

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, June 23, 2020; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/91814806121>

or call

1-253-215-8782 and enter webinar ID 918 1480 6121

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. May 26, 2020 Board of Directors Minutes	(Pg.3)
	B. April 2020 Financials	(Pg.6)
VI.	NEW BUSINESS	5:50
VII.	MEDICAL STAFF REPORT	5:55
VIII.	COMMITTEE REPORTS	6:00
	A. June 2, 2020 Draft Executive Committee Meeting Minutes	(Pg.11)
	B. June 12, 2020 Draft Finance Committee Meeting Minutes	(Pg.13)
	C. June 16, 2020 Draft Board Compliance Committee Minutes	(Pg.14)
	D. June 16, 2020 Draft Governance Committee Meeting Minutes	(Pg.16)
	E. June 18, 2020 Draft Planning Committee Meeting Minutes	(Pg.18)
	➤ Crisis Stabilization Center **ACTION ITEM**	(Pg.20)
	F. June 19, 2020 Draft Executive Committee Meeting Minutes	(Pg.25)
IX.	MANAGEMENT REPORTS	6:10
	A. CLO Management report	(Pg.26)
	B. HR Management report	(Pg.27)
	C. CNO Management report	(Pg.28)
	D. COO Management report	(Pg.31)
	E. CBHO Management report	(Pg.37)
	➤ RRC Renovation Update	(Pg.41)
	F. CFO Management report	(Pg.43)
	G. CEO Management report	(Pg.46)
	➤ Thank you letter from Capital Transit	(Pg.48)

X.	CEO REPORT / STRATEGIC DISCUSSION		6:15
	➤ COVID-19 Update		
XI.	PRESIDENT REPORT		6:30
	➤ Strategic Retreat Plan		
	➤ Returning to In Person Meeting		
XII.	BOARD CALENDAR	(Pg.49)	6:35
XIII.	BOARD COMMENTS AND QUESTIONS		6:40
XIV.	EXECUTIVE SESSION		6:45
	A. Credentialing report		
	B. June 2, 2020 Draft Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. ECG Assessment Review		
	E. Legal and Litigation Review		
	F. CEO Evaluation		

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 and review information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH, that being a discussion and information presented by ECG that may impact future partnerships or transactions between BRH and other health care organizations.*

And

- *To discuss facts and litigation strategies with the BRH attorney on the Estate of Adams and CBJ v. Sonkiss (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

And

- *To discuss subjects that tend to prejudice the reputation and character of any person, specifically the CEO evaluation (provided the CEO may request a public discussion). (All staff and Medical Chief of staff are excused from this portion of the session unless presence is requested by Board.)*

XV.	ADJOURNMENT		7:45
------------	--------------------	--	-------------

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
May 26, 2020 – 5:30 p.m.
Zoom videoconference

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

BOARD MEMBERS PRESENT

Lance Stevens, President	Rosemary Hagevig, Vice President	Brenda Knapp
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	Joy Neyhart, DO, COS	
Anita Moffitt, Executive Assistant	Gail Moorehead, Director of Staff Development	

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

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 – None

COMMITTEE REPORTS:

Finance Committee Meeting – May 8th meeting minutes are in the packet. Ms. Johnston noted that it was a relatively short meeting with a fair amount of time talking about the potential financial impact of COVID-19. We were doing well the first couple of months of the year but saw a significant decline in revenue at the end of March and throughout April. BRH had a loss of \$1.5 Million dollars in April after receiving \$2.2 Million funding from the CARES Act. May will include an additional \$5 Million received from the CARES funding. With this funding and increasing revenue this month, we are trending in the right direction.

Governance Committee Meeting – May 12th meeting minutes are in the packet. Ms. Knapp reported that we are reviewing recommended changes for bylaws revisions. We are looking to our CBJ Liaison, Michelle Hale to provide input on how we can best communicate to CBJ, our perception of identified skill needs to take under consideration during recruitment of hospital board members.

Quality Committee Meeting – Ms. Hagevig noted the May 13th meeting minutes in the packet provide a pretty comprehensive review of what was discussed at the meeting. There are no action items at this time.

Planning Committee Meeting – May 19th meeting minutes are in the packet. Mr. Kendziorek reported that we are continuing with the ECG study. Each Planning Committee member will meet individually with ECG to review their draft report and provide feedback. Also discussed at the meeting: COVID updates, the reality of the lack of a cruise ship season, the Strategic Planning meeting targeted for July and the roadmap to reopening services (included in the packet).

MANAGEMENT REPORTS: Mr. Hargrave provided an overview of the Studer Group leadership development program at the request of Mr. Solomon-Gross. This program will qualify for continuing education credit and will be counted as work hours for managers and supervisors. Mr. Solomon-Gross also initiated a conversation about sterilizing and reusing N95 masks. Concerns were addressed by Ms. Lawhorne and Dr. Jones expressed his support of this sterilization process. Ms. Knapp commended Mr. Grigg and Mr. Soboleff for the number of grants that have been successfully obtained for Behavioral Health. In response to Ms. Young's inquiry about physical therapy services, Mr. Gardner reported that with the OR returning to a higher capacity, we anticipate the needs for rehab services to increase and are prepared to open up Saturday appointments. Telehealth services are being provided for speech therapy. Mr. Stevens expressed appreciation for the thoroughness of the management reports.

CEO REPORT – In addition to his written report, Mr. Bill reported that there is a real push in the community to look at the feasibility of getting a reference lab in Juneau to allow quicker turnaround times for test results and shortening quarantine times. He is working with the Unified Incident Command (UIC) to investigate further. He noted the reality that we are seeing the 48 hour turnaround time working pretty well for test results and the State is pretty adamant about not relaxing the 14 day quarantine. He also reported that Dr. Newbury has successfully recruited a female colleague to join his OB-GYN practice in July. We have received notification from the State that they have completed the review of our FY19 cost report and have determined that our Medicaid reimbursement rates should go up by about 25% next year.

Ms. Hagevig initiated a discussion about the likelihood of the 14 day quarantine mandate being extended beyond June 2nd and having local testing capabilities in place in anticipation of next year's cruise ship season. In response to Mr. Johnson's inquiry about how much money and local resources would be required to open a reference testing lab in Juneau, Mr. Bill identified a lab that could accommodate two rooms - one DNA free, equipment, qualified staff and appropriate oversight. He noted there is no space in the hospital to accommodate this and that it took the State two years to recruit someone capable of running their lab. Mr. Stevens initiated discussion about the roadmap to reopening included in the packet. Mr. Kendziorek expressed concern about the shortage of supplies to conduct rapid tests with the equipment we do have and stated that working with the UIC, he would like to have BRH take the lead on using detailed science based criteria for moving back and forth in our reopening of services. Discussion was held about supplies on hand and if the quantities would be sufficient if there is a spike in COVID cases. Dr. Jones, Ms. Hagevig and Mr. Johnson expressed their support for the community to have a reference lab. Dr. Neyhart questioned whether the population of Juneau and outlying communities has the capacity to support a local reference lab and if not, we need to spend our resources other places. Mr. Bill will work with the UIC and the State to determine the viability of having a local reference lab.

PRESIDENT REPORT – Mr. Stevens reported that the Executive Committee will meet on June 2nd to start the process of the CEO evaluation. He is working with Mr. Hargrave to develop leadership questions as part of the evaluation.

BOARD CALENDAR – June calendar reviewed. Executive Committee meeting is scheduled for 8:00am, not 7:00am on June 2nd. Ms. Moffitt to confirm the time of the Board Compliance meeting to be held on June 16th. A request made to move the Planning Committee Meeting to 7:00am on June 18th. Mr.

Johnson will touch base with Mr. Bill about scheduling a Recruitment Committee meeting. Ms. Knapp expressed concern about holding face to face board meetings due to the size of the room. Meetings will continue to be held via Zoom until further notice.

BOARD COMMENTS AND QUESTIONS –Ms. Young called attention to the positive results of the employee health and well-being survey. Mr. Johnson stated that we have been relatively lucky in Juneau because of our isolation and expressed concern that people have become too complacent about COVID. We need to be prepared for things to become worse before they get better. Mr. Solomon-Gross expressed appreciation for the conversation about the reference lab.

Executive Session – Ms. Costello reported that she has nothing to discuss for item D listed on the agenda. The need for an executive session was discussed. There being no questions or discussions regarding executive items listed on the agenda, the Board did not enter executive session.

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

ADJOURNMENT – 6:47 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: June 5, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: April Financial Performance

April was a very difficult month financially for Bartlett Regional Hospital as the organization worked through the effects of the Covid-19 pandemic. Patient services that were discontinued in March continued to be unavailable providing services to only inpatient and emergency patients. This resulted in revenue of \$267,000 per day or 53% of the budget target.

As a result of this crises Inpatient Revenue was down 47% and Outpatient Revenue was down 45%. Total Gross Patient Revenue finished 47% under budget or \$7.0 million. This decrease in revenue was mitigated to a degree by a reduction of Deductions from Revenue of \$3.5 million. BRH was able to realize CARES funds from the CMS of \$2.1 million. After all this Total Operating Income finished \$1.3 million under budget.

