

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, October 22, 2019; 5:30 p.m.

Bartlett Regional Hospital – Boardroom

Until further notice, before each regularly scheduled board of directors meeting, board members will be touring individual departments between 5:00-5:30pm. October's Department – Case Management

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:35
III.	APPROVE AGENDA		5:40
IV.	PUBLIC PARTICIPATION		5:45
V.	CONSENT AGENDA		5:50
	A. September 30, 2019 Board of Directors Minutes	(Pg. 3)	
	B. September 27, 2019 Draft Governance Committee Minutes	(Pg. 7)	
	C. October 9, 2019 Draft Planning Committee Minutes	(Pg. 9)	
	D. October 9, 2019 Draft Finance Committee Minutes	(Pg.12)	
	E. August 2019 Financials	(Pg.14)	
VI.	BOARD EDUCATION		
	• Metabolic Screening – Ariel Thorsteinson, Director MHU	(Pg.17)	5:55
	• “Public Trust” Training – Megan Costello, CLO	(Pg.25)	6:05
VII.	MEDICAL STAFF REPORT		6:20
	A. September 3, 2019 Medical Staff Minutes	(Pg.41)	
	B. Chief of Staff Report	(Pg.47)	
VIII.	EXECUTIVE SESSION		6:25
	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.)*

IX. OLD BUSINESS		6:35
A. Campus Plan update		
B. Crisis Intervention update		
X. NEW BUSINESS		6:45
XI. MANAGEMENT REPORTS		6:50
A. CLO Management report	(Pg.48)	
B. HR Management report	(Pg.49)	
C. CNO Management report	(Pg.50)	
D. COO Management report	(Pg.52)	
E. CBHO Management report	(Pg.60)	
➤ RRC Observation report	(Pg.63)	
F. CFO Management report	(Pg.66)	
G. CEO report	(Pg.68)	
XII. CEO REPORT		7:00
XIII. STRATEGIC DISCUSSION		7:10
A. Strategic Retreat		
B. Nominating Committee		
XIV. PRESIDENT REPORT		7:15
XV. BOARD CALENDAR	(Pg.69)	7:20
XVI. BOARD COMMENTS AND QUESTIONS		7:25
XVII. ADJOURNMENT		7:30

Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

September 30, 2019 – 5:30 p.m.

Robert F. Valliant Boardroom

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

ATTENDANCE

Rosemary Hagevig, Vice President	Marshal Kendziorek	Mark Johnson
Lindy Jones, MD	Kenny Solomon-Gross	Deb Johnston
Lance Stevens, President (via Zoom video conferencing)		

ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Rose Lawhorne, CNO	Don Schneider, MD, COS
Megan Costello, CBJ Law	Michelle Hale, CBJ Liaison	Lauren Beason, RNC-OB
Anita Moffitt, Executive Assistant		

ABSENT - Brenda Knapp, Past President and Bob Urata, MD, Secretary

APPROVAL OF THE AGENDA – *MOTION by Mr. Kendziorek to approve the agenda. Mr. Stevens made a MOTION to remove NEW BUSINESS item B, the resolution, from the agenda.* Mr. Kendziorek objected to the removal. After a brief discussion, the chair ruled that item B will remain on the agenda for discussion. Ms. Costello requested the removal of Legal and Litigation Review from the Executive Session. No further changes requested. Mr. Kendziorek concurred with the changes. *Mr. Johnson seconded the motion to approve the agenda with the removal of the Legal and Litigation Review. Agenda approved as amended.*

PUBLIC PARTICIPATION – None

CONSENT AGENDA – *MOTION by Mr. Kendziorek to approve the consent agenda as written. Mr. Johnson seconded. There being no objections, the consent agenda was approved.*

BOARD EDUCATION

Labor and Delivery RN Certification – Lauren Beason, Director of OB, thanked the board members that participated in the tour of the OB director prior to this evening’s board meeting. She then provided an overview of the steps taken to exceed their goal of increasing the number of nationally certified BRH OB RNs by 30% in April 2019. A collaborative network with other Southeast Alaska facilities was launched. Grant funding was obtained. Contract was signed for an education provider and test proctor to come to Juneau. Multiple study sessions were held to help with test preparation. 100% of the nurses that took the certification exam passed. By making these educational opportunities and testing available locally, it increases educational opportunities for all staff to ensure certifications stay current, greatly reduces the costs and the need for travel and provides added resources to help with study preparations. We now have 14 of the 17 eligible OB nurses

certified. Certification provides improved patient safety, increased education and awareness of current practices, reduced liability and higher quality patient care. Sparked by the RNC class and exam, an OB Process Improvement Committee has been developed and meets on a monthly basis. There is a plan to host another certification class and testing opportunity in 2021.

Medical Staff Report – Dr. Schneider noted the August 6th Medical Staff meeting minutes are in the packet. He reported the following were discussed at the September 3rd meeting: Not cloning our charts, antibiotic stewardship and updates from the Trauma and ER Committees. He presented for board approval, an addition to the Medical Staff Rules and Regulations for the creation of a Physician EHR Advisory Committee. ***Motion made by Mr. Solomon-Gross to accept the recommendation to establish a Physician EHR Advisory Committee. Mr. Johnson seconded. There being no objections, Motion approved.***

Executive Session – ***Motion made by Mr. Kendziorek to recess into executive session as written in the agenda 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.*

Mr. Solomon-Gross seconded. Motion approved. The committee entered executive session at 5:49 pm and returned to regular session at 5:53 pm.

- A. Credentialing report (BLUE FOLDER): ***Motion by Mr. Kendziorek to approve the credentialing report as written. Mr. Johnson 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.

OLD BUSINESS:

CAMPUS PLAN UPDATE – Mr. Bill stated that Jensen Yorba Wall (JYW) is actively moving through their schedule and is on target for completion. The plan will be presented to the full board when completed. Mr. Kendziorek encouraged all board members to attend the Planning Committee meeting on October 9th if available to do so.

CRISIS INTERVENTION UPDATE – Mr. Bill noted the detailed CBHO report included in the packet. BOPS has successfully moved into its new temporary location. The design RFP is still a few days away from being awarded to the successful bidder. The plan is still to include options for a two story building as well as a three story building with a parking garage in the bottom level. We have received \$200,000 grant funding from the Mental Health Trust. We are waiting to hear the final numbers from Premera and we have interest from the Rasmuson and Murdoch Foundations.

STATE BUDGET – Mr. Bill noted there is still not a lot of clarity on the state budget. The ASHNHA lawsuit against the state is in the final stages of settlement. BRH should receive about \$500,000 from the state due to the rate cuts that had been improperly imposed. We have received both first quarter Behavioral Health grant payments from the state for Rainforest Recovery; this would indicate that the state’s intention is to make those payments for the rest of the year. The only thing still not defined is the \$50 Million veto the Governor had added at the last minute.

NEW BUSINESS:

SUPPLEMENTAL APPROPRIATION – Mr. Benson presented a request for approval by the board, Ordinance 2018-11(AT) and Ordinance 2018-11(AR). This ordinance will appropriate an additional \$2,200,000 for FY19 operations. The appropriation is being funded from FY19 Hospital revenues in excess of the budget of \$1,700,000 and Hospital Fund’s fund balance of \$500,000. With board approval, this ordinance will be introduced and set for public hearing at the next regular Assembly meeting.

Motion by Mr. Johnson to endorse and move forward to the Assembly, Ordinance 2018-11(AT) and Ordinance 2018-11(AR). Mr. Kendziorek seconded. There being no objections, Motion approved.

STATE BUDGET CUT OPPOSITION RESOLUTION - ***Motion by Ms. Johnston to support the state budget cut opposition resolution. Mr. Kendziorek seconded.*** Discussion followed. Mr. Kendziorek stated that he had requested a resolution opposing the state budget cuts because he feels it to be the board’s obligation. He handed out a red-lined version of the resolution in the packet with his proposed changes. Mr. Johnson questioned the urgency since the legislature is not in session. He proposed having the Executive Committee look at the proposed changes. Ms. Hale noted that the Assembly has sent two resolutions to the Legislature and to the Governor. She stated that she feels it’s the Assembly’s role to communicate directly with the Legislature and recommends the board communicate with the legislature through the Assembly. Mr. Solomon-Gross expressed his hesitance to move forward without the Board President being on board. Mr. Stevens stated that he feels the Assembly has already represented BRH with their resolutions but is not opposed to having Mr. Kendziorek’s revised resolution reviewed by the Executive Committee and bringing it back to the board if they so choose. ***Mr. Kendziorek made a motion to continue this resolution to a future board meeting to allow the Executive Committee to review it. Mr. Johnson seconded. There being no objections, Motion approved.*** The Executive Committee will review the revised resolution prior to presenting it to the board for consideration of moving it to the Assembly.

MANAGEMENT REPORTS – Mr. Johnson questioned the unbudgeted dollar amounts for bonuses in the finance packet. Mr. Bill explained that this amount is due to the quarterly settlement with the BRH surgeons. Money left over after base salaries and the costs associated with their practice is paid out as a bonus. Ms. Hagevig thanked the leadership team for their comprehensive reports.

CEO REPORT –

OPHTHALMOLOGY UPDATE - Mr. Bill reported that we had a very successful visit with our Ophthalmologist last week. He did 14 cataract surgeries in addition to seeing other patients. There are still some bugs being worked out but everyone is pleased so far.

Mr. Johnson expressed frustration about the RFP process. Discussion was held about the need for some of the information in the scope of work for the RFP.

Mr. Bill noted the Governance Institute’s upcoming Leadership Conferences.

ASHANHA – Mr. reported that ASHNHA’s annual meeting was held last week. He is no longer the chairman but is still on their Executive Committee. ASHNHA is in the middle of a CEO search to replace Becky Hultberg. They have narrowed the 30 applicants down to three very strong candidates. He also provided a highlight from their safety awards ceremony.

FOCUS AND EXECUTE - Mr. Bill stated that he was not ready to report on the Focus and Execute but will give a full report next month.

STRATEGIC DISCUSSION:

STRATEGIC RETREAT – Mr. Stevens discussed the benefits of holding the Strategic Planning Retreat in March. Transition of any new board members, if any, will be completed by then and all of the studies will have been completed for use during strategic planning discussions.

NOMINATING COMMITTEE – Mr. Stevens reported that Ms. Knapp and Mr. Kendziorek volunteered to be on the Nominating Committee for next year’s Board Officers. Board members are encouraged to let the Nominating Committee know if there is a particular committee they would like to be on.

PRESIDENT REPORT – Nothing to report that has not already been covered above.

BOARD CALENDAR – October calendar reviewed. Ms. Moffitt is to send out a doodle poll to the Executive Committee members to identify a date for their next meeting. Due to committee member absences, it might be early November before it can be held. Discussion was held about the dates of the November and December Board of Directors meetings. The November meeting will be held on Tuesday the 26th. The December meeting will be held on Thursday, the 19th.

BOARD COMMENTS AND QUESTIONS – Quick meeting!

ADJOURNMENT – 6:30 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

Governance Committee Meeting Minutes Friday, September 27, 2019; 5:00 p.m. Bartlett Regional Hospital - Boardroom

Called to order at 5:01 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

Board Members present: Mark Johnson, Dr. Bob Urata and Lance Stevens.

BRH Staff: Chuck Bill, CEO, via phone, Dallas Hargrave, HR Director, Kevin Benson, CFO, Megan Costello, CLO, and Megan Rinkenberger, Executive Assistant

Also present: Michelle Hale, Assembly Liaison

Ms. Hagevig made a MOTION to approve the minutes from September 20, 2019.

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

Affiliation Analysis RFP review: Chuck discussed the edits that were made in the RFP. He explained that he eliminated the wording “sale” and “partnership” but is open to have it revised if need be at a later time. Doing this will make sure we have the tools to take care of the services currently offered and prepare for potential expansion. Currently we are in a solid fiscal position so we can be cautious and make sure the RFP has the desired message for the Assembly and the public.

