

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, March 24, 2020; 5:30 p.m.

Bartlett Regional Hospital – Boardroom

Public may participate telephonically by calling 1-800-315-6338 – Access code 86591

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
V.	CONSENT AGENDA		5:45
	A. February 25, 2020 Board of Directors Minutes	(Pg.3)	
	B. January 2020 Financials	(Pg.7)	
VI.	NEW BUSINESS		
	➤ Policy Decision on Family First Covid19 Response Act – Action Item		5:50
		(Pg.11)	
VII.	MEDICAL STAFF REPORT		5:55
VIII.	COMMITTEE REPORTS		6:00
	A. March 13, 2020 Draft Committee of the Whole Planning Minutes	(Pg.16)	
	➤ Master Facility Plan Acceptance - Action Item	(Pg.18)	
	B. March 20, 2020 Draft Finance Committee Minutes	(Pg.26)	
	➤ Land Purchase - Action Item	(Pg.30)	
	➤ CEO spending limits for COVID-19 - Action Item		
IX.	MANAGEMENT REPORTS		6:10
	A. CLO Management report	(Pg.37)	
	B. HR Management report	(Pg.38)	
	C. CNO Management report	(Pg.39)	
	D. COO Management report	(Pg.41)	
	E. CBHO Management report	(Pg.43)	
	➤ RRC Renovation Update	(Pg.47)	
	F. CFO Management report	(Pg.50)	
	G. CEO Management report	(Pg.52)	
	➤ Patient Feedback	(Pg.53)	

X.	CEO REPORT / STRATEGIC DISCUSSION		6:15
	➤ COVID-19 Update		
XI.	PRESIDENT REPORT		6:20
XII.	BOARD CALENDAR	(Pg.54)	6:25
XIII.	BOARD COMMENTS AND QUESTIONS		6:30
XIV.	EXECUTIVE SESSION		6:35
	A. Credentialing report (BLUE FOLDER)		
	B. February 4, 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.)*

XV.	ADJOURNMENT		6:45
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Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

February 25, 2020 – 5:30 p.m.

Robert F. Valliant Boardroom

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

BOARD MEMBERS PRESENT

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

Absent - Lindy Jones, MD

ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Rose Lawhorne, CNO	Megan Costello, CLO
Joy Neyhart, MD, COS (Phone)	Ursula Iha, Director of Pharmacy	
Anita Moffitt, Executive Assistant	James Caldwell, Interim Quality Director	

APPROVAL OF THE AGENDA – *MOTION by Ms. Hagevig to approve the agenda as presented. Mr. Johnson seconded. Agenda approved.*

PUBLIC PARTICIPATION – None

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

BOARD EDUCATION – Antimicrobial Stewardship: Ms. Iha provided an overview of the Antimicrobial Stewardship program specifically targeting fluoroquinolone use. As a condition of participation with the Center for Medicaid and Medicare Services (CMS), we must measure and improve the use of antibiotics and how they are prescribed by clinicians and used by patients. This program is expected to improve clinical outcomes by reducing the potential for developing multidrug-resistant bacteria and by decreasing adverse events and patient harm. Success rates, activity summary to date and current and future plans to continue this program was provided. A brief question and answer session followed the presentation.

Medical Staff Report – Dr. Neyhart reported that the Physician Wellness Committee is being resurrected with Dr. Gartenberg as the Chair of the committee. The committee is to be a proactive instead of reactive committee to the medical staff. Meditech Expanse go-live is taking place in the fall. Provider on-boarding for new medical staff members needs to include training on all technology providers are expected to use. Juneau’s Plans of Safe Care and the Central Council of Tlingit and Haida have much more involvement now with prenatal providers. Alaska has been accepted for a Plans of Safe Care Policy and Practice Academy training session to take place in May. 10 representatives from Alaska will travel to California to attend this training. With this

training, over the next few years, we will hopefully see a reduction in the number of infants that are born in our community that get referred to the Office of Children's Services.

OLD BUSINESS: Crisis Intervention Update – Mr. Grigg reported that we have a champion in the legislature, Ivy Spohnholz. She has been pretty crucial over the last two sessions in getting funds for substance use disorder treatment and for mental health services. She is pushing forward a \$10 Million bill for capital dollars for FY21 shovel ready projects that are providing substance use and mental health services; the Crisis Intervention Center really fits the bill for this. Bartlett representatives may be asked to testify when the bill hits the floor. The Board will be notified when the bill hits the floor.

COMMITTEE REPORTS:

Governance Committee – Ms. Knapp reported that the Governance Committee met on February 11th. The committee will conduct a review of the by-laws and provide revision recommendations to the Board. The committee is also looking at board evaluation options and identifying skill set needs to share with the Assembly for consideration when selecting new board members. Interested board members are encouraged to attend the Governance meetings as well as to submit any suggestions for by-law revisions to Ms. Moffitt by February 28th.

Planning Committee – Mr. Kendziorek reported that the Planning Committee has received comments from the staff regarding the Provider Network Study and the campus plan. A Committee of the Whole meeting is to be scheduled to conduct a deeper dive into the campus plan. A survey is posted in the portal with proposed dates for this meeting and board members are asked to respond as soon as possible. Mr. Bill provided an overview of the process used to award the winning bid of the Provider Network Development Assessment RFP to ECG Management Company. He made a request to the board to grant him authority to move ahead with entering into a contract for the study so that it will be completed in time for the May Strategic Planning meeting.

Motion made by Mr. Kendziorek to approve moving forward with the Provider Network Development Study as Mr. Bill is negotiating. Ms. Hagevig seconded. The Planning Committee, Senior Leadership, key community members and physicians will be interviewed and closely involved with the study. A full presentation will be given to the board before the report is finalized. The Planning Committee has been very active in this project and supports moving forward with the study. ***There being no objection, motion approved.***

Finance Committee – Ms. Johnston reported that the Finance Committee met last week. December financial reports are in the packet. The bulk of the meeting was spent discussing the FY2021 budget. Mr. Benson provided highlights from the FY2021 Budget packet. The budget process had a condensed time frame, 7 weeks from start to finish. The accounting staff and department managers did a great job throughout the process. The Fiscal Year 2021 budget is based on existing operations and adjusted for known changes. Anticipated patient volumes, price increases, reimbursements, staffing changes, employee benefits and salaries and wages were highlighted. We anticipate reimbursements that we receive from the Rural Demonstration Project will end on June 30th meaning that BRH will see a reduction of \$3.2 million in reimbursements. If this happens, BRH can apply to CMS for a Low Volume Adjustment to its DRG rates to provide a bit of an offset. Discussions about the possibility of the renewal of the Rural Demonstration Project reimbursements and Tri-Care reimbursements were held. Mr. Kendziorek expressed support of this budget and stressed the importance of making it very clear to the CBJ that some of the grant funding and other speculative funds in the budget may not happen and we are prepared to be flexible. Ms. Johnston noted the changes in the budgeting process regarding physician

bonuses, seasonality changes and contract labor. A discussion about Sole Community Hospital reimbursements was initiated by Mr. Johnson. Further discussion about price increases was held. ***Ms. Johnston, as Chair of the Finance Committee, made a recommendation to the Board that we move forward with the proposed budget as presented. There being no objection, budget approved.***

MANAGEMENT REPORTS: Ms. Costello reported that the Assembly, at last night's meeting, approved a grant for the senior living facility that is to be located near Safeway. She also reported that construction for Phase II of the Housing First project is to start in the fall and that the City is looking at ways to reduce costs associated with homeless and substance abuse. Mr. Stevens expressed his appreciation for the thorough management reports.

CEO REPORT – Mr. Bill reported that AHSNHA is hosting a legislative fly in session today and tomorrow. He distributed and provided an overview of a handout that outlines key healthcare initiatives that are being followed through ASHNHA. Mr. Grigg had given a presentation at Story Slam regarding Bartlett's Behavioral Health and Crisis Intervention projects. He also reported the extension of 2 grants that we had anticipated ending. Robust discussions about the physician needs analysis was held yesterday during a Physician Recruitment Committee meeting. Mr. Johnson provided an overview of the Physician Recruitment meeting which included a discussion of reimbursement for telehealth services and how to meet the needs of specialty services in Juneau. Dr. Neyhart initiated a conversation about Pediatric input for the physician needs assessment. Mr. Bill reported that the Department of Public Health had given a very good presentation on the Corona Virus preparations at last night's Assembly meeting. This led to a discussion was held about how this virus will affect the cruise ship industry and how to assure the community that we do have a plan in place in should the virus present in Juneau.

PRESIDENT REPORT – Mr. Stevens reminded board members wishing to attend the April Leadership Conference to let Ms. Moffitt know so registrations and reservations can be finalized. He also asked members to complete the survey as soon as possible to identify a date for a Committee of the Whole Planning meeting. Interim Quality Director, James Caldwell was introduced and a brief background was provided.

Executive Session – Motion made by Ms. Johnston to recess into executive session as written in the agenda to discuss several matters:

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

Ms. Young seconded. Motion approved. The committee entered executive session at 6:47 pm and returned to regular session at 7:01 pm.

- A. Credentialing report (BLUE FOLDER): ***Motion by Mr. Kendziorek to approve the credentialing report as written. Ms. Knapp seconded. Credentialing recommendations approved.***

- B. January 7, 2020 Medical Staff Meeting Minutes (BLUE FOLDER): No action to be taken. The Board reviewed the minutes.
- C. Patient Safety Dashboard (BLUE FOLDER): No action to be taken. The Board reviewed the Patient Safety Dashboard.
- D. Legal and Litigation Review: The Board provided direction to BRH attorney regarding litigation strategies.

BOARD CALENDAR – March calendar reviewed. No changes requested. A Committee of the Whole meeting will be scheduled after survey responses are received. A Physician Recruitment Committee meeting is also to be scheduled to take place in March.

BOARD COMMENTS AND QUESTIONS – None

ADJOURNMENT – 7:05 p.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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DATE: March 9, 2020
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: January Financial Performance

January was a surprisingly good month financially for BRH. Winter months generally do not see good financial performance as the prior year shows Income from Operations breaking even. However, this year BRH saw Income from Operations of \$120,000. Inpatient revenue was only 6.5% less than budget in spite of patient days being 20% under budget. Additional inpatient revenue was generated on surgical cases whose volume exceeded budget by 16%. Although outpatient volumes continue to be mixed with activity both over and under budget, outpatient revenues finished ahead of budget by 8% or \$682,000. Total hospital revenue finished 2% over budget with an excess of \$325,000. BOPS revenue exceeded budget by \$110,000 (29%) and physician revenue exceeded budget by \$264,000 or 30% which resulted in total revenues of \$16,047,000 that were \$562,000 (3.6%) greater than budget.

Deductions were greater than budget by \$358,000 or 5%. This was due to additional physician discounts generated from increased revenues. Bad Debt expense was also greater than budget which has been the trend throughout the year. Other Revenue was over budget by \$167,000 which resulted in Total Operating Revenues that were \$371,000 greater than budget.

Expenses exceeded budget by \$294,000 or 3.4%. This variance was driven by increased staff costs and benefits. This resulted in an Operating Income of \$120,000 or 1.3%. There was a correction made in January to reverse an automatic recurring entry which recorded the alcohol tax revenue. \$800,000 of funding BRH received through June of 2019 for sleep-off has been redirected to another provider and the adjustment was not reflected in the monthly entry. This resulted in negative Non-Operating Income of \$223,000 and resulted in a Net Loss of \$102,000. For the year BRH has a Net Income of \$3.8 million or 5.6% well in excess of budget (\$2.2 million) and the prior year (\$1.6 million).