Expenses exceeded budget by \$420,000 or 5%. This variance was driven by primarily by staff costs and benefits. Many staff continued to be mobilized for pandemic preparedness and others were reassigned or sent home on a low census designation. Staff in the labor pool were assigned to monitor the hospital entrances and the triage tent set up outside the Emergency Room. Other staff have utilized Personal Leave to supplement their pay and keep them whole. This lead to heavy utilization of Non-Productive Pay. This resulted in an Operating Loss of \$1.6 million or -122%. After Non-Operating Income of \$173,000 the Net Loss was \$1,459,000. For the year BRH has a Net Income of \$1.5 million or 1.7%. During the past 2 months BRH has experienced a loss of \$2.7 million attributable entirely to the Covid-19 pandemic.

Other Significant Items:

- BRH continues to process patient bills and reduced Accounts Receivable by \$2.3 million in April however much of this reduction was due to the lack of patient encounters in the past 6 weeks. This will result in a reduction of future cash collections. On a more positive note BRH received \$5.2 million in CARES funding on May 1st.
- 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 April 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE				
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (March)	Actual	Budget	% Over (Under) Budget	Prior Year	
Hospital Inpatient: Patient Days										
Patient Days - Med/Surg	225	412	-45%	323	275	3,696	4,260	-13%	3,670	
Patient Days - Critical Care Unit	64	89	-28%	103	71	856	920	-7%	905	
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0	
Avg. Daily Census - Acute	9.6	16.7	-42%	14	11.2	14.9	32.0	-53%	15.0	
Patient Days - Obstetrics	48	67	-29%	89	63	647	690	-6%	668	
Patient Days - Nursery	37	62	-40%	77	53	513	620	-17%	617	
Total Hospital Patient Days	374	631	-41%	592	462	5,712	6,490	-12%	5,860	
Births	15	26	-42%	34	27	234	340	-31%	274	
Mental Health Unit										
Patient Days - Mental Health Unit	48	332	-86%	251	201	2,236	2,990	-25%	2,778	
Avg. Daily Census - MHU	1.6	11.1	-86%	8.4	6	7.3	9.8	-25%	9.1	
Rain Forest Recovery:										
Patient Days - RRC	0	290	-100%	363	178	2,538	3,430	-26%	3,402	
Avg. Daily Census - RRC	0	9.7	-100%	12.1	6	8	11.2	-26%	11.2	
Outpatient visits	0	19	-100%	38	11	202	190	6%	256	
Inpatient: Admissions										
Med/Surg	45	69	-35%	56	58	703	720	-2%	668	
Critical Care Unit	33	40	-17%	42	34	408	410	0%	390	
Obstetrics	18	27	-34%	34	30	259	280	-8%	278	
Nursery	16	29	-44%	34	27	236	300	-21%	284	
Mental Health Unit	7	37	-81%	34	19	319	380	-16%	362	
Total Admissions - Inpatient Status	119	202	-41%	200	168	1,925	2,090	-8%	1,982	
Admissions - "Observation" Status										
Med/Surg	29	57	-49%	54	54	552	590	-6%	562	
Critical Care Unit	19	33	-42%	24	32	301	340	-11%	315	
Mental Health Unit	2	2	1%	1	0	23	20	15%	23	
Obstetrics	11	19	-41%	14	17	172	190	-9%	184	
Nursery	0	1	-100%	1	0	2	10	-80%	7	
Total Admissions to Observation	61	111	-45%	94	103	1,050	1,150	-9%	1,091	
Surgery:										
Inpatient Surgery Cases	30	48	-38%	48	27	466	500	-7%	450	
Endoscopy Cases	2	97	-98%	98	59	804	1,000	-20%	964	
Same Day Surgery Cases	12	88	-86%	118	61	915	910	1%	937	
Total Surgery Cases	44	233	-81%	264	147	2,185	2,410	-9%	2,351	
Total Surgery Minutes	4,719	14,939	-68%	17,445	11,258	154,826	149,837	3%	149,837	
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	660	1,214	-46%	1,052	987	11,304	12,550	-10%	11,806	
Cardiac Rehab Visits	0	74	-100%	113	80	615	770	-20%	825	
Lab Visits	153	288	-47%	295	349	3,486	2,970	17%	2,554	
Lab Tests	6,431	9,291	-31%	10,067	7,297	95,532	96,010	0%	87,501	
Radiology Visits	228	841	-73%	901	529	7,196	8,690	-17%	7,816	
Radiology Tests	1,093	2,526	-57%	2,670	1,727	22,240	26,100	-15%	24,944	
Sleep Study Visits	0	23	-100%	29	25	246	230	7%	250	
Physician Clinics:										
Hospitalists	129	205	-37%	223	158	2,078	2,120	-2%	1,801	
Bartlett Oncology Clinic	128	81	57%	69	1	743	840	-12%	704	
Ophthalmology Clinic	1	N/A	N/A	-	7	107	N/A	N/A	-	
Behavioral Health Outpatient visits	42	400	-89%	340	7	3,055	3,960	-23%	3,553	
Bartlett Surgery Specialty Clinic visits	101	315	-68%	318	230	2,577	3,250	-21%	2,981	
	401	1,001	-60%	950	403	8,560	19,208	-55%	9,039	
Other Operating Indicators:										
Dietary Meals Served	12,525	25,187	-50%	31,658	21,192	268,010	260,270	3%	268,239	
Laundry Pounds (Per 100)	264	395	-33%	405	313	3,479	4,080	-15%	3,964	

**Bartlett Regional Hospital
Dashboard Report for April 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	6,714	4,437	51.3%	3,972	4,878	4,503	8.3%	4,158
Contractual Allowance %	41.8%	41.1%	1.6%	43.1%	41.3%	41.1%	0.4%	40.8%
Bad Debt & Charity Care %	-3.0%	2.9%	-200.8%	-0.2%	2.4%	2.9%	-18.7%	2.3%
Wages as a % of Net Revenue	88.3%	46.2%	91.1%	47.5%	50.2%	46.2%	8.8%	49.2%
Productive Staff Hours Per Adjusted Patient Day	68.7	23.6	191.7%	20.2	26.0	23.9	8.8%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	10.8	3.2	240.3%	3.4	4.2	2.9	42.9%	3.6
Overtime/Premium % of Productive	2.59%	2.80%	-7.7%	4.06%	6.27%	2.80%	123.9%	6.10%
Days Cash on Hand	113	119	-5.4%	112	110	120	-8.3%	118
Board Designated Days Cash on Hand	145	153	-5.4%	154	141	154	-8.3%	154
Days in Net Receivables	56.9	57	0.0%	51	56.9	57	0.0%	51
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					63.9%	33.7%	89.5%	45.1%
Total debt-to-capitalization (without PERS)					16.2%	33.7%	-51.9%	20.1%
Current Ratio					9.08	2.00	353.8%	6.07
Debt-to-Cash Flow (with PERS)					10.16	2.7	276.5%	8.98
Debt-to-Cash Flow (without PERS)					2.58	2.7	-4.5%	4.00
Aged A/R 90 days & greater					59.9%	19.8%	202.5%	
Bad Debt Write off					-0.7%	0.8%	-187.5%	
Cash Collections					94.7%	99.4%	-4.7%	
Charity Care Write off					0.3%	1.4%	-78.6%	
Cost of Collections (Hospital only)					5.4%	2.8%	92.9%	
Discharged not Final Billed (DNFB)					12.2%	4.7%	159.6%	
Unbilled & Claims on Hold (DNSP)					12.2%	5.1%	139.2%	
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	
POS Cash Collection					3.3%	21.3%	-84.5%	