Brenda referred to the white paper and stated we need to make sure we have all the current data and statistics that are essential for this project and be sure the concerns of the committee are addressed.

Chuck informed the committee that the Needs Assessment will be completed by January and will be available to the Affiliation analysis contractor.

David Sandberg, with Focus & Execute, is developing a survey instrument now to be used in the assessment. Rosemary stated she would like to see this before it goes out to the public and make sure he captures Juneau’s unique local and features and input. It was agreed that any further discussion should be deferred to the Planning committee.

Chuck spoke about how he reached out to the Juniper group to assist with the RFP questions. The committee expressed their concerns about them being potential bidders and having a possible conflict of interest.

Legal Counsel agreed to look into this further and stated she did not realize there was this connection.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

Brenda brought the meeting to a close with the understanding that the Needs Assessment survey tool would be reviewed by the Planning Committee

Legal counsel shared that opinions shouldn't prevent moving forward with the RFP, only who may or may not bid.

Chuck agreed to meet with Legal and present options and provide advice. He thanked everyone for their passion regarding this significant topic.

Adjourned at 5:44 p.m.

DRAFT

Bartlett Regional Hospital

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

Planning Committee

October 9, 2019

Minutes

Called to order at 12:00 p.m., by Planning Committee Chair, Marshal Kendziorek

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Rosemary Hagevig, Deb Johnston, Mark Johnson

Staff: Chuck Bill, CEO, Kevin Benson, CFO, Billy Gardner, COO, Bradley Grigg, CBHO, Rose Lawhorne, CNO, Megan Costello, CBJ Law, and Anita Moffitt, Executive Assistant,

Also in attendance: Michelle Hale, CBJ Assembly Liaison

Mr. Solomon-Gross made a MOTION to approve the minutes from August 22, 2019. Mr. Kendziorek seconded. Minutes approved.

Mr. Kendziorek added “Projects Update” to the agenda as item E under old business.

PUBLIC PARTICIPATION – None

OLD BUSINESS:

Campus Plan Update – Mr. Bill reported that JYW is continuing to work behind the scenes and is still on schedule for the completion date.

Crisis Stabilization update – Mr. Grigg reported that Northwind Architects (NWA), has been awarded the design and project management contract. They have met with multiple departments to discuss the impacts this new program will have throughout the hospital. Three sketches of concept designs have been drawn up. All three concepts will allow the unit to flex based on needs. The next step of the project is to solidify time lines for the project. Designs should be available for the Planning Committee to review after Christmas. A discussion was held about design and parking options and grant funding.

Community Health Needs Assessment – David Sandberg was here October 4th and 5th to meet with community leaders to present a rough draft of the questions to be asked on the Community Healthcare Needs Assessment (CHNA) survey. Attendees were asked for their input as well as their support in distributing the survey to their constituents when it’s ready to go out. A discussion was held about all service areas our regional hospital covers and board member input for the survey. Also discussed, how RFPs are to be handled in the future and

how much involvement the board should have. As representatives of the Assembly, it is important that board members have a clear understanding of the scope and methodology of the RFP for the CHNA in order to answer questions from community members. Mr. Bill noted that the results of this CHNA are to be used as part of the SWOT analysis to be included in the Affiliation RFP. Further discussion was held about the types of RFPs and how much board involvement there should be when written. Mr. Bill stated that a draft of the survey should be available next week for Senior Leadership to review for accuracy and appropriateness. After their review is conducted and any changes made, a copy will be circulated through the Planning Committee for review.

Ms. Costello clarified that per CBJ Purchasing code, protest of an award of a bid for an RFP issued by BRH goes before a bid review board, which is appointed by the Assembly. After that, it goes to the City Manager and BRH CEO for final decision. It does not go to the BRH Board.

Relationship between Community Health Needs Assessment and the Affiliation Analysis
– Discussed above.

PROJECTS UPDATES:

Pharmacy Clean Room – Mr. Gardner reported that the Pharmacy Clean Room project is going well. Substantial completion date should be November 6th with the final completion on November 18th. Phase two, the Gift Shop/Coffee bar should be substantially completed by December 16th with the final completion by December 23rd. Project is on budget.

Mr. Gardner also reported that BRH has met with City Engineering regarding the road construction project in front of the hospital. This project is to be expanded to allow CBJ to address water and sewer line issues. Engineers will draw up concept designs and an RFP will be sent out. The work will be scheduled to take place next summer.

IT Projects – Mr. Benson reported that the hardware upgrades to the core and the main processor will be completed this calendar year. It will put our IT function on a stable platform. The core is to be replaced on October 18th. The processor will be installed in late November or early December. Both of these projects will require downtime. We are also working on software upgrades to the next version of Meditech (Meditech Expanse). Eventually, we will get to the point where the patient will truly have one electronic health record regardless of where they go in our organization. The Emergency Department physicians have seen a demo of Meditech Expanse, the nursing staff has not but will soon. The physicians were pleased with what they saw and supportive of Dr. Nate Peimann doing a site visit to a facility that has migrated to Meditech Expanse from T-System, currently used in our ED.

NEW BUSINESS:

Public RFP Process – Ms. Costello provided an overview of a memorandum providing legal guidance on the Affiliation RFP and Juniper Group’s involvement. Based on specific facts and that the RFP drafts were available publicly, CBJ law does not believe that Juniper Groups needs to be precluded from responding to the RFP. A discussion was held about the contract and costs of the Focus and Execute software program used for strategic planning. Information gathered from the Affiliation RFP will be entered into this software program.

FUTURE AGENDA ITEMS:

- Projects Updates
- Community Healthcare Needs Assessment Questionnaire
- Campus Plan Updates
- Crisis Stabilization Plan Status

Ms. Hale suggested the CIP list be discussed at a future meeting since BRH is out of sync with CBJ’s plan. The syncing of the CIP list with the CBJ process will be discussed at a future Finance Committee meeting.

Next meeting: 7:00 a.m. - November 8, 2019

Adjourned at 12:52 p.m.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – October 9, 2019

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

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

Staff: Kevin Benson, CFO, Chuck Bill, CEO, Bradley Grigg, CBHO, Billy Gardner, COO, Rose Lawhorne, CNO, Blessy Robert, Director of Accounting, and Megan Rinkenberger, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from the September 20, 2019 Finance Committee Meetings. Dr. Urata noted no objections and they were approved.

No public comment

August 2019 Finance Review – Kevin Benson, CFO

Mr. Benson explained that Bartlett Regional Hospital had a positive month financially in August 2019. The key driver for this was the increase in In-patient surgeries, which were 40% over budget. The assumption was that this was due to tourism, given it being a summer month. On that note, there had been talk about trying to find a way to identify the percentage of services that are received by tourists, and this may be through a zip code evaluation. Further, it may be worth seeing what proportion of services received by tourists do not receive payment, whether because they have socialized medicine in their home country and do not anticipate needing to pay, or their international insurance doesn't cover it, or if they pay with cash. The motivation behind the assessment being that if a high enough portion of tourist's medical costs are being written off, that could be a reason to seek to raise the "head tax" on tourism to cover those lost costs.

Radiology revenue was up for August as well, specifically CT scans. Expenses were 5% over budget, operating income was at \$2.4M YTD, and liabilities were down \$2M since last year. Mr. Johnson requested clarification on the "Bonuses" category, and Mr. Bill explained that BRH cannot profit off physician contracts, so the excess revenue generated by the physicians are redistributed to them on a quarterly basis as bonuses.

Medicaid Settlement – Kevin Benson, CFO

Regarding the implementation of the 5% cuts from ASHNHA, the settlement reached will true us up for July through September 2019. BRH expects about \$425K. See the ASHNHA Law Press Release in the packet.

IT Project List Summary – Kevin Benson, CFO

The new core for our system has been delivered and is scheduled to be installed on October 18th. Since that is a holiday, there will be a downtime scheduled for the daytime so that maximal staff will be present and focused to minimize downtime by maximizing time efficiency. The V-Block installation will be completed next, likely late November or early December. These projects will result in a stable platform

on which all BRH's software resides. Meditech Expanse upgrade should go live late March 2020 after the build is complete.

CIP Updates – Kevin Benson, CFO

RRC Roof Replacement, Detox Facility, and Crisis Intervention (Bradley Grigg): The RRC roof is 75% complete. There were no leaks following the rainstorm this past weekend. Detox facility is on schedule. The foundation prep is done, and the shell should be completed by next week, ready for winter weather. Northwind Architects are working on the design for the Crisis Intervention facility. The process included interviewing families who are very familiar with mental healthcare to consider their input as well. BRH asked for the design to include an option for a parking garage on the main level, with pricing, etc. to be presented.

Pharmacy Clean Room and Gift Shop/Coffee Bar (Billy Gardner): The Pharmacy Clean Room Phase I is scheduled to be substantially complete by November 6th, and is on schedule. The Gift Shop and Coffee Bar is scheduled to be complete by December 23rd.

Street Replacement (Kevin Benson): BRH met with design engineers yesterday to discuss the project, which is scheduled for next summer. There was \$500K designated for this project, but the city is going to use the opportunity to replace utilities (installed in 1981) at the same time.

Next Meeting: November 13, 2019 at 7:00 a.m. in BRH Boardroom

Committee Member Comments

Ms. Johnston commented that during a visit to the downtown library, a member of the staff commented that they had attempted to contact the RRC Sleep off program for pickup of a patron but no one answered. The staff member was unaware of the change in hours and location of the Sleep off program. The committee discussed another campaign of community information and education on the changes to the program, which now involves contacting CCFR after hours for pickups. Mr. Grigg stated he and Chief Etheridge will follow up with the library.

Dr. Urata highlighted a patient with specific medical needs requiring the patient to be transferred off-site for treatment. Ideally, there would be a specialist credentialed for these types of emergency cases in the ER. Mr. Bill noted that the issue was discussed in the credentialing meeting and determined to be a once-in-five-years case. These issues should be able to be addressed with exceptions issued by either himself or the chief of staff. Due to the rarity of these cases, it doesn't make sense to go through the process of credentialing someone solely for these instances.

Adjourned – 7:45 a.m.

**Bartlett Regional Hospital
Dashboard Report for Aug 2019**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (June)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	434	426	2%	447	496	930	852	9%	409
Patient Days - Critical Care Unit	93	92	1%	108	108	201	184	9%	93
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	17.0	16.7	2%	18	19.5	18.2	16.7	9%	8.1
Patient Days - Obstetrics	91	69	32%	89	61	152	138	10%	91
Patient Days - Nursery	64	62	3%	78	56	120	124	-3%	85
Total Hospital Patient Days	682	649	5%	722	721	1,403	1,298	8%	678
Births	27	34	-21%	34	28	55	68	-19%	34
Mental Health Unit									
Patient Days - Mental Health Unit	235	299	-21%	290	251	486	598	-19%	302
Avg. Daily Census - MHU	7.6	9.6	-21%	9.4	8	7.8	9.6	-19%	4.9
Rain Forest Recovery:									
Patient Days - RRC	285	343	-17%	300	333	618	686	-10%	319
Avg. Daily Census - RRC	9	11.1	-17%	9.7	11	10	11.1	-10%	5.1
Outpatient visits	21	19	11%	7	22	43	38	13%	33
Inpatient: Admissions									
Med/Surg	101	72	40%	90	92	193	144	34%	75
Critical Care Unit	49	41	20%	46	57	106	82	29%	43
Obstetrics	30	28	7%	33	29	59	56	5%	34
Nursery	27	30	-10%	34	29	56	60	-7%	35
Mental Health Unit	38	38	0%	43	38	76	76	0%	40
Total Admissions - Inpatient Status	245	209	17%	246	245	490	418	17%	227
Admissions - "Observation" Status									
Med/Surg	50	59	-15%	70	35	109	118	-8%	62
Critical Care Unit	37	34	9%	37	11	76	68	12%	42
Mental Health Unit	4	2	0%	3	0	5	4		0
Obstetrics	24	19	26%	18	16	39	38	3%	12
Nursery	0	1	-100%	0	0	1	2	-50%	0
Total Admissions to Observation	115	115	0%	128	62	230	230	0%	116
Surgery:									
Inpatient Surgery Cases	70	50	40%	69	54	124	100	24%	46
Endoscopy Cases	84	100	-16%	111	63	147	200	-27%	100
Same Day Surgery Cases	95	91	4%	106	94	189	182	4%	62
Total Surgery Cases	249	241	3%	286	211	460	482	-5%	208
Total Surgery Minutes	19,319	18,907	2%	18,907	14,907	34,226	25,236	36%	12,618
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,278	1,255	2%	1,373	1,426	2,704	2,510	8%	1,520
Cardiac Rehab Visits	86	77	12%	80	82	168	154	9%	61
Lab Visits	256	297	-14%	268	263	519	594	-13%	241
Lab Tests	10,629	9,601	11%	10,067	11,175	9,320	19,202	-51%	9,320
Radiology Visits	791	869	-9%	897	798	1,589	1,738	-9%	821
Radiology Tests	2,797	2,610	7%	2,670	2,810	2,727	5,220	-48%	2,727
Sleep Study Visits	29	23	26%	20	27	56	46	22%	20
Physician Clinics:									
Hospitalists	164	212	-23%	225	201	365	424	-14%	186
Bartlett Oncology Clinic	102	84	21%	86	84	186	168	11%	33
Behavioral Health Outpatient visits	383	396	-3%	239	380	763	792	-4%	542
Bartlett Surgery Specialty Clinic visits	254	325	-22%	265	260	514	650	-21%	301
	903	1,017	-11%	815	925	1,828	2,034	-10%	1,062
Other Operating Indicators:									
Dietary Meals Served	30,117	26,027	16%	26,119	28,882	58,999	52,054	13%	23,359
Laundry Pounds (Per 100)	409	408	0%	418	396	805	816	-1%	386

