

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, April 28, 2020; 5:30 p.m.

Bartlett Regional Hospital – Boardroom/Zoom/Teleconference

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

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>	<b>5:45</b>
	A. <a href="#">March 24, 2020 Draft Board of Directors Minutes</a>	(Pg.3)
	B. <a href="#">February 2020 Financials</a>	(Pg.8)
	➤ <a href="#">COVID Update</a>	(Pg.13)
<b>VI.</b>	<b>NEW BUSINESS</b>	<b>5:50</b>
<b>VII.</b>	<b>MEDICAL STAFF REPORT</b>	<b>5:55</b>
<b>VIII.</b>	<b>COMMITTEE REPORTS</b>	<b>6:00</b>
	A. <a href="#">April 8, 2020 Draft Board Quality Committee Meeting Minutes</a>	(Pg.14)
	B. <a href="#">April 10, 2020 Draft Finance Committee Meeting Minutes</a>	(Pg.17)
	C. <a href="#">April 21, 2020 Draft Planning Committee Meeting Minutes</a>	(Pg.19)
<b>IX.</b>	<b>MANAGEMENT REPORTS</b>	<b>6:10</b>
	A. <a href="#">CLO Management report</a>	(Pg.22)
	B. <a href="#">HR Management report</a>	(Pg.23)
	C. <a href="#">CNO Management report</a>	(Pg.25)
	D. <a href="#">COO Management report</a>	(Pg.29)
	E. <a href="#">CBHO Management report</a>	(Pg.31)
	➤ <a href="#">RRC Renovation Update</a>	(Pg.36)
	➤ <a href="#">Crisis Stabilization Renderings Layout</a>	(Pg.37)
	F. <a href="#">CFO Management report</a>	(Pg.42)
	➤ <a href="#">Community Support Services Outline</a>	(Pg.46)
	➤ <a href="#">Staff Survey Results</a>	(Pg.47)
	➤ <a href="#">Discharge Planning Checklist</a>	(Pg.53)
	➤ <a href="#">Information Services Projects Schedule</a>	(Pg.59)

G.	<a href="#"><u>CEO Management report</u></a>	(Pg.61)	
X.	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:15</b>
	➤ COVID-19 Update		
XI.	<b>PRESIDENT REPORT</b>		<b>6:20</b>
XII.	<a href="#"><u>BOARD CALENDAR</u></a>	(Pg.62)	<b>6:25</b>
XIII.	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:30</b>
XIV.	<b>EXECUTIVE SESSION</b>		<b>6:35</b>
	A. <a href="#"><u>Credentialing report</u></a> (BLUE FOLDER)		
	B. <a href="#"><u>March 3, 2020 Medical Staff Meeting Minutes</u></a> (BLUE FOLDER)		
	C. <a href="#"><u>Patient Safety Dashboard</u></a> (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.	<b>ADJOURNMENT</b>		<b>6:45</b>
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# Bartlett Regional Hospital

## Minutes

### BOARD OF DIRECTORS MEETING

March 24, 2020 – 5:30 p.m.

Robert F. Valliant Boardroom / Zoom videoconference / Telephone

**CALL TO ORDER** – The Board of Director’s meeting was called to order at 5:33 p.m. by Kenny Solomon-Gross

**PHYSICALLY PRESENT - Kenny-Solomon Gross, Board Secretary,** Chuck Bill, CEO, Rose Lawhorne, CNO, Joy Neyhart, MD, COS and Anita Moffitt, Executive Assistant

#### **BOARD MEMBERS PRESENT VIA ZOOM VIDEOCONFERENCE**

Lance Stevens, President	Rosemary Hagevig, Vice President	Brenda Knapp
Mark Johnson	Marshal Kendziorek	Deb Johnston
Iola Young	Lindy Jones, MD	

#### **ALSO PRESENT VIA ZOOM VIDEOCONFERENCE -**

Kevin Benson, CFO	Billy Gardner, COO	Bradley Grigg, CBHO
Dallas Hargrave, HR Director	Megan Costello, CLO	Michelle Hale, CBJ Liaison

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

**PUBLIC PARTICIPATION** – None

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

**Policy Decision on Family First COVID-19 Response Act** – We will not ask for action on this tonight as we anticipate formal direction on this from the Department of Justice. Ms. Costello provided an overview of this Act: Two separate sections of the law, one section pertains to pay for Family Medical Leave, specifically for situations where a parent may be required to stay home due to day care unavailability and school closures due to COVID-19. This would require employers to provide 10 weeks of paid leave and 2 weeks of unpaid leave before this applies; two exceptions to this law apply to healthcare providers and first responders. Healthcare providers are described as medical doctors or nurse practitioners. We hope to get a definition of what is considered first responder tomorrow. Mr. Hargrave clarified that the act includes healthcare providers and first responders but gives the employer the option to exclude them. We will wait to see what kind of guidance is provided and make a decision as to how to apply it. The next consideration is when we should implement it and if it should be retroactive. It must be implemented by April 2, 2020 at the latest. There are funding provisions for private employers to be able to provide this extra leave but there are none in place for government entities. All costs associated with providing this extra leave will be paid for by BRH. Ms. Hale confirmed that this act would apply to CBJ employees as well. A discussion was held about who should be covered and the effect it could have on our ability to staff. Options to proactively decrease the amount of emergency Family Medical Leave were discussed including setting up a day care and/or providing financial assistance for in home care.

***Motion by Mr. Stevens that we cover Bartlett employees in compliance with the regulations that***

*are coming out of the Department of Labor. Ms. Hagevig seconded. There being no objection, MOTION approved.* Guidance is yet to come.

***Motion by Mr. Stevens to charge Mr. Hargrave with making a recommendation of either standing up a daycare for Bartlett Hospital employees and others in the community as appropriate, to facilitate and/or a recommendation for providing payroll assistance to pay for in home care. Ms. Hagevig seconded for purposes of discussion.*** In home care would allow employees to hire someone to come to their home to provide care while they are at work. This provision would allow BRH to stay ahead of any mandate that may shut down daycares. Concerns expressed about liability to the hospital for running a daycare, meeting social distancing requirements in a day care setting and the restriction of gatherings of more than 10 people in a room. Mr. Hargrave will write up a plan for child care relative to this emergent situation. ***There being no objection, MOTION approved.*** It was clarified that Mr. Hargrave's plan for daycare, after recommendation by the Incident Command following Mr. Hargrave's guidelines, can be implemented without further approval from the Board of Directors.

**Medical Staff Report** – Dr. Neyhart reported that she had attended and testified at yesterday's Assembly meeting with respect to capacity and concern for out of town individuals coming through Juneau to work. She also reported that she and Dr. Benjamin have been participating in calls with ASHNHA and the takeaway from yesterday's call is the need to plan for alternative care sights and stand them up now. (Juneau's Unified Incident Command is handling this as well as setting up temporary housing for healthcare workers in quarantine.) There is consideration of a COVID hospital in Anchorage but this has not been announced yet. National Guard would help move patients to this facility. She also reported that a physician workgroup is meeting on Thursday to discuss management of COVID in our community. BRH was hoping to get EICU help during the daytime but the hospitals do not have the capacity to support that. Currently, Anchorage and Seattle hospitals will not accept patient transfers from Juneau unless they meet certain criteria. Concern was expressed about having no intensivists in Juneau and the ability to care for critically ill COVID patients. Mr. Bill reported that this is a work in progress and we will be as ready as we can possibly be. Dr. Jones reported that care for our COVID confirmed patient has gone very smoothly and commended Mr. Bill, Ms. Lawhorne and staff for being so prepared. Ms. Hale expressed the importance of the testimony provided by the physicians and Mr. Bill and requests communications continue with the Assembly so they can help us meet our needs.

A discussion was held about travel mandates and whether the Governor's mandates supersedes municipality mandates. Mr. Johnson encouraged the Board to give Mr. Bill the flexibility he needs to respond to the needs of the hospital and the medical staff. A discussion about how we can best provide public education stressing that all age groups, young people in particular, need to take COVID-19 seriously and do their part to flatten the curve. Brief comment regarding ancillary deaths, not related to COVID-19 was made.

#### **COMMITTEE REPORTS:**

**Committee of the Whole** – Mr. Kendziorek reported that 6 of our 9 board members attended the COW meeting held on March 13<sup>th</sup>. The planned purpose of the meeting was to discuss the Master Facility Plan (MFP) however, most of the meeting focused on COVID-19 updates. The MFP has been reviewed extensively. It is designed to show rough priorities and the dominoes associated with each one so that we can respond over time rather than casting anything in concrete. For this reason, a motion was made to *accept* the plan rather than *adopt* the plan. ***Mr. Kendziorek, as Chair of the Planning Committee, made***

***a recommendation to the board to accept the Master Facility Plan. There being no objections, Master Facility Plan accepted.***

Finance Committee – Ms. Johnston reported that a proposal to purchase the Gitkov property located on Egan Drive had been presented at the March 20<sup>th</sup> Finance meeting. The owner has offered to sell the property for \$200,000. An appraisal of the property is required. ***Ms. Johnston, as Chair of the Finance Committee, made a recommendation to the Board to allow Mr. Bill to purchase this piece of property for an amount up to \$200,000 based on the appraisal. There being no objections, Mr. Bill is given authority to negotiate in good faith for the purchase of this property up to \$200,000.***

CEO Spending Limits for COVID-19 - ***Ms. Johnston, as Chair of the Finance Committee, made a recommendation to the Board to 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. There being no objections, MOTION approved.***

**MANAGEMENT REPORTS:** No questions. Mr. Stevens thanked the Senior Leadership Team for their reports. The intense activity over the last few weeks is evident in what is shared in the reports as is the level of preparedness of the hospital.

**CEO REPORT** – Mr. Bill reported that the state is up to 42 positive COVID cases, there are 2 in Juneau, 8 in Ketchikan. A testing site is to open in Arizona to process COVID tests ordered by physicians that do not qualify for state testing. A process has been identified for swabbing that allows the use of normal saline and not the required media that is in short supply that is now used for COVID testing. We think we are about 3 weeks out from having the capability to do rapid tests here; these test results would be available in about 2 hours. There are questions about the accuracy of the tests giving false negatives but the state lab is coming up with plans to address that. PPE update: We continue to have plenty of gloves on hand. We are short on gowns but did receive 600 today. We have 60 pappars on order that are to be shipped tomorrow. We have had 850 N95 masks donated by the community. These masks are a different style from what we normally use and will require fit tests to be conducted again. Community members have also volunteered to sew gowns and masks. We have received notice of a new ventilator company accepting orders so have placed an order for 4 more in addition the 2 we already have on order through a someone else. Not counting the ones on order, we could set up 15 ventilators. Staffing needs to run them and staff training was discussed. Dr. Jones reported on making personal protective equipment, patterns and the types of material needed. Assembly member, Maria Gladyszewski has asked BRH to coordinate communication throughout the CBJ via incident command, Dr. Jones will be added as a resource for gowns. Dr. Jones reported that CCFR and BRH, working in conjunction, have a hotline number staffed mostly by school nurses that will help identify people that meet criteria for screening. Those that meet criteria will be set up with an appointment at the testing center set up at the Hagevig Fire Center. They are in the process of expanding to be able to do screenings on lower risk people that don't meet state criteria. The hotline number is 586-6000 and is available from noon to 6:00pm. A discussion was held about the protocols to identify individuals that are low risk for needing any significant medical attention but have called an ambulance for transport to BRH. These people will be encouraged to stay at home if the paramedics, after providing care and COVID screening, determine it is appropriate. A discussion was held about the decrease in ER and clinic visits. Mr. Bill anticipates that BRH will be down \$10 million as a result of this virus due to lost revenue and increased expenses. A discussion also held about Ophthalmology services for macular degeneration.

**PRESIDENT REPORT** – Mr. Stevens is on quarantine due to travel. He thanked Mr. Bill for granting the board access to the daily COVID-19 update reports and reminded everyone that while trying to communicate ideas and concerns, communications should be streamlined through Mr. Bill, Megan Costello and himself. Information will be forwarded as appropriate. Mr. Stevens then extended an apology to Mr. Kendziorek regarding a misunderstanding of calling emergency committee meetings. A discussion was held about committees setting forth communication to be sent directly to the Assembly or any other external body. The Governance Committee will include this issue and committee actions when conducting its bylaws review. Mr. Stevens thanked senior leadership, hospital staff, BRH Incident Command, CBJ Incident Command and the community for their response to this pandemic. This really shows the community is paying attention and is willing to partner.

**BOARD CALENDAR** – April calendar reviewed. The Finance Committee meeting is to be held at noon on Friday, April 10<sup>th</sup>, not at 7:00am. The Board Quality meeting will be rescheduled to a time that will allow Dr. Jones to attend. Ms. Moffitt will poll the committee members to identify a new time. Executive Committee meetings are on hold for now to allow the focus to be on the issue at hand. The CEO evaluation will be on the agenda when the next Executive Committee meeting is held.

**Executive Session** – *Motion made by Mr. Stevens 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. Hagevig seconded. Motion approved.** Since most attendees are participating via Zoom video conferencing, Mr. Solomon-Gross reminded everyone that nobody else is allowed to hear the conversation taking place in Executive Session. The committee entered executive session at 7:05 pm and returned to regular session at 7:21 pm.

- A. Credentialing report (BLUE FOLDER): ***Motion by Mr. Stevens to approve the credentialing report as written. Ms. Knapp seconded. Credentialing recommendations approved.***
- B. February 4, 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 COMMENTS AND QUESTIONS** – Mr. Solomon-Gross stated that he felt the COW meeting was very good, a lot was accomplished and Mr. Kendziorek did a great job running it. He would like to see more of COW meetings. Ms. Hagevig expressed her opinion that Mr. Bill did an excellent job testifying at the Assembly meeting. Ms. Hale agreed that Mr. Bill and the doctors did a great job testifying before the Assembly. The Assembly has received hundreds of emails in favor of the lockdown. Dr. Jones thanked Ms. Hale as well as Mr. Bill, Ms. Lawhorne and the rest of Senior Leadership for their support.

**ADJOURNMENT** – 7:27 p.m.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

DATE: April 2, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: February Financial Performance

February was a surprisingly good month financially for BRH. Winter months generally do not see good financial performance as the prior year shows a Loss from Operations of \$750,000. However, this year BRH saw Income from Operations of \$340,000. Inpatient revenue was just slightly less than budget in spite of patient days being 10% under budget. Outpatient volumes continue to be mixed with activity both over and under budget and outpatient revenues finished ahead of budget by 29% or \$2.2 million. The primary drivers of this increase was a 16% increase in observation patients and a 29% positive variance of Same Day Surgery cases. Total hospital revenue finished 18% over budget with an excess of \$2.2 million. BOPS revenue exceeded budget by \$71,000 (40%) and physician revenue exceeded budget by \$336,000 or 43% which resulted in total revenues of \$16,552,000 that was \$2.6 million (18.3%) greater than budget.

Deductions were greater than budget by \$1.0 million or 16%. This was due to additional discounts associated with the increase of outpatient revenue. Though there was a reduction in Bad Debt expense the year-to-date expense is 6.2% ahead of budget and 8.7% greater than the prior year. Other Revenue was over budget by \$330,000 which resulted in Total Operating Revenues that were \$1.9 million greater than budget.

Expenses exceeded budget by \$1.5 million or 20%. This is consistent with but less than the increase in revenue. This variance was driven by increased staff costs and benefits as well as supplies primarily in surgery and pharmaceuticals. This resulted in an Operating Income of \$340,000 or 3.45%. After Non-Operating Income of \$181,000 the Net Income of \$521,000. For the year BRH has a Net Income of \$4.3 million or 5.6% well in excess of budget (\$2.5 million) and the prior year (\$1.1 million).

