

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, November 26, 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. November'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. October 22, 2019 Board of Directors Minutes | (Pg. 3) | |
| | B. September 2019 Financials | (Pg. 6) | |
| VI. | BOARD EDUCATION | | |
| | • CDI: Current Status and Next Steps – Amy Deer, RNCM, CCDS
& Jeannette Lacey, LMSW, ACM, Director Case Management | (Pg.10) | 5:55 |
| VII. | MEDICAL STAFF REPORT | | 6:10 |
| | A. October 1, 2019 Medical Staff Minutes | (Pg.18) | |
| | B. Chief of Staff Report | (Pg.24) | |
| VIII. | EXECUTIVE SESSION | | 6:15 |
| | A. Credentialing report (BLUE FOLDER) | | |
| | B. Confidential Chief of Staff Report (BLUE FOLDER) | | |
| | C. Patient Safety Dashboard (BLUE FOLDER) | | |
| | <i>Motion by xx, to recess into executive session to discuss several matters:</i> | | |
| | ○ <i>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.</i> | | |
| IX. | OLD BUSINESS | | 6:25 |
| | A. Campus Plan update | | |
| | B. Crisis Intervention update | | |

X.	COMMITTEE REPORTS		6:35
	A. November 4, 2019 Draft Executive Committee Minutes	(Pg.25)	
	B. November 5, 2019 Draft BOD Nominating Committee Minutes	(Pg.27)	
	C. November 13, 2019 Draft Board Quality Committee Minutes	(Pg.28)	
	D. November 13, 2019 Draft Finance Committee Minutes	(Pg.31)	
	E. November 8, 2019 Planning Committee Minutes	(Pg.33)	
	F. November 21, 2019 Draft Planning Committee Minutes	(Pg.36)	
	❖ Provider Network Development Study RFP (ACTION ITEM)	(Pg.37)	
XI.	MANAGEMENT REPORTS		6:50
	A. CLO Management report	(Pg.51)	
	B. HR Management report	(Pg.52)	
	C. CNO Management report	(Pg.56)	
	D. COO Management report	(Pg.59)	
	E. CBHO Management report	(Pg.62)	
	F. CFO Management report	(Pg.68)	
	G. CEO report	(Pg.70)	
XII.	CEO REPORT		6:55
	• Focus and Execute update		
XIII.	STRATEGIC DISCUSSION		7:05
	• First Quarter FY20 Financials Deep Dive	(Pg.72)	
XIV.	PRESIDENT REPORT		7:15
XV.	BOARD CALENDAR	(Pg.74)	7:20
XVI.	BOARD COMMENTS AND QUESTIONS		7:25
XVII.	ADJOURNMENT		7:30

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
October 22, 2019 – 5:30 p.m.
Robert F. Valliant Boardroom

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:35 p.m. by Lance Stevens, Board President

ATTENDANCE

Lance Stevens, President	Brenda Knapp	Marshal Kendziorek
Mark Johnson	Lindy Jones, MD	Kenny Solomon-Gross
Deb Johnston		

ALSO IN ATTENDANCE

Chuck Bill, CEO (Phone)	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Rose Lawhorne, CNO	Bradley Grigg, CBHO
Megan Costello, CBJ Law	Michelle Hale, CBJ Liaison	Don Schneider, MD, COS
Ariel Thorsteinson, MHU Director	Anita Moffitt, Executive Assistant	Dorothy Hernandez, MD

ABSENT - Rosemary Hagevig, Vice President and Bob Urata, MD, Secretary

APPROVAL OF THE AGENDA – Mr. Stevens requested the removal of the Strategic Discussion from the agenda. *MOTION by Ms. Knapp to approve the agenda with the removal of the Strategic Discussion items.* Ms. Costello requested the removal of Legal and Litigation Review from the Executive Session. No further changes requested. *Ms. Knapp approved amending the motion to include the removal of the Legal and Litigation Review. Mr. Johnson seconded the motion to approve the agenda as amended. Amended agenda approved.*

PUBLIC PARTICIPATION – None, however it was noted that there were two high school students in attendance to observe the meeting.

CONSENT AGENDA – It was noted that Mr. Kendziorek and Ms. Johnston were missing from the listed attendees at the September 27th Governance Meeting. *MOTION by Mr. Kendziorek to approve the consent agenda with the amendment of attendees to the September 27th Governance minutes. Dr. Jones seconded. Consent agenda approved with amended minutes.*

BOARD EDUCATION

Metabolic Screening –Ariel Thorsteinson, Director of MHU provided an overview of the steps being taken to improve compliance of the behavioral health metabolic screening process by 25% to achieve the target goal of 90% by December 2019. These steps help monitor the potential side effects of antipsychotic medication and will result in better long term outcomes for patients needing these types of medications.

Public Trust Training – Megan Costello, Assistant City Attorney provided a brief presentation on Public Trust. She noted that 70% of Americans express confidence in local government and that the chief function of local government at all times is to serve the best interest of all of the people. She noted the fiduciary duties of the hospital board is to act in the best interest of the hospital and

identified 3 fiduciary duties created by the American Hospital Association; Duty of Care, Duty of Loyalty and Duty of Obedience. Also included in the presentation: CBJ Open Meetings Act, Public Records Act and examples of various ethical issues.

Medical Staff Report – Dr. Schneider noted the September 3rd Medical Staff meeting minutes are in the packet. He reported the following were discussed at the October 1st meeting: Physician report cards coming out soon, CCU updating code processes and code Sepsis as well as other routine topics. In response to questions from board members, background of the report cards was provided. Providers will receive their individual report cards from the MSQIC committee. The board will receive an aggregate report, not the individual report cards. Dr. Schneider cautioned the board about listening to scores such as this because when measurements are incentivized, it incentivizes skewing care towards fixing the measured data instead of fixing the patient. (Numbers tell the story but not always the whole story.) In response to Ms. Knapp’s inquiry about consistent rating criteria for all hospitals, Mr. Bill stated that there is a long list of potential topics or services that can be evaluated as part of this ongoing professional evaluation. CMS is setting broad parameters and the Joint Commission is implementing those parameters. Mr. Kendziorek requests a future board education session be provided regarding these quality measures, how they are determined and how they are to be measured.

Executive Session – *Motion made by Mr. Kendziorek to recess into executive session as written in the agenda, with the exception of the Legal and Litigation Review, 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. Johnson seconded. Motion approved. The committee entered executive session at 6:15 pm and returned to regular session at 6:22 pm.

- A. Credentialing report (BLUE FOLDER): ***Motion by Mr. Kendziorek to approve the credentialing report as written. Mr. Solomon-Gross 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 we should have Jensen Yorba Wall’s report back within a week. The project is still on target and more detail will be provided at the November 8th Planning Committee meeting. The final report should be available at the December Board of Directors meeting.

CRISIS INTERVENTION UPDATE – Mr. Grigg provided a brief update to his written report included in the packet. Northwind Architects (NWA) has been awarded the design and project management award for the Crisis Stabilization Project. A three day kick off meeting was held with NWA, CBJ architects, Senior Leadership, Behavioral Health Leadership and key BRH staff to discuss safety features and impacts this new program will have throughout the hospital. The meeting closed out with several

interviews with patients and family members to receive feedback on how the facility should be designed. The kick-off session ended with conceptual designs being presented to Senior Leadership. The design concept will probably be presented to the Planning Committee in December. The next step of the project is to solidify time lines for the project.

NEW BUSINESS - None

MANAGEMENT REPORTS – Mr. Johnson asked for an update on Psychiatry recruitment. Mr. Grigg reported that Psychiatric Nurse Practitioner, Cynthia Rutto has expressed interest in full time employment. She is a Locum that is currently running the Mental Health Unit alongside and under the supervision of Dr. Gartenburg. Ms. Rutto is originally from Juneau. Mr. Stevens thanked management for their well written reports.

CEO REPORT – Mr. Bill reported that there has been no real change to state level funding. We continue to see support of projects, particularly Behavioral Health projects that they have worked closely with us on. One significant change at the state level is that Donna Steward, Deputy Commissioner of Human Services, has been replaced on a temporary basis and possibly a permanent basis. We will see how that plays out with a new person in that position.

PRESIDENT REPORT – Mr. Stevens reported that he had met with CBJ Law to get a feel for what's going on with legal issues that have been brought up between the last board meeting and tonight's board meeting. This meeting helped him better understand what the board's obligations are.

BOARD CALENDAR – November calendar reviewed. No changes requested.

BOARD COMMENTS AND QUESTIONS – Discussion was held about advertising of SEARHC specialists, future plans and unintended consequences. Competition and changing market will be considered in the Master Facility Plan. Mr. Johnson suggested that Mr. Stevens, as the board president, speak to SEARHC's president.

Dr. Schneider shared a letter from a cruise ship passenger letting him know about the excellent care received here and what an amazing place Bartlett Regional Hospital is.

Responses were provided to several board member related questions posed by one of the high school students in the audience.

ADJOURNMENT – 6:44 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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www.bartletthospital.org

DATE: November 7, 2019
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: September Financial Performance

BRH's strong financial performance in FY2020 continued into September. Almost every statistical indicator used to measure volumes was greater than budget expectations and greater than the prior year. As a result, September was a strong month financially for the third consecutive month. Inpatient activity continued to see increased patient days and finished 4.0% greater than budget. This resulted in inpatient revenues that were 3% greater than budget. Outpatient volumes were particularly strong across the board. A few notable departments include the Emergency Department (8%), Observation (18%) and surgery (5%). This drove outpatient revenues to be 17% greater than budget. Total Gross Patient Revenue finished almost \$2.1 million greater than budget or 13.9%.

Deductions were greater than budget by \$1,050,000 or 16% as a result of increased revenues. Of the \$2.1 million increase in revenue over budget, only \$268,000 was from Medicare and Medicaid. After Deductions and Other Revenue, Total Operating Revenue was \$1,768,000 greater than budget.

Expenses exceeded budget by \$683,000 or 8.0%. This variance was driven by increased staff costs again due to increased patient activity. This resulted in an Operating Income of almost \$1,127,000 or a 10.9% Margin. After Non-Operating Income the final Net Income is \$1,088,000 or a Net Income percent of 10.6%. For the 1st quarter of FY2020 BRH has a Net Income of \$3.2 million well ahead of the budget of \$932,000.

Other Significant Items:

- BOPS year to date activity and revenue has increased significantly with revenues over budget of \$194,000 or 34%. YTD revenues are more than double over the prior year.
- Physician revenues were \$519,000 greater than budget. This was due to hospitalist's increased professional fees from increased inpatient and observation patient days.
- In the first month of service, ophthalmology clinic revenues were \$280,000.
- On-Behalf payments made by the State of Alaska on behalf of BRH are now made on a monthly basis. This funding is now being recorded on a monthly basis and reflects an unbudgeted increase of \$95,000 of Benefit Costs and an offsetting unbudgeted corresponding amount to Non-Operating Revenue.
- Accounts Receivable decreased by \$1,168,000 in spite of the past months of high revenue.
- Cash increased by \$1.5 million and is \$5.6 million greater than the prior year.

**Bartlett Regional Hospital
Dashboard Report for Sep 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	396	412	-4%	333	434	1,326	1,278	4%	1,189
Patient Days - Critical Care Unit	110	89	23%	83	93	311	276	13%	284
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	16.3	16.7	-2%	13	17.0	17.8	16.9	5%	16.0
Patient Days - Obstetrics	81	67	20%	50	91	233	207	13%	230
Patient Days - Nursery	67	62	8%	46	64	187	186	1%	209
Total Hospital Patient Days	654	631	4%	512	682	2,057	1,947	6%	1,912
Births	27	26	4%	21	27	82	102	-20%	89
Mental Health Unit									
Patient Days - Mental Health Unit	228	332	-31%	276	235	714	897	-20%	868
Avg. Daily Census - MHU	7.4	11.1	-34%	8.9	8	7.8	9.8	-20%	9.4
Rain Forest Recovery:									
Patient Days - RRC	262	290	-10%	352	285	880	1,029	-14%	971
Avg. Daily Census - RRC	8	9.7	-13%	11.4	9	10	11.2	-14%	10.6
Outpatient visits	31	19	65%	6	21	74	57	30%	46
Inpatient: Admissions									
Med/Surg	81	69	17%	69	101	274	216	27%	234
Critical Care Unit	43	40	9%	36	49	149	123	21%	125
Obstetrics	29	27	6%	22	30	88	84	5%	89
Nursery	27	29	-6%	22	27	83	90	-8%	91
Mental Health Unit	38	37	3%	29	38	114	114	0%	112
Total Admissions - Inpatient Status	218	202	8%	178	245	708	627	13%	651
Admissions - "Observation" Status									
Med/Surg	71	57	25%	66	50	180	177	2%	198
Critical Care Unit	32	33	-3%	21	37	108	102	6%	100
Mental Health Unit	1	2	0%	0	4	6	6	0%	3
Obstetrics	27	19	45%	13	24	66	57	16%	43
Nursery	0	1	-100%	2	0	1	3	-67%	2
Total Admissions to Observation	131	111	18%	102	115	361	345	5%	346
Surgery:									
Inpatient Surgery Cases	50	48	3%	44	70	174	150	16%	159
Endoscopy Cases	106	97	10%	79	84	253	300	-16%	290
Same Day Surgery Cases	88	88	0%	60	95	277	273	1%	228
Total Surgery Cases	244	233	5%	183	249	704	723	-3%	677
Total Surgery Minutes	16,029	14,939	7%	11,955	19,319	50,255	130,440	-61%	43,480
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,314	1,214	8%	1,183	1,278	4,018	3,765	7%	4,076
Cardiac Rehab Visits	66	74	-11%	52	86	234	231	1%	193
Lab Visits	309	288	7%	241	256	828	891	-7%	750
Lab Tests	10,290	9,291	11%	10,067	10,629	32,094	28,803	11%	27,475
Radiology Visits	821	841	-2%	670	791	2,410	2,607	-8%	2,388
Radiology Tests	2,510	2,526	-1%	2,670	2,797	8,117	7,830	4%	8,104
Sleep Study Visits	24	23	6%	23	29	80	69	16%	63
Physician Clinics:									
Hospitalists	282	205	38%	175	164	647	636	2%	586
Bartlett Oncology Clinic	79	81	-3%	72	102	265	252	5%	191
Ophthalmology Clinic	107	N/A	N/A	-	N/A	107	N/A	N/A	-
Behavioral Health Outpatient visits	327	400	-18%	279	383	1,090	1,188	-8%	1,060
Bartlett Surgery Specialty Clinic visits	314	315	0%	254	254	828	975	-15%	820
	1,109	1,001	11%	780	903	2,937	3,051	-4%	2,657
Other Operating Indicators:									
Dietary Meals Served	26,215	25,187	4%	25,261	30,117	85,214	78,081	9%	74,739
Laundry Pounds (Per 100)	373	395	-5%	393	409	1,178	1,224	-4%	1,197

