

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, February 25, 2020; 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. February's Departments – Pharmacy

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. January 28, 2020 Board of Directors Minutes	(Pg.3)	
	B. December 2019 Financials	(Pg.7)	
VI.	BOARD EDUCATION		
	Antimicrobial Stewardship – Ursula Iha, Pharmacy Director	(Pg.11)	5:55
VII.	MEDICAL STAFF REPORT		6:15
VIII.	OLD BUSINESS		6:20
	A. Crisis Intervention update		
IX.	COMMITTEE REPORTS		6:35
	A. February 11, 2020 Draft Governance Committee Minutes	(Pg.20)	
	B. February 13, 2020 Draft Planning Committee Minutes	(Pg.21)	
	➤ Provider Network Development Assessment	(Pg.24)	
	➤ Campus Planning/Committee of the whole		
	C. February 21, 2020 Draft Finance Committee Minutes	(Pg.52)	
	➤ FY2021 Budget – Action	(Pg.54)	
X.	MANAGEMENT REPORTS		6:45
	A. CLO Management report	(Pg.78)	
	B. HR Management report	(Pg.79)	
	C. CNO Management report	(Pg.80)	
	D. COO Management report	(Pg.83)	
	E. CBHO Management report	(Pg.87)	

- F. [CFO Management report](#) (Pg.91)
- G. [CEO Management report](#) (Pg.93)

XI.	CEO REPORT / STRATEGIC DISCUSSION	6:50
XII.	PRESIDENT REPORT	7:00
XIII.	EXECUTIVE SESSION	7:05
	A. Credentialing report (BLUE FOLDER)	
	B. Jan. 7, 2020 Medical Staff Meeting Minutes (BLUE FOLDER)	
	C. Patient Safety Dashboard (BLUE FOLDER)	
	D. Legal and Litigation Review	

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

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

And

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

XIV.	BOARD CALENDAR	(Pg.94)	7:15
XV.	BOARD COMMENTS AND QUESTIONS		7:20
XVI.	ADJOURNMENT		7:30

Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

January 28, 2020 – 5:30 p.m.

Robert F. Valliant Boardroom

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:33 p.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

Lance Stevens, President	Rosemary Hagevig, Vice President	Brenda Knapp
Kenny-Solomon Gross - Secretary	Mark Johnson (Phone)	Marshal Kendziorek
Lindy Jones, MD	Deb Johnston (Phone)	Iola Young

ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Rose Lawhorne, CNO	Megan Costello, CLO
Michelle Hale, CBJ Liaison	Joy Neyhart, MD, COS	Cindy Carte, HR Manager
Anita Moffitt, Executive Assistant		

APPROVAL OF THE AGENDA – *MOTION by Ms. Hagevig to approve the agenda. Ms. Knapp seconded. Agenda approved.*

PUBLIC PARTICIPATION – None, however a reporter from KTOO was in attendance and several staff members were in the audience to answer any questions there may be regarding the Quality Committee Action Items included in the packet.

CONSENT AGENDA – *MOTION by Ms. Hagevig to approve the consent agenda. Ms. Knapp seconded. Consent agenda approved.*

BOARD EDUCATION – Employee Exit Survey Process: Ms. Carte provided an overview of the changes the HR Department is implementing in their employee exit survey process. Their goal is to improve the relevance of the exit surveys and to increase the number of responses they receive from departing employees. The information received from the surveys will be used to improve workload, morale, recruitment, retention, and turnover. Question and answer session held after presentation.

Medical Staff Report – Dr. Neyhart noted the December 3rd Medical Staff meeting minutes are in the board packet. Discussed at the January meeting: Dr. Urata had received an award for his many years of service on the Medical Staff Quality Improvement and Critical Care Committees. The medical staff was made aware of the Strategic Planning meeting and physicians encouraged to provide their feedback. Meditech Expanse training is coming up, go live is scheduled for March. Dr. Neyhart noted that the Physician Wellness Committee needs to get back up and running when a new Quality Director comes on board. There is a consideration of creating a more robust Physician Wellness Committee by integrating the Quality Committee into it. Mr. Bill provided an overview of the Mortality Matrix benchmarking document in the packet.

OLD BUSINESS:

CAMPUS PLAN UPDATE – Mr. Bill reported that the Planning Committee had a follow-up meeting with Corey Wall, from Jensen Yorba Wall (JYW) to review the Campus Plan. The Senior Leadership team along with key department managers, will evaluate the comments and priorities from the committee members. Their recommendations for prioritization and staging will be presented at the next Planning Committee meeting.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that CBJ and North Wind Architects (NWA) are still negotiating fees. We anticipate starting our timeline with phase one, tearing down the old BOPS building and moving forward with the next phase of design soon.

COMMITTEE REPORTS:

Quality Committee – The Quality Committee met on January 8th and approved moving multiple annual safety plans to the Board for adoption. Mr. Johnson is willing to approve the plans this evening but does have questions that he will submit to Mr. Bill for clarification. *Ms. Hagevig, as the Chair of the Quality Committee, made a motion that the Board adopt the following:*

Item 1 – 2020 Risk Management Plan

Item 2 – 2020 Infection Prevention Plan and 2019 Evaluation

Item 3 – 2020 Environment of Care Plan and 2019 Evaluation

Item 4 – 2020 Patient Safety and Quality Improvement Plan and 2019 Evaluation

She noted that the Quality Committee did a very thorough overview of these plans and that Sarah Hargrave will be greatly missed as the Quality Director at BRH. *Mr. Kendziorek seconded the motion. There being no objection, motion approved.* Mr. Kendziorek stated that he finds these plans very valuable and thanked the staff for the tremendous amount of work they put into these plans. Ms. Hagevig requested that the minutes of the Board Quality Committee follow the same format as other committee meetings.

Planning Committee – Mr. Kendziorek reported that the Planning Committee has held two meetings since the December board meeting. Very robust discussions about the Community Health Needs Assessment (CHNA) and the Master Facility Plan were held. How we interpret this data and use it is very important in the Strategic Planning process. The CHNA report is still in draft. Errors will be corrected and feedback from the physicians regarding the physician needs assessment numbers will be included in the final report.

Finance Committee – Ms. Johnston reported that the Finance Committee approved a change in how we look at deferred maintenance. A set dollar amount is to be entered as a deferred maintenance line item in the budget. This will streamline the approval process for projects by making funds readily available and will not need to go to the board for approval unless above Mr. Bill's spending authority. The Finance Committee will receive reports of deferred maintenance spending.

MANAGEMENT REPORTS: Dr. Jones commended Ms. Lawhorne for the successful trauma review of the Emergency Department. The State Trauma Committee review team was very impressed with the facility and our trauma program. We expect to receive full reverification as a Level IV Trauma Center in about a month. In response to Mr. Solomon-Gross' inquiry, Ms. Lawhorne reported that iStat usage is going well and that due to limitations, it will not eliminate the need for phlebotomists. A discussion about Level III Designation and the commitments it would require from BRH was held. Surgeon availability is a requirement for Level III Designation so Mr. Johnson requests a future discussion about

surgeon contracts and their responsibility in enhancing trauma care. Ms. Knapp commended Mr. Hargrave for the informative HR report and questioned Mr. Gardner about speech care. Mr. Solomon-Gross initiated a discussion about the wound care waitlist. Mr. Stevens thanked everyone for the thorough reports.

CEO REPORT – Mr. Bill stated that in addition to his written report, he would like to share that the monthly Ophthalmology Clinic was held last week. Some processes are still a little clunky but overall things are going very well. Patients are very happy. Dr. Kopstein has 99 referrals in the queue. We are working to expand the number of days he is in Juneau and in the OR. Mr. Bill is to attend a meeting tomorrow with the Governor and a key group of people from CBJ to discuss how the Governor could do a better job of serving Juneau’s needs. Mr. Bill plans to give a balanced message thanking the Governor for things that we are seeing done better, such as Medicaid Expansion and the much increased communication we are hearing from DHSS, as well as highlighting the impacts of the vetoes and the 5% cut that’s projected to move forward on BRH. DHSS is working really hard to help make sure that we are able to move forward with the Crisis Intervention Center. Mr. Bill reported that General Surgeon, Jennifer Schmidt will be stepping back her presence in Juneau beginning mid-May to help with an ailing parent. She plans to provide locum coverage for 20 days every other month. He also reported that representatives from Providence Health and Services had reached out to CBJ to see if there was any interest in having Providence manage BRH and that they are looking at the feasibility of leasing space downtown to put in a medical clinic - This is a model they currently use in communities that are underserved. The CEO of Providence Alaska was not aware that this was going on and has asked the other branch of Providence to step down from this idea. Responses to the Provider Network Development Analysis RFP were received from the Juniper Group, ECG and Wipfli. Ms. Lawhorne, Mr. Gardner, Mr. Hargrave and Mr. Bill will evaluate and rank the responses and CBJ will rank their prices to determine the winning bidder. Mr. Bill had a telephone call with the Governance Institute this morning and spoke about, among other things, a board self-assessment that we may want to think about doing. The interview conducted today for an interim Quality Director went very well. Dr. Benjamin will interview him also and if it goes well, we will consider making an offer to the placement company and possibly have him here next week. ASHNHA’s President and Senior VP were in town last Friday. They toured the hospital and got a better understanding Bartlett’s priorities and issues. Legislation update – Juneau delegation is very interested and paying attention to the grants that have been vetoed. Southeast Conference – Mr. Bill will attend next week. Corona Virus update – Aircraft from China will arrive at the north terminal of the Ted Stevens International Airport this evening. Passengers will get off the plane for refueling of the aircraft, will clear US Customs and be screened for any signs of respiratory illness before boarding again and continuing the flight to California. The health screening will be conducted by the Center for Disease Control and Prevention staff. Passengers found to have symptoms will be further assessed by the CDC and medical professionals and a determination will be made as to where patients are to be sent for care. All screening staff will be wearing CDC approved personal protective equipment. Ms. Hagevig initiated a conversation about the DHSS reorganization. Mr. Bill reported that a wolf has been sighted by Wildflower Court and Same Day Surgery several times.

PRESIDENT REPORT – Mr. Stevens noted the committee assignments are in the packet. For consistency, he tried to keep them as close as possible to what they were last year. It was noted that the immediate past president can only be a voting member of the Executive Committee for one year so Ms. Knapp would not be able to vote. A discussion was held about making the Planning Committee a Committee of the Whole. A change to the committee structure would need to be changed in the by-laws. The Governance Committee would need to evaluate to determine if this is what we want to do.

Information is in the packet for upcoming Governance Institute Leadership Conferences to be held in April and September. The advantages of having multiple people attend each conference were discussed. Board members are to let Ms. Moffitt know by next week if they wish to attend the April conference. Access to online education and monthly topics were discussed. Mr. Stevens welcomed Iola Young as the newest board member and Dr. Joy Neyhart as this year's Chief of Staff.

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 and the credentialing report.*

Ms. Knapp seconded. Motion approved. The committee entered executive session at 7:05 pm and returned to regular session at 7:19 pm.

- A. Credentialing report (BLUE FOLDER): **Motion by Mr. Kendziorek to approve the credentialing report as written. Ms. Hagevig seconded. Credentialing recommendations approved.**
- B. Patient Safety Dashboard (BLUE FOLDER): No action to be taken. The Board reviewed the Patient Safety Dashboard.

BOARD CALENDAR – February calendar reviewed and multiple meetings added. Planning Committee will be held at 7:00am, Thursday, February 13th. Finance Committee meeting will be held at 12:00pm, Friday, February 21st. Governance Committee will meet at 12:30pm on Tuesday, February 11th to resume work on a process for identifying board member qualifications and skill set needs and to review the bylaws. Doodle Poll to be sent out for a Physician Recruitment Committee.

BOARD COMMENTS AND QUESTIONS – Dr. Neyhart reported on the Plans of Safe Care Initiative she is working on with ROCK Juneau (Raising Our Children with Kindness). There is a fundraising event for Alaska Children's Trust scheduled for tomorrow night at 5:30pm in the State Museum. AYEC has received a grant to start a pilot program for prenatal teachers. Ms. Hale noted that the Assembly had taken a really hard look at childhood education and child care last year and is very supportive of moving forward with funding but budget cuts and cost shifting needs to be worked out. Mr. Johnson noted the value in screening background checks for volunteers in the classroom. Ms. Young stated that she feels very fortunate to be a part of this group.

ADJOURNMENT – 7:33 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: February 12, 2019
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: December Financial Performance

December was a much slower month for inpatient activity and revenue. Total hospital patient days were 15% less than budget resulting in a decline of inpatient revenue of \$734,000 or 13%. Although outpatient volumes continue to be mixed with activity both over and under budget, outpatient revenues finished ahead of budget by 5% or \$454,000. Total hospital revenue finished 2% under budget with a shortfall of \$280,000. BOPS revenue exceeded budget by \$1,040,000 (54%) and physician revenue exceeded budget by \$76,000 or 9% which helped to offset hospital revenue shortfall. This resulted in total revenues of \$15,353,000 that were \$132,000 (0.9%) less than budget.

Deductions were greater than budget by \$369,000 or 5%. This was due mainly to outpatient contractual adjustments resulting from increased outpatient revenue. Other Revenue was over budget by \$152,000 which resulted in Total Operating Revenues that were \$48,000 less than budget.

Expenses exceeded budget by \$574,000 or 6.5%. This variance was driven by increased staff costs and benefits. This resulted in an Operating Loss of \$579,000 or 6.6%. After Non-Operating Income the final Net Loss was \$365,000 or a Net Loss percent of 4.2%. For the year BRH has a Net Income of \$3.9 million or 6.6% well in excess of budget (\$1.8 million) and the prior year (\$1.4 million).

Other Significant Items:

- The salary variance of \$66,000 was driven by an increase of overtime pay which was \$71,000 in excess of budget. This was due to both an increase of personal leave to holidays and staff illness.
- 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 \$200,000 of Benefit Costs and an offsetting unbudgeted corresponding amount to Non-Operating Revenue.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (November)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	375	426	-12%	330	420	2,521	2,556	-1%	2,405
Patient Days - Critical Care Unit	75	92	-19%	85	80	567	552	3%	542
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	14.5	16.7	-13%	13	16.7	16.8	16.9	-1%	16.0
Patient Days - Obstetrics	60	69	-14%	68	47	407	414	-2%	409
Patient Days - Nursery	44	64	-31%	64	38	316	372	-15%	378
Total Hospital Patient Days	554	652	-15%	547	585	3,811	3,894	-2%	3,734
Births	21	27	-22%	25	19	145	204	-29%	166
Mental Health Unit									
Patient Days - Mental Health Unit	216	343	-37%	282	268	1,475	1,794	-18%	1,763
Avg. Daily Census - MHU	7.0	11.1	-37%	9.1	9	8.0	9.8	-18%	9.6
Rain Forest Recovery:									
Patient Days - RRC	329	299	10%	390	321	1,804	2,058	-12%	2,020
Avg. Daily Census - RRC	11	9.7	10%	12.6	11	10	11.2	-12%	11.0
Outpatient visits	26	19	34%	33	17	149	114	31%	139
Inpatient: Admissions									
Med/Surg	65	72	-9%	52	59	470	432	9%	421
Critical Care Unit	40	41	-2%	37	36	263	246	7%	241
Obstetrics	23	28	-19%	26	19	157	168	-7%	167
Nursery	21	30	-29%	29	19	146	180	-19%	174
Mental Health Unit	29	38	-24%	44	42	220	228	-4%	225
Total Admissions - Inpatient Status	178	209	-15%	188	175	1,256	1,254	0%	1,228
Admissions - "Observation" Status									
Med/Surg	47	59	-20%	41	53	334	354	-6%	346
Critical Care Unit	25	34	-27%	26	23	179	204	-12%	201
Mental Health Unit	4	2	96%	4	1	15	12	25%	12
Obstetrics	18	19	-6%	26	14	113	114	-1%	113
Nursery	0	1	-100%	3	0	1	6	-83%	5
Total Admissions to Observation	94	115	-18%	100	91	642	690	-7%	677
Surgery:									
Inpatient Surgery Cases	38	50	-24%	33	48	310	300	3%	295
Endoscopy Cases	93	100	-7%	109	91	542	600	-10%	588
Same Day Surgery Cases	118	91	30%	129	90	610	546	12%	536
Total Surgery Cases	249	241	3%	271	229	1,462	1,446	1%	1,419
Total Surgery Minutes	16,227	15,437	5%	16,293	16,775	102,317	90,877	13%	90,877
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,146	1,255	-9%	1,079	1,044	7,318	7,530	-3%	7,387
Cardiac Rehab Visits	52	77	-32%	105	45	384	462	-17%	453
Lab Visits	302	297	2%	260	408	2,369	1,782	33%	1,518
Lab Tests	9,359	9,601	-3%	10,067	9,451	63,959	57,606	11%	53,636
Radiology Visits	844	869	-3%	797	774	4,944	5,214	-5%	4,698
Radiology Tests	2,178	2,610	-17%	2,670	2,149	14,852	15,660	-5%	15,361
Sleep Study Visits	28	23	19%	21	29	170	138	23%	138
Physician Clinics:									
Hospitalists	252	212	19%	169	159	1,398	1,272	10%	1,083
Bartlett Oncology Clinic	66	84	-22%	68	82	491	504	-3%	396
Ophthalmology Clinic	64	N/A	N/A	-	58	107	N/A	N/A	-
Behavioral Health Outpatient visits	326	413	-21%	194	58	2,072	2,376	-13%	2,432
Bartlett Surgery Specialty Clinic visits	247	325	-24%	246	274	1,639	1,950	-16%	1,742
	955	1,034	-8%	677	631	5,707	6,102	-6%	5,653
Other Operating Indicators:									
Dietary Meals Served	31,754	26,027	22%	28,653	30,329	178,648	156,162	14%	153,222
Laundry Pounds (Per 100)	352	408	-14%	394	352	2,259	2,448	-8%	2,400

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF DECEMBER 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
					Gross Patient Revenue:						
\$3,944,495	\$4,525,986	-\$581,491	-12.8%	\$3,808,179	1. Inpatient Revenue	\$28,005,277	\$26,863,888	\$1,141,389	4.2%	\$25,620,089	9.3%
\$849,649	\$1,002,897	-\$153,248	-15.3%	\$849,583	2. Inpatient Ancillary Revenue	\$5,949,989	\$5,952,706	-\$2,717	0.0%	\$5,677,097	4.8%
\$4,794,144	\$5,528,883	-\$734,739	-13.3%	\$4,657,762	3. Total Inpatient Revenue	\$33,955,266	\$32,816,594	\$1,138,672	3.5%	\$31,297,187	8.5%
\$8,971,792	\$8,517,503	\$454,289	5.3%	\$7,890,030	4. Outpatient Revenue	\$54,937,835	\$50,555,437	\$4,382,398	8.7%	\$48,214,709	13.9%
\$13,765,936	\$14,046,386	-\$280,450	-2.0%	\$12,547,792	5. Total Patient Revenue - Hospital	\$88,893,102	\$83,372,031	\$5,521,071	6.6%	\$79,511,896	11.8%
\$344,868	\$377,860	-\$32,992	-8.7%	\$408,826	6. RRC Patient Revenue	\$1,881,076	\$2,242,779	-\$361,703	-16.1%	\$2,138,939	-12.1%
\$299,178	\$194,831	\$104,347	53.6%	\$225,899	7. BHOPS Patient Revenue	\$1,598,759	\$1,156,398	\$442,361	38.3%	\$1,102,853	45.0%
\$942,635	\$866,298	\$76,337	8.8%	\$705,541	8. Physician Revenue	\$5,979,123	\$5,141,916	\$837,207	16.3%	\$4,666,001	28.1%
\$15,352,617	\$15,485,375	-\$132,758	-0.9%	\$13,888,058	9. Total Gross Patient Revenue	\$98,352,060	\$91,913,124	\$6,438,936	7.0%	\$87,419,688	12.5%
					Deductions from Revenue:						
\$2,799,262	\$3,185,441	\$86,179	2.7%	\$2,847,475	10. Inpatient Contractual Allowance	\$19,063,153	\$18,927,041	-\$436,112	-2.3%	\$17,477,049	9.1%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,850,000	-\$1,850,000	\$0		-\$1,850,000	
\$3,435,232	\$3,075,301	-\$359,931	-11.7%	\$2,797,293	11. Outpatient Contractual Allowance	\$19,221,980	\$18,253,401	-\$968,579	-5.3%	\$16,841,488	14.1%
\$580,418	\$412,705	-\$167,713	-40.6%	\$493,794	12. Physician Service Contractual Allowance	\$3,641,362	\$2,449,606	-\$1,191,756	-48.7%	\$2,255,930	61.4%
\$12,677	\$16,577	\$3,900	23.5%	\$19,227	13. Other Deductions	\$83,758	\$98,392	\$14,634	14.9%	\$93,837	0.0%
\$134,064	\$126,201	-\$7,863	-6.2%	\$91,287	14. Charity Care	\$408,764	\$749,066	\$340,302	45.4%	\$714,384	-42.8%
\$253,949	\$330,374	\$76,426	23.1%	\$199,607	15. Bad Debt Expense	\$2,232,247	\$1,960,923	-\$271,324	-13.8%	\$1,870,129	19.4%
\$6,907,269	\$6,838,266	-\$69,002	-5.4%	\$6,140,350	16. Total Deductions from Revenue	\$42,801,263	\$40,588,429	-\$2,512,834	-6.2%	\$37,402,816	14.4%
42.4%	43.1%			44.2%	% Contractual Allowances / Total Gross Patient Revenue	40.7%	43.1%			39.7%	
2.5%	2.9%			2.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	2.9%			3.0%	
45.0%	44.2%			44.2%	% Total Deductions / Total Gross Patient Revenue	43.5%	44.2%			42.8%	
\$8,445,348	\$8,647,109	-\$501,760	-5.8%	\$7,747,708	17. Net Patient Revenue	\$55,550,797	\$51,324,695	\$3,926,102	7.6%	\$50,016,872	11.1%
\$325,007	\$172,232	\$152,775	88.7%	\$288,195	18. Other Operating Revenue	\$2,506,730	\$1,022,280	\$1,484,450	145.2%	\$1,013,945	147.2%
\$8,770,355	\$8,819,341	-\$48,986	-0.6%	\$8,035,903	19. Total Operating Revenue	\$58,057,526	\$52,346,975	\$5,410,551	10.3%	\$51,030,816	13.8%
					Expenses:						
\$3,719,559	\$3,653,437	-\$66,122	-1.8%	\$3,602,919	20. Salaries & Wages	\$22,803,926	\$21,684,917	-\$1,119,009	-5.2%	\$20,871,255	9.3%
\$303,879	\$283,035	-\$20,844	-7.4%	\$222,639	21. Physician Wages	\$1,918,753	\$1,679,949	-\$238,804	-14.2%	\$1,600,301	19.9%
\$165,358	\$58,322	-\$107,036	-183.5%	\$223,919	22. Contract Labor	\$1,116,085	\$346,175	-\$769,910	-222.4%	\$1,613,006	-30.8%
\$2,137,268	\$1,823,440	-\$313,828	-17.2%	\$1,691,946	23. Employee Benefits	\$12,085,969	\$10,822,961	-\$1,263,008	-11.7%	\$9,604,845	25.8%
\$6,326,064	\$5,818,234	-\$507,830	-8.7%	\$5,741,423	71.4% % Salaries and Benefits / Total Operating Revenue	\$37,924,733	\$34,534,002	-\$3,390,731	-9.8%	\$33,689,407	12.6%
72.1%	66.0%			71.4%		65.3%	66.0%			66.0%	
\$121,634	\$79,819	-\$41,815	-52.4%	\$110,277	24. Medical Professional Fees	\$501,956	\$473,749	-\$28,207	-6.0%	\$485,897	3.3%
\$223,726	\$209,491	-\$14,235	-6.8%	\$193,784	25. Physician Contracts	\$1,399,201	\$1,243,436	-\$155,765	-12.5%	\$1,404,536	-0.4%
\$200,006	\$181,235	-\$18,771	-10.4%	\$127,207	26. Non-Medical Professional Fees	\$954,309	\$1,075,727	\$121,418	11.3%	\$910,122	4.9%
\$1,128,582	\$1,080,108	-\$48,474	-4.5%	\$1,108,575	27. Materials & Supplies	\$6,781,389	\$6,411,069	-\$370,320	-5.8%	\$6,521,565	4.0%
\$146,908	\$132,222	-\$14,686	-11.1%	\$147,595	28. Utilities	\$767,583	\$784,811	\$17,228	2.2%	\$676,247	13.5%
\$407,585	\$333,844	-\$73,741	-22.1%	\$269,463	29. Maintenance & Repairs	\$2,234,249	\$1,981,536	-\$252,713	-12.8%	\$1,788,672	24.9%
\$40,089	\$56,716	\$16,627	29.3%	\$45,856	30. Rentals & Leases	\$300,355	\$336,651	\$36,296	10.8%	\$324,356	-7.4%
\$39,858	\$50,602	\$10,744	21.2%	\$110,405	31. Insurance	\$270,732	\$300,341	\$29,609	9.9%	\$425,532	-36.4%
\$588,935	\$668,310	\$79,375	11.9%	\$614,375	32. Depreciation & Amortization	\$3,488,390	\$3,966,737	\$478,347	12.1%	\$3,670,627	-5.0%
\$52,453	\$52,780	\$327	0.6%	\$53,777	33. Interest Expense	\$314,716	\$313,278	-\$1,438	-0.5%	\$322,661	-2.5%
\$74,024	\$112,353	\$38,329	34.1%	\$88,616	34. Other Operating Expenses	\$709,449	\$666,921	-\$42,528	-6.4%	\$512,178	38.5%
\$9,349,865	\$8,775,714	-\$574,150	-6.5%	\$8,611,353	35. Total Expenses	\$55,647,060	\$52,088,258	-\$3,558,804	-6.8%	\$50,731,799	-9.7%
-\$579,510	\$43,627	-\$623,137	-1428.3%	-\$575,450	36. Income (Loss) from Operations	\$2,410,466	\$258,717	\$2,151,749	831.7%	\$299,017	706.1%
\$102,593	\$108,499	-\$5,906	-5.4%	\$27,434	37. Interest Income	\$610,392	\$643,999	-\$33,607	-5.2%	\$172,190	254.5%
\$111,348	\$162,161	-\$50,813	-31.3%	\$142,079	38. Other Non-Operating Income	\$836,504	\$962,502	-\$125,998	-13.4%	\$954,655	-12.4%
\$213,941	\$270,660	-\$56,719	-21.0%	\$169,513	39. Total Non-Operating Revenue	\$1,446,896	\$1,606,501	-\$159,605	-9.9%	\$1,126,846	28.4%
-\$365,569	\$314,287	-\$679,856	216.3%	-\$405,937	40. Net Income (Loss)	\$3,857,362	\$1,865,218	\$1,992,144	-106.8%	\$1,425,863	-170.5%
-6.61%	0.49%			-7.16%	Income from Operations Margin	4.15%	0.49%			0.59%	
-4.17%	3.56%			-5.05%	Net Income	6.64%	3.56%			2.79%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
December 31, 2019