Other Significant Items:

- Overtime, Call backs and Non-Productive time continues to be a challenge with these categories exceeding budget by a combined \$300,000. This continues to be due to an increase of staff (and family member) illnesses.
- 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 January 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (December)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	296	426	-30%	357	375	2,817	2,982	-6%	2,762
Patient Days - Critical Care Unit	85	92	-8%	98	75	652	644	1%	640
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	12.3	16.7	-26%	15	14.5	16.1	16.9	-4%	15.8
Patient Days - Obstetrics	73	69	5%	46	60	480	483	-1%	455
Patient Days - Nursery	65	64	1%	49	44	381	434	-12%	427
Total Hospital Patient Days	519	652	-20%	550	554	4,330	4,543	-5%	4,284
Births	27	27	1%	21	21	172	238	-28%	187
Mental Health Unit									
Patient Days - Mental Health Unit	261	343	-24%	258	216	1,736	2,093	-17%	2,021
Avg. Daily Census - MHU	8.4	11.1	-24%	8.3	7	8.1	9.7	-17%	9.4
Rain Forest Recovery:									
Patient Days - RRC	252	299	-16%	336	329	2,056	2,401	-14%	2,356
Avg. Daily Census - RRC	8	9.7	-16%	10.8	11	10	11.2	-14%	11.0
Outpatient visits	18	19	-7%	28	26	167	133	26%	167
Inpatient: Admissions									
Med/Surg	65	72	-9%	79	65	535	504	6%	421
Critical Care Unit	40	41	-2%	39	40	303	287	6%	280
Obstetrics	30	28	6%	21	23	187	196	-5%	188
Nursery	27	30	-9%	22	21	173	210	-18%	196
Mental Health Unit	35	38	-8%	38	29	255	266	-4%	263
Total Admissions - Inpatient Status	197	209	-6%	199	178	1,453	1,463	-1%	1,348
Admissions - "Observation" Status									
Med/Surg	65	59	11%	61	47	399	413	-3%	407
Critical Care Unit	32	34	-6%	35	25	211	238	-11%	236
Mental Health Unit	2	2	-2%	3	4	17	14	21%	15
Obstetrics	19	19	-1%	17	18	132	133	-1%	130
Nursery	0	1	-100%	0	0	1	7	-86%	5
Total Admissions to Observation	118	115	2%	116	94	760	805	-6%	793
Surgery:									
Inpatient Surgery Cases	58	50	16%	42	38	368	350	5%	337
Endoscopy Cases	106	100	6%	103	93	648	700	-7%	691
Same Day Surgery Cases	122	91	34%	73	118	732	637	15%	609
Total Surgery Cases	286	241	19%	218	249	1,748	1,687	4%	1,637
Total Surgery Minutes	18,958	15,437	23%	14,126	16,227	121,275	105,003	15%	105,003
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,178	1,255	-6%	1,094	1,146	8,496	8,785	-3%	8,481
Cardiac Rehab Visits	68	77	-11%	92	52	452	539	-16%	545
Lab Visits	323	297	9%	241	302	2,692	2,079	29%	1,759
Lab Tests	9,006	9,601	-6%	10,067	9,359	72,965	67,207	9%	62,693
Radiology Visits	756	869	-13%	764	844	5,700	6,083	-6%	5,462
Radiology Tests	2,315	2,610	-11%	2,670	2,178	17,167	18,270	-6%	17,829
Sleep Study Visits	21	23	-10%	34	28	191	161	19%	172
Physician Clinics:									
Hospitalists	223	212	5%	213	252	1,621	1,484	9%	1,296
Bartlett Oncology Clinic	59	84	-30%	68	66	550	588	-6%	464
Ophthalmology Clinic	94	N/A	N/A	-	64	107	N/A	N/A	-
Behavioral Health Outpatient visits	356	413	-14%	251	64	2,428	2,772	-12%	2,683
Bartlett Surgery Specialty Clinic visits	335	325	3%	362	326	1,974	2,275	-13%	2,104
	1,067	1,034	3%	894	772	6,680	7,119	-6%	6,547
Other Operating Indicators:									
Dietary Meals Served	29,614	26,027	14%	27,583	31,754	208,262	182,189	14%	180,805
Laundry Pounds (Per 100)	372	408	-9%	410	352	2,651	2,856	-7%	2,810

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF JANUARY 2020

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:						
\$4,268,141	\$4,525,982	-\$257,841	-5.7%	\$4,316,901	1. Inpatient Revenue	\$32,273,418	\$31,389,870	\$883,548	2.8%	\$29,936,989	7.8%
\$902,828	\$1,002,905	-\$100,078	-10.0%	\$891,451	2. Inpatient Ancillary Revenue	\$6,852,817	\$6,955,611	-\$102,794	-1.5%	\$6,568,547	4.3%
\$5,170,969	\$5,528,887	-\$357,919	-6.5%	\$5,208,352	3. Total Inpatient Revenue	\$39,126,235	\$38,345,481	\$780,754	2.0%	\$36,505,537	7.2%
\$9,200,382	\$8,517,476	\$682,906	8.0%	\$7,838,920	4. Outpatient Revenue	\$64,138,217	\$59,072,913	\$5,065,304	8.6%	\$56,053,629	14.4%
\$14,371,351	\$14,046,363	\$324,987	2.3%	\$13,047,272	5. Total Patient Revenue - Hospital	\$103,264,453	\$97,418,394	\$5,846,059	6.0%	\$92,559,166	11.6%
\$267,731	\$377,860	-\$110,130	-29.1%	\$352,010	6. RRC Patient Revenue	\$2,148,806	\$2,620,639	-\$471,833	-18.0%	\$2,490,949	-13.7%
\$278,236	\$194,827	\$83,409	42.8%	\$226,794	7. BHOPS Patient Revenue	\$1,876,994	\$1,351,225	\$525,769	38.9%	\$1,329,647	41.2%
\$1,130,215	\$866,304	\$263,911	30.5%	\$997,801	8. Physician Revenue	\$7,109,338	\$6,008,220	\$1,101,118	18.3%	\$5,663,801	25.5%
\$16,047,533	\$15,485,354	\$562,177	3.6%	\$14,623,877	9. Total Gross Patient Revenue	\$114,399,591	\$107,398,478	\$7,001,113	6.5%	\$102,043,562	12.1%
					Deductions from Revenue:						
\$3,190,842	\$3,185,446	-\$5,396	-0.2%	\$3,424,689	10. Inpatient Contractual Allowance	\$22,253,995	\$22,112,487	-\$141,508	-0.6%	\$20,901,739	6.5%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$2,158,333	-\$2,158,333	\$0		-\$2,158,333	
\$2,898,447	\$3,075,304	-\$176,857	5.8%	\$2,659,980	11. Outpatient Contractual Allowance	\$22,120,427	\$21,328,705	-\$791,722	-3.7%	\$19,501,467	13.4%
\$634,850	\$412,705	-\$222,145	-53.8%	\$435,760	12. Physician Service Contractual Allowance	\$4,276,212	\$2,862,311	-\$1,413,901	-49.4%	\$2,691,690	58.9%
\$16,435	\$16,577	-\$143	0.9%	\$11,650	13. Other Deductions	\$100,193	\$114,969	-\$14,776	-12.9%	\$105,486	0.0%
\$112,811	\$126,201	-\$13,390	10.6%	\$8,128	14. Charity Care	\$521,575	\$875,267	-\$353,692	40.4%	\$722,512	-27.8%
\$651,678	\$330,372	-\$321,306	-97.3%	\$389,771	15. Bad Debt Expense	\$2,883,925	\$2,291,295	-\$592,630	-25.9%	\$2,259,901	27.6%
\$7,196,730	\$6,838,272	-\$358,457	-5.2%	\$6,621,645	16. Total Deductions from Revenue	\$49,997,993	\$47,426,701	-\$2,571,292	-5.4%	\$44,024,461	13.6%
40.0%	43.1%			44.6%	% Contractual Allowances / Total Gross Patient Revenue	40.6%	43.1%			40.1%	
4.8%	2.9%			2.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.0%	2.9%			2.9%	
44.8%	44.2%			45.3%	% Total Deductions / Total Gross Patient Revenue	43.7%	44.2%			43.1%	
\$8,850,803	\$8,647,082	\$203,720	2.4%	\$8,002,232	17. Net Patient Revenue	\$64,401,598	\$59,971,777	\$4,429,821	7.4%	\$58,019,101	11.0%
\$339,763	\$172,231	\$167,532	97.3%	\$160,173	18. Other Operating Revenue	\$2,846,493	\$1,194,511	\$1,651,982	138.3%	\$1,174,119	142.4%
\$9,190,566	\$8,819,313	\$371,253	4.2%	\$8,162,405	19. Total Operating Revenue	\$67,248,090	\$61,166,288	\$6,081,802	9.9%	\$59,193,219	13.6%
					Expenses:						
\$3,777,495	\$3,653,448	-\$124,047	-3.4%	\$3,492,858	20. Salaries & Wages	\$26,581,421	\$25,338,365	-\$1,243,056	-4.9%	\$24,364,113	9.1%
\$320,025	\$283,036	-\$36,989	-13.1%	\$306,540	21. Physician Wages	\$2,238,778	\$1,962,985	-\$275,793	-14.0%	\$1,906,841	17.4%
\$93,925	\$58,324	-\$35,601	-61.0%	\$195,348	22. Contract Labor	\$1,210,010	\$404,499	-\$805,511	-199.1%	\$1,808,354	-33.1%
\$1,916,357	\$1,823,423	-\$92,934	-5.1%	\$1,683,158	23. Employee Benefits	\$14,002,326	\$12,646,384	-\$1,355,942	-10.7%	\$11,288,003	24.0%
\$6,107,802	\$5,818,231	-\$289,571	-5.0%	\$5,677,904	24. % Salaries and Benefits / Total Operating Revenue	\$44,032,535	\$40,352,233	-\$3,680,302	-9.1%	\$39,367,311	11.9%
66.5%	66.0%			69.6%		65.5%	66.0%			66.5%	
\$24,809	\$79,810	\$55,001	68.9%	\$84,667	24. Medical Professional Fees	\$526,766	\$553,559	-\$26,793	4.8%	\$570,564	-7.7%
\$169,506	\$209,493	\$39,987	19.1%	\$265,356	25. Physician Contracts	\$1,568,707	\$1,452,929	-\$115,778	-8.0%	\$1,669,893	-6.1%
\$162,077	\$181,236	\$19,160	10.6%	\$123,416	26. Non-Medical Professional Fees	\$1,116,386	\$1,256,963	-\$140,577	11.2%	\$1,033,539	8.0%
\$1,370,875	\$1,080,129	-\$290,746	-26.9%	\$742,698	27. Materials & Supplies	\$8,152,264	\$7,491,198	-\$661,066	-8.8%	\$7,264,263	12.2%
\$128,887	\$132,225	\$3,338	2.5%	\$129,274	28. Utilities	\$896,471	\$917,036	\$20,565	2.2%	\$805,521	11.3%
\$294,824	\$333,851	\$39,027	11.7%	\$305,108	29. Maintenance & Repairs	\$2,529,073	\$2,315,387	-\$213,686	-9.2%	\$2,093,780	20.8%
\$41,278	\$56,719	\$15,441	27.2%	\$48,272	30. Rentals & Leases	\$341,634	\$393,370	\$51,737	13.2%	\$372,628	-8.3%
\$39,858	\$50,602	\$10,744	21.2%	\$39,314	31. Insurance	\$310,590	\$350,943	\$40,353	11.5%	\$464,846	-33.2%
\$589,896	\$668,307	\$78,411	11.7%	\$602,466	32. Depreciation & Amortization	\$4,078,286	\$4,635,044	\$556,758	12.0%	\$4,273,093	-4.6%
\$52,453	\$52,781	\$328	0.6%	\$52,667	33. Interest Expense	\$367,169	\$366,059	-\$1,110	-0.3%	\$375,328	-2.2%
\$87,922	\$112,363	\$24,441	21.8%	\$97,264	34. Other Operating Expenses	\$797,371	\$779,284	-\$18,087	-2.3%	\$609,441	30.8%
\$9,070,188	\$8,775,747	-\$294,439	-3.4%	\$8,168,406	35. Total Expenses	\$64,717,250	\$60,864,005	-\$3,853,246	-6.3%	\$58,900,206	-9.9%
\$120,378	\$43,566	\$76,812	176.3%	-\$6,001	36. Income (Loss) from Operations	\$2,530,840	\$302,283	\$2,228,557	737.2%	\$293,013	763.7%
\$103,517	\$108,500	-\$4,983	-4.6%	\$32,643	37. Interest Income	\$713,910	\$752,499	-\$38,590	-5.1%	\$204,833	248.5%
-\$326,210	\$162,161	-\$488,371	-301.2%	\$148,719	38. Other Non-Operating Income	\$510,294	\$1,124,663	-\$614,369	-54.6%	\$1,103,374	-53.8%
-\$222,693	\$270,661	-\$493,354	-182.3%	\$181,362	39. Total Non-Operating Revenue	\$1,224,204	\$1,877,162	-\$652,958	-34.8%	\$1,308,208	-6.4%
-\$102,315	\$314,227	-\$416,542	132.6%	\$175,361	40. Net Income (Loss)	\$3,755,044	\$2,179,445	\$1,575,599	-72.3%	\$1,601,221	-134.5%
1.31%	0.49%			-0.07%	Income from Operations Margin	3.76%	0.49%			0.50%	
-1.11%	3.56%			2.15%	Net Income	5.58%	3.56%			2.71%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
January 31, 2020