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF AUG 2019

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$5,311,553	\$4,525,980	\$785,573	17.4%	\$4,645,529	1. Inpatient Revenue	\$10,423,052	\$9,051,963	\$1,371,089	15.1%	\$9,100,716	14.5%
\$1,172,133	\$1,002,903	\$169,230	16.9%	\$1,055,338	2. Inpatient Ancillary Revenue	\$2,291,358	\$2,005,806	\$285,552	14.2%	\$1,985,520	15.4%
\$6,483,687	\$5,528,883	\$954,803	17.3%	\$5,700,867	3. Total Inpatient Revenue	\$12,714,410	\$11,057,769	\$1,656,641	15.0%	\$11,086,237	14.7%
\$9,390,541	\$8,517,494	\$873,047	10.3%	\$8,897,663	4. Outpatient Revenue	\$18,750,158	\$17,034,983	\$1,715,175	10.1%	\$17,048,205	10.0%
\$15,874,228	\$14,046,377	\$1,827,850	13.0%	\$14,598,530	5. Total Patient Revenue - Hospital	\$31,464,569	\$28,092,752	\$3,371,817	12.0%	\$28,134,442	11.8%
\$296,529	\$377,863	-\$81,334	-21.5%	\$289,729	6. RRC Patient Revenue	\$645,643	\$755,721	-\$110,078	-14.6%	\$635,706	1.6%
\$287,617	\$194,824	\$92,793	47.6%	\$103,035	7. BHOPS Patient Revenue	\$534,946	\$389,653	\$145,293	37.3%	\$248,113	115.6%
\$795,460	\$866,303	-\$70,843	-8.2%	\$728,969	8. Physician Revenue	\$1,569,596	\$1,732,604	-\$163,008	-9.4%	\$1,470,782	6.7%
\$17,253,834	\$15,485,367	\$1,768,466	11.4%	\$15,720,262	9. Total Gross Patient Revenue	\$34,214,754	\$30,970,730	\$3,244,024	10.5%	\$30,489,042	12.2%
\$3,443,114	\$3,185,445	-\$257,669	-8.1%	\$3,307,057	10. Inpatient Contractual Allowance	\$7,223,361	\$6,370,889	-\$852,471	-13.4%	\$6,287,450	14.9%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$616,667	-\$616,666	\$0		-\$616,666	
\$2,988,752	\$3,075,299	-\$86,547	2.8%	\$2,955,121	11. Outpatient Contractual Allowance	\$6,322,673	\$6,150,602	-\$172,071	-2.8%	\$5,850,221	8.1%
\$602,522	\$412,706	-\$189,816	-46.0%	\$269,270	12. Physician Service Contractual Allowance	\$990,502	\$825,411	-\$165,091	-20.0%	\$714,144	38.7%
\$14,875	\$16,577	-\$1,702	10.3%	\$13,829	13. Other Deductions	\$26,804	\$33,154	-\$6,350	19.2%	\$30,719	0.0%
\$32,608	\$126,202	-\$93,594	74.2%	\$182,330	14. Charity Care	\$63,548	\$252,403	-\$188,855	74.8%	\$251,154	-74.7%
\$389,975	\$330,374	-\$59,601	-18.0%	\$401,008	15. Bad Debt Expense	\$897,104	\$660,746	-\$236,358	-35.8%	\$799,682	12.2%
\$7,163,513	\$6,838,270	-\$325,243	-4.8%	\$6,820,282	16. Total Deductions from Revenue	\$14,907,324	\$13,676,539	-\$1,230,785	-9.0%	\$13,316,703	11.9%
39.0%	43.1%			41.5%	% Contractual Allowances / Total Gross Patient Revenue	40.7%	43.1%			42.2%	
2.4%	2.9%			3.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.8%	2.8%			3.4%	
41.5%	44.2%			43.4%	% Total Deductions / Total Gross Patient Revenue	43.6%	44.2%			43.7%	
\$10,090,321	\$8,647,097	\$1,443,223	16.7%	\$8,899,980	17. Net Patient Revenue	\$19,307,430	\$17,294,191	\$2,013,239	11.6%	\$17,172,339	12.4%
\$247,578	\$172,233	\$75,345	43.7%	\$143,335	18. Other Operating Revenue	\$387,667	\$344,465	\$43,202	12.5%	\$274,542	41.2%
\$10,337,899	\$8,819,330	\$1,518,569	17.2%	\$9,043,315	19. Total Operating Revenue	\$19,695,096	\$17,638,656	\$2,056,440	11.7%	\$17,446,880	12.9%
\$3,877,755	\$3,653,456	-\$224,299	-6.1%	\$3,403,728	20. Salaries & Wages	\$7,553,409	\$7,306,886	-\$246,523	-3.4%	\$6,793,005	11.2%
\$269,491	\$283,035	-\$13,544	4.8%	\$289,216	21. Physician Wages	\$623,104	\$566,070	-\$57,034	-10.1%	\$567,803	9.7%
\$281,820	\$58,323	-\$223,497	-383.2%	\$347,578	22. Contract Labor	\$523,904	\$116,646	-\$407,258	-349.1%	\$662,571	-20.9%
\$2,103,699	\$1,823,417	-\$280,282	-15.4%	\$1,406,668	23. Employee Benefits	\$3,945,308	\$3,646,858	-\$298,450	-8.2%	\$3,078,568	28.2%
\$6,532,765	\$5,818,231	-\$714,534	-12.3%	\$5,447,190	24. % Salaries and Benefits / Total Operating Revenue	\$12,645,725	\$11,636,460	-\$1,009,265	-8.7%	\$11,101,947	13.9%
63.2%	66.0%			60.2%		64.2%	66.0%			63.6%	
\$62,542	\$79,816	-\$17,274	21.6%	\$83,690	24. Medical Professional Fees	\$111,782	\$159,632	-\$47,850	30.0%	\$155,229	-28.0%
\$189,348	\$209,493	-\$20,145	9.6%	\$204,252	25. Physician Contracts	\$450,492	\$418,984	-\$31,508	-7.5%	\$448,207	0.5%
\$134,174	\$181,233	-\$47,059	26.0%	\$178,071	26. Non-Medical Professional Fees	\$297,486	\$362,472	-\$64,986	17.9%	\$320,103	-7.1%
\$881,874	\$1,080,125	-\$198,251	18.4%	\$1,041,238	27. Materials & Supplies	\$1,922,399	\$2,160,254	-\$237,855	11.0%	\$1,876,925	2.4%
\$108,696	\$132,225	-\$23,529	17.8%	\$100,638	28. Utilities	\$234,639	\$264,447	-\$29,808	11.3%	\$160,448	46.2%
\$426,457	\$333,846	-\$92,611	-27.7%	\$334,818	29. Maintenance & Repairs	\$717,368	\$667,692	-\$49,676	-7.4%	\$652,221	10.0%
\$64,933	\$56,718	-\$8,215	-14.5%	\$52,918	30. Rentals & Leases	\$106,906	\$113,438	-\$6,532	5.8%	\$103,959	2.8%
\$48,496	\$50,600	-\$2,104	4.2%	\$39,469	31. Insurance	\$87,148	\$101,202	-\$14,054	13.9%	\$89,379	-2.5%
\$582,553	\$668,310	-\$85,757	12.8%	\$608,511	32. Depreciation & Amortization	\$1,148,204	\$1,336,618	-\$188,414	14.1%	\$1,213,980	-5.4%
\$52,453	\$52,780	-\$327	0.6%	\$53,777	33. Interest Expense	\$104,905	\$105,561	-\$656	0.6%	\$107,554	-2.5%
\$118,603	\$112,373	-\$6,230	-5.5%	\$81,447	34. Other Operating Expenses	\$234,666	\$224,736	-\$9,930	-4.4%	\$139,274	68.5%
\$9,202,893	\$8,775,750	-\$427,144	-4.9%	\$8,226,019	35. Total Expenses	\$18,061,718	\$17,551,496	-\$510,224	-2.9%	\$16,369,225	-10.3%
\$1,135,006	\$43,580	\$1,091,426	2504.4%	\$817,296	36. Income (Loss) from Operations	\$1,633,378	\$87,160	\$1,546,218	1774.0%	\$1,077,655	51.6%
\$100,738	\$108,500	-\$7,762	-7.2%	\$29,461	37. Interest Income	\$204,224	\$217,000	-\$12,776	-5.9%	\$59,640	242.4%
\$437,760	\$162,158	\$275,602	170.0%	\$151,752	38. Other Non-Operating Income	\$588,576	\$324,320	\$264,256	81.5%	\$303,671	93.8%
\$538,497	\$270,658	\$267,839	99.0%	\$181,213	39. Total Non-Operating Revenue	\$792,800	\$541,320	\$251,480	46.5%	\$363,312	118.2%
\$1,673,503	\$314,238	\$1,359,265	-432.6%	\$998,510	40. Net Income (Loss)	\$2,426,178	\$628,480	\$1,797,698	-286.0%	\$1,440,967	-68.4%
10.98%	0.49%			9.04%	Income from Operations Margin	8.29%	0.49%			6.18%	
16.19%	3.56%			11.04%	Net Income	12.32%	3.56%			8.26%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
August 31, 2019