	<u>December-19</u>	<u>November-19</u>	<u>December-18</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	33,759,459	33,045,522	36,425,403	(2,665,945)
2. Board designated cash	38,876,149	38,508,116	35,932,820	2,943,329
3. Patient accounts receivable, net	16,428,824	16,783,273	13,223,323	3,205,502
4. Other receivables	2,290,218	2,107,527	2,430,025	(139,807)
5. Inventories	3,225,457	3,081,425	2,895,405	330,052
6. Prepaid Expenses	878,858	965,327	1,780,423	(901,564)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	95,487,842	94,520,067	92,716,276	2,771,567
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	149,368,673	151,641,044	148,135,523	1,233,150
11. Construction in progress	2,523,423	1,088,165	402,325	2,121,098
12. Total property & equipment	151,892,096	152,729,209	148,537,848	3,354,248
13. Less: accumulated depreciation	(99,962,995)	(100,377,543)	(94,701,352)	(5,261,643)
14. Net property and equipment	51,929,101	52,351,668	53,836,497	(1,907,396)
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	166,510,061	165,964,850	156,295,945	10,214,116
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,173,149	1,869,093	1,911,714	261,435
18. Accrued employee benefits	3,739,912	3,666,193	3,396,248	343,664
19. Accounts payable and accrued expenses	3,729,333	2,929,113	2,376,561	1,352,772
20. Due to 3rd party payors	2,255,085	1,908,165	105	2,254,980
21. Deferred revenue	(2,257,437)	(1,824,686)	3,014,283	(5,271,720)
22. Interest payable	340,359	272,287	350,344	(9,985)
23. Note payable - current portion	845,000	845,000	820,000	25,000
24. Other payables	396,788	330,626	349,415	47,374
25. Total current liabilities	11,222,189	9,995,791	12,218,670	(996,480)
Long-term Liabilities:				
26. Bonds payable	18,130,000	18,130,000	18,975,000	(845,000)
27. Bonds payable - premium/discount	1,317,223	1,332,842	1,507,930	(190,707)
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	98,220,427	98,236,046	93,320,810	4,899,617
31. Total liabilities	109,442,618	108,231,839	105,539,480	3,903,138
32. Fund Balance	57,067,443	57,733,011	50,756,465	6,310,979
33. Total liabilities and fund balance	166,510,061	165,964,850	156,295,945	10,214,116

Pharmacy Antimicrobial Stewardship

Ursula Iha RPh
February 25th, 2020

Improvement Goal

- We are working to improve Antimicrobial Stewardship specifically targeting fluoroquinolone use.
- We chose this project because:
 - It is a condition of participation with Center for Medicaid and Medicare Services (CMS).
 - We expect it to **improve clinical outcomes**, as evidenced by the Centers for Disease Control and Prevention (CDC), and The Joint Commission (TJC) research demonstrating that these programs reduce the potential for developing multidrug-resistant bacteria.
 - Decrease adverse events and patient harm.
- Our goal was to get a decrease fluoroquinolone antibiotic use while increasing guideline directed therapy.



See

Data Collection

- **Baseline:** The first multi-disciplinary team met in July 2016. Tracking was done on all antibiotic therapy.
- **Data collection method and frequency:**
Usage data is collected from Meditech monthly.
- **Scope**
 - Data from September 2016 to present
- **Validity:** Data is reviewed by a pharmacist and presented to the multidisciplinary antimicrobial stewardship team.

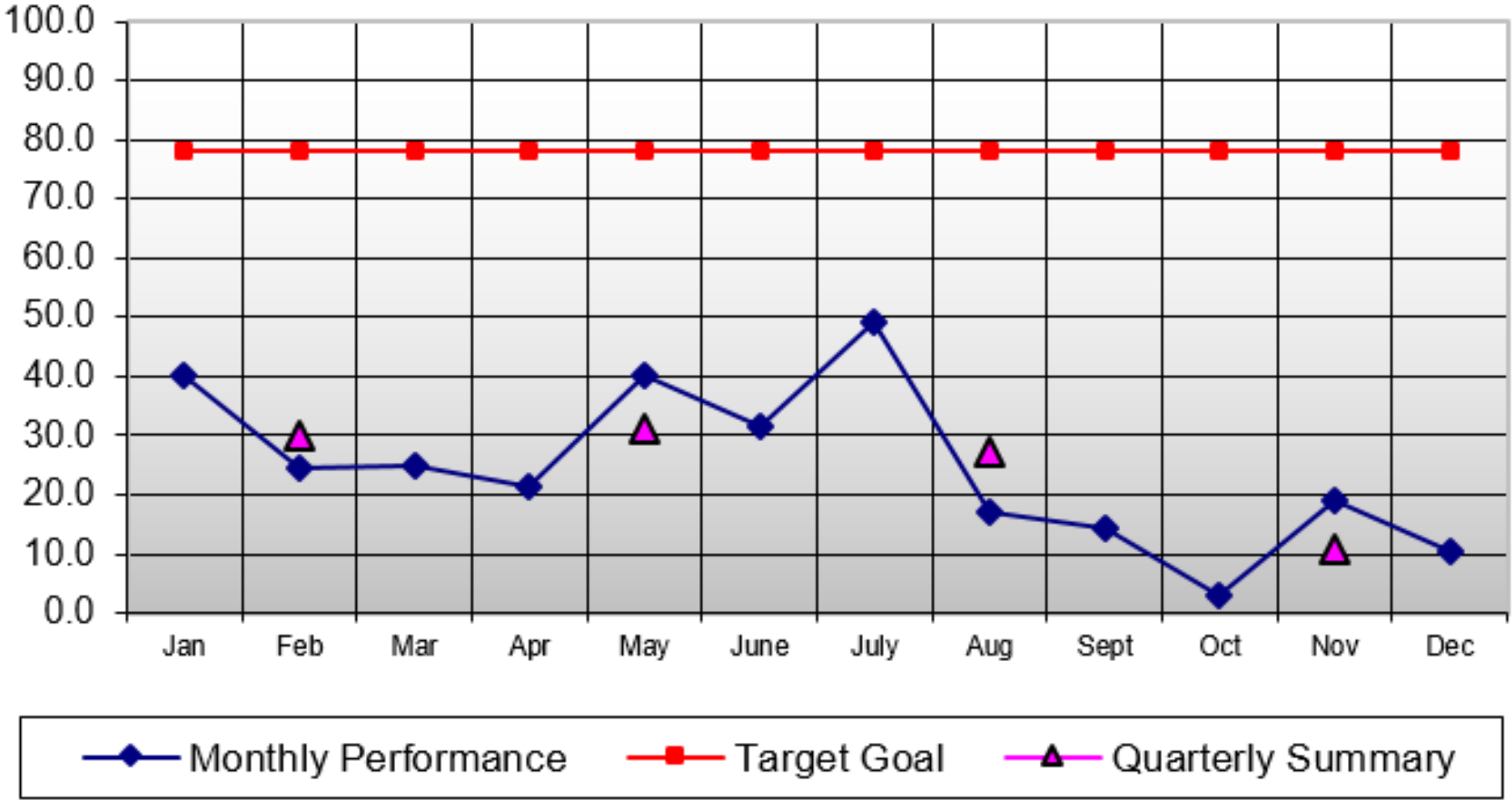


Data Analysis

- **Comparison:** Fluoroquinolone use, HIIN (Hospital Improvement Innovation Network) baseline of 81 patients per 1000 patients. For 2019 Bartlett averaged well less than 50 patients per 1000 patients. For the Last 4 months, less than 20 patients per 1000 received a fluoroquinolone.
- **Conclusion:** Data showed we accomplished our goal and decreased our percent of patients receiving a fluoroquinolone from 8% to a average of 5% for the calendar year of 2019 and to a average of 2% for the last 4 months of 2019.



Days of Therapy of Fluoroquinolones



Change Management

- Change Concepts applied:
 - brainstorming, benchmarking, standardization
- Challenges / Barriers:
 - Prospective review and consultation with ID physician is not available except on informal basis.
 - Allocating specific time for pharmacists doing clinical antimicrobial stewardship rounding.



Activity Summary

- A committee was formed with physician champion, Dr. M. Benjamin, and Dr. S. Greer.
- Two pharmacists have received specialized training and certification, and one in process.
- A report of antimicrobial use is reviewed by a clinical pharmacist several times a week.
- Days of therapy data is reported to Bartlett committees and Partnership for Patients.



Current and Future

- Current
 - We track data and report antimicrobial use.
 - Restricted formulary policy
 - Order sets to establish protocols
 - Charter to define the program and committee
 - Duplicative therapy rules
 - Physician and staff education
 - Frequent ECC presentations
- Future
 - Have 3 SIDP (Society of Infectious Disease Pharmacists) trained pharmacists
 - Begin regular nursing education
 - Review all developed order sets and update where needed
 - Continuing building physician by in and support



Monitoring

- Success of interventions:
 - Drastically decreased fluoroquinolone use.
- Successful outcomes have been sustained
 - Consistent downward trend in fluoroquinolone use from 2016 to present. From 2019 to present, drastic reduction in use.

Bartlett Regional Hospital

**Governance Committee Meeting
Minutes
Tuesday, February, 2020; 12:30 p.m.
Bartlett Regional Hospital - Boardroom**

Called to order at 12:32 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

Board Members present: Iola Young

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

Ms. Hagevig made a MOTION to approve the minutes from September 27, 2019.

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

Ms. Knapp recapped the major Bylaw rewrite the board completed a few years ago. There was discussion of the pros and cons of integrating the quality and compliance committees since they are responsible for similar and sometimes overlapping material. Mr. Bill stated that he along with Megan, CLO, Nathan, Director of Compliance, will take a look to see if that integration is a possibility and if the staff is comfortable with that.

Moving forward, the committee agreed that they will individually do a deep dive into the current Bylaws and provide Anita Moffitt, Executive Assistant, with their suggested edits by Friday, February 28th. Once comments are compiled, they will be presented at the March or April Board of Directors meeting.

Mr. Bill provided a sample of a Board Skills Matrix from the Governance Institute for the committee to review. Ms. Young expressed that she believes it would be more productive if committee members individually mark their strong skills, rather than rate each other – which the group agreed. Mr. Bill will look into seeing if there is a version specifically for government owned hospitals.

Next Meeting: March 17, 2020 at 12:30 pm in BRH Boardroom

Adjourned at 1:30 p.m.

Bartlett Regional Hospital

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

Planning Committee Minutes
February 13, 2020 – 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, Iola Young

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

Mr. Solomon-Gross made a MOTION to approve the minutes from January 17, 2020. Ms. Young seconded, and minutes were approved.

PUBLIC PARTICIPATION – None

Campus Plan Review – Chuck Bill (see Handout):

Following the projects listed from top to bottom, Mr. Bill began by discussing the First Floor Renovation/Reconfiguration (1). This conversation began with the need for abatement of the few areas that contain asbestos in the first floor around the Materials Management department. This led to talks around the opportunity to resolve issues regarding spacial constraints to other areas. Cafeteria eating space could be expanded, including to a second floor above the cafeteria. The current structure is already designed to accept an additional floor. BRH is looking at options for relocating (temporarily or permanently) the Materials Management department, as well as laundry, etc.

An addition to the Emergency Department (2) was discussed, but would make navigation around the corner between the ambulance bay and the Bartlett House difficult. It also may present the logistical challenge of requiring a Certificate of Need. An alternative proposition would be a potential Urgent Care clinic downtown that would function only in the Summer/cruise ship season to specifically address medical needs of cruise ship passengers and tourists. This would take seasonal pressure off the Emergency Department.

The north addition (3) is a two story possibility, involving the demolition of the Juneau Medical Complex, and repositioning or expanding the OR. This would involve finding alternative space for the providers currently operating there.

The north parking garage project (7) would address the need for finding alternative provider space and is high on the sequencing list, and fairly high on the priority list. This would be a first floor parking garage with medical offices in the second story. The second floor would provide the opportunity for a retail space, specifically a retail pharmacy – providing 24 hour access for hospital patients, and as a dispensary for CBJ employees at discounted rates, and allowing access to specialty medications that are normally sent out for. This project could coincide with the North Parking Lot Access Reconfiguration (10) on the handout, in that during the process of constructing the parking garage/office building, they

could move the road access to the north side of the parking lots. This addresses the current safety issue of staff crossing the street on foot between the parking lots and the hospital campus buildings.

Surgical Services renovation (4) can be addressed partially by the north addition (3) project, but is not a high priority and does require many steps before this can happen. This project will be kept on the list, but at one of the lowest priorities.

The South Addition (5) only requires an addition of a South entrance (9) to the hospital campus, and therefore could be done earlier in the timeline, and with little difficulty. This would allow relocation of the lab, which is currently above the boiler room and receives more heat than is ideal. There was a discussion of the options for a South Entrance, from a restricted access gravel road, to full access pavement road, and even discovery of a DOT diagram showing potential overpass access. This additional access is necessary for disaster planning, efficient access during construction of the main access road, and access for deliveries.

The project list shows South Parking Garage (8) as off the table due to the North Parking Garage as a more feasible priority.

The Medical Arts building (6) needs updating and renovating, but is not a priority. The committee decides this should be postponed out to a 10- or 15-year plan.

Community Healthcare Needs Assessment Review – Chuck Bill:

There have been minor corrections to the assessment. Further discussion and review will happen at a future meeting, to include specialists in the community.

Provider Network Development Study Update – Chuck Bill:

Senior leaders have heard from the top three respondents. All bids came in well over expected amounts. After analyzing the top three proposals, and scoring them independently, all four senior leaders scored ECG the highest. Their proposed cost was \$200K-\$230K (not to exceed \$230K). There was a discussion that some pieces of the work may already be complete, as they performed a study for SEARHC, and could potentially use some of that research, and the Community Healthcare Needs Assessment information that was just completed, as well. Any conflict of interest concerns the committee had regarding ECG working with both SEARHC and BRH were discussed and resolved. Mr. Kendziorek requests clarification on their intention and definition when using the word “partnership”, specifically regarding tasks 10 & 11 in the document. Mr. Bill stated that he had the discussion that BRH will maintain local control through any “partnership”.

Project Updates:

Pharmacy Clean Room construction progress – Mr. Gardner: The latest deadline for substantial completion is February 27, 2020. The project is on budget. Testing will begin once construction is complete. Final completion date for reveal and tour is difficult to say.

Hospital Access Road Project – Mr. Gardner: There was a meeting last night with local businesses regarding the effect of construction on their business. There will be a water outage that was discussed, as well as ambulance access during construction. BRH does have access to emergency water sources, especially if there is advanced notice to potential work on the line.

PAS Employee Window at Emergency Department – Mr. Gardner: Phase one design plans have been received by the city, for a June 30, 2020 completion date using the city’s contracted construction team.

JMC Fire Alarm Replacement – Mr. Gardner: The design came back, and will go out to bid March 25, 2020, with a July 1, 2020 expected completion.

After Hours Lockdown – Mr. Gardner: There is one more piece to phase one, getting control panels on the elevators. See board report for more details on phases.

Central Sterile Processing in the OR – Mr. Gardner: This is part of the supply fan replacement. There is a deep triple sink to be replaced early in the renovation to alleviate an employee health concern, as well as make contracting work easier.

RRC Renovation – Detox Unit and Assessment Center – Mr. Grigg: Phase one (new construction) is expected to be completed April 17, 2020, and phase two (renovating apex wall of horseshoe) will begin in early May 2020, and will not impact patient care or operations. BRH anticipates being able to start serving patients in new facility in June or July 2020. There will be a new conference room created for group activities. Tours will be available before patients begin using new facility. A new roof is complete over the entire facility.

Crisis Stabilization – Mr. Grigg: The fees for project management with Northwind architects have been finalized, and CBJ finalized architect reports. A more detailed timeline for phase one, which involves tearing down the BOPS building, is expected by Feb 29, 2020. Completion is expected in Summer 2022. The total cost of the facility – \$7.7 million, plus \$1.5 million for first floor parking garage (15-20 spots, including a handicap spot), and other variables \$1.3 million, for a total of \$10.5 million. Without a parking area, the project would be \$9 million. Since a North Parking Garage is under consideration, all factors will need to be considered together to determine the worth of the additional cost for the parking garage. Capital Fundraising: \$1 million from Premera, Mental Health Trust \$200K, DHSS \$500K, and Rasmusen Foundation \$400K-\$600K (November 2020). BRH will seek another \$200K for FY21 from the Mental Health Trust, as well as reaching out to Murdock and others. Operational grants have funded Crisis Stabilization services, with 19 minors served since January, and they awarded additional funds for the next FY as well.

Planning Committee Charter and By-laws Review – Marshal Kendziorek:

Mr. Kendziorek encouraged the committee to review and become familiar with the charter and by-laws document to know the expectations of the committee.

FUTURE AGENDA ITEMS – Project Updates with Timelines, Schedule a Committee of the Whole Planning Meeting to review CIP project handout

Next meeting: To be determined

COMMENTS – None

Adjourned - 8:32 a.m.

CONSULTING AND PROFESSIONAL SERVICES AGREEMENT

This Consulting and Professional Services Agreement is entered into by and between the Bartlett Regional Hospital (“BRH”), an enterprise fund and administrative division of the City and Borough of Juneau in Alaska (“Customer”), and ECG Management Consultants, with a place of business at 3030 Clarendon Boulevard, Suite 600, Arlington VA 22201, (“Consultant”) an **insert type of company or corporation here**, effective upon signature of both parties (“Effective Date”) for Consultant to provide consulting and professional services (“Services”) to Customer as follows:

1. Definitions. As used in this Agreement, the following terms shall have the meanings ascribed to those terms as hereinafter set forth:

(a) “Affiliate” means an entity in which Customer: (1) is the sole corporate member; (2) has more than a twenty percent (20%) ownership interest; (3) has voting control of membership/ownership interests; (4) has the ability to elect a majority of the voting control of the governing board; or (5) has an agreement to manage the entity’s operations.

(b) “Agreement” means this Consulting and Professional Service Agreement, all Exhibits attached to this Agreement, and any future Statement(s) of Work, amendments or Change Orders thereto.

(c) “Customer Property” means (i) software, documentation, contracts, summaries, tools, routines, programs, designs, technology, ideas, know-how, processes, techniques and inventions that Customer or its Affiliates makes, develops, conceives or reduces to practice, whether alone or jointly with others, either prior to, contemporaneously with, or subsequent to, the term of this Agreement, and (ii) all enhancements, modifications, improvements and derivative works of any software and of each and any of the foregoing.

(d) “Consultant Property” means any work, inventions, discoveries, processes and improvements, computer processes, specifications, operating instructions, notes, and any other documentation (whether or not patentable) created by Consultant prior to its engagement with Customer, which Consultant uses to satisfy its obligations under a Statement of Work and which Consultant has clearly identified in writing to Customer, prior to its use, as “Consultant Property.”

(e) “HIPAA” means the Health Insurance and Portability and Accountability Act of 1996, as amended, and implementing regulations, including but not limited to 45 C.F.R. Parts 160 and 164, as amended from time to time.

2. Scope and Location of Services; Access; Customer Affiliates.

2.1 Scope of Services. The Services to be performed by Consultant shall be mutually agreed to in one or more written Statements of Work (“SOW”) in accordance with this Agreement. Each SOW shall specify in detail the Services to be rendered, including: (a) a description of the work product to be delivered, including, but not limited to, acceptance criteria and detailed design and functional specifications for the deliverables thereunder; (b) the proposed performance schedule; and (c) the cost and/or fees for such Services. Each SOW shall be written and signed by both parties, shall refer to this Agreement, and shall be substantially in the form of the attached Exhibit A (“Statement of Work” or “SOW”). A signed SOW may be modified only by a written Change Order signed by both parties, which refers both to this Agreement and to the associated

SOW, and which is substantially in the form of the attached Exhibit B (“Change Order”). In addition to the terms and conditions of this Agreement, the following provisions apply to all SOWs and Change Orders: (i) Customer shall approve in writing all project activities within the scope of this Agreement; (ii) all work shall be performed within the scope of this Agreement; (iii) all deliverable work is subject to review and acceptance by Customer; and (iv) upon request by Customer, Consultant will provide Customer with all materials related to the SOW and any associated Change Order, and a written status report of work accomplished, work in progress, and work planned. Consultant acknowledges that time is of the essence for all Services provided hereunder. No claim for additional services, not specifically provided for in this contract, performed or furnished by the Consultant will be allowed, nor may the Consultant do any work or furnish any material not covered by the contract unless the work or material is ordered in writing by Customer.

2.2 Location of Services. Services shall be performed at Customer’s location or facility, Consultant’s location or facility or other location as agreed to by the parties and included in the SOW.

2.3 Access to Customer Property. In the event the Services require Consultant’s access to and/or use of any Customer Property, Consultant shall request such access from Customer only to the extent necessary for Consultant to perform the Services. In such event, Consultant shall abide by all restrictions relating to the use of or access to the Customer Property applicable to Customer and any policies of Customer related to such use.

3. Invoices and Compensation. Customer shall pay to Consultant all invoiced amounts for undisputed and accepted Services rendered by Consultant to Customer in accordance with this Agreement, and reimbursement of reasonable and necessary out-of-pocket expenses actually incurred by Consultant that have been pre-approved in writing by Customer in connection with the Services, provided that: (i) all expenses related to travel and lodging shall comply with Customer's travel policies; and (ii) all non-travel related expenses are itemized on the SOW or pre-approved in writing by Customer. Consultant shall invoice Customer for Services and expenses monthly in arrears for all SOWs which specify that the work is to be performed on a time and materials basis. For SOWs specifying a fixed fee, Consultant shall invoice Customer in accordance with the payment schedule tied to the deliverables listed on the applicable SOW. All invoices shall be itemized and shall substantiate all charges therein set forth. Consultant shall maintain complete and accurate accounting records in accordance with generally accepted accounting practices to substantiate Consultant's charges and expenses hereunder. Customer shall pay all undisputed invoices within sixty (60) days of Customer's receipt thereof. All invoices will include a summary of services provided to each Customer by month and will be submitted to Customer as noted in the SOW or Change Order.