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF APRIL 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
\$2,257,180	\$4,379,987	-\$2,122,807	-48.5%	\$3,947,171	1.	\$42,099,761	\$44,383,825	-\$2,284,064	-5.1%	\$41,125,343	2.4%
\$576,249	\$970,554	-\$394,305	-40.6%	\$842,642	2.	\$9,051,918	\$9,834,918	-\$783,000	-8.0%	\$8,936,737	1.3%
\$2,833,429	\$5,350,541	-\$2,517,112	-47.0%	\$4,789,813	3.	\$51,151,679	\$54,218,743	-\$3,067,064	-5.7%	\$50,062,081	2.2%
\$4,512,215	\$8,242,743	-\$3,730,528	-45.3%	\$8,723,767	4.	\$86,381,236	\$83,526,372	\$2,854,864	3.4%	\$80,448,311	7.4%
\$7,345,644	\$13,593,284	-\$6,247,640	-46.0%	\$13,513,580	5.	\$137,532,916	\$137,745,115	-\$212,199	-0.2%	\$130,510,392	5.4%
\$7,696	\$365,672	-\$357,976	-97.9%	\$375,622	6.	\$2,657,977	\$3,705,460	-\$1,047,483	-28.3%	\$3,575,975	-25.7%
\$208,233	\$188,542	\$19,691	10.4%	\$260,199	7.	\$2,640,062	\$1,910,568	\$729,494	38.2%	\$1,999,363	32.0%
\$447,276	\$838,356	-\$391,080	-46.6%	\$801,722	8.	\$9,270,573	\$8,495,341	\$775,232	9.1%	\$7,822,140	18.5%
\$8,008,849	\$14,985,854	-\$6,977,005	-46.6%	\$14,951,123	9.	\$152,101,528	\$151,856,484	\$245,044	0.2%	\$143,907,869	5.7%
\$2,511,162	\$3,092,635	\$581,473	18.8%	\$3,130,726	10.	\$30,113,531	\$31,297,578	\$1,184,047	3.8%	\$29,325,202	2.7%
-\$308,333	-\$308,333	\$0		-\$308,333	10a.	-\$3,083,333	-\$3,083,333	\$0		-\$3,083,333	
\$898,213	\$2,976,098	\$2,077,885	69.8%	\$3,178,556	11.	\$30,025,493	\$30,157,798	\$132,305	0.4%	\$28,505,946	5.3%
\$243,757	\$399,392	\$155,635	39.0%	\$448,165	12.	\$5,710,013	\$4,047,175	-\$1,662,838	-41.1%	\$3,996,587	42.9%
\$13,516	\$16,043	\$2,527	15.8%	\$13,587	13.	\$146,902	\$162,561	\$15,659	9.6%	\$144,632	0.0%
\$20,949	\$122,130	\$101,181	82.8%	\$30,031	14.	\$874,794	\$1,237,586	\$362,792	29.3%	\$861,611	1.5%
-\$259,014	\$139,715	\$578,729	181.0%	-\$63,536	15.	\$2,772,754	\$3,239,784	\$467,030	14.4%	\$2,412,109	15.0%
\$3,120,250	\$6,617,680	\$3,497,430	52.8%	\$6,429,196	16.	\$66,560,153	\$67,059,149	\$498,996	0.7%	\$62,162,753	7.1%
41.8%	43.2%			45.2%		41.3%	43.1%			40.8%	
-3.0%	2.9%			-0.2%		2.4%	2.9%			2.3%	
39.0%	44.2%			43.0%		43.8%	44.2%			43.2%	
\$4,888,599	\$8,368,174	-\$3,479,575	-41.6%	\$8,521,927	17.	\$85,541,375	\$84,797,335	\$744,040	0.9%	\$81,745,116	4.6%
\$2,392,325	\$166,677	\$2,225,648	1335.3%	\$223,262	18.	\$6,897,011	\$1,688,983	\$5,208,028	308.4%	\$1,881,843	266.5%
\$7,280,924	\$8,534,851	-\$1,253,927	-14.7%	\$8,745,189	19.	\$92,438,385	\$86,486,318	\$5,952,067	6.9%	\$83,626,958	10.5%
\$3,854,927	\$3,535,596	-\$319,331	-9.0%	\$3,483,549	20.	\$38,382,035	\$35,827,268	-\$2,554,767	-7.1%	\$34,948,588	9.8%
\$348,400	\$273,905	-\$74,495	-27.2%	\$290,043	21.	\$3,131,688	\$2,775,570	-\$356,118	-12.8%	\$2,755,193	13.7%
\$112,265	\$56,439	-\$55,826	-98.9%	\$276,055	22.	\$1,468,989	\$571,940	-\$897,049	-156.8%	\$2,553,395	-42.5%
\$1,930,463	\$1,764,618	-\$165,845	-9.4%	\$1,646,288	23.	\$20,046,073	\$17,881,407	-\$2,164,666	-12.1%	\$16,059,566	24.8%
\$6,246,055	\$5,630,558	-\$615,497	-10.9%	\$5,695,935		\$63,028,785	\$57,056,185	-\$5,972,600	-10.5%	\$56,316,742	11.9%
85.8%	66.0%			65.1%		68.2%	66.0%			67.3%	
\$43,247	\$77,241	\$33,994	44.0%	\$80,287	24.	\$730,593	\$782,708	\$52,116	6.7%	\$784,799	-6.9%
\$168,356	\$202,736	\$34,381	17.0%	\$169,299	25.	\$2,129,676	\$2,054,374	-\$75,302	-3.7%	\$2,290,588	-7.0%
\$225,963	\$175,391	-\$50,572	-28.8%	\$127,108	26.	\$1,735,702	\$1,777,285	\$41,583	2.3%	\$1,516,511	14.5%
\$836,197	\$1,045,279	\$209,082	20.0%	\$1,326,925	27.	\$11,490,947	\$10,592,207	-\$898,740	-8.5%	\$10,549,571	8.9%
\$113,622	\$127,962	\$14,340	11.2%	\$125,133	28.	\$1,266,238	\$1,296,647	\$30,409	2.3%	\$1,211,861	4.5%
\$439,808	\$323,080	-\$116,728	-36.1%	\$346,579	29.	\$3,743,384	\$3,273,843	-\$469,541	-14.3%	\$3,094,215	21.0%
\$53,525	\$54,890	\$1,365	2.5%	\$48,452	30.	\$504,512	\$556,208	\$51,696	9.3%	\$519,124	-2.8%
\$39,858	\$48,967	\$9,109	18.6%	\$39,314	31.	\$435,201	\$496,215	\$61,015	12.3%	\$584,562	-25.6%
\$617,110	\$646,751	\$29,641	4.6%	\$595,239	32.	\$5,927,566	\$6,553,739	\$626,174	9.6%	\$6,019,503	-1.5%
\$51,122	\$51,078	-\$44	-0.1%	\$52,667	33.	\$520,535	\$517,590	-\$2,945	-0.6%	\$533,330	-2.4%
\$78,214	\$108,749	\$30,535	28.1%	\$106,951	34.	\$1,128,370	\$1,101,883	-\$26,487	-2.4%	\$889,419	26.9%
\$8,913,078	\$8,492,682	-\$420,394	-5.0%	\$8,713,889	35.	\$92,641,507	\$86,058,884	-\$6,582,622	-7.6%	\$84,310,224	-9.9%
-\$1,632,154	\$42,169	-\$1,674,323	-3970.5%	\$31,300	36.	-\$203,122	\$427,434	-\$630,556	-147.5%	-\$683,266	-70.3%
\$101,149	\$105,000	-\$3,851	-3.7%	\$128,263	37.	\$1,023,241	\$1,063,999	-\$40,758	-3.8%	\$620,393	64.9%
\$72,239	\$156,930	-\$84,691	-54.0%	\$137,028	38.	\$729,792	\$1,590,222	-\$860,430	-54.1%	\$1,528,129	-52.2%
\$173,388	\$261,930	-\$88,542	-33.8%	\$265,291	39.	\$1,753,033	\$2,654,221	-\$901,188	-34.0%	\$2,148,523	-18.4%
-\$1,458,766	\$304,099	-\$1,762,865	579.7%	\$296,591	40.	\$1,549,911	\$3,081,655	-\$1,531,744	49.7%	\$1,465,257	-5.8%
-22.42%	0.49%			0.36%		-0.22%	0.49%			-0.82%	
-20.04%	3.56%			3.39%		1.68%	3.56%			1.75%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
April 30, 2020

	April-20	March-20	April-19	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	31,192,928	29,430,830	30,207,846	985,082
2. Board designated cash	34,273,749	39,747,931	37,070,712	(2,796,964)
3. Patient accounts receivable, net	13,368,489	15,717,564	13,369,034	(544)
4. Other receivables	3,058,423	2,982,945	2,659,140	399,282
5. Inventories	3,353,277	3,374,230	3,512,998	(159,721)
6. Prepaid Expenses	244,013	445,845	1,407,177	(1,163,164)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	85,519,756	91,728,222	88,255,784	(2,736,029)
Appropriated Cash:				
9. CIP Appropriated Funding	5,740,967	4,678,117	4,565,905	1,175,062
Property, plant & equipment				
10. Land, bldgs & equipment	140,748,490	140,559,497	148,687,296	(7,938,806)
11. Construction in progress	8,132,664	5,249,479	717,529	7,415,136
12. Total property & equipment	148,881,154	145,808,976	149,404,825	(523,670)
13. Less: accumulated depreciation	(92,783,520)	(92,166,409)	(96,777,102)	3,993,583
14. Net property and equipment	56,097,634	53,642,569	52,627,724	3,469,912
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	161,773,357	164,463,908	154,014,285	7,759,072
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,524,983	1,298,864	1,188,181	336,802
18. Accrued employee benefits	4,204,764	4,020,339	3,734,889	469,875
19. Accounts payable and accrued expenses	2,038,321	3,710,112	2,075,203	(36,882)
20. Due to 3rd party payors	3,726,445	3,424,415	1,305,651	2,420,794
21. Deferred revenue	(3,423,039)	(3,056,955)	1,232,279	(4,655,318)
22. Interest payable	197,878	131,919	199,850	(1,972)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	283,715	241,322	223,179	60,536
25. Total current liabilities	9,423,067	10,640,016	10,804,232	(1,381,165)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,257,093	1,271,930	1,446,311	(189,219)
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	97,290,297	97,305,134	92,414,191	4,876,106
31. Total liabilities	106,713,364	107,945,150	103,218,423	3,494,941
32. Fund Balance	55,059,993	56,518,757	50,795,862	4,264,132
33. Total liabilities and fund balance	161,773,357	164,463,908	154,014,285	7,759,072

Bartlett Regional Hospital

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

Minutes
EXECUTIVE COMMITTEE MEETING
June 2, 2020 – 8:00 a.m.
Zoom Videoconference

Called to order at 8:01 a.m., by Lance Stevens, Board President

Attendance: Lance Stevens, Board President, Rosemary Hagevig, Vice-President, Kenny Solomon-Gross, Secretary, Brenda Knapp, Mark Johnson, Deb Johnston, Iola Young, Dallas Hargrave, Director of HR and Anita Moffitt, Executive Assistant

Public Participation – None

Ms. Hagevig made a MOTION to approve the November 4, 2019 minutes. Mr. Solomon-Gross seconded. Minutes approved.

