care and by 3% for skill nursing centers. Using an emergency decision, the Governor posted the State budget on a Friday, June 28, 2019 with an effective date of Monday, July 1, 2019. This did not allow time for comments. The Alaska State Hospital and Nursing Home Association (ASHNHA) is considering filing an injunction based the process the budget was posted without allowing time for input.
3. **Enhance Communication** – The approved Medical Staff meeting minutes will be included in each month's BRH Board of Directors (BOD) board packet. As a way to increase communication, beginning in August, each Senior Leadership monthly report will be included in the Medical Staff meeting packet.
4. **Campus Construction** – Soon there will be three construction projects taking place on campus. It begins with the demolition of the Rainforest Recovery Center (RRC) and Bartlett Outpatient Psychiatry Services (BOPS). After the demolition is completed, a new RRC and Crisis Stabilization Center will be constructed in the same location. A satellite pharmacy (clean room), located next to the BRH Infusion Therapy department on the second floor, will be constructed. These projects are slated to take a year to complete. Parking on campus will be reduced. The Hospital is researching various parking options for staff.
5. **Swing Beds** – The hospital is researching the feasibility of converting several hospital rooms/beds into "swing beds". This would allow long-term care patients to stay longer and receive addition services.
6. **Gynecology Oncologist** – Dr. Joanie Hope, Gynecology Oncologist from Anchorage, has expressed interest in providing patient care at BRH. Whether or not the Hospital proceeds with the purchase of robotics will service is a big factor in the decision.
7. **BRH Finances** - May was busy with an increase of observation patient days and under budget with inpatient days. Expenses were high due to \$250,000 contribution to the 2<sup>nd</sup> phase of Housing First and the hiring/preceptorship of new nursing graduates.
8. **Petersburg Medical Center (PMC)** – Petersburg Medical Center has requested BRH to provide some mental health services both in person and via telemedicine. Bradley Grigg, CBHO and Dr. Joanne Gartenberg are in Petersburg for a site visit.
9. **State of AK Grant Funds** – The \$500,000 grant funds from the State of Alaska, to go towards the demolition/construction of Rainforest Recovery Center (RRC), have been received.

- B. Chief Operating Officer – William Gardner, COO**
- 1. Campus Parking** – Due to the construction projects that are taking place on campus, the Hospital is investigating various parking solutions, which include a safe place to store a bicycle for those who wish to cycle.
  - 2. Video EEG** – Virginia Mason Medical Center (VMMC) and BRH have been working on a tele-EEG program. The technology has been established and the VMMC credentialed physicians have begun training.
  - 3. 24/7 Pharmacist** – Beginning July 3, 2019 there will be a Pharmacist in the hospital 24/7.

- C. Chief Nursing Officer – Rose Lawhorne, CNO**
- 1. Staffing:**
    - a. Nursing Mentor Program** - Several new nursing graduates, who have passed their NCLEX-RN, have been hired and begun the mentorship program on various hospital units. Two new graduates are training in the Surgical Services under the supervisor of an educator.
    - b. Surgical Services Clinical Assistant Manager (CAM)** - Chris Dailey has accepted the position as the Clinical Assistant Manager (CAM) for surgical services and will relocate to Juneau soon.
  - 2. IV Pumps** – Training is ongoing for the new IV Pumps that will replace the old on August 7, 2019.
  - 3. Blood Glucose System** – The new blood glucose system training will begin soon and is slated to be in place the first week of August 2019.
  - 4. FY21 Capital Projects** – Request items for FY21 capital projects are beginning to arrive. Medical Staff who made requests are to contact the appropriate Unit Directors.
  - 5. Chief Nursing Officer (CNO) Office** – The current office location for the Chief Nursing Officer (CNO) will remain on the second floor of the hospital. The Medical Staff are invited to stop by at any time.

**D. Finance – Kevin Benson, CFO - *Out of Town***

**E. Behavioral Health – Bradley Grigg, CBHO – *Out of Town***

**F. Hospitalist – Mimi Benjamin, MD – Nothing to Report.**

**G. Other - None**

**V. NEW BUSINESS:**

- A. Committee Reports:**
- 1. Critical Care Committee** – No meeting.
  - 2. Medical Staff Quality Improvement Committee** – Reviewed charts. Physician report cards are being development.
  - 3. Surgical Services Committee** – No meeting.
  - 4. Pharmacy & Therapeutics Committee** - Minutes in packet.
  - 5. Infection Control Committee** – No meeting.