## Other Significant Items:

- Overtime, Call backs and Non-Productive time continues to be a challenge with these categories exceeding budget by a combined \$323,000. 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 February 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (January)	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	379	398	-5%	249	296	3,196	3,408	-6%	3,011
Patient Days - Critical Care Unit	69	86	-20%	60	85	721	736	-2%	700
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	14.5	16.7	-14%	10	12.3	16.1	17.0	-5%	15.2
Patient Days - Obstetrics	56	65	-14%	59	73	536	552	-3%	514
Patient Days - Nursery	42	60	-30%	58	65	423	496	-15%	485
<b>Total Hospital Patient Days</b>	<b>546</b>	<b>610</b>	<b>-10%</b>	<b>426</b>	<b>519</b>	<b>4,876</b>	<b>5,192</b>	<b>-6%</b>	<b>4,710</b>
Births	20	25	-20%	25	27	192	272	-29%	212
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	251	321	-22%	227	261	1,987	2,392	-17%	2,248
Avg. Daily Census - MHU	8.1	11.1	-27%	7.3	8	8.1	9.8	-17%	9.2
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	304	280	9%	332	252	2,360	2,744	-14%	2,688
Avg. Daily Census - RRC	10	9.7	2%	10.7	8	10	11.2	-14%	11.0
Outpatient visits	24	18	32%	21	18	191	152	26%	188
<b>Inpatient: Admissions</b>									
Med/Surg	65	67	-3%	58	65	600	576	4%	558
Critical Care Unit	38	38	-1%	31	40	341	328	4%	311
Obstetrics	24	27	-10%	26	30	211	224	-6%	214
Nursery	20	28	-28%	26	27	193	240	-20%	222
Mental Health Unit	38	36	6%	33	35	293	304	-4%	296
<b>Total Admissions - Inpatient Status</b>	<b>185</b>	<b>195</b>	<b>-5%</b>	<b>174</b>	<b>197</b>	<b>1,638</b>	<b>1,672</b>	<b>-2%</b>	<b>1,601</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	70	55	27%	56	65	469	472	-1%	463
Critical Care Unit	39	32	22%	32	32	250	272	-8%	268
Mental Health Unit	4	2	110%	5	2	21	16	31%	20
Obstetrics	12	18	-33%	18	19	144	152	-5%	148
Nursery	0	1	-100%	0	0	1	8	-88%	5
<b>Total Admissions to Observation</b>	<b>125</b>	<b>108</b>	<b>16%</b>	<b>111</b>	<b>118</b>	<b>885</b>	<b>919</b>	<b>-4%</b>	<b>904</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	41	47	-13%	31	58	409	400	2%	368
Endoscopy Cases	95	93	2%	72	106	743	800	-7%	763
Same Day Surgery Cases	110	85	29%	102	122	842	728	16%	711
<b>Total Surgery Cases</b>	<b>246</b>	<b>225</b>	<b>9%</b>	<b>205</b>	<b>286</b>	<b>1,994</b>	<b>1,928</b>	<b>3%</b>	<b>1,842</b>
Total Surgery Minutes	17,574	14,441	22%	12,679	18,958	138,849	117,682	18%	117,682
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,161	1,174	-1%	1,102	1,178	9,657	10,040	-4%	9,583
Cardiac Rehab Visits	83	72	16%	68	68	535	616	-13%	613
Lab Visits	292	278	5%	236	323	2,984	2,376	26%	1,995
Lab Tests	8,839	8,982	-2%	10,067	9,006	81,804	76,808	7%	70,308
Radiology Visits	739	813	-9%	675	756	6,439	6,952	-7%	6,137
Radiology Tests	2,253	2,441	-8%	2,670	2,315	19,420	20,880	-7%	20,057
Sleep Study Visits	30	22	37%	24	21	221	184	20%	196
<b>Physician Clinics:</b>									
Hospitalists	170	198	-14%	140	223	1,791	1,696	6%	1,436
Bartlett Oncology Clinic	64	79	-19%	80	59	614	672	-9%	544
Ophthalmology Clinic	68	N/A	N/A	-	94	107	N/A	N/A	-
Behavioral Health Outpatient visits	355	386	-8%	256	94	2,783	3,168	-12%	2,939
Bartlett Surgery Specialty Clinic visits	319	304	5%	263	356	2,293	2,600	-12%	2,367
	976	967	1%	739	826	7,588	8,136	-7%	7,286
<b>Other Operating Indicators:</b>									
Dietary Meals Served	26,031	24,348	7%	27,329	29,614	234,293	208,216	13%	208,134
Laundry Pounds (Per 100)	358	381	-6%	373	372	2,995	3,264	-8%	3,183

**Bartlett Regional Hospital**  
**Dashboard Report for February 2020**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	4,513	5,070	-11.0%	4,099	4,781	4,493	6.4%	4,203
Contractual Allowance %	42.6%	41.1%	3.8%	42.5%	40.9%	41.1%	-0.5%	40.4%
Bad Debt & Charity Care %	0.6%	2.9%	-78.2%	2.4%	2.7%	2.9%	-9.0%	2.9%
Wages as a % of Net Revenue	45.5%	46.2%	-1.5%	54.0%	46.5%	46.2%	0.6%	49.0%
Productive Staff Hours Per Adjusted Patient Day	21.4	26.9	-20.4%	22.0	23.5	23.9	-1.6%	22.4
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	3.6	5.9%	3.6	3.8	2.9	34.3%	3.7
Overtime/Premium % of Productive	7.14%	2.80%	154.7%	5.40%	6.96%	2.80%	148.3%	6.61%
Days Cash on Hand	89	108	-17.7%	133	96	105	-8.6%	134
Board Designated Days Cash on Hand	143	174	-17.7%	148	154	169	-8.6%	148
Days in Net Receivables	65.7	66	0.0%	54	65.7	66	0.0%	54
					<b>Actual</b>	<b>Benchmark</b>	<b>% Over (Under)</b>	<b>Prior Year</b>
Total debt-to-capitalization (with PERS)					62.3%	33.7%	85.0%	45.1%
Total debt-to-capitalization (without PERS)					15.8%	33.7%	-53.0%	20.1%
Current Ratio					9.89	2.00	394.7%	6.07
Debt-to-Cash Flow (with PERS)					6.93	2.7	156.7%	8.98
Debt-to-Cash Flow (without PERS)					1.76	2.7	-34.8%	4.00
Aged A/R 90 days & greater					49.8%	19.8%	151.5%	
Cash Collections					78.1%	99.4%	-21.4%	
POS Cash Collection					1.5%	21.3%	-93.0%	
Cost of Collections (Hospital only)					5.0%	2.8%	78.6%	
Charity Care Write off					1.4%	1.4%	0.0%	
Bad Debt Write off					-0.3%	0.8%	-137.5%	
Discharged not Final Billed (DNFB)					13.0%	4.7%	176.6%	
Unbilled & Claims on Hold (DNSP)					13.0%	5.1%	154.9%	
Claims final billed not submitted to payor (FBNS)					0.00%	0.2%	-100.0%	

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 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:											
\$4,068,503	\$4,087,987	-\$19,484	-0.5%	\$3,316,141	1. Inpatient Revenue	\$36,341,922	\$35,477,857	\$864,065	2.4%	\$33,253,130	9.3%
\$900,525	\$905,848	-\$5,323	-0.6%	\$721,548	2. Inpatient Ancillary Revenue	\$7,753,342	\$7,861,459	-\$108,117	-1.4%	\$7,290,095	6.4%
\$4,969,028	\$4,993,835	-\$24,807	-0.5%	\$4,037,689	3. Total Inpatient Revenue	\$44,095,264	\$43,339,316	\$755,948	1.7%	\$40,543,226	8.8%
\$9,904,222	\$7,693,233	\$2,210,989	28.7%	\$7,671,071	4. Outpatient Revenue	\$74,042,439	\$66,766,146	\$7,276,293	10.9%	\$63,724,700	16.2%
\$14,873,250	\$12,687,068	\$2,186,182	17.2%	\$11,708,760	5. Total Patient Revenue - Hospital	\$118,137,704	\$110,105,462	\$8,032,242	7.3%	\$104,267,926	13.3%
\$313,665	\$341,292	-\$27,628	-8.1%	\$345,986	6. RRC Patient Revenue	\$2,462,471	\$2,961,931	-\$499,460	-16.9%	\$2,836,935	-13.2%
\$247,189	\$175,974	\$71,215	40.5%	\$185,275	7. BHOPS Patient Revenue	\$2,124,183	\$1,527,199	\$596,984	39.1%	\$1,514,922	40.2%
\$1,118,098	\$782,465	\$335,633	42.9%	\$580,846	8. Physician Revenue	\$8,227,436	\$6,790,685	\$1,436,751	21.2%	\$6,244,647	31.8%
\$16,552,202	\$13,986,799	\$2,565,402	18.3%	\$12,820,867	9. Total Gross Patient Revenue	\$130,951,794	\$121,385,277	\$9,566,517	7.9%	\$114,864,429	14.0%
Deductions from Revenue:											
\$2,617,478	\$2,907,010	\$289,533	10.0%	\$2,572,751	10. Inpatient Contractual Allowance	\$24,871,473	\$25,019,498	\$148,025	0.6%	\$23,474,490	6.0%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$2,466,667	-\$2,466,667	\$0		-\$2,466,667	
\$4,067,060	\$2,777,691	-\$1,289,369	-46.4%	\$2,813,555	11. Outpatient Contractual Allowance	\$26,187,487	\$24,106,396	-\$2,081,091	-8.6%	\$22,315,022	17.4%
\$682,718	\$372,767	-\$309,951	-83.1%	\$370,123	12. Physician Service Contractual Allowance	\$4,958,929	\$3,235,078	-\$1,723,851	-53.3%	\$3,061,813	62.0%
\$19,286	\$14,973	-\$4,313	-28.8%	\$14,036	13. Other Deductions	\$119,479	\$129,942	\$10,463	8.1%	\$119,522	0.0%
\$239,890	\$113,988	-\$125,902	-110.5%	\$30,788	14. Charity Care	\$761,465	\$989,255	\$227,790	23.0%	\$753,300	1.1%
-\$133,632	\$298,401	\$432,033	144.8%	\$270,652	15. Bad Debt Expense	\$2,750,293	\$2,589,696	-\$160,597	-6.2%	\$2,530,552	8.7%
\$7,184,467	\$6,176,497	-\$1,007,969	-16.3%	\$5,763,572	16. Total Deductions from Revenue	\$57,182,458	\$53,603,198	-\$3,579,260	-6.7%	\$49,788,031	14.9%
42.6%	43.3%			44.9%	% Contractual Allowances / Total Gross Patient Revenue	40.9%	43.1%			40.4%	
0.6%	2.9%			2.4%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	2.9%			2.9%	
43.4%	44.2%			45.0%	% Total Deductions / Total Gross Patient Revenue	43.7%	44.2%			43.3%	
\$9,367,735	\$7,810,302	\$1,557,433	19.9%	\$7,057,295	17. Net Patient Revenue	\$73,769,336	\$67,782,079	\$5,987,257	8.8%	\$65,076,398	13.4%
\$485,098	\$155,563	\$329,535	211.8%	\$214,260	18. Other Operating Revenue	\$3,331,591	\$1,350,074	\$1,981,517	146.8%	\$1,388,379	140.0%
\$9,852,833	\$7,965,865	\$1,886,968	23.7%	\$7,271,555	19. Total Operating Revenue	\$77,100,926	\$69,132,153	\$7,968,773	11.5%	\$66,464,776	16.0%
Expenses:											
\$3,847,732	\$3,299,873	-\$547,859	-16.6%	\$3,361,222	20. Salaries & Wages	\$30,429,153	\$28,638,238	-\$1,790,915	-6.3%	\$27,725,335	9.8%
\$340,909	\$255,644	-\$85,265	-33.4%	\$239,504	21. Physician Wages	\$2,579,687	\$2,218,629	-\$361,058	-16.3%	\$2,146,345	20.2%
\$74,584	\$52,678	-\$21,906	-41.6%	\$213,453	22. Contract Labor	\$1,284,684	\$457,177	-\$827,417	-181.0%	\$2,021,807	-36.5%
\$2,054,970	\$1,646,978	-\$407,992	-24.8%	\$1,509,264	23. Employee Benefits	\$16,057,296	\$14,293,362	-\$1,763,934	-12.3%	\$12,797,267	25.5%
\$6,318,195	\$5,255,173	-\$1,063,022	-20.2%	\$5,323,443	% Salaries and Benefits / Total Operating Revenue	\$50,350,730	\$45,607,406	-\$4,743,324	-10.4%	\$44,690,754	12.7%
64.1%	66.0%			73.2%		65.3%	66.0%			67.2%	
\$92,283	\$72,095	-\$20,188	-28.0%	\$72,052	24. Medical Professional Fees	\$619,049	\$625,654	\$6,605	1.1%	\$642,615	-3.7%
\$214,145	\$189,219	-\$24,926	-13.2%	\$234,099	25. Physician Contracts	\$1,782,852	\$1,642,148	-\$140,704	-8.6%	\$1,903,992	-6.4%
\$212,677	\$163,702	-\$48,975	-29.9%	\$195,268	26. Non-Medical Professional Fees	\$1,329,063	\$1,420,665	\$91,602	6.4%	\$1,228,807	8.2%
\$1,303,503	\$975,609	-\$327,894	-33.6%	\$868,762	27. Materials & Supplies	\$9,455,767	\$8,466,807	-\$988,960	-11.7%	\$8,133,024	16.3%
\$133,297	\$119,427	-\$13,870	-11.6%	\$117,658	28. Utilities	\$1,029,768	\$1,036,463	\$6,695	0.6%	\$923,179	11.5%
\$348,553	\$301,532	-\$47,021	-15.6%	\$359,074	29. Maintenance & Repairs	\$2,877,626	\$2,616,919	-\$260,707	-10.0%	\$2,452,854	17.3%
\$72,046	\$51,230	-\$20,816	-40.6%	\$58,001	30. Rentals & Leases	\$413,679	\$444,600	\$30,921	7.0%	\$430,629	-3.9%
\$44,894	\$45,703	\$809	1.8%	\$43,550	31. Insurance	\$355,484	\$396,646	\$41,162	10.4%	\$508,396	-30.1%
\$615,957	\$603,635	-\$12,322	-2.0%	\$589,318	32. Depreciation & Amortization	\$4,694,243	\$5,238,679	\$544,436	10.4%	\$4,862,411	-3.5%
\$51,122	\$47,673	-\$3,449	-7.2%	\$52,667	33. Interest Expense	\$418,291	\$413,732	-\$4,559	-1.1%	\$427,995	-2.3%
\$106,377	\$101,493	-\$4,884	-4.8%	\$112,083	34. Other Operating Expenses	\$903,748	\$880,777	-\$22,971	-2.6%	\$721,524	25.3%
\$9,513,050	\$7,926,491	-\$1,586,558	-20.0%	\$8,025,975	35. Total Expenses	\$74,230,298	\$68,790,496	-\$5,439,804	-7.9%	\$66,926,179	-10.9%
\$339,783	\$39,374	\$300,409	763.0%	-\$754,420	36. Income (Loss) from Operations	\$2,870,628	\$341,657	\$2,528,971	740.2%	-\$461,403	-722.2%
\$107,365	\$98,000	\$9,365	9.6%	\$157,932	37. Interest Income	\$821,275	\$850,499	-\$29,224	-3.4%	\$362,765	126.4%
\$73,575	\$146,467	-\$72,892	-49.8%	\$141,221	38. Other Non-Operating Income	\$583,869	\$1,271,130	-\$687,261	-54.1%	\$1,244,595	-53.1%
\$180,940	\$244,467	-\$63,527	-26.0%	\$299,153	39. Total Non-Operating Revenue	\$1,405,144	\$2,121,629	-\$716,485	-33.8%	\$1,607,361	-12.6%
\$520,723	\$283,841	\$236,882	-83.5%	-\$455,267	40. Net Income (Loss)	\$4,275,772	\$2,463,286	\$1,812,486	-73.6%	\$1,145,958	-273.1%
3.45%	0.49%			-10.37%	Income from Operations Margin	3.72%	0.49%			-0.69%	
5.29%	3.56%			-6.26%	Net Income	5.55%	3.56%			1.72%	

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
February 29, 2020

	<u>February-20</u>	<u>January-20</u>	<u>February-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	27,382,844	28,242,074	34,155,462	(6,772,618)
2. Board designated cash	39,303,472	39,266,128	36,790,525	2,512,946
3. Patient accounts receivable, net	19,244,443	16,420,030	13,509,886	5,734,556
4. Other receivables	2,385,573	2,382,342	2,416,882	(31,309)
5. Inventories	3,284,336	3,255,837	3,470,370	(186,033)
6. Prepaid Expenses	738,598	662,287	1,687,266	(948,668)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	92,368,143	90,257,575	92,059,268	308,874
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	140,503,388	142,709,147	148,218,294	(7,714,906)
11. Construction in progress	5,027,288	5,107,629	386,955	4,640,332
12. Total property & equipment	145,530,676	147,816,776	148,605,249	(3,074,574)
13. Less: accumulated depreciation	(91,550,197)	(93,671,326)	(95,727,846)	4,177,648
14. Net property and equipment	53,980,479	54,145,452	52,877,404	1,103,073
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	165,441,738	163,496,142	154,679,845	10,761,894
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	892,563	744,650	2,243,560	(1,350,997)
18. Accrued employee benefits	3,916,455	3,606,792	3,628,947	287,508
19. Accounts payable and accrued expenses	3,060,408	3,153,198	2,017,864	1,042,545
20. Due to 3rd party payors	2,948,925	2,602,005	477,302	2,471,623
21. Deferred revenue	(2,589,523)	(2,223,521)	2,027,732	(4,617,254)
22. Interest payable	65,959	-	63,707	2,253
23. Note payable - current portion	870,000	870,000	850,000	20,000
24. Other payables	171,125	143,080	424,173	(253,048)
25. Total current liabilities	9,335,912	8,896,204	11,733,285	(2,397,370)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,155,000	(895,000)
27. Bonds payable - premium/discount	1,286,767	1,301,604	1,477,121	(190,354)
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	97,319,971	97,334,808	92,470,001	4,849,970
31. Total liabilities	106,655,883	106,231,012	104,203,286	2,452,600
32. Fund Balance	58,785,854	57,265,129	50,476,560	8,309,294
33. Total liabilities and fund balance	165,441,738	163,496,142	154,679,845	10,761,894

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

## Covid-19 Update

Bartlett Regional Hospital was on track to have a better than expected patient services and financial performance. The annual budget target of \$3.7 million was achieved after 8 months of the 2020 fiscal year having generated a Net Income of \$4.2 million at the end of February. The projection for the end of the fiscal year had BRH achieving a Net Income of \$7.7 million. This would have been the best year financially in some years. Things have changed significantly with the arrival of the Covid-19 pandemic.