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF SEP 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
\$4,576,640	\$4,379,985	\$196,655	4.5%	\$3,699,020	1. Gross Patient Revenue:						
\$951,672	\$970,552	-\$18,880	-1.9%	\$897,873	2. Inpatient Revenue	\$14,999,692	\$13,431,948	\$1,567,744	11.7%	\$12,799,736	17.2%
\$5,528,312	\$5,350,537	\$177,775	3.3%	\$4,596,893	3. Inpatient Ancillary Revenue	\$3,243,029	\$2,976,358	\$266,671	9.0%	\$2,883,393	12.5%
					4. Total Inpatient Revenue	\$18,242,721	\$16,408,306	\$1,834,415	11.2%	\$15,683,130	16.3%
\$9,668,689	\$8,242,719	\$1,425,970	17.3%	\$7,739,217	5. Outpatient Revenue	\$28,418,846	\$25,277,702	\$3,141,144	12.4%	\$24,787,422	14.7%
\$15,197,001	\$13,593,256	\$1,603,745	11.8%	\$12,336,110	6. Total Patient Revenue - Hospital	\$46,661,568	\$41,686,008	\$4,975,560	11.9%	\$40,470,552	15.3%
\$273,214	\$365,667	-\$92,453	-25.3%	\$376,101	7. RRC Patient Revenue	\$918,857	\$1,121,388	-\$202,531	-18.1%	\$1,011,807	-9.2%
\$237,295	\$188,544	\$48,751	25.9%	\$94,318	8. BHOPS Patient Revenue	\$772,241	\$578,197	\$194,044	33.6%	\$342,431	125.5%
\$1,357,635	\$838,355	\$519,280	61.9%	\$798,728	9. Physician Revenue	\$2,927,231	\$2,570,959	\$356,272	13.9%	\$2,269,510	29.0%
\$17,065,145	\$14,985,822	\$2,079,323	13.9%	\$13,605,257	10. Total Gross Patient Revenue	\$51,279,897	\$45,956,552	\$5,323,345	11.6%	\$44,094,299	16.3%
					Deductions from Revenue:						
\$3,125,329	\$3,092,629	-\$32,700	-1.1%	\$2,148,436	11. Inpatient Contractual Allowance	\$10,348,691	\$9,463,519	-\$885,172	-9.4%	\$8,435,887	22.7%
-\$308,333	-\$308,333	\$0		10a. Rural Demonstration Project	12. Outpatient Contractual Allowance	-\$925,000	-\$925,000	\$0		-\$925,000	
\$3,620,771	\$2,976,101	-\$644,670	-21.7%	\$2,922,618	13. Physician Service Contractual Allowance	\$9,943,445	\$9,126,703	-\$816,742	-8.9%	\$8,772,839	13.3%
\$613,342	\$399,392	-\$213,950	-53.6%	\$378,980	14. Other Deductions	\$1,603,845	\$1,224,803	-\$379,042	-30.9%	\$1,093,124	46.7%
\$16,884	\$16,042	-\$842	-5.2%	\$17,927	15. Charity Care	\$43,688	\$49,196	\$5,508	11.2%	\$48,646	0.0%
\$31,173	\$122,130	-\$90,957	74.5%	\$61,909	16. Bad Debt Expense	\$94,720	\$374,533	\$279,813	74.7%	\$313,063	-69.7%
\$574,584	\$319,715	-\$254,869	-79.7%	\$442,970	17. Total Deductions from Revenue	\$1,471,687	\$980,461	-\$491,226	-50.1%	\$1,242,652	18.4%
\$7,673,750	\$6,617,676	-\$1,056,074	-16.0%	\$5,664,507	18. Total Contractual Allowances / Total Gross Patient Revenue	\$22,581,075	\$20,294,215	-\$2,286,860	-11.3%	\$18,981,210	19.0%
41.3%	43.2%			40.1%	19. % Bad Debt & Charity Care / Total Gross Patient Revenue	40.9%	43.1%			41.5%	
3.5%	2.9%			3.7%	20. % Total Deductions / Total Gross Patient Revenue	3.1%	2.9%			3.5%	
45.0%	44.2%			41.6%		44.0%	44.2%			43.0%	
\$9,391,395	\$8,368,146	\$1,023,249	12.2%	\$7,940,750	21. Net Patient Revenue	\$28,698,822	\$25,662,337	\$3,036,485	11.8%	\$25,113,089	14.3%
\$912,366	\$166,674	\$745,692	447.4%	\$166,391	22. Other Operating Revenue	\$1,300,033	\$511,139	\$788,894	154.3%	\$440,933	194.8%
\$10,303,761	\$8,534,820	\$1,768,941	20.7%	\$8,107,141	23. Total Operating Revenue	\$29,998,854	\$26,173,476	\$3,825,378	14.6%	\$25,554,021	17.4%
					Expenses:						
\$3,894,156	\$3,535,572	-\$358,584	-10.1%	\$3,394,590	24. Salaries & Wages	\$11,447,565	\$10,842,458	-\$605,107	-5.6%	\$10,187,595	12.4%
\$323,753	\$273,905	-\$49,848	-18.2%	\$292,377	25. Physician Wages	\$946,857	\$839,975	-\$106,882	-12.7%	\$860,180	10.1%
\$161,712	\$56,442	-\$105,270	-186.5%	\$126,713	26. Contract Labor	\$685,617	\$173,088	-\$512,529	-296.1%	\$789,284	-13.1%
\$1,867,131	\$1,764,621	-\$102,510	-5.8%	\$1,521,068	27. Employee Benefits	\$5,812,438	\$5,411,479	-\$400,959	-7.4%	\$4,599,637	26.4%
\$6,246,752	\$5,630,540	-\$616,212	-10.9%	\$5,334,748	28. Total Salaries and Benefits / Total Operating Revenue	\$18,892,477	\$17,267,000	-\$1,625,477	-9.4%	\$16,436,696	14.9%
60.6%	66.0%			65.8%	29. Medical Professional Fees	\$252,276	\$236,873	-\$15,403	-6.5%	\$223,065	13.1%
\$140,493	\$77,241	-\$63,252	-81.9%	\$67,836	30. Physician Contracts	\$667,454	\$621,719	-\$45,735	-7.4%	\$641,588	4.0%
\$216,962	\$202,735	-\$14,227	-7.0%	\$193,381	31. Non-Medical Professional Fees	\$421,341	\$537,865	\$116,525	21.7%	\$469,604	-10.3%
\$123,854	\$175,393	\$51,539	29.4%	\$149,502	32. Materials & Supplies	\$3,347,900	\$3,205,528	-\$142,372	-4.4%	\$3,117,995	7.4%
\$1,119,930	\$1,045,274	-\$74,656	-7.1%	\$1,241,070	33. Utilities	\$350,758	\$392,406	\$41,648	10.6%	\$271,723	29.1%
\$116,118	\$127,959	\$11,841	9.3%	\$111,275	34. Maintenance & Repairs	\$1,112,336	\$990,764	-\$121,572	-12.3%	\$928,527	19.8%
\$392,031	\$323,072	-\$68,959	-21.3%	\$276,306	35. Rentals & Leases	\$160,119	\$168,326	\$8,207	4.9%	\$156,783	2.1%
\$53,212	\$54,888	\$1,676	3.1%	\$52,824	36. Insurance	\$127,007	\$150,170	\$23,164	15.4%	\$131,507	-3.4%
\$39,858	\$48,968	\$9,110	18.6%	\$42,128	37. Depreciation & Amortization	\$1,723,033	\$1,983,368	\$260,335	13.1%	\$1,821,960	-5.4%
\$574,829	\$646,750	\$71,921	11.1%	\$607,980	38. Interest Expense	\$157,358	\$156,639	-\$719	-0.5%	\$161,331	-2.5%
\$52,453	\$51,078	-\$1,375	-2.7%	\$53,777	39. Other Operating Expenses	\$333,978	\$333,453	-\$525	-0.2%	\$217,979	53.2%
\$99,284	\$108,717	\$9,433	8.7%	\$78,705	40. Total Expenses	\$27,546,035	\$26,044,111	-\$1,501,924	-5.8%	\$24,578,757	-12.1%
\$9,175,777	\$8,492,615	-\$683,161	-8.0%	\$8,209,532	41. Income (Loss) from Operations	\$2,452,819	\$129,365	\$2,323,454	1796.0%	\$975,264	151.5%
\$1,127,984	\$42,205	\$1,085,779	2572.6%	-\$102,391	42. Non-Operating Revenue	\$304,924	\$322,000	-\$17,076	-5.3%	\$87,117	250.0%
\$100,700	\$105,000	-\$4,300	-4.1%	\$27,477	43. Interest Income	\$448,247	\$481,250	-\$33,003	-6.9%	\$453,231	-1.1%
-\$140,329	\$156,930	-\$297,259	-189.4%	\$149,560	44. Total Non-Operating Revenue	\$753,171	\$803,250	-\$50,079	-6.2%	\$540,349	39.4%
-\$39,629	\$261,930	-\$301,559	-115.1%	\$177,037	45. Net Income (Loss)	\$3,205,989	\$932,615	\$2,273,374	-243.8%	\$1,515,614	-111.5%
\$1,088,354	\$304,135	\$784,219	-257.9%	\$74,650	Income from Operations Margin	8.18%	0.49%			3.82%	
10.95%	0.49%			0.92%	Net Income	10.69%	3.56%			5.93%	
10.56%	3.56%										

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
9/31/2019


	September-19	August-19	September-18	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	34,618,832	33,230,084	34,919,336	(300,504)
2. Board designated cash	38,292,088	38,150,748	35,838,535	2,453,553
3. Patient accounts receivable, net	14,968,934	15,600,938	11,812,344	3,156,590
4. Other receivables	2,360,860	1,964,386	4,038,305	(1,677,445)
5. Inventories	3,001,455	2,844,847	2,649,853	351,602
6. Prepaid Expenses	1,141,530	1,046,478	2,295,855	(1,154,325)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	94,412,576	92,866,358	91,583,105	2,829,471
Appropriated Cash:				
9. CIP Appropriated Funding	4,678,117	4,678,117	1,178,300	3,499,817
Property, plant & equipment				
10. Land, bldgs & equipment	150,682,816	150,283,689	148,022,371	2,660,446
11. Construction in progress	1,004,610	1,016,566	231,857	772,754
12. Total property & equipment	151,687,426	151,300,254	148,254,228	3,433,200
13. Less: accumulated depreciation	(99,439,660)	(98,781,444)	(93,174,656)	(6,265,004)
14. Net property and equipment	52,247,766	52,518,811	55,079,571	(2,831,804)
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	165,753,461	164,478,286	156,405,849	9,347,611
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,149,784	875,521	907,803	241,982
18. Accrued employee benefits	3,688,063	3,636,255	3,437,199	250,864
19. Accounts payable and accrued expenses	2,508,020	2,792,797	1,762,476	745,544
20. Due to 3rd party payors	2,860,007	2,513,087	1,032,865	1,827,142
21. Deferred revenue	(959,185)	(656,720)	3,918,912	(4,878,097)
22. Interest payable	136,144	68,072	138,954	(2,810)
23. Note payable - current portion	845,000	845,000	820,000	25,000
24. Other payables	208,727	160,109	170,553	38,174
25. Total current liabilities	10,436,560	10,234,120	12,188,762	(1,752,202)
Long-term Liabilities:				
26. Bonds payable	18,130,000	18,130,000	18,975,000	(845,000)
27. Bonds payable - premium/discount	1,364,081	1,379,700	1,557,990	(193,909)
28. Net Pension Liability	72,600,321	72,600,321	62,996,347	9,603,974
29. Deferred In-Flows	6,172,883	6,172,883	9,841,533	(3,668,650)
30. Total long-term liabilities	98,267,285	98,282,904	93,370,870	4,896,415
31. Total liabilities	108,703,845	108,517,024	105,559,632	3,144,213
32. Fund Balance	57,049,615	55,961,262	50,846,217	6,203,398
33. Total liabilities and fund balance	165,753,461	164,478,286	156,405,849	9,347,611



CDI

Clinical Documentation Integrity

Amy Deer, RNCM, CCDS & Jeannette Lacey, LMSW, ACM
Case Management
November 26, 2019



“Successful clinical documentation improvement (CDI) programs facilitate the accurate representation of a patient’s clinical status that translates into coded data. Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending.”

<https://www.ahima.org › topics › cdi>

CDI Definition

Why

- ▶ Maintain high quality of care
- ▶ Communicate with other health care providers
- ▶ Demonstrate medical necessity to payers
- ▶ Accelerate billing process
- ▶ Provide the most accurate reportable data
- ▶ Receive appropriate reimbursement for level of care provided

How

- ▶ Daily review of select inpatient charts
 - ▶ Current focus on DRG payers
- ▶ Concurrent query to physicians if indicated
- ▶ HIM/UM Physician Committee support
 - ▶ Liaisons to Med Staff
 - ▶ Engage with physicians regarding participation with CDI as outlined in Med Staff Rules & Regulations
- ▶ Monthly post discharge review with coders
- ▶ Physician Education
 - ▶ Brief presentations at Med Staff meetings
 - ▶ Online program from HCPro
 - ▶ Concurrent queries
 - ▶ Hospitalist Medical Director

WHEN

- ▶ 2015
 - ▶ April -Hospital/physician intro to CDI
 - ▶ October- CDI staff education
 - ▶ November -Concurrent review and query begins
- ▶ 2017, January 1st-Hospitalist program becomes permanent at Bartlett
- ▶ 2018, January-Monthly Coder/CDI review begins
- ▶ 2019, November- Initiate third party review utilizing The Coding Network
- ▶ 2020, March-Meditech Expanse: Enhanced CDI potential!

WHAT

- ▶ Case Mix Index (CMI-determines reimbursement from DRG payers)
 - ▶ 1.345 average in CY2018 (up from 1.212 in CY2016)
- ▶ Concurrent review (goal is 75 % of Medicare Inpatients)
 - ▶ 67% in 2019(up from 35% in 2017)
 - ▶ 309 concurrent queries since initiation
- ▶ Post discharge review with coders (goal 10 charts/month)
 - ▶ 2018 108 reviews (94% of goal)
 - ▶ 2019 109 reviews through Nov(99% of goal)
- ▶ Med Staff presentations
 - ▶ 35

NEXT STEPS

- ▶ CDI program evaluation from external source
 - ▶ Recommendations to enhance and optimize current CDI practice
- ▶ Staffing options for high census/staff leave
 - ▶ Remote CDI reviews for continuity and education
- ▶ Goal CMI
 - ▶ 1.5-1.8
- ▶ Potential software to coordinate with Meditech Expanse
 - ▶ Nuance/Dragon
 - ▶ Increased efficiency for physicians and CDI staff
 - ▶ Increased ability to track quality measures, future of CMS reimbursement



THE
POSSIBILITIES
ARE
ENDLESS!



LOOKING TO
THE FUTURE
OF
HEALTHCARE
IN JUNEAU.