6. **HIM/UR Committee** – No meeting.
7. **Credentials Committee** – Working on hospital wide Point of Care Ultrasound (POCUS) policy and credentialing process. Hospitals Nationwide are also trying to develop a process. As a way to be proactive, the Committee is beginning to work on a robotic policy so when/if the Hospital moves forward, credentialing would of already began. All Medical Staff are asked to contact the BRH Medical Staff Services Department as soon as they are aware that a provider will be providing services at the hospital. The credentialing process takes approximately 60 days.
8. **OB/Neonatal Committee** – Meeting next week.
9. **Provider Education Committee** – No meeting.
10. **Medicine/Pediatric Committee** – Meeting in a few weeks.
11. **Trauma Committee** – No meeting.
12. **Emergency Care Committee** - The Committee is developing a protocol for the implementation stage of the i-STAT. There will be education for providers prior to its implementation in August 2019. Dr. Burton Vanderbilt will research as to whether or not the unit can be used in the BRH Special Care Nursery.
13. **Physician Health and Wellness Committee** – No report.
14. **Behavioral Health Quality Committee** - No report.
15. **IT Steering Committee** – No report.
16. **Meditech Clinical Software Committee** – No report.
17. **Physician Recruitment Committee** – No report.

**B. Meditech Minute – Joyce Chambers, RN**

1. **Updated Meditech (Spring 2020 Go-Live)** – In November the updated Meditech will be installed in “test” with the go-live being the Spring of 2020. Looking for some physician who would like to participate in the “test” environment.
2. **Blood Cultures** – Routine blood cultures will no longer be available. The choices will be either STAT or routine.
3. **Medication for New Born and Mom’s** – There has been confusion regarding the medication for new born babies. Any documentation that is for the baby in the mom’s chart, will need to be documented in the baby’s chart once it has been created.
4. **Medication Orders for Surgeons/Anesthesia** – The process for medication orders for Surgeons and Anesthesia, once out of PACU was discussed. Once the Anesthesiologist changes the medication to stop in the EMR, those medications stop. This has to be manually changed because the system doesn’t know the difference between PACU medication verses medications that are to stop one the patient has moved to the floor.

**C. Clinical Documentation Information (CDI) – Amy Deer, RN**

1. **Documentation Minute** – Reviewed.
2. **Physician Recognition** – Dr. Steven Greer is the recipient of this month’s award and recognition for documentation.

3. **Acute Tubular Necrosis (AKN) vs. Acute Tubular Injury (ATI)** – The definition, diagnostic criteria and clinical circumstances was reviewed. -

D. **Tumor Board Meeting, Wednesday, July 3, 2019** – FYI.

E. **Other**

1. **Antibiotic Stewardship** – Information has been released for BRH pertaining to its involvement with antibiotic stewardship.

VI. **BOARD OF DIRECTORS REPORT:** May 28, 2019 – Reviewed.  
June 23, 2019 - Not Available.

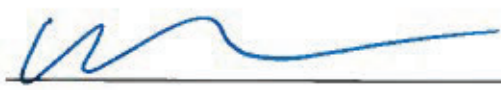
VII. **NEXT MEETING:** The next Medical Staff meeting will be on **August 6, 2019** at 6:15 p.m.

VIII. **EXECUTIVE SESSION:** Executive Session began at 7:07 p.m.

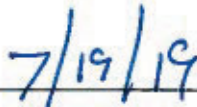
Executive session adjourned at 7:23 p.m. and the regular Medical Staff meeting reconvened.

IV. **ADJOURNMENT:** There being no further business, the Medical Staff meeting was adjourned a 7:24 p.m.

**CME** – The CME presentation this evening was presented by **Michael Sutters, MD – VMMC Nephrology** on “**Chronic Kidney Disease (CKD)**”.



Don Schneider, Jr. MD, Chief of Staff



(Date)

# Chief of Staff Report

## Mortality Matrix

July 2019

Mortality Matrix					
	Baseline	BRH 12-Month Rolling	Target	Best in Class	Improvement Initiatives
<b>Death Rate in Low-Mortality DRGs (PSI 2) per 1000</b>	CY 2018: 0.0*	0.0*	0.35		
<b>Mortality by Condition</b>					
<b>AMI 30-Day Mortality</b>	CY 2018: (0/6)=0%	0% (0/12)	Achievement 14.93%	Benchmark 12.67%	
<b>COPD 30-Day Mortality</b>	CY 2018: (0/35)=0%	2.07% (1/37)	Achievement 7.67%	Benchmark 6.13%	
<b>HF 30-Day Mortality</b>	CY 2018: (6/66)=9.09%	5.77% (3/52)	Achievement 13.96%	Benchmark 12.03%	
<b>Pneumonia 30-Day Mortality</b>	CY 2018: (2/80)=2.5%	1.72% (1/58)	Achievement 11.77%	Benchmark 9.05%	
<b>Sepsis Mortality (in-hospital)</b>	CY 2018: (0/49)=0%	1.43% (1/70)	Average 11.56%	HIIN Goal 9%	PI Team