It is anticipated that Bartlett Regional Hospital will be adversely impacted from a financial perspective due to the events surrounding the Covid event. Listed below are the financial impacts to date:

- Approximately halfway through March, non-urgent outpatient services were discontinued. Since that time BRH has been providing primarily inpatient and emergency services.
- Rainforest Recovery Center was emptied of residents to prepare the building for overflow of patients due to the pandemic.
- Incident Command was initiated to manage the covid-19 pandemic.
- These changes reduced gross revenue generation by 50% or \$250,000 per day. After discounts net revenue will be reduced \$142,000 or a loss of \$4.2 million of cash revenue on a monthly basis.
- As part of the preparation, expenses being incurred related to preparedness are being identified. These include supplies, equipment and other expenses. Labor time and costs are being accumulated in a new Covid department.
- As of May 8<sup>th</sup> supplies, equipment and other expenses attributable to Covid totals \$390,000.
- Labor costs through May 8<sup>th</sup> amount to \$210,000.
- While Covid-19 expenses are concerning a bigger financial impact will be from the loss of revenue. The first half of March continued the strong volumes seen in February. However, once the Covid-19 changes occurred BRH ended the month with \$2.3 million shortfall in revenue.
- Through April 9<sup>th</sup> BRH has a \$2.2 million shortfall in revenue.
- Funding sources for Covid financial losses are being researched for recoupment. Options include FEMA, CARES legislation, CMS and insurance.
- BRH received on April 10<sup>th</sup> \$1.1 million of funds through the CARES program. This represents the first \$30 billion of \$100 billion that will be distributed.
- Best estimate at this time is that BRH will lose approximately \$4 million per month through the end of the fiscal year or \$12 million for the last quarter of FY2020. While BRH has significant cash reserves (\$70 million), this reserve will need to be accessed to cover operations during this time. This will reduce cash reserves by as much as \$10 million.

# Bartlett Regional Hospital

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

## Board Quality Committee April 8, 2020 Minutes

**Called to order at 12:01 pm by Board Quality Committee Chair, Rosemary Hagevig**

**Board Members:** Rosemary Hagevig (Chair), Marshal Kendziorek, Iola Young, Kenny Solomon- Gross, Brenda Knapp

**Staff:** Charles Bill, CEO, James Caldwell, Director of Quality, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Gail Moorehead, Director of Education, Dallas Hargrave, HR Director, Mary Crann, Risk Manager, Charlee Gribbon, Infection Preventionist, Megan Costello, Chief Legal Officer, Autumn Muse, RN Clinical Project Specialist, Deborah Koelsch, RN Clinical Quality Data Coordinator, Carmi Clark, Quality Data Analyst

**Approval of the minutes – January 8, 2020 – *minutes approved as written.***

### **Standing Agenda Items:**

**Quality Dashboard (reported quarterly)** – Mr. Caldwell reviewed the Board Quality Dashboard. The HCAHPS Quarter 1 results were strong, exceeding all CMS Achievement Benchmarks, and 5 areas meeting or exceeding the CMS benchmark top performer. Severe Sepsis/ Septic Shock Measure has exceeded our goal. The Screening for Metabolic Disorders measure continues to be a strong performer. It was determined the drop in the Behavioral Health overall patient satisfaction scores during Quarter 1 was due to a very small denominator for this category.

Mr. Kendziorek questioned how we handle Cleanliness and Handwashing during COVID. Ms. Gribbon guaranteed that we are 100% compliant with handwashing. Additionally, EVS Supervisor and Education Director did a phenomenal job in training EVS staff and should anticipate an increase in our cleanliness score in the next few months.

Mr. Solomon–Gross noted that the Purell dispenser in the hospital entrance needs monitoring for availability. Ms. Gribbon will keep it on her daily radar.

### **New Business:**

Mr. Bill announced James Caldwell as our permanent Senior Director of Quality.

### **Press Ganey Update**

Press Ganey contract was renewed and eSurvey is added to the survey distribution methodology at Bartlett. eSurvey is available in the Emergency Department, Outpatient Services and Ambulatory Surgery. HCAHPS surveys are sent out through mail due to CMS requirements.

eSurvey is the Press Ganey survey process that enables us to collect patient feedback via email survey. When used in conjunction with paper surveys, eSurvey allows us to send and receive more surveys. This increase in surveys enables the hospital to target specific improvement efforts within demographic areas i.e. unit, specialty, provider. These would help us collect high volumes of survey comments and reduce the cycle time for data collection and improvement initiatives.

Mr. Kendziorek asked what the predicted percentage of increase in survey response will be using eSurvey. Mr. Caldwell anticipated increase by 40% in our response rate.

Ms. Hagevig and Mr. Kendziorek agreed that adding eSurvey is a great program for the hospital.

### **The Joint Commission Update Safer Matrix**

Ms. Crann presented the new Safety Event Classification (SEC). She described the Outcome Algorithm, Levels of Harm and the Serious Safety Event Rate (SSER). In addition, SEC and SSER application requires a culture that encourages reporting adverse outcomes and sharing information about errors and mistakes. Effectiveness of the system is consistent application over time.

Ms. Muse clarified that The Joint Commission (TJC) SAFER Matrix will provide health organizations with Requirements for Improvement (RFI) in a comprehensive visual representing the findings and identifying areas that are in most need of intervention to meet compliance.

THE RFI's are plotted on the Matrix based on the possible risk of harm to patients, staff, and/or visitors and how often it was observed. All RFI's will need to be addressed in a 60-day timeframe. The RFI's that are higher risk level will require additional detailed corrective action plans that the organization will be expected to sustain going forward.

Ms. Hagevig is interested in the training plan. Ms. Crann said she would present this new process in the Patient Safety meeting and create Relias training for staff.

### **Resuscitation Quality Improvement / (RQI)**

Ms. Moorehead presented the Resuscitation Quality Improvement. We have reached 98% in our Competency. Mock Code Training is in progress.

Ms. Moorehead invited Senior Leadership to stop by in Education Department to see the RQI equipment.

## **Sepsis Update**

Ms. Koelsch presented the BRH Sepsis Early Management Bundle Compliance run chart and the list of fallouts. Based on the list ABX Timing and Fluids Amount/Timing are most fallouts and are continually monitored by Directors.

Goal is 55% and Bartlett Overall Sepsis rate of 2019 is 57%.

Mr. Kendziorek asked about ISTAT usage and if it helps with our Sepsis Measure. Ms. Koelsch will get the information and get back with the group. Ms. Knapp is concern on the overall trend, she recommends to monitor sepsis scores regularly since it showing continued opportunity for improvements.

## **Overview of Covid -19**

Mr. Caldwell coordinates with Robert Barr the City Borough of Juneau (CBJ). Bartlett Hospital created an Incident Command Structure. The members are Incident Commander Chuck Bill, CEO, Public Information Officer, Kathryn Bausler, Safety Officer Nathan Overson, Liaison Officer, Dallas Hargrave, Operations Section Chief, Rose Lawhorne, Planning Section Chief, James Caldwell, Logistics Section Chief, Billy Gardner, Finance/Administration Section Chief, Kevin Benson. The group continues to refine the processes in Operations and Communications; planning for surges of critically ill, possible facilities changes to structure the isolation accommodation and using off site areas creativity like BOPS, Rainforest and Improved ER Structure.

Also, Physician leadership conduct weekly provider team calls lead by Dr. Benjamin with community providers including SEARHC and partners.

Mr. Kendziorek asked on test results average turn around. Mr. Caldwell confirmed that we are now at 48 hours turn around using the private lab in Phoenix Arizona.

The hospital implemented the “no visitor” policy effective 4/8/2020 to limit the spread of the COVID-19.

**Next Quality Board meeting:** Mary 13, 2020 4:15PM

**Adjourned at 1:36 pm**



# Bartlett Regional Hospital

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

## Finance Committee Meeting Minutes BRH Boardroom – April 10, 2020

**Called to order at 12:02 p.m. by Mark Johnson.**

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

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

**Public Comment:** None

***Ms. Knapp made a MOTION to approve the minutes from the March 20, 2020 Finance Committee Meeting. Mr. Johnson noted no objections and they were approved.***

### **February 2020 Financial Review – Kevin Benson, CFO**

February was another strong month as far as volumes and revenues. Outpatient revenue was well over budget. Total gross patient revenue finished at \$16.5M, which was \$2.5M greater than budget. \$9.8M in total operating revenue, which was \$1.9M greater than budget. BRH was \$1.6M over budget on expenses as well. Resulting total operating income was \$340K, which was well above budgeted.

### **Covid-19 Potential Financial Impact – Kevin Benson, CFO**

The BRH preparations and response drastically ramped up in mid-March. The first half of March continued the strong volumes, then ICS structure was stood up and state health mandates and travel restrictions began. BRH discontinued non-urgent outpatient services and began more stringent assessment of patients and visitors, surveying them for symptoms and limiting the number of individuals entering the hospital unnecessarily. These measures reduced revenue generation by about 50%. Combined with these measures, patients at RRC were discharged in anticipation of patient overflow to provide additional patient space. Expenses were incurred related to this, which were accounted for in a new “department”. Supplies, equipment and other expenses totaled \$390K, and labor related to it came to \$210K, for a total of \$600K so far. March finished \$2.3M short of budget. April 1<sup>st</sup>-9<sup>th</sup> we experienced a \$2.2M shortfall from April budget.

Funding sources are being researched, including CARES, FEMA, and CMS, as well as an insurance option for business interruption. Today we received \$1.1M from the CARES Act, and more payments may be received in the future through this program as well. This distribution was based on a percentage of Medicare fees compared to the rest of the country. Nursing homes, areas hardest hit by pandemic, and rural areas. BRH qualifies as rural, but not as a critical access hospital. There is an

additional program that allows hospitals to apply for advance Medicare payments, which is essentially a loan to be repaid through usual costs, but the loan would be interest free for a year, then about 10% interest rate after the first year.

The Alaska Governor implemented no elective surgeries until June 15<sup>th</sup>, which will be reassessed at that point.

There was a discussion on supplies at BRH. New treatment recommendations suggest high-flow oxygen, which will deplete current supplies much faster than anticipated. This is being addressed. PAPR hoods are deficient, but more are on order, and the community may be able to make ones that will work. Processes are being developed and implemented for sterilizing and reusing N95 masks, which will reduce the consumption rate. The community has greatly stepped up to help make gowns and masks, which will be received as donations and reserved for a crisis supply.

Mr. Johnson suggested to Mr. Bill that community education was important, and suggested the creation of a special issue of House Calls to go to the community to re-emphasize measures that have helped slow the spread, and the need for continuation of those measures. Mr. Bill noted the projections are still showing the anticipated peak in Juneau as occurring around mid-April to mid-May.

CBJ will be in charge of the shelter for those who are willing to isolate, but need help, as well as those who require supervision due to resistance to isolate, and have additional needs. This program will take place between Mt. Jumbo Gym and Centennial Hall. CBJ will be in charge of staffing non-clinical roles, and BRH will staff clinical roles through the Float Pool.

There are four levels of severity to consider: those that require care beyond the capability of BRH, who would optimally be transported either to Seattle or Anchorage, then those severe patients that BRH can care for, the moderately ill that BRH can care for, then the mildly ill that would ideally self-isolate at home.

Staffing at BRH was reviewed, revealing that half of non-direct patient care roles are working from home. The other employees that have had their roles diminished, but want to help have been put into a group that can be reassigned or trained to assist in other roles. Some staff have chosen to use personal leave instead of working, and that is allowed. Hospital employees can be exempt from the new FMLA guidelines, which BRH will address on a case by case basis.

Today BRH received two Abbott rapid-testing machines, which included 200 test kits. The discussion will need to happen as to who gets prioritized for these tests, to include the consideration of false negative potential. This method takes less than an hour to produce a result, but can only run one test at a time.

**Next Meeting:** May 8, 2020 at 12:00pm in BRH Boardroom, and via Zoom.

**Committee comments:** Mr. Kendziorrek noted that a date is being worked out for a planning meeting to discuss the new “normal” and future implications at BRH. Ms. Knapp expressed her gratitude for Ms. Lawhorne, and her hard work in community education and in her work here at BRH.

**Adjourned – 1:00 p.m.**

# Bartlett Regional Hospital

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

Planning Committee Meeting Minutes  
April 21, 2020 – 1:00 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

**Called to order at 1:02 p.m., by Planning Committee Chair, Marshal Kendziorek**

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

**Also Present:** Chuck Bill, CEO, Kevin Benson, CFO, Rose Lawhorne, CNO, Billy Gardner, COO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Megan Costello, CLO, Anita Moffitt, Executive Assistant and Michelle Hale, CBJ Liaison

***Mr. Solomon-Gross made a MOTION to approve the minutes from March 13, 2020 Planning Committee of the Whole meeting. Ms. Young seconded. Minutes approved.***

**PUBLIC PARTICIPATION – None**

**PROJECT UPDATES:** RRC PHASE II – Mr. Grigg reported that there has been a pause in phase one of the build of the detox center. This is due to travel quarantine restrictions for the out of town subcontractors and a limited number of workers on site each day. Due to the slower pace, construction on the detox unit should be done by the end of May. Phase 2 of the construction started yesterday. An overview of this phase was provided and it was noted that this phase should be completed by May 8. The rest of the renovation will be put on hold until Rainforest Recovery is no longer set up as an alternative care site due to the COVID pandemic. A discussion was held about grant funding vetoes and what the impact is to these projects. It was noted that about 60% of our operational grant dollars are federal. Historically, vetoing state dollars has not impacted grants that are coming from Federal resources.

**CRISIS STABILIZATION RENDERINGS –** Mr. Grigg provided an overview of the preliminary blueprints of the Crisis Stabilization Unit included in the packet. The next step will be to finalize the timeline. We are waiting on the geotechnical reports which we hope to receive on May 10<sup>th</sup>. A discussion was held about parking options. Underground parking, included in the pricing, would produce between 14 and 17 spots and would also allow maintenance equipment to be stored out of the weather. Additional parking would be available in front of and behind the building. A discussion about other parking options we might have if we acquire the land to the south of the building was held. Discussion was also held about the number of parking spaces required to meet code. There is no hard date set for a go, no go on the underground parking option included in the plans. We are keeping our grant funders updated each week and the decision regarding underground parking will not change their commitment of support. The geotechnical reports will be shared with the Board when they are received. Assuming we have this report by the next Planning meeting, we will present the final alternatives, ask for recommendations to present to the Finance Committee and then to the Board as a whole.

**ECG ASSESSMENT** – Mr. Bill reported that ECG is ready to follow up with the Planning Committee members individually to obtain feedback on the draft report they have written. The COVID pandemic is going to have a major impact on potential financials, the potential for our need for a partner as well as the potential for partners to be interested. This report is pretty detailed and will raise a lot of good questions for discussion. A final draft report will be presented in May after obtaining feedback from the individual Planning Committee members and Senior Leadership Team. ECG has identified two key areas of threat at this point in time: The ongoing COVID and the impact on finances going forward and the question of whether the Rural Demonstration Project will be renewed. A copy of the draft report will be sent to each of the Planning Committee members prior to their meetings with ECG.

Mr. Bill provided highlights of discussions held during yesterday's conference call organized by ASHNHA that included Senators Murkowski and Sullivan, Congressman Young and the Deputy Secretary for Health and Human Services for the U.S. The purpose of the call was to make a point that the formula that was used to distribute the stimulus dollars to Alaska was flawed. Alaska only received 1/3 of the amount of the next lowest state in the union. Mr. Bill felt that it was a successful meeting and thinks there will be some changes made to that formula moving forward. He reported that he was also able to make a bid to the Legislators on the call that renewing the Rural Demonstration Project sooner rather than later would help the sustainability of hospitals like BRH and Central Peninsula. This resulted in, what he took to be, a positive response from Senator Murkowski.

**COVID-19 STATUS** – Mr. Bill reported that we continue to have a very low incidence here in Juneau and provided the current status. The Governor's Mandate 15 is starting to lay the table for opening things up beginning with healthcare. BRH should start scheduling surgeries that were being deferred but are not considered elective. If a case can be deferred for 8 weeks, it should be. An OR Committee meeting is to be held this afternoon to discuss how to move that process forward. OR cases and procedures will begin to open up on or about May 4<sup>th</sup> as long as we can support it with PPE and testing. We are starting to see increases in our PPE pipeline. We have implemented a new process for sterilizing our N95 masks that will allow us to use them again (no more than 10 times). This reduces our utilization by about 80% and is a safer methodology for our staff and physicians than our previous process of putting used masks in a paper bag and letting them set for 5 days. BRH has 2 rapid testing machines that can only do one test at a time and are only approved for symptomatic testing. Because their sensitivity is much lower, they are not approved for non-symptomatic testing so won't help to clear staff or non-symptomatic patients. The Lab Corp facility in Arizona can turn tests around in 48 hours and have assured us that they can support 500 tests per \*day to help meet the needs of BRH and the rest of the community. They have also committed to replenishing up to 500 test kits per \*day. We have about 300 swabs and test kits on hand that can be used for state testing. A discussion was held about preserving PPE usage, criteria, prioritization and deferment of surgical cases. This afternoon's OR meeting, that begins in a few minutes, will discuss all of this. Before leaving this Planning meeting to attend the OR meeting, Mr. Bill stated that he would like to send a message to everyone that BRH is in an incredibly good spot as far as being prepared for what we anticipate coming down with this virus. We've had time to learn from prior organizations, to do our preparations and get things in place. We've had incredible response from the community and volunteers and are in as good of a spot as we could hope to be. *We should be more than capable of handling any sort of surge that we are likely to see here.* He gave big kudos to Drs. Benjamin, Neyhart and Jones for their part in the Incident Command structure. BRH is working closely with the CBJ to take care of potential

hotspots, such as the homeless population. We have a temporary license for an additional 76 beds (a total of 149 now) to help with a surge of patients.<sup>1</sup>

Mr. Kendziorrek referenced the “Safe Anchorage roadmap to reopening” that came out last night. He would like to see a plan written similar to this that outlines what activities, what measures we are going to take and what risk metrics we have in order to get to the next step. This plan will be shared with the Board before sharing with the public. It should identify where BRH is at each step in the reopening process and to provide information such as where it is going based on availability of testing, how long the tests take and other information staff can come up with. Mr. Bill noted that a Unified Incident Command meeting is scheduled to take place on Thursday for the purpose of developing a community plan. Mr. Kendziorrek requests BRH specific plans, not community plans.

