

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, May 26, 2020; 5:30 p.m.

Bartlett Regional Hospital – Boardroom/Zoom/Teleconference

Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/98845520211>
or call

1-253-215-8782 and enter webinar ID 988 4552 0211

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:32
III.	APPROVE AGENDA	5:34
IV.	PUBLIC PARTICIPATION	5:35
V.	CONSENT AGENDA	5:45
	A. April 28, 2020 Board of Directors Minutes	(Pg.3)
	B. March 2020 Financials	(Pg.7)
VI.	NEW BUSINESS	5:50
VII.	MEDICAL STAFF REPORT	5:55
VIII.	COMMITTEE REPORTS	6:00
	A. May 8, 2020 Draft Finance Committee Meeting Minutes	(Pg.12)
	B. May 12, 2020 Draft Governance Committee Meeting Minutes	(Pg.13)
	C. May 13, 2020 Draft Quality Committee Meeting Minutes	(Pg.14)
	D. May 19, 2020 Draft Planning Committee Meeting Minutes	(Pg.17)
	➤ Roadmap to Reopening Services	(Pg.20)
IX.	MANAGEMENT REPORTS	6:10
	A. CLO Management report	(Pg.31)
	B. HR Management report	(Pg.32)
	C. CNO Management report	(Pg.33)
	D. COO Management report	(Pg.37)
	E. CBHO Management report	(Pg.40)
	➤ RRC Renovation Update	(Pg.44)
	➤ Crisis Stabilization Layout	(Pg.47)
	F. CFO Management report	(Pg.55)
	➤ Employee Health and Wellbeing Survey	(Pg.59)
	G. CEO Management report	(Pg.73)

X.	CEO REPORT / STRATEGIC DISCUSSION		6:15
	➤ COVID-19 Update		
XI.	PRESIDENT REPORT		6:20
	➤ CEO Evaluation		
XII.	BOARD CALENDAR	(Pg.74)	6:25
XIII.	BOARD COMMENTS AND QUESTIONS		6:30
XIV.	EXECUTIVE SESSION		6:35
	A. Credentialing report		
	B. May 5, 2020 Draft Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation Review		

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

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

And

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

XV.	ADJOURNMENT		6:45
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Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

April 28, 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 5:35 p.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

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

ALSO PRESENT

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

APPROVAL OF THE AGENDA – *MOTION by Ms. Hagevig to approve the agenda.* Ms. Costello requested the removal of item D, Legal and Litigation Review in the Executive Session section. **Mr. Solomon-Gross seconded. Agenda approved as amended.**

PUBLIC PARTICIPATION – None

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

NEW BUSINESS - None

Medical Staff Report – Dr. Neyhart noted that the credential report and the March Medical Staff Meeting minutes are in the packet. BRH is doing amazingly well with not having been overrun in the hospital with critically ill COVID patients. Kudos to Administration, the Hospitalist team and the adult medical services. Mr. Solomon-Gross initiated a discussion about the timeliness of minutes included in the packet. Future board packets will include the draft minutes of the most recent Medical Staff meeting and draft minutes of the most recent Board of Directors meetings will be included in the Medical Staff meeting packets.

COMMITTEE REPORTS:

Quality Committee Meeting – Ms. Hagevig noted the April 8th meeting minutes are in the packet. A lot of information had been covered. She is very impressed with the new Quality Director. Ms. Knapp agreed.

Finance Committee Meeting – April 10th meeting minutes are in the packet. Mr. Johnson noted that much of the talk was about how preparations for the Corona Virus impacted the budget.

Planning Committee Meeting – April 21 meeting minutes are in the packet. Mr. Kendziorek noted the meeting ended earlier than was needed to cover everything as Mr. Bill had to leave to attend a meeting with the surgeons to discuss reopening the OR for surgeries. Project updates for RRC and the Crisis Stabilization Unit had been provided and are included in the CBHO management report in tonight's packet. We are continuing with the ECG assessment project. A COVID status report had been given. Mr. Bill has been tasked with developing a roadmap that includes defined metrics to help us get through each phase of safely reopening the hospital for services. It needs include monitored actions not just guidelines. This roadmap will be brought back to the Planning Committee for discussion, ensuring that we are keeping our staff and our community as safe as possible. Mr. Solomon-Gross noted how articulate Dr. Zink's presentation to the CBJ Assembly meeting was yesterday. Her recommendations are based on science and he feels that the hospital, under Mr. Bill's and Dr. Zink's guidance can feel confident that BRH is doing everything right. Ms. Hale noted that CBJ does not have a roadmap yet. Mr. Stevens agrees, BRH does need to create a roadmap identifying how we are going to benchmark next steps and what our points are that say we have to pull back or can move forward with additional services for the community. The roadmap will be given to the city to help them understand some of the parameters and how they might impact other decisions to be made by the city.

MANAGEMENT REPORTS: Ms. Hagevig finds the HR staffing report to be fascinating with very good information. This report is presented quarterly with a summary report presented in January of the year before. The summary report will include a comparison the years prior.

CNO report - Mr. Solomon-Gross initiated a discussion regarding in-house rapid COVID testing capabilities. Supply shortage is the biggest issue and we have a very limited supply of test kits on hand. BRH has two Abbot rapid testing machines that can do one test at a time (8 a day) but are only approved for symptomatic testing at this time. These tests have a very low sensitivity and it is possible to get a lot of false negatives. We did receive 120 test kits for our Cepheid analyzer that can conduct 4 tests at a time. It can be used on symptomatic and asymptomatic patients. The difference between in-house testing and in home sample collection was clarified. In home sample collection is being conducted by CCFR through the CARES program. These samples are delivered to BRH before being sent to LabCorp for testing. Rapid testing will not be widely available any time in the near future. This is challenging because the guideline recommendations are to have patients tested within 48 hours prior to surgical procedures. It takes between 36 and 60 hours to get test results back. If we don't have test results back yet, surgery will proceed as if the patient were COVID positive. This will increase the PPE burn rate. BRH has worked very closely with State Epidemiology and the CDC and will be following a well-defined pathway to reopening services that had been put out by AHA, the College of Surgeons, and American Nurses Organization. We will be monitoring how the testing process works and the PPE burn rate when surgeries do resume. If either is not adequate, we will step back from conducting elective surgeries again until a new plan is developed. Conversation regarding testing centers and CCFR sample collections resumed. Ms. Hale reported that Dr. Zink is keenly aware of Juneau's need for testing supplies and is strongly advocating for more supplies to be available.

CBHO report - RRC is providing outpatient services only at this time and will continue to do so until RRC is no longer needed as an alternative care sight. It took a week to get residential patients discharged and safely placed elsewhere and another 72 hours to transform the space to an alternative care sight. Since closing the residential program and setting up an outpatient program, 10 of the 11 residential patients plus 10 additional patients are being served on an interim basis through outpatient telehealth services. One on one and group sessions are provided. It was noted that the no-show rate has gone down 40%. A decision to transform RRC back to a residential treatment facility will be made in conjunction with State Epidemiology's decision that the need for overflow bed and surge capacity has passed. RRC is receiving the same reimbursement rates for telehealth services as it would receive for face to face sessions.

CFO report – Mr. Benson reported that BRH has received about \$2 Million CARES money in the month of April. These funds have no restrictions or requirements attached and can be used at BRH’s discretion. Mr. Solomon-Gross commended Mr. Benson’s budget presentation to the Assembly. BRH’s budget was the only budget approved that night. Mr. Stevens initiated a conversation about the staff survey and the frequency they are to be conducted. This survey is a good tool to make sure we are meeting the needs of the staff. Mr. Kendziorek would like to see the employee health and wellbeing services currently offered to staff to continue to be provided, to some degree, after COVID is over.

CEO REPORT – In addition to the written report, Mr. Bill reported that we plan to open up surgeries that can’t be postponed for 8 weeks without detrimental impact to the patient, beginning May 4th. If we wind up having to use a lot of PPE for those cases, we will need to re-evaluate. Dr. Zink had reported that we have 40 ventilators in Juneau ready to go. We only have 15 but could have 5 additional ones set up pretty easily. There are no COVID positive cases in house as of this morning and nobody being tested in house. BRH has had 5 COVID positive patients, 1 had been ventilated. All have recovered. There have been no COVID deaths in Juneau. This is a testimony to the work of our staff and the medical team. We will be watching closely the testing capabilities and the use of PPE. BRH Incident Command is working very closely with the Unified Incident Command structure to really coordinate and make sure we are all on board with how this all rolls out. If we see an increase in the number of positive cases, we will probably have to take a step back and wait a while longer. We are moving forward with the ECG assessment. A final draft is to be presented to the Planning Committee on May 23rd for review before presenting to the full Board. This will be used at the Strategic Planning retreat whenever we get around to holding it. The Assembly did approve the purchase of the land adjacent to the hospital. Ms. Costello is in the process of writing up the contract to complete the purchase. We have had a bunch of work on the Rural Demonstration Program. (This program has been identified by ECG as a potential weakness or threat.) Congressman Young’s office has identified an Iowa Congresswoman that is willing to cosponsor adding the Rural Demonstration Program renewal to one of the stimulus bills. BRH’s budget approved by the assembly will be amended over the course of the year based on the COVID impact. Thursday’s COVID update to the Assembly was well received and appreciated. Updates about COVID and how the hospital is responding have been given on Action Line, social media, radio ads, etc. Mr. Bill is very proud and encouraged by all of the teamwork and planning that has been going on. Mr. Johnson initiated further conversation about staffing plans for ventilators and monitoring burn rates of PPE. Dr. Jones reported there are plenty of gowns, gloves and a way to sterilize N95s. He’s very happy with our PPE supply. Mr. Solomon-Gross expressed thanks to Mr. Bill for representing BRH so well and inquired about retirees returning to work and the number of anesthesiologists in town during this time. There are 10-15 retirees willing and able to come back if needed and the State has resources in the labor pool to draw from as well. Currently, we have one anesthesiologist in town at a time. We will return to having 2 in town when surgeries resume next week.

PRESIDENT REPORT – Mr. Stevens reported that he and Mr. Bill continue to touch base every Wednesday morning to discuss what’s going on at the hospital. His focus is to support Mr. Bill in supporting the staff in taking care of the community. It’s been a pleasure to see how BRH is setting a great example of how to do it right. Cooperation internally and externally, within the city and with other partners is creating a great dynamic that will serve us well moving into the future. We need to plan how to get back to normal and capitalize on “Look Local First” for services. Money will need to be spent on marketing services BRH has to offer. He reported that Hospital Week is May 10-16. If board members are available to participate in the kick-off event and/or have other ideas for recognizing staff during this time, please respond to the email from Ms. Bausler.

BOARD CALENDAR – May calendar reviewed. No changes to meetings listed. May 11th employee appreciation event to be added. Ms. Knapp has requested a Governance Meeting be scheduled to take

place in May. Ms. Moffitt will send a poll to committee members to identify a date. Miss Hale requested to be included in the poll. Mr. Johnson will touch base with Mr. Bill about scheduling a Recruitment Committee meeting.

BOARD COMMENTS AND QUESTIONS – Dr. Jones stated that we need to do whatever we can to encourage Cepheid to provide more test kits. Ms. Hale thanked the Board, physicians and staff for everything they are doing for the community. Ms. Hagevig echoed Mr. Steven’s observations. It’s been a great opportunity for the hospital to stand out and shine. We can help the community lead the “Look Local First” campaign. Dr. Neyhart recognized Dr. Benjamin as an unsung hero for all of the heavy lifting she has done for COVID preparations. Ms. Young noted how pleased she was with the radio spot on KTOO reassuring the public that BRH has the ability to keep COVID and non-COVID patients safe and separate from each other. Ms. Young and Ms. Knapp thanked the management team for the thorough reports included in the packet.

Executive Session – Mr. Kendziorek made a suggestion to skip the executive session and move directly to approving the credentialing report if there are no questions about the items listed. There being no questions, suggestion approved.

Ms. Hagevig made a MOTION to approve the credentialing report as presented. Mr. Kendziorek seconded. Credentialing recommendations approved.

ADJOURNMENT – 7:09 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: May 1, 2020
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: March Financial Performance

March was the month when Covid-19 affected operations at Bartlett Regional Hospital. Revenues and volumes were strong through the first half of the month. In response to the Covid-19 pandemic BRH discontinued outpatient services providing services to only inpatient and emergency patients. This resulted in a decrease of daily revenue by 50%. At the same time Incident Command was initiated and staff was mobilized to prepare for the pandemic.

As a result of this crises Inpatient Revenue was down 24% and Outpatient Revenue was down 8%. Total Gross Patient Revenue finished 15% under budget or \$2.4 million. This decrease in revenue was mitigated to a degree by a reduction of Deductions from Revenue of \$580,000. BRH was able to realize grant revenues for the quarter putting Other Operating Revenue \$1.0 million in excess of budget. After all this Total Operating Income finished \$763,000 under budget.

Expenses exceeded budget by \$722,000 or 8%. This variance was driven by increased staff costs and benefits. Many staff were mobilized for pandemic preparedness and others were reassigned or sent home on a low census designation. This lead to heavy utilization of Non-Productive Pay. This resulted in an Operating Loss of \$1.4 million or -18%. After Non-Operating Income of \$174,000 the Net Loss was \$1,267,000. For the year BRH has a Net Income of \$3 million or 3.5% and is ahead of budget by \$230,000 and ahead of the prior year by \$1.8 million.

Other Significant Items:

- Cash collections were strong in March. BRH's Cash and Board Designated cash is \$2.2 million greater than March of 2019.
- 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 March 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (February)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	275	426	-35%	336	379	3,471	3,834	-9%	3,347
Patient Days - Critical Care Unit	71	92	-23%	102	69	792	828	-4%	802
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	11.2	16.7	-33%	14	14.5	15.5	32.0	-52%	15.1
Patient Days - Obstetrics	63	69	-9%	65	56	599	621	-4%	579
Patient Days - Nursery	53	64	-17%	55	42	476	558	-15%	540
Total Hospital Patient Days	462	652	-29%	558	546	5,338	5,841	-9%	5,268
Births	27	27	1%	28	20	219	306	-28%	240
Mental Health Unit									
Patient Days - Mental Health Unit	201	343	-41%	279	251	2,188	2,691	-19%	2,527
Avg. Daily Census - MHU	6.5	11.1	-41%	9.0	8	8.0	9.8	-19%	9.2
Rain Forest Recovery:									
Patient Days - RRC	178	299	-41%	351	304	2,538	3,087	-18%	3,039
Avg. Daily Census - RRC	6	9.7	-41%	11.3	10	9	11.2	-18%	11.1
Outpatient visits	11	19	-43%	30	24	202	171	18%	218
Inpatient: Admissions									
Med/Surg	58	72	-19%	54	65	658	648	2%	612
Critical Care Unit	34	41	-17%	37	38	375	369	2%	348
Obstetrics	30	28	6%	30	24	241	252	-4%	244
Nursery	27	30	-9%	28	20	220	270	-19%	250
Mental Health Unit	19	38	-50%	32	38	312	342	-9%	328
Total Admissions - Inpatient Status	168	209	-19%	181	185	1,806	3,663	-51%	1,782
Admissions - "Observation" Status									
Med/Surg	54	59	-8%	45	70	523	531	-2%	508
Critical Care Unit	32	34	-6%	23	39	282	306	-8%	291
Mental Health Unit	0	2	-100%	2	4	21	18	17%	22
Obstetrics	17	19	-11%	22	12	161	171	-6%	170
Nursery	0	1	-100%	1	0	1	9	-89%	6
Total Admissions to Observation	103	115	-11%	93	125	988	2,031	-51%	997
Surgery:									
Inpatient Surgery Cases	27	50	-46%	34	41	436	450	-3%	402
Endoscopy Cases	59	100	-41%	103	95	802	900	-11%	866
Same Day Surgery Cases	61	91	-33%	108	110	903	819	10%	819
Total Surgery Cases	147	241	-39%	245	246	2,141	4,256	-50%	2,087
Total Surgery Minutes	11,258	15,437	-27%	14,710	17,574	150,107	132,392	13%	132,392
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	987	1,255	-21%	1,171	1,161	10,644	11,295	-6%	10,754
Cardiac Rehab Visits	80	77	4%	99	83	615	693	-11%	712
Lab Visits	349	297	17%	264	292	3,333	2,673	25%	2,259
Lab Tests	7,297	9,601	-24%	10,067	8,839	89,101	86,409	3%	79,233
Radiology Visits	529	869	-39%	778	739	6,968	7,821	-11%	6,915
Radiology Tests	1,727	2,610	-34%	2,670	2,253	21,147	23,490	-10%	22,480
Sleep Study Visits	25	23	7%	25	30	246	207	19%	221
Physician Clinics:									
Hospitalists	158	212	-25%	142	170	1,949	1,908	2%	1,578
Bartlett Oncology Clinic	1	84	-99%	91	64	615	756	-19%	635
Ophthalmology Clinic	7	N/A	N/A	-	68	107	N/A	N/A	-
Behavioral Health Outpatient visits	230	413	-44%	274	68	3,013	3,564	-15%	3,213
Bartlett Surgery Specialty Clinic visits	183	325	-44%	296	355	2,476	2,925	-15%	2,663
	579	1,034	-44%	803	725	8,160	17,242	-53%	8,089
Other Operating Indicators:									
Dietary Meals Served	21,192	26,027	-19%	28,446	26,031	255,485	234,243	9%	236,581
Laundry Pounds (Per 100)	313	408	-23%	376	358	3,263	3,672	-11%	3,559