3.1 Taxes. Consultant shall pay all federal, state, and local taxes incurred by the Consultant and shall require their payment of any subcontractor or any other persons in the performance of this contract. Customer is exempt from sales, use, excise and similar taxes and will not be responsible for the payment of any such taxes to Consultant. Consultant shall cooperate with Customer as reasonably necessary to establish with a relevant taxing authority Customer’s exemption from tax on the goods and services purchased under this Agreement. In the event such exemption is rejected, Customer shall pay for taxes imposed in conjunction with this Agreement, except that Consultant, and not Customer, shall be liable for federal, state, and local taxes ordinarily assessed against Consultant for Services and based on Consultant's revenues, net income, employees, property, or corporate existence.

4. Personnel. Consultant shall provide all qualified personnel necessary to fulfill its obligations hereunder. The Consultant will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, gender identity, disability, marital status, changes in marital status, pregnancy, or parenthood. Consultant is not permitted to utilize subcontractors for performance of any SOW unless prior written consent is first obtained from Customer and unless such subcontractors have executed a written agreement with Consultant which obligates any such subcontractor to substantially similar terms as is required of Consultant by this Agreement. Further, Consultant agrees to be fully responsible for all acts and omissions of any subcontractor used by Consultant. Customer may, in its discretion, require removal from performance of Services under this Agreement any personnel of Consultant for any reason, effective upon written notice from Customer of such request for removal. During the course of each SOW, Consultant shall permit Customer to be present, when reasonable, as an observer of all work performed pursuant to the terms of the SOW and to consult with Consultant's personnel regarding the SOW. Consultant shall, at Customer's sole discretion, perform the Services at Consultant's offices, Customer's offices, or elsewhere, and the times during which Services are rendered shall be at Customer's discretion when required to be performed at Customer's offices. Consultant shall be fully and solely responsible for the compensation and performance of all of its employees hereunder and the filing of any and all returns and reports and the withholding and/or payment of all applicable federal, state and local wage tax, or employment related taxes. The status of Consultant, its employees, and subcontractors shall be that of independent contractor and no such personnel shall, at any time or for any purpose, be deemed employees or agents of Customer. Neither Consultant nor any employee of Consultant shall be entitled to participate in any Customer employee benefit plan. Consultant warrants that it has enforceable written agreements with all of its employees and all subcontractors permitted hereunder that (i) assign to Consultant ownership of all patents, copyrights, and other proprietary rights created in the course of their employment or engagement; and (ii) obligate such employees and permitted subcontractors, upon terms and conditions no less restrictive than contained herein, not to use or disclose any confidential information or information learned or acquired during the course of such employment or engagement, including, without limitation, any Work Product (as defined below) hereunder.

4.1 Customer Policies and Procedures. Without limiting any other provision herein, Consultant acknowledges Customer's obligations to comply with certain laws and regulations as well as the need for Consultant's personnel to comply with reasonable requests, standard rules, and regulations of Customer regarding personal and professional conduct (including the use of an identification badge or personal protective equipment and the adherence to health care facility laws or regulations, including in some instances, but not limited to, criminal background checks, credit checks, health and/or drug screening, vaccinations and testing, and general safety practices or procedures) generally applicable to such facilities. Consultant shall provide Customer with reasonable assistance and documentation in ensuring Consultant's personnel complies with (i) laws and regulations affecting Customer's facility and (ii) Customer's facility rules and regulations. Consultant acknowledges that Consultant's employees and subcontractors cannot work at Customer's facility without provision of the documentation.

5. Acceptance of Services. Each deliverable for each SOW shall be subject to acceptance and/or acceptance testing by Customer at Customer's sole option, to verify that the deliverable satisfies the scope of services and acceptance criteria, if any, of the SOW and all requirements of the deliverable conveyed by Consultant to Customer. At Customer's request, Consultant will provide sufficient evidence to demonstrate the adequate testing of the deliverables to meet the foregoing

requirements. The documentation provided by Consultant shall represent the minimum functionality of the deliverables as determined by Customer. If Customer discovers non-conformity within ninety (90) days following delivery of a deliverable and Customer notifies Consultant of the non-conformity, Consultant shall correct the non-conformity at no additional charge in a timely, professional manner. In the event Consultant cannot correct the non-conformity within a timely and professional manner, Customer may request a refund of amounts paid for the non-conforming Services.

6. Applicability of Alaska Public Records Act. Contractor acknowledges and understands that the CBJ is subject to the Alaska Public Records Act (AS 40.25.120) and that all documents received, owned, or controlled by the CBJ in relation to this Contract must be made available for the public to inspect upon request, unless an exception applies. It is Contractor's sole responsibility to clearly identify any documents Contractor believes are exempt from disclosure under the Public Records Act by clearly marking such documents "Confidential." Should the CBJ receive a request for records under the Public Records Act applicable to any document marked "Confidential" by Contractor, the CBJ will notify Contractor as soon as practicable prior to making any disclosure. Contractor acknowledges it has five (5) calendar days after receipt of notice to notify the CBJ of its objection to any disclosure, and to file any action with any competent court Contractor deems necessary in order to protect its interests. Should Contractor fail to notify the CBJ of its objection or to file suit, Contractor shall hold the CBJ harmless of any damages incurred by Contractor as a result of the CBJ disclosing any of Contractor's documents in the CBJ's possession. Additionally, Contractor may not promise confidentiality to any third party on behalf of the CBJ, without first obtaining express written approval by the CBJ.

6.1 Data Breach. In the event of an unauthorized use or disclosure by Consultant, its employees, agents, or subcontractors of personally identifiable information held by Customer on its own, or for or on behalf of any Affiliates ("Personal Information"), Consultant shall take the following action with respect to such unauthorized use or disclosure: (a) promptly communicate the nature of the unauthorized use or disclosure to Customer's Privacy Officer who will authorize Consultant to notify those persons whose Personal Information was or likely was involved in an unauthorized use or disclosure ("Affected Individuals") via written correspondence approved by Customer's Chief Legal Officer; (b) if the unauthorized use or disclosure of Personal Information could lead to identity theft or related financial risk to the individual subject[s] of such Personal Information, purchase identity theft monitoring services from a major credit reporting service for each Affected Individual offered such service by Customer, for a period of time mutually agreed to by Customer and Consultant, but not less than three (3) years; (c) comply with any and all laws, regulations, governmental orders or other governmental requirements ("Laws") applicable to such unauthorized use or disclosure of Personal Information; and (d) take all action commercially reasonable to mitigate any damages of Customer relating to the unauthorized use or disclosure of Personal Information.

7. Property and Proprietary Rights.

7.1 Work Product. Consultant agrees to fully and promptly disclose in writing to Customer all work, ideas, inventions, discoveries, processes and improvements, computer programs, specifications, operating instructions, notes, and all other documentation (whether or not patentable) created, conceived, or reduced to practice by Consultant, alone or with others, in connection with Services rendered for Customer hereunder or which derive from information or materials Consultant

has received from Customer (the “Work Product”). The parties agree that Work Product shall not include Consultant Property. Consultant also agrees that the Work Product is the exclusive property of Customer and, as a result, Consultant agrees to assign and hereby assigns its entire right, title, and interest in the Work Product to Customer. Further, Consultant will, during the term of this Agreement and thereafter, execute all papers and do all things reasonably necessary to ensure that Customer obtains full title to such Work Product, including all intellectual property thereto.

7.2 Written, Graphic, or Recorded Material. All written, graphic, or recorded material (excluding Consultant Property) generated by Consultant or its agents for Customer in the past or in connection with this Agreement is owned by Customer and shall be subject to inspection by Customer and shall be delivered to Customer or otherwise disposed of by Consultant only as directed by Customer. Upon termination of this Agreement or applicable SOW, Consultant will provide to Customer all copies of such written, graphic, or recorded material and Customer will have the exclusive ownership of the copyright to such material, excluding Consultant Property. Therefore, Consultant agrees to assign and hereby assigns its entire right, title, and interest in such written, graphic, or recorded material (excluding Consultant Property) to Customer. Consultant agrees that all such copyrightable work and all portions thereof (excluding Consultant Property) created for Customer under this Agreement, including any work related to the business of the products or services of Customer shall be deemed to be a “work made for hire,” as such term is defined in the Copyright Laws of the United States. If, for any reason, any such copyrightable work created by Consultant is excluded from the definition of a “work made for hire,” Consultant hereby assigns and conveys to Customer the entire right, title, and interest in and to such work including work created prior to the date of execution of this Agreement, including the copyright therein and any copyright renewal thereof. Unless alternative licensing terms for Consultant Property are set forth in the SOW, Consultant grants Customer a non-exclusive, perpetual license to use, copy, and distribute within Customer and Affiliates (including to employees, agents, and consultants) for Customer’s business purposes, all Consultant Property provided to Customer hereunder.

7.3 Cooperation. Consultant shall cooperate with Customer or its designees and execute documents of assignment, declarations, and other documents which may be prepared by Customer, and take other necessary actions as reasonably directed by Customer to effect the foregoing or to perfect or enforce any proprietary rights resulting from or related to this Agreement. Customer shall reimburse Consultant for reasonable out-of-pocket expenses incurred by Consultant in performing the foregoing at the specific request of Customer; however, Consultant will not charge Customer additional Service fees for such assistance.

8. Exchange of Information and Technical Assistance. Upon execution of this Agreement and thereafter during the term hereof, Consultant shall disclose and deliver to Customer the Work Product and related documentation and other deliverables. Consultant shall disclose certain Consultant Property solely to the extent necessary for Customer to adapt, modify, enhance, develop, and install the Work Product and other deliverables. Consultant shall provide Customer, from time to time as requested by Customer, with complete copies of all then-current documentation and other deliverables relating to the Work Product. Consultant warrants that the technical assistance to be rendered under this Agreement shall be adequate to familiarize Customer with the Work Product, documentation, and other deliverables under each individual SOW, and to enable Customer to: (a) acquire components of deliverables developed and/or delivered hereunder; (b) develop, modify, and improve the Work Product, documentation, and deliverables; and (c) manufacture and test prototype and/or commercial deliverables developed and/or delivered hereunder.

9. Use of Name and Publicity. Consultant agrees that it shall not, without prior written consent of Customer's Chief Legal Officer in each instance, (a) use the name of Customer or any Affiliate, partner or employee of Customer, or any trade name, trademark, trade device, or simulation thereof owned by Customer in advertising, publicity or otherwise, or (b) represent, directly or indirectly, that any product or any service provided by Consultant has been approved, recommended, certified, or endorsed by Customer.

10. Conflict of Interest. Contractor warrants that no employee or officer of the Customer has violated the conflict of interest provisions of CBJ code (CBJ Code 01.45.005-01.45.360 and CBJ charter 15.1) regarding this contract. Contractor also warrants that it has not solicited or received any prohibited action, favor or benefit from any employee or officer of Customer, and that it will not do so as a condition of this contract. If the Contractor learns of any such conflict of interest, the Contractor shall without delay inform the CBJ and Borough Attorney or CBJ's representative for this contract.

11. Indemnification. Consultant agrees to defend, indemnify, and hold harmless CBJ, its employees, volunteers, consultants, and insurers, with respect to any action, claim, or lawsuit arising out of or related to the Consultant's performance of this contract, without limitation as to the amount of fees, and without limitation as to any damages, cost, or expense resulting from settlement, judgment, or verdict, and includes the award of any attorneys' fees even if in excess of Alaska Civil Rule 82. This indemnification agreement applies to the fullest extent permitted by law and is in full force and effect whenever and wherever any action, claim, or lawsuit is initiated, filed, or otherwise brought against CBJ relating to this contract. The obligations of Consultant arise immediately upon actual or constructive notice of any action, claim, or lawsuit. CBJ shall notify Consultant in a timely manner of the need for indemnification, but such notice is not a condition precedent to Consultant's obligations and is waived where the Consultant has actual notice.

12. Insurance. During the Term of this Agreement, Consultant shall carry and maintain at its own cost, with companies that are rated a minimum of "A-" in Best's Insurance Guide or are otherwise reasonably acceptable to Customer, the following insurance coverage types with the following minimum primary limits:

12.1 Commercial General Liability insurance, insuring against bodily injury, property damage, contractors' completed operations, and contractual liability with a combined single limit of not less than \$1,000,000 per claim and \$2,000,000 in the annual aggregate. Customer shall be named as an additional insured on this policy;

12.2 Worker's Compensation and Employer's Liability insurance in amounts required in accordance with laws within the state where work is being performed;

12.3 Automotive liability covering all vehicles owned, non-owned, hired, and leased while used on Customer business with minimum automotive liability insurance limits of [*to be determined by CBJ Risk Management*]per claim and in the annual aggregate;

12.4 Professional and Network liability. The Contractor must maintain Professional Liability insurance, including technical errors and omissions, privacy and cyber-risk (network security) liability insurance, covering liabilities for financial loss and fines resulting or arising from acts, errors, or omissions in rendering services in connection with the Business Associate Agreement including acts, errors, or omissions in rendering computer or information technology services, copyright or trademark infringement, data damage/destruction/corruption, failure to protect privacy,

unauthorized access, virus transmission and denial of service from network security failures with a minimum liability of three million dollars (\$3,000,000.00) each claim and annual aggregate; and cyber liability, third party coverage of three million dollars (\$3,000,000.00) and notification/crisis management of three million dollars (\$3,000,000.00).

Such coverage is applicable to both electronic and printed information and also extends to defense costs and fines/penalties for violation of HIPPA, the HIPAA regulations, 42 CFR Part 2, the HITECH Act, or any other applicable federal or state law addressing the privacy, security, or confidentiality of information and shall cover civil, regulatory and statutory damages as a result of actual or alleged breach, violation or infringement of right to privacy, consumer data protection law, confidentiality or other legal protection for personal information.

13. Proof of Insurance. Consultant shall provide Customer with a copy of the certificates of insurance and amendatory endorsement(s) required under this section no later than the Effective Date of this Agreement. Consultant shall provide Customer with updated certificates of insurance and amendatory endorsement(s) annually if the SOW requires work that exceeds twelve months and upon request to evidence Consultant's continued compliance with the terms of this Agreement. Said insurance policies shall not be materially amended or cancelled without thirty (30) days prior written notice to Customer.

13.1 "Tail Coverage." In the event that any of the above-described insurance policies are written on a claims-made basis, then such policy or policies shall be maintained during the Term of this Agreement and for a period of not less than three (3) years following the termination or expiration of this Agreement.

13.2 No Limit of Liability. The provisions of this Section shall not be deemed to limit the liability of Consultant hereunder or limit any right that Customer or an Affiliate may have including rights of indemnity or contribution. The insurance obligations under this Section are mandatory; failure of Customer or its Affiliates to request certificates of insurance or insurance policies shall not constitute a waiver of Consultant's obligations and requirements to maintain the minimal coverage specified. Consultant shall ensure and be solely responsible for ensuring that its subcontractors maintain insurance coverage at levels no less than those required by applicable law and customary in the relevant industry.

13.3 No Reduction or Limit of Obligation. By requiring insurance, Customer does not represent that coverage and limits will necessarily be adequate to protect either or both Parties. Insurance procured by either Party will not reduce or limit both Parties contractual obligation to indemnify and defend the other Party for claims or suits as described in this Agreement.

14. Warranties. Consultant represents and warrants that all deliverables and/or Work Product produced under this Agreement (a) will perform in accordance with all documentation provided by Consultant and (b) along with all Consultant Property, shall be of original development or licensable by Consultant, as the case may be. Consultant represents and warrants that all deliverables, Work Product, and Consultant Property licensed or owned by Consultant and used in the performance of any SOW shall not infringe or violate any patent, copyright, trade secret, trademark, or other third party intellectual property right. Consultant represents and warrants that the deliverables and/or Work Product is not the subject of a lien, a security interest, claim, cause of action, or otherwise hypothecated to a third party. Consultant also represents and warrants that, to the best of its knowledge, the deliverables, Work Product, and Consultant Property do not contain and will not

receive from Consultant's transmission via modem or any other Consultant medium any time bomb, virus, worm, trap door, back door, timer, clock, counter or other limiting routine, dongle key, instruction, or design that would erase data or programming or otherwise cause the deliverables, Work Product, Consultant Property, or Customer's software or equipment to become inoperable or incapable of being used in the full manner for which it was designed and created (a "Disabling Code"). If any Disabling Code is identified by Customer or Consultant, and if the Disabling Code resulted from the negligent, willful, or reckless acts or omissions of Consultant, Consultant shall take all reasonable steps necessary at no additional cost to Customer, to: (i) restore any and all data lost by Customer as a result of such Disabling Code to the extent that such recovery is technically feasible; (ii) test a new copy of the subject matter containing such Disabling Code for the presence of Disabling Codes; (iii) furnish to Customer a new copy of the subject matter without the presence of Disabling Codes; and (iv) install and implement such new copy on Customer equipment. Consultant represents and warrants that Work Product and Consultant Property provided hereunder shall be in conformance with HIPAA and all applicable federal, state, and local rules and regulations, and, where applicable, standard accounting procedures. Consultant shall perform all Services under this Agreement in a professional manner, consistent with the best practices in the industry and in a diligent, workmanlike, and expeditious manner. Consultant represents and warrants that in the provision of goods and Services, it will limit the flow of all Customer data and information (inclusive of patient information, Confidential Information, Personal Information, and Customer Property) to the geographic limits of the United States of America.

15. Cooperation. As part of the Services, Consultant shall cooperate with Customer and Customer's other contractors, vendors, and suppliers to allow the proper performance of any services being provided internally by Customer or by such third party contractors, vendors, or suppliers. Consultant acknowledges that Customer is now and will be, during the term of this Agreement, working with third parties in developing, installing, maintaining, and supporting the Customer systems, including working with auditors and application developers, and that the Services may involve the use of one or more Consultant resources to cooperate in these matters. Such cooperation shall include provision of: (i) written requirements, standards and procedures for Customer systems and operations maintained by Consultant; (ii) assistance and support services to such third party; and (iii) access to the technology environment used by Consultant to provide the Services (subject to reasonable confidentiality and security restrictions) as necessary for such third parties to perform their services for Customer.

16. Term. Subject to the termination rights below, this Agreement shall commence on the Effective Date first stated above and shall end on June 30, 2020 (the "Term"). Any extensions beyond the current fiscal year if necessary to complete the scope of work will be by mutual agreement and only upon appropriation by the CBJ Assembly. The parties acknowledge that Customer, as a division of the municipality, is legally prohibited from encumbering funds that have not been duly appropriated, pursuant to CBJ Charter 9.13. Funding for this agreement beyond June 30, 2020, is therefore subject to an appropriation of funds by, and at the sole discretion of, the City and Borough of Juneau Assembly.

17. Termination. Each Party shall have the right, upon written notice, to terminate any SOW or this Agreement, whether or not the other Party is in default or in breach. If the non-terminating Party has not breached the Agreement or a SOW hereunder, the non-terminating Party shall be entitled to delivery of the Work Product to date or accrued and undisputed payment hereunder, as the case may be. Upon termination of any SOW or this Agreement for any cause or for no cause, or at any earlier time upon the demand of Customer, Consultant shall, without cost to Customer, (a)

deliver to Customer in an orderly and expeditious manner all data, records, documentation, and other property belonging to Customer then in the possession of Consultant, including, but not limited to, the Work Product and Consultant Property and all copies, extracts, summaries, and portions thereof, on whatever media rendered; (b) purge from its computer systems any Work Product and all copies, extracts, summaries, and portions thereof; and (c) upon request of Customer, certify in writing that it has complied with these requirements. Sections 4 through 20 and 23 shall survive the expiration or termination of this Agreement. Notwithstanding anything to the contrary contained in this Agreement, if Consultant breaches any term or condition of this Agreement, Customer may, at its option, exercise any one or more of the following remedies: (i) terminate this Agreement, effective immediately upon written notice to Consultant; (ii) terminate the applicable SOW, effective immediately upon written notice to Consultant, (iii) withhold any further payments otherwise due to Consultant hereunder; or (iv) exercise any other rights and remedies available at law or in equity.

18. Inspection and Retention of Records. Customer may inspect, in the manner and at reasonable times it considers appropriate, all of Consultant’s facilities, records, and activities having any relevance to this contract. Consultant shall retain financial and other records relating to the performance of this contract for a period of six years, or until the resolution of any audit findings, claims, or litigation related to the contract.

19. Regulatory Requirements.

19.1 Compliance. The parties intend that this Agreement comply at all times with all existing and future applicable laws, including state and federal anti-kickback laws, the Medicare/Medicaid Anti-Fraud and Abuse Statutes, the restrictions on Customer and its Affiliates by virtue of its tax exempt status, and the federal law relating to physician referrals. If at any time, as the result of the enactment of a new statute, the issuance of regulations, or otherwise, either party receives a written opinion of counsel that there is a substantial risk that, as a result of this Agreement, either party does not comply with applicable law, then the parties shall use good faith efforts to reform this Agreement in such a manner so that it complies with applicable law. If, after the exercise of such good faith efforts for a period of at least thirty (30) business days, the parties have not agreed on amendment(s) to this Agreement that resolve legal issues referred to above, then the party(s) whose receipt of a legal opinion triggered renegotiation may terminate this Agreement upon at least sixty (60) calendar days written notice to the other party.

19.2 HIPAA Compliance. Consultant agrees that any products or Services provided under this Agreement will comply with all federal and state regulations, rules, or orders applicable to Customer and its Affiliates, including but not limited to regulations promulgated under Section 264 of the Health Insurance Portability and Accountability Act (Public Law 104-91 – “HIPAA”). Consultant agrees to the terms of the Business Associate Addendum attached hereto as Exhibit C and further agrees to execute any amendments thereto reasonably requested by Customer to meet Customer's regulatory obligations.

19.3 Recordkeeping. To the extent that Section 952 of the Omnibus Reconciliation Act of 1980 (the “Act”) and the regulations promulgated thereunder are applicable to this Agreement, Consultant, and the organizations related to it, if any, performing any of the duties pursuant to this Agreement valued at Ten **Thousand** Dollars (\$10,000) or more in any twelve (12)-month period shall, until four (4) years after the furnishing of Services pursuant to this Agreement, comply with requests by the Comptroller General, the Secretary of the Department of Health and Human

Services, and their duly authorized representatives for access (in accordance with Section 952 of the Act) to any contract or agreement between Consultant and Customer for Services and to any contract or agreement between Consultant and such related organizations, as well as the books, documents and records of Consultant and its related organizations, if any, which are necessary to verify the cost of the Services provided.

19.4 Exclusion. Consultant represents and warrants that neither it nor any of its employees or other contract staff (collectively referred to in this paragraph as “employees”) has been nor is it about to be excluded from participation in any Federal Healthcare Program (as defined herein). Consultant agrees to notify Customer within five (5) business days of Consultant's receipt of notice of intent to exclude or actual notice of exclusion from any such program. The listing of Consultant or any of its employees on the Office of Inspector General's exclusion list (OIG website), the General Services Administration's Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (GSA website) for excluded individuals and entities, any state Medicaid exclusion list, or the Office of Foreign Assets Control's (OFAC's) blocked list shall constitute "exclusion" for purposes of this paragraph. In the event that Consultant or any of its employees is excluded from any Federal Healthcare Program or placed on the OFAC's blocked list, this Agreement shall immediately terminate without penalty to Customer, unless Customer elects in writing to continue this Agreement. For the purpose of this paragraph, the term “Federal Healthcare Program” means the Medicare program, the Medicaid program, TRICARE, any health care program of the Department of Veteran Affairs, the Maternal and Child Health Services Block Grant program, any state social services block grant program, any state children's health insurance program, or any similar program.

20. Entire Agreement. This Agreement and the attached exhibits referenced herein and any SOW created pursuant hereto, constitutes the entire agreement between Customer, and Consultant with respect to the subject matter hereof; and supersedes all proposals, oral or written, and all other communications between the parties with respect to such subject matter. The headings of sections of this Agreement are for convenience of reference only and shall not affect the meaning or interpretation of this Agreement in any way.

21. Priority. The terms and conditions of this Agreement may not be amended or modified, except in writing signed by Customer and Consultant. The terms of this Agreement shall be given priority over any conflicting terms in an SOW or Change Order. In the event of a conflict between the terms of an SOW and Change Order, the terms of the Change Order shall be given priority.

22. No Waiver. No failure or delay of either party to exercise any rights or remedies under this Agreement shall operate as a waiver thereof.

23. Non-Assignable. Consultant may not assign any of its rights or delegate any of its duties pursuant to this Agreement without the prior written consent of Customer and any attempted assignment without such consent shall be void.

24. Choice of Law and Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Alaska excluding all choice of law provisions, and all proceedings relating to the subject matter hereof shall be maintained exclusively by the Alaska Superior Court, First Judicial District, situated in Juneau, Alaska. Consultant hereby consents to personal jurisdiction and venue therein and hereby waives any right to object to personal jurisdiction or venue.