**Bartlett Regional Hospital
Medical Staff Meeting
Tuesday, October 1, 2019 at 6:15 p.m. – BRH Café
MINUTES**

MEMBERS PRESENT:

Benjamin, Brian, MD	Benjamin, Mimi, MD
Bowman, J. Russel, DO	Brown, Kenneth, MD
Buley, Catherine, MD	Dressel, Amy, MD
Gartenberg, Joanne, MD	Greer, Steven, MD
Hightower, Charles, MD	Huang, Eugene, MD
Jones, Lindy, MD	Kirk, J. Kennon, MD
Leither, Matthew, MD	Laktonen, Alberta, MD
Maier, Anya, MD	Miller, Benjamin, DO
Moxley, Kelly DPM	Newbury, Nicholas, DO
Neyhart, Joy, DO, Vice-Chief of Staff	Olsen, Eric, MD
Peimann, Nathan, MD	Saltzman, Michael, MD
Schlicht, Allan, MD	Schmidt, Jennifer, MD
Schneider, Don, Jr., MD, Chief of Staff	Schultz, Charles, DDS
Schwartz, Ted, MD	Scott, Jessica, MD
Shanley, Theresa, MD, Past-Chief of Staff	Sheufelt, Janice, MD
Standerwick, Anne, MD	Strickler, Steven, DO
Taintor, Matthew, MD	Than, Nandi, MD
Thompson, James, MD	Totten, Jodie, MD
Urata, Robert, MD	Valentine, Priscilla, MD
Vanderbilt, Burton, MD	Welling, Richard, MD

MEMBERS ABSENT:

Anderson, Noble, MD, Secretary/Treasurer	Allen, Carly DO
Banyas, Michael, MD	Blanco, Jessica, DMD
Brooks, Beatrice, MD	Bursell, John, MD
Cook, Jeannette, MD	Delsman, Erica, MD
Dooley, Laura, MD	Dunn, Taylor, MD
Grigsby, Brianna, MD	Gruchacz, Pamela, MD
Haddock, Nathaniel, MD	Harrah, Daniel, MD
Hernandez, Dorothy, MD	Herron, Kacy MD
Jackson, Keegan, MD	Keirstead, Linda, MD
Kilgore, Kimberly, MD	Luhrs, Kayla, MD
Malter, Alex, MD	Mather, Luke, MD
McPherson, Alan, MD	Miller, David, MD
Mulcahy, Allison, MD	Odell, Michael, MD
Peimann, Catherine, MD	Peterson, Quigley, MD
Raster, John, MD	Roth, Joseph, MD
Schellack, Gregg, DO	Skan, Paul, MD
Sonkiss, Joshua, MD	

MEMBERS EXCUSED:

Bellows, Blaise, MD	Kim, Daniel, MD
---------------------	-----------------

- I. **CALL TO ORDER:** The regular Medical Staff meeting was called to order by Dr. Don Schneider, Jr., Chief of Staff at 6:17 p.m.

- II. **INTRODUCTION OF GUESTS:**
 1. **Connor Rogan, MSIII**
 2. **Delana Amon, MSIV**

III. **APPROVAL OF MINUTES:** The minutes from the September 3, 2019 2019 Medical Staff regular scheduled meeting was unanimously approved as written.

IV. **OLD BUSINESS:**

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

1. **September 2019 Board Report** – Reviewed.
2. **Community Health Needs Assessment.** – The Hospital is in a strong solid financial situation. Because of this, a community health needs assessment will be conducted that involves key stake leaders of the community. There are two sessions that they can choose to attend, either on Friday afternoon or Saturday morning session. The information from these meetings will be included when the BRH Board has their strategic planning process.
3. **BRH Affiliation** – The Hospital is researching how to expand services in the market place. Things that will be considered is to review the strengths, weaknesses, and stress analysis. Also being considered is whether or not to become affiliated with another health care system such as Providence, Peace Health, Virginia Mason Medical Center, etc.
4. **Ophthalmology** – Dr. Andrew Kopstein was here last week providing services which included conducting 14 cataract surgeries, injections for macular degeneration, etc. The Hospital has received positive feedback from the community about offering local Ophthalmology services.
5. **ASHNA Lawsuit** – ASHNA had filed a lawsuit against the State of Alaska for the wide range budget cuts that occurred, which included Medicaid reimbursement rates through emergency regulations. The State of Alaska agrees to reimburse health care providers for the rate cuts that occurred over the past three months when Governor Dunleavy used a “emergency regulation” clause just days before the beginning of the new fiscal year. Mr. Bill also reported that he will no longer be President of ASHNA beginning January 1, 2020.

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

1. **September 2019 Board Report** – Reviewed.
2. **EEG** – Virginia Mason Medical Center and BRH have entered into the agreement of providing telemedicine EEG. These services began September 9, 2019 after two years of discussion and system set up. The plan is to have a Pediatric Neurologist obtain an Alaska Medical License and begin providing services.
3. **Surgical Services Lockers** – There will be additional lockers installed in the locker room in Surgical Services. This will provide people with their own locker. Currently staff/providers are having to share.

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

1. **September 2019 Board Report** - Reviewed.
2. **Response Teams** – The Rapid Response and Code Team Response has been revised and implemented.
3. **Code Sepsis** – There is a Code Sepsis for patients who screen positive for specific indicators that point to severe sepsis. A checklist has been

developed that will track critical time elements that must be met. Using this protocol will standardize care and provide a better outcome for patients.

4. **I-STAT** –Point of care tests are continuing to improve patient care. Follow up validation provide that results are reliable.

D. Finance – Kevin Benson, CFO

1. **September 2019 Board Report** – Reviewed.
2. **BRH Finances** – The first quarter of the new fiscal year was strong. It had been a busy summer that was above expectation financially.

E. Behavioral Health – Bradley Grigg, CBHO

1. **September 2019 Board Report** – Reviewed.
2. **Child/Adolescent Psychiatrist** – Dr. Jaime Stevens, Child/Adolescent Psychiatrist has begun providing services at BRH. She will provide services on-site for three weeks and then work remotely for one week each month.
3. **Emergency Assessment** – Beginning today JAMHI is no longer providing emergency assessment services. Rather, these assessments are being provided by BRH staff 24/7. To reach the assessment team, a provider can contact 907-796-8227.

F. Other Senior Leadership Board Reports

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

G. Meditech Expansive – Scott Chili, Director of Information Systems – Migration

to expansive Meditech will occur the middle of March 2020. The test environment will begin in November 2019. This is a minor update with a lot of improvements. Behavioral health is the main reason for the upgrade as they are using an inpatient EMR for an outpatient setting. With the new version of Meditech, you can access without having to go through the Citrix environment. To reduce the impact, this will occur during the day on Friday, October 18, 2019 on the Alaska Day holiday and will take approximately 4 hours to install. During the installation, all systems will not be available and “down town” procedures will be in place. On October 17, 2019 T-System will be down as they receive some updates

H. Hospitalist – Mimi Benjamin, MD

1. **Rapid Response Team** – As mentioned above, the Rapid Response Team has been revised The Rapid Response and Code Team Response has been revised and implemented.
2. **Procalcitonin (PCT)** – Procalcitonin can be ordered and is being shipped via Alaska Airlines gold streak process.
3. **Walmart Prescriptions** – Beginning in January 2020, Walmart will no longer be taking prescriptions for narcotics. All providers will need to use the InFin token when prescribing.
4. **Kudos** – There was recently a young man who was in the hospital with tetanus. Thank you to the whole team that provided care and was able to stable the patient prior to being medivac'd.

I. Other – None.

V. NEW BUSINESS:

A. Committee Reports:

1. **Critical Care Committee** – CCU alcohol protocol in process. The process for Code sepsis was discussed.
2. **Medical Staff Quality Improvement Committee** – Dr. Robert Urata gave a brief overview of the BRH Ongoing Professional Practice Evaluation (OPPE) process.
3. **Surgical Services Committee** – Ongoing discussion regarding staffing and block time. On October 14, 2019 beginning at 6:30 a.m. there will be a CME presentation given by a general surgeon from Swedish Medical Center on surgical site infection.
4. **Pharmacy & Therapeutics Committee** - Updates to order sets for alcohol withdrawal was reviewed.
5. **Infection Control Committee** – Next meeting is November.
6. **HIM/UR Committee** – No report.
7. **Credentials Committee** - Business as usual.
8. **OB/Neonatal Committee** - Had business meeting/chart review. The quarterly review meeting will be held on October 28, 2019. This meeting is the educational meeting for OB providers.
9. **Provider Education Committee** – CME attendees are reminded to complete the CME evaluation form.
10. **Medicine/Pediatric Committee** – Reviewed policies.
11. **Trauma Committee** – At the September Medical Staff meeting there was discussion surrounding the structure of the Trauma Committee. This issue was discussed at today's MSEC and Leadership Council meeting. It was the consensus at this meeting that Horthy Springer and Hospital Legal be involved in discussion as to how to move forward.
12. **Emergency Care Committee** – Introduced a new bronchoscope that has been successful for patients who are hard to scope. Business as usual.
13. **Physician Health and Wellness Committee** – No meeting.
14. **Behavioral Health Quality Committee** - Met. With the increase in staffing, it has been challenging to keep up with the rapid growth in the number of patients being seen in the outpatient setting. Meetings have begun with the architects regarding the new Crisis Stabilization Center. The BOPS clinic has relocated to the Juneau Medical Center space. Dr. Janice Sheufelt requested clarification as to where to send a patient who needs inpatient detox. After some discussion, it was reported that this is a work in process as it depends on the end result that is trying to be obtained.
15. **IT Steering Committee** – The BRH Board has approved the IT Steering Committee as a Medical Staff Committee.
16. **Meditech Clinical Software Committee** – While transitioning to the new version of Meditech Enhance, this meeting will occur two times a month.
17. **Physician Recruitment Committee** – No meeting.

- B. Meditech Minute – Joyce Chambers, RN**
 - 1. **DMO Training (Nuance) Dragon** – The new version of Dragon Nuance went live today. Anyone needing training can reach out to the trainers at ext. 8638.
 - 2. **International Dysphagia Diet Standardization Initiative (IDDSI)** – As of today, the International Dysphagia Diet Standardization Initiative (IDDSI) can be ordered in Meditech.
 - 3. **Expansive Update** – Scott Chili spoke on this topic earlier.
- C. Clinical Documentation Information (CDI) – Amy Deer, RN**
 - 1. **Documentation Minute** – Dr. Jennifer Schmidt was the recipient of this month’s award and recognition for documentation.
 - 2. **Home Health After Discharge** – Various documentation needed when home health is needed on a patient being discharged was reviewed.
- D. Quality - Sarah Hargrave, Director**
 - 1. **Ongoing Professional Practice Evaluation (OPPE) and Physician Profile** – FYI.
 - 2. **Ongoing Professional Practice Evaluation (OPPE) Physician Process** – As listed above, Dr. Robert Urata gave a brief overview of the Ongoing Professional Practice Evaluation (OPPE) physician profile.
- E. Tumor Board Meeting, Thursday, October 3, 2019 – FYI.**
- F. Other**
 - 1. **Physician Health** - Mr. Bill received a thank you for his participation and financial backing for the statewide Physician Health program.
 - 2. **2021 Chief of Staff** – Anyone interested in service as the 2021 Chief of Staff should contact Dr. Don Schneider.


VI. BOARD OF DIRECTORS REPORT: August 27, 2019 – Reviewed.
September 30, 2019 - Not Available.

- 1. **SEARHC Advertising** – Dr. Lindy Jones brought his concern to the Board regarding SEARHC’s advertisement of offering subspecialty services. It was reported that they were receptive however didn’t have an answer as to how to respond. Mr. Bill stated that this issue would be easier dealt with in the event the Hospital had an affiliation with another healthcare entity.
- 2. **BRH BOD Vacancy** – It was reported that Dr. Urata will be finish his three-year term on December 31, 2019. Any physician interested in serving on the BRH BOD needs to apply at CBJ.

VII. NEXT MEETING: The next Medical Staff meeting will be on **November 5, 2019** at 6:15 p.m.

VIII. ADJOURNMENT: There being no further business, the Medical Staff meeting was adjourned at 7:30 p.m.

CME – The CME presentation this evening was presented by Timothy Zisman, MD – VMMC Gastroenterology on “Updates in Inflammatory Bowel Disease (IBD)”.



10/15/19

Don Schneider, Jr., MD

(Date)

Chief of Staff Report

Mortality Matrix

October 2019

Mortality Matrix (lower numbers better)					
	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%	↑ 6.9% (2/29)	Achievement 7.67%	Benchmark 6.13%	
HF 30-Day Mortality	CY 2018: (6/66)=9.09%	↑ 11.43% (4/35)	Achievement 13.96%	Benchmark 12.03%	
Pneumonia 30-Day Mortality	CY 2018: (2/80)=2.5%	↑ 2.22% (1/45)	Achievement 11.77%	Benchmark 9.05%	
Sepsis Mortality (in-hospital)	CY 2018: (0/49)=0%	↓ 1.3% (1/77)	Average 11.56%	HIIN Goal 9%	PI Team "code sepsis"

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.bartlethospital.org

Minutes
EXECUTIVE COMMITTEE MEETING
November 4, 2019 – 12:00 p.m.
Robert F. Valliant Boardroom

Called to order at 12:00 p.m., by Lance Stevens, Board President

Attendance: Lance Stevens, Board President, Rosemary Hagevig, Vice-President, Brenda Knapp, Past President, Marshal Kendziorek, Kenny Solomon-Gross, Chuck Bill, CEO, Dallas Hargrave, Director of HR and Anita Moffitt, Executive Assistant

Absent: Bob Urata, MD, Secretary

Public Participation – Norvin Perez, MD is in attendance to observe only.

Ms. Hagevig made a MOTION to approve the May 15, 2019 and June 24, 2019 minutes. Ms. Knapp seconded. Minutes approved.

State Budget Resolution – The State Budget Resolution presented for approval at the September 30, 2019 Board of Directors (BOD) meeting was further reviewed as requested by the BOD. Mr. Kendziorek provided the intent behind the resolution and why it wound up with the Executive Committee. He also noted the agenda is incorrect, the resolution is not about the State's Budget it's about the BOD's policy about budgets. He stated that the BOD should provide a very clear policy statement about how City and State budgets impact our hospital. Concerns about unintended consequences were expressed and cautions from the CBJ Liaison about moving a resolution forward were discussed. A suggestion was made to put together an advisory memorandum or communication for the Assembly as they move forward with their much larger message to the Legislature.

Ms. Knapp expressed support of having a management letter/memo from the Finance Committee to the BOD and the CEO, formally advising that the committee has documented concerns and will provide recommendations and/or new insights into what adjustments may need to be made related to these budget cuts. The language in this document is to be more forward thinking rather than to rehash what happened in the last legislative session. Mr. Kendziorek stated he is not concerned with the format used as long as policy concerns are stated clearly.

Mr. Stevens requests that senior management create something that will tell the BOD exactly what the impacts of the budget cuts are. The CFO should not be providing figures until the rest of the information is provided.

After discussions regarding wording and content, *Ms. Knapp made a MOTION to not move the resolution forward to the full board. Ms. Hagevig seconded. Motion approved.* Ms. Knapp thanked Mr. Kendziorek for bringing this conversation forward.