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,021	4,654	7.9%	3,981	4,801	4,511	6.4%	4,179
Contractual Allowance %	44.7%	41.1%	8.7%	41.9%	41.2%	41.1%	0.3%	40.6%
Bad Debt & Charity Care %	2.8%	2.9%	-3.5%	0.2%	2.7%	2.9%	-8.5%	2.6%
Wages as a % of Net Revenue	63.5%	46.2%	37.5%	53.0%	47.9%	46.2%	3.8%	49.4%
Productive Staff Hours Per Adjusted Patient Day	33.0	24.7	33.5%	22.4	24.3	24.0	1.5%	22.5
Non-Productive Staff Hours Per Adjusted Patient Day	4.9	3.3	47.2%	3.6	3.9	2.9	35.0%	3.6
Overtime/Premium % of Productive	4.85%	2.80%	73.1%	4.38%	6.71%	2.80%	139.2%	6.34%
Days Cash on Hand	103	113	-8.7%	115	103	113	-8.6%	118
Board Designated Days Cash on Hand	155	170	-8.7%	158	156	170	-8.6%	158
Days in Net Receivables	57.0	57	0.0%	52	57.0	57	0.0%	52
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					63.3%	33.7%	87.7%	45.1%
Total debt-to-capitalization (without PERS)					16.1%	33.7%	-52.3%	20.1%
Current Ratio					8.62	2.00	331.1%	6.07
Debt-to-Cash Flow (with PERS)					8.34	2.7	209.0%	8.98
Debt-to-Cash Flow (without PERS)					2.12	2.7	-21.6%	4.00
Aged A/R 90 days & greater					56.0%	19.8%	182.8%	
Bad Debt Write off					0.6%	0.8%	-25.0%	
Cash Collections					101.3%	99.4%	1.9%	
Charity Care Write off					0.7%	1.4%	-50.0%	
Cost of Collections (Hospital only)					4.5%	2.8%	60.7%	
Discharged not Final Billed (DNFB)					10.0%	4.7%	112.8%	
Unbilled & Claims on Hold (DNSP)					10.0%	5.1%	96.1%	
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	
POS Cash Collection					3.5%	21.3%	-83.6%	

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF MARCH 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:						
\$3,500,659	\$4,525,981	-\$1,025,322	-22.7%	\$3,925,042	1. Inpatient Revenue	\$39,842,581	\$40,003,838	-\$161,258	-0.4%	\$37,178,172	7.2%
\$722,327	\$1,002,905	-\$280,578	-28.0%	\$804,000	2. Inpatient Ancillary Revenue	\$8,475,669	\$8,864,364	-\$388,695	-4.4%	\$8,094,095	4.7%
\$4,222,986	\$5,528,886	-\$1,305,900	-23.6%	\$4,729,042	3. Total Inpatient Revenue	\$48,318,250	\$48,868,202	-\$549,953	-1.1%	\$45,272,268	6.7%
\$7,826,582	\$8,517,483	-\$690,901	-8.1%	\$7,999,844	4. Outpatient Revenue	\$81,869,021	\$75,283,629	\$6,585,392	8.7%	\$71,724,545	14.1%
\$12,049,568	\$14,046,369	-\$1,996,801	-14.2%	\$12,728,886	5. Total Patient Revenue - Hospital	\$130,187,272	\$124,151,831	\$6,035,440	4.9%	\$116,996,813	11.3%
\$187,810	\$377,857	-\$190,047	-50.3%	\$363,419	6. RRC Patient Revenue	\$2,650,281	\$3,339,788	-\$689,507	-20.6%	\$3,200,353	-17.2%
\$307,646	\$194,827	\$112,819	57.9%	\$224,242	7. BHOPS Patient Revenue	\$2,431,829	\$1,722,026	\$709,803	41.2%	\$1,739,164	39.8%
\$595,861	\$866,300	-\$270,439	-31.2%	\$775,771	8. Physician Revenue	\$8,823,297	\$7,656,985	\$1,166,312	15.2%	\$7,020,418	25.7%
\$13,140,885	\$15,485,353	-\$2,344,468	-15.1%	\$14,092,318	9. Total Gross Patient Revenue	\$144,092,679	\$136,870,630	\$7,222,048	5.3%	\$128,956,747	11.7%
					Deductions from Revenue:						
\$2,730,897	\$3,185,445	\$454,548	14.3%	\$2,719,986	10. Inpatient Contractual Allowance	\$27,602,370	\$28,204,943	\$602,573	2.1%	\$26,194,476	5.4%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$2,775,000	-\$2,775,000	\$0		-\$2,775,000	
\$2,939,794	\$3,075,304	\$135,511	4.4%	\$3,012,368	11. Outpatient Contractual Allowance	\$29,127,280	\$27,181,700	-\$1,945,580	-7.2%	\$25,327,390	15.0%
\$507,327	\$412,705	-\$94,622	-22.9%	\$486,609	12. Physician Service Contractual Allowance	\$5,466,256	\$3,647,783	-\$1,818,473	-49.9%	\$3,548,422	54.0%
\$13,907	\$16,576	\$2,669	16.1%	\$11,523	13. Other Deductions	\$133,386	\$146,518	\$13,132	9.0%	\$131,045	0.0%
\$92,380	\$126,201	\$33,821	26.8%	\$78,280	14. Charity Care	\$853,845	\$1,115,456	\$261,611	23.5%	\$831,580	2.7%
\$281,476	\$330,373	\$48,897	14.8%	-\$54,907	15. Bad Debt Expense	\$3,031,768	\$2,920,069	-\$111,699	-3.8%	\$2,475,645	22.5%
\$6,257,448	\$6,838,271	\$580,824	8.5%	\$5,945,526	16. Total Deductions from Revenue	\$63,439,904	\$60,441,469	-\$2,998,435	-5.0%	\$55,733,557	13.8%
44.7%	43.1%			44.1%	% Contractual Allowances / Total Gross Patient Revenue	41.2%	43.1%			40.6%	
2.8%	2.9%			0.2%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	2.9%			2.6%	
47.6%	44.2%			42.2%	% Total Deductions / Total Gross Patient Revenue	44.0%	44.2%			43.2%	
\$6,883,437	\$8,647,082	-\$1,763,644	-20.4%	\$8,146,792	17. Net Patient Revenue	\$80,652,775	\$76,429,161	\$4,223,613	5.5%	\$73,223,190	10.1%
\$1,173,095	\$172,232	\$1,000,863	581.1%	\$270,202	18. Other Operating Revenue	\$4,504,686	\$1,522,306	\$2,982,380	195.9%	\$1,658,581	171.6%
\$8,056,532	\$8,819,314	-\$762,782	-8.6%	\$8,416,994	19. Total Operating Revenue	\$85,157,460	\$77,951,467	\$7,205,992	9.2%	\$74,881,770	13.7%
					Expenses:						
\$4,097,955	\$3,653,434	-\$444,521	-12.2%	\$3,739,704	20. Salaries & Wages	\$34,527,108	\$32,291,672	-\$2,235,436	-6.9%	\$31,465,039	9.7%
\$203,602	\$283,036	\$79,434	28.1%	\$318,805	21. Physician Wages	\$2,783,289	\$2,501,665	-\$281,624	-11.3%	\$2,465,150	12.9%
\$72,129	\$58,324	-\$13,805	-23.7%	\$255,532	22. Contract Labor	\$1,356,723	\$515,501	-\$841,222	-163.2%	\$2,277,339	-40.4%
\$2,058,314	\$1,823,427	-\$234,887	-12.9%	\$1,616,010	23. Employee Benefits	\$18,115,610	\$16,116,789	-\$1,998,821	-12.4%	\$14,413,278	25.7%
\$6,432,000	\$5,818,221	-\$613,779	-10.5%	\$5,930,051	70.5% % Salaries and Benefits / Total Operating Revenue	\$56,782,730	\$51,425,627	-\$5,357,103	-10.4%	\$50,620,806	12.2%
79.8%	66.0%			70.5%		66.7%	66.0%			67.6%	
\$68,296	\$79,813	\$11,517	14.4%	\$61,897	24. Medical Professional Fees	\$687,345	\$705,467	\$18,122	2.6%	\$704,512	-2.4%
\$178,469	\$209,490	\$31,021	14.8%	\$217,297	25. Physician Contracts	\$1,961,321	\$1,851,638	-\$109,683	-5.9%	\$2,121,289	-7.5%
\$180,676	\$181,229	\$553	0.3%	\$160,596	26. Non-Medical Professional Fees	\$1,509,739	\$1,601,894	\$92,155	5.8%	\$1,389,403	8.7%
\$1,198,983	\$1,080,121	-\$118,862	-11.0%	\$1,089,622	27. Materials & Supplies	\$10,654,750	\$9,546,928	-\$1,107,822	-11.6%	\$9,222,647	15.5%
\$122,848	\$132,222	\$9,374	7.1%	\$163,549	28. Utilities	\$1,152,616	\$1,168,685	\$16,069	1.4%	\$1,086,728	6.1%
\$425,950	\$333,844	-\$92,106	-27.6%	\$294,783	29. Maintenance & Repairs	\$3,303,576	\$2,950,763	-\$352,813	-12.0%	\$2,747,637	20.2%
\$37,308	\$56,718	\$19,410	34.2%	\$40,044	30. Rentals & Leases	\$450,987	\$501,318	\$50,331	10.0%	\$470,672	-4.2%
\$39,858	\$50,602	\$10,744	21.2%	\$36,853	31. Insurance	\$395,342	\$447,248	\$51,906	11.6%	\$545,248	-27.5%
\$616,212	\$668,309	\$52,097	7.8%	\$561,853	32. Depreciation & Amortization	\$5,310,455	\$5,906,988	\$596,533	10.1%	\$5,424,264	-2.1%
\$51,122	\$52,780	\$1,658	3.1%	\$52,667	33. Interest Expense	\$489,413	\$466,512	-\$2,901	-0.6%	\$480,663	-2.3%
\$146,407	\$112,357	-\$34,050	-30.3%	\$60,944	34. Other Operating Expenses	\$1,050,156	\$993,134	-\$57,022	-5.7%	\$782,468	34.2%
\$9,498,130	\$8,775,706	-\$722,423	-8.2%	\$8,670,156	35. Total Expenses	\$83,728,428	\$77,566,202	-\$6,162,228	-7.9%	\$75,596,336	-10.8%
-\$1,441,598	\$43,608	-\$1,485,206	-3405.8%	-\$253,162	36. Income (Loss) from Operations	\$1,429,032	\$385,265	\$1,043,767	270.9%	-\$714,566	-300.0%
					Non-Operating Revenue						
\$100,817	\$108,500	-\$7,683	-7.1%	\$129,366	37. Interest Income	\$922,092	\$958,999	-\$36,907	-3.8%	\$492,130	87.4%
\$73,684	\$162,162	-\$88,479	-54.6%	\$146,507	38. Other Non-Operating Income	\$657,552	\$1,433,292	-\$775,740	-54.1%	\$1,391,101	-52.7%
\$174,501	\$270,662	-\$96,162	-35.5%	\$275,873	39. Total Non-Operating Revenue	\$1,579,644	\$2,392,291	-\$812,647	-34.0%	\$1,883,232	-16.1%
-\$1,267,097	\$314,270	-\$1,581,367	503.2%	\$22,711	40. Net Income (Loss)	\$3,008,676	\$2,777,556	\$231,120	-8.3%	\$1,168,666	-157.4%
-17.89%	0.49%			-3.01%	Income from Operations Margin	1.68%	0.49%			-0.95%	
-15.73%	3.56%			0.27%	Net Income	3.53%	3.56%			1.56%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
March 31, 2020

	<u>March-20</u>	<u>February-20</u>	<u>March-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	29,430,830	27,382,844	30,055,428	(624,598)
2. Board designated cash	39,747,931	39,303,472	36,884,366	2,863,566
3. Patient accounts receivable, net	15,717,564	18,244,443	13,256,304	2,461,260
4. Other receivables	2,982,945	2,385,573	2,555,453	427,493
5. Inventories	3,374,230	3,284,336	3,508,090	(133,860)
6. Prepaid Expenses	445,845	738,598	1,525,757	(1,079,912)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	91,728,222	91,368,143	87,814,275	3,913,949
Appropriated Cash:				
9. CIP Appropriated Funding	4,678,117	4,678,117	4,565,905	112,212
Property, plant & equipment				
10. Land, bldgs & equipment	140,559,497	140,503,388	148,477,252	(7,917,755)
11. Construction in progress	5,249,479	5,027,288	663,727	4,585,752
12. Total property & equipment	145,808,976	145,530,676	149,140,979	(3,332,003)
13. Less: accumulated depreciation	(92,166,409)	(91,550,197)	(96,289,698)	4,123,289
14. Net property and equipment	53,642,567	53,980,481	52,851,282	791,285
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	164,463,906	164,441,738	153,796,334	10,667,573
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,298,864	892,563	960,012	338,852
18. Accrued employee benefits	4,020,339	3,916,455	3,646,985	373,353
19. Accounts payable and accrued expenses	3,710,112	3,060,408	2,417,243	1,292,869
20. Due to 3rd party payors	3,424,415	2,948,925	958,731	2,465,684
21. Deferred revenue	(3,056,955)	(2,589,523)	1,729,957	(4,786,913)
22. Interest payable	131,919	65,959	131,779	140
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	241,322	171,125	177,761	63,561
25. Total current liabilities	10,640,016	9,335,912	10,867,468	(227,454)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,271,930	1,286,767	1,461,716	(189,786)
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	97,305,134	97,319,971	92,429,596	4,875,538
31. Total liabilities	107,945,150	106,655,883	103,297,064	4,648,084
32. Fund Balance	56,518,757	57,785,854	50,499,269	6,019,488
33. Total liabilities and fund balance	164,463,906	164,441,738	153,796,334	10,667,573

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom – May 8, 2020

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

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

Staff & Others: Kevin Benson, CFO, 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), Willy Dodd (Zoom), Blessy Robert, Accounting Director (Zoom), Megan Rinkenberger, Executive Assistant, and Tiara Ward, CBJ (Zoom).

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the April 10, 2020 Finance Committee Meeting, following a minor correction. Mr. Johnson seconded the motion. Ms. Johnston noted no objections and they were approved with the correction.

March 2020 Financial Review – Kevin Benson, CFO

March began with good volumes and strong revenue in the first half. Covid-19 restrictions began, and revenue drastically declined, with increased expenses, for the second half of the month. Net operating revenue is \$760K short of budget. YTD BRH is ahead of budget \$3M. BOPS increased Telehealth services and has seen increased revenues and decreased no-shows due to this. Infusion therapy continued to do well.

Covid-19 Potential Financial Impact – Kevin Benson, CFO

April ended with about 50% loss in revenue. There were two payments were received in April from the CARES Act totaling about \$2M. BRH's net revenue for April will likely result in a total loss of \$2.5M. The CARES Act funding required an agreement to not balance bill any patients treated for Covid-19 (BRH can bill insurance, but may not request remainder of balance from patient). Elective radiology and other procedures are opening up, and revenue is increasing reflective of this. Emergency department patient day volumes are increasing as well. PPE supplies continue to be okay with the opening of certain operations. The newly created Covid-19 department has identified \$437K in supplies, and \$633K in payroll, attributed to our response efforts.

Next Meeting: June 12, 2020 at 12:00pm via Zoom.

Committee comments: Ms. Knapp expressed gratitude for the ability to recover some of the lost revenue and that the hospital is able to re-open and offer services again.

Adjourned – 12:40 p.m.

Bartlett Regional Hospital

Governance Committee Meeting Minutes
Tuesday, May 12, 2020; 1:30 p.m.
Bartlett Regional Hospital - Boardroom

Called to order at 1:32 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

Board Members present: Marshal Kendziorek

BRH Staff: Chuck Bill, CEO, Megan Costello, CLO, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Nathan Overson, Compliance Director, and Suzette Nelson Executive Assistant

Ms. Hagevig made a MOTION to approve the minutes from February 11, 2020.

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

Ms. Knapp recapped the suggested Bylaws changes and had the committee outline their proposed modifications.

Ms. Costello noted that the Compliance reports are different than the Quality reports. If we combine the meetings, it would likely be one longer meeting with two separate reports.

There were no findings for a legal requirement to have two separate Board Committees, but there are different requirements for the Compliance Program and the Quality Program. The different functions are reflected in the current bylaws which explain the roles of each committee.

In regards to Public Notice, it is her understanding that CBJ is looking at changing this in the CBJ charter and code for the notification requirements, as the Juneau Empire has been having some issues, and may be going under. Her recommendation is that we change this bylaw to reflect that notice and will be completed for all meetings and committee meetings in accordance with the CBJ Code requirements, and additionally will be posted on the BRH website. (That way it will change depending on what the CBJ code requires.)

Ms. Knapp suggested a possible Bylaws change reducing the number of required board meetings from one per month, or twelve per year, to no less than ten per year. This change would also require a change in Title 40. This would give the Board latitude in setting meeting dates when achieving a quorum might be difficult but would not preclude having a meeting every month as is done now. Since most attendees were participating via Zoom video conferencing, the committee decided to table discussion of the possible change in number of required meetings until later, preferably when everyone is able to be around the table.

Ms. Hagevig made a MOTION to table the recommended meetings per year that the Board shall meet. Mr. Solomon - Gross seconded and motion approved with no objection.

Next Meeting: June 16, 1:00 pm

Adjourned at 2:43 p.m.