Achievement and Benchmark Sources: Value Based Purchasing Guide. AMI, COPD, HF from FY2021 Guide, Pneumonia from FY 2020 guide

Target for Death Rate in Low Mortality DRGs Source: AHRQ Patient Safety Indicators v6. 0 Benchmark Data Tables, July 2018

Sepsis Mortality Targets: Partnership for Patients, Quality Benchmarking System, HIIN baseline and target

At or Exceeding Best in Class
At or Exceeding Achievement Threshold
Opportunity for Improvement
Problem Area

\*1 case fell into measure. Upon chart review, it was an expected death.

Bartlett Regional Hospital  
 Facility Capital Projects  
 As of August 1, 2019

Capital Project	Estimate	Budget	Variance	Notes
ASU-11 Supply Fan Upgrade	263,176	-	263,176	* Unplanned Repair
Endoscopy Workroom Ventilation Upgrades	172,683	99,000	73,683	* Under estimated project
Central Sterilization Room Equipment Upgrades	186,575	200,000	(13,425)	
Lab Ventilation and Cooling Upgrades	427,180	250,000	177,180	* Under estimated project
Chiller No. 2 Replacement	229,975	50,000	179,975	* Under estimated project
ASU-1 Heating Coil Upgrade to Glycol	203,074	100,000	103,074	* Under estimated project
ER Waiting Area/PAS Area	-	-	-	* Unplanned Project
<b>Total</b>	<b>1,482,663</b>	<b>699,000</b>	<b>783,663</b>	

There is a shortfall of \$785,000 that will be funded by the following projects that won't be completed in the current year.

Ground Floor Asbestos Tile Replacement	-	500,000	(500,000)	Delayed
Oncology Module - Meditech	-	189,000	(189,000)	Delayed
Replacement Sleep-Off Vans	-	120,000	(120,000)	No longer a Program at BRH
	-	809,000	(809,000)	
<b>Total Net Capital Spending</b>	<b>1,482,663</b>	<b>1,508,000</b>	<b>(25,337)</b>	

The items marked with an "\*" require board approval as they are either unbudgeted or over budget threshold variance. By substituting projects that won't be completed the Total Capital Budget spending will not be exceeded.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartlethospital.org](http://www.bartlethospital.org)

DATE: August 8, 2019  
TO: BRH Finance Committee  
FROM: Kevin Benson, CFO and Billy Gardner, COO  
RE: Capital Projects

There are a number of facility projects that BRH must address (see attached Listing). Most of these projects were included in the Capital Budget. However even if they were included, the estimated cost was significantly underestimated and amounts to \$783,663. Due to the cost variance in order to proceed with these projects approval of the Board of Directors is needed. In order to fund this variance, projects that were included in the budget will either be delayed or will not be completed.

Preliminary Design/Cost Estimates have been obtained for these projects better defining the scope of the projects and associated cost. Listed below is a description of each project.

## **ASU-11 Supply Fan Upgrade:**

BRH surgery wing includes three operating suites along with surgery support spaces located on the 2<sup>nd</sup> floor of the hospital. The surgical area of the hospital was last renovated in 1988, and records show that the supply fan for ASU-11 about 8-9 years ago when there was an unexpected failure. Data is not available on this replacement fan but it appears to be a like for like replacement of the original. Murray and Associates did perform an evaluation on the HVAC system serving these spaces in 2015. An outcome of this evaluation was the 2016 BRH OR Surgery Ventilation System Upgrade which address the cooling, dehumidification and humidification needs of the space. This work did not include any modifications to the supply or return fan for the air handler unit and made minimal modifications to the internal parts of the air handler unit. Air filtration occurs with the ASU-11 downstream of the supply fan section.

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## BARTLETT REGIONAL HOSPITAL AFFILIATION OPTIONS ANALYSIS

Bartlett Regional Hospital (BRH) is seeking to retain an advisor to assist its board and management in considering its situation, the feasibility of remaining independent, and available strategic alternatives. In that regard, we would like to develop an enhanced understanding of BRH's business, medical, and market circumstance, and the range of options, involving ownership change and no ownership change, which might be available.