**Comments:** Mr. Kendziorrek and Mr. Solomon-Gross agree that the Board needs to stay at a high level and would like the plan to include input that is metric based, from each of the senior leaders. Ms. Hagevig noted that it needs to be in layman’s language so the public will understand it. Ms. Young noted that patients need reassurance that they will be safe when they do come back to the hospital for services. Mr. Kendziorrek will forward the link to the Safe Anchorage roadmap to Ms. Moffitt to share with the rest of the Board members.

**Next meeting:** To be scheduled for the week of May 17<sup>th</sup> – date and time to be determined

**Adjourned** – 2:08 p.m.

<sup>1</sup>\* LabCorp can process and replenish up to 500 tests per **week**, not per day as stated during the meeting.

# Bartlett Regional Hospital

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## April 28, 2020 Board Report Megan Costello, 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
- General Covid-19 legal issues
  - Covid-19 law and regulation changes
  - Work with Risk on Telemedicine guidance
  - Meet with State on procedure for Quarantine and Isolation Orders and relay to BRH
  - Meet with Behavioral Health on proposed changes to Title 47 processes during pandemic
  - Work with Human Resources on Federal Leave law changes

# Bartlett Regional Hospital

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## Management Report from Dallas Hargrave, Human Resource Director April, 2020

Report Period - 3rd Quarter FY20 (January, February, March)

New Hires	35
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Separations	12	All Other Separations
	0	Retirement
	8	Casuals/temp
Total	20	

Contract/Travelers	1	1 Int. Director – Quality
	1	1 CCU RN
	1	1 MHU RN
	1	1 OR RN
	1	1 Clinical Lab Scientist
	1	1 Respiratory Therapist
	1	1 OR Tech
	1	1 CSR Tech
Total	8	

Hard to Recruit Vacancies	RN's	FT	All Dept
	Forensic Nurse Examiner II	Casual	Emergency
	IT Support Technician	FT	IT
	Psychiatrist	FS	Behavioral Health
	Nurse Practitioner	FT	Oncology

All Employee Turnover		
All Employee Types	FT Employees	All Others
3.00%	1.72%	5.97%

### 666 Employees

FS/FT employees = 465  
All others = 201

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
3.52%	2.50%	5.06%

### 199 Nurses

FS/FT = 120  
All others = 79

Grievances	0
Arbitration Cases	0

Reports of Injury	
Department	Brief overview
Patient Access Services	Electric shock - unplugged a printer while it was on and it zapped finger. Mild medical treatment to finger
Lab	Employee slip & fall, wet floor from mopping
Lab	Employee slip & fall in stairwell
Med/Surg	Allergic Reaction to Oxivir wipes
Med/Surg	Scratched by a child while inserting IV
Surgical Services	EE Back strain, continuous use of CS sink
Surgical Services	Cart was being pulled by employee and it hit the employee's ankle and lacerated it.
Surgical Services	Scratched by a patient when awakened from anesthesia
Diagnostic Imaging Facilities	Back strain while assisting a patient
	Employee's finger was cut, requiring stitches
OB	Employee brushed up against a bin on the way out of the storage closet and noticed later that her ear had bled from the contact.

### Update on Implementation of the Families First Coronavirus Response Act (FFCRA) at BRH

BRH issued a temporary policy to comply with the Families First Coronavirus Response Act (FFCRA) and to assist employees affected by the COVID-19 outbreak with job-protected leave and emergency paid sick leave. The policy will be in effect from April 1, 2020 until December 31, 2020; however, an employee may request to use emergency leave prior to April 1, 2020 for qualifying situations upon an acknowledgement that the leave used prior to April 1, 2020 is not an additional emergency leave accrual. The existing BRH FMLA leave policy still applies to all other reasons for leave outside of the policy.

The FFCRA policy addresses the two types of leave provided under the FFCRA: emergency paid sick leave under the EMSLA and emergency family medical leave under the EFMLA. After receiving previous guidance from the Board on implementation of the FFCRA, the US Department of Labor (USDOL) issued very different definitions of "Health Care Providers" than provided in the Act. Based on this new information from USDOL, BRH would not be required to provide either type of leave to BRH employees. After re-assessing this situation with senior leadership and CBJ Law, and in accordance with the direction previously provided by the Board, we decided to implement the policy in a manner that provides the emergency paid sick leave to all BRH employees who qualify and the emergency family medical leave to all qualified employees only if it doesn't interfere with the COVID-19 emergency response.



# Bartlett Regional Hospital

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## April 2020 Nursing Report

Rose Lawhorne, CNO

### Supervisors

- Centralized staffing program is being implemented. This offers organized coordination of staffing allocation, scheduling, and training under typical circumstances, as well as during our response to the COVID-19 situation.
- Researching and developing staffing plan for crisis situations to ensure that high quality care is provided, even with limited resources.

### Obstetrics Department

- OB has created an OB COVID-19 department plan that addresses all areas of care, from triage to delivery to newborn care. It outlines proper PPE at each stage and reviews care considerations. It offers our staff and physicians clarification and guidance for ensuring proper care of both the mother and newborn.
- We have shifted our outpatient lactation appointments to be conducted primarily via Zoom, allowing those infants who are more stable to stay at home. Those with increased needs and clinical evaluation will still be seen in person.
- We have adapted all of our perinatal classes to also be held via Zoom, everything from Dad's class to Birth Preparation Class.
- We have created a video tour so that patients can still visit the unit and have questions answered prior to their arrival.

### Surgical Services

- An N-95 fit testing station as been manned since the last week of April. Five RNs were trained to complete the tests. Over 50 staff and providers were tested.
- "Just in Time" trainings and training video were organized by the OR educator and a Same Day Surgery (SDS) RN, developed for BRH RNs needing review of the following skills:
  - IV starts
  - IV medication and administration
  - PIVO blood draw device—facilitates lab draws from IV sites
  - Set-up and infusion of primary and secondary fluids/medications with IV pump
  - Donning and doffing (powered air-purifying respirator) PAPRs
  - Basic (personal protective equipment) PPE review, opportunity to practice use
- Assuming alternate assignments as needed:
  - ED triage tent
  - Front desk
  - Scribe for house supervisor
- Planning for the surge
  - Developed tasking check-off lists developed with Tonia Montez, House Supervisor Director, for RNs to become familiar with tasking in other units

- SDS unit infrastructure evaluated and modified to accommodate potential Medical Surgical overflow patients
- Staff have been training to complete float contract orientations that will help with supporting patient care, even outside COVID-19 situation.
- We have developed COVID-19 processes for urgent and emergent surgeries that come to us from SDS, ED, CCU, and Med/Surg
- We have begun to decontaminate used N-95 masks through our central sterile supply (CSR). We can reprocess masks that are not visibly soiled up to 10 times, extending the life of our PPE.

### **Emergency Department**

- Completing ongoing training for appropriate utilization of PPE with review of donning and doffing.
- Utilizing iPads to work with patients for “face to face” assessments with providers for their care. In-room assessments will be completed as needed, depending on the acuity of the patients.
- Finalized a process for evaluating stable patients in their cars instead of in the ED.
- Rainforest Recovery Center is nearly ready for patients as alternate care site. We are establishing patient care processes and plans for stocking with supplies and equipment once it is needed.

### **Critical Care**

- We are refining the process of caring for COVID-19:
  - Extending the life of N95 masks.
  - Care during Code Blue scenarios—respiratory or cardiac resuscitation
- Staff is completing education on COVID-19 and trying to keep up with the ever-changing information coming through.
- One nurse will complete her preceptorship and another will start in April. Two other nurses are precepting, one from Med Surg and one from out of state.

### **Medical Surgical Unit**

- Working to train team on updated standards and processes related to COVID-19.
- Collaborating with Facilities team to build negative airflow wing.
- Relocating hospitalist sleep room and office space to accommodate COVID-19 space.
- Re-organizing supply areas and PPE storage spaces to ensure that staff and physicians have easy access to resources needed to provide safe care to patients.

### **COVID-19 Review and Updates**

- Lead time for our surge offered opportunity for deliberate planning, analysis of current operations, and a multi-tiered response to escalating crisis situations.
- Patient flow and processes
  - Triage tent provides location to sort patients prior to entry into facility. It conserves resources and ensures that we are protecting non-viral patients appropriately from exposure.
  - In-hospital care
    - COVID-19 positive or suspected versus non-viral—separate spaces have been identified for both populations: Med Surg negative airflow rooms/wing, SDS for non-viral patients, CCU negative airflow for procedures, ED negative airflow spaces, use of HEPA filters.

- Stable versus critical/unstable—conservative approach, consider supplies, long term capabilities, allocation of resources, quality of care, and determine best disposition with those elements in mind.
    - In-house surge plan—tiered expansion from 56 beds to ~160 with RRC and with other resources available.
  - Off-campus care
    - Medevacs—medevac companies will continue to fly patients who normally are appropriate for medevac, with or without COVID-19.
    - Outside facilities—our partnerships are being honored by other facilities. Some have verbalized commitments to be our support system to the maximum degree that they can.
    - On-campus/off-campus alternate care sites—Rainforest Recovery is our on-campus alternate care site. If we should need to surge beyond that, the City and Borough of Juneau (CBJ) Incident Command System (ICS) is prepared to stand up a secondary alternate care site off campus.
    - Community-wide efforts
      - CBJ/BRH ICS team working to finalize plan for vulnerable populations, such as homeless with and/or without symptoms, and address their needs—screening, testing, medical care, isolation, supervision, nutrition, hygiene.
      - Testing—in-home and at testing site through Capital City Fire/Rescue (CCFR). We are developing a plan to expand testing capabilities as directed by Mandate 15.
      - Follow-up for test results—completed through Alaska Public Health, primary care providers, and/or BRH Case Management. Contact tracing is completed as well.
- Facility
  - Environment—goal is to maximize safety of environment. We have completed some of this work with the assistance of Facilities.
    - Create negative airflow rooms.
    - Place HEPA filters in patient care areas as needed.
    - Construct anterooms for safer donning and doffing of PPE.
    - Assess purpose of area, ensure that care considerations are appropriate, and minimize unintended consequences with safety measures. Examples:
      - OR rooms need positive airflow to reduce post-surgical infections—rather than creating negative airflow room, a negative space for intubation is set up, and the room remains positive.
      - Regular patient rooms should ideally have negative airflow for COVID-19 patients.
  - Physical space—plan care for viral and non-viral patients
    - Consider environment as above.
    - Assign specific locations for non-viral patients—areas that do not lend themselves to respiratory isolation are SDS, waiting room spaces, or hallways.
    - Develop and remain prepared to implement progressive surge plan that considers the needs of both viral and non-viral patients.
- Staff
  - Education
    - Train staff for work in new areas, and for new or expanded uses of current areas of operation.
    - Develop and offer just-in-time training for any new tasks or role assigned to staff.

- Scheduling
  - Implement labor pool and a centralized staffing group.
    - Facilitate efficient, appropriate allocation of staff.
    - Coordinate training of all staff in the areas as listed above.
    - Ensure that certification and licensing guidelines are followed as appropriate for circumstances when scheduling staff.
  - Explore alternative care methods, such as team care with responsibility for specific tasks for many patients, as compared to primary care, a single nurse delivering total care to a small group of patients.
  - Use guidelines from *Patient Care Strategies for Scarce Resource Situations* by Alaska Department of Health and Social Services to develop and disseminate to directors a framework for staffing in crises.
- Assistive personnel
  - Increase utilization of unlicensed, assistive personnel.
  - Expand or shift roles where appropriate, incorporating them into crisis staffing standards.
- Labor pool expansion
  - Expand hours/use of current workforce—increase hours for casual, part time, or PRN staff.
  - Recent retirees or resignation—ask these individuals about returning to respond to COVID-19 situation.
  - Community healthcare workers with deactivated positions—use school nurses in alternative roles such as community phone screening, contact tracing, assisting in CCFR testing site.
  - Travelers—open positions for travelers on core units that will experience the highest impact by COVID-19 (ED, CCU, Med Surg).
  - Consider other resources
    - Alaska Respond—pool of healthcare volunteers
    - State/Federal response resources—request through CBJ, State ICS structure
- Resources
  - Evaluate current levels, project potential need, and seek to acquire adequate supplies.
  - Supplies—oxygen, personal protective equipment.
  - Equipment—ventilators, oxygen concentrators, beds.
  - Conservation strategies—N-95s reprocessing, Tyvek gown reuse, changing care models to reduce PPE utilization
- Ongoing efforts
  - Remain current in research and standards of care, change processes to respond to evolution in recommendations and guidelines, continue to perfect response plan.
  - Identify processes for appropriate return to more typical operations.
  - Continue collaboration with federal, state, and community agencies.
  - Support community.
    - Expand testing capability as able, limited by testing kits.
    - Education—offer accurate information as needed (radio, community clubs, etc.)

# **Bartlett Regional Hospital**

**April 28, 2020 Board Report**  
**Billy Gardner, Chief Operating Officer**

## **Respiratory Therapy (Robert Follett)**

- Fully staffed with one new employee in travel quarantine starting department orientation 4/20. One traveler on schedule, another beginning processing
- Upgrade of Trace master ECG management system, in que for project scheduling delayed by COVID
- Ventilator supply increased from 9 to 15 with more to come.
- Continued Working with facilities to increase oxygen supply from 28 to 83 liquid
- RT outpatients shut down as of 3/23.
- Increase oxygen concentrators for surge needs from 8 to 23 units ready to go
- Attempting to source CPAP hoods.

## **Sleep Lab**

- Accreditation (ACHC) site visit preparation in progress.
- Shut down as of 3/23.

## **Cardiac Rehab**

- Shut down as of 3/23.

## **Materials Management (Ethan Sawyer)**

- RRC Detox purchasing main focus outside of COVID-19 purchasing
- Working to finalize Med/Surg Supply room
- Expecting new casual to start in two weeks
- Training new surplus team in MM

## **Diagnostic Imaging (Paul Hawkins, Interim Director)**

- Restructured staffing to focus more on inpatients and ER patients reduced overlapping personnel to minimize exposure to each other. US now has nearly 24-hour coverage. MRI schedule is the same, MRI needs 2 techs to clean and turn over the room quickly. Outpatients marked as urgent are still being seen
- Modified waiting room to promote social distancing
- Developed a process to X-ray potential COVID patients without exposing them to other patients and minimal staff. This includes out patients, ER patients and patients from overflow area
- Will use the UV sterilizer (Sterile Merile) in our radiology rooms at night

- Assessing placement of HEPPA filter near or in our COVID possible X-Ray room and working with Marc Walker to evaluate air exchange in DI
- 16 slice scanner will be used on known positive patients since it has recommended separate areas for tech in control area and tech in with patient behind lead
- Cleaning protocol for 128 slice scanner. Similar to UW CT policy so we can keep up with ER patient load
- Home radiologist reading stations. Radiologists are separate from each other and radiologists are doing telephone consultations to reduce their exposure to technical and medical staff, reading rooms have restricted access
- Purchased new hand held ultrasound units and will help physicians (ER, Hospitalist, Med Staff) get comfortable performing lung ultrasounds. Ultrasound staff have been training and performing exams. Radiologist will be able to read a formal exam if needed beyond POCUS.

### **Pharmacy Department (Ursula Iha)**

- Bartlett's new cleanroom suite opened for preparation and distribution of injectable medications for administration in the Infusion department.
  - The rooms are certified to meet or exceed recently revised federal regulations for HEPA filtered air, differential pressures, and air changes per hour for preparation of hazardous and non-hazardous sterile compounded injectable medications.
  - Training on equipment and cleaning of the cleanrooms was provided for pharmacy staff, EVS, and Infection Prevention.
  - We are extremely excited to work closely and more efficiently with Infusion nurses to provide the best possible care for oncology and high-risk patients. The close proximity of pharmacy and nursing improves collaboration and teamwork while caring for patients with complex chemotherapy regimens.
- COVID response:
  - Pharmacists collaborated in development of three new COVID order sets in Meditech: Admit to CCU-COVID 19, Admit to Med Surg-COVID19, and Mechanical Ventilation – COVID 19. Also, an algorithm was developed for use of Hydroxychloroquine.
  - The pharmacy staff adopted a new schedule utilizing two teams that work 7 days on and 7 days off, so that if a member of a team contracts COVID, it doesn't require quarantine of the entire staff. Some members of the staff are able to work remotely, and the remote pharmacy company, Medication Review, is on standby to assist if needed.
  - A process was developed to enable treatment for psychiatric emergencies at Bartlett Outpatient Psychiatric Services.