Bartlett Regional Hospital

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

Board Quality Committee May 13, 2020 Minutes

Called to order at 4:15 pm by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig (Chair), Kenny Solomon- Gross, Lindy Jones

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, Megan Costello, Chief Legal Officer, Deborah Koelsch, RN Clinical Quality Data Coordinator, Billy Gardner, COO, Kevin Benson, CFO

Approval of the minutes – 04 16 2020 Quality Meeting – *minutes approved as written.*

Old Business: Mr. Caldwell had asked Press Ganey to change personal identifier to something other than birthdate. That cannot be changed. There is an uptake of surveys returned since eForms. The front desk hand sanitizer has been watched by the front desk is kept full.

New Business:

Sepsis: Deb K. Gave a description of what a quality measure is. A quality measure are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure that are associated with the ability to provide high-quality health care. They are the tools to help us provide the best patient care. The sepsis measure is reported on hospital compare. The sepsis measure determines if there is documentation of the presence of severe sepsis. Q1 we had 36 cases that had a sepsis diagnosis. 16 cases were excluded from the data. Some of the exculsions are viral infections, patient placed on comfort care. We had 20 cases in the denominator and we passed all the measures for 12 of the cases. The documentation requirements are clinical criteria by the MD in the chart. Deb K. showed the slides from hospital care. We are meeting the measure at 59% the AK average is 55%. The sepsis measure rate by quarter shows us at about 60%. We have room to improve numbers. The next chart is the sepsis fallouts from January 2018 – March 2020. The cases were 217 and it shows our fallouts. The highest fallouts are antibiotics and lactate. The ISTAT timeline 8/2019 use was started in ED, January the cartridges were stopped due to recall. March, 2020 clearance for given. Dr. Jones said all inpatients are being tested for COVID and that he believed the ISTAT machine would help in the missed lactates, timing of antibiotics. He was concerned the COVID patient flow would or could create some timing issues on the septic population. It was noted after questions CMS has made some reporting optional.

Nurse Residency Program Update

Gail Moorehead is reporting on the Nurse Residency Program one year follow up. At this time all the RN graduates that were hired last May are still working at Bartlett. This is a 100% retention rate. The national averages state that 17.9% of new graduates leave their first position in less than one year. The goals of the residency program were to reduce the use of contract nurses, have an 80% retention rate of the new nurses and provide the nurses with training in multiple departments. Besides retaining all our new nurses as of May 1, 2020, the nurses have all successfully achieved advancement to the next level on the nursing clinical ladder and 5 out of 10 have completed float contracts with other departments. The total payroll cost of this program for the 10 nurses was \$147,709 with the average per nurse as \$14,471.

Mr. Gross thanked Ms. Moorehead for the information, and was very complimentary of the program, and encouraged the hospital to publicize the results.

Ms. Hagevig and Mr. Bill discussed funding and how nursing schools were being funded. It was clarified that much of the State money coming from the university is now flowing into APN programs aimed at behavioral health per Bradly Gregg.

Dr. Jones wanted to be sure everyone understood the importance of the nursing program here, that the graduates were exceptional, and we needed to do all we could to recruit as many as possible.

Risk Management

Mary Crann reports on the RL Solutions updates and changes. The new changes include a follow up checklist that gives help for the Directors to follow up using a shared mental model. Ms. Crann also stated that the resolutions and outcomes have been changed to make the process standardized. The resolutions are designed to be sustainable if changes need to be made after a root cause analysis is done. As of May 6 we have 59 COVID related occurrence reports and there are 52 open risk files with no sign-offs. We want to look at our process and make sure the events are signed off and complete. Mr. Caldwell wanted to acknowledge the Directors and SLT leaders are working hard to identify the events and how we can improve patient safety.

Microsystems 2.0 Life after COVID-19

Mr. Caldwell states that MS 2.0 is the framework to work through process improvement. Respect for people is the cornerstone of continuous improvement. The shingo concepts looks at safety culture and scores you. The respect for people is the cornerstone of what we want to achieve. We are looking at using the basic common language including respect, accountability, seek to understand, seek perfection, common language, data drive, a learning culture and a just culture. The basis of the program will be using PDSA cycle that will make the right thing to do the easy thing to do. Mr. Caldwell stated that a culture is hard to define and we need to develop our own culture with shared knowledge, beliefs, values, attitudes towards a culture of improvement. This is not new to Bartlett but a refresh of what we have and building upon it. This is not a flavor of the month but how we do business. The Swiss cheese principle talks about accidents happen because there were weaknesses in systems and how supervision is done, preconditions and acts.

Overview of Covid -19

Mr. Caldwell reported that we have 29 cases in community and there are 8 people being monitored based on 2 active cases. On May 18th and 19th there will be testing of the homeless

population. There will be shelters in Centennial Hall if there are any positive fallouts from the testing. We have 20 Cepheid and 85 Abbott quick tests. We continue to work on how to get more tests in the community. The state now has agreed to run tests at another lab and we now have results within 48 hours for send out tests. Mr. Gross asked how logistically we are testing the homeless population. Mr. Caldwell said that they would be going to where the homeless are living. The tests are voluntary but there will be incentives given such as a grocery store gift card. There are about 150 people in the homeless group and public health would like to get about 50% of them tested. Dr. Jones stated that they are not seeing many people with respiratory symptoms. The outside tent is set up for triage. He stated that testing is a concern. The Abbott test is not as reliable as necessary. The community testing is being done by CCFR and they will be assisting with the homeless testing. The long-term strategy for Juneau will be to increase testing. Dr. Jones is looking at a machine for testing locally to relieve Juneau's need to send out tests to Anchorage. Mr. Gross talked about how the homeless testing will happen. Dr. Jones stated that the CCFR CARES program is the community testing sites and they also go to homes to do testing. He believes that they will be leading testing. Mr. Bill stated in the Unified Incident Command meeting that there are 20 people living at the campground. They plan to test at the JACC, the campground, Glory Hall and other locations that they have identified homeless residents congregating. The Housing First will be pushed back to start taking 10 people in June, July and August.

Next Quality Board meeting:

Adjourned at 5:26 pm

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

May 19, 2020 – 1:30 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 1:30 p.m., by Planning Committee Chair, Marshal Kendziorek

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

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – The date identified for the completion of Phase 2 of the detox center construction should be May 28. *Mr. Solomon-Gross made a MOTION to approve the minutes from April 21, 2020 Planning Committee as amended. Ms. Young seconded. Minutes approved as amended.*

COVID-19 STATUS – Mr. Bill reported that we have been successful at flattening the curve and getting maximum preparation in case a surge does come. We are slowly starting to open things up, including the coffee bar in the gift shop that opened last week. On May 4th we reopened surgical services to 50% capacity for some non-emergent cases that should not be postponed by 8 weeks. On May 18th, we went up to 80% capacity based on the success of our new processes; 48 hour testing working and PPE conservation. We are anticipating being able to open up to everything by early June. Volumes have increased in the lab, imaging and therapies. Telemedicine is working really well, particularly for behavioral health. The State Medical Licensing Board is going to make permanent, the emergency regulations that allow telemedicine. The community, through the Unified Incident Command, is really focusing on testing. Most current COVID cases in the community are related to the cluster at Lemon Creek Correctional (LCC) Facility. We have not had a COVID patient in the hospital in several weeks and have had no employees contract it. Visitor restrictions are in place. Mandatory screening of everyone entering the hospital has been expanded to include all employees and physicians reporting on campus for work.

Discussion was held about testing of the homeless community. Testing is being conducted today and tomorrow at the JACC with an intent to take it to the Glory Hall and other congregate living areas. This is being run by public health and CBJ through the CARES program with the expectation of testing up to 150 people. Symptomatic patients will quarantine in Centennial Hall until test results come back. All inmates and employees of LCC were tested late last week. There have been no positive test results from inmates.

The State Lab reports that they've had about 350 negative tests sent to them for confirmation and only one of them turned out to be not negative. Alaska is not seeing the false negative numbers other places are reporting from the use of the Abbott rapid testing equipment we have. BRH is rapidly depleting rapid test kits and having difficulties in getting testing supplies. Tests sent to Anchorage or Fairbanks have

almost 95% success in getting results back within the 48 hour window before surgical procedures. The feasibility and obstacles of getting a free standing, off-site State testing lab facility in Juneau was discussed. Mr. Kendziorek summarized our testing status as follows: We are out of local testing resources and supplies to use our existing equipment. The chances of realistically getting any reference testing in Juneau is somewhere between slim and non-existent in a realistic usable timeframe. We need to continue doing what we're doing to focus on maintaining a reasonable turnaround time on testing.

ROADMAP TO REOPENING SERVICES – Mr. Bill reported that this roadmap is based off of the roadmap put out by the city of Anchorage and the guidelines issued by the CDC to the American Hospital Association. This roadmap shows Bartlett's current state, the transitional time and the anticipated new normal. The roadmap continuing to phase 2 will closely follow the guideline requirements from the State and the Department of Health and Social Services. Phase 3 tries to predict what the new normal will look like. We have tried to identify the triggers that would allow us to move forward or backward based on the activity we are seeing. Discussions were held about the phase we are currently in, what guidelines we are following and the homeless population. Mr. Kendziorek requested more specificity about triggers and how decisions are to be made about moving forward or backward.

It was reported that 126 students were classified as homeless in the 2018-2019 Academic school year. Adults counted in the fall of 2019 was 210. The most recent numbers from CBJ EOC is about 140 individuals in the shelters and the campground but does not break it down by children. A discussion was held about screening the homeless population for other things besides COVID. The difference in how the homeless are counted by different groups was also discussed.

PLANNING FOR NO CRUISE SEASON – We have received notification from the cruise industry that almost all cruises (about 90%) have been canceled for the season. This will have a big financial impact on BRH. We need to decide if we should cancel travelers that we have contracted with to provide coverage during the cruise season and the COVID pandemic. We have received over \$7Million in stimulus funds from the CARES Act to offset some of our lost revenue due to COVID. With surgical services opening back up, we hope to have a little bit of a rebound. ER visits are up about 50% from what they were last month and in-house volumes are about double what they were a month ago.

STRATEGIC PLANNING RETREAT – It will probably be July before this retreat can be held. The ECG assessment is going to be a major driver of our agenda.

ECG ASSESSMENT – Mr. Bill has a meeting on Friday to review the draft assessment with ECG. Meetings will be scheduled for the Planning Committee members to meet with them individually next week to review the draft and offer feedback. The final draft should be ready by the end of May. Discussion was held about when and how it would be presented to the full board. Also discussed were strengths and weaknesses identified, Certificate of Need requirements and Tribal Health facilities. It was noted that our smallness and isolation is also one of our strengths.

Future Agenda Items:

1. ECG Assessment
2. COVID Status
3. Strategic Planning Retreat Agenda
4. Geotechnical Report and Parking Options

5. Rainforest Recovery and Detox Center updates

Comments: Stay safe and well.

Next meeting: To be scheduled for the week of June 14th – date and time to be determined

Adjourned – 2:35 p.m.

Bartlett Regional Hospital Pathway for Safe Return to Normal Operations:



This transitional plan is not a linear process, it will encompass movements back and forth through the three distinct phases, with a focused plan to land in a new normal by Dec 2021. As situations demand occasional steps backwards will be required to safely move forward as the COVID – 19 virus runs its course. This plan is constructed with the base understanding that there will be no cure, or effective vaccine until mid to late 2021.

Current State: Early Phase II

Key Points:

Current ADC:	Average Daily Revenue Delta from year prior:
Current ER daily Visits:	Number of COVID patients treated:
Current Average Daily Surgical Cases:	Number of currently active COVID patients:

Analysis:

The organization is currently under an active Incident Command Structure with incident periods running for 2 weeks at a time. The visitation has been relaxed to be consistent with a soft opening of selective services and surgery. About 70 staff are currently working from home at this time. Social Distancing and universal masking is being utilized along with multiple patient safety strategies on the units to maintain a safe work place and preserve the hospitals ability to provide care for the community.

The hospital is currently licensed for 147 beds to include our surge beds we have actively worked to prepare in case of need.

We have currently established a triage tent and check in station in the front lobby, which screens and evaluates risk for patients and visitors coming into the facility.

We have constructed a “COVID – 19” wing for patients on medical surgical unit with entire space being negative pressure.

We are actively working to maintain, grow, and preserve supply chain and current supplies of PPE.

We are currently working to develop a testing capacity that includes reliable and locally available on-site testing.

Communication systems are in place that include but are not limited to:

- Employee survey for feedback / Resurvey

- Weekly updates from Infection prevention, senior leader team, and Lead Hospitalist

- Regularly scheduled ICS meetings that include hospital based as well as Unified ICS communication

- Written updates, incident directives, and unit based “updates” using zoom technology

Effective May 4th, some non-emergent surgery cases will begin, looking at a current rate of approximately 50% of pre-COVID volume.

We are currently experiencing a stable yet fragile PPE supply chain.

Employee wellness focusing on mental health needs of the staff in creative ways, including meditation, and professional counseling

Regular meetings of Incident Command within the BRH as well as with Unified Command (2-3 per week)

Current open issue with housing of supervised homeless where, and how to staff this community need persist.

The hospital has secured outside expertise and has worked to set up negative pressure areas throughout the building with 8 beds in CCU, a unit specific to COVID on the medical Surgical Unit, along with 4 negative pressure rooms, and ER facility changes to create a COVID care area with negative pressure

Currently cruise ship activity has been halted, and travel bans remain in place requiring a strict 14 day self-isolation for out of state travelers.

Transitional Projections / Phase Two

Key Points:

Current ADC: Average Daily Revenue Delta from year prior:
 Current ER daily Visits: Number of COVID patients treated:
 Current Average Daily Surgical Cases: Number of currently active COVID patients:

Roadmap to Reopening Bartlett Regional Hospital

Continuing Phase II

This document captures an assessment of current state, activities planned for reopening, risk assessments for continuing to move forward, freezing, or even reversing direction as it pertains to safely reopening the hospital

Allowed / Planned Activity	Protective Measures (Here are mitigating measures placed to protect the critical mission of Bartlett, specific to the action)	Risk Metrics (In order for this phase to continue, these criteria must remain constant or show improvement)	Who / Target date
Cease Incident Command Structure Activities / expanded incident time windows Continue opening	<ul style="list-style-type: none"> Continue universal masking Continue limited visitation 	<ul style="list-style-type: none"> Epidemiologically the COVID 19 case load remains manageable without any high risk, or 	The decisions as to when the activities occur will be coordinated / implemented in conjunction with the

<p>of surgery schedule to 75 % of Pre- COVID Volume</p> <p>Staff Return to work within the walls of the institution, with evaluation of continued work from home arrangements on an individual basis</p> <p>Reopen the doors of the administrative buildings that are currently locked during business hours</p> <p>Prepare for dual channel patient care processes: COVID 19 / Non COVID 19 care safely, with full confidence of community, providers, and staff</p> <p>RRC and Detox Unit open for rehab/detox patients.</p>	<ul style="list-style-type: none"> • Implementation of checking all staff temperatures at the entrance coming into work • Maintain a weekly meeting dedicated to Current state of COVID issues • Large meetings are curtailed and only scheduled in spaces that allow social distancing in the work place / Zoom platform continues to be the preferred method • Shared office spaces are evaluated and safety issues addressed before placing more than one person into a working space closer than 6 feet apart 	<p>uncontrolled cluster spread events</p> <ul style="list-style-type: none"> • The hospital census of COVID 19 patient remain less than 6 at any given time • Community high risk populations continue to have little to no active spread of COVID 19 (homeless, group housed, long term care units, etc.) • Testing capacity remains to safely operate the facility for at least the next 14 days • PPE supply of critical / hard to produce locally items are at, at a minimum of 14-day supply 	<p>Hospital Incident Command Structure, Unified Incident Command Structure, as well as local and state mandates</p>
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<p>Ancillary services open at 70%.</p> <p>Behavioral Health Unit to begin opening back up to clients from outside of immediate area</p> <p>Hospital owned provider's offices begin opening their schedules back up to all patients, and seeing them in the office</p> <p>Employee leave with local travel will be allowed</p> <p>Time and expense tracking of event will continue as long as state of emergency exist, when this is lifted, this practice will cease</p> <p>Hospital will consider and research resources needed to gain the ability to process</p>	<ul style="list-style-type: none"> • Maintain plan/ability to use RRC facility as alternate care site. • BHU has explicit pre-screening process in place prior to accepting a patient that requires water / air travel to get to Juneau, including negative Abbott Test, symptom screening, and others measures as situation demands • All outpatient areas within the hospital and hospital owned offices will adopt and maintain patient screening processes as determined by CDC, and hospital practice • Employee leave will be allowed with the stipulation and 	<ul style="list-style-type: none"> • Employee illness rates stay within 8% of total staff schedules • Any Employee positive to COVID is identified early, and there is no "spread" within the hospital, to patients • Public health ability to test large populations and person under investigation tracing resources will continue to be consistent in our community 	
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<p>PCR test in a definitive way, in CBJ</p> <p>COVID 19 Unit, and ER triage tent will remain in place and used as needed during transition time</p> <p>Transition from telehealth services back to normal operations of clinics and services where needed for patient care.</p> <p>Consider adopting / continuing telehealth as a modality of care, in areas where it has demonstrated a proven benefit only after evaluation and careful consideration of current and future trends in practice standards, regulations, and reimbursement</p>	<p>understanding a change to the travel mandates or a change in community COVID activity may result in cancellation of leave</p> <ul style="list-style-type: none"> • Community will develop and maintain reliable method to manufacture cloth mask needed for universal masking process on hospital grounds • Joint Commission Tracer activity on all areas is restarted for eyes on the units and support of unit leadership • Current locked doors in administrative building will be evaluated for safely screening visitors, or 		
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<p>Café', Gift Shop, and Coffee shop return to normal operations as consistent with governmental mandates</p> <p>Meetings / classes with fewer than 10 participants can move back to in-person meetings, using social distancing, hand washing, and universal masking as needed</p>	<p>protection of greeting staff within those building</p>		
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Strategy to Consider	Date Planned / Expected	Notes
<p>Consider how the COVID 19 experience exposed weaknesses in current provider footprint, and look at new and unique partnerships and acquisitions</p>		
<p>Consider conducting community focus groups to solicit their thoughts on hospital operations, and lessons learned from the "Voice of the customer" perspective.</p>		