CEO Evaluation – Mr. Stevens clarified which portions of the CEO evaluation process needed to take place in public session and which are allowed to be held in executive session. He also noted that we would use the same evaluation review process that had been used for the last 3 years. The evaluation survey will be sent to Board members, Medical Staff Executive Committee (MSEC) and Senior Leadership for input and use in the overall review process. Discussion was held about the need to change some of the questions to reflect the current COVID crisis. Mr. Hargrave explained the “recency” effect: you think about what is most recent however, he noted, what goes in the record is the performance over all of last year.

The question of making any structural changes to the review process or continue with the evaluation plan that we had in the past was posed. Mr. Hargrave did note that the goals go to the Board members and Mr. Bill only. The rest of the questions go to his direct reports and to MSEC. It’s up to the Board to determine how much weight is given to each portion of the evaluation.

Ms. Hagevig made a MOTION to move the evaluation document forward as a framework in which to work. Mr. Solomon-Gross seconded. Ms. Knapp stresses the importance of maintaining the established evaluation items for continuity and the need to be flexible and able to adapt if necessary. There being no objection, motion passes.

Ms. Hagevig initiated a conversation about adding questions specifically related to COVID to the evaluation. Mr. Hargrave will add a section specifically related to COVID since it represents 25% of the performance period. Directions to the evaluators will highlight the expectations of addressing Mr. Bill's handling of COVID 19 emergency in the COVID section and using the other section to rate his performance both during that emergency and for the rest of the year. He will distribute the survey to respondents on Monday, June 8th. Surveys are to be completed by June 16th. The committee will meet again at 8:00am on June 19th to review the results. Results will be discussed during Executive Session at the June 23rd Board of Directors meeting. As in the past, the survey questions will be sent to Mr. Bill as well.

Mr. Solomon-Gross made a motion to move into executive session to discuss matters 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 CEO performance evaluation. Ms. Hagevig seconded. Motion passed.

The committee went into executive session at 8:35am and returned to regular session at 9:03. No action taken.

Comments and Questions - None

Adjourned 9:05 a.m.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Videoconference – June 12, 2020

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

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

Called to order at 12:00 p.m. by Deb Johnston

Public Comment: None

Mr. Johnson made a MOTION to approve the May 8, 2020 Finance Committee Meeting minutes. Ms. Johnston seconded the motion, noted no objections, and they were approved.

Mr. Benson provided the following information:

April 2020 Financial Review – BRH experienced its worst month financially as the Covid-19 pandemic continued. Inpatient days were down 42%. Outpatient volumes, OB and MHU were down, as MHU quit taking referrals from out of Southeast Alaska. BOPS and Infusion had good volumes. Outpatient revenues were down 45%. BRH was down \$6.2M in hospital revenue. \$2.1M in CARES Act funding was received. The labor pool reassigned those who needed additional work to other areas. \$800K in Covid-19 related expenses was incurred in April for pandemic preparedness. There was increased purchases of software licenses to accommodate those working from home. April ended with \$1.6M in lost operating income. Net income revealed a loss of \$1.4M. Accounts Receivables decreased by \$5M. However, year-to-date BRH is still has a Net Income of \$1.5M.

CMS Low Volume Adjustment – BRH is at end of the Rural Demonstration Project reimbursement. As a low volume hospital, we met the criteria for the CMS Low Volume Adjustment. This adjustment is effective July 1st and was approved by CMS. BRH will reapply in August for the next federal fiscal year, but expects the adjustment to be about the same amount as this year. The RDP is expected to be renewed, probably by the end of the year, and this should cover the difference retroactively.

CARES Act Funding Update – BRH received \$5.1M in CARES funding on May 1st. Patient revenue generation improved in May, and another round of CARES funding was applied for. ASHNHA believed BRH would qualify for that as well, with a minimum payment of \$5M. BRH likely won't receive any of the CBJ CARES funding. Other CBJ Covid-19 testing options are being discussed and explored, with staffing, timing, resource, and space requirements considered. Mr. Johnson requested a white paper on factors in the decision making of testing options. Mr. Bill clarified that it will largely be CBJ's decision which testing option is best.

Next Meeting: Friday, July 10, 2020 at 12:00pm via Zoom.

Committee comments: None

Adjourned at 12:58 p.m.

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

June 16, 2020

Called to order at 7:00 AM., by Board Compliance Committee Chair, Marshal Kendziorek

Compliance Committee and Board Members:

Board Members: Marshal Kendziorek, Committee Chair; Deborah Johnston (absent); Kenny Solomon-Gross; Rosemary Hagevig

Staff/Other: Chuck Bill, CEO; Nathan Overson, Compliance Officer; Megan Costello, CLO; Billy Gardner, CCO; Rose Lawhorne, CNO; Dallas Hargrave, Human Resources Director; Kevin Benson, CFO; James Caldwell, Senior Quality Director

Agenda Approval: *Mr. Solomon-Gross made a MOTION to approve the agenda as submitted. Hearing no objection, Mr. Kendziorek approved the agenda without change.*

Previous Board Compliance Meeting Minutes Approval: *Mr. Solomon-Gross made a MOTION to approve the December 18th 2019 Board Compliance and Audit Committee Meeting minutes as submitted (The 03/31/2020 meeting was canceled due to COVID 19 considerations). Hearing no objection, Mr. Kendziorek approved the prior meeting minutes without change.*

Education and Training: Mr. Overson provided compliance education and training. Training consisted of an overview of Bartlett's Compliance Program including a brief history of hospital compliance programs, the seven element of an effective compliance program and applicable compliance laws.

As part of the discussion during the education and training portion of the meeting, Ms. Hagevig asked about the hospital's policy review and approval process. Mr. Overson walked through the process of how the owners of the controlled documents are responsible for periodic document reviews (clinical policies are required by the state to be reviewed annually). Material changes to hospital policies will be vetted through the hospital Policy Committee and any material changes to Compliance policies will also include a review by the BOD Compliance and Audit Committee. Mr. Kendziorek pointed out the importance of a 3rd party compliance program review which would also include an evaluation our compliance policies, and that this is an important part of the Boards oversight responsibility to the hospital's compliance program.

After the training, there was active discussion by the board members regarding the importance of an annual compliance training for the board members as a whole. Different strategies were suggested, and Mr. Kendziorek asked that Ms. Hagevig as BOD Vice President work with Mr. Lance Stevens, the BOD President, to see about arranging a time for a 2 to 3-hour compliance program training session for the Board of Directors; even if it were a standalone meeting on a Saturday. It was also mentioned that the training should be recorded for those who could not attend.

Compliance Program Evaluation:

The committee was in agreement that the hospital should move forward with contracting with a 3rd party for the purpose of reviewing and evaluating the hospital's compliance program. Mr. Kendziorek asked that Mr. Overson and Ms. Costello work through the CBJ procurement process to move the contracting initiative forward expeditiously.

Compliance Officer Report: The committee reviewed the Compliance Dashboard elements. Mr. Kendziorek asked for a side by side comparison graph for 2019 and 2020 representing the compliance log report. Ms. Hagevig asked Mr. Overson to include a glossary of definitions for the compliance log report to better understand the meaning of the different categories. Mr. Overson asked what, if any, of

dashboard reports should be reviewed in executive session. Ms. Costello said that she could review the dashboard elements and meeting packet against the Open Meetings Act before each meeting if there was a question.

Committee Input: Mr. Kendziorek suggested that the committee meet again in on July 21st at 7:00 am to focus on review of the 2020 Compliance Work Plan, and rolling 12-month/year over year compliance log graph and to review the status of compliance program evaluation contract. The committee consensus was that this was a good idea. Mr. Kendziorek asked that Mr. Overson plan to provide the 2 to 3-hour compliance program training to the Board of Directors, or make it part of the compliance program evaluation contract.

Executive session: This meeting did not go into executive session.

Meeting Adjourned 8:15 am

Next Meeting 07/21/2020 at 7:00 am

Bartlett Regional Hospital

**Governance Committee Meeting
Minutes
Tuesday, June 16, 2020; 1:00 p.m.
Bartlett Regional Hospital - Boardroom**

Called to order at 1:00 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

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

Ms. Hagevig made a MOTION to approve the minutes from May 12, 2020.