25. Severability. In the event that a court of competent jurisdiction holds any provision of this Agreement invalid or unenforceable in any circumstances, the remainder of this Agreement, and the application of such provision in any other circumstances, shall not be affected thereby.

26. Notice. All notices required hereunder shall be given in writing and addressed or delivered to the persons specified in this Agreement. Any such notice shall be effective upon depositing the notice in first-class mail or certified mail, return receipt requested, at the addresses below or upon actual receipt. Each Party and Affiliate may change the persons designated to receive notice hereunder by written notice.

If to Customer:

Name: Charles Bill
Title: CEO
Address 1: 3260 Hospital Drive
Address 2:
City, State, ZIP: Juneau, Alaska 99801

If to Consultant:

Name: John Budd
Title:
Address 1: 3030 Clarendon Boulevard
Address 2: Suite 600
City, State, ZIP: Arlington, VA 22201

IN WITNESS WHEREOF, Customer and Consultant have caused their duly authorized representatives to execute this Agreement on the date(s) set forth below.

CUSTOMER

BY: _____

Its: _____

Date

CONSULTANT

BY: _____

Its: _____

Date

EXHIBIT A - Statement of Work Form

Statement of Work No. 1

This Statement of Work is entered into as of the February 21, 2020 (“Statement of Work Effective Date”) by and between Customer and Consultant pursuant to the Consulting and Professional Services Agreement between Customer and Consultant (“Agreement”), and is subject to the terms and conditions of the Agreement. Capitalized terms used in this SOW but not defined herein shall have the meanings assigned to them in the Agreement. Notwithstanding anything to the contrary in the Agreement, the parties agree and acknowledge that there are no third party beneficiaries to this SOW. In the event an Affiliate of Customer is entering into this Statement of Work, such Affiliate shall be considered the “Customer” for purposes of the Agreement, this Statement of Work, and any change orders thereto.

I. Description of Services and Milestones

The attached Description of Services and Milestones is based on ECG’s RFP Response to RFP 20-109 BRH Provider Network Development Analysis or RFP (“Response”), as modified by the revised proposal from ECG Management Consultants on February 14, 2020, and this Exhibit A.

Deliverables:

ECG Consultants will perform Components A-C Tasks 1 through 15 as outlined in Table 1 in the RFP response as revised on February 14, 2020, and attached to this SOW.

The key project deliverables for this engagement will be provided in the form of Microsoft PowerPoint presentations that summarize the analytical work and input that is gathered through meetings and work sessions, interviews, and focus groups. Specifically, these presentations will include the following:

- » Board and executive leadership education sessions regarding the changing healthcare environment and new developments in partner relationships.
- » A strategic profile for BRH, including:
 - › A high-level market, strategic, and financial position assessment;
 - › BRH’s point of view and future-state vision of how it intends to serve and be positioned within the market in the near, intermediate, and long term;
 - › Articulation of key critical success factors that will close the gap between the current and desired future state.
- » A summary of independent strategic and financial projections, including:
 - › The expected impact on volume and/or costs, and the operating and capital requirements necessary to support the future state;
 - › A summary of key assumptions and output of the financial projections, as well as a financial plan tied to the independent strategic and financial direction.
- » A summary of the evaluated strategic partnership alternatives and structures, potential benefits and risks, and recommended next steps.
- » A comprehensive summary encompassing the findings, which will serve as the primary communication document to organizational stakeholders.

Start Date: upon signature of both parties

Projected End Date: May 1, 2020

II. Fees (indicate all that apply)

Fixed Price of \$insert cost here for

- The above Fixed Price includes Materials and Expenses.
- The above Fixed Price does not include Materials and Expenses.

Time, Materials and Expenses (subject to the “not-to-exceed amount”): Project shall not exceed \$200,000 in professional fees without a written change order and subject to appropriation by the CBJ as follows:

Estimated 176 Labor Hours Required to Complete the Work: Project Officer
Labor Rate: \$567.00
Maximum Pre-authorized Fees: \$99,792.00 (Estimated Labor Hours x Hourly Rate)

Estimated 160 Labor Hours Required to Complete the Work: Project Manager
Labor Rate: \$470
Maximum Pre-authorized Fees: \$75,200 (Estimated Labor Hours x Hourly Rate)

Estimated 80 Labor Hours Required to Complete the Work: Project Staff
Labor Rate: \$285
Maximum Pre-authorized Fees: \$22,800 (Estimated Labor Hours x Hourly Rate)

The table below outlines anticipated hours by major project component:

Project Component	Anticipated Hours			Professional Fees
Component A: Assessment of Current-State Position	231	to	250	\$ 80,000
Component B: Assessment of Future-State Position	172	to	195	60,000
Component C: Articulation of Strategic Alternatives	<u>172</u>	<u>to</u>	<u>195</u>	<u>60,000</u>
Total	575	to	640	\$200,000

III. Materials/Expenses

List of Materials and Expenses Required to Complete the Work:

In addition to professional fees, ECG may incur project-related expenses which will include travel, phone, and other out-of-pocket expenses, not to exceed \$300,000.

Maximum Pre-authorized Materials and Expenses: \$30,000.

Whenever possible, Consultant will utilize videoconferencing tools to reduce these out-of-pocket costs. In addition, all onsite presentations will be approved by BRH’s CEO prior to booking travel.

IV. Not-to-Exceed Amount

Under no circumstances shall the amounts payable under this Statement of Work (including fees, materials and expenses) exceed \$ 230,000.00 (the “not-to-exceed amount”) without a written change order and subject to appropriation by the CBJ.

V. Additional Terms and Conditions

Consultant may not increase the hourly labor rates quoted above in Section II during the duration of this Statement of Work.

IN WITNESS WHEREOF, Customer and Consultant have caused duly authorized representatives of the respective parties to execute this Statement of Work as of the Statement of Work Effective Date.

CUSTOMER

CONSULTANT

BY: _____

BY: _____

Its: _____

Its: _____

Date

Date

DESCRIPTION OF SERVICES AND MILESTONES

Component A: Assessment of Current-State Position

Task 1 Market and Strategic Position Assessment

ECG will assess BRH's current strategic position in the local and regional markets, building on the most recent market assessment and other analyses completed by BRH, if applicable. ECG's understanding of the historical market dynamics will also expedite the completion of this task. Specifically, ECG will consider the following:

- » Local market demographics, including the age and payer profile of BRH's service area population
- » BRH's clinical portfolio, including volumes, market share trends, geographic draw, patient complexity, financial performance, physician dynamics, and programmatic differentiation, as appropriate
- » Significant and/or unexpected changes in BRH's performance related to quality, efficiency, and customer satisfaction, as well as supply and demand for its services
- » BRH's distribution network and key access points
- » Regional system development, summarizing the strategic footprints and market position of key systems

ECG will also review BRH's strategic plan, if applicable, to understand the organization's priorities, goals, and targeted outcomes as well as its major initiatives, with an emphasis on market-based strategies and key accomplishments to date.

Task 2 Stakeholder Interviews

ECG will conduct individual interviews (not to exceed 15 interviews) with BRH's Board of Directors and senior leaders to gain insights regarding the following:

- » BRH's long-term objectives
- » Differentiating characteristics that have led to BRH's historical sustainability
- » Aspirations, objectives, and guiding principles for a potential affiliation/partnership
- » Key elements that must be part of an affiliation/partnership, including any specific economic and noneconomic expectations and requirements
- » Other factors or considerations

Task 3 Financial Position Assessment

ECG will comprehensively evaluate BRH's current financial position, capital capacity, and high-level performance requirements, inclusive of a credit analysis, debt capacity analysis, baseline multiyear capital plan, and/or capital position analysis. Key components of the assessment are outlined below.

- » *Credit Analysis:* Using the most recent capital market medians, ECG will develop a credit profile analysis that will form the basis for estimating current capital capacity and set future organizational goals and targets. This work will be performed within the context of BRH's credit rating-specific goals and objectives, if applicable.

- » *Debt Capacity Analysis:* ECG will estimate the debt capacity of BRH's operating entities based on industry standard methodologies, including cash flow, balance sheet, and cash-to-debt approaches.
- » *Baseline Multiyear Capital Plan:* ECG will work with BRH to develop a multiyear estimate of the capital requirements of the organization, including ongoing capital, strategic initiatives, information technology (IT) plans, facilities options, and so forth.
- » *Capital Position Analysis:* The above information will be summarized in a presentation document that indicates whether, considering its strategic goals, BRH is expected to have a capital surplus or a shortfall over the planning period.

Key Meetings

- » **One or two meetings with the planning committee (as needed)**
- » **Sessions with the senior leadership team to prepare for and debrief after the steering committee meetings**

Component B: Assessment of Future-State Position

Task 4 Articulation of BRH's Point of View

ECG will work closely with BRH and CBJ to prepare a point of view that describes the key healthcare industry characteristics and trends that are expected to have the greatest impact on BRH's local and regional market. These may include but are not limited to the following:

- » Direction of federal and state healthcare policy
- » Health services needs of the population
- » Evolution of technology to support care delivery
- » Nature of relationships between health services providers
- » Organization and structure of future service delivery distribution systems
- » Role of the patient in care management
- » Structure and function of the insurance market
- » Reimbursement environment
- » Outlook for continued consolidation in the region and nationally
- » Validity and feasibility of current strategic plans and options

With this set of characteristics in mind, ECG will work collaboratively with BRH to identify planning assumptions and key uncertainties. Then ECG will outline the implications for the organizational strategies and types of initiatives and investments that are—and are not—consistent with BRH's point of view. This will also provide the context and rationale for BRH's future-state vision that will be communicated to internal and external stakeholders following this process. Upon completion of the point of view, ECG will work with BRH leadership and other constituencies to determine the organization's desired position in the region.

Task 5 Market Demand and Utilization Projections

Demand modeling will rely on quantitative and qualitative findings uncovered during the market and internal assessment of BRH and its service area. First, volumes for future hospital-based services and outpatient sites will be forecast. Following the volume projections, facility need by key room and modality will be projected over 5-year and 10-year time frames. ECG's approach is to model future bed need based on the following four key variables that drive demand for inpatient beds:

- » Population
- » Inpatient utilization rates
- » Incremental patient volumes to the market
- » Operational factors such as occupancy rates and length of stay

The estimated volumes will then be translated into key capacity considerations based on historical BRH experience and external benchmark throughput/occupancy standards. For inpatient units, the focus will be on beds and bed type. ECG will build on existing facility planning efforts already under way at BRH to reduce fees whenever possible.

Task 6 Financial Projections

ECG will use BRH's existing long-term financial projections, if applicable, to establish a multiyear view of the organization and assess its capital requirements and financial position under various operational and strategic scenarios. Specifically, ECG will assist BRH's financial leadership in:

- » Identifying the level of performance required to support defined capital needs.
- » Reviewing the current financial projections and recommending adjustments to the underlying assumptions, as appropriate.
- » Determining the level of utilization and market-share growth or the cost-saving initiatives required to reach the performance associated with a success strategy; assessing the likelihood of achieving this level.

Task 7 Sensitivity, Scenario, and Risk Analysis

ECG will assist BRH in identifying the key variables that drive performance and the sensitivities that will be applied to each. ECG will then work with BRH's financial leadership to test the implications of a select number of scenarios (e.g., two or three) compared to the existing financial projections. The analysis will allow ECG to better understand BRH's likely future performance. It will also reveal the dependence of this performance on key variables (including volume, payer mix, and reimbursement rates) and inform our assessment of BRH's viability as a stand-alone entity.

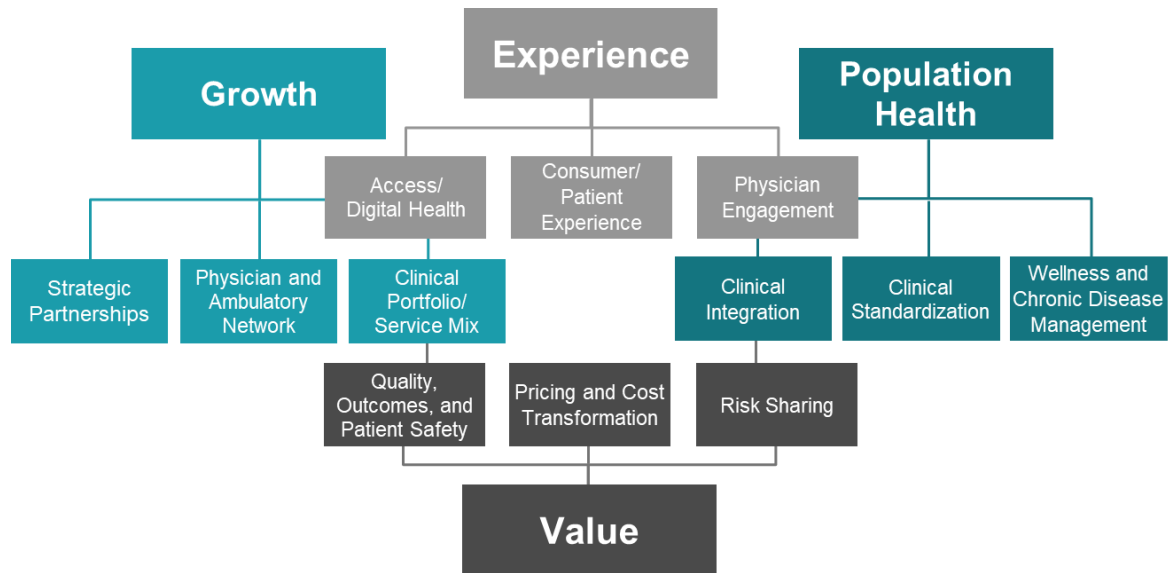
Task 8 Implications of a Stand-Alone Strategy

ECG will use strategic planning framework and the findings from the aforementioned tasks to advance the strategic considerations for BRH into a roadmap for future success. This

process will include establishing or refining BRH's specific goals and identifying preliminary strategies that support the achievement of each goal.

As illustrated in figure 2, ECG believes that, under the current—and ever-evolving—funding and care delivery environment in the United States, health systems must be able to organize and execute across four key strategic imperatives: (1) growth and positioning, (2) community and patient experience, (3) population health management, and (4) value.

Figure 2: ECG's Strategic Planning Framework



ECG will offer focused recommendations for improvement, redesign, and/or optimization across each of these areas. With these recommendations as context, ECG will then work with BRH to assess the ramifications of a viable stand-alone strategy. Specifically, ECG will jointly outline the critical success factors for BRH as an independent organization that would most effectively position it against competitors and address internal weaknesses or deficiencies.

Key Meetings

- » One or two meetings with the planning committee (as needed)
- » Sessions with the senior leadership team to prepare for and debrief after the planning committee meetings

Component C: Articulation of Strategic Alternatives

Task 9 Guiding Principles and Evaluation Criteria

Based on the work completed in the previous components, ECG will define the long-term objectives that clearly articulate what BRH would seek to achieve through a potential partnership. ECG will then work with the steering committee to prioritize those objectives by facilitating discussions related to the relative importance and merit of each objective. These long-term objectives will be synthesized into a set of guiding principles.

From the guiding principles, a set of evaluation criteria will be developed that reflects BRH's priorities, including its continued relevance in the market and the achievement of its vision. This criteria will be used to facilitate the evaluation of partnership options and potential partner organizations. Collectively, ECG will continually measure our progress, based on these initial objectives and guiding principles, to direct the process toward identifying a partnership that addresses BRH's vision, goals, and objectives.

**Task
10**

Identification of Strategic Alternatives

Using the guiding principles and evaluation criteria developed in task 9, ECG will assist BRH in examining its strategic alternatives, which may include the following:

- » Remaining an independent health system
- » Engaging a third-party management company
- » Pursuing less than fully integrated partnerships (e.g., joint ventures, collaboratives)
- » Fully integrating BRH into a larger system, an academic medical center, or community providers
- » Exploring nontraditional partnerships and affiliations
- » Other alternatives identified during the analysis

**Task
11**

Assessment of Spectrum of Partnership Options

ECG will evaluate the spectrum of partnership models that would retain local control in Juneau, ranging from highly integrated structures (e.g., mergers, acquisitions, consolidations, joint operating agreements) to structures that are less than fully integrated (e.g., joint ventures, management agreements, clinical affiliations). In addition, we will discuss the long-term track record for success that is associated with the various models. Finally, for each structural partnership option, ECG will assess the impact on those factors that are critical to BRH's success, relative to remaining independent.

Task 12	<p>Profiles of Potential Partners</p> <p>ECG will assemble high-level profiles of possible partners, including organizations in the market and/or the region that could potentially advance BRH’s achievement of the critical success factors previously identified. These partnership profiles would include the following:</p> <ul style="list-style-type: none"> » Corporate form » Ownership/sponsorship » Scope and scale of principal service-delivery sites » Corporate infrastructure » Physician platform » Utilization trends » Market share trends » Key services and points of competitive differentiation
Task 13	<p>Evaluation of Strategic Alternatives</p> <p>ECG will develop a detailed evaluation matrix and accompanying analyses that summarize the qualitative and quantitative factors of BRH’s stand-alone strategy versus a partnership-pursuit strategy. The framework will delineate the strategic alternatives that are available and the potential risks and rewards associated with each approach.</p>
Task 14	<p>Deliberations</p> <p>ECG will facilitate a series of deliberations with the planning committee to review and discuss the analysis, interpret the implications of the strategic alternatives, and reach consensus on the key messages to be delivered to the Board of Directors and related constituencies.</p>
Task 15	<p>Final Presentation to the Board of Directors</p> <p>ECG will present an overview of the results of our work during the May 2020 Board of Directors meeting, facilitate a discussion about the findings and recommendations, and outline next steps given the conclusions from BRH’s evaluation of its strategic options.</p>
	<p>Key Meetings</p> <ul style="list-style-type: none"> » Two or more meetings with the planning committee » Sessions with the senior leadership team to prepare for and debrief from the steering committee meetings » A detailed on-site briefing of the Board of Directors

EXHIBIT B - Change Order Form

Change Order No. _____

This Change Order is entered into as of _____, 20__ (“Change Order Effective Date”) by and between Customer and Consultant, pursuant to the Agreement between the Consultant and Customer, Statement of Work No. __ (“Statement of Work”), and previously issued Change Order Nos. _____ (“Change Orders”), and is subject to the terms and conditions of the Agreement, the Statement of Work, and the Change Orders unless otherwise noted herein.

I. Description of Changes to Services and Milestones

[INCLUDE THE IDENTITY OF THE PARTY REQUESTING THE CHANGES, THE REASON FOR THE CHANGES, THE BENEFIT OF THE CHANGES, AND A DETAILED DESCRIPTION OF THE CHANGES TO THE SERVICES TO BE RENDERED. INCLUDE A NEW PROJECT SCHEDULE IDENTIFYING ALL CRITICAL MILESTONES.]

Description of Changes to Deliverables

[LIST AND DESCRIBE THE CHANGES TO ALL DELIVERABLES FROM THE STATEMENT OF WORK (AS AMENDED BY ANY CHANGE ORDERS) TO BE GENERATED AND PROVIDED TO CUSTOMER]

New Projected End Date: _____

II. Changes to Fees (indicate all that apply)

___ **New Fixed Price of \$** _____.

___ The above Fixed Price includes Materials and Expenses.

___ The above Fixed Price does not include Materials and Expenses.

___ **New Time, Materials and Expenses (subject to the “not-to-exceed amount”)**

Estimated _____ Labor Hours Required to Complete the Work: _____

Labor Rate: Per Agreement Exhibit C, Rate Card

Maximum Pre-authorized Fees: \$ _____ (Estimated Labor Hours x Hourly Rate)

Estimated _____ Labor Hours Required to Complete the Work: _____

Labor Rate: \$ _____

Maximum Pre-authorized Fees: \$ _____ (Estimated Labor Hours x Hourly Rate)

Estimated Other Labor Hours Required to Complete the Work: _____

Labor Rate: \$ _____ per _____

Maximum Pre-authorized Fees: \$ _____ (Estimated Labor Hours x Hourly Rate)

Total Pre-authorized Fees: _____ (sum of each category)

III. Additional Materials/Expenses

List of Additional Materials and Expenses Required to Complete the Work:

Revised Maximum Pre-authorized Materials and Expenses: \$ _____

IV. Revised Not-to-Exceed Amount

Under no circumstances shall the amounts payable under the Statement of Work (including fees, materials and expenses) exceed \$_____ ("not-to-exceed amount").

V. Additional Terms and Conditions

[LIST ANY ADDITIONAL TERMS AND CONDITIONS TO APPLY ONLY TO THIS CHANGE ORDER]

IN WITNESS WHEREOF, Customer and Consultant have caused duly authorized representatives of the respective parties to execute this Change Order as of the Change Order Effective Date.

CUSTOMER

CONSULTANT

BY: _____

BY: _____

Its:

Its: _____

Date

Date

EXHIBIT C – HIPAA Business Associate Agreement

THIS BUSINESS ASSOCIATE AGREEMENT is made and entered into as of the February 21, 2020 (“Effective Date”), by and between the City and Borough of Juneau by and through Bartlett Regional Hospital (“BRH”), an enterprise fund and administrative division of the municipality, each considered a Covered Entity as defined in HIPAA and hereinafter referred to as “Covered Entity,” and ECG Management Consultants, , also identified as "Consultant" (“Business Associate”).

RECITALS

WHEREAS, the Business Associate and the Covered Entity have entered into a Consulting and Professional Services Agreement (the “Agreement”) wherein the Business Associate creates, receives, maintains, or transmits Protected Health Information (“PHI”) on behalf of the Covered Entity and to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”), and implementing regulations which are codified at 45 C.F.R. Parts 160 and 164, as amended from time to time (collectively the “HIPAA Standards”), the parties agree to the terms herein.

1. Permitted Uses and Disclosures by Business Associate

- a) The Business Associate’s use and disclosure of PHI shall comply in all respects with the HIPAA Standards.
- b) Except as otherwise limited in this Business Associate Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate the HIPAA Standards if done by Covered Entity. Business Associate shall not use or disclose PHI other than permitted or required by this Business Associate Agreement or as required by law. The Business Associate shall limit the use and disclosure of PHI to the minimum necessary to accomplish the intended purpose of the use or disclosure of the PHI or as required pursuant to the Agreement. All such uses and disclosures shall be consistent with the Covered Entity’s minimum necessary policies and procedures.
- c) Except as otherwise limited in this Business Associate Agreement, Business Associate may use and disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that (i) the disclosure is required by law and timely notice is provided to Covered Entity prior to the disclosure, or (ii) Business Associate obtains reasonable assurances from the recipient that the PHI will remain confidential and used or further disclosed only as required by law for the purposes for which it was disclosed to the recipient, and the recipient promptly notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.
- d) Unless requested in writing by the Covered Entity, Business Associate may not use PHI to provide Data Aggregation services.

- e) Owner of PHI. Under no circumstances shall Business Associate be deemed in any respect to be the owner of any PHI used or disclosed by or to Business Associate by Covered Entity.