# Bartlett Regional Hospital

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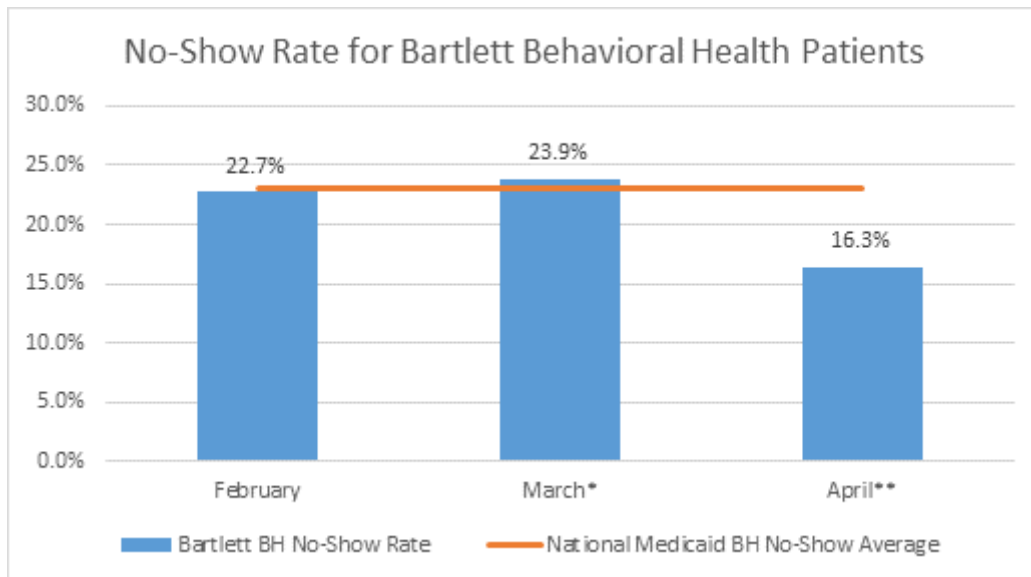
## April 2020 Behavioral Health Board Report Bradley Grigg, CBHO

### COVID-19 UPDATE

- **Rainforest Recovery Center:**
  - Residential Services were paused on Tuesday, March 24, 2020. Over the course of a week, all 11 residential patients were safely discharged.
  - RRC is now set up as a COVID Alternative Care Site with 30+ beds for patients.
  - As a result, RRC stood up an outpatient Substance Used Disorder program.
    - Outpatient services began on Friday, April 10.
    - Currently, this program is exclusively telehealth with a current caseload of 18 patients.
    - Individual and group services are being provided by Master's Level therapists, bachelors level counselors and case management staff. In addition, Medication Assisted Treatment services are also being offered.
    - RRC also entered into a formal MOA with the AWARE Shelter (April 13) to provide group telehealth SUD services 3x weekly to those staying at the shelter. Group sessions began on Monday, April 20, with 6 individuals attending the first group session.
  - Other RRC staff are assisting throughout the hospital on COVID related operations.
- **Adult Mental Health Unit:**
  - Due to the COVID-19 outbreak, MHU is open and serving patients; however, out of region admissions are paused until further notice to mitigate risk of spread.

- **Bartlett Outpatient Psychiatric Services (BOPS):**

- With the impacts of COVID-19 on Shelter in Place Orders (aka Hunker Down), CMS significantly relaxed its telehealth requirements around how Behavioral Health patients could receive outpatient services. Specifically, outpatient psychiatric services could now occur with the patient remaining in their homes rather than a traditional approved location (clinic, other medical center, etc.)
- As a result, BOPS outpatient operations went 100% virtual on March 23.
  - Therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
  - Psychiatric providers are delivering telehealth psychiatric / medication management from their home offices/BOPS Clinic.
  - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
- We have over 400 active patients, including our outpatient operations in Petersburg.
- In looking at BOPS “No-Show” Rates for February (Pre-COVID), March (COVID Restrictions Begin), April (Full COVID Impacts), we have evidenced a significant decline in no show rates since going 100% telehealth. Please see below.



**\* BOPS closed for a week in March to shift all services from in house to telehealth**

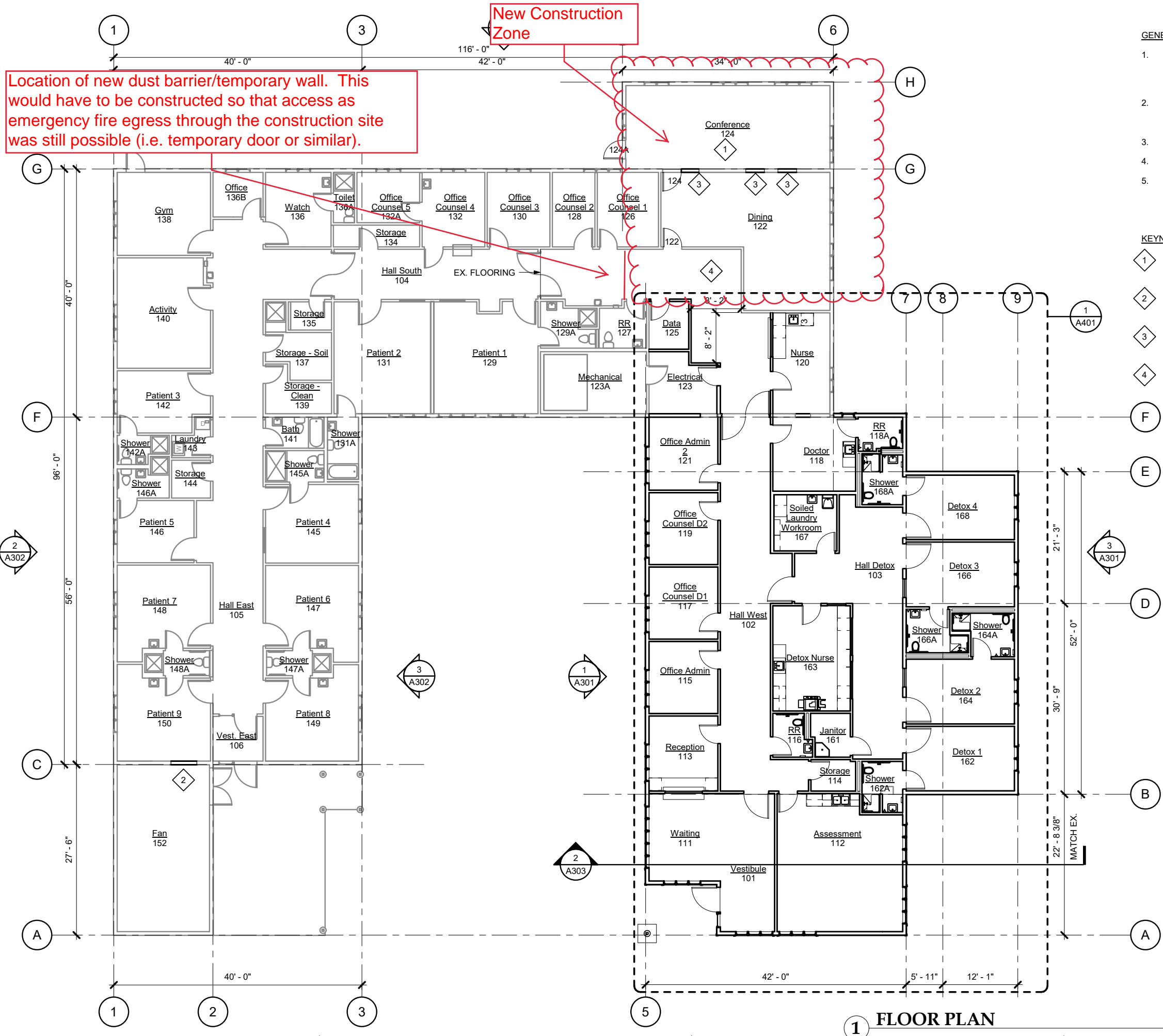
**\*\* BOPS services transitioned to 100% telehealth**



- **Psychiatric Emergency Services (PES):**
  - We continue to provide 24/7 on site PES Services
  - Since Mid-March, we have seen an uptick in new patients presenting for PES:
    - Adults: Most notable presenting problem is an increase anxiety/depression re: finances, housing, employment
    - Youth: Most notable presenting problem is an increase in anxiety around education, sports, social life.
  - In an effort to lessen the amount of traffic in the Emergency Department, we have stood BOPS up as our designated site for PES assessments during the 0730-1930 shift. This service began on Monday, April 20. (Workflow Attached)
  
- **RRC Withdrawal Management (Detox) & Assessment Center:**
  - See attached 04/20/2020 Observation Report for latest updates.
  - Phase 1 is still scheduled to be completed on or around May 30, 2020.
    - Phase 1 is the new facility, including patient rooms, new staff offices, and Assessment Center. We anticipate beginning providing Withdrawal Mgmt. services in July
  - Phase 2 will begin on or April 20, 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 by May 31, 2020 (See attached Scope of Work)
  
- **Crisis Stabilization Services Update:**
  - **Design Update:**
    - Fee negotiation for design and project management between CBJ and Northwind Architects was finalized on February 10, 2020.
    - Renderings are complete and included in this report.
    - 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.

- **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 (Anticipated July 2020 Funding)
      - Denali Commission \$200,000 (Anticipated November 2020 Funding)
      - Murdoch Foundation \$250,000 (Anticipated November 2020 Funding)
    - 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
  - **FY21 Operational Grants Update:** Anticipated funding date July 1, 2020.
    - **DBH Operational Grants**
      - FY21 Grants submitted for continuation operational funding:
      - Crisis Stabilization Services - \$800,000
      - RRC Residential Operations - \$404,000
      - RRC Withdrawal Management (Detox) \$101,000
      - Ambulatory Withdrawal Management \$175,000
    - **Other Operational Grants**
      - Juneau Community Foundation – Community Navigator Program - \$210,000 annually (FY21-23)

- **COVID-19 Specific Grants Update:**
  - Below is a list of COVID-19 Grant Solicitations that have either been submitted or are in process:
    - Mental Health Trust: FY20 Funding Support for 1:1 staff with quarantined homeless patrons. **Max Funding Request \$25,000 submitted April 14.**
    - Premera Health: FY20 Funding Support for Capital expenditures related to COVID-19. **Max Funding Request \$100,000 submitted April 24.**
    - DHSS Behavioral Health: FY21 Funding Support for operations needs related to anticipated increase in Behavioral Health Services. **Funding Request \$486,000 submitted April 10.**



Location of new dust barrier/temporary wall. This would have to be constructed so that access as emergency fire egress through the construction site was still possible (i.e. temporary door or similar).

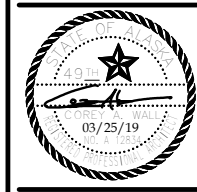
New Construction Zone

- GENERAL NOTES:**
1. PATCH AND REPAIR ALL EXISTING FINISHES IN EXPOSED LOCATIONS AS REQUIRED FOR SEAMLESS APPEARANCE. COORDINATE WITH REMOVED WALLS AND EQUIPMENT. SEE DEMOLITION PLANS.
  2. PATCH WALL FINISHES AS REQUIRED BY INSTALLATION OF ELECTRICAL AND MECHANICAL ITEMS.
  3. ALL DIMENSIONS ARE FROM FACE OF STUD - UON.
  4. SEE AD201 FOR PHASING AND ALTERNATE NOTES
  5. INSTALL PAINTED METAL COVERPLATES OVER ELECTRICAL BOXES IN LOCATIONS OF REMOVED ITEMS. SEE ELECT. NOTE THAT WORK TAKES PLACE THROUGHOUT BUILDING.

- KEYNOTES:**
- 1 NEW INSUL. AND VB AT WALLS, NEW GWB OVER EXISTING STUDS AND ROOF FRAMING. NEW WINDOW / DOOR TRIM.
  - 2 PATCH WALL AROUND NEW DUCTS, SEE MECHANICAL
  - 3 INFILL PARTITION. MATCH ADJACENT WALL THICKNESS, A4, SIM. TEXTURE TO MATCH ADJACENT.
  - 4 PATCH CEILING WITH "POPCORN" TEXTURE TO MATCH ADJACENT AS REQUIRED BY REMOVED ROOMS AND PARTITIONS. PAINT CEILING FROM DOORS AT GRID 3.5 WEST.

1 FLOOR PLAN

**Jensen Yorba Lott Inc.**  
522 West 10th Street  
Juneau, Alaska 99801  
Phone 907-586-1070  
Fax 907-586-3959  
jensenyorbalott.com



City and Borough of Juneau Bartlett Regional Hospital  
**Rainforest Recovery Center**  
**Detox Addition**  
CBJ Project #BE19-173  
Juneau, Alaska

**Conformed**

REVISIONS

SHEET TITLE  
FLOOR PLAN

DATE: May 10, 2019  
FILE: 18002

**A201**



VIEW OF MAIN ENTRANCE



EVENING VIEW OF MAIN ENTRANCE





SITE PLAN NOTES:

- PROJECT BOUNDARY IS DEFINED BY 50' BOUNDARY AROUND WORK AREAS AND WITHIN BARTLETT HOSPITAL PROPERTY LINES.
- CONTRACTOR MAY UTILIZE BARTLETT REGIONAL HOSPITAL PARKING FOR STAFF PARKING, ALL OTHER PROJECT RELATED SPACE AND STORING NEEDS ARE TO BE ACCOMMODATED ON OFF SITE/ PROPERTY

PARKING CALCULATIONS:

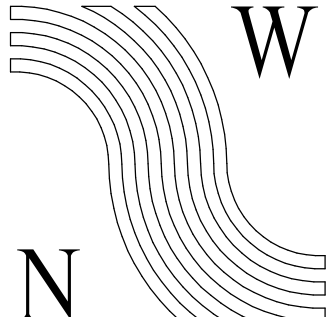
OCCUPIED BUILDING AREA: 11,100 GSF  
PARKING REQUIREMENT @ 1/400 GSF: (11,100 SF/400 SF) = 28 SPACES. CBJ 49.40.210  
PROVIDED NEW PARKING: 17, TOTAL PARKING = 31

LEGEND

- SHEET NOTE
- ALTERNATE NOTES

NOT FOR CONSTRUCTION

XX/XX/2018



NorthWind  
Architects, LLC  
126 Seward St  
Juneau, AK 99801  
Ph #907.586.6150  
www.northwindarch.com

1" ACTUAL

IF THE ABOVE DIMENSION DOES NOT MEASURE ONE INCH (1") EXACTLY, THIS DRAWING WILL HAVE BEEN ENLARGED OR REDUCED, AFFECTING ALL LABEL SCALES.