	<u>January-20</u>	<u>December-19</u>	<u>January-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	28,242,074	33,759,459	35,951,172	(7,709,098)
2. Board designated cash	39,266,128	38,876,149	36,209,988	3,056,140
3. Patient accounts receivable, net	16,420,030	16,728,824	12,901,410	3,518,619
4. Other receivables	2,382,342	2,290,218	2,345,016	37,326
5. Inventories	3,255,837	3,225,457	3,187,892	67,945
6. Prepaid Expenses	662,287	878,858	1,930,377	(1,268,089)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	90,257,575	95,787,842	92,554,732	(2,297,157)
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	142,709,147	149,368,673	148,266,849	(5,557,701)
11. Construction in progress	5,107,629	2,523,423	376,550	4,731,079
12. Total property & equipment	147,816,776	151,892,096	148,643,399	(826,622)
13. Less: accumulated depreciation	(93,671,326)	(99,962,995)	(95,275,021)	1,603,695
14. Net property and equipment	54,145,450	51,929,103	53,368,379	777,072
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	163,496,142	166,810,061	155,666,282	7,829,860
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	744,650	2,173,149	2,288,299	(1,543,649)
18. Accrued employee benefits	3,606,792	3,739,912	3,613,397	(6,605)
19. Accounts payable and accrued expenses	3,153,198	3,729,333	2,140,623	1,012,575
20. Due to 3rd party payors	2,602,005	2,255,085	357,305	2,244,700
21. Deferred revenue	(2,223,521)	(2,257,437)	2,581,533	(4,805,053)
22. Interest payable	-	340,359	(4,365)	4,365
23. Note payable - current portion	870,000	845,000	850,000	20,000
24. Other payables	143,080	396,788	422,260	(279,179)
25. Total current liabilities	8,896,204	11,222,189	12,249,052	(3,352,846)
Long-term Liabilities:				
26. Bonds payable	17,260,000	18,130,000	18,155,000	(895,000)
27. Bonds payable - premium/discount	1,301,604	1,317,223	1,492,525	(190,921)
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	97,334,808	98,220,427	92,485,405	4,849,403
31. Total liabilities	106,231,014	109,442,618	104,734,457	1,496,558
32. Fund Balance	57,265,129	57,367,443	50,931,825	6,333,304
33. Total liabilities and fund balance	163,496,142	166,810,061	155,666,282	7,829,860

Family First Coronavirus Response Act (H.R. 6201)

Application to BRH

March 24, 2020

Congress passed and President Trump has signed the “Family First Coronavirus Response Act” (H.R. 6201) on March 18, 2020. The bill becomes effective in 15 days from the date it was signed, or April 2, 2020. There are two primary employment provisions included in this legislation that address an emergency family and medical leave act expansion and emergency paid sick leave. Both of these provisions will remain in effect until December 31, 2020. One purpose of the Act is to expand access to emergency paid sick leave so that employees are not forced to choose between their paycheck, their health, and the health of the people around them. Another purpose of the act is provide families with critical protections to ensure that workers can care for their children without sacrificing a paycheck in response to widespread and potentially prolonged school closures.

The Act applies to private employers with fewer than 500 employees and public employers of any workforce size. As a public employer, this law clearly applies to BRH. The Secretary of Labor has the authority to promulgate regulations that exclude certain health care providers and emergency responders from coverage under this Act.

Additionally, under the Act, employers have the ability to exempt healthcare providers and emergency responders because of the current capacity challenges in facing the healthcare system. Healthcare providers that may be excluded from the Family First Coronavirus Response Act are those that meet the definition of a “healthcare provider” under the Family Medical Leave Act (FMLA).¹ Job classifications from BRH that meet this definition, and can be excluded from the rules under the Act are: Physician, Physician Assistant, Nurse Practitioner, and Clinical Social Worker. The majority of other job classifications at BRH, such as nurses, respiratory therapists, pharmacists, other support staff classifications, etc., do not meet the definition of a healthcare provider and appear to be eligible for the leave benefits conveyed in the Act.

The Act does not provide a definition of “first responder,” so until regulations are promulgated to provide a specific definition, common language or a definition provided elsewhere in law or regulation must be relied on. Alaska Administrative Code 2 AAC 15.920 (this is a code that deals with school debt repayment cancellation for emergency responders) defines a first responder as someone who engages in:

¹ See CFR § 825.125, Definition of health care provider.

[P]erformance of active duty in protection of the public as a member of the United States armed forces, a public safety officer, firefighter, paramedic, emergency medical technician (EMT), or other public first responder.

Although an argument could be made that all BRH employees or BRH employees employed in the Emergency Department should be considered first responders, at this time, it appears that this may be too broad of an application of this definition.

The law also directs the Secretary of Labor to promulgate emergency temporary standards to protect health care workers under OSHA and expand which hospitals and other medical facilities are subject to such standards.

BRH, as a public employer, is not eligible for the payroll tax credit provided to private employers through the Act to cover the wages paid to employees under the sick leave and family medical leave programs.

Emergency Family and Medical Leave Expansion

The first primary purpose of the Family First Coronavirus Response Act is to include an emergency family and medical leave expansion that will apply to any employee who has been employed for at least 30 calendar days. The employee must be unable to work or telework due to a need for leave to care for a child under 18 of the employee if the school or place of care is closed or the childcare provider is unavailable due to a public health emergency.

The first 10 days of leave may consist of unpaid leave although the employee may substitute any accrued personal leave for the unpaid portion. We may not require that employees use accrued leave. We must then provide paid leave for the subsequent 10 weeks of leave that is capped at \$200/day and \$10,000 total.

Emergency Paid Sick Leave

The second primary purpose of the law would require BRH to provide full-time employees with 80 hours of paid sick time and part-time employees with paid sick leave on a pro-rated basis for the following reasons:

- For the Employee's own needs:
 - Employee is under government-ordered quarantine or isolation related to COVID-19
 - Employee is advised by a health care provider to self-quarantine related to COVID-19

- Employee is seeking diagnosis for symptoms of COVID-19
- When the Employee is caring for:
 - A person under government-ordered quarantine or isolation related to COVID-19
 - A person advised by a health care provider to self-quarantine related to COVID-19
 - A son or daughter whose school or place of care is closed or the child care provider is unavailable due to COVID-19 precautions

The paid sick leave under the Act would be available immediately no matter how long the employee has worked for the employer. When the employees' emergency paid sick leave is related to the employees' condition, the leave is calculated based on the employees' regular pay rate but is limited to \$511/day and \$5,110 total. Where the emergency sick time is for employees' to be caregivers, it is based on 2/3 of the regular rate, but is limited to \$200/day and \$2,000 total.

BRH must make this emergency paid sick leave available in addition to the personal leave we are already providing our employees. We cannot require employees to use their personal leave before using the emergency paid sick leave provided by this law. We cannot require employees as a condition of providing emergency paid sick time that they find a replacement to cover their hours.

Policy Decisions

While most of the Family First Coronavirus Response Act clearly applies to the majority of BRH employees and must be implemented by April 2, 2020, there are some policy decisions that must be made by each organization. The US Department of Labor has declared a 30 day moratorium on enforcement of the Act; however, we are likely better served to implement terms of the Act within the timeframe required by the Act.

1. Should BRH apply the provisions of the act to healthcare providers?

Although the intent of Congress of providing the option of excluding healthcare providers and first responders from the act to maintain the viability of the healthcare system was well-intentioned, it has placed us in less than desirable situation. We must decide quickly whether to include the emergency family medical leave and emergency sick leave benefit to some of our staff that are most important in responding to the current coronavirus pandemic. Outlined below are some options to consider in determining whether to exclude healthcare providers.

- a. Exclude all healthcare providers from benefits conveyed by the Act. This would exclude those employees who occupy physician, physician assistant, nurse practitioner, and social workers positions at BRH from the benefits conveyed to other employees in the Act.
- b. Partially exclude healthcare providers from benefits conveyed by the Act. Another option would be to exclude those who have employment agreements from the benefits conveyed by the Act. This would exclude physicians, physician assistants, and nurse practitioners. This method of implementation would include social workers, who are similarly situated to other classified employees at this hospital.
- c. Fully implement the benefits conveyed by the Act for all healthcare providers at BRH. This option would extend the benefits of the act to all BRH employees.

2. When should the Act be implemented for our employees?

The following options are potential implementation dates for the Act.

- a. Pay period beginning March 8, 2020. Juneau schools and many daycares temporarily closed on Monday, March 16, 2020. The State of Alaska issued the first Public Health Alert regarding quarantining after travel from the lower 48 on Sunday, March 15, 2020. However, earlier in March, BRH was requiring employees who return from Level 3 countries to quarantine for 14 days in accordance with CDC guidance, and any employee who was required to be home because of demonstrating signs or symptoms was required to take personal leave. A retroactive implementation to March 8, 2020 would allow the small group impacted employees to instruct BRH to retroactively change personal leave and leave without pay to a form of leave conveyed by the Act. Retroactively implementing the leave benefits at this time coincides with the pandemic started to impact BRH employees and allows employees to start using the benefits for the intended use at the relevant time.
- b. Pay period beginning March 22, 2020. This option is viable, but would exclude some leave for a limited amount of employees that may otherwise qualify under the Act, but for the implementation date being later than when the leave was taken.
- c. April 2, 2020. This option is the last potential date to implement the benefits required by the law and is also viable if we do not wish to implement the law retroactively. The issues with an April 2, 2020 implementation are that it is difficult

to implement new leave provisions mid pay period and those that could have the benefit applied retroactively would still need to take their personal leave or be in leave without pay.

Bartlett Regional Hospital

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

Planning Committee of the Whole Meeting Minutes

March 13, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom

Called to order at 7:02 a.m., by Planning Committee Chair, Marshal Kendziorek

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

Staff: Chuck Bill, CEO, Rose Lawhorne, CNO, Billy Gardner, COO, Dallas Hargrave, HR Director, Megan Costello, CLO and Megan Rinkenberger, Executive Assistant

Mr. Solomon-Gross made a MOTION to approve the minutes from February 13, 2020. There being no objection, minutes were approved.