New Normal Vision / Phase Three

Key Points:

Current ADC: Average Daily Revenue Delta from year prior:
 Current ER daily Visits: Number of COVID patients treated:
 Current Average Daily Surgical Cases: Number of currently active COVID patients:

Roadmap to Reopening Bartlett Regional Hospital			
Phase Three			
This document captures an assessment of current state, activities planned for reopening, risk assessments for continuing to move forward, freezing, or even reversing direction as it pertains to safely reopening the hospital			
Allowed / Planned Activity	Protective Measures (Here are mitigating measures placed to protect the critical mission of Bartlett, specific to the action)	Risk Metrics (In order for this phase to continue, these criteria must remain constant or show improvement)	By Who / Target Date
Consider permanent remodeling needs to manage new patient care demand	<ul style="list-style-type: none"> ED triage tent removed, temporary walls/ante-rooms deconstructed, temporary windows 	<ul style="list-style-type: none"> Community wide testing ability is maintained, while potentially placing the services on hold 	The decisions as to when the activities occur will be coordinated / implemented in

<p>Consider new provider models and structures that suit new normal</p> <p>Care delivery without COVID-19 specific processes:</p> <p>Full patient care capacity maintained</p> <p>Normal patient/visitor flow.</p> <p>Stable isolation measures</p> <p>PPE management and re-supply returns to normal vendor process, and all extra / outside measures cease</p> <p>Review all incident directives, make policy through normal channels those we will retain, lift all others</p>	<p>with HEPA filters removed, typical interventions resume (intubations, nebulizer, etc.)</p> <ul style="list-style-type: none"> • Surgical Services, ancillary services fully operational • Screening with temp checks stopped, normal visitor policies restored, all public access points opened to hospital • Meetings are moved back into original meeting places, with in-person attendance strongly encouraged, because of its “synergistic impact” on positive relationships 	<p>of no presence of COVID-19</p> <ul style="list-style-type: none"> • Definitive treatment medications and treatment plans • Community wide vaccinations available • Sufficient PPE / Testing materials related to COVID will be maintained at Phase II levels until vaccine, or treatment is widely available, and being utilized 	<p>in conjunction with the Hospital Incident Command Structure, Unified Incident Command Structure, as well as local and state mandates</p>
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<p>Employee leave process returns to pre COVID 19 processes</p> <p>Formally adopt telehealth practices that are good business models, and have proven to be positive for patients if allowed by CMS</p> <p>Restore full service to community including health fairs, screenings activities etc.</p>			
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Strategy to be considered	Date Planned / Expected	Notes
<p>Consider having a GRAND REOPENING....Community event in an effort to get people back to the building and say thank you to our community, City leaders</p>		

Bartlett Regional Hospital

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907.796.8900

www.bartletthospital.org

May 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
- Covid-19 legal issues
- By-law language revisions

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Management Report from Dallas Hargrave, Human Resource Director May 2020

- In January, BRH entered into an agreement with the Studer Group to enhance leadership development within the hospital for the next 2 years. This program has kicked off with all managers and supervisors taking an assessment. After a brief respite to address the COVID-19 emergency situation, we will be re-starting the leadership training this month. Some of the highlights of this leadership development program include:
 - A unique learning path for each employee's professional development will be created based on their responses to a self-assessment of their leadership development needs.
 - Content is delivered in short segments – most videos are four minutes or less and can complete most courses in under thirty minutes.
 - Earn Continuing Education credits for each course completed.
 - If an employee has taken a course, but still needs guidance, they can reach out to connect with a Studer Group coach for a one-on-one consultation.
- The HR Director participated in the quarterly meeting for the Alaska AHEC on May 8 2020, a rural workforce development program housed at the University of Alaska Anchorage. Dallas Hargrave was re-elected as the chair of the Alaska AHEC steering committee for another term. The Alaska AHEC announced that they will coordinate the hiring of up to 500 additional staff to help the with COVID-19 contract tracing across the State.

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May 2020 Nursing Report Rose Lawhorne, CNO

Nursing Administration

- We have been recognizing our teams throughout the month for National Nurses Month. Nursing typically honors nurses across the country for a week in May. Since this year marks the 200th anniversary of Florence Nightingale's birthday, the World Health Organization (WHO) and the American Nurses Association (ANA) extended Nursing Week to encompass the full month of May. See the attached communication to our nursing team.
- During the second week of May, we honored all care team members during Hospital Week, recognizing two colleagues who received the Forget-Me-Not and CARE Awards for their exemplary work. Thank you all for your part in making our hospital the best community hospital in Alaska! Thanks also to the Board of Directors for your partnership as we celebrated our Bartlett Heroes this week. To our hard-working Employee Engagement Committee, we are grateful for all you did to organize such an amazing week, despite the pandemic challenges.

Supervisors

- We have begun a higher level of screening that includes temperature checks at entrances. Employees submit information that flows to our data collection sites. We are able to better manage data and track illness. Thanks to our team in the Quality and Staff Development Departments for your work on this.
- The central staffing program is going well, with permanent staff in place and training started.
- Distribution of Labor Pool staff has been absorbed into the central staffing team's responsibilities. Staffing coordination is complex, and addresses in-hospital care areas, personnel who screen individuals at two entrances, supervised isolation sites, and a hospital scrub distribution/laundry process.
- We are collaborating with care teams to develop processes that support return to typical operations while continuing appropriate infection control measures.

Obstetrics Department (OB)

- Ongoing work is being done by the OB/Neonatal Committee to develop safe, mandate-compliant care plans for OB patients. We complete COVID-19 testing on all admitted patients and use PPE for deliveries. Excellent communication and information is received from weekly statewide Perinatal ECHO meetings.
- All perinatal and baby/toddler classes are still being offered in an online/Zoom format. The classes are well-attended and we continue to receive positive feedback.

- Lactation visits continue in person and via Zoom if clinically appropriate. We purchased five baby scales as rentals for families to track weight gain at home, if they are participating in remote lactation appointments.
- Our Bartlett Beginnings website page is now updated. It includes a COVID-19 section for expecting families, and a virtual tour of the unit.
- Our Director and Perinatal Education and Lactation Coordinator took to the airwaves twice to promote all the changes we have been making and to review processes that ensure safe deliveries at Bartlett.
- We adapted our normal, in-person monthly drills to an online format, thanks to the help of Staff Development. Our drill in May addressed postpartum hemorrhage, created by Ami Reifenstein, RN. It was an excellent way to maintain our continuing education. Great job Ami!

Surgical Services

- Since mid-April, Same Day Surgery (SDS) has been busy transforming from a surge overflow unit back into a SDS unit.
- SDS staff have continued to work in Central Staffing and the Labor Pool on a fulltime basis, transitioning back to home unit in mid-May.
- Several SDS staff have also continued to develop their float areas during this time.
- May 4th was the official re-opening of Surgical Services for surgical procedures, as released by State of Alaska Mandate 15. We have worked with physicians and our team to develop processes that prevent infection for our surgical patients. On May 18th we increased our operating level to 80% capacity with COVID-19 testing obtained on all surgical patients prior to the procedure.
- Pre-Admission Testing (PAT) and SDS areas have communicated directly via phone call with clinics to discuss and clarify the new process of testing, masking, and recommended isolation of patients prior to surgery.
- PAT and SDS staff have also been actively educating patients and their families regarding new processes:
 - COVID-19 test send-out in concert with Capital City Fire/Rescue testing site
 - Universal masking education
 - SDS visitor policy
 - Isolation recommendations
- We have developed a process to decontaminate N-95 masks for the entire hospital. The masks can be decontaminated up to 10 times each, maximizing the use of our precious resources.

Emergency Department

- We are maintaining COVID-19 readiness/awareness, caring for non-viral patients as our volumes normalize, and are resuming pre-COVID-19 efforts.
- The Nursing Director worked with Facilities to rearrange the ED lobby to maintain social distancing for patients and visitors. Visitors, in a limited manner, will be allowed into the department after June 1st.
- We are coordinating the delivery of mandatory training, such as trauma courses, that must be completed in person, while meeting mandates for social distancing.

- As part of our demobilization plan, we are developing a plan to store equipment at alternate care site (RRC) in such a way that allows for RRC to open when appropriate, yet maintain readiness, should we see a surge in COVID-19 cases.
- We are continuing hourly rounding and looking to train staff on “AIDET” from Studer Group. AIDET represents five communication areas, Acknowledge, Introduce, Duration, Explanation, and Thank You. It prompts staff to address key elements with patients, and helps patients feel valued and informed during their care.

Critical Care

- We are seeing intermittently increased patient volumes as services open and patients present for care. Staff have used downtimes to ensure that mandatory training and education is completed.
- For COVID-19 preparedness:
 - We are awaiting conversion of two more rooms into negative airflow rooms.
 - Patient care processes are in place, including protocols and nursing procedures.
 - The Cepheid test has significantly decreased the amount of required isolation, PPE use, and has made patient care more efficient. Unfortunately, testing supplies are limited.
- We are continuing to precept two nurses. One nurse is doing very well and will be working independently in a month. The second is about a month into his preceptorship.
- We are focusing on completing regular chart audits and working on ways to improve our care and documentation.

Medical Surgical Unit

- We have re-introduced surgical equipment and processes to allow for the return of non-emergent surgical patients.
- The COVID-19 wing is ready and available for sequestering of infectious patients as needed.
- The hospitalist group and support personnel have been relocated to the old medical surgical conference room and a new call room, since their space was absorbed by the COVID-19 wing.

From: Rose C. Lawhorne
Sent: Friday, May 1, 2020 3:12 PM
Subject: Happy National Nurses Month!

Dear Colleagues,

In 2019, the World Health Organization (WHO) and the American Nurses Association (ANA) declared 2020 the Year of the Nurse and Midwife, to honor the 200th anniversary of Florence Nightingale's birth and to honor the contributions of both professions. The ANA also extended this year's National Nurses Week, May 6-12, to a full month of recognition. Our profession has long been acknowledged and appreciated for the contributions we have made to health care. In the current crisis, nurses continue to rise to the challenge, joining other health care professionals to battle global illness.

Here at Bartlett, in our small, remote town, you shine brightly. You offer light, healing, and comfort to our community. You make a profound difference and change lives. Within this team, I see professionalism and compassion. I see courage, tenacity, and steadfast resolve to overcome challenges and deliver high quality care to our patients. Together, we weather storms and celebrate our successes. Despite our differences, together we are strong.

In alignment with the ANA efforts, we will highlight a specific focus each week in May. More information to come...

Week 1 (May 1 – 9) Self-Care



Week 2 (May 10 – 16) Recognition



Week 3 (May 17 – 23) Professional Development



Week 4 (May 24 – 31) Community Engagement



This month, I honor you, my nursing colleagues. I am grateful to share this profession with you.

Sincerely,

Rose Lawhorne, MSN, MHA, RN, CEN, CPEN
Chief Nursing Officer
Bartlett Regional Hospital

Bartlett Regional Hospital

May 26, 2020 Board Report
Billy Gardner, Chief Operating Officer

Respiratory Therapy (Robert Follett)

- Fully staffed with one traveler in quarantine starting department orientation 5/18.
- Upgrade of Trace master ECG management system, in que for project scheduling delayed by COVID.
- RT outpatient testing stress/ECG resumed with new IC plans in place.
- RT resuming outpatient pulmonary function testing planned for week of 5/18.

Sleep Lab

- Accreditation (ACHC) site visit scheduled for September 2020.
- Sleep testing resumed with new IC plans in place.

Cardiac Rehab

- Resumed operation with new IC plans in place.

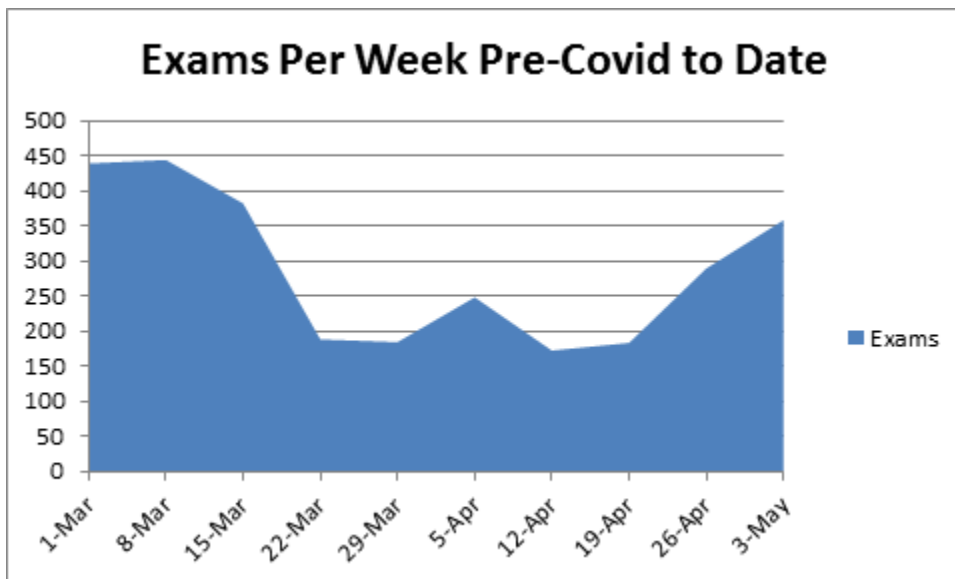
Diagnostic Imaging (Paul Hawkins, Interim Director)

- Reduced call hours by rearranging staff schedule when outpatient schedule is not full. Worked with Angelita and developed a telephone registration process, patients stop by PAS for signature and arm band.
- Cross-training X-ray/Mammo tech into MRI
- Developed Lung Ultrasound protocol for COVID19
 - New POCUS (point of care ultrasound) units for Lung US are in and waiting on IT for set up.
- Arranged remote reading stations for radiologists.
 - Dr. Shanley was able to read all scans from home during peak lockdown.
 - Dr. Strickler reads in early morning from home (overnight ER studies) works here then finishes at home.
- Restructured outpatient schedule to allow for social distancing in DI waiting room.
 - Outpatient volumes are increasing
 - Radio interviews from SR leaders and PR helped encouraged safe return of screening mammography, found a cancer in first week of screenings.

Future Plans

- DXA (Dual energy X-ray absorptiometry) chargeable exams: (DXA to arrive in June)
 - Bone density scan
 - Body fat composition (exact breakdown of bone, fat tissue, and muscle mass)
 - Can work with dietary and get a baseline at start of consults
 - Can work with PT to access muscle mass (area to explore)
- Contrast enhanced abdominal ultrasound, new CPT code and revenue source
- Breast elastography, new CPT code and revenue source.

- Musculoskeletal ultrasound. Sonographer training is nearly complete.
- New MRI purchase still planned. Increased patient thru-put and possible new exams.
- Looking at CT brain perfusion with AI application that identifies when to ship patients to save brain matter.



Last months

1. 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 seen from 0700-1700 working well .**
2. Outpatients marked as urgent are still being seen. Modified waiting room to promote social distancing. **Back to seeing non-urgent patients.**
3. 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. **Working well**
4. Will use the UV sterilizer (Sterile Merile) in our radiology rooms at night. **No change.**
5. Assessing placement of HEPPA filter near or in our COVID possible X-Ray room and working with Mark Walker to evaluate air exchange in DI. **Air returns still not working in bathrooms, no update from facilities.**
6. 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.
7. Cleaning protocol for 128 slice scanner. Similar to UW CT policy so we can keep up with ER patient load. **No change**
8. 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. **Working well**

9. 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. [Here but waiting on IT](#)

Physical Therapy (James “Rusty” Reed)

- Currently our operations/service lines are at approximately 30-40% but we are in the process of increasing to 60% capacity. In order to do this, we are planning and continuing with distancing guidelines and staggering scheduling.
- There has been an uptick in referrals.
- Teletherapy sessions are continuing for the appropriate patients and appropriate situations.

Laboratory (John Fortin)

- Continuing to fine tune Covid 19 testing protocols and procedures in coordination with CBJ, Physicians, and the State. Testing reagent supplies are continuously monitored and requests for more are submitted non-stop. Chuck will address the feasibility of BRH’s degree of involvement with setting up a reference lab in Juneau.

Telehealth: VMMC Cardiology Physicians are unable to come to town for in person patient visits. Dr. Dave Miller’s office/VMMC will set up a telehealth cardiology service with assistants to help residents in our community who either lack the equipment or the ability to navigate the equipment to attend their visit.