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital  
City and Borough of Juneau  
BE20-236

SHEET TITLE:

ARCHITECTURAL  
SITE PLAN

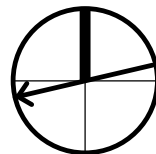
CHECKED  
DRAWN

Checker  
Author

issue date

description

PLAN  
NORTH



SHEET #

G0.4

PLOT DATE

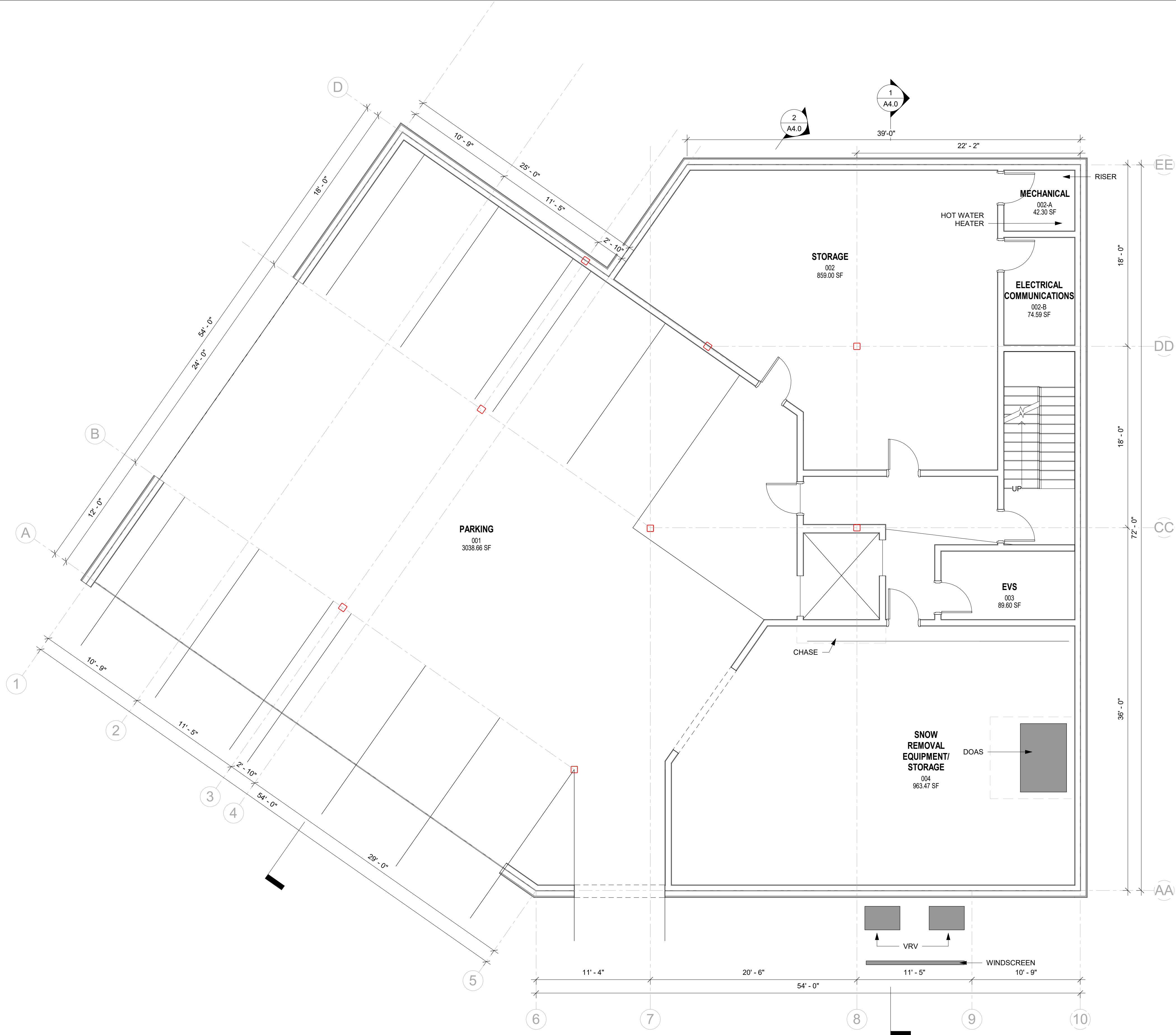
03/11/20

ISSUE DATE

3/31/2020



1 BASEMENT PLAN  
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XX/XX/2018

**N**

**NorthWind Architects, LLC**

126 Seward St  
Juneau, AK 99801  
Ph #907.586.6150  
www.northwindarch.com

1" ACTUAL  
IF THE ABOVE DIMENSION DOES NOT MEASURE ONE INCH (1") EXACTLY, THIS DRAWING WILL HAVE BEEN ENLARGED OR REDUCED, AFFECTING ALL LABEL SCALES.

**BRH BEHAVIORAL HEALTH FACILITY**

Bartlett Regional Hospital  
City and Borough of Juneau  
BE20-236

SHEET TITLE:  
**BASEMENT FLOOR PLAN**

CHECKED	Checker
DRAWN	Author

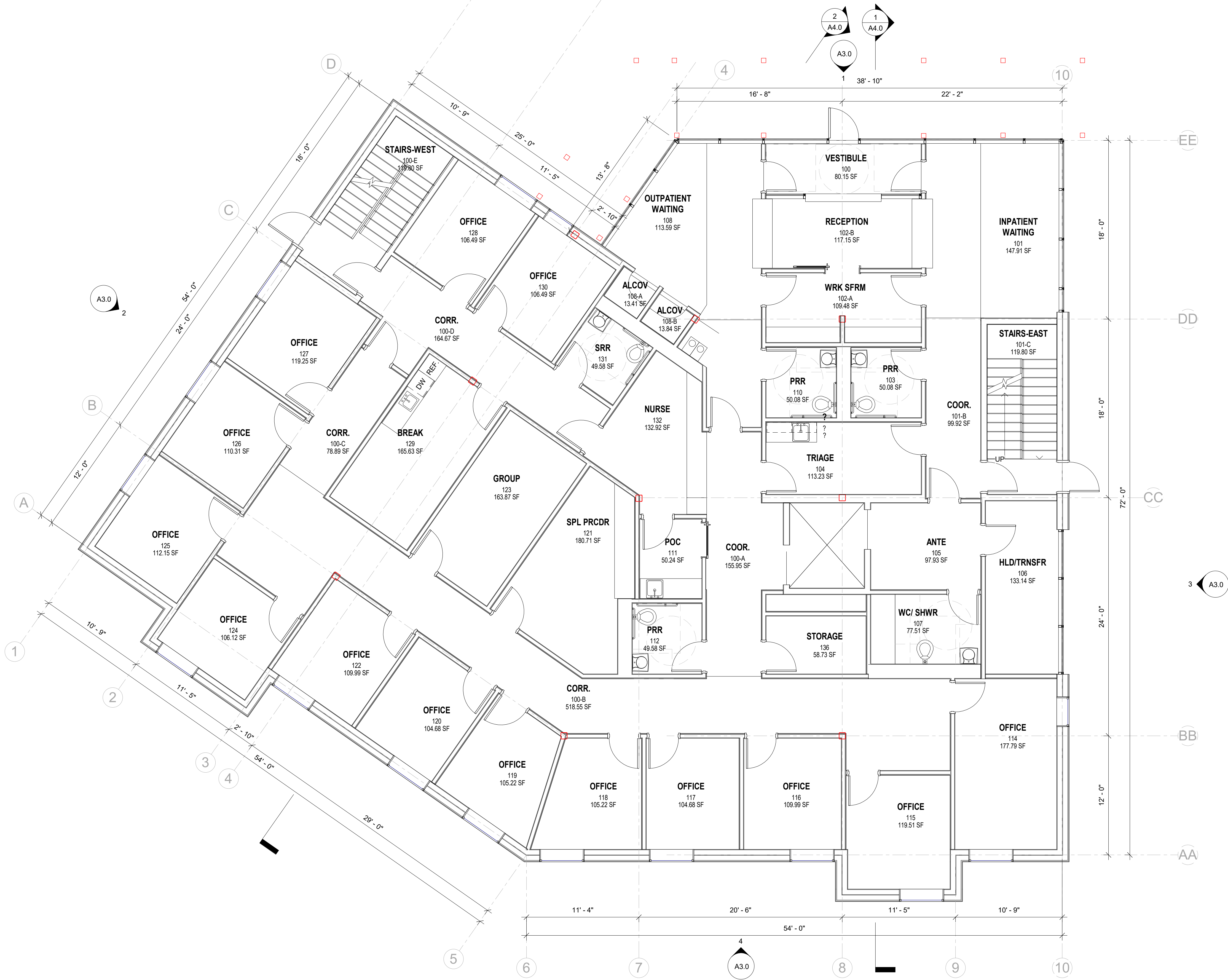
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issue	date	description
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SHEET # **A2.0**

PLOT DATE 03/24/2020  
ISSUE DATE 3/31/2020

1 FLOOR PLAN - FIRST FLOOR  
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XX/XX/2018

**N**  
NorthWind  
Architects, LLC

126 Seward St  
Juneau, AK 99801  
Ph #907.588.6150  
www.northwindarch.com

1" ACTUAL  
IF THE ABOVE DIMENSION DOES NOT MEASURE ONE INCH (1") EXACTLY, THIS DRAWING WILL HAVE BEEN ENLARGED OR REDUCED, AFFECTING ALL LABEL SCALES.

**BRH BEHAVIORAL HEALTH FACILITY**

Bartlett Regional Hospital  
City and Borough of Juneau  
BE20-236

SHEET TITLE:		
FIRST FLOOR PLAN		
CHECKED	DH	
DRAWN	EJ	
issue	date	description



XX/XX/2018

W



N

NorthWind  
Architects, LLC

126 Seward St  
Juneau, AK 99801  
Ph #907.586.6150  
[www.northwindarch.com](http://www.northwindarch.com)

# BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital  
City and Borough of Juneau  
BE20-236

SHEET TITLE:  
SECOND FLOOR  
PLAN

CHECKED	DH
DRAWN	EJ

issue	date	description
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**SHEET #**  
**A2.2**

**PLOT DATE** 03/24/2020  
**ISSUE DATE** 3/31/2020

April 28, 2020 Board of Directors Meeting  
Page 41 of 62



PLAN  
NORTH



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

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

## April 28, 2020 Board Report Kevin Benson, CFO

### Finance

- Finance spent much of March dealing with Covid-19 related activities. As a result, other projects were put on hold or at least reprioritized with delayed target dates.
- Established a new Covid-19 department to accumulate costs associated with the pandemic.
- Began tracking staff time attributable to work associated with Covid-19.
- Began and continue to research funding sources available to BRH due to the pandemic.

### HIM – Rachael Stark

- All staff but the Director are working from home. 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. This hopefully 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.

### PFS – Tami Lawson-Churchill

- Most of our PFS staff members are working remotely. We have 3 staff members still currently in house to process mail, provide financial counseling and prepare hospital daily deposit. Things are running smoothly despite the change.
- Overall cash collections for the month of March was at \$8.47 Million which exceeded last March collections by over \$500,000.
- PFS is currently recruiting for our vacant position for a Fiscal Tech I
- Meditech Ambulatory build for BOPS is in the testing phase
- We are currently working on the annual SOA DSH audit due 5-15-20

### PAS – Angelita Rivera

- Everyone is trying to work safely and efficiently under the circumstances.
- PAS has had to make some slight changes in the ED registration process speaking to patients over the phone to register them for services.

### Case Management – Jeannette Lacey

- Discharge Morning Rounds have continued on Zoom and this process continues to work.
- Case Management has been assigned to two HICS units: **Patient Tracking Unit** (Planning section)
  - Collecting patient data for reporting purposes.
  - Tracking test results done at BRH and through the testing center; assisting with callbacks for some test results, tracking after care plans of individuals who test positive.

- Paying attention to and addressing needs that arise due to various community issues that arise out of COVID, such as small communities that have locked down and issues related to those living in homelessness.
- We are working closely with CBJ with regard to the Medical Respite program and have taken the lead under the Planning Section to partner with CBJ to develop the Supported Isolation facility, both of which are programs that support those living in homelessness that are under investigation or have tested positive for COVID.
- We are collaborating with CCFR Mobile Integrated Health Unit to refer patients under investigation or positive for Covid-19 support in isolation.
- Developed an outline of Community Support Services for patients under investigation or positive for Covid-19. It outlines what the different services are and how they work together. A copy has been attached.
- Case Management has been assigned to two HICS units: **Employee Health and Wellbeing Unit** (Logistics Section) – Assessing staff response to the long-term emergency situation.
  - Developed a staff survey to assess staff response, needs, suggestions, and wellbeing. This survey was sent out on April 3 and closed April 10. We had 227 responses that included quantitative and qualitative data. The statistics are attached to this report. Individual comments were confidential, but we have developed a summary that has been shared with staff:
    - The individual comments elaborated on concerns about communication, need for more positive support and encouragement, including more direction from senior leadership, having frontline staff more involved in the planning processes, and ways to increase support and connection among co-workers. You want to feel safe and informed when it comes to PPE and ensure we're using best practices as new information continues to become available. Employees have also shared how working from home can create new challenges and that job security can feel uncertain. Additional requests from the survey were for supports for sleep, nutrition, physical activity, and anxiety. Many of these issues have been and will continue to be addressed by HICS and Senior Leadership and the specifics have been emailed to staff with the survey results. (We will open another survey in early May to continue to assess staff response and needs.
  - Developed a comprehensive array of various support services that are available in an Employee Health and Wellbeing folder in the BRH COVID folder. These range from phone resources, counselors, online services, practical strategies, 15-minute Zoom Meditation Sessions for staff, offered three to four times a day, online yoga classes staff can access at home, nutrition information, and a multitude of resources to manage anxiety and stress. We will continue to add to this resource list as more services and supports are identified. We created an Employee Health and Wellbeing email address so staff can email anytime for support, to offer suggestions, and to identify needs: [employee wellbeing@bartletthospital.org](mailto:employee wellbeing@bartletthospital.org).
- We now have several staff working remotely, particularly the nurses doing utilization review. We have moved other staff out of the main hospital building over to the admin building. We continue to have some staff onsite, those who more regularly meet with patients. We have procured iPads so we can meet with COVID pending or positive patients remotely. We have also been able to meet with patients telephonically.
- Discharge planning checklist – This is a project we were working on before COVID, but even more important for us to have now. This is based off a CMS template and is used with patients to help them prepare for discharge throughout their hospitalization. We just had these printed and are just starting to be used with patients. We plan to add this to the BRH website. A copy has been attached.

## IS – Scott Chille

### Projects (schedule attached):

- Hardware Infrastructure refresh (**VxBlock**) – at Reliable Transport – awaiting UPS install
- UPS install on hold awaiting asbestos abatement after travel restrictions lift
- Meditech: Migration to new VxBlock environment delayed
- PACS upgrade and migration delayed pending VxBlock install
- Meditech Expanse: Software installation into test environment COMPLETE
  - Both builds are happening concurrently – Go Live for Expanse & Web Ambulatory moved to September 1, 2020

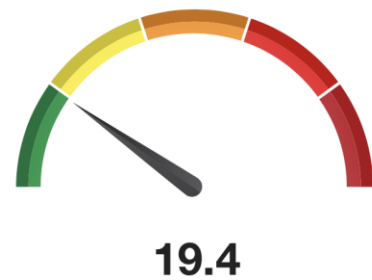
### Department Updates:

- Launch augmented HelpDesk staff (Engage team) amidst Covid-19 preparation and response. (Team is handling 200+ calls per week)

### Information Security:

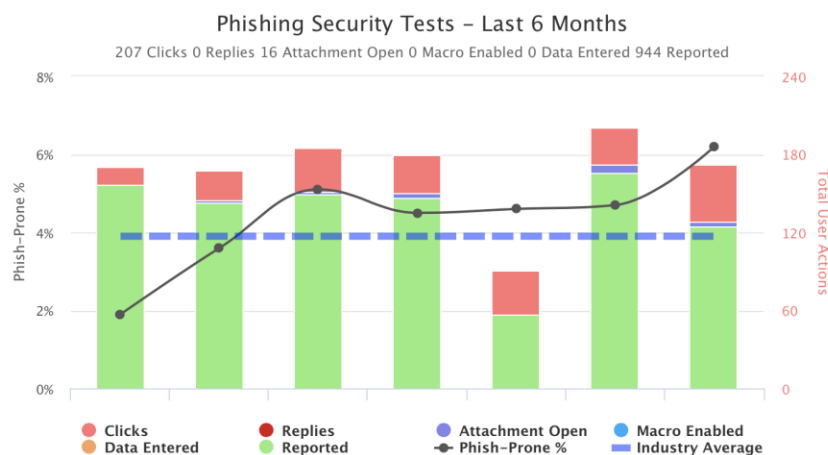
- Phishing Test results and Awareness Training stats
- Continuing to provide training and testing during this time due to the increased activity we are seeing around the world with bad actors exploiting the Covid-19 issue

### Organization's Risk Score



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

### Phishing



[See more phishing reports](#)

Industry Benchmark Data (?)	
YOUR LAST PHISH-PRONE%	6.2%
INDUSTRY PHISH-PRONE%	3.9%
Industry:	Healthcare & Pharmaceuticals
Company Size:	Medium (250-1000 users)
Program Maturity:	1 Year

# Phish Alert

Installed 174 times, uninstalled 4 times

**Total Emails Reported: 5499**

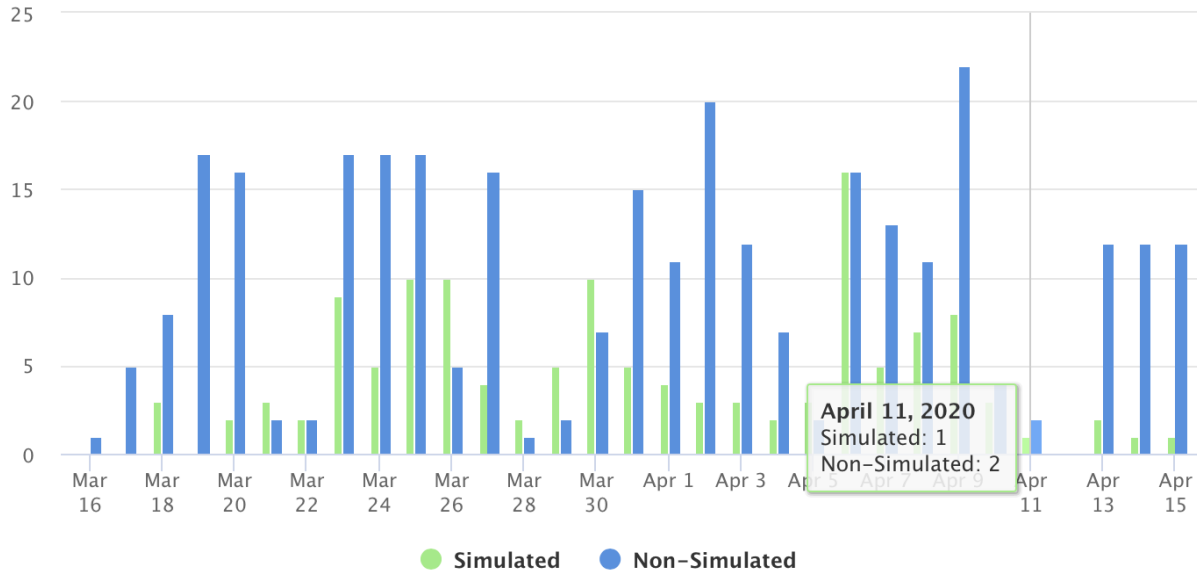
Simulated Reported: 1992

Non-simulated Reported: 3507

[Download CSV](#)