	<u>August-19</u>	<u>July-19</u>	<u>June-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	32,359,804	32,215,546	31,749,707	610,097
2. Board designated cash	37,721,028	37,721,028	37,721,028	-
3. Patient accounts receivable, net	14,100,938	15,265,204	15,616,989	(1,516,051)
4. Other receivables	1,718,121	2,021,084	2,209,849	(491,729)
5. Inventories	3,031,730	2,717,246	2,684,316	347,414
6. Prepaid Expenses	1,046,478	1,124,280	1,013,343	33,135
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	90,006,976	91,093,265	91,024,109	(1,017,134)
Appropriated Cash:				
9. CIP Appropriated Funding	4,224,426	4,224,426	4,224,426	-
Property, plant & equipment				
10. Land, bldgs & equipment	150,265,568	150,141,907	149,447,695	817,873
11. Construction in progress	904,500	933,516	867,758	36,742
12. Total property & equipment	151,170,068	151,075,422	150,315,453	854,615
13. Less: accumulated depreciation	(98,781,444)	(98,282,277)	(97,716,627)	(1,064,817)
14. Net property and equipment	52,388,624	52,793,145	52,598,826	(210,202)
15. Deferred outflows/Contribution to Pension Plan	8,564,873	8,564,873	8,564,873	-
16. Total assets	155,184,899	156,675,708	156,412,234	(1,227,335)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	875,521	2,541,033	1,964,340	(1,088,820)
18. Accrued employee benefits	3,636,255	3,620,043	3,878,920	(242,664)
19. Accounts payable and accrued expenses	2,566,044	2,299,911	1,852,367	713,677
20. Due to 3rd party payors	2,513,087	2,166,167	1,819,247	693,840
21. Deferred revenue	(656,720)	(223,970)	208,781	(865,501)
22. Interest payable	68,072	-	340,359	(272,287)
23. Note payable - current portion	845,000	845,000	845,000	-
24. Other payables	160,109	407,877	1,220,621	(1,060,512)
25. Total current liabilities	10,007,368	11,656,061	12,129,635	(2,122,267)
Long-term Liabilities:				
26. Bonds payable	18,130,000	18,130,000	18,130,000	-
27. Bonds payable - premium/discount	1,379,700	1,395,319	1,410,938	(31,238)
28. Net Pension Liability	62,996,347	62,996,347	62,996,347	-
29. Deferred In-Flows	9,841,533	9,841,533	9,841,533	-
30. Total long-term liabilities	92,347,580	92,363,199	92,378,818	(31,238)
31. Total liabilities	102,354,948	104,019,260	104,508,453	(2,153,505)
32. Fund Balance	52,829,951	52,656,448	51,903,780	926,170
33. Total liabilities and fund balance	155,184,899	156,675,708	156,412,234	(1,227,335)

Mental Health Unit Metabolic Screening

Ariel Thorsteinson, BSN, RN-BC

10/22/2019

Improvement Goal

- We are working to improve our metabolic screening process.
- We chose this project because:
 - Antipsychotic medications (which the MHU regularly prescribes) can lead to diabetes and high cholesterol which increases cardiac risks.
 - Our Metabolic Screening process needed improvement and was failing to regularly screen all patients on scheduled antipsychotics.
- Our goal is / was to get to increase compliance with Metabolic Screening by 25% (target goal 90%) by December 2019.



See

Data Collection

- **Baseline:** Our Metabolic Screening percentages were the following (quarterly) since Q4 2017 : 63%, 80%, 96%, 66%, 73%, 79%, 93%. 93% being for Q2 2019.
- **Data collection method and frequency:**

Quarterly (every 3 months), we take the number of patients on scheduled antipsychotics and check whether they have had their metabolic screening performed.
- **Scope**
 - For every patient on a scheduled antipsychotic, we are supposed to screen them for diabetes and cholesterol abnormalities every 12 months.
- **Validity:** This tool helps monitor the potential side effects of antipsychotic medication. In understanding the potential risks and checking for them we may prevent and promote better long term outcomes for our population needing these types of medications.



Data Analysis

- **Comparison:** MHU consistently maintained above national average (65%) on this process. However, given the risks from these side effects, increasing our compliance will improve outcomes for our patients for possible prevention of diabetes and cholesterol issues.
- **Data subsets:** Since 4Q 2018, there has been a steady increase in compliance.
- **Conclusion:** As of 2Q 2019, compliance was 93% which is a dramatic increase.



Change Management

- Change Concepts applied: The behavioral health medical director and nursing director met and discussed challenges and decided to automate the prompts for weight on the patients. Also, the medical director educated her providers on ordering the required lab work. A protocol was developed.
- Challenges / Barriers:
 - This screening involves multiple disciplines / departments as well as cooperation the patients part. Often patients on antipsychotics are not thinking clearly and not cooperative with weights or lab draws.
 - Also, this screening requires locums providers to successfully participate which can be challenging with changing providers on a regular basis.



Activity Summary

- We added weekly weights performed by staff which is part of the metabolic screening.
- Additionally, the providers have been thoroughly ordering metabolic screening for all new admissions which will be on scheduled antipsychotics.
- We also have a protocol where a nurse checks the patient chart and if the lab screening has not been done automatically orders the appropriate lab work.
- Also the required labs were added to the admission order set.



Current and Future

- Current
 - The measure is currently exceeding expectations.
- Future
 - Will continue measure weights weekly and educate new providers on lab requirements.

Monitoring

- Interventions have been successful.
 - Will continue to utilize interventions created to ensure success.
- Successful outcomes have been sustained.
 - 41/44 patients were successfully screened which is 93% as of 2 Quarter 2019. Will continue monitoring to see if success remains sustained.

Public Trust

“Ethics and Public Purpose”

Defining “Public Interest” (Mike Abels, ICMA-CM

10/17)

- PEW Research Poll
 - 80% of Americans do not trust the federal government
 - 70% of Americans express confidence in local government
- ICMA Ethics Tenent 4
 - “chief function of local government at all times is to serve the best interests of all of the people”
 - Identify broad community interests, sustainability and comparative analysis (public process), then decide

Public Purpose in Alaska

AK Constitution (Art. IX, s6):

“No tax shall be levied, or appropriation of public funds made, or public property transferred...except for a public purpose”

Deferential Standard

- “It is a concept which will change as changing conditions create changing public needs. Whether a public purpose is being served must be decided as each case arises and in the light of the particular facts and circumstances of each case” (*Wright 1970*)
- Not who operates/owns, but the character of the use (*Weber 1999*)
- Not something “arbitrary or without any reasonable basis in fact or is so unreasonable as to transgress the limitations of our constitution such that it is plainly foolhardy or without any discernible benefit.” (*Weber 1999*)

Other Public Trust Authorities

- Legal
 - Fiduciary duties
 - Open Meetings Act
 - Public Records Act
 - Conflict of Interest Code
- Non-legal
 - Professional ethics
 - Personnel Rules

Public Trust = Transparency + Act in Public Interest

FIDUCIARY DUTIES

- **American Hospital Association:** Board members have a fiduciary relationship with Hospital:
 - “A fiduciary’s relationship with an organization is one-sided, meaning that the relationship is designed to meet only the needs of the organization and the fiduciary must act without regarding to his or her own needs.”
 - Hospital Board members are entrusted with overseeing the fulfillment of the organization’s mission: both financially and ongoing compliance
 - A Board member’s central purpose is to ensure that the organization’s resources are used to achieve its purposes in accordance with the law. This includes the duties of care, loyalty and obedience.

FIDUCIARY DUTIES

- **Duty of Care:** responsibility to participate, and must act in an informed, good faith manner when participating in board decisions and exercising oversight
- **Duty of loyalty:** “When acting on behalf of the organization, board members must set aside their own interests, whether professional or personal, or the interests of any other organization.” (free of conflicts of interest)
- **Duty of obedience:** responsibility to be faithful to the hospital’s mission (public purpose) and to follow the law, bylaws, rules and regulations, and to not act or use the hospital’s resources in incompatible ways or purposes.
- Not:
 - For the benefit of other board members
 - For the benefit of executives
 - For the benefit of physicians

Maintaining the Public Trust

“This is a time in our nation when demonstrated personal accountability and acceptance of responsibility are key. No board can afford to lose the public trust. The bottom line is that board members must act in such a manner that protects both hospital operations and the community’s trust. There is no other way to success.”

Walker Company: *The Board’s Fiduciary Responsibility, Putting the community’s trust into action.* (2008).

Open Meetings Act

- CBJ Charter 3.12(d)
- AS 29.20.020/AS 44.62.310 Open Meetings Act (OMA)
 - Minimum of 24 hours notice of meetings
 - All meetings are open to public
 - Limited executive sessions are allowed for deliberation
 - Public reasonable opportunity to be heard

OMA: Best Practices

- ❖ OMA purpose is to ensure deliberations of a board are done in public.
- ❖ Minimize private Board-member discussions.
- ❖ “Serial” meetings: Avoid using “reply all” in email.
- ❖ Reasonable notice of meeting.
- ❖ Make sure agendas include location and time.
- ❖ Agenda and Board packets are public records
- ❖ Cure by completely redoing illegal action.

Public Records Act

- **A.S. 40.25.110, Charter 15.7, CBJ Code 01.70**
- Two big rules:
 - 1) Every person has the right to inspect public record unless an exception applies.
 - 2) Strong presumption in favor of disclosure
- Applies to email, texts, documents, even if on your personal devices
- Best Practice: keep work at work, keep work on work devices, and don't use text messages for substance

Ethics Issue #1

You are about to engage in an RFP process to select a vendor for a major project. The RFP is not out yet. A vendor who might be interested in the business is in town and invites you to lunch. Should you go? Should you allow the vendor to pay?

Answer: Likely No

- Can you go to lunch? Yes, no discussion about RFP
- Can the vendor pay? No, conflict of interest
- Should you go? Likely no: appearance of impropriety.

Ethics Issue #2

Department is in desperate need of a service that they previously used the ACME Company for. They were inexpensive, reliable, and provided excellent service in the past. Based on the Department's past experience, can they contact them directly to do the work?

Answer: It Depends

- ? Comply with competitive bidding or an exception ?
- Need CBJ Purchasing Office approval and a contract before you can agree to pay for service.

Ethics Issue #3

Department has received a public records request for all email correspondence related to a specific topic. There is an email where a Board member was venting frustrations about dealing with the member of the public who made the request. The email does not deal with substantive issues related to the topic. Is the Department required to disclose? Why or why not?

Answer: Yes

- Disclosure: Yes, anything that falls under the request is required.
- Public Records Act does not have a “bad taste” exemption

Ethics Issue #4

Board member approaches staff with a concern about another staff member asserting that the person has been inappropriate and should be disciplined. Board member wants to follow up later to discuss the outcome. Can staff talk with Board member about this?

Answer: Yes, No

- Yes, staff can listen to the concern,
- No, staff generally cannot disclose outcome due to personnel privacy. Questions: discuss with HR and legal

Public Trust

- Be Fair, Transparent, and Act in the Public Interest
- 70% of Americans express confidence in local government

**Bartlett
Regional Hospital
Medical Staff Meeting
Tuesday, September 3, 2019 at 6:15 p.m. – BRH Cafeteria
MINUTES**

MEMBERS PRESENT:

Anderson, Noble, MD, Secretary/Treasurer	Allen, Carly DO
Bellows, Blaise, MD	Benjamin, Brian, MD
Benjamin, Mimi, MD	Buley, Catherine, MD
Gruchacz, Pamela, MD	Huang, Eugene, MD
Jackson, Keegan, MD	Keirstead, Linda, MD
Kilgore, Kimberly, MD	Kim, Daniel, MD
Laktonen, Alberta, MD	Luhrs, Kayla, MD
Miller, Benjamin, DO	Miller, David, MD
Olsen, Eric, MD	Raster, John, MD
Roth, Joseph, MD	Saltzman, Michael, MD
Schlicht, Allan, MD	Schmidt, Jennifer, MD
Schneider, Don, Jr., MD, Chief of Staff	Scott, Jessica, MD
Shanley, Theresa, MD, Past-Chief of Staff	Sheufelt, Janice, MD
Sonkiss, Joshua MD	Standerwick, Anne, MD
Taintor, Matthew, MD	Valentine, Priscilla, MD
Vanderbilt, Burton, MD	Wagoner, Nell, MD
Weiden, Paul, MD	

MEMBERS ABSENT:

Banyas, Michael, MD	Blanco, Jessica, DMD
Brown, Kenneth, MD	Bursell, John, MD
Cook, Jeannette, MD	Delsman, Erica, MD
Dooley, Laura, MD	Dressel, Amy, MD
Dunn, Taylor, MD	Gartenberg, Joanne, MD
Greer, Steven, MD	Haddock, Nathaniel, MD
Harrah, Daniel, MD	Hernandez, Dorothy, MD
Hightower, Charles, MD	Jones, Lindy, MD
Kirk, J. Kennon, MD	Maier, Anya, MD
Malter, Alex, MD	Moxley, Kelly DPM
Mulcahy, Allison, MD	Newbury, Nicholas, DO
Neyhart, Joy, DO, Vice-Chief of Staff	Odell, Michael, MD
Peimann, Catherine, MD	Peterson, Quigley, MD
Schellack, Gregg, DO	Schultz, Charles, DDS
Schwarting, Ted, MD	Skan, Paul, MD
Strickler, Steven, DO	Than, Nandi, MD
Thompson, James, MD	Urata, Robert, MD
Welling, Richard, MD	

MEMBERS EXCUSED:

Brooks, Beatrice, MD	
Peimann, Nathan, MD	Totten, Jodie, MD

- I. **CALL TO ORDER:** The regular Medical Staff meeting was called to order by Dr. Don Schneider, Jr., Chief of Staff at 6:25 p.m.