Bartlett Regional Hospital

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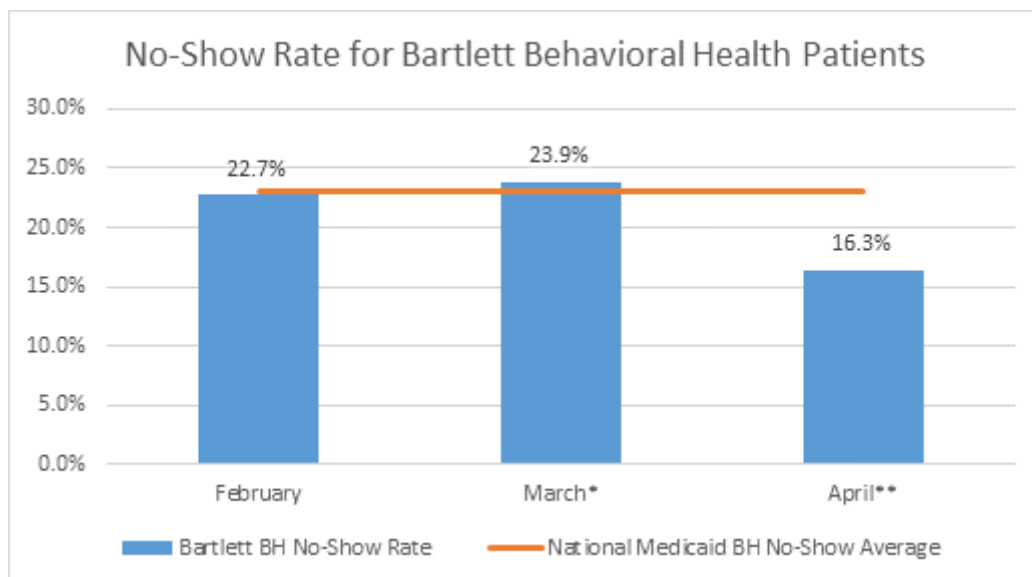
May 2020 Behavioral Health Board Report Bradley Grigg, CBHO

COVID-19 UPDATE

- **Rainforest Recovery Center:**
 - **RRC Residential Treatment Update:** As a part of developing the BRH Pathway to Return to Normal Operations, Behavioral Health Leadership is developing a strategy for reopening Residential Treatment and the new Detox Unit simultaneously, with a contingency plan for if RRC needs to be stood back up as an alternative care site. More to come very soon.
 - Residential Services were paused on Tuesday, March 24, 2020. Over the course of a week, all 11 residential patients were safely discharged.
 - RRC is still 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 22 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.
 - Other RRC staff are assisting throughout the hospital on COVID related operations (Triage Tent, 1:1, BOPS, Materials Management, etc).

- **Adult Mental Health Unit:**
 - Despite to the COVID-19 outbreak, MHU is open and serving patients; however, we are requiring all patients be tested and confirmed negative before they are allowed on the unit.
 - We began accepting out of town patients May 1, 2020 and are working closely with referring agencies to ensure each patient accepted is confirmed negative for COVID-19.
 - With the ability to divide the MHU up into two separate 6 bed settings, we have done so to separate patients who despite having a negative test result, are struggling with the severity of their MH symptoms and thus, struggling to maintain safe social distancing practices and mask.

- **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 nearly 450 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. May 2020 data will be provided in early June. 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 April 2020, PES Staff assessed 126 people, over 4 per day average, who presented experiencing a Behavioral Health Crisis.
- **RRC Withdrawal Management (Detox) & Assessment Center:**
 - See attached 05/19/2020 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 began 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 28, 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.
 - Anticipated completion is late Spring 2022
 - Geotechnical Report is complete for the Crisis Construction Site. Coordination with NorthWind Architects to provide a brief presentation to the Planning Committee in June on Geotechnical findings.
 - **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.**



CITY & BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Daily Observation Report

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

Project: Rainforest Recovery Center Detox Addition, CBJ Contract # BE19-173
Contractor: Alaska Commercial Contractors
Date/Time: Tuesday, May 19, 2020 – 1:00 pm
Weather: Light Rain, 54 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – AK Commercial Contractor(ACC)	1+3+0	Chad + crew + Ben
Electrical – Chatham Electric (CE)	0+0	Jake + crew
Mechanical – Inside Passage (IP)	0+1	Kyle + crew
Painting – Thunder Mtn Drywall (TM)	2	
Sitework – Glacier State Contractors (GSC)	0	

Description of Work:

1. ACC had two workers installing forms for the curb and gutter section north of the east wing of the facility while Chad installed rebar and mesh for concrete pour under the canopy. Unfortunately, someone drove the forklift over the recently prepped basketball court. Chad not naming names but was exasperated. SECON may pave this afternoon if weather not too wet and their schedule allows.

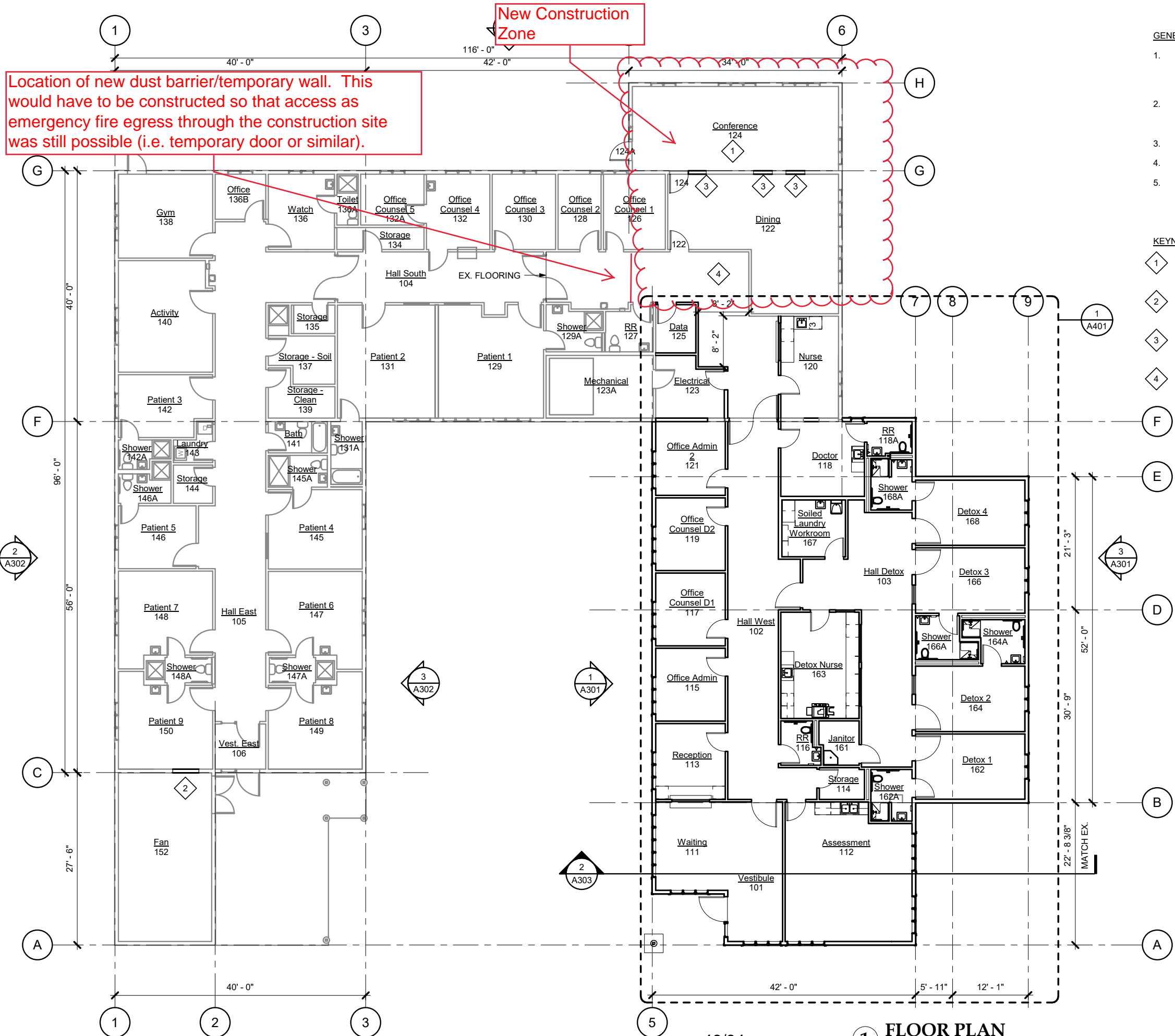


2. ACC had one worker continuing with install of door hardware. Chad and I reviewed the install of the corner guards at Detox Suite. Chad noted that he could install without caps to provide a cleaner look. I think the lack of caps does provide a cleaner look and will likely prove easier to keep clean.



3. IPM had one worker continuing with install of fin tube elements in Detox Nurse 163. Worker offsite at time of visit. TM workers continued with GWB finish in Conference 124 and masking of window trim for painting. The front door was installed in lieu of plywood panel.





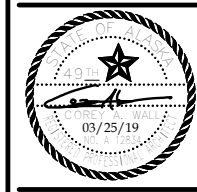
Location of new dust barrier/temporary wall. This would have to be constructed so that access as emergency fire egress through the construction site was still possible (i.e. temporary door or similar).

New Construction Zone

- GENERAL NOTES:**
- PATCH AND REPAIR ALL EXISTING FINISHES IN EXPOSED LOCATIONS AS REQUIRED FOR SEAMLESS APPEARANCE. COORDINATE WITH REMOVED WALLS AND EQUIPMENT. SEE DEMOLITION PLANS.
 - PATCH WALL FINISHES AS REQUIRED BY INSTALLATION OF ELECTRICAL AND MECHANICAL ITEMS.
 - ALL DIMENSIONS ARE FROM FACE OF STUD - UON.
 - SEE AD201 FOR PHASING AND ALTERNATE NOTES
 - 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.

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

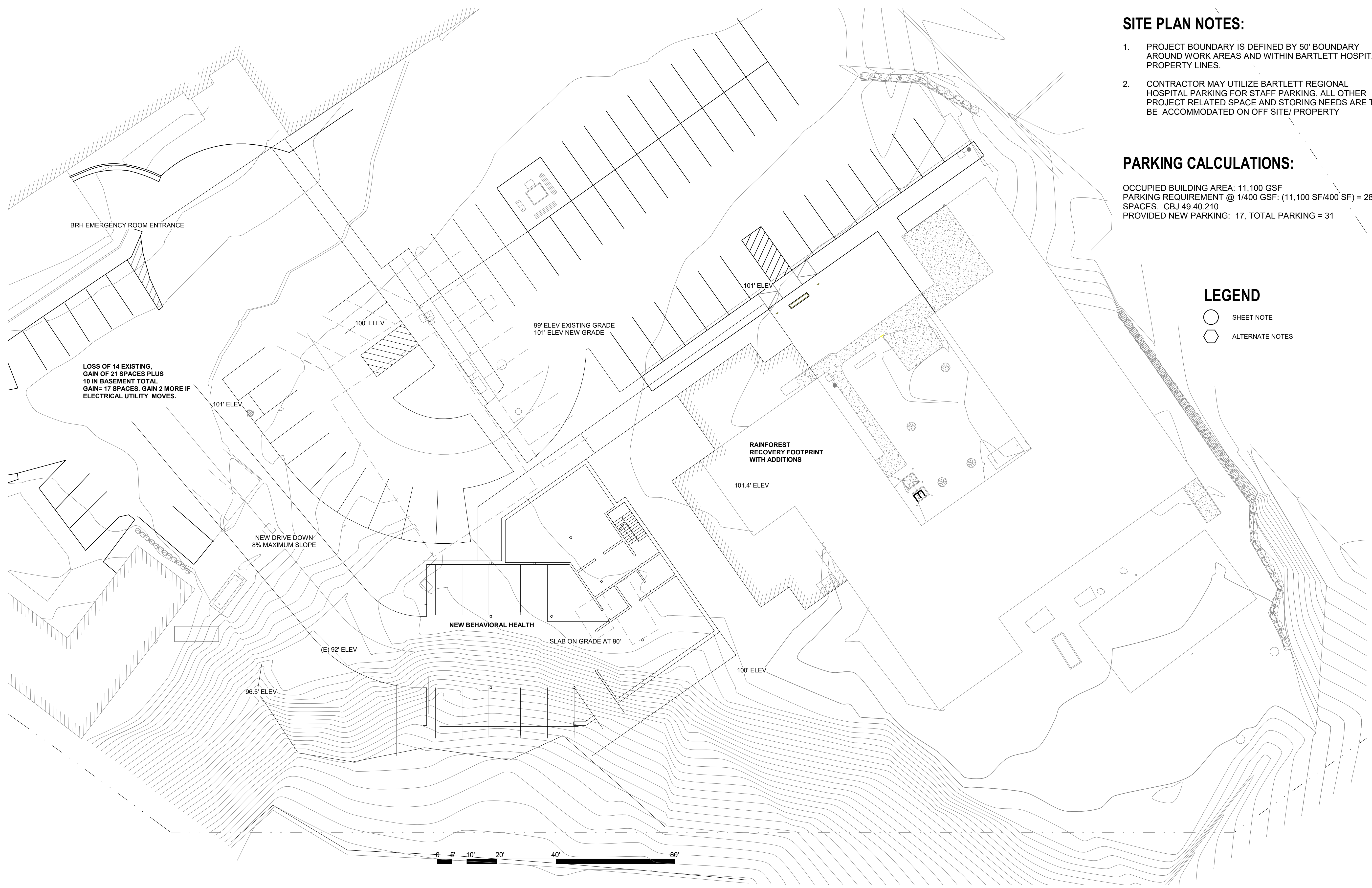
A201



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

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	Checker
DRAWN	Author
issue	date description

SHEET #	G0.4
PLOT DATE	03/11/20
ISSUE DATE	3/31/2020
May 26 2020 Board of Directors Meeting Page 48 of 74	

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1 SITE PLAN
 1/16" = 1'-0"



NOT FOR CONSTRUCTION

XX/XX/2018



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**

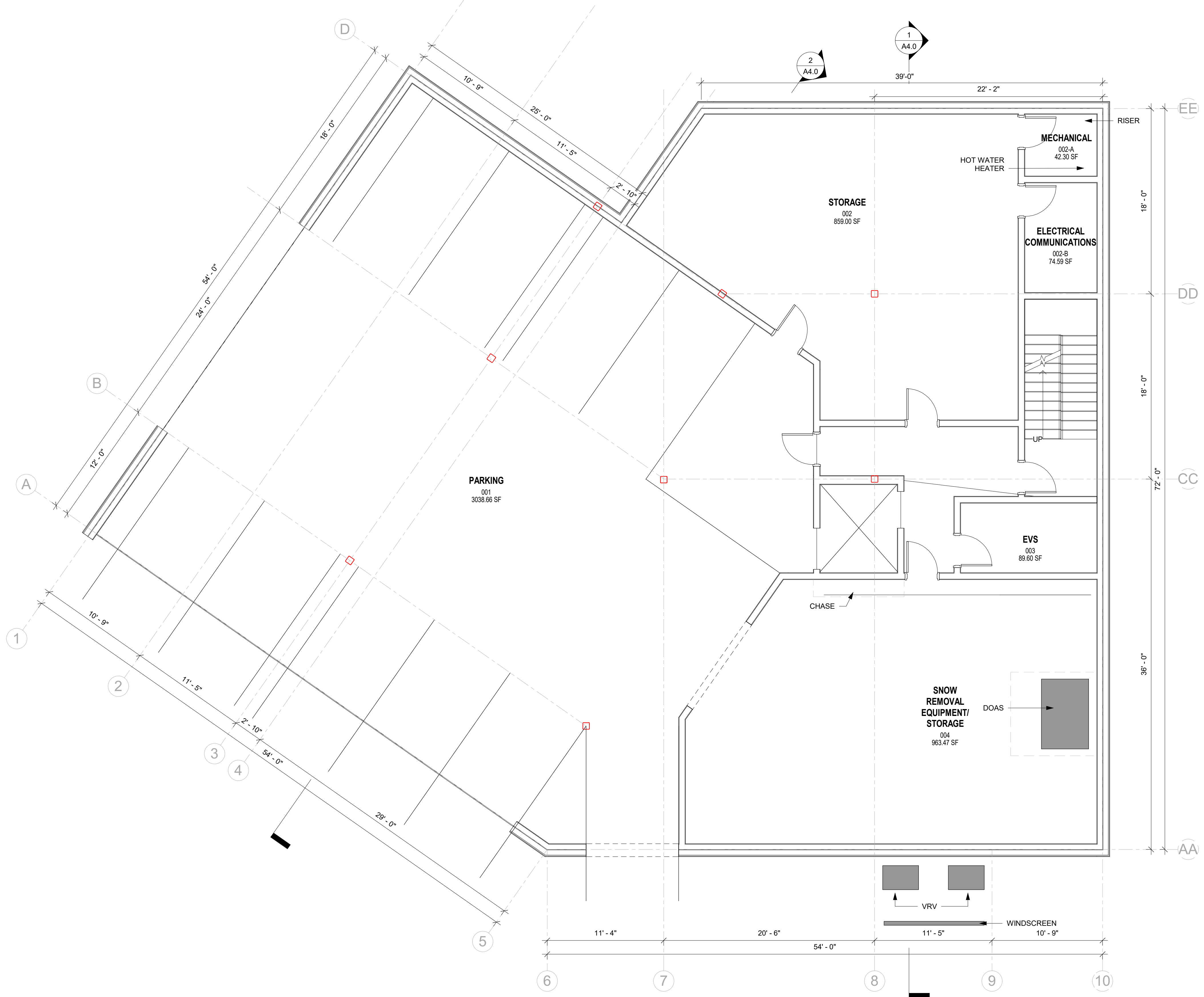
CHECKED Checker
DRAWN Author

issue date description

SHEET # **A2.0**

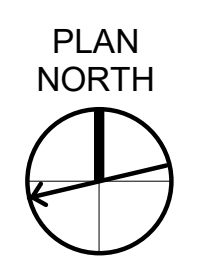
PLOT DATE 03/24/2020
ISSUE DATE 3/31/2020