BRH is an independent, sole community hospital owned and operated by the City and Borough of Juneau located in Juneau, AK. Its primary facility is a 73 bed full-service acute care hospital. Management and our board believe BRH has a strong financial and market position. However, in light of changes in the hospital industry, we would like to proactively consider the potential for change. Please respond to the following questions:

### *General qualifications*

- Overview of your firm, its history, ownership, industries served, and product offerings.
- How many comparable assignments have you completed? Of these, how many clients elected to remain independent and how many sought a partner.
  - Describe several comparable engagements with similar systems, including clients in Alaska.
  - Please review your experience in advising local-government-owned hospitals in business combination transactions. These would include hospitals whose assets or business, or both, are owned by either counties, boroughs, parishes, cities, or districts.
- Which team of people from your firm would be dedicated to this project?
  - Describe their backgrounds and relevant experience?
  - How many of the assignments referred to in the previous question were these individuals involved in.
  - How long has this group of individuals worked together?
  - What is their role within your organization?
  - Are the individuals specialists in m&a or generalists?
- How will other departments at your firm work together on this project? Who will oversee the project?
- Describe a creative example of a hospital partnership or affiliation agreement developed by your firm.
- Does your firm currently have any relationships or business activities with any company that has hospital operations in Alaska?
  - Do you have existing engagements or on-going roles with any potential partners for BRH, including investor-owned companies as well as tribally-run or affiliated hospital or healthcare entities?
  - Has your firm provided advisory, underwriting, consulting services, or other products for any of these companies?

- Please provide your view of the most important elements in the selection of an advisor.

### *Approach to the Engagement*

- Describe your approach to BRH's needs and objectives and the process you would recommend in order to consider its situation, options, and potential transaction alternatives.
  - What information needs would you have?
- Describe your anticipated interaction with the Board of BRH, including your experience working with special committees.
- Which commercial and organizational factors would you consider most relevant to helping BRH develop an understanding of its situation?
- Your view regarding the impact of market developments in Alaska, and nationally, on BRH.
- How would you expect to consider the role of BRH's medical staff in your process?
- Should BRH elect to consider some form of business combination, please provide the following input:
  - Please describe the relevant transaction forms to consider; describe the economic and cash flow implications of each.
  - What types of possible sale processes exist, describe the pros and cons of each?
  - Are there likely to be one or multiple steps in the selected process?
  - Describe the services and advice that you would provide during each step of a transaction.
  - What financial and non-financial issues are present in transactions of this sort?
    - Are there any economic tradeoffs between these?
    - What are the likely financial variables in these tradeoffs?
    - What is your experience with state Attorneys General?
    - Has a transaction you were advising on ever been challenged by a regulatory agency.
- What are typical risk exchange trade-offs in transactions of this sort?
  - Where would the largest elements of transaction risk lie?
  - Have you ever advised on a transaction where a letter of intent was signed that failed to close?
- How can we retain management during the pendency of a potential transaction?
  - Is it appropriate to grant severance arrangements?
- Please provide references, including for those clients that elected to seek a partner and those that elected to remain independent. Please include references from physicians who were not board members.
- Please estimate the amount of time involved for each phase of your proposed advisory work. What time commitment, on the part of board members and management, would you expect?

- Describe your approach and philosophy regarding compensation arrangements that you are willing to consider.
- Please provide proposed fees.
- How would this project be communicated to the Medical Staff, employees and public to minimize unwarranted anxiety?

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## August 19, 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
- HIPAA and medical records policies and procedures review
- Media Relations policies and form review and revision

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

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## Management Report from Dallas Hargrave, Human Resource Director August 2019

- The HR Director participated in a round table discussion with other Juneau employers at the Juneau Economic Development Council regarding childcare in Juneau on August 20, 2019. Human Resources continues to look for an opportunity to partner with a childcare center located close to the hospital to explore whether prioritization for our employees' children at a childcare center is a benefit we can offer employees.
- There will not be a cohort of Project Search students at BRH this school year. Last year BRH participated in the program where the school district provided a special education teacher onsite at the hospital and the cohort of students with disabilities participated in performing job duties at the hospital in an effort to assist the student transition from the end of their high school career to the workplace. This year, the low number of qualified participants, along with funding concerns at the state level, has caused the Juneau Project Search steering committee to cancel the program for the year. The steering committee will continue to meet on a regular basis with the goal of running the Project Search program at BRH during another school year in the future. One of the 2018-2019 graduates is currently employed at BRH, and two other graduates have applications pending.
- Human Resources will participate in the UAS Campus Kickoff on August 30, 2019. BRH will host a table at the Kickoff to introduce UAS students to BRH and highlight vacant positions at BRH to which UAS students may want to apply.