PUBLIC PARTICIPATION – None

COVID-19 UPDATE: Gastineau Elementary School is closed today due to one of its student being tested for the Corona Virus. The first confirmed case of the virus in Alaska was in Anchorage – a foreign national traveling for business, self-isolated as soon as symptoms began. Mr. Bill promoted consistent messaging, social distancing and hand washing. This will not stop the virus but will slow it down and prevent a spike in cases that will overwhelm the healthcare system. He reported that we will set up the Incident Command System later today so we have a formal mechanism for communications. A triage tent to be staffed 24/7 with nursing staff to pre-screen patients before they enter the building is to be set up later today as well. Mr. Bill had previously reported that we have two ventilators. He recently learned that including backups, we have 9, and up to 12 if we were really crunched. We may not have trained staff to run all 12, but could train others if needed. Mr. Kendziorek suggests not waiting to do “just in time” training, but to start now to allow higher quality training. BRH has had one emergency department patient tested for the virus. The test came back negative. The patient’s nurses were quarantined until the test came back. Turn-around time on testing is about 24-48 hours due to sample needing to be sent on 5pm flight to Anchorage (State CDC). BRH is following strict CDC guidelines for administering the test which means a patient must be symptomatic and have exposure to a known positive or be from a high risk area. Labcorp is offering test kits commercially through primary care physicians with patients that do not meet testing criteria. Patients will be charged for these tests. Ms. Lawhorne provided an overview of the protocols in place if a member of the staff experiences symptoms. Discussion was held about flight options for transporting tests as well as the structure BRH has set up and contingency plans to handle this evolving situation. Mr. Kendziorek posed the question of setting isolation rooms up for more than one person. Discussion was held about the Pioneer home and how Bartlett would support the nursing homes and elderly facilities (Pioneer Home is full, Wildflower court 85% capacity – Combined population is about 100, average age at Pioneer Home is 86.5) Discussion was held about how to protect our own staff and keep them from burning out. Ms. Lawhorne gave a thorough report on clinical and non-clinical staff preparedness, resource utilization and stricter visitor policies which include screening of visitors. It was reported that the limiting factor on testing now is the swab availability. Rapid tests are in development, which we would be able to run here in BRH lab. Any physician who requests a test can order it. Testing abilities are growing rapidly. Ms. Costello reported that the CBJ Assembly is providing COVID-19 updates at every meeting. CBJ is restricting staff travel until April 15th, allowing CBJ employees to work from home and encouraging social distancing. Discussion was held about CCFR’s preparedness. The Port of Seattle is currently closed to cruise ships, and the discussion is in progress about cargo ships. AML is not affected,

barges should still run. Bartlett's inventory levels of critical supplies was discussed. Mr. Gardner provided an overview of the plan in place for increased fatalities. Mr. Kendziorek asked Ms. Costello about adjusting the rules about no greater than three board members calling in to allow for virtual meetings. Ms. Costello stated the assembly is currently discussing this, and that it will likely be discussed at the meeting on Monday (the 16th). Mr. Bill will provide the board with weekly coronavirus updates.

Provider Network Analysis: Most of today's attendees have been attending the regular Planning meetings so there was a limited discussion regarding ECG interviews. Mr. Bill reported that ECG is currently reviewing all the data that has been provided to them so far and he has instructed them to conduct the interviews remotely.

Campus Plan Review – A matrix was used to prioritize projects in the order they must be completed in, in relation to each other. A south entrance to the property and asbestos remediation are top priorities. CBJ engineering is working on a design for the south entrance coming off of Glacier Highway. The property owners are willing to sell the property below Rainforest Recovery Center so an appraisal has been ordered and is to be conducted within 25 days. **Mr. Kendziorek requested a MOTION to move the campus plan document to the full board for acceptance and action. Ms. Hagevig moved the motion. Ms. Knapp seconded. Motion approved.** Mr. Kendziorek clarified why the motion was worded the way it was. Accepting this campus plan document allows us to begin discussions with CBJ to get us in line with other CIP projects and to speak with the CBJ Finance Director about how we want to finance these projects.

Mr. Bill noted that the Employee Service Awards Banquet scheduled to take place April 25th will probably be canceled due to the coronavirus. We have until April 13th to cancel our reservation at the tram.

After receiving an update from Ms. Costello, Mr. Kendziorek requested a **MOTION to temporarily suspend the rules of order until further notice to allow as many members of the board to dial in or Zoom in to formally attend the meeting. One board member must be physically present at the hospital to serve as chair. Ms. Hagevig moved the motion.** For purposes of discussion, it was clarified that this is an option people can choose and is not required. **Mr. Johnson seconded.** Discussion was held about the need for a board member to be physically present at the hospital. **There being no objection, Motion approved.**

FUTURE AGENDA ITEMS – Nothing to be added to future planning meeting agenda at this time.

Comments: Mr. Johnson: This meeting was important and informative, and the board looks forward to regular updates regarding virus response. Mr. Bill suggested suspending committee meetings other than the required board meetings. BOD, Finance and Credentialing committees need to meet. Attendees agreed to be available for short notice Committee of the Whole meetings for updates. Discussion was held about meeting public attendance requirements by providing virtual meetings. Options discussed were livestream on BRH website or a Link to Zoom meeting on website with request to mute microphone and ensure attendees video output is turned off? The upcoming Governance Meeting and Physician Recruitment Meetings are to be cancelled.

Next meeting: To be determined

Adjourned - 8:16 a.m.

Bartlett Regional Hospital - Facilities Master Plan

Jensen Yorba Wall December 9, 2019

Space Program	Net Areas	Gross Area	Additional Needed
ALL BUILDINGS			
CEO - Administration	1,771		General reconfiguration to address privacy concerns / adjacency issues
CEO - Community Relations	164		
CEO - Compliance	260		
CEO - Quality	726		
CEO - Hospitalist	489	25%	122
CEO - Medical Staff Services	2,193		
CEO - Physician Services	16,461	15%	2,469 Could consolidate Medical Office spaces and increase housing
CEO - Education and Staff Development	2,595		Reconfiguration for increased storage
CEO - Gift Shop	378		
HR - Human Resources	937		
CFO - Case Management	1,027		
CFO - Finance	818		
CFO - Health Information Services	5,064		
CFO - Information Services	2,637		
CFO - Patient Access Services	1,724		
CFO - Patient Financial Services	2,174		
COO - Diagnostic Imaging	10,323	25%	2,581 Remote Women's Clinic to allow for expansion of CT and other needs.
COO - Food and Nutrition	5,390	60%	3,234 Double Serving and Seating, 50% increase to Storage and Kitchen
COO - Laboratory and Histology	4,894	25%	1,224 Space needs to be renovated. Additional area would be beneficial, but not required.
COO - Materials Management	2,835	50%	1,418 Additional Storage, Loading Dock, and Unboxing areas
COO - Pharmacy	1,832	25%	458 24-hour retail space near ED, additional equipment space
COO - Physical, Speech, Occ. Therapy	5,441	50%	2,721 Additional gym, therapy space. Could be outside main facility.
COO - Respiratory, Cardiac, Sleep Study	2,522	25%	631 Additional gym space, more storage
COO - Facilities	6,138	25%	1,535 Move Facilities areas out of mechanical spaces and improve access
COO - Facilities - Biomedical	218	100%	218 Additional main Shop space, additional Shop in Surgical Services
COO - Facilities - Environmental Services	1,427		
COO - Facilities - Laundry	1,644	50%	822 Additional Storage, Laundry space in addition to mechanical renovation
COO - Facilities - Security	798		Needs more central and visible location
COO - Facilities - Mechanical	16,641		
CBHO - B. Outpatient Psychiatric Services	2,320		
CBHO - Grants	108		
CBHO - Mental Health Unit	8,305		
CBHO - Rainforest Recovery Center	10,739		
CNO - Critical Care Unit	6,124		
CNO - Emergency Department	7,349	50%	3,675 Additional Exam, Triage, Psych rooms needed
CNO - Infusion and Chemotherapy	1,391	50%	696 New spa-like facility could be located outside main facility
CNO - Medical Surgical Unit	17,020		Continue renovations to decrease Med/Surg rooms, increase Swing Beds, etc.
CNO - Nurse Admin	136		
CNO - Obstetrics	8,177		Reconfiguration for larger Triage room.
CNO - Surgical Services	13,019	10%	1,302 Comprehensive reno and some additional clean/dirty circulation. 2016 project had 7,500 sf addition
Shared Space - Public	2,491		Additional Conference Rooms, General Break Room
Shared Space - Staff	2,021	50%	1,011
Elevators	1,640		
	180,361	209,425	28,936

Bartlett Regional Hospital Facilities Master Plan

Possible Projects List - DRAFT

December 9, 2019

1. First Floor Renovation / Reconfiguration

The original portions of the Main Building first floor have not been fundamentally reconfigured or renovated since the first portion of the building was constructed in 1968. The spaces contain the majority of the unabated asbestos as well as many departments that are undersized or badly configured. By moving the Kitchen and Cafeteria to a new location, space would be freed up to allow the rest of the existing departments to shuffle as the entire area is holistically abated and reconfigured.

- **16,700 sf of Renovated Space** (including current pedestrian ramp)
 - 2,580 sf new Diagnostic Imaging Women's Clinic
 - 4,250 sf expanded Materials Management, including dedicated Loading Dock
 - 4,040 sf expanded Facilities, including shop space
 - 300 sf expanded Facilities-Biomedical Shop
 - 2,470 sf expanded Facilities – Laundry
 - 300 sf reconfigured Shared Staff Space (Toilet Rooms)
 - *13,940 sf Subtotal (x 1.2 circulation, walls, etc) = 16,728 sf Total Area*
- **Pros:**
 - Building will be fully abated
 - Many of the most pressing facility needs can be addressed, allowing for smoother operations of all departments
 - Will eliminate public traffic down to east side of Floor 1
- **Cons:**
 - Significant project costs devoted to back-of-the-house departments may limit fund-raising
 - Will require relocation of the Cafeteria

2. Emergency Department Addition

The Emergency Department has shown significant increases in use since construction a decade ago. Department use is expected to continue to increase with the projected growth in summer visitors. Because of Diagnostic Imaging to the north and the Boiler Rooms to the east, the only area for expansion is to the south. A single-story, 28' wide addition along the entire of the existing department could provide needed space without blocking the view out of the Critical Care Unit patient rooms above. Relocating the Waiting Room to the front could also be studied as part of the addition.

- **4,890 sf of Added Space**
 - 3,675 sf expanded Emergency Department including new Exam, Triage, Pysch, rooms
 - 1,215 sf new 24-hour Pharmacy

- **Pros:**
 - Addition could be constructed without impacting the current ED
 - Pharmacy and Security station could be added to new Emergency Entrance at the south side
- **Cons:**
 - Addition would require moving the Ambulance Bay to the south and will impact parking / drive lanes.
 - Addition will impact siting of new Crisis Intervention Center

3. North Addition

The north side of the Main Building is a single-story, metal-framed addition constructed in 1988 adjacent to the original 2-story portion of the 1960 building. Roughly 1/3 of this addition sits north of a lateral structural bay and could be removed without impacting the rest of the structure to the south. Removal of this portion of the 1988 addition, along with the adjacent wood-framed Juneau Medical Center, would allow for construction of a new, multi-story building of significant size. A 92' wide (the depth of the 2009 addition) x 260' long (extending almost to the east wall of the current Juneau Medical Center) would be possible without extending past current building limits. An addition of this size could provide 23,920 sf per floor. A 3-story addition would provide 71,760 sf of space—almost twice what is envisioned as being required by currently-projected BRH needs.