2. Obligations and Activities of Business Associate

- a) Business Associate shall ensure, through a written agreement, that any subcontractors of Business Associate that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such PHI, including without limitation, the restrictions, conditions, and requirements of this Business Associate Agreement and the HIPAA Standards.
- b) Business Associate shall immediately report to Covered Entity any use or disclosure of PHI not provided for by this Business Associate Agreement, any Breach, or any Security Incident involving the PHI of which the Business Associate, or a subcontractor of the Business Associate, becomes aware (each, an “Incident”). The Business Associate shall identify each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed during an Incident. Notice shall be made to the Covered Entity no later than five (5) calendar days after discovery of the Incident by Business Associate or a subcontractor of the Business Associate, whichever is earlier, except that in the event urgent notice may be required due to the possible imminent misuse of PHI, Business Associate shall notify Covered Entity in writing without unreasonable delay and in no case later than two (2) calendar days. Business Associate accepts the burden of demonstrating that such notice was timely, proper, and in accordance with HIPAA Standards. Business Associate shall, at its expense, take any action necessary or requested by the Covered Entity to mitigate, to the extent practicable, any harmful effect of an Incident. Business Associate shall, at its expense, provide all information and take all action requested by Covered Entity and consistent with the HIPAA Standards to assist Covered Entity in providing notice of an Incident.
- c) Business Associate shall restrict disclosures or communicate confidentially with Individuals as required by the HIPAA Standards and as requested by the Covered Entity.
- d) If the Business Associate maintains PHI in a Designated Record Set, the Business Associate shall:
 - (1) provide access (including inspection, obtaining a copy or both), in the time and manner designated by Covered Entity, and Business Associate shall not charge any fee greater than the lesser of the amount permitted by State Law or the Business Associate’s actual cost of postage, labor and supplies for complying with the request;
 - (2) make available PHI for amendment and incorporate any amendment(s) in the time and manner designated by Covered Entity; and

- (3) provide access to PHI that is in electronic format in the form and format requested by the Individual or Covered Entity, if not readily producible in such form or format, in a readable electronic form and format agreed to by the Covered Entity and the Individual, and transmit such copy directly to an entity or person designated by the Individual or Covered Entity. Business Associate shall not charge any fee greater than the lesser of the amount permitted by State law or the Business Associate's actual cost of postage, labor, and supplies for complying with the request.
- e) Business Associate shall make internal practices, books, and records relating to the use and disclosure of PHI available to the Covered Entity or the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary investigating or determining Covered Entity's or Business Associate's compliance with the HIPAA Standards.
- f) Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity or Business Associate under the HIPAA Standards to respond to a request by an Individual for an accounting of disclosures of PHI. Business Associate shall provide, in the time and manner designated by Covered Entity, an accounting of disclosures required by the HIPAA Standards made by the Business Associate.
- g) Business Associate shall prevent the use or disclosure of the PHI other than as provided for in this Business Associate Agreement and shall comply, where applicable, with the HIPAA Standards with respect to electronic PHI, including Subpart C of 45 C.F.R. Part 164 ("Security Rule"). The Business Associate shall implement and maintain safeguards as necessary to ensure that all PHI is used or disclosed only as authorized under the HIPAA Standards and this Business Associate Agreement. Without limiting Business Associate's obligations under the HIPAA Standards, the Business Associate agrees to assess potential risks and vulnerabilities to PHI in its possession and develop, implement, and maintain appropriate administrative, physical and technical safeguards set forth in the HIPAA Standards to protect the confidentiality, availability, and integrity of the PHI that Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity. These measures must be documented and kept current, and must include, at a minimum, those measures that fulfill the requirements outlined in the HIPAA Standards and all guidance issued by the Secretary.
- h) Business Associate recognizes that violation of any HIPAA Standard by Business Associate may subject Business Associate to civil and criminal penalties, including those set forth in 42 U.S.C. § 1320d-5 and 1320d-6 and Subparts C-E of 45 C.F.R. Part 160 ("Enforcement Rule").
- i) Business Associate shall not, and shall ensure that its subcontractors do not, directly or indirectly receive any remuneration in exchange for any PHI unless approved in advance in writing by the Covered Entity in accordance with the HIPAA Standards.

- j) Business Associate shall not, and shall ensure that its subcontractors do not, engage in any marketing or fundraising that uses or discloses PHI.
- k) Business Associate shall respond to and shall assist the Covered Entity with responding to an investigation or compliance audit by the Secretary, or an action by an attorney general having jurisdiction involving PHI subject to this Agreement.
- l) To the extent that Business Associate is to carry out one or more of Covered Entity's obligations under Subpart E of 45 C.F.R Part 164 ("Privacy Rule"), Business Associate shall comply with such requirements that apply to Covered Entity in the performance of such obligations.
- m) Business Associate shall not create, receive, maintain, or transmit PHI outside of the United States or its Territories.

3. Term and Termination

- a) Term. The Term of this Business Associate Agreement shall be effective as of the effective date of the Agreement and shall terminate when all of the PHI maintained by Business Associate on behalf of Covered Entity is properly and completely destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy the PHI, protections are extended to such PHI in accordance with the termination provisions in this section.
- b) Termination for Cause. Upon Covered Entity's knowledge of a material breach of this Business Associate Agreement by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation, and Covered Entity shall terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, or immediately terminate the Agreement if Business Associate has breached a material term of this Business Associate Agreement and cure is not possible, as determined by the Covered Entity in its reasonable discretion.
- c) Effect of Termination.
 - (1) Except as provided in subparagraph (2) of this subsection (c), upon termination of the Agreement or this Business Associate Agreement, for any reason, Business Associate shall return or if authorized by Covered Entity, destroy all PHI maintained by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors of Business Associate. Business Associate shall retain no copies of the PHI.
 - (2) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. The Business Associate shall extend the protections of this Business Associate

Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible. Business Associate shall not use or disclose such PHI and shall maintain its security pursuant to this Business Associate Agreement for so long as Business Associate maintains such PHI.

- (3) The parties hereto understand and agree that the terms of this Business Associate Agreement are reasonable and necessary to protect the interests of the Covered Entity and the Business Associate. The parties further agree that the Covered Entity would suffer irreparable harm if the Business Associate breached this Business Associate Agreement. Thus, in addition to any other rights or remedies, all of which shall be deemed cumulative, the Covered Entity shall be entitled to obtain injunctive relief to enforce the terms of this Business Associate Agreement.

4. Miscellaneous

- a) Survival. The respective rights and obligations of Business Associate under Section 4(c) of this Business Associate Agreement shall survive the termination of this Business Associate Agreement.
- b) Indemnification. Business Associate agrees to indemnify, defend, and hold harmless the Covered Entity from any and all loss, liability, damage, cost, and expense, including without limitation civil monetary penalties, monetary settlements, fines, damages as a result of attorney general enforcement, and attorneys' fees resulting or arising from use or disclosure of PHI; breach of this Business Associate Agreement, or violation of the HIPAA Standards by Business Associate or its subcontractors, agents or employees made on the advice, request, or direction of Covered Entity, provided that Business Associate shall not indemnify Covered Entity for any act or omission made on advice, request or discretion of Covered Entity. This section 4(b) shall survive termination of this Business Associate Agreement.
- c) Insurance. Business Associate shall maintain insurance on a claims-made basis (with tail coverage for no less than three (3) years) with coverage in an amount equal to at least three million dollars (\$3,000,000) per claim and three million dollars (\$3,000,000) in the aggregate covering claims subject to indemnification pursuant to Section 4(b) above.
- d) Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Standards.
- e) No Private Cause of Action. This Business Associate Agreement is not intended to and does not create a private cause of action by any individual, other than the parties to this Business Associate Agreement, as a result of any claim arising out of the breach of this Business Associate Agreement, the HIPAA Standards or other state or federal law or regulation relating to privacy or security.

- f) Amendment. In the event that any law or regulation is enacted or promulgated regarding the protection of health information that is in any way inconsistent with the terms of this Business Associate Agreement or that interferes with Covered Entity’s obligations with respect to the protection of health information so as to warrant a modification to this Business Associate Agreement or in the event any HIPAA Standard is amended or modified, the Covered Entity shall have the right to amend this Business Associate Agreement to effectuate such change by providing notice thereof to Business Associate but without having to obtain Business Associate’s consent thereto. Except as set forth above in this Section 5(f), this Business Associate Agreement shall only be amended or modified upon written consent of the parties.

- g) Application of State Law. Where any applicable provision of State law relates to the privacy or security of health information and is not preempted by HIPAA, as determined by application of the HIPAA Standards, the parties shall comply with the applicable provisions of State law.

- h) Severability. If any provision of this Business Associate Agreement shall be declared invalid or illegal for any reason whatsoever, then notwithstanding such invalidity or illegality, the remaining terms and provisions of this Business Associate Agreement shall remain in full force and effect.

- i) Governing Law. This Business Associate Agreement shall be interpreted, construed, and governed according to the laws of Alaska. The parties agree that venue shall be the Alaska Superior Court in Juneau, Alaska, without regard to its conflicts of law principles, regarding any and all disputes arising from this Business Associate Agreement.

- j) Notices. Any notice or other communication given pursuant to this Business Associate Agreement must be in writing and (a) delivered personally, (b) delivered by overnight express, or (c) sent by registered or certified mail, postage prepaid, to the address set forth above and shall be considered given upon delivery.

IN WITNESS WHEREOF, the undersigned have executed this Business Associate Agreement as of the Effective Date.

Name Here: _____

By: _____

Printed Name:

Title:

BARTLETT REGIONAL HOSPITAL

By: _____

Printed Name:

Title:

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – February 21, 2020

Called to order at 12:01 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Mark Johnson*, Deb Johnston*, Brenda Knapp*, Iola Young, Marshal Kendziorek

Staff: Kevin Benson, CFO, Billy Gardner, COO, Bradley Grigg, CBHO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Megan Costello, CLO, Blessy Robert, Director of Accounting, Willy Dodd, and Megan Rinkenberger, Executive Assistant.

Other attendees: Tiara Ward (CBJ)

Public Comment: None

Mr. Johnson made a MOTION to approve the minutes from the January 17, 2020 Finance Committee Meeting. Ms. Knapp noted no objections and they were approved.

December 2019 Finance Review – Kevin Benson, CFO

December was the first month in a while that BRH did not meet budget expectations overall. Non-productive time was up (holidays and illness), which resulted in greater overtime and call back pay. Mr. Johnson requested clarification on the adjustments section.

CIP – Kevin Benson, CFO

First four items on project list are most accurate dollar amounts, then as the list goes out, the amounts become more of an estimate. Questions arise around charging stations for electric cars, and logistically how those would be managed and rolled out. Further discussion is discontinued in the interest of addressing the FY21 budget.

FY21 Budget Presentation – Kevin Benson, CFO

- Essentially a continuation of previous budget numbers, with very few anticipated changes for the coming year.
- An additional 5.2 FTE's were noted in the budget for the Detox facility, and 2.4 FTE's for a staffing department.
- Contract labor is budgeted at more than FY20, but less than actual FY19, since progress has been made staffing permanent positions. BRH anticipates onboarding an additional five or six nurses from the graduating UAS class each year.

- There will be a 4% price increase implemented for hospital services following a pricing study that was completed that showed BRH was below or at average pricing compared to other Alaska hospitals.
- Rural demonstration project reimbursement runs out in June. BRH will apply for “low-volume adjustment” which will provide about half the reimbursement that the RDP provided. Making the RDP project a permanent benefit for BRH is in progress in Washington D.C.
- The areas of risk in the budget, although low include not getting approved for the “low-volume discount” and losing that reimbursement, and the potential decrease in cruise ship passengers due to a social fear of Covid-19.
- Budget placeholder added for CMO, but this is not currently staffed.
- Annual budget to be divided into monthly expectations based on seasonal variation, versus evenly across the twelve months.

Mr. Johnson made a MOTION to move the FY21 budget to the Board of Directors, and Ms. Knapp seconded.

Next Meeting: March 20, 2020 at 12:00pm in BRH Boardroom.

Future meetings: 2nd Friday at 12:00pm in BRH Boardroom, starting April 2020.

Committee comments: None

Adjourned – 1:07 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

Budget Packet – FY2021

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Bartlett Regional Hospital

Operating and Capital Budgets

Budget Year 2021

2021 Operating Budget Framework:

BRH operations are reviewed and adjusted on an ongoing basis as opportunities arise, new rules and legislation becomes effective, staff or supply problems are encountered, and as other issues are dealt with. Operations are reviewed on an ongoing basis and not just during the budget process. Therefore, the 2021 fiscal year budget will be based on existing operations and adjusted for known changes. During the budget development the Finance staff met with 30 managers and covered the operations of 74 departments. Outlined below are the significant assumptions and known changes affecting the FY2020 budget.

Hospital and Clinic

Patient Volumes and Revenues: BRH has seen both increases and decreases in volumes in the past two years. Volume assumptions are as follows:

- BRH has seen increases in acute inpatient volumes over the past 2 years of 7.7%. To be conservative acute inpatient volumes are budgeted at the 2020 volumes. However, there will be some reduction with the opening of the Detox Unit. This is estimated to be 500 patient days removed from the Medical Floor.
- The Mental Health Unit has seen an 11.7% reduction in patient days over the past 2 years. With the unit being fully staffed it is anticipated volumes will increase 11.4% to average 9 patients per day. Patients needing this service continues to be in high demand so this seems a reasonable estimate. This will revenue by \$1.1 million and increase discounts by \$500,000.
- The Rainforest Recovery Unit has seen a decrease of 9.2% in its resident day volumes over the past 2 years. This was expected as the construction project took 4 beds out of service. The project will be complete very close to the start of the new fiscal year and will add 4 detox beds. Based on volumes seen in the Emergency Room it is anticipated that detox beds will average 3 residents per day. This added to the existing volume will increase resident days by 30.3%. Rainforest will charge the rate Medicaid rate so that discounts for this service are minimized. The additional revenue will be \$1.3 million.
- Outpatient volumes are difficult to predict and are budgeted to remain the same as 2020.
- Physician service volumes are expected to remain the same however the mix will change. The number of surgery clinic visits will decrease by 25% due to changes in medical staff. This will be offset by additional Ophthalmology and Behavioral Health clinic visits.
- A 4% price increase will be implemented at the start of the fiscal year. A pricing study was completed in preparation for the 2021 budget (see attachment 1). The study compared BRH to 14 hospitals in Alaska and Washington and was based on CMS charge data. The study shows that BRH has a very competitive pricing structure.

Discounts and Deductions:

- 65% of the 4% price increase will have no effect on what BRH gets paid, therefore there will be a significant increase in deductions. Inpatient discounts will be reduced due to the reduction of 500 patient days from the Medical Floor.

- There could be a significant impact to reimbursement if the Rural Demonstration Project is not renewed. BRH comes to the end of its 5-year cycle on June 30, 2020. This means BRH will see a reduction of \$3.2 million of Medicare reimbursement (see attachment 2). It does mean that BRH can apply to CMS for a Low Volume Adjustment to its DRG rates. This will add \$1,546,000 in additional reimbursement.

Salaries and Wages:

- There will be few staffing changes included in the 2021 budget. The attached FTE schedule outlines the changes from FY2020 budget to 2021. The staff changes that will take place are as follows:
 - There will be an FTE added to the Medical Staff (Credentialing) department to provide adequate resources to meet the workload of that area.
 - There were 5.2 FTEs added to Rainforest Recovery to provide care to patients in the Detox Unit.
 - A Staffing Center will be created to coordinate staffing for all nursing departments. Currently the responsibility for maintaining staff models and filling shifts is with the department managers. Any unexpected absence (illness) is filled by the managers or the House Supervisors. This means some of BRH's higher compensated personnel are being diverted from their primary responsibility to perform a clerical function. Staffing is pieced together with many individuals involved and is an inefficient process resulting in frustration and overtime. Added 2.4 FTE's dedicated to nurse staffing should reduce frustration, allow managers to focus on their primary responsibilities, coordinate efficient staffing and reduce overtime.
 - A halftime FTE for Chief Medical Officer was added.
- According to the union contract rates there will be a cost of living increase of 1.0%
- Having learned over the course of the past 2 years that Contract Labor will be incurred to cover staff turnover until replacement staff are hired. Therefore, there is more expense in the budget than in past years. It will be reduced through the employment of much of the nursing graduates from last summer. They have completed their orientations and are now filling open positions reducing the cost of Contract Labor.

Employee Benefits:

- Benefits will remain the same as 2020. However, there will be a 7.5% Health Insurance increase in premiums paid by BRH. BRH has a self-funded health insurance program combined with CBJ. In the past the plan has maintained a healthy fund balance. However, that fund balance is being drawn down over the past number of years as medical spending has exceeded current funding. The good news has been there were no increases since 2014 to BRH or staff but it needs increased funding over the next 2 years to maintain the positive fund balance. (See attachment 3).

Medical Professional Fees:

- Professional Fees will remain mostly unchanged with a slight inflationary increase.

Materials and Supplies:

- While there is not expected to be a significant change in supply usage, a market basket inflationary increase of 2.5% was applied. Just recently, the Operating Room with the cooperation of the orthopedic surgeons standardized the orthopedic implants and related supplies to one vendor. This allows the department to stock on consignment a full range of orthopedic supplies. Previously implants and supplies were received via overnight shipping which is very expensive. This change will reduce shipping costs by \$60,000.

Utilities:

- Utilities will increase as fuel and electricity prices increase.

Maintenance and Repairs:

- Maintenance and repairs will continue to increase as the facilities age and infrastructure needs upgrading.

Rentals and Leases:

- Rental and lease agreements include an annual inflation resulting in a 2.5% increase.

Insurance:

- Insurance costs show a slight decrease in premiums of 1.7%

Depreciation:

- A depreciation schedule was run that took into account 2020 capital acquisitions. A half year calculation was used for 2021 capital acquisitions.

Interest:

- Interest expense decreased slightly as principal is retired annually according to the debt amortization schedule of the bond issue.

Non-Operating Income:

- The budgeted Interest Income from CBJ shows Interest Income in the current year to return 1.75% for FY2020. The projected return for FY2021 is expected to be 1.75%

Bartlett Regional Hospital
Statistics for the Budget Year Ending June 20, 2020

Facility Utilization:	Actual FY 2017	Actual FY 2018	Actual FY2019	Projected 2020	Budget FY2021	Change FY19 to FY20	Change FY20 to FY21
Hospital Inpatient: Patient Days							
Patient Days - Med/Surg	4,723	4,795	4,476	5,042	4,542	12.6%	-9.9%
Patient Days - Critical Care Unit	969	1,062	1,077	1,134	1,134	5.3%	0.0%
Avg. Daily Census - Acute	15.6	16.0	15.2	16.9	15.6	11.2%	-8.1%
Patient Days - Obstetrics	853	804	805	814	814	1.1%	0.0%
Patient Days - Nursery	749	702	722	632	632	-12.5%	0.0%
Total Hospital Patient Days	7,294	7,363	7,080	7,622	7,122	7.7%	-6.6%
Births	333	315	325	290	290	-10.8%	0.0%
Mental Health Unit							
Patient Days - Mental Health Unit	2,809	3,493	3,341	2,950	3,285	-11.7%	11.4%
Avg. Daily Census - MHU	7.7	9.6	9.2	8.1	9.0	-11.7%	11.4%
Rain Forest Recovery:							
Patient Days - RRC	3,697	3,936	3,975	3,608	4,703	-9.2%	30.3%
Avg. Daily Census - RRC	10	10.8	10.9	9.9	12.9	-9.2%	30.3%
Outpatient visits	1,045	721	303	278	278	-8.3%	0.0%
Inpatient: Admissions							
Med/Surg	958	881	828	940	940	13.5%	0.0%
Critical Care Unit	474	487	479	526	526	9.8%	0.0%
Obstetrics	343	331	335	314	314	-6.3%	0.0%
Nursery	351	332	335	292	292	-12.8%	0.0%
Mental Health Unit	500	544	429	440	440	2.6%	0.0%
Total Admissions - Inpatient Status	2,626	2,575	2,406	2,512	2,512	4.4%	0.0%
Admissions - "Observation" Status							
Med/Surg	600	652	683	668	668	-2.2%	0.0%
Critical Care Unit	344	346	390	358	358	-8.2%	0.0%
Mental Health Unit	23	21	31	30	30	-3.2%	0.0%
Obstetrics	273	188	219	226	226	3.2%	0.0%
Nursery	3	12	7	2	2	-71.4%	0.0%
Total Admissions to Observation	1,243	1,219	1,330	1,284	1,284	-3.5%	0.0%
Surgery:							
Inpatient Surgery Cases	551	594	557	620	620	11.3%	0.0%
Endoscopy Cases	1,056	1,137	1,221	1,084	1,084	-11.2%	0.0%
Same Day Surgery Cases	1,270	1,233	1,153	1,220	1,220	5.8%	0.0%
Total Surgery Cases	2,877	2,964	2,931	2,924	2,924	-0.2%	0.0%
Total Surgery Minutes	192,833	178,815	184,710	181,754	181,754	-1.6%	0.0%
Outpatient:							
Total Outpatient Visits (Hospital)							
Emergency Department Visits	16,243	15,913	14,539	14,636	14,636	0.7%	0.0%
Cardiac Rehab Visits	1,145	837	1,045	768	768	-26.5%	0.0%
Lab Visits	3,924	3,707	3,035	4,738	4,738	56.1%	0.0%
Lab Tests	115,721	115,768	112,461	127,918	127,918	13.7%	0.0%
Radiology Visits	10,434	10,227	9,367	9,888	9,888	5.6%	0.0%
Radiology Tests	28,438	29,821	30,311	29,704	29,704	-2.0%	0.0%
Sleep Study Visits	212	287	311	340	340	9.3%	0.0%
Physician Clinics:							
Hospitalists	2,445	2,973	2,280	2,796	2,796	22.6%	0.0%
Bartlett Oncology Clinic	655	757	846	982	982	16.1%	0.0%
Ophthalmology Clinic	N/A	N/A	N/A	214	642	N/A	200.0%
Behavioral Health Outpatient visits	N/A	N/A	N/A	4,144	4,536	N/A	9.5%
Bartlett Surgery Specialty Clinic visits	3,688	4,678	3,628	3,278	2,459	-25.0%	-25.0%
	6,788	8,408	6,754	11,414	11,415	69.0%	0.0%
Other Operating Indicators:							
Dietary Meals Served	233,711	264,982	327,287	357,296	357,296	9.2%	0.0%
Laundry Pounds (Per 100)	3,571	4,841	4,776	4,518	4,518	-5.4%	0.0%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE BUDGET YEAR ENDING JUNE 30, 2021

	Actual FY 2017	Actual FY 2018	Actual FY 2019	Projected FY 2020	Budget FY 2021	YTD % VAR
Gross Patient Revenue:						
1. Inpatient Revenue	44,901,557	48,249,464	49,315,947	56,010,554	54,877,806	-2.0%
2. Inpatient Ancillary Revenue	11,967,312	12,403,151	10,858,901	11,899,978	12,376,085	4.0%
3. Total Inpatient Revenue	56,868,869	60,652,615	60,174,848	67,910,532	67,253,891	-1.0%
4. Outpatient Revenue	83,268,288	88,584,979	98,176,935	109,875,670	114,270,912	4.0%
5. Total Patient Revenue - Hospital	140,137,157	149,237,594	158,351,783	177,786,202	181,524,803	2.1%
6. RRC Patient Revenue	3,669,861	4,261,001	4,171,399	3,762,152	5,226,647	38.9%
7. BHOPS Patient Revenue	193,804	176,720	2,478,345	3,197,518	3,325,458	4.0%
8. Physician Revenue	8,882,932	10,231,684	10,006,086	11,958,246	12,436,573	4.0%
9. Total Gross Patient Revenue	152,883,753	163,906,998	175,007,613	196,704,118	202,513,482	103.0%
Deductions from Revenue:						
10. Inpatient Contractual Allowance	28,100,239	32,220,709	35,483,854	38,126,306	37,469,666	-1.7%
10a. Rural Demonstration Project	(6,899,351)	(3,866,693)	(3,699,996)	(3,700,000)	(1,546,000)	-58.2%
11. Outpatient Contractual Allowance	26,426,690	31,237,089	34,944,251	38,443,960	40,641,581	5.7%
12. Physician Service Contractual Allowance	4,934,656	5,738,046	5,159,877	7,282,724	7,843,494	7.7%
13. Other Deductions	224,915	205,845	173,535	167,516	180,917	8.0%
14. Charity Care	767,664	1,519,195	1,082,498	817,528	850,229	4.0%
15. Bad Debt Expense	4,139,400	648,984	3,066,546	4,464,494	4,643,074	4.0%
16. Total Deductions from Revenue	57,694,213	67,703,175	76,210,564	85,602,528	90,082,960	5.2%
% Contractual Allowances / Total Gross Patient Revenue	39%	40%	41%	43%	42%	-0.4%
% Bad Debt & Charity Care / Total Gross Patient Revenue	3%	1%	2%	3%	3%	1.0%
% Total Deductions / Total Gross Patient Revenue	38%	41%	44%	44%	44%	2.2%
17. Net Patient Revenue	95,189,540	96,203,823	98,797,049	111,101,590	112,430,522	1.2%
18. Other Operating Revenue	2,128,963	2,040,072	4,713,981	5,013,460	5,085,744	1.4%
19. Total Operating Revenue	97,318,504	98,243,894	103,511,030	116,115,050	117,516,266	1.2%
Expenses:						
20. Salaries & Wages	38,232,761	40,448,063	42,318,786	45,607,852	47,432,166	4.0%
21. Physician Wages	2,459,297	2,481,668	3,365,983	3,837,506	3,991,006	4.0%
22. Contract Labor	2,825,500	2,344,388	3,128,019	2,232,170	1,821,457	-18.4%
23. Employee Benefits	33,352,970	22,741,753	21,798,521	24,171,938	25,501,395	5.5%
	76,870,528	68,015,872	70,611,309	75,849,466	78,746,024	3.8%
% Salaries and Benefits / Total Operating Revenue	79%	69%	68%	65%	67%	
24. Medical Professional Fees	813,862	939,526	961,500	1,003,912	1,007,408	0.3%
25. Physician Contracts	2,577,719	3,622,534	2,622,926	2,798,402	2,930,735	4.7%
26. Non-Medical Professional Fees	2,571,048	2,592,676	1,883,186	1,908,618	1,902,906	-0.3%
27. Materials & Supplies	11,350,496	11,012,692	12,918,764	13,562,778	14,106,828	4.0%
28. Utilities	1,314,928	1,453,486	1,487,682	1,535,166	1,636,086	6.6%
29. Maintenance & Repairs	3,083,324	3,135,804	3,777,711	4,468,498	4,839,113	8.3%
30. Rentals & Leases	568,516	774,421	619,667	600,710	615,774	2.5%
31. Insurance	526,496	495,081	701,158	541,464	582,464	7.6%
32. Depreciation & Amortization	7,359,593	7,422,119	7,196,120	6,976,780	6,798,914	-2.5%
33. Interest Expense	666,110	653,430	638,664	629,432	603,370	-4.1%
34. Other Operating Expenses	1,058,985	807,823	1,378,727	1,418,898	1,515,551	6.8%
35. Total Expenses	108,761,605	100,925,464	104,797,415	111,294,124	115,285,174	3.6%
36. Income (Loss) from Operations	(11,443,102)	(2,681,570)	(1,286,386)	4,820,926	2,231,092	-53.7%
Non-Operating Revenue						
37. Interest Income	337,009	590,905	2,393,728	1,220,784	1,220,786	0.0%
38. Other Non-Operating Income	3,161,755	4,016,890	1,774,397	1,673,008	1,673,014	0.0%
39. Total Non-Operating Revenue	3,498,764	4,607,794	4,168,125	2,893,792	2,893,800	0.0%
40. Net Income (Loss)	(7,944,336)	1,926,227	2,881,740	7,714,718	5,124,892	-33.6%
Income from Operations Margin	-11.76%	-2.73%	-1.24%	4.15%	1.90%	-54.3%
Net Income	-8.16%	1.96%	2.78%	6.64%	4.36%	-34.4%

Hospital Pricing Specialists -- Department Charges Analysis

Source: CMS Claims through 3/31/19

Example: Bartlett Regional Hospital has a Charge Index of .54 for its Emergency Department, or charges that are 46% less than expected. Bartlett Regional Hospital has actual Emergency charges of \$879.51 per unit, versus an expected charge of \$1,633.66 per unit.

Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Emergency Department	Mt. Edgecumb Hospital	SITKA	AK	\$7,364.11	\$1,551.38	4.75
Emergency Department	Alaska Regional Hospital	Anchorage	AK	\$2,457.38	\$1,769.36	1.39
Emergency Department	Wrangell Medical Center	Wrangell	AK	\$2,091.67	\$1,549.08	1.35
Emergency Department	Providence Alaska Medical Center	Anchorage	AK	\$2,680.21	\$2,301.55	1.16
Emergency Department	Alaska Native Medical Center	Anchorage	AK	\$2,243.06	\$1,931.97	1.16
Emergency Department	Mat-Su Regional Medical Center	Palmer	AK	\$2,484.27	\$2,271.11	1.09
Emergency Department	Swedish Medical Center-First Hill	Seattle	WA	\$1,938.93	\$2,179.90	0.89
Emergency Department	Swedish Medical Center-Cherry Hill	Seattle	WA	\$2,298.47	\$2,672.08	0.86
Emergency Department	Central Peninsula Hospital	Soldotna	AK	\$1,858.99	\$2,294.02	0.81
Emergency Department	Providence Seward Medical Ctr	Seward	AK	\$1,705.60	\$2,310.74	0.74
Emergency Department	South Peninsula Hospital	Homer	AK	\$1,132.54	\$1,657.75	0.68
Emergency Department	Virginia Mason Medical Center	Seattle	WA	\$1,090.12	\$1,733.81	0.63
Emergency Department	Bartlett Regional Hospital	Juneau	AK	\$879.51	\$1,633.66	0.54
Emergency Department	Ketchikan Medical Center	Ketchikan	AK	\$1,167.10	\$2,486.95	0.47
Emergency Department	Petersburg Medical Center	Petersburg	AK	\$479.87	\$1,348.92	0.36
Hearing Services	Virginia Mason Medical Center	Seattle	WA	\$2,150.12	\$2,145.67	1.00
Hearing Services	Mt. Edgecumb Hospital	SITKA	AK	\$45.00	\$1,132.06	0.04
Laboratory and Pathology	Mat-Su Regional Medical Center	Palmer	AK	\$251.02	\$123.45	2.03
Laboratory and Pathology	Alaska Native Medical Center	Anchorage	AK	\$178.66	\$96.05	1.86
Laboratory and Pathology	Wrangell Medical Center	Wrangell	AK	\$172.58	\$109.48	1.58
Laboratory and Pathology	Petersburg Medical Center	Petersburg	AK	\$164.72	\$111.13	1.48
Laboratory and Pathology	Alaska Regional Hospital	Anchorage	AK	\$178.19	\$130.50	1.37
Laboratory and Pathology	Mt. Edgecumb Hospital	SITKA	AK	\$146.94	\$110.73	1.33
Laboratory and Pathology	Central Peninsula Hospital	Soldotna	AK	\$163.04	\$134.01	1.22
Laboratory and Pathology	Providence Seward Medical Ctr	Seward	AK	\$131.29	\$113.85	1.15
Laboratory and Pathology	Ketchikan Medical Center	Ketchikan	AK	\$127.24	\$112.50	1.13
Laboratory and Pathology	South Peninsula Hospital	Homer	AK	\$132.13	\$126.64	1.04
Laboratory and Pathology	Providence Alaska Medical Center	Anchorage	AK	\$123.55	\$119.26	1.04
Laboratory and Pathology	Bartlett Regional Hospital	Juneau	AK	\$138.74	\$136.85	1.01
Laboratory and Pathology	Swedish Medical Center-First Hill	Seattle	WA	\$139.38	\$139.47	1.00
Laboratory and Pathology	Swedish Medical Center-Cherry Hill	Seattle	WA	\$105.44	\$112.09	0.94
Laboratory and Pathology	Virginia Mason Medical Center	Seattle	WA	\$72.30	\$106.51	0.68

Hospital Pricing Specialists -- Department Charges Analysis

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Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Medicine Services	Alaska Regional Hospital	Anchorage	AK	\$1,802.88	\$914.59	1.97
Medicine Services	Alaska Native Medical Center	Anchorage	AK	\$571.99	\$335.01	1.71
Medicine Services	Mat-Su Regional Medical Center	Palmer	AK	\$916.30	\$555.20	1.65
Medicine Services	Providence Alaska Medical Center	Anchorage	AK	\$1,984.72	\$1,787.12	1.11
Medicine Services	Providence Seward Medical Ctr	Seward	AK	\$264.62	\$246.10	1.08
Medicine Services	Mt. Edgcomb Hospital	SITKA	AK	\$192.70	\$180.74	1.07
Medicine Services	Swedish Medical Center-First Hill	Seattle	WA	\$348.46	\$363.97	0.96
Medicine Services	Ketchikan Medical Center	Ketchikan	AK	\$230.72	\$255.85	0.90
Medicine Services	Bartlett Regional Hospital	Juneau	AK	\$415.20	\$461.06	0.90
Medicine Services	Swedish Medical Center-Cherry Hill	Seattle	WA	\$2,175.70	\$2,424.53	0.90
Medicine Services	Central Peninsula Hospital	Soldotna	AK	\$294.46	\$348.99	0.84
Medicine Services	Wrangell Medical Center	Wrangell	AK	\$256.12	\$316.05	0.81
Medicine Services	South Peninsula Hospital	Homer	AK	\$263.63	\$338.15	0.78
Medicine Services	Virginia Mason Medical Center	Seattle	WA	\$531.92	\$707.42	0.75
Medicine Services	Petersburg Medical Center	Petersburg	AK	\$149.47	\$224.24	0.67
Observation	Mt. Edgcomb Hospital	SITKA	AK	\$2,735.80	\$461.72	5.93
Observation	Mat-Su Regional Medical Center	Palmer	AK	\$393.14	\$208.94	1.88
Observation	South Peninsula Hospital	Homer	AK	\$328.10	\$215.98	1.52
Observation	Providence Alaska Medical Center	Anchorage	AK	\$306.00	\$208.94	1.46
Observation	Alaska Regional Hospital	Anchorage	AK	\$225.70	\$208.94	1.08
Observation	Petersburg Medical Center	Petersburg	AK	\$246.37	\$250.80	0.98
Observation	Bartlett Regional Hospital	Juneau	AK	\$187.00	\$208.94	0.90
Observation	Providence Seward Medical Ctr	Seward	AK	\$196.42	\$232.00	0.85
Observation	Ketchikan Medical Center	Ketchikan	AK	\$151.14	\$225.83	0.67
Observation	Swedish Medical Center-Cherry Hill	Seattle	WA	\$126.00	\$208.94	0.60
Observation	Swedish Medical Center-First Hill	Seattle	WA	\$126.00	\$208.94	0.60
Observation	Central Peninsula Hospital	Soldotna	AK	\$116.00	\$208.94	0.56
Observation	Virginia Mason Medical Center	Seattle	WA	\$112.00	\$208.94	0.54
Observation	Wrangell Medical Center	Wrangell	AK	\$107.00	\$208.94	0.51
Occupational Therapy	Alaska Regional Hospital	Anchorage	AK	\$381.16	\$178.99	2.13
Occupational Therapy	Mat-Su Regional Medical Center	Palmer	AK	\$272.70	\$135.98	2.01
Occupational Therapy	Alaska Native Medical Center	Anchorage	AK	\$280.56	\$150.30	1.87

Hospital Pricing Specialists -- Department Charges Analysis

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Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Occupational Therapy	Providence Alaska Medical Center	Anchorage	AK	\$171.01	\$132.39	1.29
Occupational Therapy	Central Peninsula Hospital	Soldotna	AK	\$184.18	\$145.39	1.27
Occupational Therapy	Virginia Mason Medical Center	Seattle	WA	\$202.36	\$168.06	1.20
Occupational Therapy	Providence Seward Medical Ctr	Seward	AK	\$160.60	\$135.55	1.18
Occupational Therapy	Bartlett Regional Hospital	Juneau	AK	\$150.18	\$133.62	1.12
Occupational Therapy	Ketchikan Medical Center	Ketchikan	AK	\$128.47	\$130.18	0.99
Occupational Therapy	Wrangell Medical Center	Wrangell	AK	\$162.66	\$167.92	0.97
Occupational Therapy	South Peninsula Hospital	Homer	AK	\$124.03	\$141.34	0.88
Occupational Therapy	Petersburg Medical Center	Petersburg	AK	\$101.01	\$127.33	0.79
Occupational Therapy	Mt. Edgecumb Hospital	SITKA	AK	\$90.45	\$134.23	0.67
Occupational Therapy	Swedish Medical Center-First Hill	Seattle	WA	\$99.25	\$151.84	0.65
Occupational Therapy	Swedish Medical Center-Cherry Hill	Seattle	WA	\$89.52	\$140.33	0.64
Other	Providence Seward Medical Ctr	Seward	AK	\$31.85	\$8.65	3.68
Other	Wrangell Medical Center	Wrangell	AK	\$170.13	\$103.82	1.64
Other	Alaska Regional Hospital	Anchorage	AK	\$293.76	\$201.73	1.46
Other	Petersburg Medical Center	Petersburg	AK	\$120.35	\$85.58	1.41
Other	Swedish Medical Center-First Hill	Seattle	WA	\$148.88	\$106.64	1.40
Other	Mat-Su Regional Medical Center	Palmer	AK	\$383.64	\$300.83	1.28
Other	Mt. Edgecumb Hospital	SITKA	AK	\$205.97	\$184.81	1.11
Other	Alaska Native Medical Center	Anchorage	AK	\$10.41	\$10.59	0.98
Other	Swedish Medical Center-Cherry Hill	Seattle	WA	\$248.16	\$267.57	0.93
Other	Providence Alaska Medical Center	Anchorage	AK	\$137.03	\$150.35	0.91
Other	South Peninsula Hospital	Homer	AK	\$82.64	\$94.70	0.87
Other	Virginia Mason Medical Center	Seattle	WA	\$428.63	\$506.37	0.85
Other	Ketchikan Medical Center	Ketchikan	AK	\$38.59	\$54.71	0.71
Other	Central Peninsula Hospital	Soldotna	AK	\$57.10	\$102.29	0.56
Other	Bartlett Regional Hospital	Juneau	AK	\$55.87	\$270.80	0.21
Pharmacy and Drug Administration	Alaska Native Medical Center	Anchorage	AK	\$103.71	\$27.25	3.81
Pharmacy and Drug Administration	Petersburg Medical Center	Petersburg	AK	\$130.34	\$44.43	2.93
Pharmacy and Drug Administration	South Peninsula Hospital	Homer	AK	\$131.22	\$83.75	1.57
Pharmacy and Drug Administration	Alaska Regional Hospital	Anchorage	AK	\$35.93	\$27.42	1.31
Pharmacy and Drug Administration	Providence Seward Medical Ctr	Seward	AK	\$63.41	\$49.53	1.28

Hospital Pricing Specialists -- Department Charges Analysis

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Example: Bartlett Regional Hospital has a Charge Index of .54 for its Emergency Department, or charges that are 46% less than expected. Bartlett Regional Hospital has actual Emergency charges of \$879.51 per unit, versus an expected charge of \$1,633.66 per unit.

Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Pharmacy and Drug Administration	Providence Alaska Medical Center	Anchorage	AK	\$77.84	\$63.50	1.23
Pharmacy and Drug Administration	Swedish Medical Center-First Hill	Seattle	WA	\$75.44	\$66.03	1.14
Pharmacy and Drug Administration	Swedish Medical Center-Cherry Hill	Seattle	WA	\$24.47	\$25.78	0.95
Pharmacy and Drug Administration	Mat-Su Regional Medical Center	Palmer	AK	\$19.08	\$21.24	0.90
Pharmacy and Drug Administration	Mt. Edgecumb Hospital	SITKA	AK	\$2.39	\$2.78	0.86
Pharmacy and Drug Administration	Virginia Mason Medical Center	Seattle	WA	\$31.04	\$42.67	0.73
Pharmacy and Drug Administration	Ketchikan Medical Center	Ketchikan	AK	\$30.96	\$53.53	0.58
Pharmacy and Drug Administration	Wrangell Medical Center	Wrangell	AK	\$43.57	\$85.57	0.51
Pharmacy and Drug Administration	Bartlett Regional Hospital	Juneau	AK	\$37.66	\$77.42	0.49
Pharmacy and Drug Administration	Central Peninsula Hospital	Soldotna	AK	\$28.66	\$69.96	0.41
Physical Therapy	Alaska Regional Hospital	Anchorage	AK	\$418.05	\$192.65	2.17
Physical Therapy	Mat-Su Regional Medical Center	Palmer	AK	\$235.94	\$134.09	1.76
Physical Therapy	Alaska Native Medical Center	Anchorage	AK	\$217.80	\$147.60	1.48
Physical Therapy	Providence Alaska Medical Center	Anchorage	AK	\$168.24	\$133.48	1.26
Physical Therapy	Providence Seward Medical Ctr	Seward	AK	\$164.68	\$133.89	1.23
Physical Therapy	Central Peninsula Hospital	Soldotna	AK	\$160.09	\$135.32	1.18
Physical Therapy	Virginia Mason Medical Center	Seattle	WA	\$172.01	\$145.98	1.18
Physical Therapy	Bartlett Regional Hospital	Juneau	AK	\$153.96	\$141.55	1.09
Physical Therapy	Ketchikan Medical Center	Ketchikan	AK	\$132.51	\$135.08	0.98
Physical Therapy	Wrangell Medical Center	Wrangell	AK	\$128.53	\$133.74	0.96
Physical Therapy	Petersburg Medical Center	Petersburg	AK	\$109.29	\$134.64	0.81
Physical Therapy	South Peninsula Hospital	Homer	AK	\$105.94	\$133.52	0.79
Physical Therapy	Swedish Medical Center-First Hill	Seattle	WA	\$100.81	\$142.85	0.71
Physical Therapy	Mt. Edgecumb Hospital	SITKA	AK	\$94.63	\$138.57	0.68
Physical Therapy	Swedish Medical Center-Cherry Hill	Seattle	WA	\$77.65	\$139.11	0.56
Prosthetic Procedures	Mat-Su Regional Medical Center	Palmer	AK	\$10,471.00	\$4,942.99	2.12
Prosthetic Procedures	Central Peninsula Hospital	Soldotna	AK	\$10,345.50	\$4,942.99	2.09
Prosthetic Procedures	Alaska Regional Hospital	Anchorage	AK	\$72,203.20	\$36,056.29	2.00
Prosthetic Procedures	Virginia Mason Medical Center	Seattle	WA	\$33,546.40	\$27,019.95	1.24
Prosthetic Procedures	Swedish Medical Center-Cherry Hill	Seattle	WA	\$27,374.42	\$45,951.94	0.60
Prosthetic Procedures	Providence Alaska Medical Center	Anchorage	AK	\$6,544.78	\$12,989.53	0.50
Prosthetic Procedures	Swedish Medical Center-First Hill	Seattle	WA	\$222.58	\$4,458.93	0.05

Hospital Pricing Specialists -- Department Charges Analysis

Source: CMS Claims through 3/31/19

Example: Bartlett Regional Hospital has a Charge Index of .54 for its Emergency Department, or charges that are 46% less than expected. Bartlett Regional Hospital has actual Emergency charges of \$879.51 per unit, versus an expected charge of \$1,633.66 per unit.

Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Prosthetic Procedures	Ketchikan Medical Center	Ketchikan	AK	\$228.95	\$4,942.99	0.05
Pulmonary Therapy	Alaska Regional Hospital	Anchorage	AK	\$890.48	\$402.04	2.21
Pulmonary Therapy	Mat-Su Regional Medical Center	Palmer	AK	\$554.04	\$403.72	1.37
Pulmonary Therapy	Central Peninsula Hospital	Soldotna	AK	\$531.19	\$447.97	1.19
Pulmonary Therapy	Providence Seward Medical Ctr	Seward	AK	\$428.40	\$390.69	1.10
Pulmonary Therapy	Providence Alaska Medical Center	Anchorage	AK	\$428.83	\$403.32	1.06
Pulmonary Therapy	Swedish Medical Center-Cherry Hill	Seattle	WA	\$453.45	\$495.55	0.92
Pulmonary Therapy	Swedish Medical Center-First Hill	Seattle	WA	\$353.72	\$406.67	0.87
Pulmonary Therapy	Bartlett Regional Hospital	Juneau	AK	\$381.47	\$439.39	0.87
Pulmonary Therapy	South Peninsula Hospital	Homer	AK	\$332.86	\$431.36	0.77
Pulmonary Therapy	Mt. Edgecumb Hospital	SITKA	AK	\$264.71	\$383.98	0.69
Pulmonary Therapy	Virginia Mason Medical Center	Seattle	WA	\$309.16	\$458.21	0.67
Pulmonary Therapy	Ketchikan Medical Center	Ketchikan	AK	\$300.71	\$459.37	0.65
Pulmonary Therapy	Wrangell Medical Center	Wrangell	AK	\$145.00	\$390.69	0.37
Pulmonary Therapy	Petersburg Medical Center	Petersburg	AK	\$147.33	\$397.42	0.37
Rehabilitation Services	Providence Alaska Medical Center	Anchorage	AK	\$82.00	\$82.00	1.00
Rehabilitation Services	Mt. Edgecumb Hospital	SITKA	AK	\$113.94	\$113.94	1.00
Respiratory Therapy	Swedish Medical Center-First Hill	Seattle	WA	\$839.10	\$507.46	1.65
Respiratory Therapy	Swedish Medical Center-Cherry Hill	Seattle	WA	\$820.00	\$512.94	1.60
Respiratory Therapy	Mat-Su Regional Medical Center	Palmer	AK	\$747.37	\$509.61	1.47
Respiratory Therapy	Bartlett Regional Hospital	Juneau	AK	\$446.07	\$471.72	0.95
Respiratory Therapy	Providence Seward Medical Ctr	Seward	AK	\$481.33	\$538.27	0.89
Respiratory Therapy	South Peninsula Hospital	Homer	AK	\$386.03	\$450.67	0.86
Respiratory Therapy	Central Peninsula Hospital	Soldotna	AK	\$426.69	\$508.05	0.84
Respiratory Therapy	Providence Alaska Medical Center	Anchorage	AK	\$385.41	\$481.52	0.80
Respiratory Therapy	Mt. Edgecumb Hospital	SITKA	AK	\$386.24	\$544.77	0.71
Respiratory Therapy	Alaska Regional Hospital	Anchorage	AK	\$326.08	\$521.42	0.63
Respiratory Therapy	Virginia Mason Medical Center	Seattle	WA	\$187.57	\$311.64	0.60
Respiratory Therapy	Ketchikan Medical Center	Ketchikan	AK	\$211.22	\$475.19	0.44
Respiratory Therapy	Petersburg Medical Center	Petersburg	AK	\$116.36	\$514.65	0.23
Respiratory Therapy	Wrangell Medical Center	Wrangell	AK	\$94.44	\$520.23	0.18
Speech Therapy	Alaska Regional Hospital	Anchorage	AK	\$1,271.73	\$506.31	2.51

Hospital Pricing Specialists -- Department Charges Analysis

Source: CMS Claims through 3/31/19

Example: Bartlett Regional Hospital has a Charge Index of .54 for its Emergency Department, or charges that are 46% less than expected. Bartlett Regional Hospital has actual Emergency charges of \$879.51 per unit, versus an expected charge of \$1,633.66 per unit.