- II. **INTRODUCTION OF GUESTS:**
 1. **Corey Wall, Jenson Yorba Wall**
 2. **Patricia Siza, MD**

III. **APPROVAL OF MINUTES:** The minutes from the August 6, 2019 Medical Staff regular scheduled meeting was unanimously approved as written.

IV. **OLD BUSINESS:**

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

1. **August 2019 Board Report** – Reviewed.
2. **Ophthalmology** – Dr. Andrew Kopstein was here last week providing patient care to approximate 40 outpatients. His schedule was so full that he ended up extending his visit in order to accommodate patients. Any patient that needs follow-up care during his absence will be referred to local optometrist. There are currently 16 cataract surgeries schedule during his visit in September 2019.
3. **State of Alaska Injunction** – The Alaska State Hospital Nursing Association (ASHNA) filed a request of injunction to halt the implementation of the emergency clause for the state budget that was passed without any public comment. The judge agreed that the way the State of Alaska passed the budget did not qualify as an emergency clause. In addition, the judge identified some issues with the proposed Medicaid rates and has requested it to be recalculated. This recalculation will cost approximately \$3.9/M to conduct. The State has requested that ASHNA to put up a bond that can be used towards the cost.
4. **Recruitment for the ASHNA President** – The current President of ASHNA, Becky Holbert has taken the position of the President of the Oregon State Hospital Association. Recruitment for an ASHNA president replacement has begun.
5. **BRH Finances** – It was reported that July was solid month financially with a \$600,000 bottom line. This has been the busiest month on the books that has translated into revenue of \$300,000. Historically, this has been recorded as the highest financial gain in a month.
6. **BOD Community Wide Healthcare Needs Assessment** – The Hospital has hired a firm that will be conducting a community wide healthcare needs assessment. They will be obtaining information from the community regarding strengths, weakness, and future needs.

B. **Chief Operating Officer – William Gardner, COO**

1. **August 2019 Board Report** – Reviewed.
2. **Safety Study/Remodel**– On the first floor area located by the BRH Emergency Department, it has been identified that there a safety risk for staff. The Hospital is looking for short-term and long-term improvements for both Patient Access Services (PAS) and Emergency Department staff.

C. **Chief Nursing Officer – Rose Lawhorne, CNO**

1. **August 2019 Board Report** – Reviewed.
2. **Washing State Hospital Association (WSHA)** – The Hospital has partnered with the Washington State Hospital Association (WSHA) to participate in a pilot safety program. This program will track patients who are identified in the Emergency Department Information Exchange (EDIE) to be a threat/risk to healthcare workers who do not have access to the

patient medical records. This would include employees such as environmental services, laboratory, patient access services, etc.

3. **Surgical Services New Managers** – It was reported that Chris Dailey has been selected as the new BRH Operating Department Manager and Sarah Bates has been selected as the new BRH Short Stay Surgery Manager.
4. **eICU Providers** – The providers who have privileges in eICU will begin to enter their orders directly into Meditech. This has been a paper/fax process up until now.

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

1. **August 2019 Board Report** – Reviewed.

E. Behavioral Health – Bradley Grigg, CBHO

1. **August 2019 Board Report** – Reviewed.
2. **Rainforest Recovery Center (RRC)** – The Rainforest Recover Center new roof is almost complete. The next phase will be framing the new addition so construction can continue throughout the winter.
3. **BOPS Facility Design** – The RFP for the BOPS facility design is closed and the firm has been selected. During the demolition and construction period, BOPS will relocate in the Juneau Medical Clinic building next to the BRH Foundation Gift Shop.
4. **Child/Adolescent Psychiatrist** – Beginning on September 16, 2019 Dr. Jamie Stevens, Child/Adolescent Psychiatrist will begin providing psychiatry services for patients ages four (4) to eighteen (18).

F. Other Senior Leadership Board Reports

1. **CBJ/BRH Legal August 2019 Board Report** – Reviewed.
2. **Human Resources August 2019 Board Report** – Reviewed.

G. Hospitalist – Mimi Benjamin, MD

1. **ANMC Adult Procalcitonin (PCT) Utilization Guideline/Clinical Pathway** – For the antibiotic stewardship program/process, the Hospital can send specimens to Providence Alaska Medical Centre that can provide lab results within a few hours.
2. **Procalcitonin (PCT) in Adult Lower Respiratory Tract Infections** – Reviewed.
3. **I-STAT** – It has been identified that results from I-STAT are ending up in Meditech in the “Misc.” section of the patient electronic medical records. Moving to the new Meditech, the Medical Staff were given three options: 1. Leave as is, 2. Move the problem list in to “Misc.”, or 3. Leave as is and update the information when a patient has been admitted. A vote was taken with a majority wanting option 3, which is to leave it as it.

H. Other – None.

V. NEW BUSINESS:

A. Committee Reports:

1. **Critical Care Committee** – No meeting.

2. **Medical Staff Quality Improvement Committee** – Business as usual.
3. **Surgical Services Committee** – The M&M Committee met today.
4. **Pharmacy & Therapeutics Committee** - Minutes in packet. Discussed updates to alcohol withdrawal protocol.
5. **Infection Control Committee** – No meeting.
6. **HIM/UR Committee** – Three talking points. Discussed cloning in documentation. Meditech carries over items. Be sure you are fixing notes. Second length of stay outliers. There was a recent audit and there are specific things that need to be documented. All physicians are encouraged to meet with discharge summary meetings. 3rd focused on CDI.
7. **Credentials Committee** – Reviewed.
8. **OB/Neonatal Committee** – Next meeting is in two weeks.
9. **Provider Education Committee** – fill out evaluation.
10. **Medicine/Pediatric Committee** – No meeting.
11. **Trauma Committee** – Dr. Pam Gruchacz gave a brief overview of how/when she began the role of Chair of the Trauma Committee in January 2019. This Committee met a few weeks ago and discussed a few cases and updated the Trauma Activation criteria. The Committee decided on a process improvement change when/how the EMS contacts the Emergency Department. In the past this Committee was used as an education forum. Dr. Gruchacz's vision is to change the format as well as the reporting structure. A request was made to the MSEC for the Trauma Committee be its own and not under the Emergency Care Committee's umbrella. The intent would be to have general surgeons, emergency medicine physicians, orthopedic surgeons, hospitalist and a member of Airlift Northwest (ANW) be Committee members. It was reported that there have been discussions about the new proposed structure with the Emergency Care Committee (ECC) who is in disagreement. Both Dr. Gruchacz and Dr. Jennifer Schmidt have had discussion with Dr. Lindy Jones, Chair of the ECC. They are now at an impasse.

Dr. Schneider reported that this topic was discussed the MSEC and they would like to invite those who have an interest or stake in the topic (ECC and Trauma Committee) to the next MSEC meeting. The intent of this meeting is to develop a recommendation that is agreed upon and be presented to the Medical Staff for a vote.

After much discussion, Dr. Gruchacz made a **MOTION** to change the current Trauma Committee structure by having it be independent and not under the ECC umbrella. Dr. Schmidt seconded. After additional discussion the **MOTION** was not approved. Not so much that they disagreed, but because the Medical Staff members who voted feel they need more additional information in order to vote. The **MOTION** did not pass.

12. **Emergency Care Committee** – No report.
13. **Physician Health and Wellness Committee** – No meeting.
14. **Behavioral Health Quality Committee** – No meeting.
15. **IT Steering Committee** – No meeting.

16. **Meditech Clinical Software Committee** – No report.
 17. **Physician Recruitment Committee** – No report.
-
- B. **International Dysphagia Diet Standardization Initiative (IDDSI)** – Marisha Bourgeois CCC-SLP and Becca Kirian, Dietitian introduced themselves and gave a brief overview of the International Dysphagia Diet Standardization Initiative (IDDSI) and answered questions from the Medical Staff. A request was made that when it is created in Meditech, to have the order come up as IDDSI and not by another name/title.
 - C. **BRH Master Facility Plan – Corey Wall** – Corey Wall introduced himself to the Medical Staff and gave a brief overview of the draft Master facility plan. Any physician that would like to provide input are encouraged to reach out to either Chuck Bill or Corey.
 - D. **Quality - Sarah Hargrave, Director**
 1. **Team STEPPS** – Sarah Hargrave gave a brief presentation of Team STEPPS and outlined its success. It was reported that over 400 BRH staff have received Team STEPPS training over the past 12 months.
 - E. **BRH Rules and Regulation Proposed Revision**
 1. **X. Medical Staff Committee U. Physician EHR Advisory Committee Draft** – Reviewed. The **MOTION** was made to create the BRH Physician EHR Advisory Committee. **MOTION** unanimously approved.
 - F. **BRH EMR (Expense)** – Dr. Linda Kierstead that there is a Meditech upgrade called “Expanse” that has a “go-live” date of March 26, 2020. The Hospital will be given a test version in November 2019 that will provide a four-month rollout process. The Medical Staff asked for input pertaining to the problem list. When the current data is imported, the problem list the choice is 1. Transfer old problem list to the new system (current state is in disarray), 2. Import current problem list and then inactivate the problems listed, or 3. Not import at all and update when there is a problem. All Medical Staff members are encouraged to provide input and attend the IT Steering Committee if they desire.
 - G. **Meditech Minute – Joyce Chambers, RN**
 1. **Lunch and Learns** – There will be “lunch and learn” sessions held once the new Meditech test environment has been installed. Additional information will be sent to all physicians once the schedule is confirmed.
 2. **Dragon System 1:1 Training** - There will be 1:1 training for the new Dragon system users. Information with schedule times will be distributed via a Doodle poll.
 - H. **Clinical Documentation Information (CDI) – Amy Deer, RN**
 1. **Documentation Minute** – Dr. Mimi Benjamin is the recipient of this month’s award and recognition for documentation.
 2. **Respiratory Failure** –The brief informational video was presented.

I. **Tumor Board Meeting, Thursday, September 5, 2019 - FYI.**

J. **Other**

1. **SEARHC** – Dr. Norvin Perez distributed an informational document and gave discussed his concerns with SEARHC advertising for specialty clinics as well as a recent report about the Hospital possibly opening their own Urgent Care Center.

VI. **BOARD OF DIRECTORS REPORT:** July 23, 2019 – Reviewed.
August 27, 2019 - Not Available.

VII. **NEXT MEETING:** The next Medical Staff meeting will be on **October 1, 2019** at 6:15 p.m.

VIII. **ADJOURNMENT:** There being no further business, the Medical Staff meeting was adjourned at 8:07 p.m.

CME – The CME presentation this evening was presented by **Steven H. Kirtland, MD – VMMC Pulmonary** on “**Things You Need to Know – Things You Should Know**”.