A 92' x 188' addition would provide 17,300 sf per floor. A 2-story addition would provide 34,600 sf.

- **34,600 sf of Added Space**
 - 8,200 sf replaced Physician Services rental spaces to replace Juneau Medical Center
 - 950 sf replaced Facilities offices to replace Juneau Medical Center
 - 4,160 sf + 2,720 sf replaced/expanded Physical / Occupational / Speech Therapy to replace 1988 addition
 - 350 sf + 630 sf replaced/expanded Cardiac Gym to replace 1988 addition
 - 260 sf + 700 sf replaced/expanded Infusion to replace 1988 addition
 - 8,625 sf expanded Cafeteria, including dedicated Loading Dock
 - *26,600 sf Subtotal (x 1.3 circulation, walls, mech. etc) = 34,600 sf Total Area*
- **Pros:**
 - Addition could be more than adequate to meet projected space needs.
 - Addition could contain non-medical spaces to reduce construction costs.
 - Addition could replace lower-quality spaces (Juneau Medical Center).
 - Locating the Cafeteria in the north additional would allow for new Loading Dock, easing traffic on south portion of site.
- **Cons:**
 - Addition may not be properly located for Surgical Services renovation / replacement project.
 - Addition may not be properly located for Laboratory renovation / replacement project.
 - Addition will require new elevators to access floors above main level.

4. Surgical Services Renovation / Replacement

The Surgical Services suite was constructed in 1988 and needs comprehensive renovation. The space is centrally located and staff has not wanted to move farther out of the building core. A 2016 conceptual plan showed a new 7,500 sf addition constructed adjacent to the east which would allow for phased renovation and replacement. Although some improvements to the layout (particularly separated paths for clean and dirty materials) is needed, staff has not identified a need for significant additional space.

- Option 1: Add space to west as per 2016 plan. Renovate existing area.
- Option 2: Utilize space in North Addition (see 3 above) for temporary or permanent Surgical Services.
- Option 3: Other ideas?

5. South Addition

The south side of the Main Building has two single-story, metal-framed additions constructed in the mid-2000s which are designed for additional floor loads above. The Boiler Room addition has a 2,200 sf footprint and the Cafeteria addition has a 2,800 sf footprint. The Boiler Room is currently under-ventilated, making the spaces above over-heated, but assuming the issue could be addressed, a 5,000 sf per floor addition is possible without new foundation work. Adjacent Floor 2 spaces are mostly Laboratory-related, while Floor 3 has patient rooms which require exterior windows.

- Option 1: Move Laboratory into a new 5,000 sf Floor 2 addition over both Boiler and Cafeteria.
- Option 2: Move a portion of Laboratory into new 2,800 sf addition over just Cafeteria.
- Option 3: Add 5,000 sf at both floors. Move patient rooms on Med Surg to new exterior wall, use expanded core for Case Managers, Storage, and Therapy spaces.

6. Medical Arts Replacement

The Medical Arts is a single-story 5,400 sf building located between the Main and the Valliant Admin buildings. Although the building is in good shape, it is taking up valuable real estate in the middle of the campus.

- Option 1: Replace the building with a 3-story building, connected to the Valliant Admin Building. This new, expanded Admin center could take the majority of Admin offices out of the Main Building, providing additional space for medical services there.
- Option 2: relocate Admin offices to the new North Addition (see 3 above) and demolish the Medical Arts building to provide additional parking and landscaping in the middle of campus.

7. North Parking Garage

The campus has 480 parking stalls, located in lots of various size and quality around the entire site. The 2011 Master Plan identified 442 stalls, so it is clear that staff has been reconfiguring the site to maximize parking wherever possible. Although the existing parking count more than meets CBJ requirements, it is clear that more is needed, particularly near the Emergency Department entry to the south, the Main Entry to the north, and for public classroom use at the Valliant Building. Exact needs are difficult to quantify, but an additional 25% (120 stalls) would likely solve current deficits with more needed for future growth.

- Option 1: Construct a 3-story, 125' x 250' parking garage on the north-east surface parking lot. The garage would have 285 stalls and replace about 100 existing stalls for a net addition of 185 stalls.
- Option 2: Construct a 4-story, 125' x 250' parking garage on the north-east surface parking lot. The garage would have 380 stalls and replace about 100 existing stalls for a net addition of 280 stalls.

8. South Parking Garage

There is a triangular property between the south campus and Egan Drive which has previously been listed for sale. Although the lot is small, it could be used as the base of a new parking garage which would extend into the hillside and connect the south portion of the campus to Egan Drive 30' +/- below.

- **Pros:**
 - Significant new parking near the Emergency Room entrance.

- Garage would connect campus to Egan drive below.
- **Cons:**
 - Would require demolition of the Bartlett House.
 - Would probably take up a significant portion of the anticipated Crisis Intervention Center.
 - Constructing the garage into the hillside would be more expensive than on a flat site.

9. South Campus Entry

Currently the only vehicular entrance to the campus is through the signaled intersection at Egan Drive / Glacier Highway and then up Hospital Drive to the north of campus. Any accident blocking Hospital Drive essentially cuts off BRH. Additionally, projected outflow from Salmon Creek dam runs down east of BRH property and then down through Hospital Drive, meaning BRH would be cut off in the case of a dam breach. CBJ has contingency plans to access BRH from the end of Glacier Hwy to the south through the woods above the AEL&P substation, but this would require rapid emergency tree removal and grading.

- Option 1: Create a permanent limited-use road from the end of Glacier Hwy up to the south end of the Wildflower Court parking lot.
- Option 1B: create a permanent second access road from end of Glacier Hwy up to the south end of the Wildflower Court parking lot.
- Option 2: Create a permanent limited-use road up from Egan Drive, though the AEL&P site, to the south end of the Wildflower Court parking lot. The road would be right-turn only exit and entry.
- Option 2B: create a permanent second access road up from Egan Drive, though the AEL&P site, to the south end of the Wildflower Court parking lot. The road would be right-turn only exit and entry.

10. North Parking Lot Access Reconfiguration

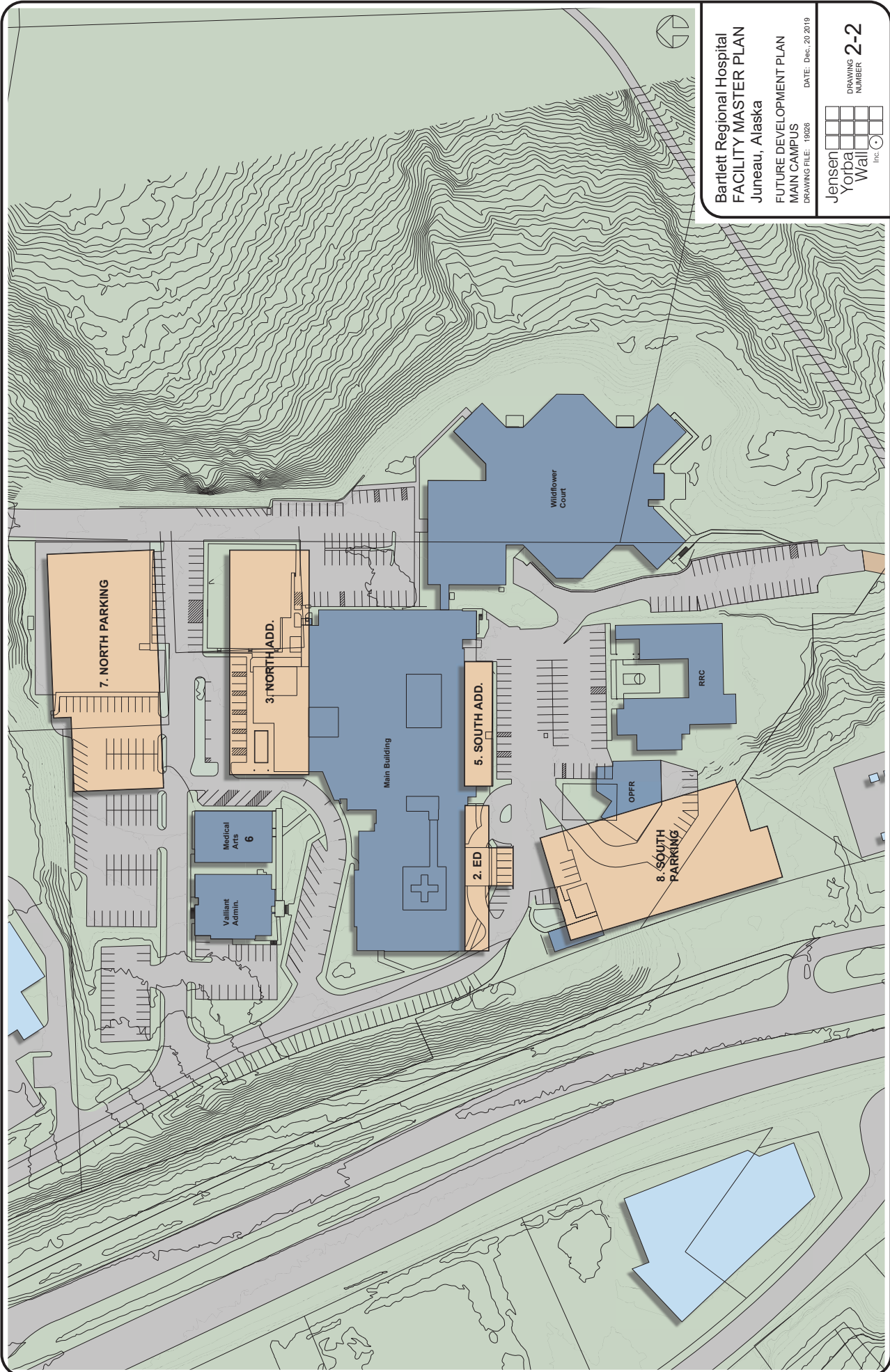
Currently an access road leading from Hospital Drive to the west cuts between the north parking lots and the north side of the Main, Valliant Admin, Medical Arts and Juneau Medical Center Building. Reconfiguring the access road to run on the north side of the parking lots would allow for safer pedestrian access between the parking and the buildings. The north side of BRH property could also be regraded with added retaining walls to possibly add additional parking.



Bartlett Regional Hospital
 FACILITY MASTER PLAN
 Juneau, Alaska
 FUTURE DEVELOPMENT PLAN
 OVERALL
 DRAWING FILE: 19026 DATE: Dec., 2019

Jensen
 Yorba
 Wall
 Inc.

DRAWING
 NUMBER
2-1



Bartlett Regional Hospital
 FACILITY MASTER PLAN
 Juneau, Alaska
 FUTURE DEVELOPMENT PLAN
 MAIN CAMPUS
 DRAWING FILE: 19026 DATE: Dec. 20 2019

Jensen
 Yorba
 Wall
 Inc.
 DRAWING NUMBER
2-2

Project	Priority	Sequence	Comments
1. First floor renovation reconfiguration	1	3	Significant dominos
2. Emergency addition	3	6	Also consider downtown urgent care in summer
3. North addition	4	4	Requires med office attend among others in dominos
4. Surgical Services renovation/replacement	7	7	No immediate needs, lots of dominos
5. South addition	5	5	Easiest No Dominos other than South entrance
6. Medical Arts replacement	8	8	Value?
7. North parking garage	4	2	2 story with medical office on top
8. South parking garage	OFF THE TABLE		
9. South campus entry	2	1	High priority
10. North parking lot access reconfiguration	9	9	Probably addressed in #7

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – March 20, 2020

Called to order at 12:05 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Mark Johnson* (Zoom), Deb Johnston*, Brenda Knapp* (Phone), Iola Young (Zoom), Marshal Kendziorek (Zoom), Kenny Solomon-Gross (Zoom), Rosemary Hagevig (Zoom)

Staff: Kevin Benson, CFO (Zoom), Bradley Grigg, CBHO (Zoom), Chuck Bill, CEO, Dallas Hargrave, HR Director (Zoom), Rose Lawhorne, CNO, Megan Costello, CLO (Zoom), Blessy Robert, Director of Accounting, Willy Dodd, Sharon Price, Anita Moffitt, Executive Assistant, and Megan Rinkenberger, Executive Assistant (Zoom).