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

Ms. Costello stated that there was an inaccurate statement in the Governance Packet that she wanted to correct.

The suggestion is that we disband the Nominating Committee. In discussing with the City Attorney, the issue with the Nominating Committee is that once there is a committee designated, any gathering of the members is a meeting as defined under the Open Meetings Act and will need to be public meetings. (Meeting is defined as a gathering of more than 3 members or a majority of the members of a government body. A committee is a subunit of a government body, so any meeting of two or more committee members would be a meeting under the OMA.) A better idea is not having a Nominating Committee, and leaving it open so Board members are allowed to discuss informally; informal discussions of three or less individual board members are not defined as meetings under the OMA.

The memo referenced that the President could designate which Board members could meet informally, and that is not accurate and a mistake in the memo. That would essentially be a committee by another name. Rather, the suggestion is not that the President would designate Board members who would discuss nominations, rather it would be left open for board members to decide on their own to meet informally.

There was discussion developing a process for sharing board member skill set needs with the Assembly before recruitment opens each year. However, it was decided not to pursue this since the City Clerk cannot post any qualification requirements beyond what is required legally. The decision was made that a discussion with the Liaison regarding needs based on who might be leaving the Board would make the most sense. Then the Liaison can share this info with the Assembly when they are considering applications and conducting interviews.

Ms. Hagevig made a MOTION to bring forward the legal recommendations to the full board for an affirmative vote. Mr. Solomon - Gross seconded and they were approved with no objections.

Ms. Knapp noted that she would like the Bylaws reviewed sometime soon and improve the formatting.

Ms. Costello will provide a redlined version of the Bylaws to the next committee meeting for review.

Next Meeting: July 21, 2020 at 1:00 pm

Adjourned at 1:56 p.m.

Bartlett Regional Hospital

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

Planning Committee of the Whole Meeting Minutes

June 18, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 7:01 a.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 Lance Stevens. (Rosemary Hagevig late arrival)

Also Present: Chuck Bill, CEO, Rose Lawhorne, CNO, Billy Gardner, COO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Megan Costello, CLO, Anita Moffitt, Executive Assistant, NorthWind Architects representatives Sean Boily and Dave Hurley, PDC Engineering representative Mark Pusich, ECG Representatives John Budd, Jeff Hoffman and Morgan Parsons.

APPROVAL OF THE MINUTES – Ms. Young made a MOTION to approve the minutes from May 19, 2020 Planning Committee as amended. Mr. Solomon-Gross seconded. Minutes approved.

PUBLIC PARTICIPATION – None

RAINFOREST RECOVERY and CRISIS STABILIZATION CENTER UPDATES

Mark Pusich of PDC Engineering provided an overview of the findings of the geotechnical survey conducted on the property where the Crisis Stabilization Center is to be located. The soil is not suitable to be built on and will need to be removed and replaced with an engineered structural fill material to support a building, prevent settlement and withstand a seismic event. Discussion was held about how the additional costs for excavation work impacts the budget for this project and what changes have been made to the design to offset those costs. Redesigning the building, changing construction type from a steel frame to a wood frame and filling in the hole with building instead of dirt were noted as ways to best serve the project and keep costs down. Mr. Grigg reassured the committee that cuts in the square footage does not cut the service delivery that has been discussed throughout this process. Mr. Boily presented the most current set of plans with the inclusion of underground parking. He noted that it is a better value for our construction dollars to fill the hole with an underground parking garage and snow removal equipment storage as opposed to filling it in and building on it. Mr. Bill made a recommendation on behalf of the Senior Leadership Team that the Committee accept this report and forward to the Board for full consideration. The recommendation to be considered is that we do the full project, including the parking garage and stay within the budget that has been established. Further discussion about underground parking and equipment storage was held. **Mr. Solomon-Gross made a MOTION to move this project forward as presented to the Board for approval. Ms. Young seconded. There being no objection, Motion approved.** Mr. Kendziorek thanked Mr. Grigg, Mark Pusich, NorthWind Architects and everyone else that worked so hard on this project.

Mr. Kendziorek requested the Executive Session be the next item on the agenda to allow ECG participants to exit the meeting after completion of their presentation.

Motion by Mr. Solomon-Gross to move into Executive Session to discuss and review information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH, that being a discussion and information presented by ECG that may impact future partnerships or transactions between BRH and other health care organizations. Ms. Young seconded.
The committee entered executive session at 7:29 a.m. and returned to regular session at 8:32 a.m.

It was noted that Ms. Hagevig joined the meeting and Ms. Knapp exited the meeting during the executive session. ***Mr. Stevens made a MOTION to accept the ECG report and move to the full board for consideration during the executive session of the June Board of Directors meeting.*** Mr. Johnson opposed the motion. ***Motion passes 5-1 with 6 members present.***

Mr. Stevens exited the meeting. Five committee members remaining, quorum maintained.

COVID STATUS – Mr. Bill reported that we continue to be ready for any surge that we might see. We have made substantial progress in standing back up operations. There are two big COVID issues being discussed right now. The first is getting clarification from the State regarding how the mandate for interstate travel affects healthcare workers. The second is the Unified Incident Command at CBJ level looking at the ability to stand up more rapid testing here in Juneau. Roche and Cepheid equipment options have been looked at. Roche equipment is very large and would require significant staffing increases and space that we don't have at BRH. Cepheid now offers a 16 port system. We could accommodate two of these systems in our existing lab. Cepheid has said they would be comfortable fulfilling this order and would be able to have at least 300 test kits a week to us by the end of September. (This is a much quicker turnaround than what Roche would be able to offer.) BRH will be making a recommendation to the UIC to move forward with the Cepheid machines. This will give us additional capacity and technology to be able to do more tests than the Roche machines would allow us to do. Cepheid tests are more versatile than Roche and Abbott tests. Two Cepheid machines would allow up to 32 tests an hour to be conducted. The Cepheid test error rate is less than 1%. Discussion was held about CARES Act money for equipment and the chance of possibly obtaining startup funding from the cruise and mining industries. Current turnaround times are problematic and may take three or more days to get results. The state lab is overwhelmed and the LabCorp facility has not opened up in Seattle yet due to inability to recruit staff.

STRATEGIC PLANNING RETREAT – This will be discussed at the June 23rd Board of Directors meeting. The ECG assessment is going to be a major driver of our agenda.

Future Agenda Items:

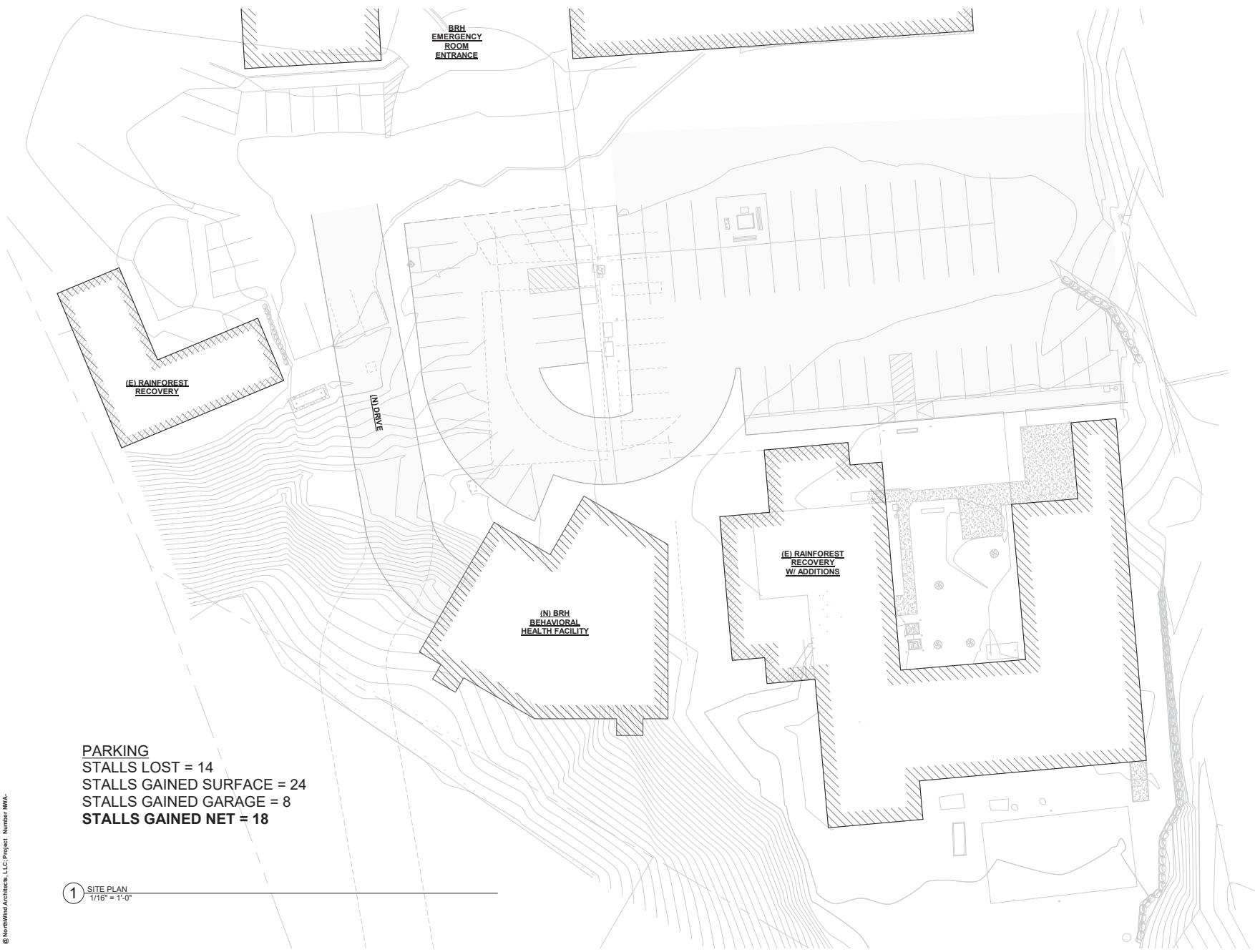
1. COVID Status
2. ECG Assessment
3. Strategic Planning Retreat

Comments: None

Next meeting: To be discussed at the Board of Directors meeting

Adjourned – 8:52 a.m.