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## August 2019 Nursing Report Rose Lawhorne, CNO

### Nursing

- Partnership for Patients update—Sarah Hargrave, Quality Director, and her team are working hard to move us toward our vision of being the best community hospital in Alaska!

#### Successes

- No ICU CAUTIs for over 6 years!
- No CLABSIs for over 6 years!
- Antimicrobial stewardship is exceeding the targets for each drug class and overall. Great work done by that team!
- Sepsis Mortality has been at 0 for over a year
- No pressure ulcers notes for several years

#### Current focus

- Ongoing prevention of surgical site infections (SSI)—with the work of Charlee Gribbon, infection prevention nurse, environmental services, nursing, providers, and of course, Sterile Meryl, our UV Light sterilizer, our SSI rates are down.
  - Hypoglycemia management—two representatives attended a conference that focused on glycemic control. Knowledge gained will be used to improve processes.
  - Falls/injury reduction—strategies, equipment, and processes are being reviewed and implemented to keep our at-risk patients safe.
  - Prevention of clostridium difficile nosocomial infections—see SSI work
- Strategic planning—nursing leaders met with Jenson/Yorba/Wall representatives to participate in the facility-wide planning process. Excellent discussions occurred, with long and short-term needs identified as we prepare for the future of health care.

### Emergency Department

- I-STAT—August 1<sup>st</sup> go-live a success! Excellent collaboration and training. Special shout out to Kim McDowell, ED Director, John Fortin, Laboratory Director, Scott Chille, IT Director, and to their teams who worked tirelessly to make this such a success. Our provider support was crucial to the successful effort as well. Thanks to Dr. Lindy Jones, ED Medical Director, and Dr. Burton Vanderbilt, Laboratory Medical Director, for your roles as well.
- Level IV Trauma Center reverification—tentative date for site visit with reviewers from Alaska Trauma Committee is January 2020.
- September is Sepsis Awareness month, with World Sepsis Day on September 13<sup>th</sup>. Kim McDowell has been invited by Capital Chat to discuss the importance of immediate recognition and treatment of sepsis. She will also review the work being done by Bartlett's sepsis response team.
- The quarterly Bartlett Emergency Equipment Fair (BEEF) offers training for emergency equipment and processes. Coordinated by Staff Development and ED nurses, stations provide information and overviews from experts on specific topics. Examples: chest tube management, Zoll warming/cooling unit, Level 1 rapid infuser, mechanical ventilation.

## Medical Surgical Unit

- Liz Bishop, Med Surg Director, has been working with Autumn Muse and the Quality Department to improve hand-off and transitions of care. Bedside reporting facilitates collaboration and flow of information between oncoming and off-going nurses, patients, and their advocates/family members. The plan of care is reviewed to ensure that all understand treatment goals. Questions or concerns can be addressed immediately.
- Charge nurses assist with patient flow and serve as a resource for others on the unit. This position is rotated among the more experienced nurses and assists with patient flow, management of complex situations, and responds to difficult events (codes, disasters, etc.). A charge nurse class will be offered in the coming weeks to better prepare nurses for this position.
- Fall prevention and infection prevention are two additional areas of focus for quality improvement efforts on Med Surg. See above under Nursing, Current Focus.
- Several BRH departments are working with Catholic Community Services to update processes for providing respite care to patients in our community. This service allows families to take crucial time to meet their own needs while ensuring that their loved-ones continue to receive care.
- Jandi Love, a nurse on Med Surg, has developed patient and nursing resources for ostomy care. This includes discharge instructions and patient education, home care “starter” supply kits, and community resource information. She has also created nursing education that addresses skin and ostomy assessments, interventions for complications, and documentation requirements.