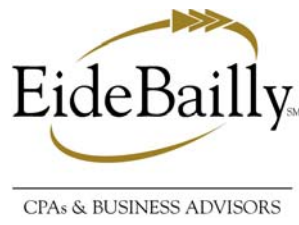
Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Speech Therapy	Alaska Native Medical Center	Anchorage	AK	\$887.64	\$482.15	1.84
Speech Therapy	Mat-Su Regional Medical Center	Palmer	AK	\$682.00	\$468.52	1.46
Speech Therapy	South Peninsula Hospital	Homer	AK	\$476.96	\$480.29	0.99
Speech Therapy	Mt. Edgecumb Hospital	SITKA	AK	\$465.17	\$478.10	0.97
Speech Therapy	Providence Alaska Medical Center	Anchorage	AK	\$462.92	\$492.32	0.94
Speech Therapy	Central Peninsula Hospital	Soldotna	AK	\$429.60	\$497.04	0.86
Speech Therapy	Bartlett Regional Hospital	Juneau	AK	\$368.65	\$484.46	0.76
Speech Therapy	Virginia Mason Medical Center	Seattle	WA	\$343.32	\$453.49	0.76
Speech Therapy	Providence Seward Medical Ctr	Seward	AK	\$334.29	\$450.79	0.74
Speech Therapy	Ketchikan Medical Center	Ketchikan	AK	\$294.88	\$485.13	0.61
Speech Therapy	Swedish Medical Center-First Hill	Seattle	WA	\$284.83	\$479.22	0.59
Speech Therapy	Petersburg Medical Center	Petersburg	AK	\$242.97	\$433.03	0.56
Speech Therapy	Wrangell Medical Center	Wrangell	AK	\$247.11	\$507.15	0.49
Speech Therapy	Swedish Medical Center-Cherry Hill	Seattle	WA	\$198.23	\$496.31	0.40
Supplies	Alaska Native Medical Center	Anchorage	AK	\$101.90	\$4.73	21.56
Supplies	Alaska Regional Hospital	Anchorage	AK	\$5,657.81	\$2,526.02	2.24
Supplies	Central Peninsula Hospital	Soldotna	AK	\$2,035.07	\$1,366.11	1.49
Supplies	Mat-Su Regional Medical Center	Palmer	AK	\$2,690.40	\$1,815.80	1.48
Supplies	Swedish Medical Center-Cherry Hill	Seattle	WA	\$1,841.22	\$1,642.77	1.12
Supplies	Providence Seward Medical Ctr	Seward	AK	\$26.80	\$24.04	1.11
Supplies	Petersburg Medical Center	Petersburg	AK	\$87.06	\$83.31	1.05
Supplies	Providence Alaska Medical Center	Anchorage	AK	\$517.51	\$586.42	0.88
Supplies	Virginia Mason Medical Center	Seattle	WA	\$521.46	\$640.87	0.81
Supplies	Bartlett Regional Hospital	Juneau	AK	\$1,549.48	\$1,950.86	0.79
Supplies	South Peninsula Hospital	Homer	AK	\$551.47	\$752.61	0.73
Supplies	Ketchikan Medical Center	Ketchikan	AK	\$596.78	\$904.99	0.66
Supplies	Swedish Medical Center-First Hill	Seattle	WA	\$1,313.04	\$2,086.41	0.63
Supplies	Mt. Edgecumb Hospital	SITKA	AK	\$1.19	\$4.73	0.25
Surgical Services	Alaska Native Medical Center	Anchorage	AK	\$28,189.21	\$19,921.41	1.42
Surgical Services	Mat-Su Regional Medical Center	Palmer	AK	\$2,054.43	\$1,746.22	1.18
Surgical Services	Alaska Regional Hospital	Anchorage	AK	\$2,536.08	\$2,188.64	1.16
Surgical Services	Swedish Medical Center-First Hill	Seattle	WA	\$2,845.04	\$2,455.82	1.16

Hospital Pricing Specialists -- Department Charges Analysis

Source: CMS Claims through 3/31/19

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Department	Hospital Name	City	State	Actual Charge/Unit	Expected Charge/Unit	Charge Index
Surgical Services	Providence Seward Medical Ctr	Seward	AK	\$226.13	\$204.75	1.10
Surgical Services	Swedish Medical Center-Cherry Hill	Seattle	WA	\$3,799.29	\$3,847.21	0.99
Surgical Services	Providence Alaska Medical Center	Anchorage	AK	\$1,349.19	\$1,387.83	0.97
Surgical Services	South Peninsula Hospital	Homer	AK	\$929.78	\$998.44	0.93
Surgical Services	Mt. Edgecumb Hospital	SITKA	AK	\$159.54	\$171.66	0.93
Surgical Services	Wrangell Medical Center	Wrangell	AK	\$99.50	\$109.81	0.91
Surgical Services	Virginia Mason Medical Center	Seattle	WA	\$1,227.26	\$1,367.42	0.90
Surgical Services	Central Peninsula Hospital	Soldotna	AK	\$764.49	\$903.85	0.85
Surgical Services	Petersburg Medical Center	Petersburg	AK	\$440.53	\$590.28	0.75
Surgical Services	Ketchikan Medical Center	Ketchikan	AK	\$429.99	\$678.11	0.63
Surgical Services	Bartlett Regional Hospital	Juneau	AK	\$643.84	\$1,627.45	0.40
Vision Services	Alaska Regional Hospital	Anchorage	AK	\$2,919.22	\$845.59	3.45
Vision Services	Providence Alaska Medical Center	Anchorage	AK	\$783.18	\$738.93	1.06
Vision Services	Swedish Medical Center-First Hill	Seattle	WA	\$9,329.43	\$9,340.56	1.00
Vision Services	Central Peninsula Hospital	Soldotna	AK	\$598.98	\$672.19	0.89
Vision Services	Virginia Mason Medical Center	Seattle	WA	\$585.32	\$692.47	0.85
Vision Services	South Peninsula Hospital	Homer	AK	\$800.00	\$1,452.50	0.55
X-Ray and Radiological	Mt. Edgecumb Hospital	SITKA	AK	\$220.24	\$117.93	1.87
X-Ray and Radiological	Alaska Regional Hospital	Anchorage	AK	\$175.71	\$110.59	1.59
X-Ray and Radiological	Mat-Su Regional Medical Center	Palmer	AK	\$135.79	\$89.29	1.52
X-Ray and Radiological	Providence Alaska Medical Center	Anchorage	AK	\$193.28	\$128.91	1.50
X-Ray and Radiological	Central Peninsula Hospital	Soldotna	AK	\$156.30	\$118.96	1.31
X-Ray and Radiological	Alaska Native Medical Center	Anchorage	AK	\$268.67	\$205.14	1.31
X-Ray and Radiological	Providence Seward Medical Ctr	Seward	AK	\$119.56	\$94.47	1.27
X-Ray and Radiological	Petersburg Medical Center	Petersburg	AK	\$899.78	\$753.66	1.19
X-Ray and Radiological	Ketchikan Medical Center	Ketchikan	AK	\$304.44	\$265.03	1.15
X-Ray and Radiological	Bartlett Regional Hospital	Juneau	AK	\$186.32	\$171.23	1.09
X-Ray and Radiological	South Peninsula Hospital	Homer	AK	\$1,184.16	\$1,106.46	1.07
X-Ray and Radiological	Wrangell Medical Center	Wrangell	AK	\$569.01	\$709.57	0.80
X-Ray and Radiological	Virginia Mason Medical Center	Seattle	WA	\$919.26	\$1,193.95	0.77
X-Ray and Radiological	Swedish Medical Center-First Hill	Seattle	WA	\$144.36	\$194.71	0.74
X-Ray and Radiological	Swedish Medical Center-Cherry Hill	Seattle	WA	\$165.44	\$223.93	0.74



December 3, 2019

Mr. Charles E. Bill
 Chief Executive Officer
 Bartlett Regional Hospital
 3260 Hospital Drive
 Juneau, AK 99801

RE: Medicare Cost Report for the Year Ended June 30, 2019

Dear Mr. Bill:

This letter is a follow-up to our review of the Medicare Cost Report for the year ended June 30, 2019. During our preparation and review of the cost report, the following issues came to our attention:

Gains and Losses

Program costs and reimbursement for the June 30, 2019 cost report were as follows:

<i>Provider</i>	<i>MC PPS Cost</i>	<i>MC PPS Reimbursement</i>	<i>Gain (Loss)</i>
Hospital – Inpatient (without rural demo)	\$14,362,994	\$9,296,251	(\$5,066,743)
Hospital - Outpatient	\$9,793,992	\$6,156,160	(\$3,637,832)
Subprovider - IPF	\$1,967,931	\$1,438,569	(\$529,362)

Rural Demonstration Program

As a participant in the Rural Demonstration Program under Medicare, the facility is paid a cost-based methodology for inpatient services. For fiscal year 2019, the benefit of this program increased Medicare reimbursement by \$4,774,577. However, if Bartlett Regional Hospital were to not be in the rural demo program, it could potentially qualify for the low volume payment adjustment which is for PPS hospitals with fewer than 3,800 total acute discharges and more than 15 road miles away from the nearest other PPS hospital. We estimate that this could have resulted in \$1,546,000 in Medicare reimbursement without the rural demo program which then results in a net benefit of the rural demo program of approximately \$3,228,577 in fiscal year 2019.

As it currently stands, the rural demo program is set to expire for Bartlett Regional Hospital at the end of the June 30, 2020 fiscal year as this will be the last year of the 5-year extension under the program. If the program does not receive an extension in the next few months, we recommend the facility make a request for the low volume payment adjustment effective July 1, 2020 which coincides with the end of the rural demo program. We could assist you with this request to your Medicare Administrative Contractor and recommend making this request and/or contact with the Medicare Administrative Contractor around mid to late March 2020.

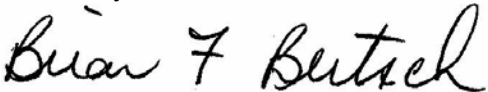
Medicaid Days

On Worksheet S-2, Part I, of the Medicare cost report, a provider is to report In-State and Out-of-State Medicaid paid and eligible days. Medicaid HMO days also need to be report here. These days are used for DSH calculation. While your facility does not qualify for DSH at this time, this needs to be reported in order to qualify for 340b.

For this year's report we used the total of Acute, ICU, Nursery, and Labor & Delivery days and reported them as In-State paid days. Going forward we should have a breakout, support, and documentation for the days reported in this section of the cost report.

If there are any comments or questions regarding the cost report or above information, please do not hesitate to contact us.

Sincerely,



Brian F. Bertsch
Principal
Health Care Services
EIDE BAILLY LLP

cc: Kevin Benson, CFO Bartlett Regional Hospital

Bartlett Regional Hospital
Benefit of Rural Demo - 2019

Federal PPS Payments in BRH was not Rural Demo

2019 Federal DRG Amount	\$ 5,110,426
2019 Federal DRG Outlier Amount	\$ 1,251,486
Federal DRG Payments	<u>\$ 6,361,912</u>
Calculated DSH Percentage per the cost Report	12%
Calculated DSH Payment at full amount	\$ 613,251.12
Actual DSH payment (25% under current DSH rules)	\$ 153,313
Uncompensated Care payments if not in rural demo	\$ 938,405
Total Calculated Federal Payments without rural demo	<u><u>\$ 7,453,630</u></u>
Hospital Specific Payment - Per cost report (worksheet E, Part A, line 48)	<u><u>\$ 8,973,761</u></u>
Because of Sole community, the greater of hospital specific or federal amount	\$ 8,973,761
Federal capital payments	\$ 561,569
Total PPS Payments	<u><u>\$ 9,535,330</u></u>
Calculated Cost under the Rural Demo	\$ 14,309,907
PPS Payments if not in Rural Demo	\$ 9,535,330
Benefit of Rural Demo for BRH (Without Sole Community Provider)	<u><u>\$ 4,774,577</u></u>
Sole Community Provider (Low Volume Payment Adjustment)	<u>\$ 1,546,000</u>
Net Loss of Rural Demo Reimbursement for BRH	<u><u>\$ 3,228,577</u></u>



February 2, 2020

Natasha Peterson
Division of Risk Management
City & Borough of Juneau
155 South Seward Street
Juneau, AK 99801

Re: Experience for the Contract Period: July 2019 through June 2020

Dear Natasha:

Enclosed is City & Borough of Juneau’s December experience report for the medical, prescription drug, vision and dental plans. This update provides current month and cumulative year-to-date experience for your current contract period. The data is provided by Premera Blue Cross.

For the current month, paid claims information by line of coverage is provided below:

Experience Letter	December, 2019	Contract YTD
Medical Paid Claims	\$828,662	\$6,393,105
Rx Paid Claims	\$225,201	\$1,206,047
Vision Paid Claims	\$18,099	\$201,642
Dental Paid Claims	\$105,164	\$703,075
Rx Rebates	\$0	(\$294,832)
Total	\$1,177,126	\$8,209,037
Claims Over ISL		(\$327,247)
Aggregating Specific Deductible		\$150,000
Net Large Claim Reimbursement	(\$138,235)	(\$177,247)
Blue Card	\$511	\$7,674
Net Paid Claims	\$1,039,402	\$8,039,464
Total Plan Expenses (Claims + Fixed)	\$1,175,173	\$8,857,854
Actual Budget	\$1,528,839	\$9,211,251
Expenses/Budget Ratio	76.9%	96.2%

Please review these reports, and feel free to call me with any questions. I can be reached at (206) 467-4655.

Sincerely,

Sherry Li, FSA
Health & Benefits Actuarial Consultant

Enclosure

Proprietary Funds

Interest Income Allocation

FY20 Projected Actuals, FY21-22 Budget

Fund:	Account #:	FY19 Avg Cash Balances	FY19 Actuals	FY20 Est Cash Balances	FY20 Revised Budget	FY20 Projected Actual	FY21 Est Cash Balances	FY21 Revised Budget	FY22 Est Cash Balances	FY22 Revised Budget
Enterprise:										
Airport	560010101-4800	3,200,000	136,500	3,200,000	54,300	56,000	3,200,000	56,000	3,200,000	56,000
Harbors	530010101-4800	4,000,000	129,500	4,000,000	87,500	70,000	4,000,000	70,000	4,000,000	70,000
Docks	531010101-4800	4,000,000	133,500	4,000,000	54,300	70,000	4,000,000	70,000	4,000,000	70,000
Water	514010101-4800	11,000,000	388,000	10,000,000	122,500	175,000	9,000,000	157,500	8,000,000	140,000
Wastewater	519010101-4800	16,000,000	541,000	15,000,000	183,800	262,500	9,000,000	157,500	8,000,000	140,000
Waste Mgmt	570010101-4800	2,000,000	66,000	2,000,000	17,500	35,000	2,000,000	35,000	2,000,000	35,000
Hospital	550010101-4800	31,500,000	1,120,000	31,500,000	402,500	551,300	31,500,000	551,300	31,500,000	551,300
BRH CIP		2,500,000	87,000	2,500,000	245,000	43,800	2,500,000	43,800	2,500,000	43,800
BRH Capital Reserve		36,000,000	1,158,500	36,000,000	630,000	630,000	36,000,000	630,000	36,000,000	630,000
Internal Service:										
Fleet Reserve	602010101-4800	6,400,000	294,000	6,500,000	113,100	113,800	6,500,000	113,800	6,500,000	113,800
Totals			4,054,000		1,910,500	2,007,400		1,884,900		1,849,900
CBJ's Average Investment Rate			3.48%		1.75%	1.75%		1.75%		1.75%

Bartlett Regional Hospital
5 Year Capital Plans

Dept #	Dept	Description	Priority	FY2021	FY2022	FY2023	FY2024	FY2025	Future	Additional Comments
6010	Med/Surg Unit	Hill-Rom Centrella Smart 255 bed need a total of 25 bed replacement. All beds include top of line mattresses. 8 beds per year to order. 2024 has one bed to order.	2	82,045	82,045	82,045	10,070			Beats end of life as of Dec 2019, company no longer manufacturing beds. Parts may be available a few years. Includes top of line mattress. Last time beds replaced we had to upgrade mattresses within one year due to patient complaints of feeling metal bar in bed. Bed has safety features to reduce falls. current freight charge included. Does not include a potential 1.5- 3% change in cost or shipping through the years. Hospitals that purchased beds include Fairbanks, Proviene, Central Solutna and Valdez.
6010	Med/Surg Unit	Bariatric bed chairs	1	18,000						
6010	Med/Surg Unit	Hill-Rom Centrella 355 Smart bed + blower mattress for pressure sore control. 40 inch wide bed	2	17,974						Replacement of rental air mattress. Which keeps breaking down and we keep sending it back for repairs.
6020	CCU	WiFi for Zoll Defibs	1	38,201					12,000	Current Zoll Defibs on crash carts require manual download of data. Requires subscription renewal every 5 years.
6020	CCU	hospital wide Glidescope	1	19,970						Replacement-current one end of life
6020	CCU	ICU Beds	1	43,369			44,000			Replacement
6020	CCU	US machine	2						80,000	New in 2019 - plan for future replacement
6020	CCU	Patient Lift	3					20,000		Replacement
6080	Obstetrics	GCX Fetal Monitoring Carts/ Workstations	1	50,000						Replace wood portable fetal monitoring carts and provide new carts in all LDRP rooms.
6080	Obstetrics	GE Halo Bassinet	1	15,400						Replacement/ Upgrade
6080	Obstetrics	Labor and Delivery beds (1/ yr)	3		25,000	25,000	25,000			Replacement (4 last year, 4 this year)
6080	Obstetrics	Neonatal Billight for phototherapy	2	5,100						Replacement
6080	Obstetrics	Welch Allyn Thermometers	1	10,000						End of life
6210	Operating Room	Intellicart	1	99,000						Hospital-wide oral/rectal thermometer upgrade. Current ones can no longer be fixed per Biomed.
6210	Operating Room	ENT Instrumentation Set	1	69,925						
6210	Operating Room	Medtronic Surgical Equipment	1	28,091						
6210	Operating Room	Surgical Scope Replacements	1	100,979						
6230	Emergency Department	Single sign on for computers	1	75,000						1. Implement badge/tap system with Single-Sign-On for virtual desktops in ED. Base infrastructure to allow for other departments to follow going forward. Will minimize the repeated logging-in process and allow increased provider/nurse productivity as the desktop will follow staff between rooms/patients. Other departments will be able to leverage this option at a much lower cost once the initial investment is made and a proof-of-concept is worked out.
6230	Emergency Department	ED Stretchers with scales (2 new each year)	1	20,000	20,000	20,000	20,000	20,000		Replacement. Current guidelines for stroke care and heart attack care REQUIRE that patients get weighed, as the medications given to dissolve clots is weight based. Not having a way to accurately get a patients weight places them at risk for either receiving too little medication or too much. Currently we have one bed scale, which is in constant state of repair as it a refurbished model. The goal would be to have all ED stretchers with scales.
6230	Emergency Department	Bedside computer charting	3	12,000						Currently nurses have to use WOWS to chart at the bedside of a critical patient, and room space is limited. I would like to have arms and laptops so the laptops that can be opened and then closed for space saving, allowing bedside charting.
6060	Mental Health Unit	Move Elopement Door	1	20,000						Moving the locked door would allow patients to walk a square around the unit.
7070	Pharmacy	Omniceil Anesthesia Workstations	1	257,000						Replacement for Plexus pharmacy carts
7070	Pharmacy	Omniceil CPM Standalone (Central Pharmacy Manager)	3		115,000					Pharmacy inventory management system.

Bartlett Regional Hospital
5 Year Capital Plans

Dept #	Dept	Description	Priority	FY2021	FY2022	FY2023	FY2024	FY2025	Future	Additional Comments
7070	Pharmacy	Upgrade 3rd floor cleanroom	1		1,000,000					The current cleanroom does not meet the updated USP 797 physical requirements. Infusion pump integration with Meditech. Not sure if Meditech will be able to do this, or if we'll have to use Iatric.
7070	Pharmacy	Infusion pump integration	1			250,000				We're in discussion with a PBM, Alluma, to help us provide specialty meds for CBJ employees. Will start in new pharmacy by Infusion, but we'll probably outgrow that space.
7070	Pharmacy	Specialty pharmacy	2						?	Software for controlled substance surveillance.
7070	Pharmacy	surveillance software	1		30,000					The current shelves are at end of life, do not work well, and attempts to repair have failed.
7070	Pharmacy	pharmacy shelving	2		50,000					Bedside swallow study equipment which increases timeliness of testing patients who may have reduced swallowing capability, with subsequent aspiration pneumonia or other complications. This will allow studies to be expedited on the weekends or during hours when it may be difficult to schedule the study in DI. This device is new technology that greatly improves safety and quality of care.
7091	Physical rehab	Bedside swallow study scope	1	26,000						Given the time between initial design conversation (August 2018) and delivery of VxBlock our extra capacity has been consumed by several projects that all have required servers and storage. Additionally, we have the ability to cluster our MEDITECH environment to make it High-Availability and reduce downtimes which will require us to spin up 87 more servers. Additional space will be required as we continue to expand MEDITECH with ED Module and more clinics on Web Ambulatory.
9200	Information Systems	VxBlock server blade expansion and storage expansion	1	250,000						Replacement of our wireless access points (8 years old and EOL). Add a second wireless controller for High Availability. Would be advantageous to have this upgraded as we Go-Live with Expanse this year.
9200	Information Systems	Wireless Access Points and 2nd Wireless Controller for High-Availability	2	380,000						If VDI Project is successful we can move these funds to that line item and replace workstations with thin-clients and bad/tap option
9200	Information Systems	Workstation Replacements	2	150,000	150,000	150,000	150,000	150,000		Server and Storage needs are continually growing. The new system allows us to easily expand. Includes VMware licensing as well.
9200	Information Systems	VxBlock server blade expansion and storage expansion	2		150,000	150,000	150,000	150,000		ED would like to test a project for a badge/tap system to log into workstations in the ED and make it easier for their desktop to follow them between patients.
9200	Information Systems	Virtual Desktop Infrastructure Pilot Project (badge/tap system)	2	75,000						is a patient safety issue and T-System is no longer innovating their product. Costs continue to increase and functionality is not improving.
9200	Information Systems	MEDITECH ED Module	1	350,000						Cost may be less to bring BMOC and BSSC onto Web Ambulatory module. ROI will be paid back in less than 2-years due to eClinicalWorks cost of \$15K/month
9200	Information Systems	MEDITECH Web Ambulatory Expansion for BMOC & BSSC	1	112,000						Cost to add the OB model & monitoring intergration into Meditech
9200	Information Systems	OB Intellispace Perinatal Meditech module			150,000					Internal auditing and reporting system for HIPAA compliance
9200	Information Systems	FairWarning EHR Auditing System	1	124,400						New camera system across the hospital. 125 cameras with artificial intelligence, 10-years cloud based storage, HD/4K resolution, 5-years support contract. Will remove 2 existing systems that we have in place currently and decrease the storage footprint on the network (currently 2TB of space).
9200	Information Systems	Camera System Replacement	1	225,000						
7041	Diagnostic Imaging	Patient monitor	1	30,000						
7041	Diagnostic Imaging	DI/IT Software	1	150,000						
7045	MRI	MRI Prostate Coil	1	60,000						Requested by physicians in town for treatment
7045	MRI	MRI Replacement	1		2,600,000					Current MRI was purchased in 2008
7043	Ultrasound	Unltrasound Replacement	1						175,000	4 units new in 2019
7044	CT Scan	CT Replacement	1					1,500,000	1,500,000	2 CT Machines replacements

Bartlett Regional Hospital
5 Year Capital Plans

Dept #	Dept	Description	Priority	FY2021	FY2022	FY2023	FY2024	FY2025	Future	Additional Comments
7047	Mammography	3D Mammography Replacement	1						400,000	New in 2017. Estimating Life is 10 years
9530	Compliance	Add entry/exit to ED waiting room (after PAS renovation)	1	50,000						Patient and visitor safety. There will be a significant entrapment hazard for patients and visitor using the ED waiting room after the proposed modifications are made to the registration area. There will only be one public way in and out of the waiting area and individuals could potentially become entrapped if the entrance/exit becomes blocked. This becomes a significant hazard when the patient population of the ED is considered; which has a high rate of violence and/or aggression.
9530	Compliance	Replace 6 Fire Doors. Replacement doors to include lites.	1	60,000						Employee safety. In the 3 older stairwells of the main hospital there are 6 doors that pose a significant fall hazard to individuals using these staircases. The landings on the inside of the stairwell are not large enough to allow safe door-swing avoidance without a significant danger of falling down the stairs. Doors should be replaced with similar doors with at least 1/4 lite (window) for traffic awareness. Doors are located at: 2nd, 3rd floor of stairwell 1; 1st, 2nd, 3rd floor of stairwell 2; 3rd floor of stairwell 3.
9530	Compliance	Dietary Dishwasher		50,000						Staff Safety
9530	Compliance	Modify an appropriate number of rooms at RRC to meet ADA requirements.	1	100,000						Compliance. If there were a patient that has ADA needs, RRC may not be able to admit because of challenges with ADA Title II, which could lead to a discrimination lawsuit. Enforcement action for Title II usually comes through DOJ; private lawsuits can also be filed in federal court. There is no grandfather clause for older construction. We are required to make "reasonable necessary modifications."
9530	Compliance	Need more warehouse storage space. Materials are stored too close to the fire suppression system in MM even when inventory are at minimum levels (18" storage rule)	1						?	Employee, visitor, patient safety. Part of the Hospital Facilities Master Plan?
8360	Facilities	Triage Tent	1	20,000						Current Unit Has reached end of useful life
8360	Facilities	Decon Tent	1	10,000						Current Unit Has reached end of useful life
8360	Facilities	Commons Furniture	2	25,000						Phased Replacement
8360	Facilities	Commons Furniture	2		25,000					Phased Replacement
8360	Facilities	Commons Furniture	2			25,000				Phased Replacement
8360	Facilities	Commons Furniture	2				25,000			Phased Replacement
8360	Facilities	Commons Furniture	2					25,000		Phased Replacement
8360	Facilities	Commons Furniture	2						25,000	Phased Replacement
8360	Facilities	Box Truck	1	75,000						Well Past Useful Life. Used to transport medical waste.
8360	Facilities	Large Format Scanner	3	6,000						To allow Maintenance to scan blueprints
8360	Facilities	Tablets for Maintainers	3	18,000						Allowing mobile entry of work order and PM data
8360	Facilities	Philips Patient Monitor	1	30,000						For Biomed to conduct PM"s and as a departmental extra.
8210	Laundry	Washers	2		100,000					
8360	Facilities	Sec officer defensive tools	1		60,000					TBD
8360	Facilities	Interior Genie Lift	3		6,000					To safely reach difficult elevated interior areas
8200	Environmental Services	Med/Surg Curtains	1		75,000					
8360	Facilities	Plow Truck	1		75,000					
8360	Facilities	Ford Escape	2		35,000					
8210	Laundry	Driers	1			80,000				
8200	Environmental Services	Carpet Extractor	1			15,000				
8360	Facilities	Campus Wide Radio System	2			100,000				
8360	Facilities	John Deere	1			30,000				
8200	Environmental Services	ED/OB/CCU Curtains	1			75,000				
8360	Facilities	Jeep	2			35,000				
8360	Facilities	Med Tester	1				15,000			Biomed Equipment Safety Test
8200	Environmental Services	Sterile Meryl	1				100,000			

Bartlett Regional Hospital
5 Year Capital Plans

Dept #	Dept	Description	Priority	FY2021	FY2022	FY2023	FY2024	FY2025	Future	Additional Comments
8360	Facilities	Jeep	2				35,000			
8200	Environmental Services	SDS Curtains	1					75,000		
8360	Facilities	Bobcat	2						90,000	Purchased new in 2019
Totals				<u>3,508,455</u>	<u>4,598,045</u>	<u>1,037,045</u>	<u>574,070</u>	<u>1,940,000</u>	<u>2,282,000</u>	

- 1 Patient Safety/Compliance
- 2 End of Life/Revenue Enhancer/Cost Saver
- 3 Future End of Life/Nice to have

Bartlett Regional Hospital
Six Year Department Improvements Plans

Project	Priority	FY20	FY21	FY22	FY23	FY24	FY25	Future
Asphalt Replacement Drive From Admin to JMC	1	500,000	400,000					
Crises Stabilization	2	3,500,000	5,500,000	1,500,000				
Study to Determine a Secondary Campus Access	3		90,000					
Operating Room Ventilation	4		300,000					
Deferred Maintenance	5		4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
Master Facility Project	6			\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	
Parking Ramp (200 places)	7			2,000,000				
Relocate & Remodel Biomed, Dietary, Laundry, Materials Management Building	8			2,500,000	2,500,000			
Medical Office Building	9				2,000,000	1,000,000		
Remodel Laboratory (5000 Sq Ft)	10							3,750,000
Maintenance Building for Equipment	11							750,000
Oxygen Tank (Bulk) Storage	12							500,000
Totals		4,000,000	10,290,000	10,000,000	8,500,000	5,000,000	4,000,000	9,000,000

1. Asphalt Replacement: This is to repair and reconstruct existing campus roadway that is deteriorating. \$500,000 was included in CIP for FY2020. However that is not adequate funding to complete the project. The total cost is currently estimated at \$900,000 so and additional \$400,000 is added to the project. This project is scheduled to begin in the Spring of 2020.