PARKING
 STALLS LOST = 14
 STALLS GAINED SURFACE = 24
 STALLS GAINED GARAGE = 8
STALLS GAINED NET = 18

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

NOT FOR CONSTRUCTION

XXXX/2020

NorthWind Architects, LLC
 128 Seward St
 Joliet, IL 61701
 Ph: 815.708.0100
 www.northwindarch.com

← 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

SHEET TITLE:
ARCHITECTURAL SITE PLAN

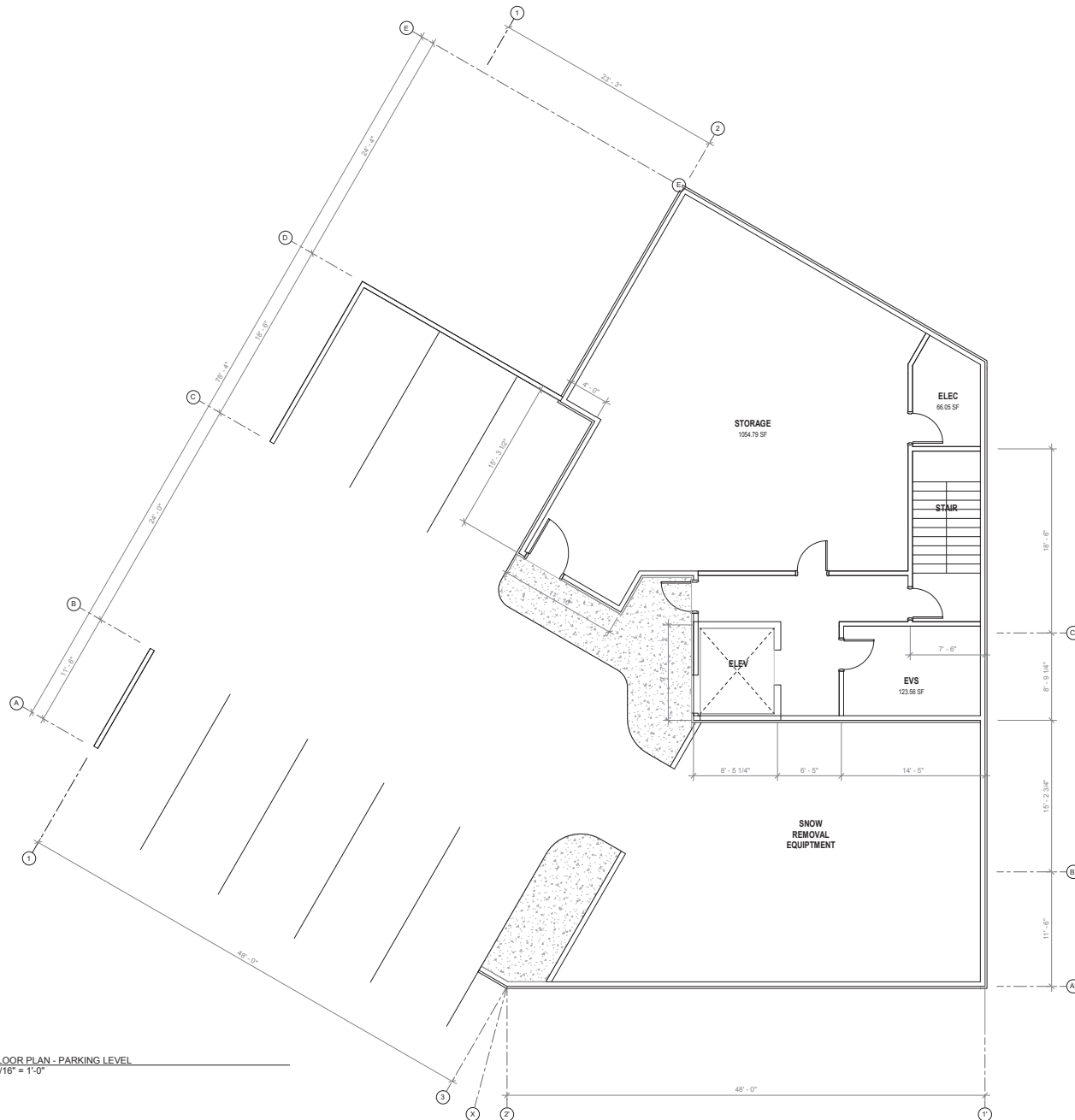
CHECKED	DH, SB
DRAWN	BK, LJ
issue	date description

SHEET # **G0.3**

PLOT DATE 02/07/20
 ISSUE DATE

© NorthWind Architects, LLC; Project Number: NWA-

1 FLOOR PLAN - PARKING LEVEL
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XXXX2020

NorthWind Architects, LLC
120 Seward St
Juneau, AK 99801
Ph 907.586.0150
www.northwindak.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

SHEET TITLE:
FLOOR PLAN - PARKING LEVEL

CHECKED	DH, SB
DRAWN	BK, LJ

issue	date	description
-------	------	-------------

SHEET # **A2.0**

PLOT DATE 06/01/18
ISSUE DATE

1 FLOOR PLAN - OUTPATIENT LEVEL
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XXXX2020

N
NorthWind
Architects, LLC

128 Seward St
Jupiter, AK 99001
Ph 907.586.8100
www.northwindak.com

← 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

SHEET TITLE:
FLOOR PLAN - OUTPATIENT LEVEL

CHECKED	DH, SB	
DRAWN	BK, LJ	
ISSUE	DATE	DESCRIPTION

SHEET #	A2.1
PLOT DATE	07/11/18
ISSUE DATE	

1 FLOOR PLAN - INPATIENT LEVEL
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XXXX2020



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

SHEET TITLE:
FLOOR PLAN - INPATIENT LEVEL

CHECKED	DH, SB	
DRAWN	BK, LJ	
ISSUE	date	description

SHEET # **A2.2**

PLOT DATE 06/08/18
ISSUE DATE

Bartlett Regional Hospital

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

Minutes
EXECUTIVE COMMITTEE MEETING
June 19, 2020 – 8:00 a.m.
Zoom Videoconference

Called to order at 8:03 a.m., by Lance Stevens, Board President

ATTENDEES: Lance Stevens, Board President, Rosemary Hagevig, Vice-President, Kenny Solomon-Gross, Secretary, Brenda Knapp, Marshal Kendziorek, Dallas Hargrave, Director of HR and Anita Moffitt, Executive Assistant

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES - Ms. Hagevig made a MOTION to approve the June 2, 2019 minutes. Mr. Solomon-Gross seconded. Minutes approved.

Mr. Solomon-Gross made a Motion to recess into executive session to discuss: subjects that tend to prejudice the reputation and character of any person, specifically the CEO evaluation (provided the CEO may request a public discussion). Ms. Hagevig seconded. Motion approved.

The committee went into executive session at 8:04 a.m. and returned to regular session at 9:10 a.m. No action taken.

Comments and Questions – Mr. Solomon-Gross initiated a brief discussion about when we would be able to resume in person, or a combination of in person and Zoom meetings. Until further notice, we will follow the CBJ Assembly’s lead and continue to hold meetings via Zoom. Space is not adequate in the boardroom to hold in person meetings and adhere to social distancing guidelines. Mr. Kendziorek expressed his opinion that it’s important for Bartlett to set an example for how people should be behaving. The Governance Committee is addressing our by-laws regarding calling in for meetings and will be making a recommendation to the board.

Adjourned 9:18 a.m.