## Surgical Services

- Chris Daily, our new Nurse Manager has arrived! He will oversee the OR, PACU, and endoscopy. Welcome Chris!
- Brenda Vigue, our Nurse Manager for Same Day Surgery, will be retiring this month. She has dedicated more than 15 years to Bartlett and we are grateful for her contribution to our facility and patients. Brenda, we wish you the best in your new adventures!
- Three full time, new graduate nurses are being trained. Thanks to our OR educator for coordinating the quality onboarding and perioperative training program for our returning community members.
- Central Sterile Reprocessing (CSR) training will be held in the coming month. The OR educator and lead CSR technologist are working together to evaluate educational needs and develop an education program that all techs will attend. Competency assessments will document successful completion of training and ongoing success. Cross-training of other staff will provide redundancy and help streamline processes when possible.
- An infection prevention in-service was offered on August 16<sup>th</sup> to all OR staff. Our infection prevention nurse reviewed management of patients with transmissible diseases. Patient transports, patient and staff safety, and hand hygiene were among topics reviewed.
- Blood administration training on August 21<sup>st</sup> will provide education on safety measures for blood administration and the massive transfusion protocol.
- Other quality improvement efforts include monitoring and mitigating intradepartmental delays for surgical patients. Team members identify potential areas of delay, and work to improve efficiency by addressing factors that obstruct the flow of patients from one area to the next within surgical services (e.g. SDC → OR → PACU).
- Strategies for obtaining intravascular (IV) access on surgical patients are being reviewed. Training will be provided for insertion of ultrasound-guided IVs. The new motto for IV sticks is “First time, every time”.



## **Obstetrics**

- Charge RN role has been implemented and is supporting patient flow and proactive problem solving for other issues/concerns that arise.
- Our new graduate nurse is well into her preceptorship and doing well.
- All RN's are now assigned monthly online education and fetal monitoring courses. This opportunity improves the knowledge for all nurses on the unit and ensures that education content consistently meets practice standards.
- OB process improvement committee is continuing to update policies, initiate PI projects, examine ways to improve, and assess maternal risk factors, in addition to many other projects.

## **Critical Care**

- Philips monitor upgrade—Monitors were ordered last week. Implementation should take 6-8 weeks with completion in October.
- Our new graduate has finished her first month of training and is doing well.
- EICU physicians are being trained to enter orders remotely into Meditech. This will streamline processes and improve communication.

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## Chief Operating Officer, Billy Gardner Board Report Tuesday, August 27, 2019

### Cardiac Rehab (Robert Follet Director)

- Working with case management to track and ultimately increase referrals for eligible patients

### Materials Management (Ethan Sawyer Director)

- Preparing to establish a value analysis committee to ensure new requests are vetted and in compliance with GPO

### Pharmacy (Ursula Iha Director)

- Pharmacy Clean room project began phase one of construction August 12<sup>th</sup>. The zip wall is up and Charlee Gribbon, our infection control nurse, has kept the entire crew compliant with our infection control policies (vaccinations, flu shot, ICRA (infection control risk assessment) training, etc.). Charlee has also ensured the work site maintains strict compliance with our infection control policies. Signs are posted in various areas to facilitate campus wayfinding for our patients and staff.

### Rehabilitation services (Rusty Reed Director)

- Congratulations to Rusty, our new Rehabilitation Services Director! Rusty has many years of experience in this discipline and many great ideas to build upon Helen's work. Again, we want to thank Helen for her years of service and for agreeing to mentor Rusty through the first few months of his new position.

### Laboratory Services (John Fortin Director)

- I-stat system is up and running. Physician Lindy Jones reports several instances where I-stat has positively impacted patient care and flow in the ED. Thank you to all team members and employees, spanning several departments, who have assisted with this project. Great Team work that hits every facet of our mission statement.

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### Facilities Master Plan

- Directors filled out Questionnaires and interviewed with JYW to address current and future needs. Many issues are being addressed by the architect team and we look forward to presenting these to the Board of Directors.

### Food and Nutrition Services (Felipe Ogo Director)

- New software is being implemented to keep us compliant with menu building and recipe analysis. This software also upgrades our Point of Sale system and improves our inventory management in the cafeteria.

### Diagnostic Imaging (Israel Ginn Director)

- VEEG will perform a mock patient exercise on 8/20. If this exercise with Virginia Mason is successful, we should be able to go live this week. Physicians and their offices will be notified by Israel as soon as we can go live with this service.

### Facilities Management (Marc Walker Director)

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## August 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. **DR. SONKISS IS ON A 2 WEEK ON, 2 WEEK 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.
  - **Dr. Helen Short** (Locum) has extended her assignment through October 2019 while we continue to recruit for full time MHU coverage and call.
  
- **Psychiatry Recruitment Update:**
  - **Dr. Jamie Stevens: DR. STEVENS HAS AGREED TO AN INITIAL 4 MONTH LOCUM CONTRACT BEGINNING SEPTEMBER 15, 2019. SHE WILL USE THESE 4 MONTHS TO DETERMINE IF SHE IS INTERESTED IN A FULL TIME EMPLOYMENT CONTRACT WITH BRH.**
  - Behavioral Health continues to recruit for a full time MHU psychiatrist with the goal of eliminating the need for ongoing long-term locum coverage. We have 2 prospects with whom we are talking.
  