Don Schneider, Jr. MD, Chief of Staff

(Date)

Chief of Staff Report

Mortality Matrix

September 2019

Mortality Matrix					
	Baseline	BRH 12-Month Rolling	Target	Best in Class	Improvement Initiatives
Death Rate in Low-Mortality DRGs (PSI 2) per 1000	CY 2018: 0.0*	= 0.0*	0.35		
Mortality by Condition					
AMI 30-Day Mortality	CY 2018: (0/6)=0%	= 0% (0/9)	Achievement 14.93%	Benchmark 12.67%	
COPD 30-Day Mortality	CY 2018: (0/35)=0%	= 2.07% (1/37)	Achievement 7.67%	Benchmark 6.13%	
HF 30-Day Mortality	CY 2018: (6/66)=9.09%	↑6.38% (3/47)	Achievement 13.96%	Benchmark 12.03%	
Pneumonia 30-Day Mortality	CY 2018: (2/80)=2.5%	↓1.72% (1/58)	Achievement 11.77%	Benchmark 9.05%	
Sepsis Mortality (in-hospital)	CY 2018: (0/49)=0%	↓1.37% (1/73)	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

↑	Rate higher than prior report
=	No change from prior report
↓	Rate lower than prior report

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

Bartlett Regional Hospital

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

October 22, 2019 Management Report From CLO

Topics*

- General contract review and edits and meetings with vendors
- 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
- Review of Affiliation RFP and Board questions

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

Bartlett Regional Hospital

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

Management Report from Dallas Hargrave, Human Resource Director October 2019

Report Period - 1st Quarter FY20 (July, Aug, Sept)

New Hires	45
------------------	----

Separations	19 All Other Separations
	4 Retirement
	13 Casuals/temp
Total	36

Contract/Travelers	1 Director of Finance
	1 CCU RN
	1 Ultrasound Tech
	4 Dietitian
	2 ED RN
	6 M/S RN
	1 MHU RN
	2 RT
	6 OR RN
Total	24

Hard to Recruit Vacancies	RN's	FT	All Dept
	Forensic Nurse Examiner II	Casual	Emergency
	Dietitians	FT	Nutrition Services
	Psychiatrist	FS	Mental Health Unit
	ED RN Case Manager	FT	Case Management

All Employee Turnover		
All Employee Types	FT Employees	All Others
8.12%	4.29%	9.00%

643 Employees
FS/FT employees = 443
All others = 200

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
4.15%	2.46%	7.04%

193 Nurses
FS/FT = 122
All others = 71

Grievances	0
Arbitration Cases	0

Workers Compensation Reports	
Department	Brief overview
Operating Room	Neck & Upper back pain
Operating Room	Slip & Fall on wet floor
Operating Room	Vertigo & dizziness (cause unknown)
PFS	Slip & Fall while entering bathroom
PTOT	Hand Sanitizer in eyes
PTOT x 2 staff	Struck by escalated child during treatment
Facilities/ Maintenance	Crushed toe- object fell on toe
Facilities/ Security	Kicked by child acting out during treatment
CCU	Patient scratched employee
ED	Kicked by patient while providing treatment
OB	Needlestick
Lab	Lower back strain
Med/Surg	Patient scratched employee

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

October 2019 Nursing Report

Rose Lawhorne, CNO

Nursing

- March of Dimes—ten nurses from Bartlett are finalists in multiple categories for the March of Dimes Nurse of the Year Awards. Congratulations to our nurses! At the November awards banquet, previous awardees who have passed away will receive special recognition. Bartlett's nurses, Andrea Foldenauer, OB RN, 2004 Legend in Nursing, and J. Steve Reese, CCU RN/House Supervisor, 2011 Legend in Nursing, will be among those honored. Their dedication to patients and passion for the nursing profession will be remembered by all who had the privilege of knowing and working with them.
- November retreat scheduled for nursing leadership team. We will discuss our goals for nursing-wide culture and will identify behaviors that support the environment we are working to develop. We will explore characteristics of effective leaders and strategies for solidifying as a cohesive, strong nursing leadership team.
- Nursing directors continue to work diligently to hire and train local staff members when appropriate. We have many nurses who have lived in Southeast Alaska, recently graduated from nursing school, and wish to remain in Juneau. With the assistance of Staff Development, nurse educators, and preceptors, we have been successful in bringing many individuals back to Juneau as part of our Bartlett team.
- New IV pumps will be delivered to the floors on October 16th. Online training has been completed, and hands-on training will take place on October 15th, just prior to go-live.

Surgical Services

- Dr. Kopstein's first clinic was a success! It went very smoothly, from initial scheduling, to pre-admission testing (PAT) interviews, preoperative care, operating room (OR), and to discharge. Thirteen cases were completed. Patient feedback was positive for all elements of the process. We are looking forward to the next Dr. Kopstein clinic on 10/25.
- PAT, Short Stay Surgery (SDS), OR, and Post-Anesthesia Care Unit (PACU) participated in a mock code, organized by Bobbi Jurrens, RN OR educator, and led by Jen Twito, RN educator. The training was well received by the staff. It was beneficial to host the code on our own unit, in the environment. We are looking forward to the next training event.
- PAT RN (Lori) has been training SDS RN's (Charlotte and Mae) to cross-train over to PAT.

- Tracers have been completed by our quality reviewer, Autumn. Surgical services management team will review the observations with Autumn and look for opportunities to improve processes.

Critical Care

- We are working on employee evaluations and finishing up department-wide competency training.
- We have been training several new employees. Maike, RN, has another month left, and then should be on her own. We have a new fulltime nurse who will require 3-4 months training and several PRN nurses who will need a basic orientation. We have one CNA who is finishing up training; another CNA should be starting within the month.
- We started the implementation process with Philips for new monitors. At the kick-off meeting, an outline for implementation was developed with go-live planned in early December.

Obstetrics

- Continuing to precept new graduate Shayna and new nurse Hailey.
- Bedside shift report is being adopted by nursing staff. This will engage the patient in setting goals and discharge planning.
- Working with state AIM (Alliance for Innovation on Maternal Health) project on improving early recognition and treatment of maternal hypertension and preeclampsia.
- Initiating new project with the state, looking at hospital screening policy on toxicology testing for mothers and/or newborns at time of birth. Also will address triggers for reporting to Office of Children's Services. This project is a follow up to the Plans of Safe Care Meeting that was held in May. The state is looking to adopt state-wide policy for standardizing these processes.

Emergency Department

- October 6-12 was Emergency Nurses Week! Thank you to all our amazing ED nurses who are committed to our mission, and remain active and ready for anything that comes through the door. Thank you also to our physicians, mid-levels, and supportive personnel who are essential to smooth patient care operations.
- October has continued high patient volumes. The ED team excelled in their care of some high-acuity patients.

Bartlett Regional Hospital

Chief Operating Officer, Billy Gardner
Board Report
Tuesday, October 22, 2019

Facilities Department (Marc Walker, Director)

- The Maintenance Department has one budgeted FY19 position that has not yet been approved. There is a part time position that we have recruited for and are filling this week. A full time mechanic position is vacant with recruitment underway. We are feeling positive about the opening as very qualified candidates are applying.
- Biomed is currently fully staffed.
- Security is currently fully staffed but as always looking for more casual officers.
- Environmental Services is currently recruiting for 2 full time positions and three casuals. Interviews are underway with a handful of solid candidates in the mix
- Laundry is currently recruiting for 1 full time position.
- Thank you to Maintenance, EVS, and all other services who helped with clean up after damage to sprinkler head in the locker room occurred. Many folks responded to help in the middle of the night.
- ED Waiting area update: Last week Marc and I signed off on the BRH Term Contract Planning Assistance and Small Project Design (E18—224). Two design proposals will be brought back to our stake holders to choose from.
- Kelvin Schubert (Maintenance Supervisor), Marc Walker, Kevin (CFO) and I met with DOWL Engineering to begin work on the BRH Road project. This project repaves Hospital Drive and possibly up to the Bartlett House. The City will take advantage of this work being done by updating sewer and water lines (last replaced 1981). This project will kick off in early Spring

Pharmacy Department (Ursula Iha, Director)

- On September 30th Code Sepsis was implemented, and pharmacists are responding to calls. A new protocol was developed to assist in getting appropriate antibiotics to patients as quickly as possible. We've already received recognition for a good catch!
- The antimicrobial stewardship committee is making major advances in preventing multi drug resistant organisms by removing ertapenem from the formulary.
- The pharmacy staff brought in several new medications and compounded special ophthalmological slurry for Dr. Kopstein's surgical patients.

- Flu vaccines arrived at the pharmacy, and pharmacists helped vaccinate employees in the Point of Dispensing (POD) events. We are also developing a process to vaccinate patients at RRC.
- New Smart Infusion Pumps arrived, are tagged and certified by biomed, and are programmed with a new drug library. Live training is October 15th, and GO LIVE is October 16th.
- We are celebrating Pharmacy Week October 20-26 and National Pharmacy Technician Day on October 15th!
- Pharmacy Clean Room Project update: Kevin, CFO and I toured the work site last week and see significant progress. The project remains within budget and on schedule as reported to both the Finance Committee and the Planning Committee. Substantial Clean Room work completion date is 11/6/19 and Final completion date is 11/18/19. The Bartlett foundation Gift and Coffee shop Substantial completion date is 12/16/19 and Final work completion date is 12/23/19.

Rehabilitation Services (Rusty Reed, Director)

- Our new PT is on board seeing patients and we are now fully staffed
- We have opened up Saturdays to address our pediatric wait list. We just had our first Saturday and we were able to take care of a few and this will be ongoing.
- We no longer have a wound care wait list as all referrals have been addressed
- We have opened up Saturdays to address wounds in order to meet the needs of the community and to prevent a wait list. This Saturday we were able to see a couple of wound care patient's that canceled their weekday appointment and we were able to move them to Saturday.
- We are reaching out to patient's and being proactive we when receive a referral via fax. In the past the policy was that the referral was filed and we would wait for the patient to contact us. We have instructed our staff to contact the patient upon receipt of the referral.
- We are looking into the feasibility of starting a speech and language development program (Hanan program). We currently staff the only certified Speech therapist in Juneau to be able to provide this service to the community

Diagnostic Imaging (Israel Ginn, Director)

- IS has filled the PACS administrator position. We welcome Harold Peterson in this new role to manage the various systems in DI (MRI, CT, and other software/hardware). Harold has a wealth of knowledge working with these systems and will transfer from his current IS position at BRH.

Laboratory Service (John Fortin, Director)

Note: John does an amazing job of reporting his area's QA, Financial performance, and Updates each month. Below is an edited example for the month of August this year.

I. Laboratory Operations Directory Summary of Report

Quality issues

The month of August was a busy month for QA. The i-STAT system is up and running with strongly positive reception. Specially, Dr Peterson and Dr Jones from the ER have said the staff is happy with the system and that it greatly improves patient flow. This system will provide Chem 7, Troponin and Lactic acid results in 5-10 minutes from the time a physician places an order.

There still remains a few follow up issues in regard to the i-STAT. These issues will be addressed in the coming months in preparation for the spring inspection and include:

- Removing the lab based troponin from the monthly QA report. This will be noted on the year end Bench Mark report
- Noting the "alternative" patient based Level 1 QC in our QC policy
- Creating a process for six month correlation studies. This study will correlate the i-STATs to the lab based chemistry analyzers.

In mid-August, Robin M. completed a process for having procalcitonins done at Providence Hospital in Anchorage. This process is complete, easy to follow and includes:

- Packing instructions
- A "Mini Checklist" to follow the process from beginning to end
- Specific requisitions from Providence
- A complete, detailed and easy to follow procedure with all relevant information

Lab aides and Lab techs

It is expected that very little revision will be needed in this process. Robin M. should be commended on this fine improvement in lab services.

On August 14, Lab QA gave a presentation to the HPIC team's hospital leadership. The topics were all well received and included:

- The proven success of the Liquid Plasma product in reducing blood wastage
2017 11.2% waste vs 2019 1.7% waste
- The benefits of the i-STAT recently to the ER
- The success of Six Sigma applications in the lab's chemistry dept.

Management issues

August was a good month for the Laboratory and Histology departments with volumes, project planning and post project adjustments.