## Reporting of simulated vs non-simulated phishing emails

Last 30 days





## Support Services for Patients Pending or Positive for COVID19

### Primary Care Provider (PCP)/Hospitalist/ED provider

- Defines patient care needs
- Recommends care plan
- Informs patients of positive test results
- Collaborates with care team

### CCFR CARES/Mobile Integrated Health

- Services initiated by a referral from PCP, Hospitalist, BRH CM, Public Health, or EMS
- Continuous collaboration with PCP and care team
- Home visits and home evaluations, ongoing as needed during COVID illness
- Assess and monitor symptoms
- Provide assistance with medication, nutritional, and social/emotional needs
- Supports isolation/ quarantine process

### BRH Case Management

- Assesses patient discharge needs
- Coordinates patient care plan with hospitalist and PCP
- Makes referrals to CCFR, home health, other services as needed
- Makes follow up calls to patients discharged from the Emergency Department
- Notifies patients of negative results (from ED and those discharged by hospitalists prior to test results)
- Notifies Public Health when positive patients are discharged home, provides discharge and referral information



PATIENT

### Public Health

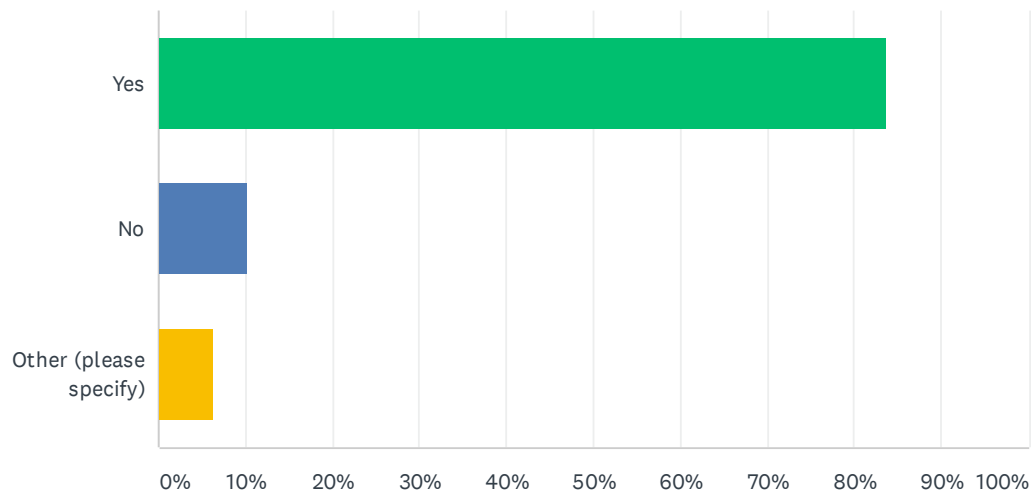
- Notified when a patient tests positive
- Connects with patient; performs close contact investigation
- Daily follow up with patient throughout illness
- Defines when a patient completes isolation

### Home Health

- Referrals made for ongoing skilled nursing care, PT/OT, etc. needs, beyond the scope of CCFR/CARES

## Q1 In the past 2 weeks, do you feel that Bartlett Regional Hospital has met your needs as an employee?

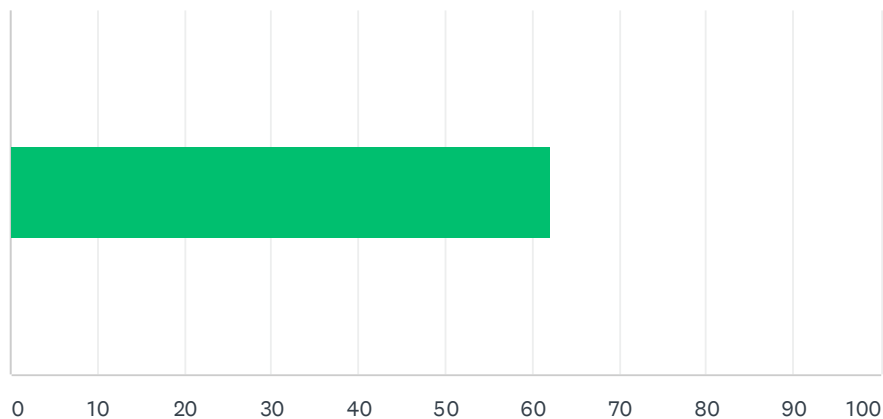
Answered: 226 Skipped: 1



ANSWER CHOICES		RESPONSES	
Yes		83.63%	189
No		10.18%	23
Other (please specify)		6.19%	14
TOTAL			226

## Q2 On a scale of 1-5 (5 being high optimism, 1 being low optimism), rate your level of optimism regarding Bartlett Regional Hospital's ability to handle the expected COVID surge?

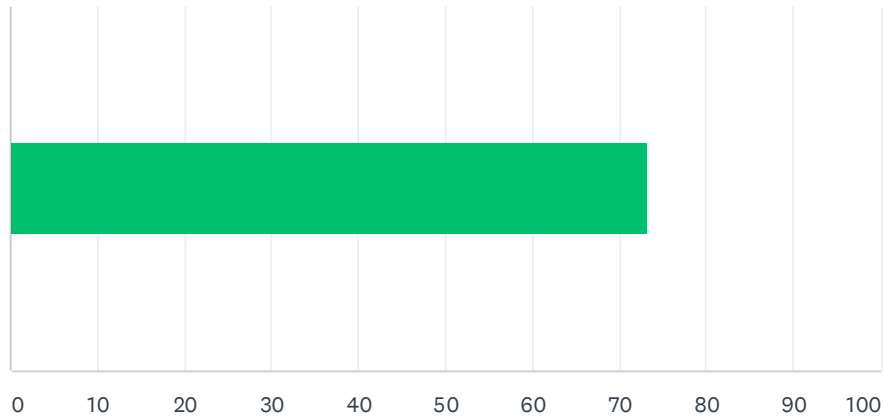
Answered: 225 Skipped: 2



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	62	13,984	225
Total Respondents: 225			

**Q3 On a scale of 1-5 (5 being most confident, 1 being least confident), how confident do you feel with your employment at Bartlett Regional Hospital?**

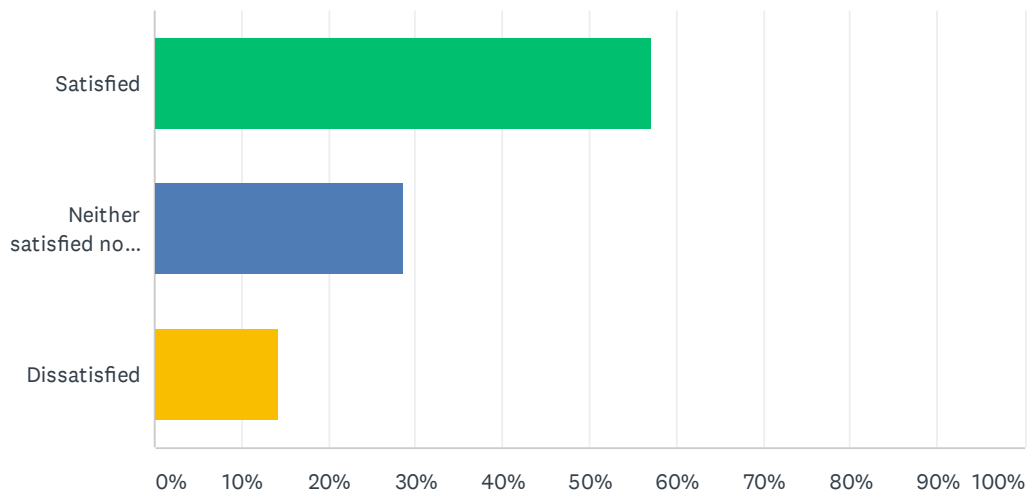
Answered: 226 Skipped: 1



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	73	16,546	226
Total Respondents: 226			

**Q4 How satisfied are you with communication/the flow of communication from management to frontline staff on COVID-19 information, policies, and resources?**

Answered: 226 Skipped: 1

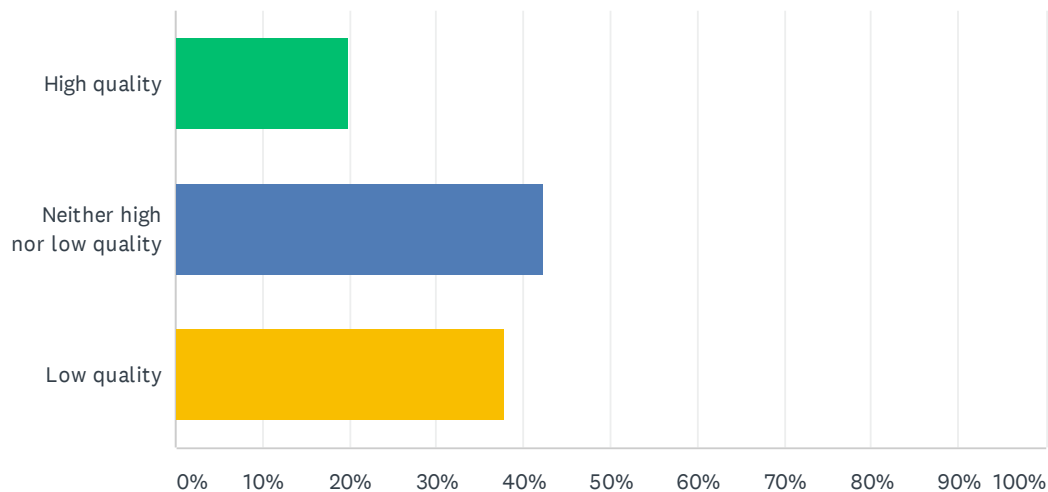




ANSWER CHOICES	RESPONSES	
Satisfied	57.08%	129
Neither satisfied nor dissatisfied	28.76%	65
Dissatisfied	14.16%	32
TOTAL		226

### Q5 In the past 2 weeks, how would you rate your quality of sleep (based on average hours of sleep per night, feeling well-rested, etc.)?

Answered: 227 Skipped: 0

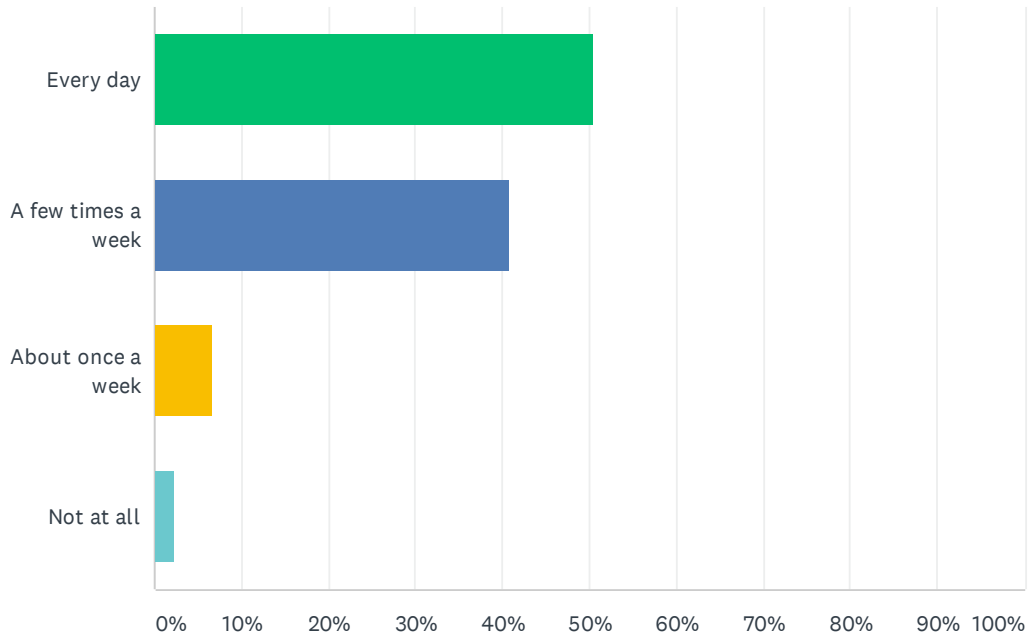


ANSWER CHOICES	RESPONSES	
High quality	19.82%	45
Neither high nor low quality	42.29%	96
Low quality	37.89%	86
TOTAL		227

### Q6 In the past 2 weeks, how often have you been able to eat healthy meals/meet your nutritional needs?

Answered: 226 Skipped: 1

## Employee Health and Well-being Survey

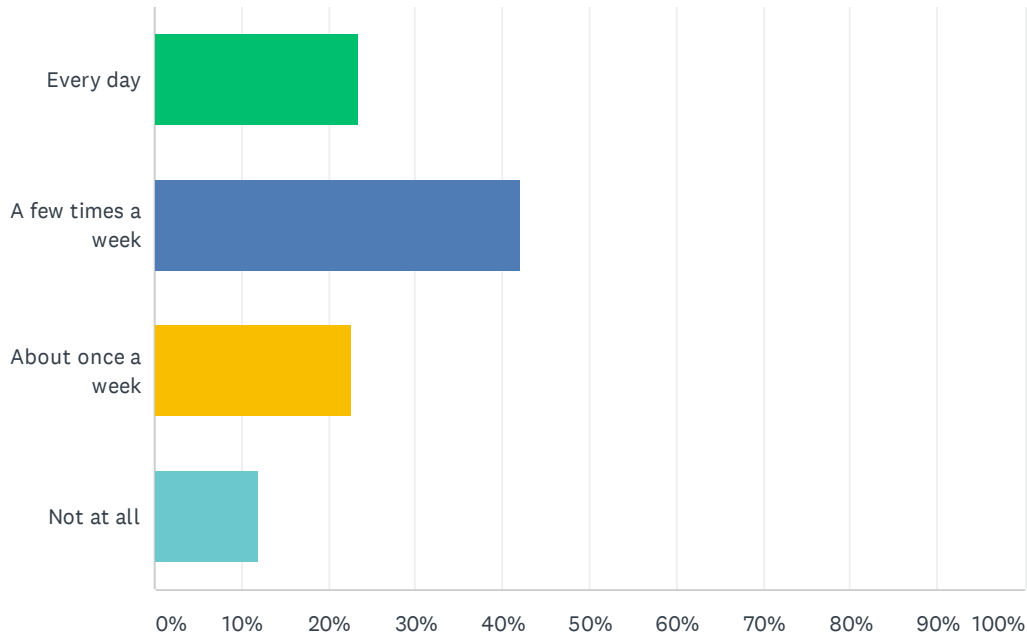


ANSWER CHOICES	RESPONSES	
Every day	50.44%	114
A few times a week	40.71%	92
About once a week	6.64%	15
Not at all	2.21%	5
TOTAL		226

**Q7 In the past 2 weeks, how often have you been physically active (through exercise, walking, hiking, etc.)?**

Answered: 226 Skipped: 1

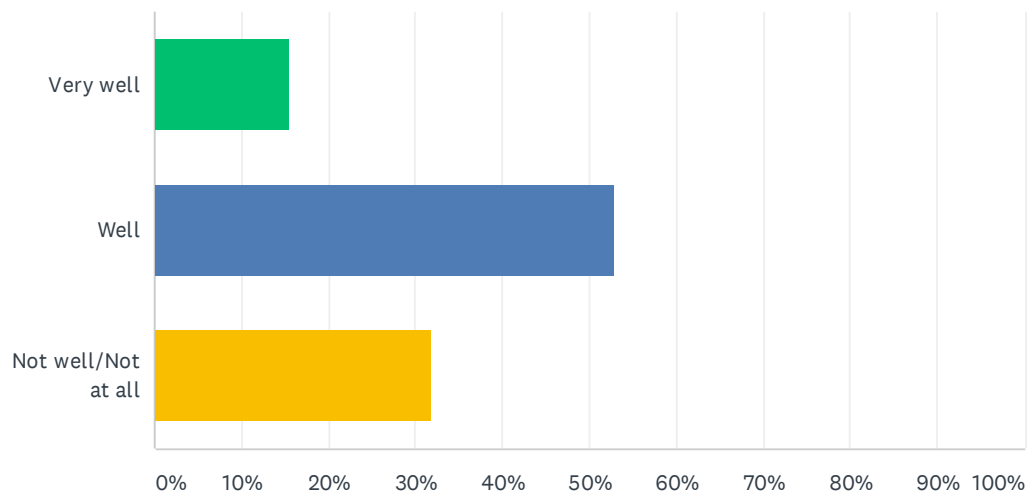
## Employee Health and Well-being Survey



ANSWER CHOICES	RESPONSES	
Every day	23.45%	53
A few times a week	42.04%	95
About once a week	22.57%	51
Not at all	11.95%	27
TOTAL		226

## Q8 How well have you been able to cope/manage your mental health and well-being (such as practicing meditation, guided imagery, other anxiety reduction techniques, etc.)?