- **Rainforest Recovery Center:**
  - Daily Average of 11 patients in July 2019, with an average length of stay 22 days.
  
- **Mental Health Unit:**
  - Daily Average of 8.5 patients per day in July 2019, with an average length of stay 9 days.



- **Bartlett Outpatient Psychiatric Services:**
  - We continue to evidence a significant increase in the number of patients and visits at BOPS. As of July 31, 2019 BOPS has 238 unique active patients engaged in outpatient services. Of those 247:
    - 169 are adults
    - 78 are children/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 24 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.
  
  - **Other Crisis Grant Opportunities:**
    - **CAPITAL FUNDING UPDATES:**
      - Alaska MH Trust awarded \$200,000 FY20 capital funding. We anticipate applying again for FY21 funding.
      - Premera verbally committed \$1,000,000 FY20 capital funding while attending the MH Trust Planning Meeting where we were awarded the \$200,000. We anticipate a funding notification at any time.
      - Rasmuson Foundation: Letter of Inquiry has been submitted, and we have been assigned Todd Shenk as our Rasmuson Grant Officer. Our initial request is for a Tier II \$800,000 capital grant.
      - Murdoch Foundation: Letter of Inquiry has been submitted. We have been advised that we qualify for their Tier II grant which awarded \$100,000-\$600,000 per capital project. We are awaiting next steps from Murdoch.
  
  - **Other FY20 Grants Update: Until a State Budget is passed, all grant announcements from DHSS are on hold. Once a budget is established and approved by the Governor, we should receive notifications: all of our existing and newly applied for DHSS Grants.**
    - **We HAVE RECEIVED NOTICES OF AWARD re: the following Grants Proposals:**
      - **Ambulatory Detox Services:** Notification of Award for FY20 received for \$175,000 (100% of what we requested)
      - **Crisis Stabilization Operational Grant:** Notification of Award for FY20 received for \$800,000 (100% of what we requested)

- **Rainforest Residential (3.5) Services:** Notification of Award for FY20 received for \$404,000 (\$93,000 less than FY19)
- **Rainforest Detox (3.7) Services:** Notification of Award for FY20 received for \$101,000 (New grant)

- **Crisis Stabilization Design Update:**

- Design RFP is closed. 5 Architectural Firms submitted design proposals.
- Scoring of proposals will occur on Thursday, August 29.
- Design Awardee will be announced on or around Tuesday, September 3.

- **Petersburg Medical Center Outpatient Psychiatry Update:**

- Services began July 30, 2019.
- Current plan is for Psychiatry and a Behavioral Health Therapist to be on site in Petersburg up to 3 days per month, with the remainder of services facilitated through telemedicine.
- First week in Petersburg will be the week of September 16.
- We have hired Kira Phillips, LPC (from South Dakota) who will be our 4<sup>th</sup> therapist in BOPS. She will be the Petersburg Therapist while also serving Juneau based patients. Start date on or around October 1.

**Bartlett Regional Hospital**  
**Board of Directors Meeting**  
**CFO Report – August 27, 2019**

**HIM – Rachael Stark**

- Access E-forms solution went live on 08/05/2019. We are still working through a few items but so far the feedback has been positive.
- RRC and BOPS boxes are now in the HIM Cage in the Administration Building and out of AAA Storage.
- We are losing one of our staff members due to moving away and actively recruiting to fill that position. We have extended an offer to one of the Project SEARCH workers from last year to become casual for our department and work 16 hours a week.

**PFS – Tami Lawson-Churchill**

- **Medicaid A/R-** PFS is actively working with MCD/Conduent to get old claims processed and paid that have been in MCD system as “in suspense” for 180 days+
- **NDC Medicaid Audit-** The state is requesting a \$250K recoupment on more than 700 line items due to a pharmacy system reporting issue in Meditech. Although Pharmacy has found the error and corrected it in the system, it doesn’t correct the accounts that Medicaid is currently auditing. PFS is currently working on manually correcting these and we are confident that the corrections will be completed and resubmitted before the deadline of September 12<sup>th</sup> 2019
- **SOA ORR Audit-** Working on the annual DSH audit for SOA ORR due by October 1<sup>st</sup>, 2019
- **Supervisor Transition-** Our collections supervisor is moving to the position of BOPS Office Manager as of the end of August. We have decided to try out a Lead position in place of a Collection Supervisor position to see if it better suits our size department.