May 26 2020 Board of Directors Meeting
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@ NorthWind Architects, LLC; Project Number NWA-

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



NOT FOR CONSTRUCTION

XX/XX/2018



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

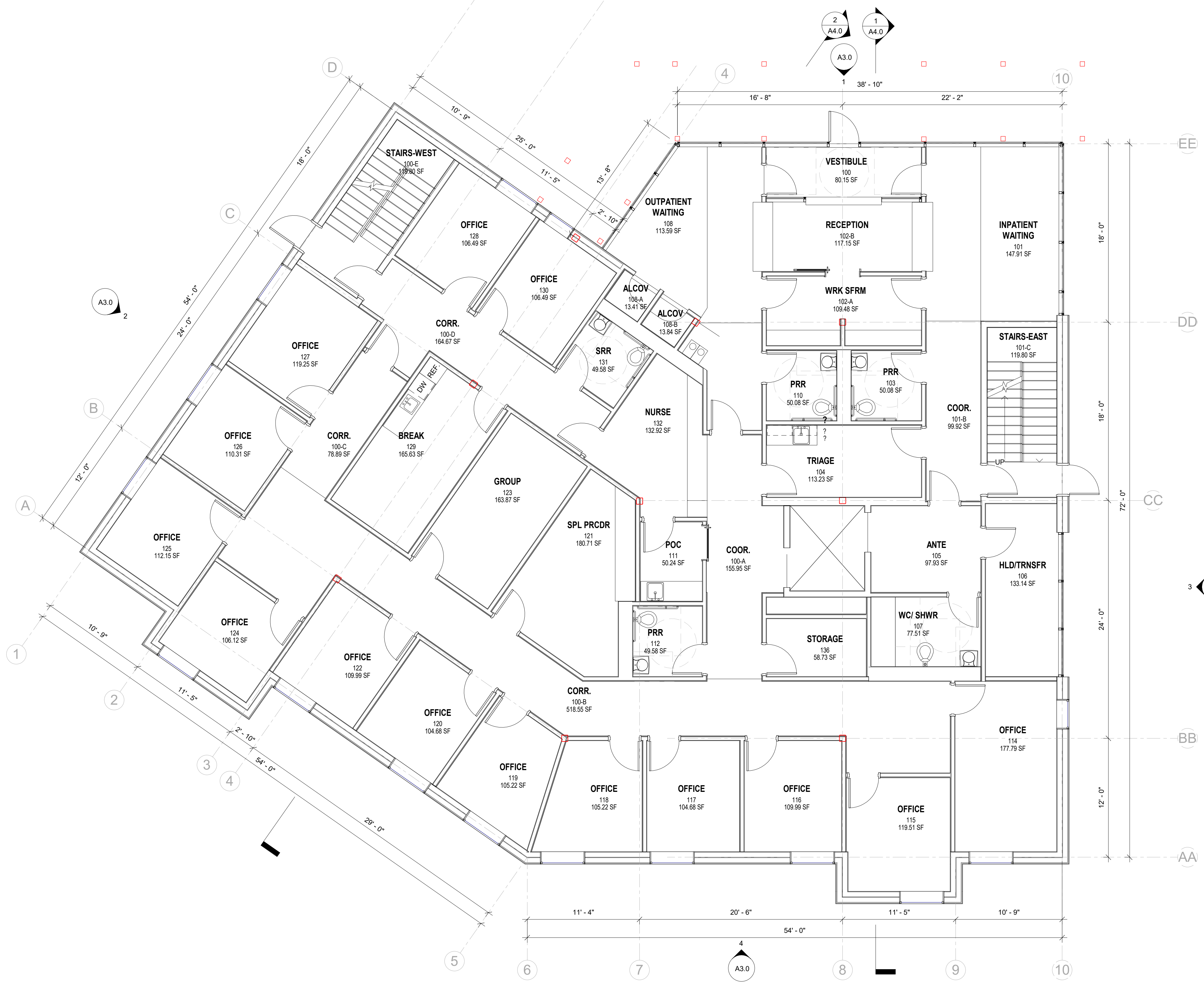
CHECKED DH
DRAWN EJ

issue date description

SHEET # A2.1

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

May 26 2020 Board of Directors Meeting
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@ NorthWind Architects, LLC; Project Number NWA-

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



NOT FOR CONSTRUCTION

XX/XX/2018



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:
SECOND FLOOR PLAN

CHECKED DH
DRAWN EJ

issue date description

SHEET # **A2.2**

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

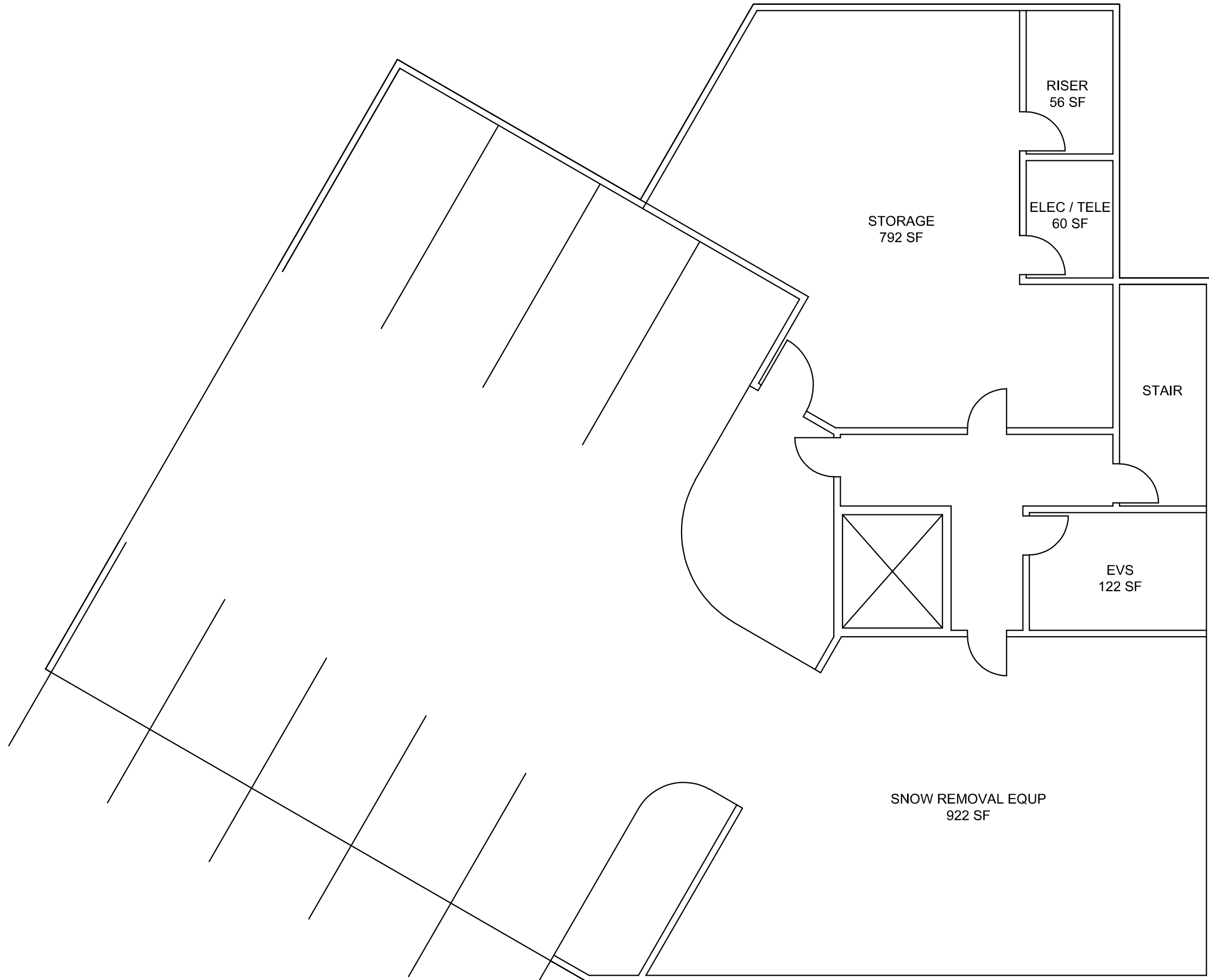
May 26 2020 Board of Directors Meeting
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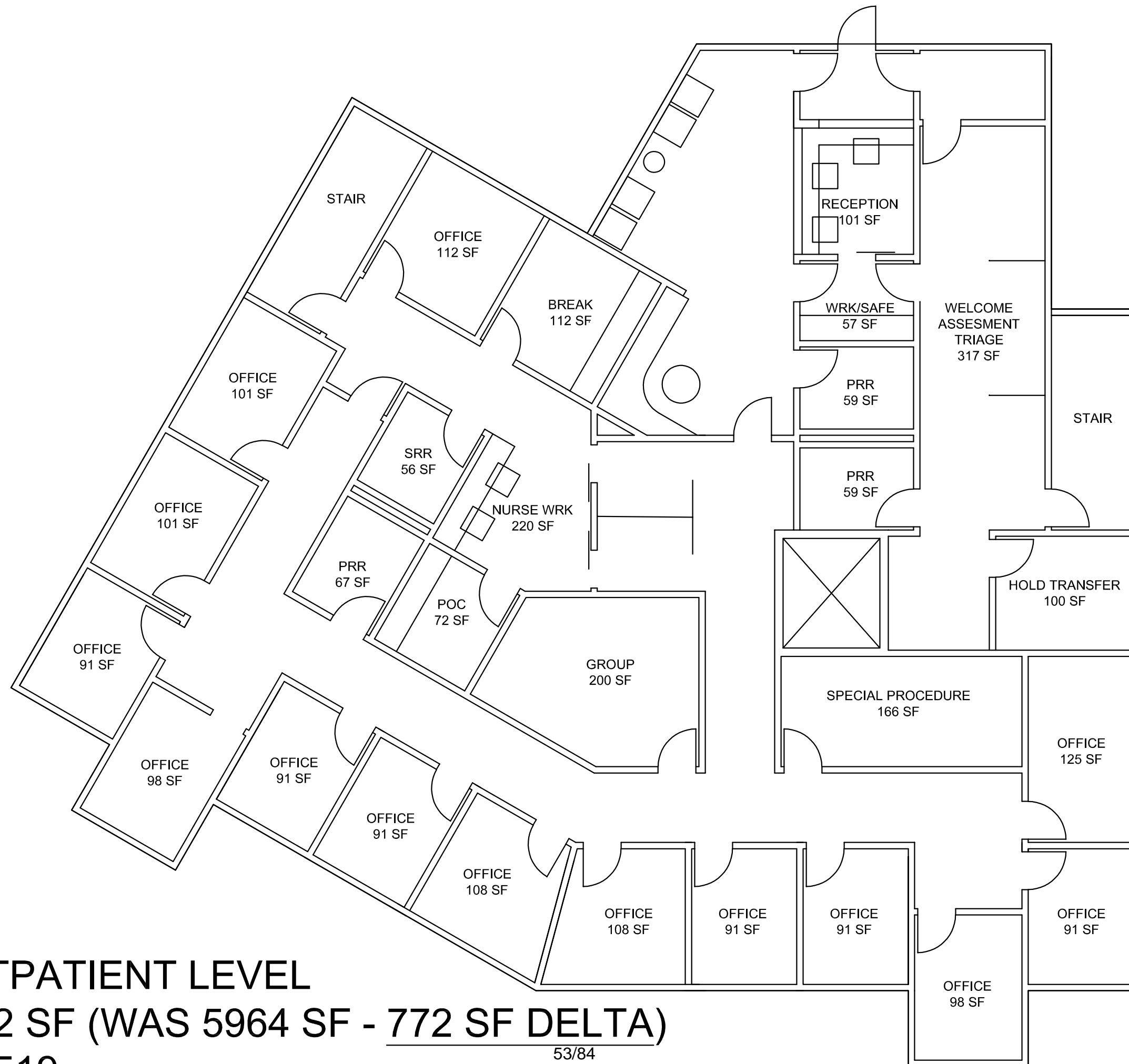
@ NorthWind Architects, LLC; Project Number NWA-

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

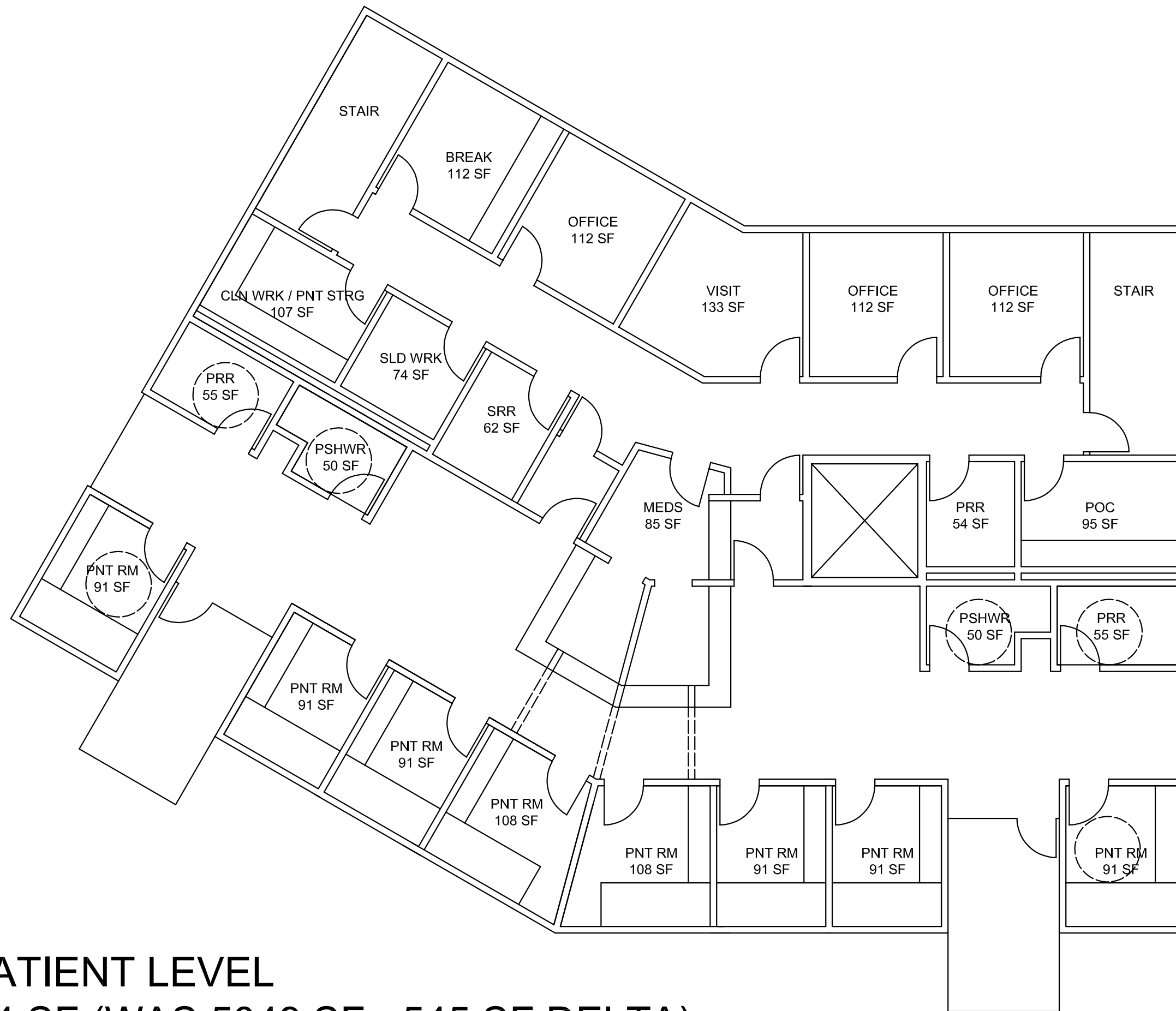




PARKING / STORAGE LEVEL
5078 SF (WAS 5859 SF - 781 SF DELTA)
200519



OUTPATIENT LEVEL
5192 SF (WAS 5964 SF - 772 SF DELTA)
200519



INPATIENT LEVEL
4504 SF (WAS 5049 SF - 545 SF DELTA)
200519

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

May 26, 2020 Board Report Kevin Benson, CFO

Finance

HIM – Rachael Stark

- We are trying to bring staff back into the office while maintaining social distancing guidelines. We continue to support the outside clinics by sending records for continuation of care.
- 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 staff in PFS are still working remotely, but business functions continue to run smoothly.
- Overall cash collections for the month of April was at \$6.67 Million.
- 2020 Annual SOA DSH QY 2017 was finalized and submitted to Meyers and Stauffer.
- We will continue auditing for the MCD Provider Self-Audit despite the deadline extension 12/31/20
- A process was implemented to prevent patients from being balanced billed for COVID-19 related testing.
- CMS update as of 4/30/20 announces that they will allow for certain hospital outpatient departments to provide services, including Telehealth to patients in the home. PFS will be retro billing for these services to recoup reimbursement for these approved areas.