Public Comment: None

Mr. Johnson made a MOTION to approve the minutes from the February 14, 2020 Finance Committee Meeting, with a minor correction. Ms. Knapp seconded. Ms. Johnston noted no objections and they were approved with the correction.

January 2020 Financial Review – Kevin Benson, CFO

January went well considering it was a winter month. In-patient revenue was down 6.5%, and patient days were down 20% from budget, but in-patient surgeries over budget by 16%. Overall, BRH was 6.5% below budget. Out-patient revenue was 8% over budget, and other revenues were \$562K over budget. Discounts were over budget by \$358K. Total operating revenue was \$371K over budget. Expenses were almost \$300K over budget. Operating income of \$120K. Operating expenses: Primary variance is overtime, call backs, non-productive time. Non-operating income correction: city alcohol tax income for Sleep Off operation that was transferred to another party. Net income: \$102K net loss. YTD: \$3.7M net income, which is ahead of the \$2.1M budget, and the prior year \$1.6M. Mr. Grigg explained the program was shifted on July 1, 2019 at the start of the fiscal year. City did not take the whole portion, because part of the tax funds were used toward RRC.

Revenue by financial class: Aetna \$2.8M, budgeted \$2M. Aetna has a payment rate of 94%. Medicaid revenue \$4.5M, with \$4M budgeted, with a 42% repayment rate. The rest of the classes are where we expected. Salaries and wages: BRH budgeted for overtime, but still over budget due to illness. Charity and write-off: A long-term inpatient finally qualified for Medicaid, for a bill of more than \$1M. Medicaid usually repays about 40%. This case was not going to be retroactively applied.

There was a reduction in mental health patient days due to new mental health unit opening in Mat-Su (not a DET (designated evaluation and treatment) facility – required



for involuntarily committed patients), patients were going to Mat-Su when facility opened, but our numbers have since leveled off, as BRH and Fairbanks are the only DET facilities in Alaska.

Mr. Solomon-Gross reiterates the decision to rename the “Bonuses” category. Mr. Benson stated he will make the correction for the next meeting.

Ms. Knapp made a MOTION to accept and refer the January 2020 Financial Statements to the Board of Directors. Mr. Johnson seconded this, and it was approved.

Land Purchase – Chuck Bill, CEO

The owner of the property (by AEL&P property) approached Chuck, to see if BRH was interested in purchasing it for a South entrance or parking garage. Mr. Bill asked CBJ to start the appraisal process, then he will come back to finance committee for approval. He is asking \$200k, and BRH will pay up to that as long as appraisal comes back within that value.

Mr. Johnson made a MOTION to recommend the Board of Directors approve the purchase of the specified property, for not more than \$200,000 or the appraised value. Ms. Knapp seconded, and the motion was approved.

Covid-19 Potential Financial Impact – Kevin Benson, CFO

Finance set up a department to track Covid-19 related expenses – supplies, PPE, staffing, and equipment. However, an ASHNSHA call revealed that the state is looking at making \$100M available to hospitals for expenses incurred, but loss of revenue due to deferred non-urgent surgeries and ancillary services is the real source of lost revenue. BRH will submit eligible expenses to account for some of the impact. Chuck stated there will be continued overtime requirement. BRH is going through PPE rapidly and is looking at preserving PPE as much as is safely possible. Efforts are being made within the community to flatten the curve and to allow the supply chain to replenish as much as possible.

FEMA coverage has been initiated due to the president’s and governor’s declarations of emergency. FEMA will pay back about 75% of expenses. The impact on physician offices are of particular concern, as they are dependent on elective procedures for revenue. Additional costs will likely be incurred when we need to increase our physician workforce. The ultimate effect will really depend on how high it peaks. BRH has done well at preparing. Ms. Hagevig inquired about projections of the impact due to a diminished cruise ship season. 6.5% of BRH’s overall revenue is due to tourism. This understates the impact, however, due to loss of income from locals that are in the service and tourism industry. Likely more like a 10-15% impact on revenue stream. Mr. Benson referenced the reports at end of the packet: revenue by international and out of state patients, which provide \$10-12M revenue for the year, putting the estimated losses at \$5-6M for the rest of the FY. The real impact on finances for the year will be lessened due to strong FY opening numbers.

Mr. Johnson made a MOTION to recommend the Board of Directors approve the temporary waiving of previous CEO spending limits for costs related to Covid-19 preparations and response, with the condition that Mr. Bill report to the Finance Committee whenever the usual limit is exceeded. Ms. Knapp seconded, and the motion passed.

Ms. Johnston posed the question as to loss of revenue directly related to cessation of elective and outpatient services that are no longer available. Mr. Benson responded that he did not have those numbers available today, but can have a better estimate by the next meeting. Mr. Bill explained that for 90 days all elective procedures are curtailed (those that require the use of PPE – mostly surgeries, but also cardiac rehab, sleep lab, and pulmonary function testing). Occupational therapy and speech therapy will be done telephonically. The ED is active. Infusion therapy is active. Dentists, optometrists, and similar offices will be discontinuing services other than emergencies to preserve local PPE availability. Ophthalmology program will be put on pause, and BRH is determining if any of those services can continue during this time. Infusion is still functional, while using appropriate PPE, but oncology will almost entirely be done by telemedicine.

PPE is on order and coming in, but many orders are partially filled or back ordered. BRH is developing strategies to deal with this. PPE can be saved by routing screening and testing to the alternative screening and testing site. Oxygen is a concern, but BRH has doubled normal capacity, with six weeks' worth of normal use. Usage is not being curtailed currently, but we are watching it closely. Ms. Young asked for a clarification of ventilator status, which revealed ten on-site, two that could be repurposed from anesthesia, and additional ones are available if needed from the community. BRH may need to follow Minnesota health department protocol for short resources (which would be governor's decree). The Alaska health department has done statistical modeling, which is being applied in Juneau at CBJ Incident command. This modeling showed that if peaked, Juneau could have a demand for up to 80 ventilators. Resource utilization depends more on the surge, and that is much harder to predict.

Mr. Johnson brings up the issue that younger people may be more effected than previously thought, and that they may become carriers despite milder symptom presentations. Mr. Solomon-Gross asked how many samples BRH is collecting and sending for testing per day, and the current turnaround time. Mr. Bill clarifies that 28 samples have been submitted for testing as of this morning, all of those going to ANC or FAI, originally with about a 24-hour turnaround time. Results were usually back by the end of the next day, but this has slowed due to bigger batches being sent in. Current turnaround time is 2-3 days. Public health will know total tests submitted from all of Juneau. All tests have come back negative for now, with two pending test results. Private physicians are sending samples to LabCorp with a five to seven-day turnaround time.

There have been airport screening stations set up to screen arriving passengers. This task force is led by Dr. Thompson and Dr. Jones, who are coordinating the screening of almost all passengers coming off the plane for symptoms, and referring to isolation if necessary. Screening at the airport involves a symptom survey and exposure history to Level 3 countries, with follow up investigation of symptoms, who they have been in contact with, and isolating themselves. Megan Costello stated that all screening is

voluntary (follow up isolation being the voluntary component), and a state mandate would be required to make screening mandatory. State mandate involves a court order to quarantine, and law enforcement involvement. State assistance would be needed if we get to that point.

Strategic Reports – Kevin Benson, CFO

(Reports were referenced earlier in the meeting.)

Next Meeting: April 10, 2020 at 12:00pm in BRH Boardroom.

Committee comments: Ms. Johnston requests that Mr. Bill forward the link to them regarding Minnesota protocols for short resources. Mr. Bill agrees, and emphasizes general precautionary actions: practice social distancing, wash your hands properly, and don't panic.

Adjourned – 1:00 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

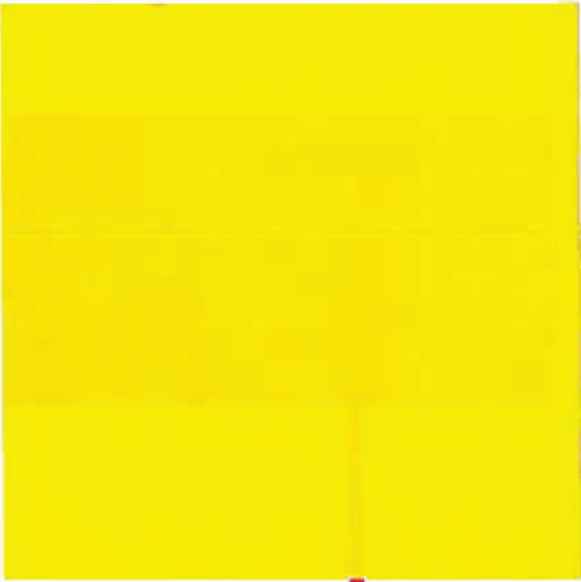
907.796.8900

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DATE: March 8, 2019
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: Potential Land Purchase

Chuck had a conversation with John Gitkov, owner of a parcel of land adjacent to BRH property (see attached plot map). He expressed specific interest in selling to Bartlett. He is looking for \$200,000 for the purchase. An appraisal of the parcel should be complete in 4 weeks (see attached email stream). This property may represent an opportunity for access and/or parking for BRH.

At this point we are exploring this opportunity.



~ \$200,000 with Sewer



Kevin D. Benson

From: Tiara Ward <Tiara.Ward@juneau.org>
Sent: Thursday, March 5, 2020 2:34 PM
To: Charles E. Bill; Kevin D. Benson
Cc: Blessy S. Robert
Subject: RE: land

Any time. I've asked Roxie to update you as needed for management decisions. I'll work with her on the payment of the appraisal once we have an invoice.
Have a great day.

Tiara Ward
Finance/Controllers Division
(907) 586-0341
Tiara.Ward@juneau.org

From: Charles E. Bill <cbill@bartletthospital.org>
Sent: Thursday, March 05, 2020 2:30 PM
To: Tiara Ward <Tiara.Ward@juneau.org>; Kevin Benson <kbenson@bartletthospital.org>
Cc: Blessy S. Robert <bsrobert@bartletthospital.org>
Subject: RE: land

EXTERNAL E-MAIL: BE CAUTIOUS WHEN OPENING FILES OR FOLLOWING LINKS

Thanks for this!

From: Tiara Ward [<mailto:Tiara.Ward@juneau.org>]
Sent: Thursday, March 5, 2020 2:05 PM
To: Charles E. Bill <cbill@bartletthospital.org>; Kevin D. Benson <kbenson@bartletthospital.org>
Cc: Blessy S. Robert <bsrobert@bartletthospital.org>
Subject: FW: land

FYI.

Tiara Ward
Finance/Controllers Division
(907) 586-0341
Tiara.Ward@juneau.org

From: Roxie Duckworth <Roxie.Duckworth@juneau.org>
Sent: Thursday, March 05, 2020 1:55 PM
To: Tiara Ward <Tiara.Ward@juneau.org>
Cc: 'Blessy S. Robert' <bsrobert@bartletthospital.org>; Sonia DelGado <Sonia.DelGado@juneau.org>; Greg Chaney <Greg.Chaney@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>
Subject: RE: land

Hi Tiara,

The low bid for the appraisal came in at \$1,150.00, and I am working on a LOA for the appraisal and the work should be completed in about 4 weeks.