Non-Committee Member Meeting Participation – Mr. Stevens reported that in his meeting with legal, it was noted that Board participation in these types of discussions and around other committee work has been decreasing. He noted that a large amount of board members attend committee meetings where questions are answered and statements are made. Because of this, we may not be fulfilling our responsibility for robust discussions during board meetings. Discussions were held about board member roles and responsibilities, committee attendance and fulfilling obligations. Suggestions were made to limit non-committee member input during committee meetings and to have committee reports be given by the committee chair at the BOD meetings instead of just having committee minutes on the consent agenda. There appeared to be consensus among those in attendance that robust discussion at the committee level is desirable and productive. Mr. Stevens expressed his support of having work done in committee and the board executing based on the committee's recommendation. He will take this committee's suggestions under advisement to determine if we need to adjust our BOD agenda to facilitate more discussion.

Comments and Questions - None

Adjourned 12:39 p.m.

Bartlett Regional Hospital

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

Minutes

BOARD NOMINATING COMMITTEE MEETING

November 5, 2019 – 7:00 a.m.

Robert F. Valliant Boardroom

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

Attendance: Bob Urata, MD, Rosemary Hagevig, Brenda Knapp, Marshal Kendziorek, Kenny Solomon-Gross and Anita Moffitt, Executive Assistant

Discussion was held about how the nominating process of board officers had been conducted in the past. It was noted that due to the Open Meetings Act, nomination discussions cannot be held in executive session. Discomfort was expressed at having frank conversations about nominees in an open meeting. Roberts Rules of Order regarding conduct during meetings were discussed. The nomination process of other boards was also discussed. Disbanding this Nominating Committee and having nominations come from the floor during the full Board meeting was suggested. Officer elections will be held in December if CBJ Assembly annual board member appointments occur prior to the December Board of Directors meeting. If the annual appointments are not made prior to the December meeting, elections will be held at the BOD meeting directly following new annual appointments.

MOTION made by Ms. Knapp to make a recommendation to the Board President to disband the Board Nominating Committee and recommend to the Board of Directors that nominations are to be handled at the regular board meeting. Mr. Kendziorek seconded. Motion approved.

COMMENTS AND QUESTIONS – Mr. Kendziorek said he is pleased with the results of this committee meeting and thinks this is a good change. Dr. Urata believes that this will be a much better process.

Adjourned 7:41 a.m.

Bartlett Regional Hospital

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

Board Quality Committee November 13, 2019 Minutes

Attendance: Rosemary Hagevig (BOD), Brenda Knapp (BOD), Kenny Solomon-Gross (BOD), Sarah Hargrave (Quality Director), Rose Lawhorne (CNO), Deborah Koelsch (Clinical Quality Coordinator), Gail Moorehead (Education Director), Mark Johnson (BOD), Billy Gardner (COO), Bradley Grigg (CBHO), Dr. Lindy Jones (BOD), Nancy Davis, (Patient Advocate)

Approval of the minutes – September 8, 2019 – *minutes approved as written.*

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Ms. Hargrave reviewed the Board Quality Dashboard. The HCAHPS Quarter 3 results were strong, exceeding all CMS Achievement Benchmarks, and 2 areas meeting or exceeding the top performer benchmarks. Bedside Nurse Reporting has spread from MedSurg to Bartlett Beginnings. Ms. Hargrave thinks this will help us increase our HCAHPS score next quarter. Severe Sepsis/ Septic Shock Measure has exceeded our goal. There was a spike in Readmission rates for Quarter 3, and several cases are under review by Medical Staff Quality. The Screening for Metabolic Disorders measure continues to be a strong performer. In reviewing slight drop in Behavioral Health overall patient satisfaction, discussed low sample numbers and that drop could be perception of a few patients.

New Business:

2020 Priorities:

Ms. Hargrave reviewed progress on key goals from Focus and Execute under the responsibility of the Quality Department.

Revision of Ongoing Provider Practice Evaluation (OPPE): Ms. Hargrave reports all medical staff service line committees have received information on OPPE and most are nearing completion of metric selection. In addition, the policy has been revised with input from medical staff, a scorecard template built, trainings completed, and process defined. Scorecards are sequentially being reported to physicians, starting with hospitalists and medicine.

Revision of PI Methodology: As current process was working find, conversations between Quality Director and SLT determined no need to revise it, but to continue to do what we have been.

Sepsis PI and Compliance: A multi-disciplinary team has been meeting throughout the year to address sepsis. At the end of September, the hospital implemented a Code Sepsis protocol to structure and streamline sepsis care. October showed the 6th month in a row with compliance scores over the prior median suggesting a statistically significant change in rates from 2018.

Malnutrition Protocol: In June of 2019, the Dietitians were restructured under the Quality Department. Due to staffing shortages, no permanent programmatic changes could be made. The focus since June has been to recruit and hire Registered Dietitians and eliminate the need for travelers. As of mid-December, the final position will be filled. In addition, the department has been focusing implementation of software to allow automated nutrient analysis (rather than by hand).

Improve Patient Safety: The focus of the year been on the Culture of Patient Safety through Team STEPPS. Team STEPPS is a collection of tools and strategies to enhance communication and teamwork, thereby improving the safety of the care. The goal is to move from a team of experts to expert teams. All staff have been trained through the efforts of the Staff Development department, and strategies have been working their way into other policies and processes throughout the organization. Dr. Jones shared the impact of huddles as one of the Team STEPPS strategies being used during patient care in the Emergency Department.

Reduce total numbers of healthcare acquired infections: Through the efforts of several departments and the leadership of the Infection Preventionist, our Surgical Site infection rate has dropped to less than 0.3/100 cases, well below national average. Strategies included Noes to Toes in pre-op, improved cleanliness with monitoring of ATP values, improving antibiotic selection and dosing preoperatively, and introduction of a UV light for use in the OR.

New Business

2020 Priorities:

Ms. Davis was welcomed as Patient Advocate to the Board. The Committee reviewed the CMS Patient and Family Engagement Handout. Open discussion of Board members' requests for Quality metrics and initiatives. The following were discussed:

- Sharing of efforts to continually improve
- Efforts to assist with health literacy
- Assessing and responding to community needs
- Keeping up with best practices in trauma and pediatric care. Consider moving to Level 3 Trauma Center.
- Continue review and analysis of 7-day readmissions, surgical site infections, 72 hour returns to the ED, surgical complication rates.
- Positive feedback from recent radio ads
- Further integration with Medical Staff Quality committee
- Visibility of Board members in Community groups- hospital visibility
- Ads in paper to recognize BRH employees are very helpful so community members may recognize a friendly face when they come in

- Ophthalmology services a strong benefit to the community
- Continue efforts to show the patient as the center of our work. Ms. Davis shared the feeling that “What else can I help you with?” at the end of each encounter can bring to patients feeling that they are the center of care.
- Advertise how positively tourists feel about the care they receive from Bartlett.

Committee adjourned at 4:55 p.m.

Next Quality Board meeting: November 13, 2019 4:15PM

Adjourned at 5:00 pm

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – November 13, 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, Kenny Solomon-Gross

Staff: Kevin Benson, CFO, Chuck Bill, CEO, Bradley Grigg, CBHO, Billy Gardner, COO, Rose Lawhorne, CNO, Dallas Hargrave, HR Director, and Megan Rinkenberger, Executive Assistant

Public: Rashah McChesney, KTOO

Mr. Johnson made a MOTION to approve the minutes from the October 9, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

No public comment

September 2019 Finance Review – Kevin Benson, CFO

September was a profitable month for Bartlett, continuing the series of overall financially positive months. This was the first month that the ophthalmology clinic was operational, and that income was not in the FY20 budget. BRH was \$1.8 million over budget, resulting in a \$1.1 million total revenue after accounting for expenses. Contract labor was still over budget, but much less than previous months, showing Bartlett is moving in a positive direction toward staffing positions with permanent employees.

Estimated Tourism Revenue – Kevin Benson, CFO

An analysis was done following a discussion on where patients come from. For FY2019, international tourists accounted for 1.09% of revenue for Bartlett, with a 90% reimbursement rate for services. Out of state patients accounted for 5.22% of revenue, with a 55% reimbursement rate. This is likely accounted for by Medicare-covered visitors on cruise ships or seasonal workers that don't qualify for Medicaid, etc. This analysis was well received, and a recommendation was made that this become a regular presentation. A further breakdown showed which services the international and out of state patients were seeking. Emergency department services was top of the list by far, then outpatient services and others. Bartlett saw at least one patient from each state in FY2019.

It was suggested that a follow up analysis be prepared that would breakdown patients by zip codes within Alaska.

City Resolutions – Kevin Benson, CFO

The city passed the resolutions previously discussed, on October 14th, as expected.

Capital Improvement Project (CIP) Submissions – Kevin Benson, CFO

CBJ has a Capital Improvement Program (CIP). This program is used to plan for future capital projects over the next five years. This program is updated every year in December. The CIP process does not coincide with the budget process so it creates a timing issue for BRH.

Once developed the CIP document outline projects anticipated over the next five years. The CBJ Assembly is interested in being as informed as possible about projects and costs that they should expect to see come through as well. Place markers will be added in intervening years in anticipation of larger projects. There was a discussion on options for additional parking and costs.

Mr. Kendziorek noted that there are many new members of the assembly as well as a new Finance Director at CBJ, and that we may need to remind ourselves and them that although we respect their desire to see solid numbers, we are a self-funded enterprise. Any changes to our budget doesn't really affect their bottom line.

Mr. Johnson noted that we should consider using bonds to fund some projects, especially with the low interest rates, and maintain more reserve cash on hand.

CBJ Supplemental AFC Packet – Kevin Benson

This was added to share the information from the assembly.

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

Committee Member Comments

Dr. Urata shared that the efficiency study should be available next month sometime, and that the Moss Adams study should be available after the cost report is completed, which will be compared to the first one. From the efficiency study we can use that information to build and support the departments that are profitable, and work to make the departments that aren't profitable as efficient as possible.

Mr. Johnson noted he will be out of the country for the next meeting and will likely be calling in.

Adjourned – 7:41 a.m.

Bartlett Regional Hospital

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

Minutes
Planning Committee
November 8, 2019 – 7:00 a.m.
Bartlett Regional Hospital Boardroom

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

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Brenda Knapp, Rosemary Hagevig and Mark Johnson. (Dr. Urata arrived at 8:00am)

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

Also in attendance: Michelle Hale, CBJ Assembly Liaison and Corey Wall (via telephone)

Mr. Solomon-Gross made a MOTION to approve the minutes from October 9, 2019. Ms. Knapp seconded. Minutes approved.

PUBLIC PARTICIPATION – None

OLD BUSINESS: A request was made to move the Campus Plan update ahead of the Project updates on the agenda.

Campus Plan Update – Corey Wall, of Jensen Yorba Wall, provided an overview of the Master Facilities Plan project summary included in the packet. Immediate major project priorities identified by staff and physicians are on the ground floor of the hospital, in the Emergency Department, Lab and Histology, Surgical Services, campus access and parking. Medium term major project priorities are in Diagnostic Imaging, PT/OT/ST, Oncology/Infusion, RRC and general staff support. Regional information and impacts was discussed. It is anticipated that the community will remain stagnant but cruise ship population will grow; homelessness, drug use and alcoholism continues to increase; robotics in surgical services is needed to remain competitive and to attract new physicians; more and more practitioners would rather be BRH employees than independent business owners. A discussion was held about the size and layout of surgical services. Mechanical and electrical system issues were highlighted as were architectural conditions. Drawings and an overview of the structural analysis for vertical expansion was presented. Several possible renovation options to meet our needs were noted. JYW will have a preliminary project list in two weeks. After a question and answer session was held, the consensus of the committee is that this plan is very impressive and we are on track to get to where we want to be in the future. Ms. Hale commented that the Public Works and Engineering

Department look at all projects/potential projects so they can pace them with the overall load on our contractors. In terms of trying to align with the CIP schedule, this is great. It was noted that these projects could probably be funded by a mix of self-funding and bonding. Bonding vs. self-funding will be further explored.

RRC Renovation Update - Mr. Grigg reported that the shell and roof of the RRC building is going up now. As discussed at a meeting with CBJ and Alaska Commercial Contractors last week, the anticipated plan is for this project to be done by June 15th at the latest.

Crisis Stabilization update – Mr. Grigg reported that Northwind Architects (NWA) is moving ahead with the design phase. NWA and CBJ are still in negotiations regarding project management costs. A two story design option with Crisis Stabilization on the ground floor and BOPS on the second floor will cost about \$7 million. Adding an underground parking garage would add an estimated additional \$1.5 million. Negotiations for project management will probably go on through the end of the year. Once that is completed, we will look at timelines for the destruction of the current BOPS facility. Our plan is to begin the building of the Crisis Stabilization Unit next summer. Mr. Johnson asked that a price comparison of the parking garage option and other alternative parking options be provided.

Community Health Needs Assessment – Mr. Bill presented a draft version of the Community Health Needs Assessment to be distributed throughout Juneau and surrounding communities. Feedback regarding what questions to ask had been obtained from a meeting with community leaders. Community leaders will help distribute the survey to their constituents. Parallel to this survey, Cycle of Business is analyzing the demographics and the documented needs of the community. This information will be used as part of our strategic planning process. Discussions were held about who was invited to the meeting to provide feedback, whether the questions in the survey are appropriate and adequate to give us the information we really want from this survey. It was noted that the survey is just part of the assessment. Information regarding trends in addiction, utilization figures, etc. are to be included in the assessment as well.

Affiliation Study – Mr. Bill reported that nothing has really changed since the last consideration of the proposal but we need to figure out how to move forward. He suggested that changing the name to Network Development Study might be helpful. The RFP needs to be clear that we do not want to lose local control and selling the hospital is not to be a consideration. The needs assessment will be completed by the end of the year and information will be incorporated into the RFP. Dr. Urata expressed concerns that if the RFP is not focused enough, we will not get the kind of answers we are after and it should not be submitted to the assembly yet. Discussions were held about partnering with service providers for specific services as well as public relations and confidence of the community. It was noted that we already have agreements with Providence and Virginia Mason but we don't market it. A suggestion was made to hire a marketing firm to help design a marketing strategy to highlight BRH services. Ms. Hagevig stated that home is the best remedy and this sentiment should be captured. Mr. Bill is to rework the RFP with a focus on maintaining services and include a SWAT analysis. It will come back to the Planning Committee for review. Ms. Hale noted this conversation is going in the right direction.

FUTURE AGENDA ITEMS:

- Projects Updates
- Community Healthcare Needs Assessment Questionnaire
- Campus Plan Updates
- Crisis Stabilization Plan Status
- Discussion - How is the Board to use these study results

COMMENTS – Ms. Hagevig suggested that Behavioral Health projects should be advertised to make the community aware of the great things taking place here. Ms. Knapp requests that Mr. Bill look at what it would cost to hire a professional marketer. Mr. Solomon-Gross noted that it's important to state what we do, not what we don't do.

Next meeting: 7:00 a.m. – December 20, 2019

Adjourned at 8:40 a.m.

Bartlett Regional Hospital

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

Minutes
Planning Committee
November 21, 2019 – 7:00 a.m.
Bartlett Regional Hospital Boardroom

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

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Brenda Knapp, Deborah Johnston

Staff: Chuck Bill, CEO, Dallas Hargrave, HR Director and Anita Moffitt, Executive Assistant

Mr. Solomon-Gross made a MOTION to approve the minutes from November 8, 2019. Ms. Knapp seconded. Minutes approved as written.