Case Management – Jeannette Lacey

Covid-19:

- Discharge Morning Rounds have continued on Zoom and this process continues to work. We do have more members attending in person, masked in our main office
- Case Management has been assigned to two HICS units:
 - Patient Tracking Unit under the Planning Section. Under this unit, in addition to what was reported last month, we have:
 - Continued to work closely with CBJ with regard to the Medical Respite and Supported Isolation. We transitioned supported isolation from Mt. Jumbo Gym to Centennial Hall on May 19. This was done in conjunction with the broad testing of the unsheltered population. Case Management assisted with registration and CCFR performed the tests. We tested 57 individuals May 19, moving 2 people who reported symptoms to supported isolation. We will continue testing one more evening, May 20 to get a good sample of the population.

- We continue collaborating with CCFR Mobile Integrated Health Unit to refer patients under investigation or positive for COVID for support in isolation. This team has been incredibly responsive and supportive to the needs of our community.
- Employee Health and Wellbeing Unit under the Logistics Section. Under this unit, we are assessing staff response to this long-term emergency situation. We have:
 - We conducted a follow up staff survey that was open May 5- May 17. We had fewer responses to this survey than the initial survey, 147 versus 227 in the first survey. Overall, the results are positive. The quantitative data is attached. We are still analyzing the individual responses and will send out a summary when complete. An update will be included in the next packet.
- We continue to have some staff working remotely, but are looking at how to bring staff back on campus. We have lost some space due to restructuring the facility to accommodate the COVID wing. We are working with SLT to identify adequate space.

Discharge Planning:

- We have begun utilizing the new discharge checklist and will be developing a PI project to be able to report more outcomes from the utilization of this tool. CM is working with Quality to review Joint Commission discharge planning standards created based on CMS changes.

Staffing:

- We have hired a social work case manager who will help us offer 7 days a week coverage to the MHU and support our float needs.

Success Stories:

- CM worked closely with our interdisciplinary team to continue to provide support and care to one of our most medically fragile patients who was one of the highest utilizers to the Emergency Department to overcome incredible barriers and challenges to support transition to a family setting where he is thriving.
- A day before a patient was transitioned back to our community, we learned of a plan that was developed that we felt was unsafe. Concerns were brought to the attention of Case Management by Infection Prevention, which prompted a last minute interdisciplinary treatment team care planning meeting with the discharging facility, the PCP, Bartlett and some of our community partners, Hospice and Home Care and CCFR Community Paramedics, to reorganize and improve the plan. We are very fortunate to live and work in such a special community and hospital.

IS – Scott Chille

Projects:

- 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 and Web Ambulatory likely to be moved to March 1, 2021.**

Department Updates:

- Hired second desktop support tech, Griffin Bailey, to work alongside Alex.
- Launched 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 – markedly improved for April.
- 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.
- Attacks on Bartlett network doubled for month of April.

Attacks on Bartlett Network		
	As of March-15	As of April -29
Per Minute	86	183
Per Hour	5,160	10,980
Per Day	123,840	263,520
Per Week	866,880	1,844,640
Per Month	3,839,040	8,169,120
Per Year	45,201,600	96,184,800

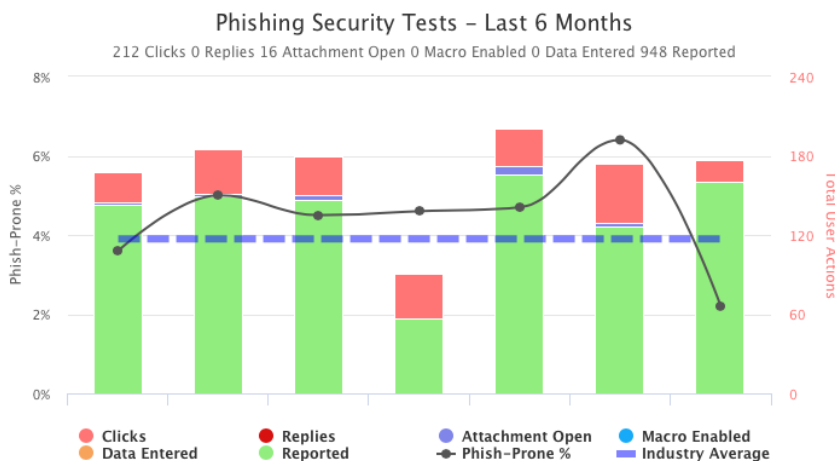
Organization's Risk Score



20.6

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%	2.2%
INDUSTRY PHISH-PRONE%	3.9%

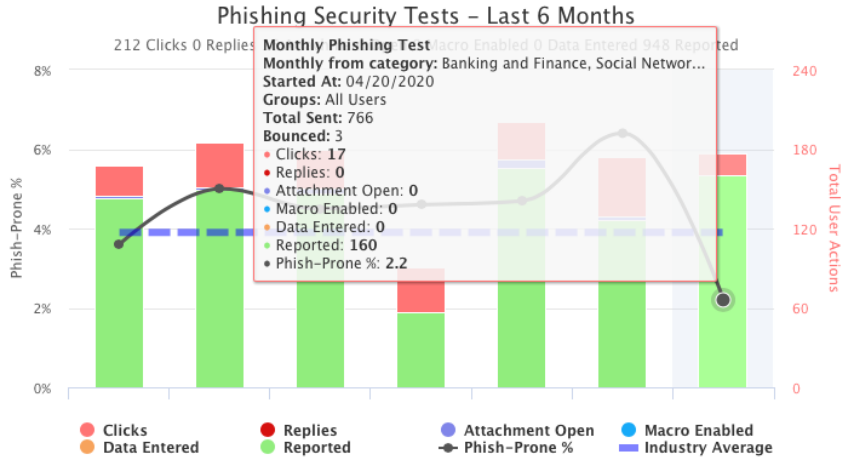
Industry:

Company Size:

Program Maturity:

Phishing

[See more phishing reports](#)



Industry Benchmark Data

YOUR LAST PHISH-PRONE% **2.2%**

INDUSTRY PHISH-PRONE% **3.9%**

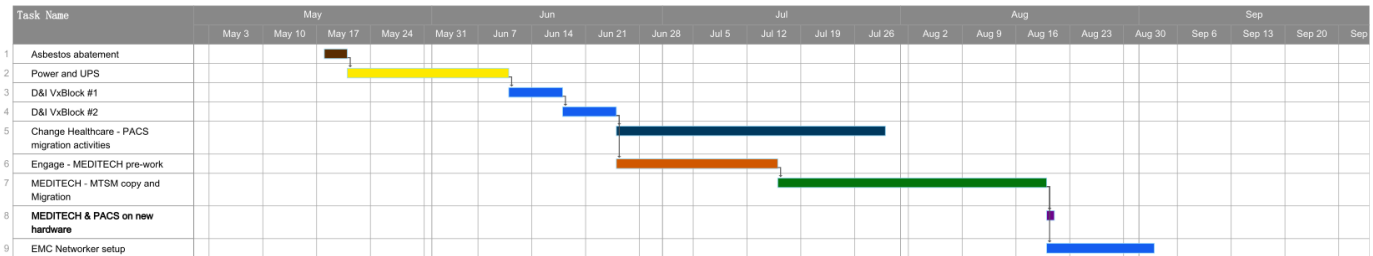
Industry:

Company Size:

Program Maturity:

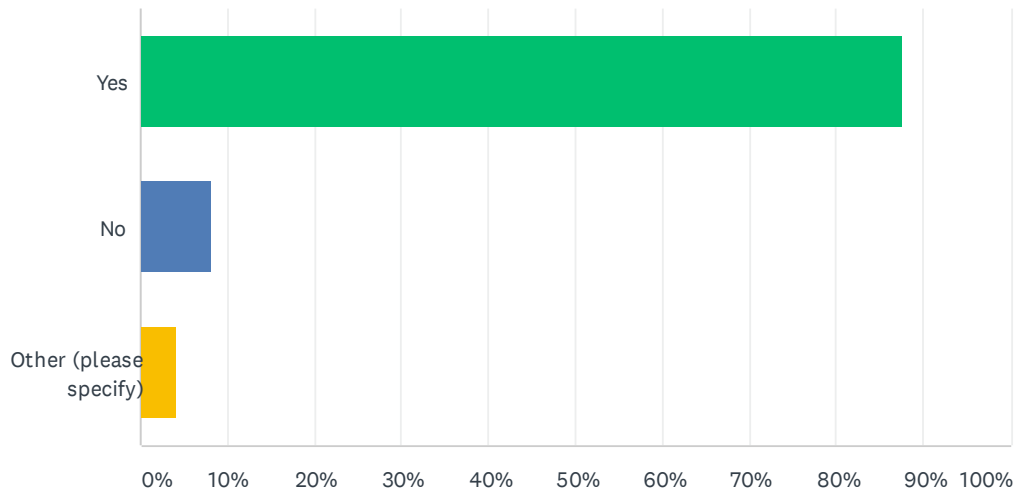
VxBlock Install & Migration

smartsheet



Q1 Since the initial survey, do you feel that Bartlett Regional Hospital has met your needs as an employee?

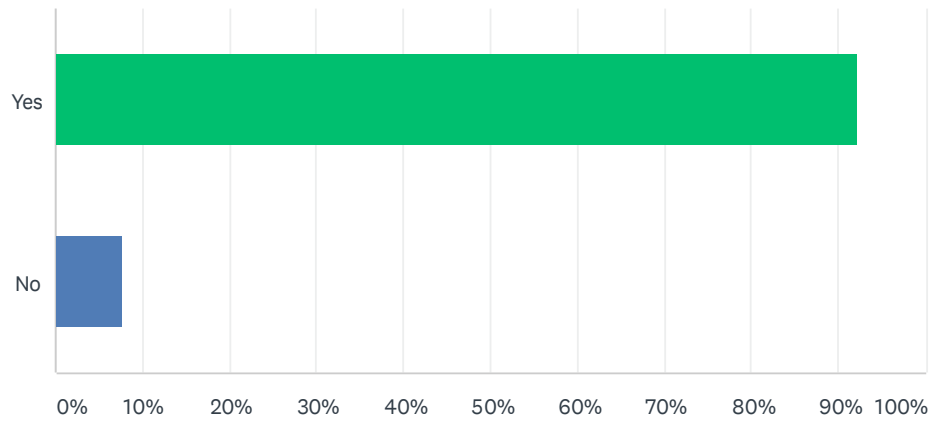
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	87.76%	129
No	8.16%	12
Other (please specify)	4.08%	6
TOTAL		147

Q2 Do you feel that Bartlett Regional Hospital will continue to be able to manage the expected COVID surge?

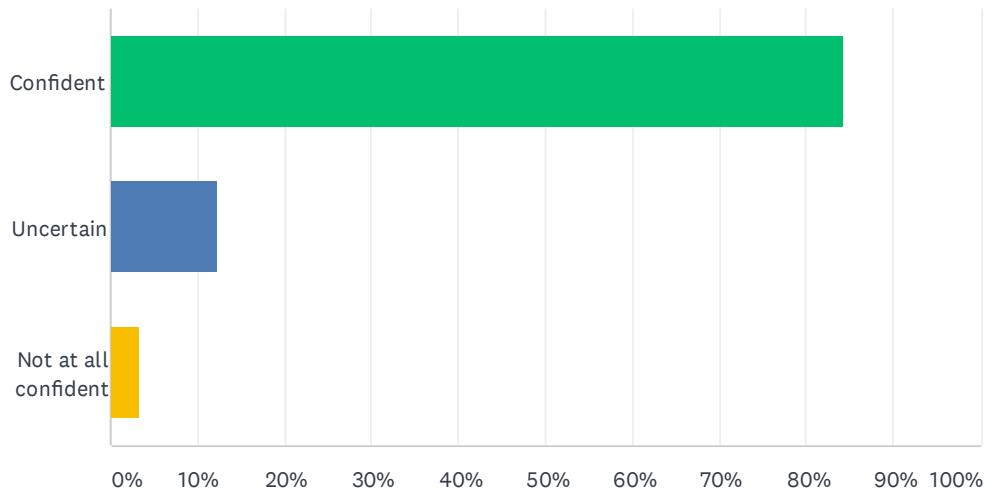
Answered: 144 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	92.36%	133
No	7.64%	11
TOTAL		144

Q3 Since the initial survey, how confident do you feel with your employment at Bartlett Regional Hospital?

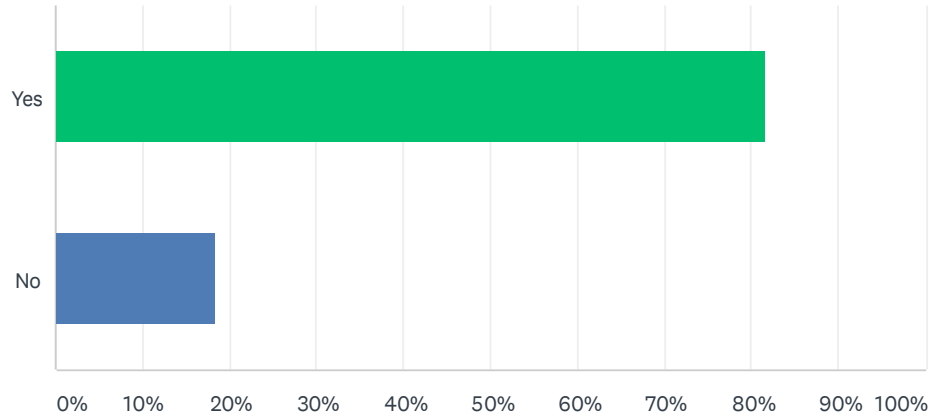
Answered: 146 Skipped: 1



ANSWER CHOICES	RESPONSES	
Confident	84.25%	123
Uncertain	12.33%	18
Not at all confident	3.42%	5
TOTAL		146

Q4 Since the initial survey, do you feel that communication/the flow of communication from management to frontline staff on COVID-19 information, policies, and resources has improved?

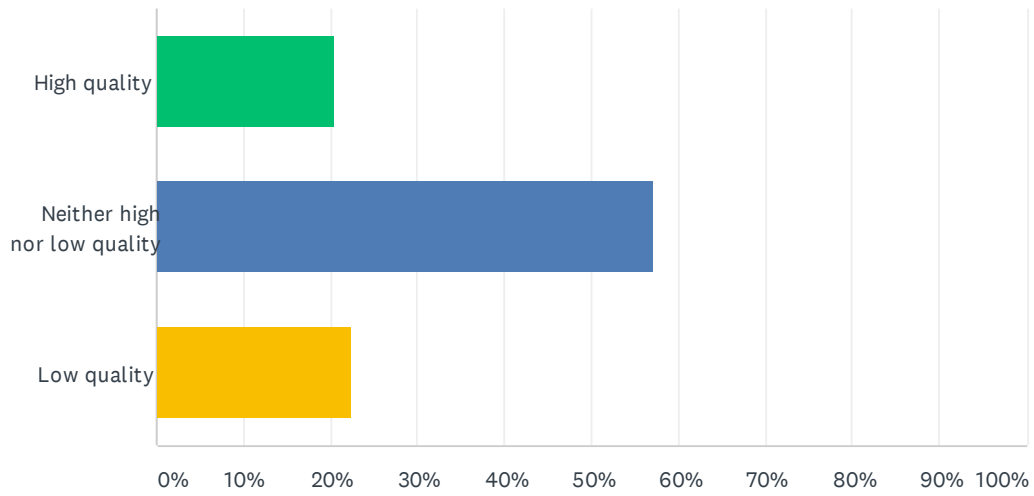
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.63%	120
No	18.37%	27
TOTAL		147

Q5 Since the initial survey, how would you rate your quality of sleep (based on average hours of sleep per night, feeling well-rested, etc.)?

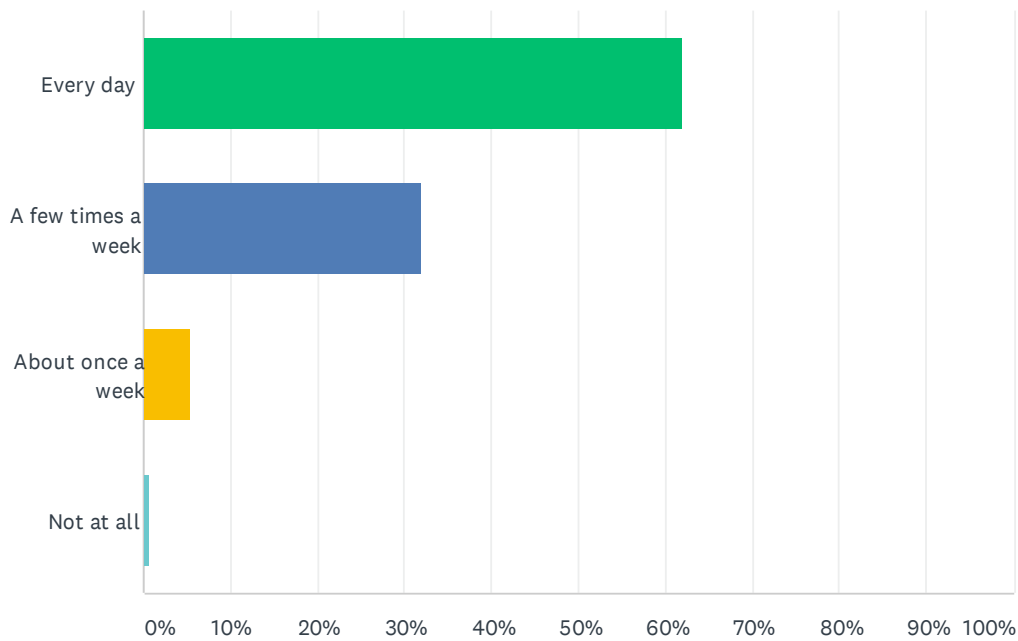
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
High quality	20.41%	30
Neither high nor low quality	57.14%	84
Low quality	22.45%	33
TOTAL		147

Q6 Since the initial survey, how often have you been able to eat healthy meals/meet your nutritional needs?