**PAS – Angelita Rivera**

- Access Passport e-Forms did a soft go-live 8/5/19. PAS is utilizing the Outpatient Registration form for services in Diagnostic Imaging, Lab, Emergency Dept, all ancillary services, Conditions of Admission, Privacy Notice and Bartlett Beginnings OB Security Letter for starters. All forms are available for all patients, they are offered a hard copy after signing. It has been a slow start getting staff on board with the new process. I have been working with Access Passport with maneuvering and troubleshooting the software, peripheral equipment issues we have come across since implementation. This is a big change our patients will be seeing, hopefully they welcome the new improvements BRH is taking. End goal is to get all departments throughout the hospital to utilize Access passport to replace their forms they currently use for day to day operations.
- PAS is in the process of recruiting for a new F/T position, hopefully we will be able to onboard a new employee by the end of September.

**Case Management – Jeannette Lacey**

- Social Determinants of Health (SDoH)—Case Management is partnering with Quality and Health Information Management to assess patients for social determinants of health, document, and code these factors. Information Systems has supported this project with building the assessment tool in our EMR. Social Work Case Managers will begin these assessments in September. Identified social determinants can be coded from the social workers’ documentation. At this time, these codes do not impact reimbursement, but they are expected to do so in the future.  
There are codes that impact whether a readmission counts against our readmission rates. Further, the identification of SDoH more completely illustrates the full picture of the patient and the care needed to support health and wellbeing. Beyond the individual level, we will be able to track SDoH rates on a broad level as well as in association with various medical conditions, such as diabetes and heart failure, in an effort to determine how to improve services and access to resources on many levels.

- Cruise Season — The cruise season has increased our workload, as expected. We are tracking the number of cruise ship passenger and crew member patients seen through the ED and those hospitalized.  
May – 99 patients through the ED with 18 hospitalized  
June—153 patients through the ED with 39 hospitalized

# Bartlett Regional Hospital

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## August 2019 Board Report

Chuck Bill, CEO

As of this writing, the following are items of interest for the past month:

- On August 1<sup>st</sup> I provided the program at the Chamber of Commerce luncheon. I highlighted FY19 year-end operating results and speculated on the impacts to the hospital of the announced and projected state budget cuts. Representatives Hannah and Story were in attendance and both asked pertinent questions.
- On August 2<sup>nd</sup> we held our kick-off meeting for the campus development plan with Jensen, Yorba Wall (JYW).
- On August 7<sup>th</sup> I participated in an AHA conference call regarding the Rural Demonstration Project where it was announced that CMS had decided not to use our case mix index (patient complexity measure) in the calculation of the cost based payments due to participating hospitals for the first time in the life of the program. This is concerning because it will reduce our payment by about 30%. A strategy for contesting that change was developed. It was announced that there would be a web conference held by CMS to hear our concerns on August 15<sup>th</sup>.
- On August 13 the following transpired:
  - We held the Credentials Committee which had no unusual actions.
  - We had an exit meeting with the Labor Board where we heard that their investigation would show a clean bill of health and no prior wages to pay.
  - I had a lunch meeting with board member, Mark Johnson.
  - We had a master facilities department head input recap meeting with JYW.
  - We hosted Senator Murkowski for a broad ranging healthcare discussion, touching on transparency and surprise bills, Medicaid expansion, cost saving areas and the Rural Demonstration Project among other topics. She is obviously fully engaged and knowledgeable on the issues and protective of Alaska. Those in attendance included myself and Kevin Benson from Bartlett, Jeannie Monk from ASHNHA, Dan Neumeister from SEARHC, Dr. Anne Zink, the new Chief Medical Officer for Alaska, Heidi Hedberg from DHSS, BRH board members Urata and Jones, Dr. Mimi Benjamin, Dr. Nobel Anderson, Dr. Quigley Peterson, Dr. Nathan Peimann, Dr. Michael Saltzman and a couple of other local physicians.
- On August 15<sup>th</sup> I chaired a meeting of the Executive Committee of ASHNHA. At that meeting, in addition to our normal order of business, we received CEO Becky Hultberg's resignation effective December. She will become the CEO of the Oregon Hospital Association. I formed a search committee which will conduct a national search for a replacement. Becky has been a great asset to the hospitals and nursing homes of Alaska and will be missed.
- Today, August 19<sup>th</sup>, Governor Dunleavy signed off on the final budget bill which eliminated many of his vetoes and established a \$1,600 PFD. This will help us by giving us some clarity on what to expect for the coming year's budget and our ongoing strategic planning.

# September 2019

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

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

**Committee Meeting Checkoff:**

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

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