PUBLIC PARTICIPATION – None

REVISED RFP: PROVIDER NETWORK DEVELOPMENT STUDY – Discussion was held about the revised RFP. Concern was expressed that the timeline may be a bit ambitious but it would be helpful to have the final report available for the strategic planning retreat tentatively scheduled to take place in March. Discussion was held about the time needed to obtain approval from the Board of Directors and the Assembly to move forward with the RFP. It was noted that the timeline of the RFP as well as the date of the strategic planning retreat can be changed. The campus planning document is also important to have at the retreat.

Mr. Solomon-Gross made a MOTION to forward the Provider Network Development Study RFP to the Board for consideration and further discussion. Ms. Knapp seconded. Motion approved.

COMMENTS – Ms. Knapp feels that these changes make this a much stronger and healthier RFP that is reflective of concerns that had been expressed by the board. Mr. Kendziorek stated that the title now reflects what the RFP is truly about. Mr. Solomon-Gross welcomes a more robust discussion by the board and expressed concern that the RFP is too generic. Mr. Bill noted that some representatives from Providence Hospital have reached out to the City Manager to discuss a possible hospital management agreement. It was noted that the RFP does specify that we would maintain local control. Further discussion was held about whether the RFP was too generic or not and how important it is to have the SWOT analysis in the RFP.

Next meeting: 7:00 a.m. – December 20, 2019.

Adjourned at 7:19 a.m.



REQUEST FOR PROPOSALS
RFP No. 20-109 Bartlett Regional Hospital Provider Network
Development Analysis

Issued by: Shelly Klawonn Senior Buyer, Purchasing Division
Date of Issue: xxxxxx, xx, 2019
Pre-Proposal Meeting: xxxxxx, xx, 2019 at 9:00 a.m., AK Time
Deadline for Questions: xxxxxx, xx, 2019
Deadline for Proposals: **xxxxxx, xx, 2019 prior to 2:00 p.m., AK Time**

QUESTIONS: Will be handled by the Purchasing Officer or the designated Buyer for this RFP.

SUBMITTALS: Proposals may be mailed or hand-delivered to the CBJ Purchasing Division prior to the deadline. ***Late, faxed or emailed, proposals are not accepted and are returned unopened.***

PHYSICAL LOCATION for courier or hand deliveries: City and Borough of Juneau, Purchasing Division, 105 Municipal Way, Room 300, Juneau, AK 99801

MAILING ADDRESS for USPS, FedEx, UPS etc.: City and Borough of Juneau, Purchasing Division, 155 South Seward Street Juneau, AK 99801 **Delivery to AK takes longer than normal to arrive.*

Please affix the label below to outer envelope in the lower left hand corner.

IMPORTANT NOTICE TO BIDDER/PROPOSER

To submit your bid/proposal:

1. Print your company name and address on the upper left corner of your envelope.
2. Complete this label and place it on the lower left corner of your envelope.

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**BID/PROPOSAL NUMBER:
RFP No. 20-109**

**SUBJECT: BRH Provider
Network Development
Analysis**

DEADLINE DATE:

PRIOR TO 2:00PM ALASKA TIME

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ATTACHMENT B – Proposal Evaluation Form

ATTACHMENT C - City & Borough of Juneau Standard Contract

ATTACHMENT D – Sample forms...??? SECTION I - GENERAL INFORMATION

- 1.1 Intent.** The City and Borough of Juneau (City or CBJ) Bartlett Regional Hospital (BRH or Hospital) seeks proposals from qualified firms to analyze expanded provider network development options and the feasibility of operating independently. It is the intent of the City and BRH to enter into a contract with this successful Proposer to provide an analysis to help guide the BRH board of directors and management staff in developing an ongoing strategic plan that will secure core services and expand specialty services to the residents and visitors to Juneau and surrounding communities by developing expanded relationships with other hospitals and systems.
- 1.2 Funding.** The Hospital is funding this contract with General Operating Funds. Operational funding beyond the current fiscal year is dependent upon BRH Board appropriations. If funds are not appropriated, the Hospital may terminate the contract effective June 30th of the then current fiscal year.
- 1.3 Contract Period.** The initial contract period will be from Date of Award through the finalization of the project or until presentation of the final analysis and recommendations report. Any extensions past the expected due date of the project will be by mutual agreement. BRH and the Contractor agree that any holding over of the contract beyond the award period will be considered as a "month-to-month" extension. All terms and conditions as set forth in the contract shall remain in full force and effect.
- 1.4 Contract Price & Price Adjustments.** The awarded contract price is to remain firm for the duration of the contract period including any extension or hold over periods. Written justification for any price adjustment must be provided to the Hospital no less than **thirty (30) days** prior to the expected price adjustment taking effect. If the Hospital agrees to the price adjustment request, a written contract amendment reflecting the change will be issued. If the scope of service changes during the term of the contract, the contract price may be renegotiated or BRH may choose to terminate the contract and rebid the project.
- 1.5 Deadline for Proposals & Submission Requirements.** Proposals must be received by the Purchasing Division **prior to 2:00 p.m. Alaska time, on XXXX, XXXX, XX, 2019** or such later time as the Purchasing Officer may announce by addendum to planholders at any time prior to the submittal date. Upon delivery, CBJ Purchasing Division will establish the official time of receipt of proposals accepted by Time and Date stamping them. **Faxed or emailed proposals are not acceptable and all late proposals will not be accepted and will be returned unopened.**

In order for your RFP submission to be considered please include the following in one sealed envelope:

- a. One (1) complete electronic version (PDF) of the proposal on CD-ROM or Thumb-drive, **and**
- b. One (1) complete hard copy of your proposals labeled with an original signature.

- 1.6 RFP Review and Proposer Questions.** Proposers should carefully review this RFP for defects and questionable or objectionable material. Comments must be made in writing and

received at least seven (7) days prior to proposal deadline. This will allow issuance of any necessary addenda, if appropriate. The Purchasing Officer will not uphold protests based on any omission or error, or on the content of the RFP, if these faults have not been brought to the attention of the Purchasing Officer as noted above.

The CBJ Purchasing Officer or her designated buyer is the sole point of contact for this RFP. Requests for an interpretation must be made in writing at least seven (7) days prior to proposal deadline. If requesting by Email or Fax, include the RFP name and number on the subject line. No oral interpretations concerning this RFP will be made.

The Buyer for this procurement is:

Shelly Klawonn, CBJ Senior Buyer
EMAIL: Purchasing@juneau.org
PHONE (907) 586-5258 // **FAX** (907) 586-4561

1.7 Pre-Proposal Meeting / Teleconference: A non-mandatory pre-proposal meeting and teleconference is scheduled for, **XXXXXX, XXXX, XX,201X,at XX:XX a. p.m. AK time in Room No. XXX located at BRH, Administrative Building, 3260 Hospital Drive, Juneau, Alaska.** Persons interested in submitting proposals are encouraged to attend or participate via teleconference by calling (800) 315-6338 passcode 86591. Please confirm participation by completing and returning the "Pre-proposal Sign Up Sheet" below, 24 hours prior to the meeting or by calling (907) 586-5258. Interested persons are encouraged to email or fax their questions in advance of the meeting. Reference RFP #20-109 on all correspondence.

To: CBJ Purchasing Division, City & Borough of Juneau
Email: purchasing@juneau.org
Fax: (907)586-4561

We will participate in person.

We will participate via **Teleconference Call-in Number: (907) 789-2014**
(CBJ will not call Vendors: Please call number listed above at meeting start time.)

Business Name: _____

Representative's Name: _____

Phone No. _____ Cell No. _____

Email Address: _____

Please include any questions you have at this time on the form below or email them directly to CBJ Purchasing (attach additional sheets if needed):

Agenda for the Pre-Proposal Meeting/Teleconference. The meeting will be chaired by the buyer for the procurement or a member of the Purchasing Staff. It is useful to have your own copy of the *RFP* available for use as a reference during the meeting.

The agenda for the pre-proposal meeting is as follows:

- a) **Introduction of Attendees: in person and on the teleconference**
- b) **Purpose of the Meeting:**
- c) **Review of the RFP:**
- d) **Response to Questions:**
- e) **Adjournment.**

SECTION 2 – PROJECT INFORMATION

2.1 Information about Juneau. The City and Borough of Juneau (CBJ or City) consists of 3,250 square miles and is located in the panhandle of southeastern Alaska. Juneau is part of the mainland; however it is remote and only accessible by airplane or boat. Juneau has a population of approximately 31,000 people and is the state capital. The coastal climate contributes to Juneau's significant amount of annual precipitation (up to 92 inches) and prolonged overcast conditions. Additional Juneau information is available at the following websites: CBJ <https://beta.juneau.org/> // Juneau Economic Development Council <http://www.jedc.org/> // NOAA <http://www.gc.noaa.gov/alaska-office.html> .

Bartlett Regional Hospital is an independent, sole community hospital owned and operated by the City and Borough of Juneau. Its primary facility is a seventy-three (73) bed, full-service acute care hospital composed of 16 substance abuse recovery beds, a 12 bed locked mental health unit, and 45 acute care beds.

2.2 Project Background. BRH board of directors and management believe BRH has a strong financial and market position. In light of changes in the hospital industry, BRH will proactively consider how best to maintain and expand those strengths and services to our residents while maintaining local control.

2.3 Scope of Work. Bartlett Regional Hospital (BRH) is seeking to retain an advisor to assist its board and management in considering its situation, and available strategic alternatives. In that regard, we would like to develop an enhanced understanding of BRH's business, medical, and market circumstance, and the range of options, , which might be available. The following requirements shall be required in the performance of this contract, and in achieving the City's project objectives:

- a. Describe the most relevant commercial and organizational factors necessary to understanding BRH's situation.
- b. Detail the role of BRH's medical staff in your analysis and any anticipated changes.
- c. Present an implementation option for each scenario presented in the final analysis.
- d. Detail any economic tradeoffs or financial variables and their impact both short and long term.
- e. Detailed SWOT (Strength, Weakness Opportunities, and Threats) analysis of the market factors impacting Hospital.
- f. Present a comparison of hospitals of similar size, independent vs operated by management firms.
- g. Provide an analysis of financial viability maintaining the status quo (operating margin, days cash on hand and debt-to-capitalization ratio) of various alternatives vs the status quo.
- h. Detail the impact of market developments in Alaska and nationally and how BRH will be affected.

When presenting an analysis for proposed networking relationships, provide the following input:

- i. Detail all relevant transactions forms to consider.
- j. Describe the economic and cash flow implication of each.
- k. Describe all the financial and non-financial issues associated with the various models.

- l. Detail the economic tradeoffs between the different types of relationships.
- m. Describe any of the likely financial variables in these tradeoffs.
- n. Detail the typical risk trade-offs in these initiatives.
- o. Describe where the largest risk elements exist in this type of transaction.

2.4 Information provided by the City. Include any information that the CBJ has available for **Proposers**, e.g reports, websites, maps, data, other departmental assistance, etc.

Informational materials, services, equipment, reports, websites, access, etc. that will be given to the **Consultant** in the performance of this contract.

- A. Last 3 years audited financials
- B. Access to BRH web page
- C. Most recent Campus Development Plan
- D. Most recent Community Needs Survey
- E. List of current insurance contracts
- F. List of all services provided by BRH
- G. Moss Adams product line analysis updated for FY19
- H. List of current providers and their affiliates networking with BRH

2.5 Deliverables and Deadlines. The following deliverables and schedules shall be required in the performance of this contract, and in achieving the City's project objectives:

The final analysis report and presentation will be provided by the end of March 2020.

- By January 31, 2020 – Draft report presented to Senior Leadership
- By February 28, 2020 – Executive summary to Planning Committee
- By March 30, 2020 – Final report and presentation to the Board of Directors

Consider including things such as reports, executive summaries, how many copies, if electronic what software should they submit it in, giving presentations, etc.

2.6 Additional Information. This is for any other project related information which the Consultant may need to know.

SECTION 3 - PROPOSAL CONTENT REQUIREMENTS

3.1 Submittal, Title Page and Letter of Transmittal. Proposals are to be prepared in such a way as to provide a concise delineation of the Proposer's capabilities to satisfy the requirements of this RFP. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness. The clarity of content should be identified by a table of contents that includes page numbers and follows a defined sequence for deliverables as requested in the RFP. *The page limit for this **RFP is 35 pages**; the page limit *excludes CV's or resumes and copies of required business or professional licenses*.

Limit to three pages or less, include the following information:

- a. The RFP number and name
- b. Proposer's name (legal name of entity)
- c. Mailing address
- d. Telephone number(s) and Fax number(s)
- e. Email address
- f. Web site address (if available)

- g. Briefly describe your understanding of project and summarize qualifications and capabilities to meet RFP requirements.
- h. Identify person(s) who will be authorized to represent the company during contract negotiations and term of contract. Include their title(s), address(es), and telephone.
- i. Acknowledge receipt of addenda issued for this RFP, if any.
- j. Provide notice that you qualify as a “Juneau Proposer”.
- k. The transmittal letter must be signed by the person who has authority to bind the company. The name and title of the individual signing the proposal must be clearly shown immediately below the signature.

3.2 Understanding of the Project. Provide a comprehensive narrative that illustrates your understanding of the purpose of the scope, objectives and requirements of the project, including the project schedule and deliverables. Identify any challenges associated with implementing the work.

3.3 Methodology to be Used for the Project. Provide a detailed, comprehensive narrative that sets out the methodology you intend to employ, and demonstrate how your methodology will serve to accomplish the scope of work and achieve the City’s objectives. Discuss any operational plan, problem solving approaches, techniques, standards or creative methods to be used for getting the job done. Include the proposed project schedule and time line, which identifies major tasks and project milestones.

- a. Describe your approach to BRH’s needs and objectives and the process you would recommend in order to achieve the desired results.
- b. Detail the information BRH would need to provide for the analysis.
- c. Describe the anticipated interaction with BRH Board of Directors, Management Staff, etc. needed to complete the analysis.
- d. Describe the most relevant commercial and organizational factors necessary to understanding BRH’s situation.
- e. Estimate the amount of time involved for each phase of your proposed advisory work. What time commitment on the part of board members and management, would you expect?
- f. Describe how this project will be communicated to the Medical Staff, employees and public to minimize unwarranted anxiety.

3.4 Management Plan for the Project. Provide a management plan you intend to follow, and demonstrate how the plan will serve to accomplish the scope of work and achieve the City’s objectives. Include the following as part of your plan:

- a. Organizational chart specific to personnel assigned to accomplish the work, including any subconsultants; include personnel’s backgrounds and relevant experience;
 - Include the length of time this group has worked together.
 - Include any referenced projects this team has completed.
 - Describe the role this team occupies within your organization.
 - Describe individual specialties in management or provider network development.
- b. Lines of authority.
- c. Individual responsible for decision-making and accountable for the completion of work (project manager), and the extent to which this individual will be available to BRH. Provide his/her level of authority.
- d. Discuss how this project fits into your overall organizational structure and the current work load.

- e. Describe your approach to project monitoring, control, risk assessment and management (e.g. predicating potential problems, problem escalation, taking corrective action, identifying variances from the project management plan, resolving project problems or contractual disputes).