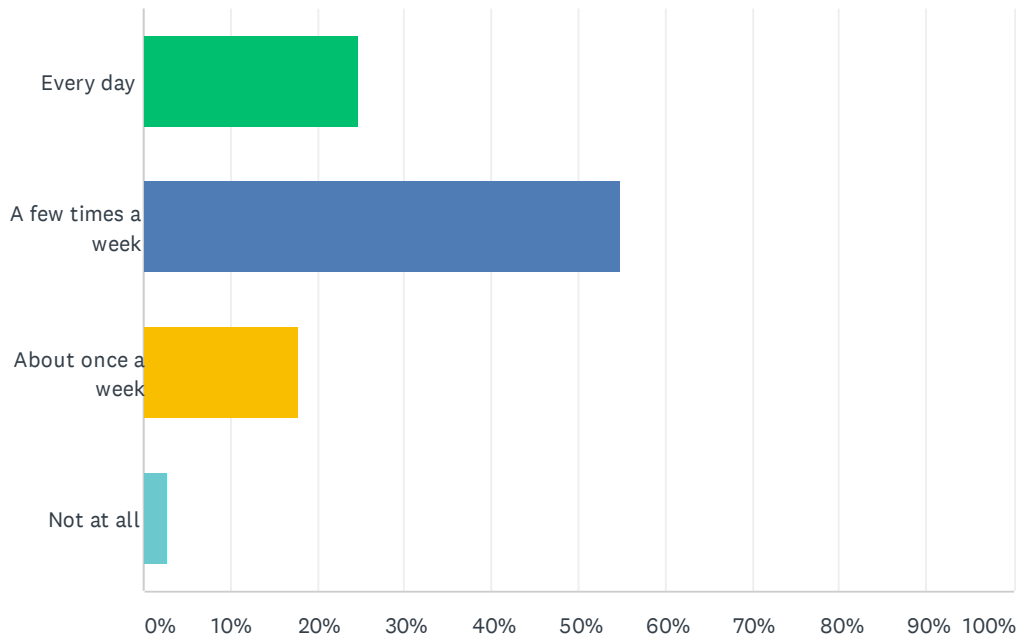
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Every day	61.90%	91
A few times a week	31.97%	47
About once a week	5.44%	8
Not at all	0.68%	1
TOTAL		147

Q7 Since the initial survey, how often have you been physically active (through exercise, walking, hiking, etc.)?

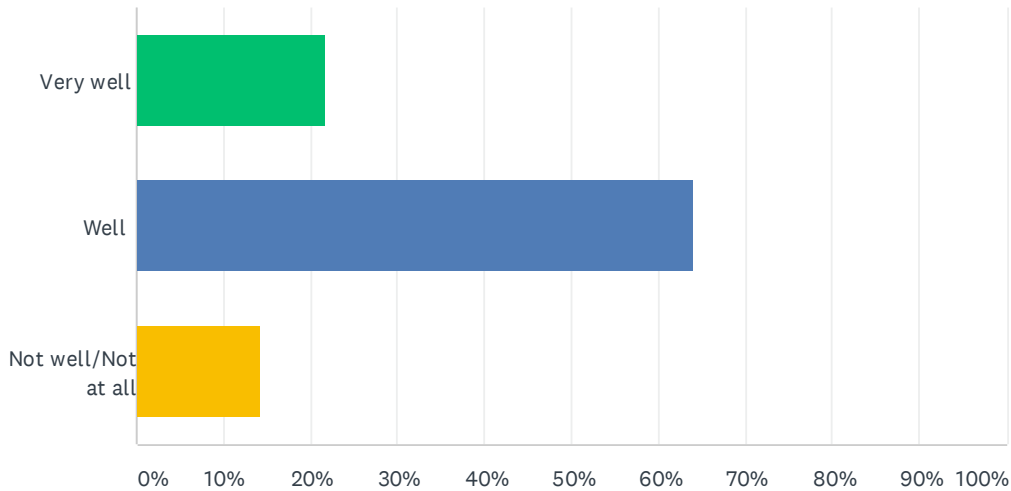
Answered: 146 Skipped: 1



ANSWER CHOICES	RESPONSES	
Every day	24.66%	36
A few times a week	54.79%	80
About once a week	17.81%	26
Not at all	2.74%	4
TOTAL		146

Q8 Since the initial survey, 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.)?

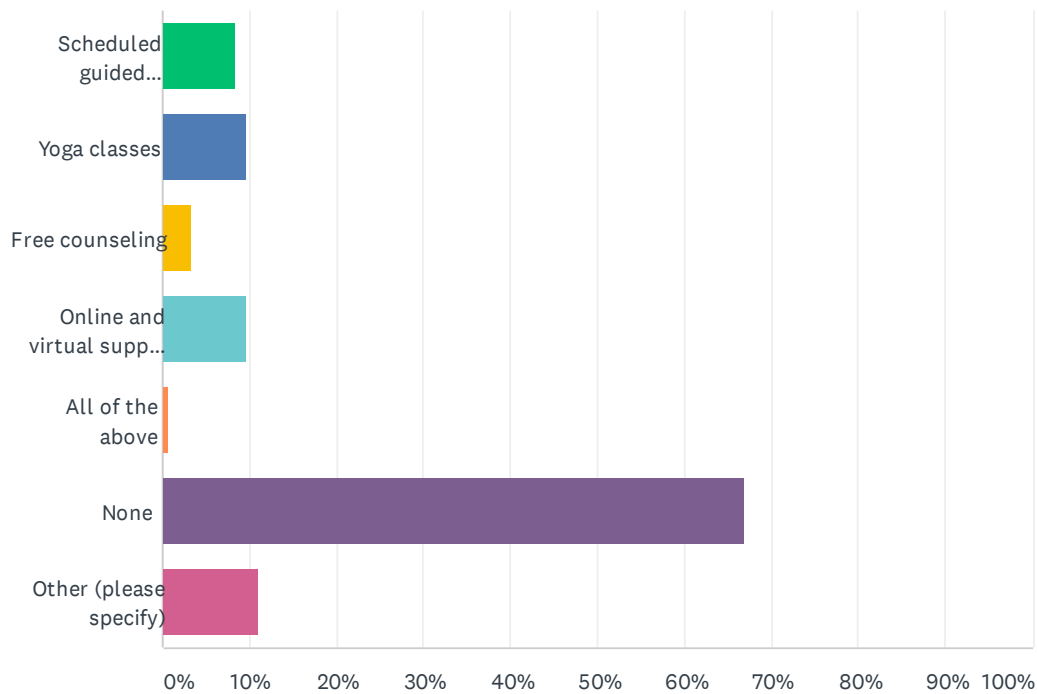
Answered: 147 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very well	21.77%	32
Well	63.95%	94
Not well/Not at all	14.29%	21
TOTAL		147

Q9 Since the initial survey, which support resources offered have you been using? Check all that apply.

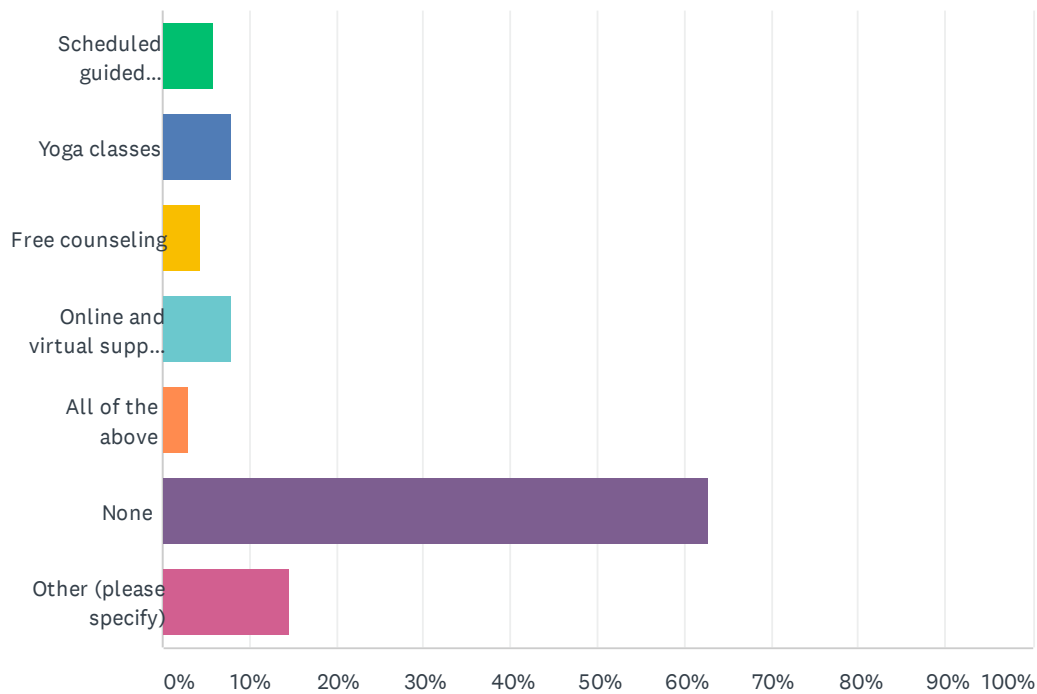
Answered: 145 Skipped: 2



ANSWER CHOICES	RESPONSES	
Scheduled guided meditation	8.28%	12
Yoga classes	9.66%	14
Free counseling	3.45%	5
Online and virtual support resources	9.66%	14
All of the above	0.69%	1
None	66.90%	97
Other (please specify)	11.03%	16
Total Respondents: 145		

Q10 Since the initial survey, which support resources offered have you have found most helpful? Check all that apply.

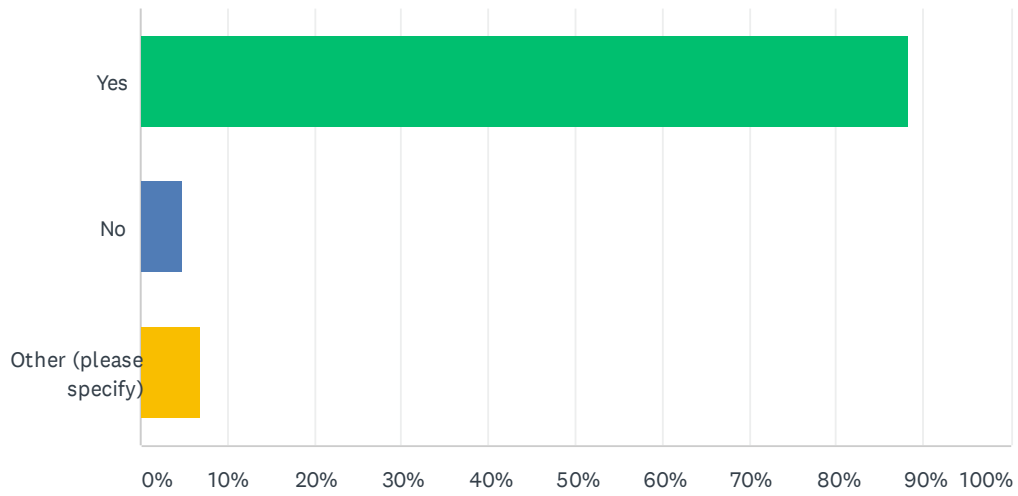
Answered: 137 Skipped: 10



ANSWER CHOICES	RESPONSES	
Scheduled guided meditation	5.84%	8
Yoga classes	8.03%	11
Free counseling	4.38%	6
Online and virtual support resources	8.03%	11
All of the above	2.92%	4
None	62.77%	86
Other (please specify)	14.60%	20
Total Respondents: 137		

Q11 Do you feel support resources are readily available to you and you know where to find these support resources?

Answered: 146 Skipped: 1



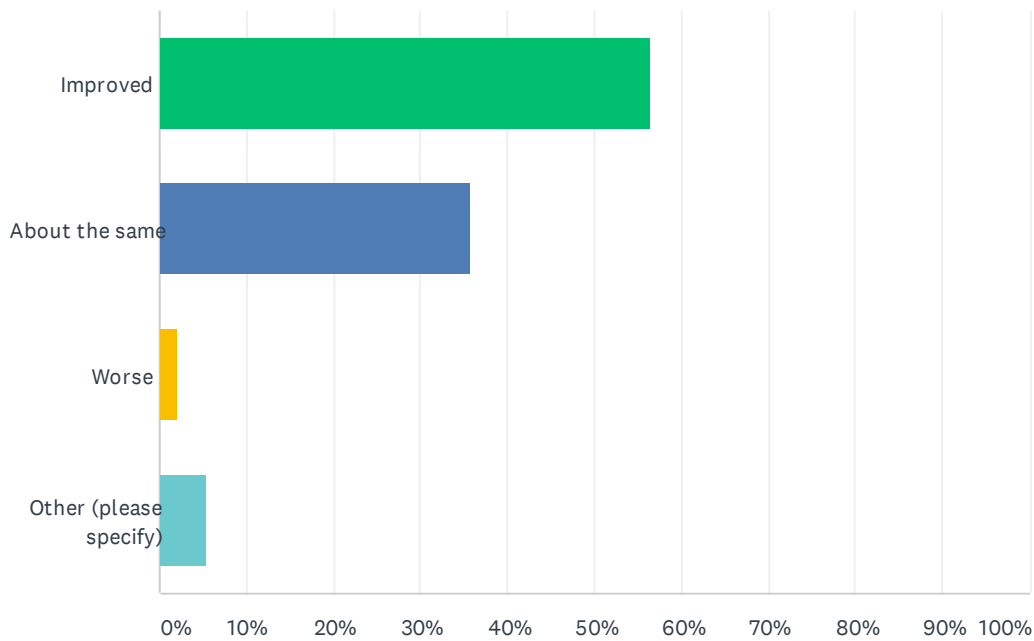
ANSWER CHOICES	RESPONSES	
Yes	88.36%	129
No	4.79%	7
Other (please specify)	6.85%	10
TOTAL		146

Q12 What ideas do you have regarding supporting employee health and well-being? We want to know what you would like to see offered.

Answered: 51 Skipped: 96

Q13 In relation to COVID-19, overall, how do you think things are going at Bartlett since the initial survey?

Answered: 145 Skipped: 2



ANSWER CHOICES	RESPONSES	
Improved	56.55%	82
About the same	35.86%	52
Worse	2.07%	3
Other (please specify)	5.52%	8
TOTAL		145

Q14 If you would like someone from the Employee Health and Well-being Unit reach out to you, you may leave your name and best contact information. Or you may email employeewellbeing@bartlethospital.org at anytime. If you are in crisis, you may call the Alaska Careline at 877-266-4357. If you need immediate help, please call 9-1-1.

Answered: 4 Skipped: 143

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

May 2020 Board Report Chuck Bill, CEO

As you can imagine, this past month has been consumed by COVID-19 planning and response. The good news is that we have been successful in squashing the curve and getting maximum preparation in case the surge does come.

- We have no cases in house, even with the expanded testing. I'm thrilled to say that none of our employees have contracted the disease. The focus at this point is looking at this pandemic preparation as a marathon, not a sprint.
- There are ongoing questions from the Assembly and the business community about testing and how extensive we can be in order to reduce quarantine times and cost for visiting workers. The State DHSS has remained steadfast that interstate travelers must be quarantined for 14 days. This would have to change before the rapid tests would have added value, even if we had capacity, which we don't.
- We have been back ordered on the test kits for both of our rapid testing machines and that is not projected to change soon. Despite this, there is a movement underway exploring the feasibility of bringing a PCR testing capability to Juneau like the State labs in Anchorage and Fairbanks and LabCorp have. The funding could come from the CBJ Cares Act funds but the logistics are the real challenge. Timing for delivery and validation for the machine would be several months. A suitable location must be found and Bartlett does not have that capacity. Staffing and professional oversight will also be major challenges. You will hear more on this as it develops.
- We have developed a "Pathway to reopen" the hospital, to assure we do it safely and don't jeopardize our ability to respond appropriately should we see a COVID-19 surge. On 5/4 we reopened the OR to nonemergent procedures that can't wait eight weeks without patient harm at 50% capacity. On 5/18 we went up to 80% based on new processes, 48 hour testing working, and PPE conservation. We expect to open fully by June 1. We have also opened up support services like rehab, lab and imaging.
- I continue to work on "normal" operational issues like coordinating Ortho call, hospital week, employee awards, communication across the spectrum, Rural Demo project, and strategic planning.
- Tomorrow, I am participating in a program hosted by the Alaska Chamber of Commerce with several hospital CEOs to talk about our COVID-19 response.

Dr Urata has announced his retirement in mid-June. I'd like to arrange some recognition for his years of service to Bartlett, the community, and his patients.

***Until further notice: 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.

June 2020

All meetings are held in BRH Boardroom unless otherwise noted

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

Committee Meeting Checkoff:

Board of Directors – 4th Tuesday every month

Board Compliance – 3rd Tuesday every 3 months (Mar, Jun, Sept, Dec)

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

Executive – As Needed

Finance – 2nd Friday every month

Joint Planning – As needed

Physician Recruitment – As needed

Governance – As needed

Planning – As needed