With our I-STATs live, and performing as expected, some billing concerns were discovered. The root of the issue, we had providers repeating I-STAT panels, which we could not bill. There are billing limitations applies for a single day, which we cannot bill multiple panels. Currently, we have staff reviewing to assure rules are followed and applied. The idea with the I-STATs, is to rule out if admission, to help with patient flow. If patient are admitted, an Add on Test process is performed so we can bill the highest reimbursement of a Complete Metabolic Panel. With help of PFS, ED and Lab section specialist, lab was able to work through the issues, to assure we optimize the use and still allow to bill. Some other concerns with I-STATs have been concerning collections, as we need to assure actual documentation of who collected and tested is correct. We have had ED staff have Lab collect specimens, but processed I-STAT by ED Staff. When done, the documentation of who collected in incorrect. Still working out the issue.

Final validations for test and IT have been completed for our new Coagulation Analyzer. We are officially live. This is a new system, which should support the facility for 8 plus years.

LIS (Britt) has been very busy with multiple Hospital projects competing with Laboratory/Histology projects. Britt has been on top of all requests, involved in technical setups and assisting lab staff with projects. There is initial work being done with Expanse, the newest version of Meditech. Loading of the software is to occur later this year, with a live date sometime in March of 2020.

The Microbiology section is in the process of transition. We have a resignation of one staff member the end of October and expect retirement of current section lead in January 2020. The plan for this area, recruit for replacement of either bench or section lead, but support with a Traveler during this process. At the same time, we will be receiving new equipment in September, which will need full test validations and LIS validations. This new equipment will replace the current 11 year old system. The analyzers do use a newer middleware computer, which is the largest concern, as limitations with firewalls and functionality is not fully understood.

Histology has started the 2nd and final semester for our student. Tara McGee has been a 5 year employee (who has a Bachelors in a Scientific field), who was selected to challenge the certification to become a Histologist. With resignations and expected retirement, Tara will complete the education requirements in November and be able to sit for certification in January. We will support with extra staff through this time.

Procalcitonin testing through Providence Anchorage is now live. Testing is being ordered by our physicians (hospitalist) and guided by our pharmacy. This project initiated by a request from Dr. Benjamin and Dr Greer. Our lab has always offered, but there was up to a 3-day turnaround from Labcorp. Contracts were completed with Providence, as we get results within 24 hrs, which allows the physician to use the test as designed.

Now that Laboratory completed the TOP 350 coagulation project, we are now in the initial planning for replacement our Hematology Analyzer. This was purchased to address the Window's 7-security issue and to replace a 7-year-old unit. Expected delivery is to occur in December, which plans of going live February 2020.

This is the year Laboratory will be doing the CBJ Health Fair. We expect >700 CBJ employee to take part. Lab is working with Jess Brown to set up for this year. We are going to increase the days we perform at BRH, as previous experience has overwhelmed the department. The plan is to go from 3 days to 10, which will reduce daily impact.

As we approach post cruise ship season, focus for Histology and Laboratory will be completion of training logs, Competency, Relias, CEU's and Evaluations. We do have a College of American Pathologist inspection in April of 2020, which all listed above has to have 100% compliance. With the 27 employees, this is always a challenge.

There was a new productivity study performed in August. This new study did not show Laboratory any new information, as their system is the same as currently being performed with Laboratory/Histology QA reports. Both the 2008 and new study referred to a standard of 0.26, using billed volumes and actual staff hours to determine. It was discovered the proposed standards did not meet the federal requirements of personnel needed for our departments in 2010 and 2012. We were cited by the College of

American Pathologist. These studies did not include recruitment issues, address our high accrual of personal leave nor used true comparative facilities. Laboratory worked with Senior Management during the 4 years starting in 2008, rebuilding of departments. From 2008 to 2012, there were numerous occurrences, safety concerns and multiple physician complaints. Standards were adjusted to 0.28 in 2012 and histology adjusted to 1.05. Productivity has been included in all Quality Reports for Laboratory and Histology since initial implementation in 2008.

Productivity measurements for Aug 2019:

Current levels of staffing appear to be in line, based on testing volumes and need to maintain Quality Assurance per compliance. Standards used: 0.28 Laboratory and 1.05 Histology.

Standard = 0.28 for Lab and 1.05 for Histology

Target value = Bill test (from operations report) x standard

Productivity = Target value / total hours worked (from operation report)

For the month of Aug:

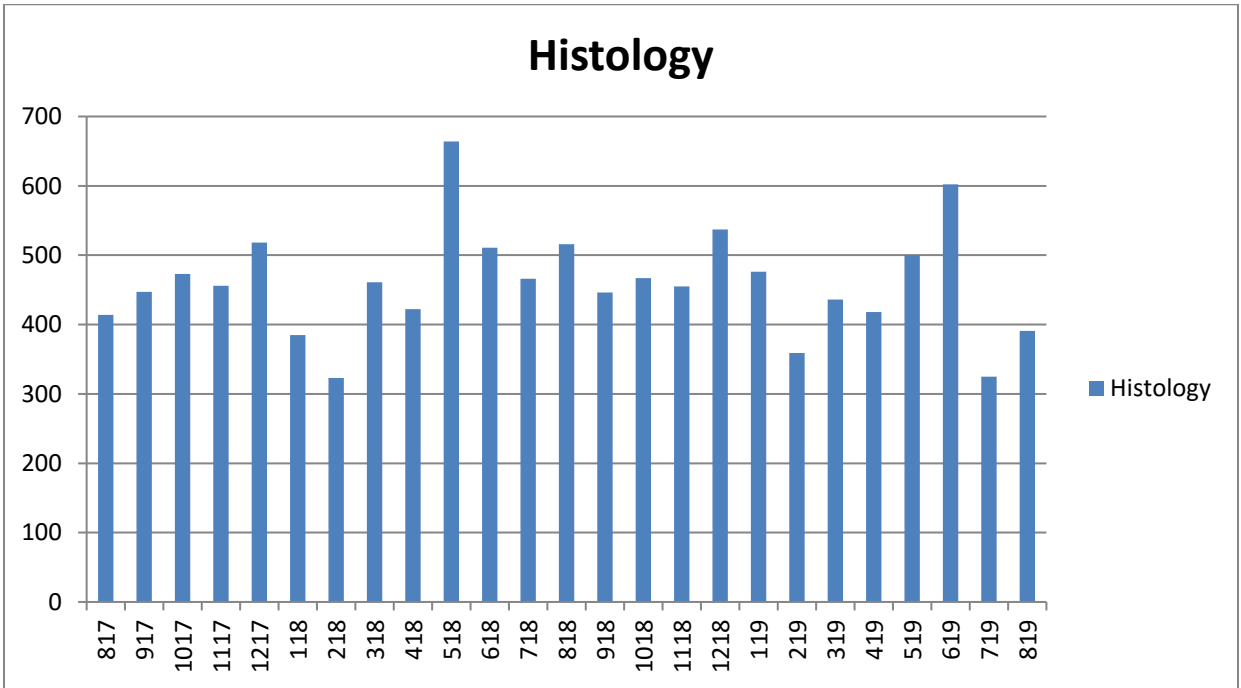
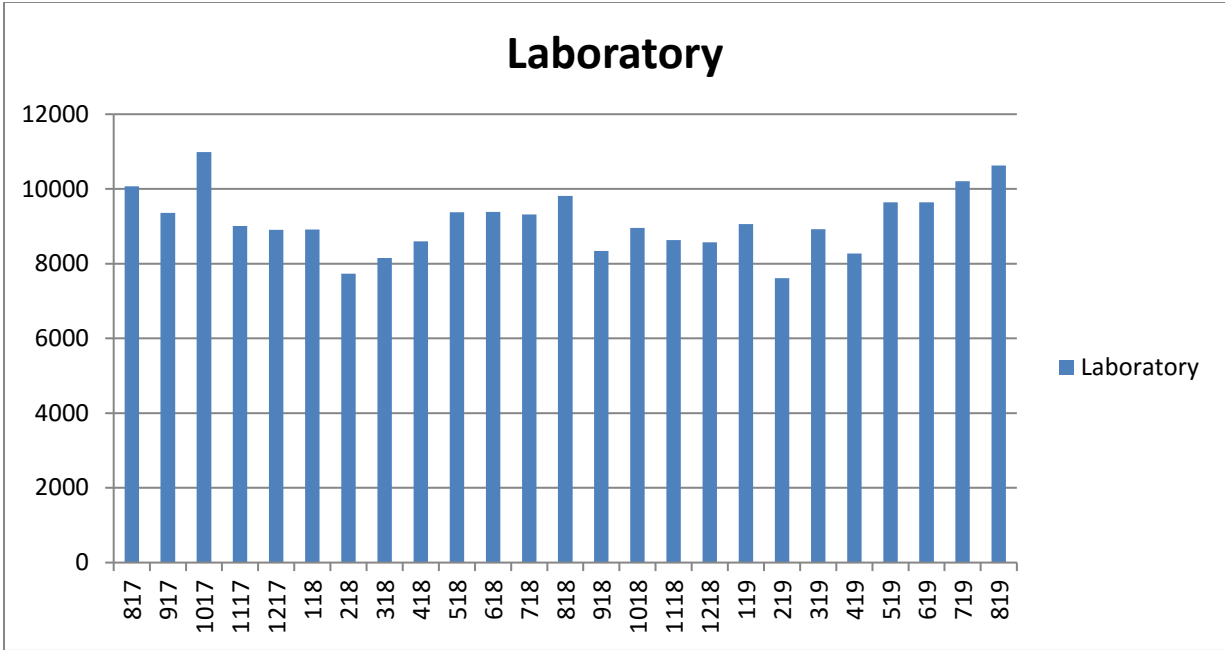
Histology productivity = **96%**

Laboratory productivity = **87%**

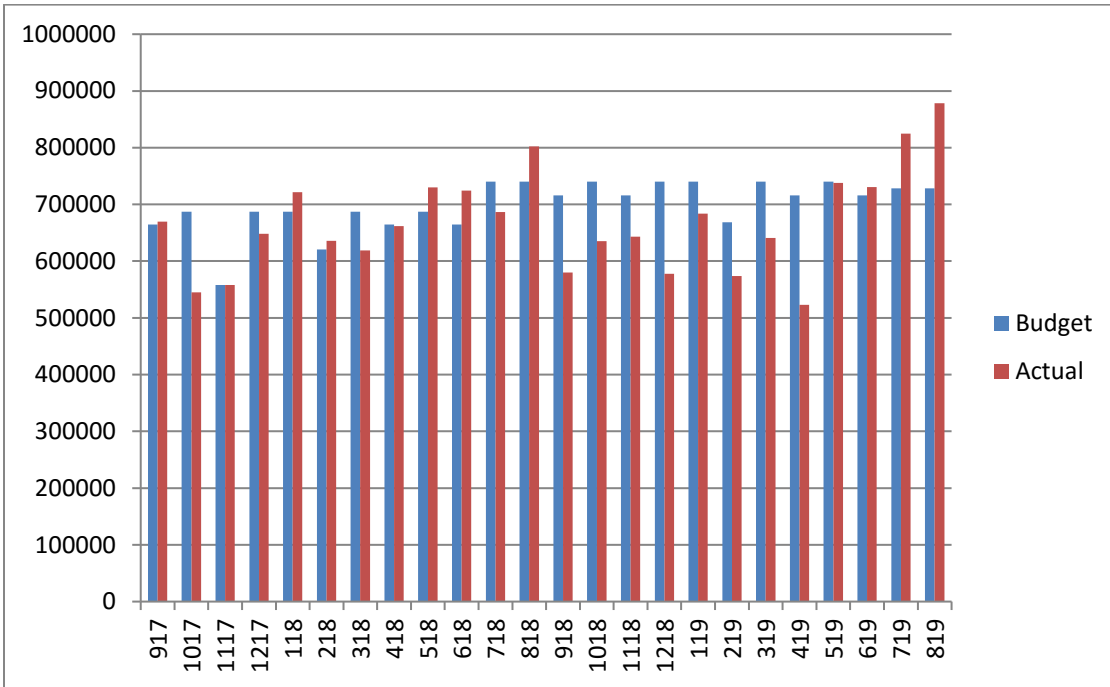
* Payroll data for Aug – 8/16 and 8/30

Volumes:

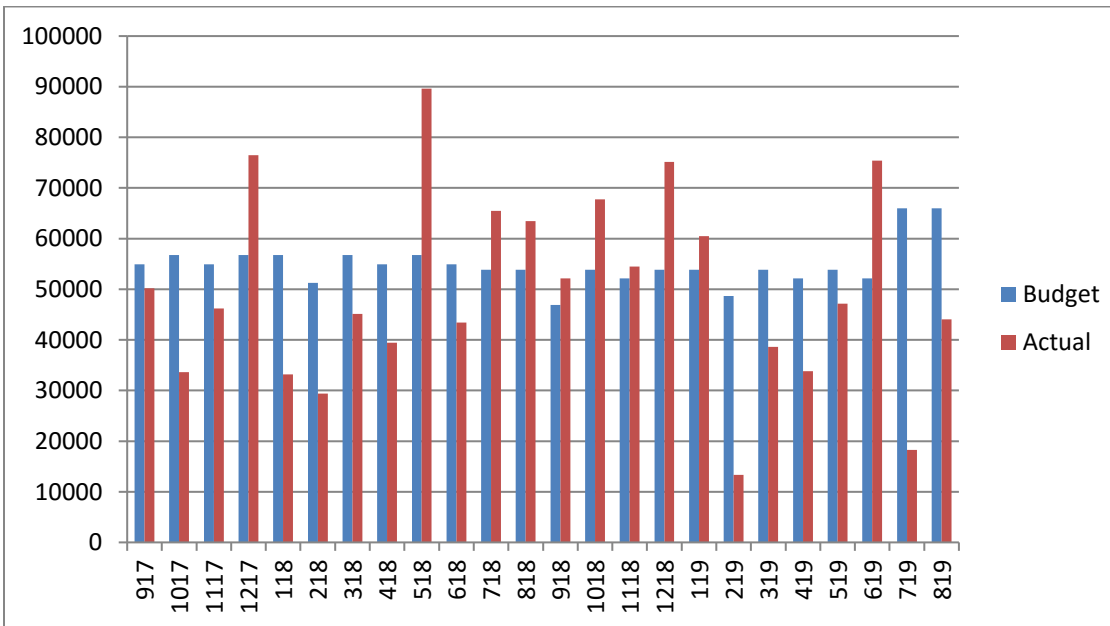
- Aug - Histology 391
- Laboratory 10629



Laboratory actual profits vs budget



Histology actual profits vs budget



Bartlett Regional Hospital

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

September 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.
 - **Dr. Jaime Stevens** (Locum) **Board Certified Child & Adolescent Psychiatrist** has agreed to a 6-month assignment at BOPS. She began work on September 16. She will be providing outpatient services and consultation to our PMHNP staff on complex child cases.

- **Psychiatry Recruitment Update:**
 - 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 August 2019, with an average length of stay 23 days.

- **Mental Health Unit:**
 - Daily Average of 9.2 patients per day in August 2019, with an average length of stay 6 days.

- **Bartlett Outpatient Psychiatric Services:**
 - We continue to evidence a significant increase in the number of patients and visits at BOPS. As of August 31, 2019 BOPS has nearly 300 unique active patients engaged in outpatient services.
 - **Petersburg Update:** Services have begun for the community of Petersburg. While we have been serving 4 Petersburg patients in August via telemedicine, our first week physically in Petersburg is the week of September 23. Dr. Sonkiss will be providing initial Psych Evaluations and ongoing med mgmt. appointments to twenty (20) patients while on site. Tina Pleasants will be our provider who visits Petersburg in October. It is anticipated that this project will bring in approx. 75 new patients to BOPS.

- **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 FY20 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 27 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 between \$100,000-\$600,000 per capital project. We are awaiting next steps from Murdoch.
 - Ford Foundation: Initial Inquiry has been submitted with Foundation for capital funding.

- **FY20 BH Operating Grants Update:**
 - **We have received FY20 Q1 payments 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:**
 - Northwind Architects (NWA) has been awarded the design & project management award for the Crisis Stabilization Project.
 - Initial meeting with BRH, NWA, and CBJ was on Friday, September 20.
 - October 2-3: Meetings with NWA, CBJ Architects, and BRH key Staff in preparation for design options being submitted to BRH for review.

- **Petersburg Medical Center Outpatient Psychiatry Update:**
 - Services began July 30, 2019.
 - Ongoing 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 physically in Petersburg is the week of September 23. Dr. Sonkiss will be providing initial Psych Evaluations and ongoing med mgmt. appointments to twenty (20) patients while on site. Tina Pleasants will be our provider who visits Petersburg in October. It is anticipated that this project will bring in approx. 75 new patients to BOPS.
 - We have hired Kira Phillips, LPC (from South Dakota) who will be our 4th therapist in BOPS. She will be the Petersburg Therapist while also serving Juneau based patients. Start date on or around October 8.



Daily Observation Report

ENGINEERING DEPARTMENT
 CIP Engineering, Third Floor
 230 So. Franklin Street, Marine View Center

Project: Rainforest Recovery Center Detox Addition, CBJ Contract # BE19-173
Contractor: Alaska Commercial Contractors
Date/Time: Monday, October 14, 2019 – 8:30 am
Weather: High Overcast, 35 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – AK Commercial Contractor(ACC)	1+6	Chad + crew
Electrical – Chatham Electric (CE)	0+0	Jake + crew
Mechanical – Inside Passage (IP)	0+0	Kyle + crew
Ventilation – Metalworks (MW)	1	
Concrete Finishers	5	

Description of Work:

1. ACC had six workers removing ice, water and debris from the vapor barrier at the location of today's concrete slab on grade pour. Workers used a combination of water hose, vacuum, blower, and shovel to remove ice, water, and debris. The blower was the most effective means of removing the ice, water, and debris. There was a considerable amount of ice already removed and covering the ground outside the foundation wall at the time of the visit. Chad noted that first SOG pour Sunday went well.



2. Five concrete finishers were also onsite and concrete placement began about 9:15 AM at the thickened footing on GL 7 on the southwest corner today's slab pour. Matt Holm of PND arrived onsite as concrete placement began. Most of the ice, water, and debris was removed from the area prior to placement of concrete. Chad noted that they would continue to work on removal of ice, water, and debris from the remainder of the exposed vapor barrier as the concrete workers placed concrete in the west side.



3. ACC had one worker removing frost from SASU with a torch on the east side of the east wing. ACC installed four fall anchors on the south side of the central roof area. Layout was similar to that shown in RFP 1.



4. Reviewed the install of ducts in attic and Fan Room 152 with Dylan of MW. Dylan noted that he should be able to miss sprinkler piping with an offset but noted that the 2nd duct will block access to the fire damper doors in the existing ducts. Dylan noted that new ducts did not have fire dampers and PDC noted that since building has fire sprinklers that the fire dampers are not required. Work in Fan Room 152 is being made more difficult due to the storage of miscellaneous materials in the space by the Owner. It would be appreciated if Owner storage could be confined to the east side of the room, away from the AHUs.



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

Kevin Benson, Chief Finance Officer Management Report Tuesday, October 22, 2019

HIM – Rachael Stark

- We welcomed a new employee on 9/23 to fill the ROI position that was vacated in August.
- Ryan Story from Project SEARCH started as well, working 16 hours a week. He is working on old records and cataloging the cage in the basement of the Admin Building.
- Access E-form solution is not quite ready to be implemented in the clinical areas, but we are working on that with PAS.

PFS – Tami Lawson-Churchill

- Overall cash collections for September were just over \$9.3 Million which exceeded August (\$9 Million). These were record breaking months based on the past three years of data.
- PFS is currently short staffed and we are recruiting for 2 Fiscal Tech positions; interviews are underway
- Working on finalizing the SOA DSH Desk Survey
- Successfully implemented Telehealth billing services for BOPS facility as well as Crisis Intervention Services provided in the ED

IS – Scott Chille

Projects

- Network **CORE** replacement October 18th 11:00AM – 2:00PM
 - Power issues with generator testing have delayed the installation of this equipment. We are working toward a resolution and this project will resume once complete.
- Hardware Infrastructure refresh (**VxBlock**)
 - Hardware is being built at the factory
 - Expected delivery – late October / early November
- **MEDITECH ExpansE** – software installation and new server provisioning begins Sept 15th for push into TEST environment November 5th – Build begins. Go-Live March 12, 2020 (**new date 2 weeks early**).
 - MEDITECH migration to new VxBlock environment – Starting late November – early December (major downtime to complete this transition)
 - **PACS** upgrade and migration to VxBlock – Starting November (4-months)

Department Updates

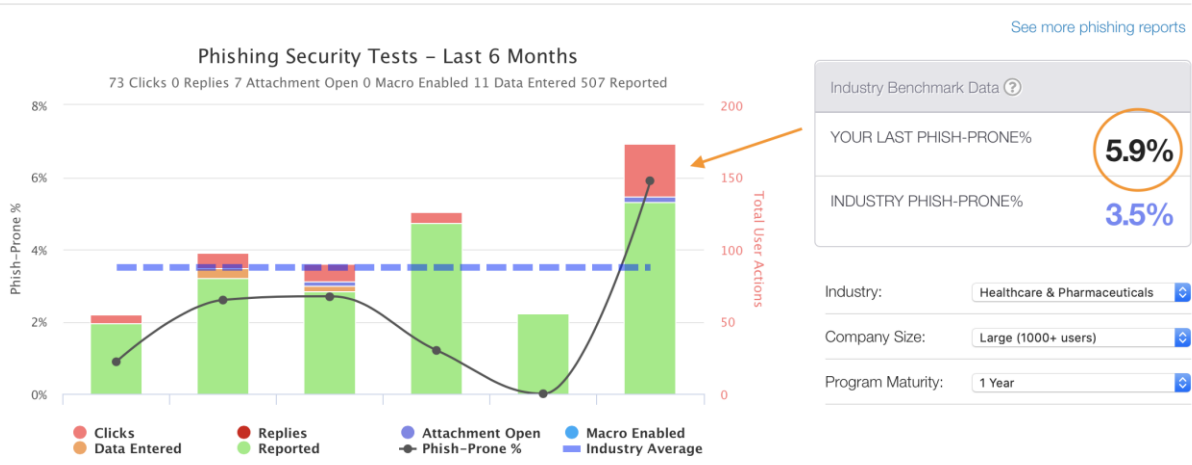
- We hired a System Administrator to take some of the workload off of Max.
 - Kevin Bredahl will be joining our department October 21st.
- Harold Peterson has accepted the position of PACS Administrator to replace the position that was vacated December 2018. He will start his new position October 21st.

Information Security

- Phishing Test results and Awareness Training stats (see graphic)
- We started a new random automated monthly phishing test that sends messages throughout the month to all staff. If a user clicks on the link in the phishing test, they are automatically enrolled in a remedial training course (5-minutes) to help them identify the phishing components.

- After launching this week, we have noticed an increase in end-users clicking through. This will continue to be an area we monitor closely to ensure we do not slip further down.

Phishing



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

September 2019 Board Report Chuck Bill, CEO

Since I am on vacation, my report will be brief and I will augment verbally on the 22nd.

- Med Exec and Med Staff meetings were on 10/1. Some ongoing issues with quality and, separately, Trauma Committee structure were discussed at Med Exec.
- Preliminary design discussion was held with the architects on the Crisis intervention project. See Bradley's report for more details.
- I presented an update on Bartlett to the Downtown Rotary club on 10/8.
- We've submitted our data to ASHNHA to establish our claim for back payments related to the Medicaid cuts.
- First Quarter 2020 has been very busy with record bottom lines.

More later.

November 2019

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

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

Committee Meeting Checkoff:

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

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

***Board members will be touring the Case Management Department from 5:00 – 5:30pm on November 26th unless canceled due to member or department unavailability.