Describe how other departments within your organization will support the team assigned to this project

3.5 Experience and Qualifications. Provide your proposed project team's specialized experience, capabilities, and unique qualifications for the performance of the work. Include the following:

- a. A list of projects (of similar size & complexity) and previous work experience within the past five (5) years that demonstrate your ability to administer or complete this project successfully; Describe several comparable engagements with similar systems, including clients in Alaska.
- b. References (name, phone and project) for each completed project listed above; Verify that the contacts will be available to provide references during the evaluation period;
 - References need to include clients that elected to seek a partner; and clients that elected to remain independent
 - Include references from physicians who were not board members.
- c. Resumes for all personnel identified in your organizational chart provided in Section **3.6 a)** above.
- d. Provide an overview of your firm, its history, ownership, industries served, and product offerings.
- e. Describe any comparable assignments completed. Of these, how many clients elected to remain independent and how many sought a partner.
- f. Review your experience in advising local-government-owned hospitals in business combination transactions. These would include hospitals whose assets or business, or both, are owned by either counties, boroughs, parishes, cities, or districts.
- g. Describe a creative example of a hospital partnership or affiliation agreement developed by your firm.
- h. Describe any existing engagements or on-going roles with potential partners for BRH, including investor-owned companies as well as tribally-run or affiliated hospital or healthcare entities.
- i. Include any experience working with special committees.
- j. Include any experience with the State Attorneys General.
- k. Describe any challenges experienced with a regulatory agency.
- l. Include any advised transactions where a letter of intent was signed and failed to close, include any extenuating circumstances.

3.6 Juneau Proposer Preference. Submit a statement as to how you qualify for Juneau Proposer status in order to be eligible for preference points (City Ordinance 53.50.010 and 53.50.050). **You must be qualified by CBJ at the time of submittal of your proposal to receive preference points.** The Ordinance is available at:
https://library.municode.com/ak/juneau/codes/code_of_ordinances?nodeId=TIT53PRACDI_PT_IOTPR_CH53.50PUSUSE_53.50.010DE

- 3.7 **Price Proposal.** Provide a price proposal for the compensation that you expect to receive for the performance of the contract. This shall include individual hourly pricing for all members of the assigned team and their estimated hours of work on the project.

SECTION 4 – RULES GOVERNING COMPETITION

- 4.1 **Evaluation.** An evaluation committee will review, evaluate, score and rank proposals, in accordance with criteria identified below and the Proposal Evaluation Form (ATTACHMENT B). Clarification of submitted material may be requested during the evaluation process. Interviews by telephone with top ranked Proposers may also be conducted at the discretion of the evaluation committee. If necessary, in-person interviews will be conducted. Finalists will be notified and informed of interview requirements. In the event of a tie in the ranking totals, only the raw scores of the Proposers who are tied will be totaled to determine the appropriate ranking.
- 4.2 **Criteria.** The committee will use the following criteria for determining the most advantageous proposal to the City:
- a. **Understanding of the Project. (Weight XX%)** Points will be awarded based on how well you:
- i) demonstrate a thorough understanding of the purpose, objectives & scope of the project;
 - ii) identify pertinent issues and potential problems related to the project;
 - iii) demonstrate an understanding of the deliverables the City expects you to provide;
 - iv) demonstrate an understanding of the City's schedule.
- b. **Methodology Used for the Project. (Weight XX%)** Points will be awarded based on how well your methodology:
- 1) demonstrates a complete, practical, logical and feasible approach in carrying out the scope of work and fulfilling the project requirements;
 - 2) addresses challenges or problems related to the project;
 - 3) achieves the project objectives;
 - 4) interfaces with the deliverables and schedule for major tasks and project milestones.
- c. **Management Plan for the Project. (Weight XX%)** Points will be awarded based on how well your management plan:
- 1) supports the scope of work and effectively leads to deliverables required;
 - 2) outlines the organization of your project team;
 - 3) demonstrates your accountability;
 - 4) illustrates the lines of authority and communication;
 - 5) exceeds the minimum needed to achieve the project objectives;
 - 6) meets the schedule.
- d. **Experience and Qualifications. (Weight XX%)** Points will be awarded based on how well your firm and personnel you assigned to this project:
- 1) demonstrate experience in completing similar projects on time and within budget;

- 2) demonstrate skills and abilities desirable for work this project requires;
- 3) measure up during any reference checks. This includes any other client references that the City may obtain for your firm or personnel, beyond those references listed in your proposal.

e. **Price proposal. (Weight XX%)** The method used will depend on your scope of work. TBD by Purchasing and Department upon review of scope. if formula is used:
$$\text{Points Awarded} = \frac{(\text{Lowest Price Proposal}) \times (\text{Maximum Points for Price})}{\text{Price of This Proposal}}$$

f. **Juneau Proposer Preference.** Points equal to 5% of the total evaluation points will be given to any Proposer who has demonstrated that they meet the criteria outlined in the City Ordinance 53.50.010 and 53.50.050.
[//](https://library.municode.com/ak/juneau/codes/code_of_ordinances?nodetid=TIT53PRACDI_PTIIOTPR_CH53.50PUSUS_E_53.50.010DE)
[\(04.20.18 MCJ\)](https://library.municode.com/ak/juneau/codes/code_of_ordinances?nodetid=TIT53PRACDI_PTIIOTPR_CH53.50PUSUS_E_53.50.050COAM)

4.3 Disclosure of Proposal Contents. The City and Borough of Juneau, a municipal corporation and political subdivision of the State of Alaska, is subject to the Alaska Public Records Act codified at AS 40.25.100-220, and the public records provisions in the CBJ Charter, section 15.7. The contents of proposals submitted in response to this RFP will be kept confidential until the top ranked proposer is announced. Immediately following announcement, all proposals become public information.

It is at the discretion of the CBJ Purchasing Officer that upon prior written request from a proposer, which trade secrets and other proprietary data contained in a proposal, may be held confidential, to the extent allowed by law.

If there is proposal material to be considered as confidential (*i.e. a page, or a section, etc.*) it must be clearly identified and plainly marked by the proposer and be it must be highly visible to the reader. In addition the proposer must include a brief statement that sets out the reasons for confidentiality. Marking the entire proposal confidential is not acceptable and may be cause for the CBJ to reject your proposal as non-responsive.

4.4 Irrevocability. All proposals must be irrevocable for 90 days from submission date.

4.5 Costs. All costs incurred by the proposer in preparation of the proposal, including any interview costs, shall be the responsibility of the Proposer.

4.6 Right to Waive. The Purchasing Officer may waive any informality or minor irregularity in the proposals or proposal process. Informalities or minor irregularities:

- a. Do not affect responsiveness;
- b. Are merely a matter of form or format;
- c. Do not change the relative standing or otherwise prejudice other proposals;
- d. Do not change the meaning or scope of the RFP; or
- e. Do not constitute a substantial reservation against a requirement or provision.

- 4.7 Rejection of Proposals.** Only responsive and responsible Proposers will be considered for evaluation. The Purchasing Officer may reject any proposal that does not comply with all the material and substantial, terms, conditions and performance requirements of the RFP. Proposers may not qualify the proposal nor restrict the rights of the City. If a Proposer does so, the Purchasing Officer may determine that proposal to be a non-responsive counter-offer and the proposal may be rejected.
- 4.8 Cancellation.** The City may decide to cancel the solicitation at any time prior to award if it is its best interest, in which case no award will be made.
- 4.9 Selection.** The City will post a notice of evaluation results and the apparent successful Proposer as soon after the deadline as possible. The notice will be sent to all Proposers.
- 4.10 Protests.** The protest period begins following the posting of the notice. Protests will be executed in accordance with CBJ Ordinance 53.50.062 “Protests”, and 53.50.080 “Administration of Protest”, available from the CBJ Purchasing Division or online at: https://library.municode.com/ak/juneau/codes/code_of_ordinances?nodeId=TIT53PRACDI_PTIIOTPR_CH53.50PUSUSE_53.50.080ADPR
- 4.11 Negotiations.** Following the posting of evaluations, the successful Proposer may be invited to enter into contract negotiations with the City. If held, negotiations shall be within the scope of the RFP and limited to those items which would not have an effect on the ranking of proposals. If an agreement cannot be reached during the negotiation process, the City will notify the Proposer and terminate the negotiations. Negotiations may then be conducted with the next Proposer in the order of its respective ranking.
- 4.12 Award.** Upon conclusion of successful negotiations and compliance with any pre-award obligations, award will be made in the form of a contract and a purchase order which will be sent to the Consultant.

SECTION 5 – TERMS & CONDITIONS

- 5.1 Insurance Requirements.** Prior to award, insurance must be secured and maintained for the risks and in the amounts specified in (ATTACHMENT A). The Consultant and its insurance carrier waive subrogation against the City.
- 5.2 Review of Contract.** Attached to this RFP is BRH’s standard agreement (ATTACHMENT C) which should be carefully reviewed by you, as it is the form of agreement that BRH intends that you sign in the event of acceptance of your proposal.
- 5.3 HIPAA Business Associate Agreement.** The City has designated certain health care components as covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The successful vendor will be designated a business associate of those agencies identified as health care components of the City, upon award of contract. The successful vendor will be required to execute the BRH’s Business Associate Agreement (ATTACHMENT D) and must adhere to all relevant federal, state and local confidentiality and privacy laws, regulations, and contractual provisions of that agreement.

This packet does not contain the complete RFP. The 28 missing pages contain the standard boilerplate information included in all CBJ RFPs. You may find a complete copy posted on the BRH website in the 11 21 2019 Planning Committee Meeting Packet or one will be provided to you upon request.

Bartlett Regional Hospital

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

November 26, 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.

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Management Report from Dallas Hargrave, Human Resource Director November 2019

- Human Resources continues to coordinate the monthly leadership lunch and learn sessions for BRH managers and supervisors. Here is a summary of recent learning sessions:
 - October: Beyond Burnout and Engagement: A Systematic Method for Measuring and Addressing Health Professional Wellness
 - September: Annual Employee Performance Evaluations
 - August: Supervisor Refresher Training
 - July: Facilitating Change (Session 2)

- Human Resources recently received the benchmark responses from other employers who participated in the Modern Healthcare “Best Places to Work” Survey. The attached table presents our results compared to employers similar in size that were selected as a best place to work and those employers that were not selected. If a cell on the table is shaded red, BRH’s average is below the average of employers that did not make the list. If the cell on the table is shaded light green, BRH’s average is at or above the average of employers that did not make the list. If the cell on the table is shaded dark green, BRH’s average is at or above the average of employers that make the list. Senior leadership continues to review the results of the survey and use the information to identify areas to improve.

- Below is an update on the five areas for improvement that were identified from the “Best Places to Work” survey:
 - BRH corporate communication should be more frequent or detailed.
 - The Senior Leadership Team monthly board reports are now emailed to all employees with the Bartlett Buzz. (employee suggestion)
 - Notes will be taken at the monthly Management Team meetings to facilitate easy transfer of information from directors to staff. (employee suggestion)
 - BRH employees should have a better understanding of how BRH is doing financially.
 - With notes being taken at the monthly Management Team meetings, where the monthly financials are summarized, this should improve the flow of information regarding BRH’s financial situation. (employee suggestion)
 - Changes that may affect employees should be communicated better prior to implementation.
 - This summer, managers and supervisors were offered the opportunity to participate in a two part learning session on managing change. (employee suggestion)

- As changes are implemented within the hospital, efforts are being made to communicate the changes to stakeholders in a more organized manner.
- BRH should improve the perception of employees that they trust if they do good work, they will be considered for promotion.
 - This perception has been shared with the Management Team so that hiring managers are aware that the perception exists when making promotion decisions.
 - In advising supervisors and managers on succession planning, Human Resources is highlighting how to build up the knowledge, skills and abilities of teams within the hospital, so that when there are vacancies, there are qualified internal applicants to consider.
 - Human Resources is reviewing minimum qualifications for job classifications to ensure that there are not unnecessary barriers to employees in other job classifications within the hospital for promotion and that career ladders are in place when possible. (employee suggestion)
- BRH should improve employee perception of satisfaction with tuition reimbursement benefits.
 - Although funds are available each year for tuition reimbursement to qualified employees, Human Resources is examining best practices in this area to ensure that employees are perceiving value in this benefit.
 - Human Resources staff have recently attended training regarding public service federal student loan forgiveness, and plan on implementing education around this important benefit available to our employees who qualify.

Modern Healthcare
BEST PLACES TO WORK™
2019

Prepared for: **Bartlett Regional Hospital**

		OVERALL		Percentage of Positive Responses Providers/Insurers - Medium Employers (250-999 US Employees)	
		% Agreement	% Disagreement	Medium Employers that made the list	Medium Employers not on the list
Total number of responses: 219					
LEADERSHIP AND PLANNING					
I understand the long-term strategy of this organization	71	11	93%	81%	
I have confidence in the leadership of this organization	73	13	90%	77%	
The leaders of this organization care about their employees' well being	78	13	89%	74%	
Senior leaders live the core values of the organization	65	15	88%	74%	
There is adequate planning of departmental objectives	67	16	87%	71%	
There is adequate follow-through of departmental objectives	68	17	86%	70%	
The leaders of this organization are open to input from employees	71	14	86%	73%	
Leadership and Planning - AVERAGE	70	14	88%	74%	
CORPORATE CULTURE AND COMMUNICATIONS					
This organization's corporate communications are frequent enough	64	14	91%	77%	
This organization's corporate communications are detailed enough	59	15	90%	75%	
I have a good understanding of how this organization is doing financially	45	31	84%	64%	
I can trust what this organization tells me	65	12	88%	71%	
This organization treats me like a person, not a number	79	9	88%	74%	
This organization gives me enough recognition for work that is well done	69	15	83%	66%	
Staffing levels are adequate to provide quality products/services	72	16	79%	60%	
Quality is a top priority with this organization	80	7	90%	77%	
Safety is a top priority with this organization	83	5	92%	83%	
I believe there is a spirit of cooperation within this organization	76	12	89%	76%	
My employer enables a culture of diversity	85	4	92%	84%	
I like the people I work with at this organization	92	3	95%	92%	
At this organization, employees have fun at work	80	5	88%	78%	
I feel I can express my honest opinions without fear of negative consequences	69	17	81%	68%	
Changes that may affect me are communicated to me prior to implementation	64	20	81%	64%	
Corporate Culture and Communications - AVERAGE	72	12	88%	74%	
ROLE SATISFACTION					
I like the type of work that I do	95	2	97%	96%	
I am given enough authority to make decisions I need to make	84	9	91%	84%	
I believe my job is secure	82	10	89%	79%	
Deadlines at this organization are realistic	84	3	91%	79%	
I feel I am valued in this organization	80	12	87%	74%	
I feel part of a team working toward a shared goal	79	9	90%	79%	
I am able to maintain a reasonable balance between work and my personal life	86	7	89%	83%	
My job makes good use of my skills and abilities	88	6	92%	86%	
I have a clear understanding of my job role	91	2	96%	92%	
I understand the importance of my role to the success of the organization	89	4	95%	90%	
Most days, I feel I have made progress at work	89	3	93%	86%	
Role Satisfaction - AVERAGE	86	6	92%	84%	
WORK ENVIRONMENT					
My physical working conditions are good	84	7	93%	87%	
My general work area is adequately heated/cooled	77	15	90%	80%	
There is adequate noise control to allow me to focus on my work	79	8	89%	81%	
My workspace has adequate privacy for me to do my job	76	9	88%	79%	
I feel physically safe in my work environment	91	4	94%	88%	
Work Environment - AVERAGE	82	9	91%	83%	
RELATIONSHIP WITH SUPERVISOR					
My supervisor treats me fairly	87	7	92%	87%	
My supervisor treats me with respect	88	7	93%	89%	
My supervisor handles my work-related issues satisfactorily	84	9	90%	84%	
My supervisor handles my personal issues satisfactorily	86	5	92%	86%	
My supervisor acknowledges when I do my work well	87	7	89%	82%	
My supervisor tells me when my work needs improvement	85	7	92%	87%	
My supervisor is open to hearing my opinion or feedback	82	10	90%	83%	
My supervisor helps me develop to my fullest potential	79	11	88%	79%	
I feel I can trust what my supervisor tells me	83	10	88%	81%	
Relationship with Supervisor - AVERAGE	84	8	90%	84%	
TRAINING, DEVELOPMENT AND RESOURCES					
This organization provided as much initial training as I needed	75	13	90%	78%	
This organization provides as much ongoing training as I need	77	12	90%	78%	
This organization provides the technology, equipment and resources I need to do my job well	82	10	91%	80%	
The computer or other hardware I use to do my job is dependable	72	16	87%	76%	
The software and program applications I use to do my job are adequate	71	16	87%	76%	