Thanks,

Roxie Duckworth
Lands & Resource Specialist
City & Borough of Juneau
907-586-0617

From: Tiara Ward <Tiara.Ward@juneau.org>
Sent: Friday, February 28, 2020 2:40 PM
To: Roxie Duckworth <Roxie.Duckworth@juneau.org>
Cc: 'Blessy S. Robert' <bsrobert@bartletthospital.org>; Sonia DelGado <Sonia.DelGado@juneau.org>; Greg Chaney <Greg.Chaney@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>
Subject: RE: land

For this instance, that sounds great.

If/when we get to a land purchase, let's all touch base before any money goes out the door.

Tiara Ward
Finance/Controllers Division
(907) 586-0341
Tiara.Ward@juneau.org

From: Roxie Duckworth <Roxie.Duckworth@juneau.org>
Sent: Friday, February 28, 2020 2:20 PM
To: Tiara Ward <Tiara.Ward@juneau.org>
Cc: 'Blessy S. Robert' <bsrobert@bartletthospital.org>; Sonia DelGado <Sonia.DelGado@juneau.org>; Greg Chaney <Greg.Chaney@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>
Subject: RE: land

Hi Tiara,

I am working on appraisal quotes, when we do have an invoice for the appraisal is the best method to pay through Lands and then do a JE for the Bartlett PAC?

Thanks,

Roxie Duckworth
Lands & Resource Specialist
City & Borough of Juneau
907-586-0617

From: Tiara Ward <Tiara.Ward@juneau.org>
Sent: Friday, February 28, 2020 2:17 PM
To: Roxie Duckworth <Roxie.Duckworth@juneau.org>

Cc: 'Blessy S. Robert' <bsrobert@bartletthospital.org>; Sonia DelGado <Sonia.DelGado@juneau.org>

Subject: RE: land

Hi Roxie,

Please give Blessy, Sonia and I a shout when you know how this bill is coming through. I anticipate it would be a Lands-paid invoice and a JE with BRH to abate the expense. If that's not the case, please let me know what the plan is (when you have it).

Have a great weekend.

Tiara Ward
Finance/Controllers Division
(907) 586-0341
Tiara.Ward@juneau.org

From: Greg Chaney <Greg.Chaney@juneau.org>
Sent: Friday, February 28, 2020 1:52 PM
To: Charles Bill <cbill@bartletthospital.org>; Kevin Benson <kbenson@bartletthospital.org>
Cc: Tiara Ward <Tiara.Ward@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>; Roxie Duckworth <Roxie.Duckworth@juneau.org>
Subject: RE: land

OK we will work on getting an appraisal done.

Have a good weekend,

- Greg Chaney

From: Charles E. Bill <cbill@bartletthospital.org>
Sent: Friday, February 28, 2020 1:51 PM
To: Greg Chaney <Greg.Chaney@juneau.org>; Kevin Benson <kbenson@bartletthospital.org>
Cc: Tiara Ward <Tiara.Ward@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>; Roxie Duckworth <Roxie.Duckworth@juneau.org>
Subject: RE: land

EXTERNAL E-MAIL: BE CAUTIOUS WHEN OPENING FILES OR FOLLOWING LINKS

I spoke with John Gitkov who indicated an interest specifically to BRH and suggested \$200,000. I told him that, as CBJ, we would need to get an appraisal.

Chuck

From: Greg Chaney [<mailto:Greg.Chaney@juneau.org>]
Sent: Friday, February 28, 2020 1:38 PM
To: Kevin D. Benson <kbenson@bartletthospital.org>
Cc: Charles E. Bill <cbill@bartletthospital.org>; Tiara Ward <Tiara.Ward@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>; Roxie Duckworth <Roxie.Duckworth@juneau.org>
Subject: RE: land

Hi Kevin,

Do you know if there has been any discussion with the property owners yet?

Thanks,

- Greg Chaney

From: Kevin D. Benson <kbenson@bartletthospital.org>
Sent: Friday, February 28, 2020 1:24 PM
To: Greg Chaney <Greg.Chaney@juneau.org>
Cc: Charles Bill <cbill@bartletthospital.org>; Tiara Ward <Tiara.Ward@juneau.org>
Subject: RE: land

EXTERNAL E-MAIL: BE CAUTIOUS WHEN OPENING FILES OR FOLLOWING LINKS

Greg,

The PAC should be 550550101-5999. Let me know if you have any questions. Thanks

Kevin Benson, CPA
Chief Financial Officer
Bartlett Regional Hospital

Phone: 907-796-8402
Fax: 907-463-4919

From: Charles E. Bill
Sent: Friday, February 28, 2020 1:18 PM
To: Kevin D. Benson <kbenson@bartletthospital.org>
Subject: FW: land

Can you give him a place to charge this?

From: Greg Chaney [<mailto:Greg.Chaney@juneau.org>]
Sent: Friday, February 28, 2020 12:24 PM
To: Charles E. Bill <cbill@bartletthospital.org>
Cc: Dan Bleidorn <Dan.Bleidorn@juneau.org>; Roxie Duckworth <Roxie.Duckworth@juneau.org>
Subject: FW: land

Hi Chuck,

Do you have a PAC we can charge this to?

Regards,

- Greg Chaney
CBJ Lands and Resources Manager
(907) 586-0205

From: Rorie Watt <Rorie.Watt@juneau.org>
Sent: Friday, February 28, 2020 12:22 PM

To: Charles Bill <cbill@bartletthospital.org>; Greg Chaney <Greg.Chaney@juneau.org>; Dan Bleidorn <Dan.Bleidorn@juneau.org>
Cc: Mila Cosgrove <Mila.Cosgrove@juneau.org>
Subject: RE: land

Greg/Dan – BRH wants to try and purchase 7B0901020030. Please work with Chuck or his staff to get this property appraised. Thanks.

From: Charles E. Bill <cbill@bartletthospital.org>
Sent: Friday, February 28, 2020 12:20 PM
To: Rorie Watt <Rorie.Watt@juneau.org>
Subject: land

EXTERNAL E-MAIL: BE CAUTIOUS WHEN OPENING FILES OR FOLLOWING LINKS

Mr. GITKOV says he is asking \$200,000 and will not sell to others. Can you order an appraisal?

Chuck

External Email: Be cautious with URLs and Attachments.

External Email: Be cautious with URLs and Attachments.

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Bartlett Regional Hospital

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

March 16, 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
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and Quality Director
- HIPAA and medical records policies and procedures review
- Meet with Medical Staff leaders and review Bylaws and Rules and Regulations
- Work with outside counsel on civil litigation cases
- Covid-19 issues

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

Bartlett Regional Hospital

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Management Report from Dallas Hargrave, Human Resource Director March, 2020

- At this point in time HR staff is devoting most of our resources to address the COVID-19 situation, while still trying to maintain other HR services that are necessary. The COVID-19 situation is changing on an almost daily basis and we have been trying to be proactive and address what comes up each day. At this time, in the incident command structure the following HR staff have been assigned into these positions:
 - Dallas Hargrave, HR Director, Liaison Officer
 - Cindy Carte, HR Manager, Resources Unit Leader
 - Rick Morrison, HR Generalist, Labor Pool and Credentialing Unit Leader (along with Debbie Kesselring).
- Because the COVID-19 situation is evolving quickly, I will be available for a verbal update at the board meeting if necessary.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

March 2020 Nursing Report

Rose Lawhorne, CNO

COVID-19

- Staffing strategies include but are not limited to the following:
 - Initiate nurse float pool and centralized staffing plan.
 - Cross train nurses and other assistive personnel to complete other duties/repurpose staff to assist in essential functions related to COVID-19 situation.
 - Reach out to previous staff to investigation possibility of bringing them back to support.
 - Consider alternate care models to maximize use of staff.
 - Advertise for travelers for ED and inpatient areas.
- Patient care
 - Restrict access to facility—two access points for patients and visitors with specific screening questions and temperatures being taken on each patient.
 - Patients who are sick—contact receiving department and validate need for treatment/testing or postpone treatment
 - Visitors who are sick—request that they defer their visit.
 - Triage tent is set up with specific treatment processes according to level of illness (awaiting results in car, waiting in an exam room with/without a HEPA filter, placement in an isolation room that can accommodate emergent care).
 - Inpatient care—we have a plan for moderate and high need. Includes five negative pressure rooms, and the ability to create a negative pressure wing with an anteroom that can accommodate 14 patients. Overflow areas identified for non-infectious patients as well.
 - Non-urgent or non-emergent surgeries have been postponed indefinitely. Alternate uses for staff and physicians are being reviewed.
 - Full disaster mode—the city emergency operation plan incorporates a 109-bed portable facility with 10 negative pressure rooms.
- Supply management
 - Implement personal protective equipment (PPE) management plan that includes tracking, controlled release, and maximizing use of PPE according to recommendations from advisory agencies.

Obstetrics Department

- Lauren Beason and Sara Gress spoke at the All Alaska Pediatric Partnership (A2P2) Meeting in Juneau on Feb 7th. We presented on OB unit highlights over the past year as well as the growth and updates with our partnerships in the community. These included our new Infant Care and Safety Class, Safe Sleep and the B-SAFE Program, upcoming changes with our Neonatal Abstinence Score (NAS) system from using the Finnegan's scoring guide to ESC (Eat Sleep

Console) Model and how this ties into the AKPQC – Substance Exposed Newborns Initiative, and how our perinatal classes are connecting us with the community and new programs like Circle of Security.

- We now have Philips wireless fetal monitors in all of our labor, delivery, recover, post-partum (LDRP) rooms, allowing all laboring mothers the freedom to move throughout their labor and still being monitored safely. We have increased the number of wireless monitors, and now can offer this service to all of our patients, regardless of the census.
- We created new discharge teaching posters for both mother and baby. These have been hung on patient room doors and have a full list of education topics that need to be covered prior to discharge. They are laminated and have checkboxes allowing the patients and nurses to use them as a communication tool between shifts and throughout their stay. This new process allows patients to better receive education throughout their stay, and communicate with staff when they feel confident and knowledgeable about a topic. These have been a wonderful addition in further ensuring our patients are well-prepared in taking home their new addition!
- We welcomed a new nurse to our unit. She came to us from Airlift Northwest and is fitting in beautifully on OB. She is an incredible asset to our team and we are grateful to have her.

Infusion Therapy

- Omnicell (medication dispensing cabinet) has been installed and being used. This has improved workflow with pharmacists and nurses in Infusion Therapy.
- Completed cross-training of a nurse that may be floating PRN to Infusion. Completed training of a new nurse to Infusion Therapy.

Surgical Services

- Posted our mission statement for the department. We will be utilizing the mission statement to improve team work and patient care.
- Comprehensive Unit-based Safety Program (CUSP) training. Our involvement with CUSP solicits team input to be proactive in avoiding patient and staff harm rather than being reactive.
- Underwent a “temperature check” within the department to better understand where we are, according to the staff.
- We are focusing on training new PRN and float staff; we have one new PRN on board and two others on the schedule for training in Same Day Surgery (SDS).
- Staff have been participating in special trainings, such as ultrasound-guided IV starts and behavioral emergency response training.
- We started piloting new schedules for four of our staff with options for working eight-, nine-, and ten-hour days.
- We are jumping into COVID-19 conversation. Lia Sickoria attended our staff meeting this week for question and answer period. Non-urgent or non-emergent surgeries have been postponed with staff being repurposed but on call for emergencies.

Bartlett Regional Hospital

Chief Operating Officer, Billy Gardner
Board Report
March 24, 2020

We have initiated a modified Incident Command structure to deal with the Covid 19 situation. I am the Logistic Section Chief and my reports go to the Incident Commander on a regular basis and are communicated at daily huddles, weekly Covid 19 meetings and other Section Chiefs daily.