Answered: 227 Skipped: 0

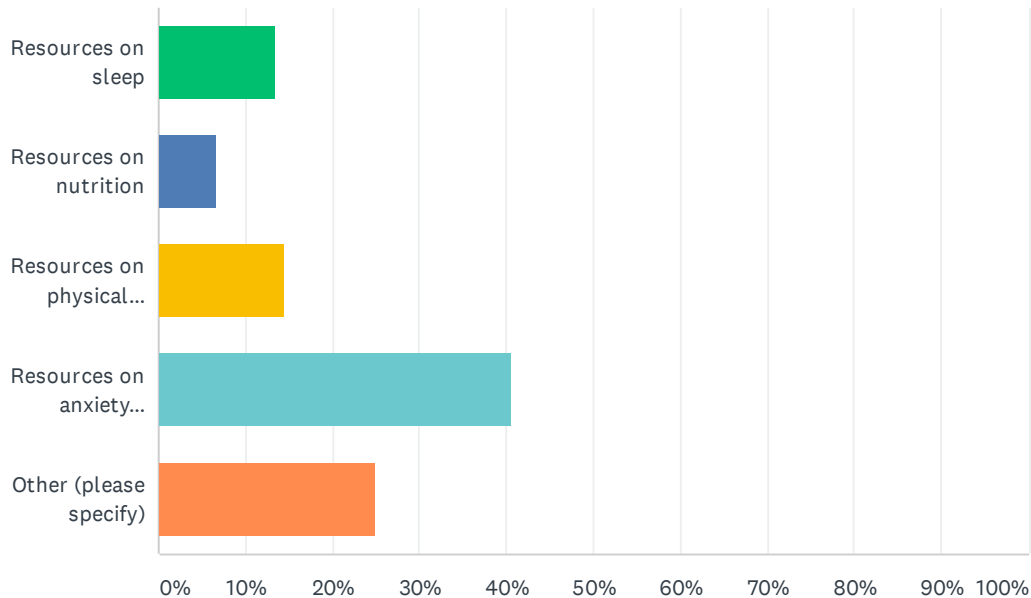


## Employee Health and Well-being Survey

ANSWER CHOICES	RESPONSES	
Very well	15.42%	35
Well	52.86%	120
Not well/Not at all	31.72%	72
TOTAL		227

### Q9 What kinds of resources would be helpful to you during this time?

Answered: 180 Skipped: 47



ANSWER CHOICES	RESPONSES	
Resources on sleep	13.33%	24
Resources on nutrition	6.67%	12
Resources on physical activity/exercise	14.44%	26
Resources on anxiety reduction/mental health and wellness	40.56%	73
Other (please specify)	25.00%	45
TOTAL		180

### Q10 If you have thoughts or ideas on employee health and well-being needs and things we could offer, please let us know!

Answered: 61 Skipped: 166

# Your Discharge Planning Checklist:

For patients and their caregivers  
preparing to leave the hospital



Name: \_\_\_\_\_


Reason for Admission: \_\_\_\_\_

Expected Discharge Timeframe: \_\_\_\_\_

Discharge Goals: \_\_\_\_\_

During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver (a family member or friend who may be helping you) are important members of the planning team. You and your caregiver can use this checklist to prepare for your discharge.

## Instructions:

- Use this checklist early and often during your stay.
- Talk to your doctor and the staff (like your case manager or nurse) about the items on this checklist.
- Check the box next to each item when you and your caregiver complete it. 
- Use the notes column to write down important information (like names and phone numbers).
- Skip any items that don't apply to you.

Action items	Notes
<b>Care after discharge</b>	
<input type="checkbox"/> Ask where you'll get care after you're discharged. Do you have options (like home health care or Telehealth)? Tell the staff what you prefer.	_____
<input type="checkbox"/> If a caregiver will be helping you after discharge, write down their name and phone number.	_____
<input type="checkbox"/> How will you get home after discharge (transportation)?	_____
<b>Your health</b>	
<input type="checkbox"/> Ask the staff about your health condition and what you can do to get better.	_____
<input type="checkbox"/> Ask about problems to watch for and what to do about them. Write down a name and phone number of a person to call if you have problems.	_____

Action items	Notes
<input type="checkbox"/> Ask your provider or nurse about any medications that you may have questions about.	<hr/> <hr/> <hr/>
Recovery & support	<hr/> <hr/> <hr/>
<input type="checkbox"/> Ask if you'll need medical equipment or supplies. Who will arrange for this? Write down a name and phone number of a person you can call if you have questions about equipment.	<hr/> <hr/> <hr/>
<input type="checkbox"/> Ask if you're ready to do the activities below. Circle the ones you need help with, and tell the staff: <ul style="list-style-type: none"><li>Bathing, dressing, using the bathroom, climbing stairs</li><li>Cooking, food shopping, house cleaning, paying bills</li><li>Getting to doctors' appointments, picking up prescription drugs</li></ul>	<hr/> <hr/> <hr/>
<input type="checkbox"/> Have support in place that can help you.	<hr/> <hr/>
<input type="checkbox"/> Ask the staff to show you and your caregiver any other tasks that require special skills (like changing a bandage or giving a shot). Then, show them you can do these tasks. Write down a name and phone number of a person you can call if you need help.	<hr/> <hr/> <hr/>
<input type="checkbox"/> Talk to a case manager if you're concerned about how you and your family are coping with your illness. Write down information about support groups and other resources.	<hr/> <hr/> <hr/>
<input type="checkbox"/> Talk to a case manager or your health plan if you have questions about what your insurance will cover and how much you'll have to pay. Ask about possible ways to get help with your costs.	<hr/> <hr/> <hr/>
<input type="checkbox"/> Have you thought about a long-term care plan?	<hr/> <hr/>
<input type="checkbox"/> Would you like to complete an Advance Health Care Directive (also known as a living will)?	<hr/> <hr/>

### For the caregiver

- [illegible]



# Resources

The agencies listed here have information on community services. You can also get help making long-term care decisions. *Ask for more information, or for resource information related to needs not reflected below.*



**Aging and Disability Resource Center/Southeast Alaska Independent Living:** SAIL is an Aging and Disability Resource Center. An ADRC is a one stop resource center where seniors, people with disabilities and their caregivers can get complete information about long-term services and supports to live as independently as possible in the community and setting of their choice. Located at 3225 Hospital Drive in Juneau. Call 586-4920 or e-mail [info@sailinc.org](mailto:info@sailinc.org).

**Alaska 2-1-1:** No matter where you live in Alaska, 2-1-1 is your one-stop resource for connecting with a wide variety of services in your community, including emergency food and shelter, educational opportunities, alcohol and drug treatment programs, senior services, child care and much more. Dial 2-1-1 or 1-800-478-2221 to connect with a 2-1-1 specialist who will work with you to understand your need and connect you to the programs and services that can help. You can also e-mail Alaska 2-1-1 at [Alaska211@ak.org](mailto:Alaska211@ak.org).

**Alaska Careline:** Careline provides crisis intervention for individuals considering suicide or experiencing crisis, isolation, or depression. Call 1-877-266-4357 (1-877-266-HELP or text *4help* to 839863).

**Alaska's Medicare Information Office** oversees **Alaska's Senior Medicare Patrol (SMP) Program:** Works with seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error, and abuse as well as the **State Health Insurance Assistance Program (SHIP):** Offers counseling on health insurance and programs for people with limited income. Also helps with claims, billing and appeals. Call 1-800-478-6065.

**Durable Medical Equipment Loan Closets:** Lends assistive technology and adaptive equipment (such as walkers, canes, wheelchairs, shower chairs, bedside commodes, magnifiers, etc.) at no cost. Call Hospice and Home Care of Juneau at 463-6111 or SAIL (Southeast Alaska Independent Living) at 586-4920.

**Hospice and Home Care of Juneau:** Home health care is a wide range of health care services that can be provided in your home for an illness or injury including Skilled Nursing services, Certified Nursing Assistant (CNA), Physical Therapy, Occupational Therapy, Speech Therapy and Social Work. Hospice offers care and support to persons who have a terminal illness with a prognosis of six months or less to live. A physician referral is required. Call 463-6111.

**Juneau Suicide Prevention:** Visit [juneausuicideprevention.org](http://juneausuicideprevention.org), or call 1-877-266-4357.

**Medicaid/Public Assistance/Food Stamps (Now known as SNAP the Supplemental Nutrition Assistance Program):** Helps with medical costs, cash assistance and supplemental nutrition for some people with limited income and resources. The Juneau District Office is located at 10002 Glacier Hwy., Suite 200, Juneau, AK 99801. Phone: 465-3537 or 1-800-478-3537. E-mail: [DPAJuneau.office@alaska.gov](mailto:DPAJuneau.office@alaska.gov).

**Medicare:** Provides information and support to caregivers and people with Medicare. Visit [Medicare.gov](http://Medicare.gov).

**NAMI Juneau:** Provides essential information, support and resources related to managing a mental health condition or supporting our loved ones. Visit [namijuneau.org](http://namijuneau.org) or call 463-4251.

**National Council on Aging:** Provides information about programs that help pay for prescription drugs, utility bills, meals, health care, and more. Visit [benefitscheckup.org](http://benefitscheckup.org).

**National Long-Term Care Clearinghouse:** Provides information and resources to plan for your long-term care needs. Visit [longtermcare.gov](http://longtermcare.gov).

**National Suicide Prevention Lifeline:** The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 or visit [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org) for online chat support.

**Patient Health Benefits:** SEARHC's Patient Health Benefits program provides free help signing up for health insurance to all Southeast Alaskans. If you need assistance with Medicaid, Medicare, Veteran's Benefits, the Health Insurance Marketplace, Tribally Sponsored Health Insurance Program, HRSA sliding discount or their Financial Assistance program, they can help you. Phone numbers: 907-966-8662, 907-966-8920, 907-966-8405, 907-364-4589, 907-966-8621 (Sliding Discount) or e-mail: [outreach@searhc.org](mailto:outreach@searhc.org).

**Personal Care Services and Respite Care:** PCS provide support related to an individual's activities of daily living (i.e. bathing, dressing, eating) as well as instrumental activities of daily living (i.e. shopping, laundry, light housework). COMPASS Home Care can be reached at 790-3650 and Cornerstone Home Care can be reached at 586-6838.

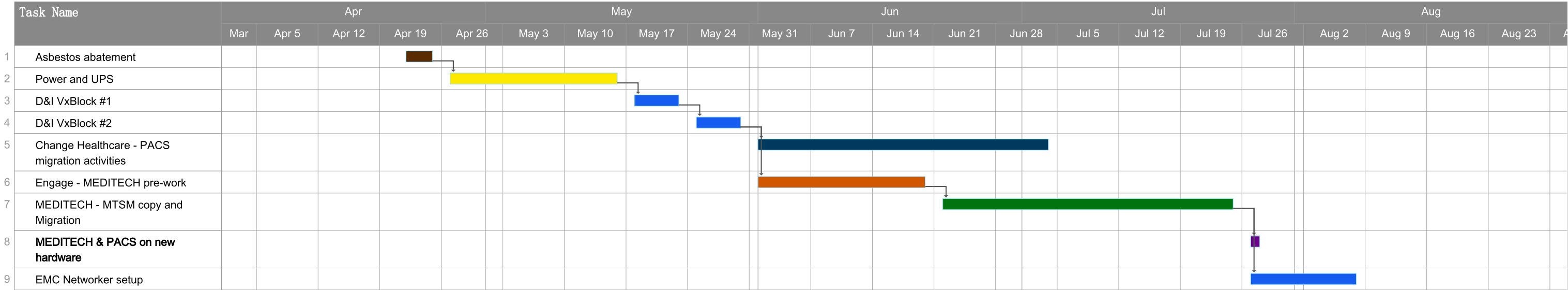
**Southeast Senior Services:** Offers home and community-based services such as meals, door-to-door transportation, adult day services, care coordination, and senior and caregiver counseling. Call 463-6100.

Team Project Task Board



Task Name	Duration	Start	Finish	Predecessors	% Complete	Status	Mar					Apr					May					Jun					Jul					Aug					
							Mar 1	Mar 8	Mar 15	Mar 22	Mar 29	Apr 5	Apr 12	Apr 19	Apr 26	May 3	May 10	May 17	May 24	May 31	Jun 7	Jun 14	Jun 21	Jun 28	Jul 5	Jul 12	Jul 19	Jul 26	Aug 2	Aug 9	Aug 16	Aug 23	Aug 30				
1	Rapid7 Managed Services	56d	10/11/19	11/12/19		100%	Completed																														
2	Cybereason	91d	06/07/19	12/20/19		100%	Completed																														
3	SecureLink	62d	07/18/19	12/27/19		100%	Completed																														
4	MU3	261d	01/01/19	12/31/19		100%	Completed																														
5	Telehealth	70d	08/01/19	02/18/20		100%	Completed																														
6	Dietary DFM Module	195d	03/04/19	02/14/20		100%	Completed																														
7	Philips Monitoring	143d	08/01/19	02/17/20		100%	Completed																														
8	MEDITECH Migration to VxBlock	10d	01/13/20	07/27/20	VxBlock Project	0%	In Progress	<div></div>																				MEDITECH Migration to VxBlock									
9	PACS Upgrade(s) Migration	126d	11/01/19	07/27/20	VxBlock Project	15%	In Progress	<div></div>																				PACS Upgrade(s) Migration									
10	DNS Migration	30d	08/17/20	09/28/20	VxBlock Project	0%	Not Started																														
11	3rd Party Apps Migration to VxBlock	80d	07/27/20	11/30/20	VxBlock Project	0%	Not Started																														
12	VxBlock Project	138d	08/24/18	07/27/20	UPS for Datacenter	60%	In Progress	<div></div>																				VxBlock Project									
13	Unitrends 2nd appliance install	85d	07/29/19	03/31/20		25%	Delayed	<div></div> Unitrends 2nd appliance install																													
14	Imaging Acceptable Use Criteria	101d	08/02/19	02/28/20		20%	In Progress																														
15	UPS for Datacenter	60d	08/26/19	05/15/20		40%	In Progress	<div></div> UPS for Datacenter																													
16	Access eForms	149d	04/02/19	05/15/20		60%	In Progress	<div></div> Access eForms																													
17	API Upgrade (4 versions)	143d	08/01/19	04/30/20		70%	In Progress	<div></div> API Upgrade (4 versions)																													
18	Windows 10 Deployment	290d	03/18/19	08/31/20		40%	In Progress	<div></div>																													
19	Pending Delivery from Dell																																				
20	Philips iECG	146d	10/28/19	05/18/20		10%	In Progress	<div></div> Philips iECG																													
21	MEDITECH Expanse Upgrade	165d	09/15/19	09/30/20		40%	In Progress	<div></div>																													
22	MEDITECH Web Ambulatory	208d	09/15/19	09/30/20		25%	In Progress	<div></div>																													
23	PACS Workstations Install		01/13/20	04/30/20		40%	In Progress	<div></div> PACS Workstations Install																													
24	PowerScribe ONE		12/02/19	04/24/20		25%	In Progress	<div></div> PowerScribe ONE																													
25	Security Awareness Update	75d	10/21/19	03/23/20		60%	In Progress	<div></div> Security Awareness Update																													
26	Citrix Gateway (final cleanup)	55d	10/14/19	12/27/19		75%	In Progress																														
27	Duo Security (Multi-Factor Auth)	140d	05/06/19	02/21/20		50%	In Progress																														
28	Philips IntelliSpace OB Module	86d	08/01/19	02/20/20		0%	Not Started																														
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VxBlock Install & Migration



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

## April 2020 Board Report Chuck Bill, CEO

This has been a very interesting month! We have made amazing, innovative, changes to respond to the Coronavirus. I hope you have been following my weekly updates.

- We have repurposed facilities, turning RRC into an overflow, medium complexity hospital and adding beds in Med Surg.
- We received a new license and are now a 148 bed hospital even though we are averaging 10 patients a day.
- I had a meeting today (4/21) with the OR committee to define how we will open surgery back up to non-emergent cases. I am incredibly impressed with how well the medical staff is working with us as a team to respond to this challenge. I think we will see real value in the future from our integrated response to this challenge. We will begin expanding surgery and other non-emergent services on May 4th.
- The State direction continues to evolve and is starting to focus more on re-opening the economy while maintaining the positive impact we have had on the curve of the disease.
- My work with the Unified Incident Command continues and the results are an increased ability to test to support non hospital providers as they open up their practice, and a tested process to care for the homeless and behavioral challenged.
- We've recreated much of the hospital to be negative pressure requirements and airflow!

Once in a while there are still regular operational issues getting taken care of like making sure our employees are taken care of in these times.

\*\*\*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.

## May 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 12:00pm Finance Committee BR (PUBLIC MEETING)	9
10	11	12 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	13 4:15pm Board Quality Committee BR (PUBLIC MEETING)	14	15	16
17	18	19 1:30 pm Planning Committee BR (PUBLIC MEETING)	20	21	22	23
24	25 	26 5:30pm Board of Directors BR (PUBLIC MEETING)	27	28	29	30
31						

### Committee Meeting Checkoff:

Board of Directors – 4<sup>th</sup> Tuesday every month

Board Compliance – 2<sup>nd</sup> Tuesday every 3 months (Mar, Jun, Sept, Dec)

Board Quality- 2<sup>nd</sup> Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)

Executive – As Needed

Finance – 2<sup>nd</sup> Friday every month

Joint Planning – As needed

Physician Recruitment – As needed

Governance – As needed

Planning – As needed