Bartlett Regional Hospital

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

June 16, 2020 Management Report From CLO

Topics*

- General contract revision and meetings with vendors
- Risk management/litigation monitoring and related consults
- General legal review and response to subpoenas
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and Quality Director
- Covid-19 legal issues
- By-law language revisions
- Legal consultations with Human Resources

Bartlett Regional Hospital

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

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

- **Studer Leadership Development Update.** During the month of June, managers and supervisors began the leadership development program with three courses: Developing Personal and Team Resilience, Leading People Through Change, and Leading Through COVID-19. These courses include microburst online learning along with a group discussion regarding the course content on Friday, June 19.
 - **Developing Personal and Team Resilience.** We learned how to:
 - Identify common characteristics of resilience.
 - Describe actions that build resilience for yourself.
 - Describe actions that build resilience for your team.
 - Implement a framework to build a new resilience habit.
 - **Leading People Through Change.** We learned how to:
 - Identify a stakeholder's role and how to engage them in change.
 - Explore what drives individual change behavior (ADKAR).
 - Identify the four phases of competence when stakeholders are learning something new.
 - Manage resistance to change.
 - **Leading through COVID-19.** A summary of tools from the other Studer courses as they relate to the COVID-19 response.
- **New Employee Orientation Update.** After conducting the biweekly new employee orientation over zoom for a couple of months, the last two sessions have been conducted in-person with everyone masking and sitting at their own table with as much separation as possible. HR is beginning a discussion with Quality about whether we have enough material to cover in new employee orientation that it should be increased from 2 days to 2.5 days.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

June 2020 Nursing Report Rose Lawhorne, CNO

Supervisors

- Central Staffing has hired and trained two employees. With this being a new area, both have been quick learners to this role. A part time staff member will begin training in July.
- Central staffing assisted House Supervisors and HR with labor pool needs for COVID-19. The group has continued staffing tasks previously assigned to House Supervisors during normal operations (updating API, completing daily sheets, finding staff to fill holes, and cover sick calls). This frees up the supervisor to focus on patient care coordination and response to patient care codes.
- We have also established a float pool for registered nurses able to work in multiple areas. Our first nurse in this pool began training in Med Surg; a second RN will begin in July. Float nurses are attached to nursing administration department and will float where needed to cover sick calls and meet needs associated with increased census and acuity. This will help reduce overtime and premium hours. Float RN's will have a primary area of expertise and maintain multiple float areas, primarily inpatient, but may also assist in infusion, recovery (PACU), and Same Day Care (SDC).

Obstetrics Department (OB)

- We presented our work on the Alaska Perinatal Quality Collaborative (AKPQC) Severe Maternal Hypertension (HTN) Initiative at the statewide meeting on May 28th. We received wonderful feedback and outreach from multiple hospitals throughout the state asking for advice and assistance with their projects. We presented primarily on our education rollout plan and how we developed and adapted content for nursing, providers, ED staff, etc. Kasia Spengler and Anjela Johnston, OB nurses, were instrumental in this rollout, led by Lauren Beason, OB director.
- Our newest nurse is in her last month of orientation, and is an outstanding new addition. She joins us from Airlift Northwest and we are grateful to have her.
- The OB leadership and team continue to work with the BRH OB/Neonatal Quality Committee to adjust our timeline for COVID-19 test collection and personal protective equipment (PPE) use for delivery. Excellent communication and information is received from weekly Alaska Perinatal ECHO meetings.
- We have developed a new algorithm for management of COVID test collection, both prenatally at 39 weeks, and then again at the hospital just prior to delivery, using rapid Cepheid and Abbott ID Now tests. The algorithm directs the care team in which type of test to use, how to order the correct test in Meditech, appropriate PPE for test collection, and PPE use during delivery. This new process ensures the safety of our staff and allows the discontinuation of N95s for nearly all labor and deliveries. The definitive testing process also provides accurate information for the OR, should a patient need to be taken for a cesarean section urgently. Thanks to all who helped make this new process happen!

- Lactation appointments continue to be offered both in-person and via Zoom to accommodate varying patient needs. This has allowed us to connect with families living outside of Juneau who need lactation services.

Surgical Services

- Our current focus is on resumption of normal operations while complying with mandates and maintaining safety of our teams and patients.
- We have been working with patients and clinics to establish efficient processes for the new COVID-19 Capital City Fire/Rescue (CCFR) testing in order to reduce risk of exposure and comply with state mandates. Thank you to Debbie Kesselring for her assistance with communication to providers and clinics.
- Staff have been vigilant as we process incoming patients to ensure that testing/screening has been done prior to entry to the operating room (OR).
- This week, we are hosting Dr. Kopstein with two cataract clinics: Tuesday and Friday. We are thrilled to be again offering this crucial service to patients.
- We have resumed discussions and planning efforts to make necessary upgrades to the OR. These include upgrades to central sterile reprocessing and ventilation. We are working to minimize disruption to patient care, plan the projects carefully, and offer timely, appropriate communication to clinics, physicians, and departments affected.

Emergency Department (ED)

- In an effort to improve communication with our patients, our team has begun using a new tool, AIDET, on June 28th. AIDET incorporates five elements in patient discussions, Acknowledge, Introduce, Duration, Explanation, and Thank You. These ensure that we have comprehensively informed the patient regarding what they can expect as they receive care in our ED. The ED Director, Kim McDowell, has developed a tool to ensure AIDET is consistently being addressed. She, or a designee will round on patients daily and verify that AIDET has been adequately addressed.
- We have updated a new trauma documentation sheet. We received recommendations at our trauma re-verification visit from our reviewers that are incorporated into the new form that meets documentation requirements.
- We are looking to provide an updated trauma dataset to the hospital and board quality committees to reflect the high level of care we provide to our trauma patients at Bartlett. We are reviewing information that we enter into the Alaska State Trauma Registry and will report metrics that we hope is meaningful to our leadership and board members.
- In the ED, we have many high risk, low volume procedures. Each piece of equipment associated with this type of care now has an assigned “super user” who possesses expert knowledge and can provide ongoing training to the team. The equipment will be added to scenarios reviewed in our quarterly mock codes to ensure that our staff knowledge base remains current and robust.
- We will demobilize the alternate care site at Rainforest Recovery Unit during the week of June 22nd. We will pack and store the equipment so that we can quickly reorganize an alternate care site if it becomes necessary in the future.
- BRH and ED leadership continues to solicit feedback and evaluate the safety of our teams in the triage tent and throughout the department. We are making modifications as needed so that our staff in this high-risk area remains safe.

Critical Care

- Our two new nurses in orientation are doing very well and should be successful additions to our team in the near future.
- Staff is consistently following our universal masking policy and encourages patients to do the same. We also encourage other safety practices, such as maintaining 6-foot distance, especially when eating.
- Audrey Rasmussen, CCU Director, is reviewing all order sets that have not been analyzed in over 2 years. Orders are amended to include any updates to standards or changes in practice that are not already reflected in the order sets. Work has resumed on the Palliative Sedation order set since the date for the Meditech update is being pushed out again.
- We will begin a trial of new intravenous (IV) catheters for ultrasound-guided IVs that offer improved safety and reduce the risk of needle-stick injuries and exposure to staff. The new IV catheters for the trial have arrived and Audrey is awaiting education from the company so the trial can begin. Several nurses from the ED and CCU will be evaluating the kits that offer a safety device for the needle as well as guidewire to improve insertion.

Medical Surgical Unit

- The COVID wing has been demobilized so that the rooms can be used as needed for non-viral patients. We anticipate this need in the near future as we continue normal operations and our census increases. Should we need to reopen the wing for COVID patients, we can do so within a day. An inventory list for all items is recorded and remains in a resource file for the Med Surg team to use to reopen the area quickly.
- With many changes and new information flowing, relevant information can be lost. A folder for Med Surg processes and procedures has been created in our Y-drive. A COVID folder was also created in this reference drive. This offers unit-specific updates, changes to protocols, and is a great resource for staff.
- We have distributed a unit-specific survey to all Med Surg staff to elicit feedback on our management and preparation for the COVID crisis. We will use staff responses to improve operations and as we continue to plan patient care for the future.
- Med Surg education meetings are now bi-weekly on Mondays at 1700 via Zoom. This is a real-time training opportunity. Staff members can log in and get explanations and clarification for care on Med Surg from educators, content experts, and leadership. We have seen a great response to this from members of our care team on Med Surg.
- Med Surg has their first official unit specific Process Improvement Team with nine staff members and the director. This group will include nurses, certified nursing assistant (CNA), and unit clerk representation. Staff wanted to actively participate in the improvement process on the unit and be involved in the response to changing needs on the unit. The staff will take a leadership role with guidance from the director. This team has developed new processes for medication retrieval for patients in isolation, and for preparing masks for decontamination. They also improved the handling of isolation trays.