Physical Rehabilitation (James Reed)

- The department continues to meet our wound care needs. We currently have 2 on our waiting list but they have been contacted to schedule an appointment but have not yet returned calls.
- We have reduced the PT pediatric wait list down to 3 and will address as soon as we have available space in the pediatric gym.
- We have reduced the OT pediatric wait list down to 8 and will also address as soon as we have available space in the pediatric gym.
- We have completely addressed the adult Speech wait list.
- We have 6 pediatric Speech patients on the wait list and a few of these are currently receiving OT and will be seen once d/c from OT.

Respiratory Therapy (Robert Follett)

- Down one position, new employee starting in April. Offer accepted by second new employee, start date pending. One traveler augmenting staffing. Extending current traveler for COVID-19 plan. Considering one additional RT .
- 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.
- Working with facilities to increase oxygen supply.

Sleep Lab

- Accreditation (ACHC) site visit preparation in progress.

Cardiac Rehab

- Upgrading patient monitoring system.

Materials Management (Ethan Sawyer)

- Currently MM is working to finalize the build out of Med/Surg 1 supply room. This is a huge satisfier for our frontline nursing staff. The updating provides a clearer picture of the supply needs for my team and thus translates to nurses not having to call or come down for more supplies. We are hoping to finalize this project in the next 30 days.
- MM has also prepped the next area for supply renovation, CCU.
- MM is currently sourcing and purchasing items for the RRC renovation. This is a very detailed project and we are working to save as much money through purchasing contracts and bulk purchases.
- MM is coordinating distribution and third party purchases for anticipated need with growing Corona Virus concerns. With all PPE allocated we are coordinating to buy up product where it makes sense.

Bartlett Regional Hospital

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

March 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.

- Psychiatry Recruitment Update:

- We continue to recruit for a full time inpatient psychiatrist. Our current psychiatric staff are sharing rounds on MHU throughout each week.

- Rainforest Recovery Center:

- During Detox/Assessment Center Construction, RRC continues to operate at 12 bed capacity.
- Daily Average of 11 patients in February 2020, with an average length of stay 22 days.
- **We currently have a waitlist of 24 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 24 individuals:
 - 5 are from Juneau
 - 2 are from Ketchikan
 - 1 are from Sitka
 - 16 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 5.5 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 over 400 active patients, including our outpatient operations in Petersburg.

- **Psychiatric Emergency Services (PES):**

- 24/7 on site PES coverage since October 1.
- In February 2020, PES staff provided Emergency Behavioral Health Assessments in the Emergency Department for 109 patients (Daily average of just over 4 per day). Of these 117,
 - 19 youth were assessed.
 - Of those 19, it was projected 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
 - Denali Commission \$200,000
 - Murdoch Foundation \$250,000
 - Bartlett Foundation \$10,000
 - Juneau Community Foundation \$100,000
 - The Bartlett Foundation is working with the following businesses to secure funding to cover the cost of patients rooms in the Crisis Center:
 - GCI \$15,000
 - Alaska Air \$15,000
 - Wells Fargo \$15,000
 - Princess Cruises \$15,000
- **RRC Withdrawal Management (Detox) & Assessment Center:**
- See attached 03/16/2020 Observation Report for latest updates.
 - Phase 1 is still 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 31, 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:**
 - FY21 Grants Submitted the week of March 7, 2020 for continuation operational funding:
 - Crisis Stabilization Services - \$800,000
 - RRC Operations - \$404,000
 - RRC Withdrawal Management (Detox) \$101,000
 - Ambulatory Withdrawal Management \$175,000



Daily Observation Report

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

Project: Rainforest Recovery Center Detox Addition, CBJ Contract # BE19-173
Contractor: Alaska Commercial Contractors
Date/Time: Monday, March 16, 2020 – 7:35 am
Weather: Overcast, 32 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – AK Commercial Contractor(ACC)	1+2+0	Chad + crew + Ben
Electrical – Chatham Electric (CE)	0+0	Jake + crew
Mechanical – Inside Passage (IP)	0+0	Kyle + crew
Controls – TEC Electric	0	In truck on phone
Sprinklers – SE Fire Protection (SEF)	0	

Description of Work:

1. ACC had two workers continuing with GWB finish throughout the remainder of the project area. It appears that this could be the final stage of finish work prior to the final painting stage.



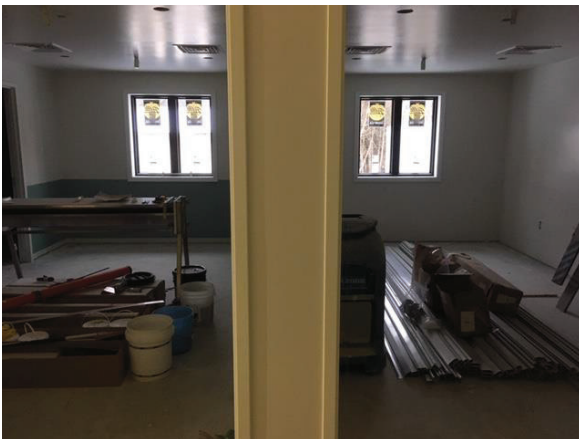
Copies to: Owner, Project File

MAILING ADDRESS: 155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

2. Chad noted that he was going to continue to install soffit furring starting at GL F6 and working north around the west side of the building. GL 5 furring completed Friday.



3. Wall covering work is stalled at completion of 3 of 4 Detox patient rooms (Detox 162 not complete). ACT install complete in Office 121 and Doctor 118. Chad noted that ACT subcontractor needed to order more materials but they are stocked in Seattle so should be available next week.



4. Metalworks completed install of RF-1 and associated ductwork in Fan Room 152. Electrical and heat piping work to follow.



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March 24, 2020 Board Report

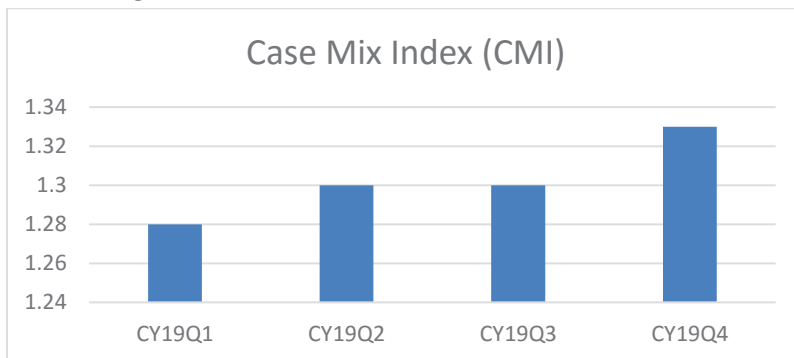
Kevin Benson, CFO

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 hope this will be a great way to be able to train in customer service, 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.

Case Management – Jeannette Lacey

1. COVID-19
 - a. Discharge Morning Rounds moved from in person meeting in the CM office to a Zoom meeting so providers and treatment team members may join remotely. We began this format on 3/18/20.
 - b. Case Management and the Emergency Department are working closely with CBJ to support the response to those living in homelessness, both from the perspective of general isolation and for screening for the virus.
2. Clinical Documentation Integrity (CDI)—CY19Q4 program impact:
 - a. We saw an increase in our Case Mix Index (CMI) of .03; 1.30 to 1.33. This number impacts our overall base rate for DRG reimbursement. As we continue to optimize our CDI program, we believe we have the opportunity to continue to increase our CMI to somewhere in the range of 1.5-1.8.
 - b. From Q4 concurrent queries and monthly retroactive chart reviews, we increased our total cost weight by 5.9667, which equates to an additional \$143,200 in revenue for those cases. This measureable data does not include the impact of ongoing education that has supported overall improved documentation in general.



PFS – Tami Lawson-Churchill

Here is what I have for PFS:

- Overall cash collections for the month of February was just over \$6.9 Million which exceeded last February collections by over \$1 Million
- PFS is currently recruiting for our vacant position for a Fiscal Tech 1
- Meditech Ambulatory build for BOPS is currently in process and we are on schedule to go Live 9-1-20
- Revenue Integrity Audit this month found \$75,765.83 in missing implant revenue in which we were able to capture and rebill
- ASHNHA Lawsuit Settlement- We received notification from the State of Alaska that they approved our request for reimbursement due to underpayments made during the 1st QTR. 2020. These underpayments were a result of the Emergency Regulatory process to enact provider rate cuts. Settlement reimbursement is expected from them no later than 4-1-20

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March 2020 Board Report Chuck Bill, CEO

With everything going on at this time, please reference my COVID-19 reports for this month's CEO report.

Bartlett Hospital Feedback

In my recent stay both at ED & CCU, I have many compliments to relay. The staff at the ED were very caring & considerate of my needs. They were good about introducing themselves & telling me their positions in my care team. They made sure I knew what they were doing & why any decisions were made for my care. They were all consummate professionals who cared about my comfort & needs. My thanks to Dr Thompson; Rick, PA; Beth & Calhoun, RN's; & Dominic from Radiology, (who did both my chest x-ray from ED, as well as my CT angio chest test from CCU).

Upstairs in CCU I give many thanks to the wonderful night & day shift staff: Meike, RN; Chris/Christine, Cert NA; Katy, RN; Matt Cert NA ; Luke, RN; & the Dietary staff. The night staff made sure I was as comfortable as possible under the circumstances of frequent monitoring; assisting when I needed the restroom, etc. In the night when I couldn't sleep, Meike brought me some graham crackers to give me a little snack to help the hunger. The day staff was likewise were attentive. Even after my clinic's MD (Dr Dooley) had made the decision that since my tests had returned to normal ranges and/or were negative, I would be released just a little over 24 hours after admission. They continued to do all they could to make me feel physically & mentally at ease. Speaking of food, knowing I had dietary issues (ie lactose & gluten sensitivities) and unable to eat some of the great food offered, they were quick to ask dietary staff to come up to talk to me in person so I could get good nourishing meals. When my usual nursing staff was busy, Luke came to help me mid morning when I called; he then asked if I needed anything else? Knowing caffeine was not allowed, I asked for some hot herbal tea. I think he may have had to go hunting for the flavor of tea that I could have with my dietary issues (unfortunately, calming chamomile is not kind to my system!). Not only was I well physically fed, but the Chaplain, Mary, was so very compassionate in listening to my concerns, helping me deal with the stress that may have contributed to my cardiac symptoms; she was a wonderful spiritual presence, as well.

During my discharge, Katy had asked if I thought I could drive myself home (I had driven my car to the ED the previous day). I told her I lived nearby in Lemon Creek & didn't anticipate any issues in that short drive. However, because my stay was during one of our frequent snow storms, I did mention that I was concerned that cleaning the several inches of fresh snow from my car could be a problem. I was feeling a little unsteady on my feet, probably due to the high BP & shortness of breath that had brought me there. Plus I had not gotten good rest, (despite your great comfortable beds). Katy made arrangements for Matt to clean my car off when he took me to my car. Now, that's above & beyond what I'd ever expect from your staff, but I was so very grateful for this help.

This is the first time I've ever done a narrative feedback; just mostly completing your occasional satisfaction questionnaires. But, I couldn't let the fantastic care I received from all your staff go unrecognized. They are all to be commended; we in Juneau are so lucky to have them & your wonderful facility for our health care. Thank you so very much!!!

2/25/20

You may call me anytime

***To encourage social distancing, participants wishing to join public meetings are encouraged to do so by calling the telephone number listed at the top of each meeting's agenda.

April 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 4:15pm Board Quality Committee BR (PUBLIC MEETING)	9	10 7:00am Finance Committee BR (PUBLIC MEETING)	11
12	13	14 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	15	16	17	18
19	20	21	22	23	24	25
26	27	28 5:30pm Board of Directors BR (PUBLIC MEETING)	29	30		

Committee Meeting Checkoff:

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

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