Technology issues are resolved in a timely manner	72	14	88%	76%
Technology issues affecting my work are communicated to me in a timely manner	79	9	90%	79%
I understand what is expected for career advancement	71	13	86%	74%
I am encouraged to explore growth or advancement opportunities within the organization	65	15	81%	67%
There is room for me to advance at this organization	67	15	76%	63%
I trust that if I do good work, I will be considered for a promotion	55	22	72%	58%
Training, Development and Resources - AVERAGE	71	14	85%	73%
PAY AND BENEFITS				
My pay is fair for the work I perform	81	10	77%	62%
Overall, I'm satisfied with this organization's benefits package	88	5	83%	73%
I'm satisfied with the amount of vacation (or Paid Time Off)	88	5	85%	76%
I'm satisfied with the sick leave policy	78	10	78%	68%
I'm satisfied with the amount of healthcare paid for	86	6	81%	71%
I'm satisfied with the dental benefits	81	9	84%	76%
I'm satisfied with the vision care benefits	81	7	86%	74%
I'm satisfied with the retirement plan benefits	84	5	87%	76%
I'm satisfied with the life insurance benefits	76	6	88%	78%
I'm satisfied with the disability benefits	68	7	86%	74%
I'm satisfied with the tuition reimbursement benefits	48	20	77%	63%
Pay and Benefits - AVERAGE	78	8	83%	72%
OVERALL ENGAGEMENT				
Overall, I am very satisfied with my employer	89	5	94%	85%
Most days, I look forward to going to work	86	5	90%	82%
My job provides me with a sense of meaning and purpose	90	4	93%	87%
I am proud to work for this organization	89	3	94%	86%
I feel this organization has created an environment where I can do my best work	82	9	90%	79%
I am willing to give extra effort to help this organization succeed	94	1	96%	91%
I plan to continue my career with this organization for at least two more years	89	4	91%	85%
I would recommend this organization's products/services to a friend	87	4	95%	86%
I would recommend working here to a friend	89	4	92%	82%
Overall Engagement - AVERAGE	88	4	93%	85%
SURVEY AVERAGE	79	9	89%	79%

Numbers shown represent the percentage of respondents that answered "Agree Somewhat" or "Agree Strongly" (with exception of "% Disagreement" Column)

Bartlett Regional Hospital

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www.bartletthospital.org

November 2019 Nursing Report

Rose Lawhorne, CNO

Nursing

- March of Dimes—ten nurses from Bartlett were finalists in several categories for March of Dimes Nurse of the Year Awards. Sarah Roemeling received Nurse of the Year in Women’s Health. Claire Geldhof received Nurse of the Year in Case Management. Congratulations to our nominees and award recipients! Bartlett’s nurses, Andrea Foldenauer, OB RN, 2004 Legend in Nursing, and J. Steve Reese, CCU RN/House Supervisor, 2011 Legend in Nursing, were also honored in memoriam.
- Latest BRH sepsis data reveals hospital-wide improvements in recognition and treatment of sepsis. Thanks to the dedicated sepsis improvement team, we have enhanced response through Code Sepsis, training, and improved clinical processes.
- The Nursing Leadership Team met for a retreat on November 6th. Our focus was on leadership and culture. We discussed:
 - Benefits of positive culture and the impact of effective teamwork on patient outcomes
 - Review of overarching hospital and nursing mission and vision
 - Personal values that inspire us as a leadership team; connection between our personal values and the BRH CARE values
 - Leadership—leadership styles, characteristics of effective leaders, our evolution as a cohesive leadership team, developing and supporting our teams, caring for staff
 - Culture—intentionally declaring culture then cultivating that on our units; our goals for nursing culture; actions that promote the culture we wish to establish; “culture killers”
- Infection Control and Nursing departments are gearing up for influenza season. Staff members have received flu shots. Infection control precautions are in place to eliminate spread of flu and other illness.
- Patient observers are being cross-trained to use the ultraviolet cleaner, “Sterile Meryl”, for treatment of patient rooms. This strategy to use the observers relieves the workload for the environmental services team and improves our ability to utilize this important piece of equipment.
- Nursing directors have been working with the emergency management team to develop a 96-hour plan. This process includes completing a hazard vulnerability analysis, continuity of operations plan, and preparing departmental inventory lists. We will ultimately have a better understanding of our resources and ability to respond to large-scale disasters.

House Supervisors

- The rapid response coordination team is working to improve processes and reinforce family activation of rapid responses. Rapid response team (RRT) is called when a patient’s medical

status appears to be declining. Specific resources gather, evaluate the situation, and intervene to avoid further deterioration.

- The supervisors' group used staff meeting time this month to visit sites of the three local medevac companies. They toured the facilities, planes, and received information about flight times and other information used in coordinating medevacs from the flight team perspective. It was an informative outing that built collegial relationships with community partners.

Critical Care Unit

- Beacon Award—Huge congratulations to Audrey Rasmussen, CCU Director, and her team on receiving the Bronze Beacon Award from the American Association of Critical Care Nurses (AACN)! Audrey led her team through an intensive process to apply for this prestigious award that evaluates skilled communication, true collaboration, effective decision making, appropriate staffing, authentic leadership, and meaningful recognition. This award reflects the passion and effectiveness of the CCU team. We are so proud of Audrey and her team!
- Maïke Undurraga, one of the new grads, finished her preceptorship and is officially on her own and doing great.
- We have one other full time nurse that is being precepted and another will start December 1st.
- The Philips monitoring upgrade project is continuing to move forward with an expected go live the first week in December.

Surgical Services

- Perioperative Nurses Week gave us the opportunity to celebrate our Surgical Services team! Thank you for your efforts to care for each other and our patients. We recognize you this week.
- Welcome to Jenny Farley, PRN RN, and Rose Foss, PRN clerk, to SDS.
- Lori Higgins, RN PAT, and Joan Janes, RN SDS, have both been nominated for the March of Dimes Nurse of the Year Award in Anchorage.
- SDS and PAT staff have been brainstorming with Bobbi Jurrens, RN educator, to identify competencies for the nursing staff. Some ideas include response to medical emergencies in SDS (stroke, respiratory distress, chest pain, tachycardia), care and management of specific types of drains placed in surgery, customer service and CARE values.
- Ruth Dwarshuis, SDS RN, has developed and implemented a letter for patient follow up. If we are unable to reach patients by phone post-procedure, we now send the letter asking patients to call their surgeon or BRH with any questions or concerns about their care.
- Over the last month, SDS has been proactively working with the OR circulating RNs to perform consistent handoffs, implementing the CARE values in our interactions with each other.
- Thank you to Sarah Hargrave for facilitating a team who has established a process for ensuring that all History and Physicals are present in Meditech prior to procedure for every patient.
- We successfully completed our second Dr. Kopstein clinic day on 10/25. Feedback has been very positive from patients returning for their second procedure. We are currently preparing for the November clinic.

- Sally Bennett-Donart from clinical IT has helped several anesthesiologists access TigerText on their cell phones. This allows more effective and timely communication between anesthesia and the PAT RNs—no more notes stuck to the board! Thank you, Sally.
- One designated RN from the SDS team is now attending the daily 0700 OR huddle to improve communication between units and to unify the team.

Obstetrics

- We have gone ‘live’ with bedside shift reporting and it is going extremely well. We have received great feedback from patients and families on this change that incorporates them in the flow of information and care planning.
- We are continuing to train new nurses Shayna Rohwer and Hailey Pusich. They will both be working independently by the by the end of the year.
- In partnership with the Bartlett Foundation, we are developing a new class for the community that will start in January. The class will focus on safe infant care for non-parent caregivers (childcare providers, grandparents, etc.). It will provide education on safe sleep, car seat safety, safe infant calming techniques, immunizations, proper breastmilk and formula preparation, feeding tips, infant CPR, and more! It will be a wonderful addition to our community outreach.

Medical Surgical Department

- Med-Surg Nurses Week was the first week of November. Thank you to the med surg department for your dedication to our mission and to caring for our patients. We honor you this week.
- Training of new graduate nurses continues and is going well. Most of our new grads are now working independently.
- A continued focus is on maintaining staff safety while providing care for patients. With recent high volumes and multiple patients in-house, posing a risk to themselves and others, the team has worked to ensure that safety practices are in place and that our nursing staff is supported adequately.
- A staff-engagement group is investigating activities that will celebrate the med-surg team and gather them off-campus in a casual, fun environment. They will identify strategies to celebrate the department successes and strengthen the team.

Bartlett Regional Hospital

Chief Operating Officer, Billy Gardner
Board Report
Tuesday, November 26, 2019

Respiratory Therapy Department (Robert Follett)

- Upgrade of Tracemaster ECG management system, Phillips selected as vendor. Project planning commencing.
- Developing new test policy and procedure for High Altitude Simulation Testing, this test will assist providers in determining if selected patients are fit to fly.

Cardiac Pulmonary Rehab

- Working with Health Information Management to track and ultimately increase referrals for eligible patients.

RRT (Rapid Response Team)

- Enhancing Family Activated RRT, pilot in process on CCU successfully completed, introducing to Med/Surg unit.

Materials Management (Ethan Sawyer)

- Finished the remodel of the OB supply room. Attached are the before and after photos.





- Preparing remodel of MS supply room
- Our new casual employee has jumped in feet first and is doing well
- Coordinating a plan to remove remaining surplus from BRH
- Improving our Wound vac process with Directors and House Supervisor
- Currently managing a backorder issue with CHG wipes. Necessary staff is involved.

Physical Rehabilitation (James Reed)

- We have been quite busy for this month of November for both the inpatient and outpatients.
- We have been getting quite a few wound care referrals having 5 last week and 3 this week. There has been an increase since taking care of our wait list.
- We are continuing to provide wound care and pediatric services on Saturday.
- Meeting today with our billers and coders to evaluate efficacy of starting a new infant early learning program (Hanan Program).

Pharmacy Clean Room Project updates

- Work on the Bartlett Foundation's new Coffee Bar has begun (phase 3).
- We are having a few minor delays related to the shipping of equipment but will still be fine for compliance purposes. Our modified dates are: substantial completion 12/16/19 and the final completion 12/23/19.

ED Patient Access Services Reception Window

- Wilson Engineering has provided us with design plans so we are planning on kicking off this project ASAP.
- The new design will include a bullet resistant window and an improved patient flow design for this area.

Charging Stations

- We are beginning to collect information and resources to explore the possibility of installing electric vehicle charge stations on campus.
- We may try to time installation with the Hospital Drive improvement project.

Bartlett Regional Hospital

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November 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. Alternating RRC duties with Tina Pleasants.
- **Tina Pleasants, Psychiatric Mental Health NP** (BRH Employee) is providing weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU. Alternating RRC duties with Dr. Joshua Sonkiss
- **Cynthia Rutto, Psychiatric Mental Health NP** (Locum) joined the Behavioral Health Team in August and is serving on both MHU and at BOPS. 3 year Employment Contract offered to Ms. Rutto on Friday, November 15.
- **Dr. Jaime Stevens:** (Locum) Child & Adolescent Psychiatrist at BOPS. Dr. Stevens is full time, serving 3 weeks monthly in BOPS and one week monthly remote, serving her BOPS patients via telemedicine.
- **Dr. Steve Gibson:** (Locum) Currently providing inpatient MHU and On-Call coverage for the month of November.

- Psychiatry Recruitment Update:

- **Dr. James McGovern** (Locum) is a Board Certified Child & Adolescent and Adult Psychiatrist who will be joining BRH in January 2020 for a 6-month assignment. He will provide a combination of MHU coverage in addition to Outpatient Services to children and adolescents at BOPS.
- **Behavioral Health continues to recruit for a full time MHU psychiatrist with the goal of eliminating the need for ongoing long-term locum coverage.**

- Rainforest Recovery Center:

- Daily Average of 11.5 patients in October 2019, with an average length of stay 23.5 days.

- **Mental Health Unit:**
 - Daily Average of 10.3 patients per day in October 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 October 31, 2019 BOPS have 325 unique and active patients engaged in outpatient services.** Of those 325:
 - 201 are adults
 - 98 are children/adolescents
 - 26 are Petersburg patients (children and adults)
 - **Staff Recruitment Update:** BOPS continues to recruit for a 5th full time licensed therapist as our current 4 therapists have maxed caseloads.

- **Petersburg Medical Center Outpatient Psychiatry Update:**
 - 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 from BOPS.
 - October was our second consecutive month in Petersburg with Psychiatry. **Total of 26 new patients have been enrolled at BOPS in September and October.** It is anticipated we will add up to 75 new patients by March 31, 2020.
 - We are alternating psychiatric providers on site to ensure parity and quality of patients served. Each psychiatric provider who goes to Petersburg assumes those patients seen on their telemedicine caseload moving forward.
 - Kira Phillips, LPC (from South Dakota) has arrived as our 4th therapist at BOPS. Her initial trip to Petersburg will be in December.
 - 11/18/2019: Meeting with Juneau OCS Office to discuss Petersburg cases where BOPS can assist with assessments and ongoing services, both onsite and via telemedicine.

- **Psychiatric Emergency Services Update:**
 - Beginning October 1, 2019, BRH Behavioral Health Staff assumed 24-7 coverage for on-call Emergency Behavioral Health Assessments.
 - For October, 124 (non-unique) patients were evaluated in the ED by Behavioral Health Therapists. Of those 124:
 - 105 were adults
 - 19 were youth ages 17 and under. Of these 19, it was determined that 16 could have been admitted to Crisis Stabilization if we had a facility.

- **Grants Update:**
 - **Crisis Stabilization:**
 - Bartlett Behavioral Health was awarded a \$2 million grant (\$1.5 million operational/\$500k capital) to develop and implement this program.
 - We are expending the FY19 operating dollars for staffing costs associated with serving patients under “Crisis Stabilization” Status on our Medical Unit (Safe Room). Since January 1, 2019 we have served 24 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.