2. Crises Stabilization: This project would create an 8-bed crisis stabilization center at Bartlett Regional Hospital, serving adults (4 beds) and youth (4 beds) from Juneau and the surrounding communities who are experiencing behavioral health crises. This project was included in CIP for FY2020 at \$3,500,000. This project has expanded as the location for the building is located on the site of the existing Behavioral Outpatient Services building which was scheduled to be replaced. The new building would consist of 2 levels with Behavioral Outpatient Services on the first floor with a second floor for Crises Stabilization. Grant dollars of \$1,700,000 have been awarded to the Crises Stabilization project.

3. Secondary Campus Access: To study the feasibility of establishing a second access to BRH campus from Egan.

4. Operating Room Ventilation: The ventilation system in the Operating room needs to be updated. Pats are no longer available for the current equipment. The new system will also provide for redundancy preventing a shutdown of the OR.

5. Deferred Maintenance: These funds are to address infrastructure projects. These funds will be used for known and planned projects and also used to address replacement are repairs that are not anticipated.

6. BRH is completing a Master Facility Campus Plan study that will identify facilities most in need of replacement or upgrade. The board of directors will have a Startegic Planning session where this information along with other materials in the spring. As a result there may be projects identified to be completed in future. The timing and cost is unknown at this time but it is expected a facility plan will be developed in the near future.

Bartlett Regional Hospital
Six Year Department Improvements Plans

Project	Priority	FY20	FY21	FY22	FY23	Fy24	Future
Rainforest Recovery Center Upgrade	1	600,000					
Asphalt Replacement Drive From Admin to JMC	2	500,000					
Crises Stabilization	3	3,500,000					
Pharmacy Remodel to Comply with UPC 500	4	1,300,000					
Parking Ramp (200 places)	5						4,000,000
Operating Room Renovation	6						18,500,000
Information Services Facility with Generator	7						2,000,000
BOPS Replacement	8						9,000,000
Remodel Laboratory (5000 Sq Ft)	9						3,750,000
Maintenance Building for Equipment	10						750,000
Oxygen Tank (Bulk) Storage	11						500,000
Relocate & Remodel Biomed, Dietary, Laundry, Materials Management Building	12						2,500,000

Rainforest Recovery Center: \$600,000 will be added to the \$2.5 Million included in 2019 to cover the total cost of \$3.1 million for a roof replacement.

Asphalt Replacement: Repair and reconstruct existing campus roadway that are deteriorating.

Crises Stabilization: This project would create an 8-bed crisis stabilization center at Bartlett Regional Hospital, serving adults (4 beds) and youth (4 beds) from Juneau and the surrounding communities who are experiencing behavioral health crises. A \$500K grant will be applied to this project.

Pharmacy Remodel: The regulations covering the preparation and compounding of chemotherapy pharmaceuticals have been updated (USP 800) and are more stringent regarding the compounding environment. These regulations are to protect the staff, patients and visitors from exposure to radioactive materials related to Oncology treatments. The project will establish a pharmacy space within the Oncology department which will be compliant with regulations for Hazardous Drug Compounding Areas.

Bartlett Regional Hospital

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February 19, 2020 Management Report From CLO

Topics*

- General contract revision and meetings with vendors
- Risk management/litigation monitoring and related consults
- General legal review and response to subpoenas, filing motions in court as needed
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and Quality Director
- HIPAA and medical records policies and procedures review
- Drafting and review of Provider Network Development Study contract
- Meet with Medical Staff leaders and review Bylaws and Rules and Regulations
- Legal Orientation with Chief of Staff
- Work with outside counsel on civil litigation cases

*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 February 2020

- BRH has entered into an agreement with the Studer Group enhance leadership development within the hospital for the next 2 years. This program has kicked off with all managers and supervisors taking an assessment. Some of the highlights of this leadership development program include:
 - A unique learning path for each employee's professional development will be created based on their responses to a self-assessment of their leadership development needs.
 - Content is delivered in short segments – most videos are four minutes or less and can complete most courses in under thirty minutes.
 - Earn Continuing Education credits for each course completed.
 - If an employee has taken a course, but still needs guidance, they can reach out to connect with a Studer Group coach for a one-on-one consultation.
- The HR Director participated in the quarterly meeting of the State of Alaska Retiree Health Plan Advisory Board on February 6, 2020.
- A recruiter from Human Resources participated in the University of Alaska job fair on February 11, 2020.

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February 2020 Nursing Report

Rose Lawhorne, CNO

Medical Surgical Department

- Quality improvement projects include:
 - Unit-wide assessment with identification of strategies to improve patient safety and reduce falls.
 - Downtime process enhancement to ensure that quality patient care is sustained when the electronic health record is unavailable to the care teams.
 - Participation in hospital- and nursing-wide efforts to consolidate and improve policy development. Reduction of unnecessary alarms through better management of equipment settings is one policy under review at this time.
- We are working with IT to improve the performance of laptops and computers on Med Surg to improve efficiency of care and documentation.
- We acquired a unit-designated cell phone to improve communication during downtimes, disaster alerts, or busy patient care days.
- As another strategy to keep our staff and patients safe, we now have ten Situational Alarm Response Assistant “SARA” alarms on the unit for use when we are caring for patients who exhibit violent behavior. When the alarm is activated, a full safety response is activated.
- Nurses are continuing the trial of PIVO devices. So far, patients and staff love the device that reduces the need to access veins directly with a needle for daily blood draws.
- Working with Charlee Gribbon, Infection Prevention Nurse, to prepare for communicable diseases, such as the coronavirus.

Obstetrics Department

- We received our new Panda and Giraffe warmers from capital budget- they have provided us with updated neonatal equipment for birth and post-birth resuscitation and stabilization. Staff were trained on these on January 29th.
- Anjela Johnston, RN, and Lauren Beason, Director, spoke at the AKPQC (Alaska Perinatal Quality Collaborative) Summit on Jan 24th and 25th with our Maternal Hypertension initiative and progress. We also partnered with other leaders in the state to work on the next PQC project- Substance Exposed Newborn Initiative (SENI). We will work state-wide with various organizations including Public Health, Office of Children’s Services local clinics, and more to create a Plans of Safe Care Initiative, paired with state-wide universal screening and many other elements.
- At BRH we are in process of changing our Neonatal Abstinence Scoring (NAS) Finnegan’s scoring system to the new scoring scale (ESC) Eat Sleep Console targeted at empowering mothers in caring for their withdrawing infants. This new method significantly reduces Neonatal

Intensive Care Unit (NICU) admissions, transfers to higher-level centers, and the need for medication to treat the withdrawal. It focuses on the main elements of newborn success—are they eating, sleeping and consolable versus scoring them on other physiologic symptoms. Lots more to come on these projects!

- Every month our unit runs a different drill, focusing on various elements of maternal and newborn care. These drills are all created and run by OB nurses. For January the drill topic was Spinning Babies run by Heidi Hall, Sarah Roemeling, and Anjela Johnston. Spinning Babies consists of helping patients move into various positions throughout labor to help engage with fetal positioning and engagement. These positions have demonstrated significant reduction in cesarean section and increased overall patient experience. We are incredibly grateful to be able to offer this to our patients.

Infusion Therapy

- Infusion has completed orientation of an RN that transferred to from Med/Surg to fill a vacant position. Have started cross-training another nurse in Infusion to provide additional coverage.
- Infusion has implemented a process with some of the local physician offices to improve communication between our services. On a weekly bases, we share the upcoming Infusion schedule with the clinics, along with requirements prior to the patient's infusion appointment. This allows the providers to ensure patients have appropriate pre-chemotherapy appointments. This has improved workflow between the clinics, reduced phone calls, and improved patient safety.

Surgical Services

- Our team is reviewing and improving inventory management processes and documentation in Meditech, our electronic health record. We have seen a significant positive financial impacts with long term benefits as we implement long term process changes.
- We are in the process of improving the organization and storage of our supplies. With a new shelving system, and reducing variability in supplies, we are hoping to open up the third operating room in the coming months for use as needed.

Critical Care Unit

- On February 19th at 5:00 p.m. in the hospital gallery, we will host a reception to highlight the American Association of Critical Care Nurses Beacon Award. We hope you join us!

Infection Control

- The nursing directors are working with Charlee Gribbon, Infection Control Nurse, to ensure that we have the resources and supplies needed to care for patients presenting with infectious diseases, including Coronavirus. We are compiling information about hospital, community, state, and federal resources to respond to infectious diseases.

Bartlett Regional Hospital

Chief Operating Officer, Billy Gardner
Board Report
Tuesday, February 25, 2020

Physical Rehabilitation (James Reed)

- The department as a whole has been busy, especially outpatient. We are continuing to increase our wound care services and we have met our wound care wait list needs.
- Recently we found a little niche where some people out in the community were requiring therapy services but no one could accommodate late appointments. We have adjusted some schedules and will do so as needed. We have recently scheduled 3 people for 4:30 appointments to accommodate their work schedule. Hopefully this will continue to be a good referral source for us.

Respiratory Therapy (Robert Follett)

- Down one position, new employee starting in April. One traveler augmenting staffing.
- Upgrade of Tracemaster ECG management system , in que for project scheduling.
- New capital equipment being deployed, Non-invasive ventilators.
- High Altitude Simulation Testing, this test will assist providers in determining if selected patients are fit to fly. This testing is now available to order.
- Ventilator class conducted with nursing.

Sleep Lab

- Accreditation (ACHC) site visit preparation in progress.

Pharmacy (Ursula)

- We are kicking off two new projects this month. One is cleanroom software with capability for barcode verification. The other project is a risk assessment algorithm for hazardous medications.
- Two pharmacists are working on a course in antimicrobial stewardship sponsored by the Society of Infectious Disease Pharmacists.
- Two pharmacists attended the American Society of Health System Pharmacists Midyear Clinical Meeting.

Facilities (Marc)

After Hours Controlled Access:

- Chuck, Billy and Marc met 12/30/2019 and established a phased rollout plan.
- First Phase:
 - Single corridor door from ED to cafeteria corridor access control device installation completed 01/03/2020.
 - Double doors to stairwell across from the ED waiting area access control device installation completed 01/09/2020
 - Elevator access control. Awaiting formalized contract to start work.
 - Move Vending Machines to the ED waiting area install power completed 01/09/2020 Move completed 01/22/2020
 - Remove carpet from area where vending machines will reside and replace with Luxury Vinyl Plank. Currently awaiting estimate with uncertain delivery date at this time. Completed 01/25/2020
 - After Hours Visitor Control policy currently being worked on by Risk Management and Nursing.
- Second Phase:
 - Controlled access ED to DI doors (Badge Readers and Power Operators) Date TBD
 - Install new doors near DI Reception (Badge Reader) Date TBD
 - Install Badge Reader Lock on door from ED to DI Near DI Reception. Date TBD
 - Move Double Glass Doors from near PT to near SDS entrance (Badge Reader) Date TBD
 - Secure Double Doors near Ground floor Break Room (Badge Reader) Date TBD
- Third Phase:
 - Install badge reader locks on 10 stairwell doors restrict movement within the facility to badge carriers (10 Location) Date TBD
- Fourth Phase:
 - Install badge reader locks on 4 exterior doors. Date TBD
- Fifth Phase
 - Door Cameras and Exterior remote door operators. Date TBD

ED PAS Window:

Feb. 11: Deliver design documents to CBJ Contracts for distribution to term contractor for quote

(2 week period for contractor quote, questions, negotiations)

Feb. 25: Receive finalized quote from term contractor

(1 week to review quote with BRH)

Mar. 3: Approval to Proceed

(1 week for Contracts plus 1 week for signatures)

March 17: NTP to term contractor

(Submittals-2 weeks, plus review/approval 2 weeks)

April 14: Contractor orders equipment/products

(8 week lead time to for eqp to arrive)

June 9: Equipment arrives

(Construction - 2 weeks, plus 1 week punchlist)

June 30: Completion date

JMC Fire Alarm Replacement:

Feb. 11: Design documents to BRH for review

(1 week review period)

Feb. 19: Final documents to CBJ Contracts

(1 week for Contracts to compile bid docs and Div 0 specs)

Feb. 26: Advertise date

(3 week advertise period)

March 18: Bid Opening

March 25: Award Contract to low bidder

April 1: NTP issued

(submittals-2 weeks plus review/approve-1 week)

April 22: Contractor orders equipment

(6 week lead time) Contractor may be able to start some work prior to equipment arrival

June 3: Contractor starts work

(4 week construction duration)

July 1 Completion date

Pharmacy Clean Room/Gift Shop:

Construction completion date 2/28

Grand opening to be announced (BRH Foundation will do an opening ceremony)

Hospital Access Road Project:

Jason Kanouse with Dowl and CBJ project manager John Nelson held a public meeting February 12th at BRH. Local businesses attended to discuss impacts and to provide input for logistics (traffic flow, water cut off times, scope of work, scheduled work times etc.) The meeting went very well and all agreed that frequent communication will be a priority during the construction period (early Summer through early Fall). Ambulances and Physicians will have access to our Hospital at all times during the project.

Bartlett Regional Hospital

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February 2020 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 coverage at BOPS, and twice monthly weekend coverage on MHU. Dr. Sonkiss also leads our formal psychiatric consult service, providing psych consults throughout BRH departments upon request from a physician.
 - **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** (BRH Employee) is providing weekday coverage at MHU, and occasional weekend coverage on MHU, assisting with our formal psychiatric consult service, providing psych consults throughout BRH departments upon request from a physician.
 - **Dr. Helen Short** (Locum Psychiatrist) is back with Bartlett Behavioral Health working inpatient MHU February through June 2020 while we continue to recruit for full time inpatient psychiatry.

- **Psychiatry Recruitment Update:**
 - Dr. Gartenberg has interviewed two potential candidates for the full time inpatient MHU position since January. We continue to coordinate bringing one of these two candidates to Juneau for an on-site interview.

- **Rainforest Recovery Center:**
 - During Detox/Assessment Center Construction, RRC continues to operate at 12 bed capacity.
 - Daily Average of 11 patients in January 2020, with an average length of stay 23 days.
 - We currently have a waitlist of 20 Alaskans seeking a bed at RRC. During this time, we are providing interim outpatient services to local patients while coordinating with agencies in other communities to provide interim outpatient services until a bed opens.
 - Of these 20 individuals:
 - 5 are from Juneau
 - 3 are from Ketchikan
 - 2 are from Sitka
 - 10 from outside of Southeast

- **Adult Mental Health Unit:**
 - Daily Average of 9.4 patients per day in January 2020, with an average length of stay 7 days.

- **Bartlett Outpatient Psychiatric Services (BOPS):**
 - We continue to evidence a significant growth in the number of patients and visits at BOPS, with 5 full time therapists and 4 Providers (Psychiatrists and Nurse Practitioners).
 - We have nearly 400 active patients, including our outpatient operations in Petersburg.

- **Psychiatric Emergency Services (PES):**
 - 24/7 on site PES coverage since October 1.
 - In January 2020, PES staff provided Emergency Behavioral Health Assessments in the Emergency Department for 117 patients (Daily average of just under 4 per day). Of these 117,
 - 21 youth were assessed.
 - Of those 21, it was determined that 15 would have met criteria for admission into a formal Crisis Stabilization Program. 5 of these youth were admitted to the Med/Surg “Safe Room” while the remaining were connected with outpatient services same or next day to try and stabilize the family situation in a least restrictive setting.

- **Grants Update:**
 - **Crisis Stabilization Capital Grants Update:**
 - Confirmed Leveraged Capital Funding includes:
 - Alaska Mental Health Trust \$200,000
 - Alaska Division of Behavioral Health \$500,000
 - Premera \$1,000,000
 - Other opportunities currently in motion (with requested funding amounts) include:
 - Rasmuson Foundation \$400,000
 - GCI \$25,000
 - Alaska Air \$25,000
 - Denali Commission \$200,000
 - Murdoch Foundation \$250,000
 - Bartlett Foundation \$10,000
 - Juneau Community Foundation \$100,000

- **UPDATE!!! RRC Withdrawal Management (Detox) & Assessment Center:**
 - See attached 02/14/2020 Observation Report for latest updates.
 - Phase 1 is scheduled to be completed on or around April 17, 2020.
 - Phase 1 is the new facility, including patient rooms, new staff offices, and Assessment Center. We anticipate beginning providing Withdrawal Mgmt. services in June or July
 - Phase 2 will begin on or around May 1, 2020. This is renovation of existing facility in order to maximize staff space while creating a new group / conference room for patient care. This is expected to be complete in July 2020.

- **Crisis Stabilization Services Update:**
 - **Design Update:**
 - Fee negotiation for design and project management between CBJ and Northwind Architects was finalized on February 10, 2020.
 - Next steps include construction timelines, due to BRH on February 28, 2020
 - Anticipated completion is late Spring 2022
 - **Capital Budget Update:**
 - The Design RFP outlined an original budget for a \$7.5 million project to build a two story facility that housed both Crisis Stabilization and BOPS. This RFP also asked for an optional estimated budget to include a parking garage that would provide an additional 15-18 parking spots at an additional cost of \$1.5 million. Total \$9 million (with an anticipated cost of \$425/square foot for the Crisis/BOPS floors)
 - Pursuant to several meetings with CBJ Architects, NWA, and BRH Staff, CBJ now anticipated the construction cost to run closer to \$500/square foot for Crisis and BOPS, or an 18% increase, with a total estimated capital cost of \$10.5 million:
 - \$7.7 Million – Construction of the Crisis Facility, including the new BOPS Clinic
 - \$1.5 Million – Ground floor parking garage (approximately 20-22 spots)
 - \$1.3 Million – Contingency costs.
- **DBH Operational Grants Update:**
 - FY20 Grants:
 - Crisis Stabilization Services - \$800,000
 - RRC Operations - \$404,000
 - RRC Withdrawal Management (Detox) \$101,000
 - Ambulatory Withdrawal Management \$175,000

We have anticipated that the Crisis Stabilization and Ambulatory Grants would expire on June 30, 2020; however we recently received notice from DBH of their intent to provide **FY21 Continuation Funding** for both Crisis and Ambulatory at the FY20 funding levels. These funds will continue to support interim operations of these services while construction moves forward.

Bartlett Regional Hospital

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February 25, 2020 Board Report Kevin Benson, CFO

FINANCE/ACCOUNTING – Blessy Robert

HIM – Rachael Stark

- We are continuing our validation of scanned documents into the EMR.
- We were able to secure the department even further with a badge reader and any Bartlett employee who needs access should let Human Resources know.
- We have started meeting once a month for some customer training scenarios, standardization of greeting and certain aspects of the Release of Information process. We are hopeful this will be a great customer service training tool, engage everyone in the process and be better prepared to help our external and internal customers.
- We also are preparing for the Meditech upgrade to Expanse and the ambulatory product.

PFS – Tami Lawson-Churchill

- Expanse Ambulatory BOPS Build in process
- Working on finalizing Work From Home policy
- We are continuing to focus on AR over 180+days
- Hired a new Lead FT to replace the previous Collection Sup position

IS – Scott Chille

Projects:

- Hardware Infrastructure refresh (**VxBlock**) – at Reliable Transport – awaiting UPS install
- **UPS** install should occur March 14th
- **MEDITECH** – migration to new VxBlock environment – planning for mid-late April
- **PACS** upgrade and migration kick-off call yesterday – DELAYED pending VxBlock install
- **MEDITECH Expanse** – software installation into TEST environment COMPLETE
 - Both builds are happening concurrently: Go Live for Expanse has **moved to September 1, 2020**, with Ambulatory.

Department Updates: Recruiting for **two** Help Desk Technician positions, and exploring option for augmenting help desk with Engage staff while recruiting for Help Desk replacements

Information Security: Phishing Test results and Awareness Training stats

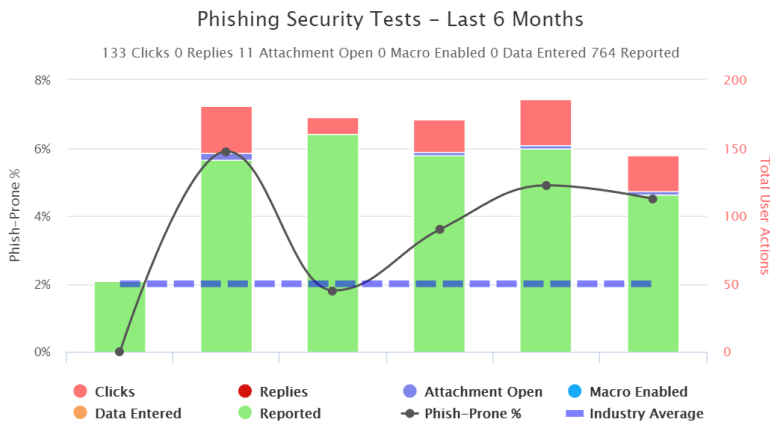
Organization's Risk Score



19.0

See our [Virtual Risk Officer \(VRO\) Guide](#) for details about how Risk Scores are calculated.

Phishing



[See more phishing reports](#)

Industry Benchmark Data [?](#)

YOUR LAST PHISH-PRONE% **4.5%**

INDUSTRY PHISH-PRONE% **2%**

Industry:

Company Size:

Program Maturity:

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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February 2020 Board Report

Chuck Bill, CEO

- We are moving our Strategic Planning process forward on several fronts. The campus study is completed and ready for the board's acceptance. We are trying to coordinate a Planning/Committee of the Whole meeting to review this document and prioritize the project needs identified. This will help us feed the CBJ CIP planning process as it relates to Bartlett. Showing the projected funding needs will help explain why BRH needs a substantial reserve.
- I have a meeting scheduled for 2/24 with interested physicians, to look at the projected provider needs by specialty and right size them for Juneau. This will help inform future physician recruitment.
- The final piece of the Strategy puzzle is the Provider network Development Study. The vendor has been selected and the contract is negotiated. I expect to bring it to the board for approval on 2/25/2020. The winning proposer was E.C.G., which is the same organization that did the SEARHC study leading to their affiliation with Swedish.
- With the legislature back in session, my advocacy efforts are picking up. I met with each of our local legislators along with Jared Koser and Jeannie Monk to talk about the proposed Healthcare Transparency Bill, HB 229. I also had the opportunity to thank them for their support which helped us receive extensions on two of Behavioral Health/Substance Abuse fronts.
- James Caldwell is here as our interim, possibly permanent, Quality/Patient Safety Director and brings an impressive set of tools and capabilities to the position.
- I will continue to share the latest information on the Coronavirus as it comes available. The basic message is:
 - It is not in Alaska.
 - It is slightly more deadly than the flu, but the flu is much more prevalent.
 - We are prepared for it if it does show up
 - Stay calm.

March 2020

****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 BR (NOT A PUBLIC MEETING)	11 4:15 Board Quality Committee BR (PUBLIC MEETING)	12	13	14
15	16	17 12:30pm Governance Committee BR (PUBLIC MEETING)	18	19	20 7:00am Finance Committee BR (PUBLIC MEETING)	21
22	23	24 **5:00pm – see below 5:30pm Board of Directors BR (PUBLIC MEETING)	25	26	27	28
29	30	31 7:00am Board Compliance BR (PUBLIC MEETING)				

Committee Meeting Checkoff:

- Board of Directors – 4th Tuesday every month
- Board Compliance – 3rd 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 Friday every month

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

***Board members will be touring the Surgical Services Department from 5:00 – 5:30pm on March 24th unless canceled due to member or department unavailability.