 - **Other Crisis Grant Opportunities:**
 - CAPITAL FUNDING UPDATES:
 - Alaska MH Trust awarded \$200,000 FY20 capital funding. We anticipate applying again for FY21 funding.
 - Premera verbally committed \$1,000,000 FY20 capital funding while attending the MH Trust Planning Meeting where we were awarded the \$200,000. Anticipated funding before 12/31/2019.
 - Rasmuson Foundation: Process continues to move forward. Grant request is for their Tier II capital grant program for \$800,000.
 - Murdoch Foundation: Letter of Inquiry has been submitted. We have applied for their Tier II grant which historically awards between \$100,000-\$600,000 per capital project. We are awaiting next steps from Murdoch.
 - **NEW OPPORTUNITY!** Conoco Phillips Grant Foundation: We are preparing a Letter of Interest for Capital Funding. More details to come.

 - **Rainforest Detox & Assessment Center Update:**
 - See attached 11/18/2019 Observation Report for latest updates.
 - We are still on track for a June 2020 completion.

- **Crisis Stabilization Design Update:**

- North Wind Architects (“NWA”) was announced as the awardee for the design and project management of this construction project.
- October 2-4: NWA facilitated a kick-off conference that hosted numerous BRH Departments to discuss:
 - The introduction of the Crisis Stabilization Concept.
 - Facility layout requirements (per Joint Commission and Alaska DBH Regulation requirements)
 - Impact of the Crisis Program on BRH ancillary services (EVS, Facilities, Food Services, Pharmacy, IT, Meditech, etc.)
 - Interviews with adults and parents of youth who have navigated the Behavioral Health System in Juneau
 - Development of 3 conceptual designs.
- Next steps include:
 - Development of 2 phase timeline:
 - Demolition of metal building which used to house BOPS
 - Construction of new Crisis Stabilization/BOPS facility
 - Development of 3 renderings for SLT and Planning Committee to consider based off info gathered during Kick Off Conference (anticipated on or before 1/31/2020)



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, November 18, 2019 – 7:40 am
Weather: Light Rain, 45 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – AK Commercial Contractor(ACC)	1+7	Chad + crew
Electrical – Chatham Electric (CE)	0+0	Jake + crew
Mechanical – Inside Passage (IP)	0+0	Kyle + crew
Ventilation – Metalworks (MW)	0	

Description of Work:

1. ACC had one worker nailing sheathing to eave fascia on GL 9. ACC had another worker continuing with the roof sheathing over framing at GL A end wall truss and outriggers. The end of canopy entry beam was cut to match the existing at the other canopy.



2. ACC had two workers continuing with asphalt shingle install over the north side of the south wing of the existing facility. ACC had two workers beginning on layout of offices starting with the north wall of Office 121 and Doctor 118. ACC had one more worker installing epoxy anchor bolts in plate on GL 7 per RFI 26.



3. ACC completed wall framing at Shower 162A last Friday. WC plumbing is outside the wall framing but this area gets a second wall on Storage 114 that will cover the WC waste piping. Picture of typical HD-1 holddown install to the right.



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

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November 2019 Board Report Kevin Benson, CFO

CFO Finance Operations Report – Kevin Benson

- Completed all work required to complete the financial audit of BRH's 2019 fiscal year. The audit report will be issued before the end of November.
- Completed the Medicare Cost Report. The report will be submitted to CMS by the end of the month.
- Began training for the implementation of M-Files, which is a document storage system. This will allow Accounts Payable to go to a paperless system as invoices and purchase orders become digitized. This will save paper costs, staff time and storage.

HIM – Rachael Stark

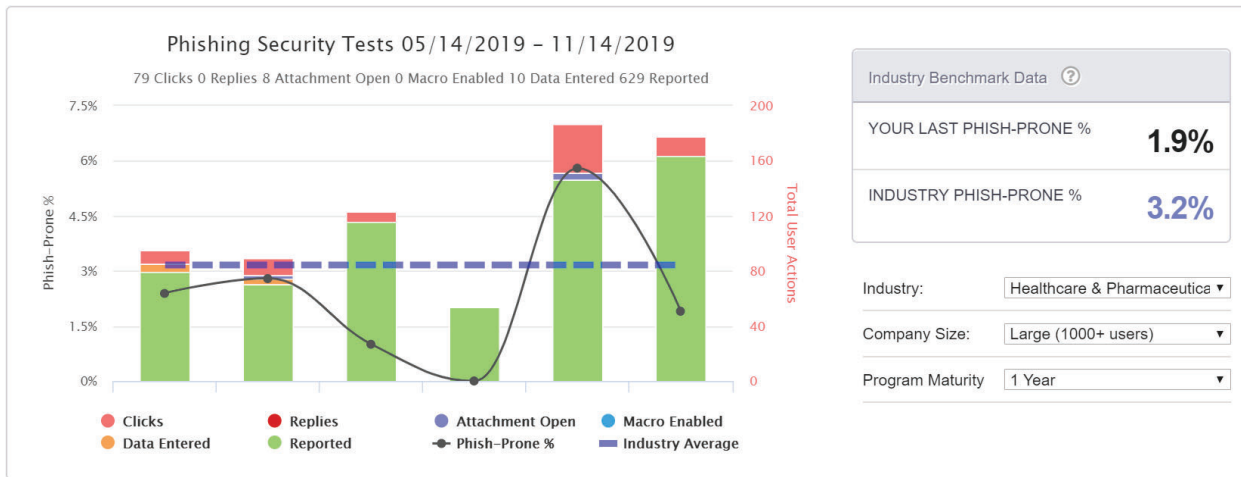
- We are continuing our validation of scanned documents into the EMR.
- We are getting ready for January when we will do a purge of our records to stay compliant with our record retention policy.
- We also are preparing for the Meditech upgrade to Expanse and the ambulatory product.

PAS – Angelita Rivera

- We are looking forward to the software update for Access e-signature on Tuesday, November 19. I hope that this will solve the issues staff have with the connectivity on the iPads.
- PAS is currently recruiting for a p/t night shift person.
- We were able to get two other staff members Medicaid Hospital Presumptive Eligibility (HPE) certified; we are hoping to get three more on board in December. This will open up the having other staff screen patients for HPE.

IS – Scott Chille

- **Projects:**
 - Network **CORE** replacement COMPLETE - Power issues with generator testing have delayed the install of this equipment. We are working toward a resolution and this project will resume once complete.
 - **UPS** for datacenter - Build in progress with expected delivery and install mid-late December
 - Hardware Infrastructure refresh (**VxBlock**) - Hardware is being built at the factory, with expected delivery late December, Installation early January
 - **MEDITECH Expanse** – software installation into TEST environment COMPLETE Build begins. Go-Live March 12, 2020 (*new date 2 weeks early*).
 - MEDITECH migration to new VxBlock environment – Starting late January (major downtime to complete this transition)
 - **PACS** upgrade and migration to VxBlock – Starting November (4-months)
- **Department Updates**
 - Terminated one of our Help Desk Technicians – posted for replacement
- **Information Security**
 - Phishing Test results and Awareness Training stats



Case Management – Jeannette Lacey

- Staffing— There have been some staffing changes with 2 social workers transitioning to behavioral health/Rainforest Recovery Center and Psychiatric Emergency Services. We have successfully recruited 2 new social workers. One for the Emergency Department and one for the Mental Health Unit. They will start next month. We are also recruiting for another social worker as we'll be providing coverage 7 days per week in the ED and in the MHU, versus Mon-Fri.
- Policies/Annual plan— Currently reviewing and making annual updates to the Utilization Review Plan and the Discharge Planning Policy. Updates will reflect recent changes in the CMS Conditions of Participation.
- CDI— Continuing to make progress and evaluating next steps for Clinical Documentation Integrity.
- Our ED RN case manager, Claire Geldhof, received the March of Dimes Nurse of the Year Award in the category for Case Management. We are very excited and proud of Claire as she provides excellent care to our patients in the emergency room. Further, as the department director, I am proud of the ground breaking nursing role Claire is performing under Case Management in the ED. This is a newer role at Bartlett and the first time a BRH case manager has received this award under the Case Management category.

PFS – Tami Lawson-Churchill

- PFS is currently short staffed and we are recruiting for 2 Fiscal Tech positions; interviews are underway
- We are working decreasing AR over 180+ days
- We are working closely with OR/MM to get dictionaries cleaned up
- We are auditing accounts for charge integrity and rebilling these as necessary

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November 2019 Board Report Chuck Bill, CEO

In addition to normal business, November has been an eventful month. This is the time of year when the year-end audit and Medicare Cost Report are due, keeping Kevin and his team very busy. It is also the time when the annual employee performance reviews are due. This requires significant time from department managers and senior leadership.

PROJECT UPDATES:

- The campus plan is on track to be completed and presented to the Planning Committee and the Board in December.
- The Community Needs Assessment Survey hit the streets (and computers) in November. That report should also be finalized by year end.
- The “Provider Network Development Study” RFP should come to the November Board meeting for approval to present to the Assembly prior to publishing it.
- See Billy’s report for updates on construction projects.
- See Bradley’s report for updates on the Rainforest Recovery remodel and the Crisis Intervention project.
- The Chief of Staff will speak to a quality/credentialing issue they are dealing with in Executive Session.
- SLT is working with Credentialing Committee to decide how best to credential an Oncology Nurse Practitioner to work in the Oncology Clinic as well as in the Infusion Department.
- Dr. Gustavo Garcia will start at Juneau Bone and Joint on December 1st. This addition will bring the number of Orthopedists on BRH staff to 5 which nearly eliminates pay for call for that specialty.
- I will be on Action Line with Pete Carran on November 25th.
- On November 11, we had a planned downtime with our IT systems so that we could put in the new core and build capacity and redundancy. The downtime was projected for 3-4 hours but, due to a series of cascading events, actually stretched out to 18 hours. We are focusing on a root cause analysis and determining what we could have done better and train for that moving forward. It appears that inadequate communication with the physicians, both E.D. and Hospitalists, was a major contributor to the frustration felt by the physicians. Inadequate downtime procedure training of the physicians was also a contributing factor. I was the administrator on call and was in frequent contact with the House Supervisor, who shared that there were plenty of extra staff available to run results and orders for x-ray and lab so we decided that I would not add anything by coming in. In hindsight, I probably should have come in and filled an Incident Command role which could have calmed things down. On the plus side, we now have a state of the art core with redundancy which should dramatically reduce future downtimes.

October 26, 2019

Bartlett Regional Hospital
326 Hospital Drive
Juneau, Alaska
99801 USA

I am writing to express our appreciation for the excellent care my husband received while a patient at Bartlett Regional Hospital in September.

As you can well imagine, it was a frightening medical situation that brought us off a cruise ship to your facility. When we arrived the first person, we encountered was Nurse John Lamantia. Nurse John's sense of humour put us both at ease immediately and I cannot not stress enough how much his kindness and professionalism meant to my husband and me.

Once my husband was admitted, we were in the care of Nurses Nicole, Cody and Kim, three of the nurses on the third floor. We cannot say enough about these people; they were absolutely the best! They were professional and compassionate, and I think they are fine examples of the high standards Bartlett Regional Hospital employs!

I also want to thank Kaitlan from the Case Management team. She was extremely helpful and supportive. She facilitated communications with our insurance company and helped me book flights home from Juneau. I would have been lost without her and her colleague, Holly.

Linda Beckner in Financial Services was very helpful to me sorting out the details that our travel insurance company requires. She continues to be my 'go-to' person while I work on this very large insurance claim.

Last but not least, we'd like to thank the doctors who were involved in my husband's care. Dr's Brown, Kirk and Keirstead were compassionate and amazing professionals and the care he received was second to none. The community of Juneau and the communities of Southwest Alaska are lucky to have such wonderful professionals caring for their health needs.

Thank you so very much!

Very best regards,


Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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DATE: November 17, 2019
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: FY2020 1st Quarter Financial Review

BRH had a successful start to the 2020 fiscal year. First quarter Income Statement shows a Net Income of \$3.2 million. The budget target was \$930,000 so BRH is well ahead of target. The primary reason for the strong performance is increased revenue driven by increased volumes and services. The significant items are as follows:

Volumes and Revenues:

- Acute daily census is 5% ahead of budget at 17.8 patients per day and is 11% ahead of the prior year. This has generated \$1.8 million or 11% more inpatient revenue than budget and is \$2.5 million or 16% greater than the prior year.
- Total surgeries are 3% under budget but 4% ahead of the prior year.
- The outpatient services of observation (5%), Emergency Room (7%), Lab (11%) and Radiology (4%) have all seen increases in volume and outpatient revenue.
- Outpatient revenues generated \$3.1million or 12% more revenue than budget and is 15% more than the prior year.
- BOPS year to date activity and revenue has increased significantly with revenues over budget of \$194,000 or 34%. YTD revenues are more than double over the prior year.
- Physician revenues were \$356,000 or 14% greater than budget. This was due to hospitalist's increased professional fees from increased inpatient and observation patient days.
- In the first month of service, ophthalmology clinic revenues were \$280,000.
- An analysis of international and out-of-state patients shows revenue generation of \$6 million. The majority of this revenue is assumed to be from the cruise ship and tourism industry and represents 12% of the first quarter revenue.

Deductions from revenue:

- Increased revenue also results in increased deductions from revenue. Total deductions are running at 44% which is consistent with the budget percentage and 1% greater than the prior year.

Expenses:

- Expenses are running \$1.5 million or 6% greater than budget. This is almost all attributed to increased salaries and wages to provide service to increased patient volumes.
- On-Behalf payments made by the State of Alaska on behalf of BRH are now made on a monthly basis. This funding is now being recorded on a monthly basis and reflects an unbudgeted increase of \$300,000 of Benefit Costs and an offsetting unbudgeted corresponding amount to Other Operating Revenue.
- BRH continues to recruit and replace contract labor. BRH hired most of the current graduating RN class in the early summer. It is intended that these nurses will replace much of the contract labor being incurred. In fact, contract labor dropped \$110,000 in September to \$160,000 and is 13% less than the prior year. These nurses that are being trained will gradually fill the contract positions. The cost of training during the first quarter was \$122,000.

Balance Sheet:

- Accounts Receivable have decreased by \$8,850,000 since July 1st in spite of the past months of high revenue.
- Cash has increased and is \$5.6 million greater than the prior year.

December 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	9	10 7:00am Credentials Committee (NOT A PUBLIC MEETING) 7:00am Board Compliance (PUBLIC MEETING) **Classroom 203B**	11 7:00am Finance Committee Meeting (PUBLIC MEETING)	12	13	14
15	16	17 7:00am Joint Conference Meeting (PUBLIC MEETING)	18	19 5:30pm Board of Directors (PUBLIC MEETING)	20 7:00am Planning Committee Meeting (PUBLIC MEETING)	21
22	23	24	25 	26	27	28
29	30	31				

Committee Meeting Checkoff:

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

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

***Board members will be touring the Lab/Histology Department from 5:00 – 5:30pm on December 19th unless canceled due to member or department unavailability.