Bartlett Regional Hospital

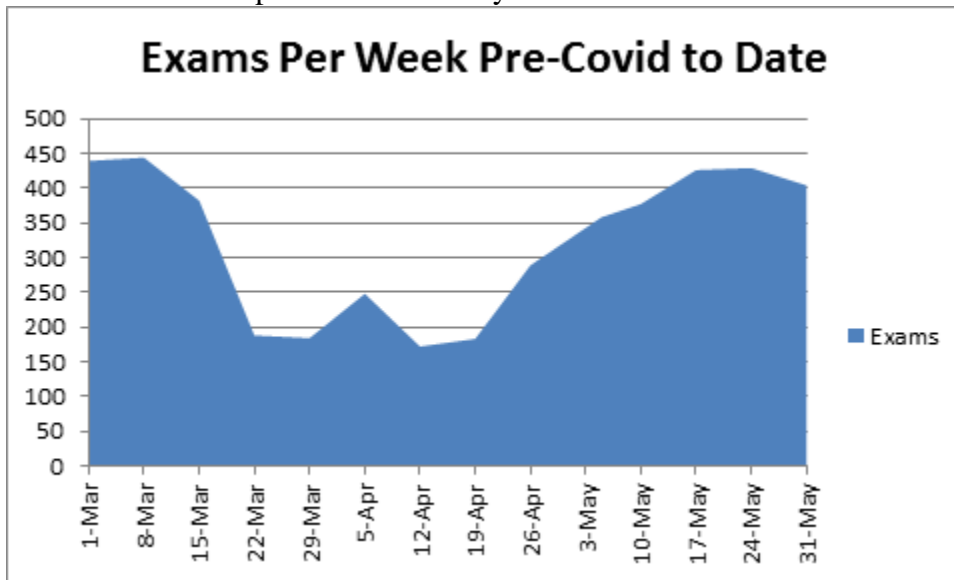
June 23, 2020 Board Report
Billy Gardner, Chief Operating Officer

Respiratory Therapy (Robert Follett)

- New ABG analyzers in validation stage.

Diagnostic Imaging (Paul Hawkins)

Numbers of exams per week are steady



Continuing with cross-training X-ray/Mammo tech into MRI.

Continuing with musculoskeletal ultrasound training.

Completed cross-training general/vascular ultrasound technologist into echo.

Congratulations to Courtney Reay for completing course

Researching ceVUS (Contrast-enhanced voiding urosonography) to eliminate radiation exposure to the pediatric population.

Work with PFS on new ultrasound enhancing agent charge codes

New POCUS (point of care ultrasound) wireless ultrasound units linked to iPad and have ability to transfer images to PACS.

- Biomedical inspection in progress.
- JEMA Dr. Jones contacted, will set up accounts for physicians interested in using these scanners.

Evaluating PERL needle localization wire (placement can be done a day or two before surgery) very soft comfortable wire with circular anchor

- Securely mark and localize breast lesion and eliminate same-day scheduling issues/delay in the OR

- Decrease patient discomfort

DXA scheduled to arrive in June

- Working with maintenance to remodel existing patient changing room into an exam room.
- New patient changing room moved closer to MRI area.

Facilities increased airflow and return to Diagnostic Imaging more air is exchanged than before.

Reviewed/Revised 149 out of 194 policies

Future Plans

Setup workstations for DI (may need help from IT)

DXA operator training on July 7th and 8th.

- Work with Katie Bausler to introduce DXA to the community
- Work with dietary and PT to see if exam can enhance therapy and dietary goals.
- Work with radiologist to develop exam protocol and procedure
- Work on creating DXA schedule without increasing staff

Fill ultrasound vacancies

New MRI purchase being evaluated

CT brain perfusion research- Looking at Mobile AP for rapid AI brain perfusion evaluation

Disney subscription on TV/iPad for pediatric patients (this may reduce exam time and help eliminate patient anxiety).

Past

- 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, this helps with social distancing and decreases in person registration time.
- 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.

Materials Management (Ethan Sawyer)

- MM is working on the last storage room for Med/Surg. We have completed the build out of MS/1. Items in MS/1 have accurate bin locations and par levels and we have reduced the stocked items on these units allowing for more space of critical use items.
- Finalizing purchases for RRC-Detox this week.
- Working on large acquisition of testing supplies for Covid-19
- Preparing to move to CCU for supply room update in July.
- As a high level overview- We have 30 days on hand of everything related to PPE. That is at current usage. If we have an increase things could change.

Telehealth services update:

One side effect of the Covid 19 crisis is that many specialty service Physicians have joined the telehealth services model for provision of care. This will allow patients in Juneau to have a more comprehensive menu of services available to them. Karen Gifford, telehealth services Director for Virginia Mason Medical Center, notified me last week that the Rasmuson Foundation has encouraged her team to apply for a grant with the purpose of further developing telehealth services for Alaskans now and beyond the Covid 19 crisis. We held a meeting (Karen's team and Dr. Benjamin, Dr. Hernandez – primary care representative, nursing, behavioral health, IS, finance, and myself) to discuss our population's needs and how these identified gaps could benefit from a more robust telehealth services program in Juneau/Alaska. We will continue with the discussions and pull involve many stakeholders as this opportunity develops.

OR projects:

My team met with Chuck, Kevin, Jim Jurens and Rose to discuss getting our projects back on schedule. These much needed improvements and installs will require OR downtime as discussed in prior BOD committees and meetings. The group was able to minimize that downtime and find efficient ways to move the projects forward. Next steps will be coordinating the projects with Physicians and staffs to appropriately plan for and schedule the downtimes to ensure minimum impact on operations and people's schedules.

Laboratory Services (John Fortin):

Met with Behavioral Health and Hospitalists to discuss Covid-19 testing of patients being admitted to MHU service. John Fortin and Charlee Gribbon (infection control) took information from this meeting and merged a process into the testing algorithm for stakeholder review. Much of the laboratory work has focused on Covid 19 testing, in collaboration with the CBJ and UIC. Chuck's report will cover many aspects of this work.

Rehab Services (Rusty Reed):

Operations are continuing but limited and we are getting new referrals. Due to spacing guidelines this limits operations and some referrals cannot be addressed resulting in waitlists. We are staggering both appointments and therapists on campus because of the distancing guidelines. We are looking at starting up pediatrics and having discussions on how to do this process in a safe manner. We are getting referrals and we are working on a process to meet these needs safely. There are ongoing discussions on how to address our work stations and distancing.

Facilities (Marc Walker):

Maintenance

Maintenance is one fulltime Mechanic down. We had advertised for many months and interviewed prospective candidates but did not find a qualified candidate. We have temporarily held off on reposting in a hope that we can self-recruit a qualified worker.

Annual Emergency Generator inspection and maintenance June 6, June 13, yet to come June 20.

Replacement of door and door frames, continued repair from the Sprinkler Head flood months ago.

Installation of electrical conduit and wiring for the Server Room UPS.

Kitchen hood cleaning.

Update hot water recirculation pumps with Building Automation System.

Reorganized the shop area and created secure tool room.

BOPS Suite A expansion construction. The blueprints have been finalized and will go to CBJ Engineering to develop a project agreement with a Term Contractor.

Working with DI to renovate the dressing room. Currently working with the department director to understand the changes and develop a plan for moving forward in a logical, systematic manner.

Environmental Services

The department is currently fully staffed.

We are focusing efforts in the Emergency Department this month to improve overall cleanliness.

Working on refreshing the floors in all areas.

Streamlining cleaning processes to make sure we are working efficiently.

Working with facilities to change out paper towel dispensers to touchless ones.

Laundry Department

Currently fully staffed.

Installed updated chemical dispensers to improve efficiency and programing capabilities.

Updating the scrubs in Surgery and for the hospitalists to assure a consistent high quality product is delivered.

Biomed Department

The Department is currently fully staffed.

Entrance door in to the biomed shop under construction (Asbestos Removal). Project completion date Monday 6/15/20.

Steris washer in OR continues to prove troublesome. The STERIS Service Representative will be making repairs.

Working on small projects to improve overall quality of service.

Preparing for next Joint Commission survey. Working with Autumn Muse, James Caldwell and the EOC Committee.

Security Department

The department is currently fully staffed but still trying to up their casual labor pool.

Officers have developed a static post in the triage tent to help assure staff safety.

Pharmacy (Ursula Iha)

- Pharmacy is utilizing new technology to improve patient safety for many routines including the following:
 - Daily activities for monitoring cleanrooms and medication storage conditions.
 - Medication inspections are documented electronically.
 - Verification and documentation of batch medications.
 - Technicians are scanning barcodes for patient specific hazardous medications to improve patient safety, efficiency, and documentation.

- New anticoagulation protocols for pre-procedural, treatment, and bleeding reversal were developed and presented to the OR committee.
- The pharmacy staff is working with two pharmacy interns over the summer as part of the Staff Development Department. They are both enrolled in undergraduate programs and very interested in pursuing pharmacy as their career.
- Pharmacists met with nurse managers to review smart pump utilization data with the goal of meeting the needs of nurses and providers, and improving utilization of the safety guardrails for medication.
- Christopher Sperry PharmD received the Preceptor of the Year award from the University of Alaska Anchorage at the inaugural commencement of the College of Pharmacy.

I am very pleased to announce that Paul Hawkins has accepted the permanent role of DI Director. Paul has over 30 years healthcare experience and has served in a variety of roles, including management positions, and organizations. Paul brings strong business acumen skills to the table paired with a natural drive towards excellent quality outcomes. He has demonstrated a high level of knowledge and ability with leading the implementation of various software and modality upgrades/installations in the past. Paul will do an excellent job supporting and developing his staff while also fostering strong collaborative relationships with his internal and external stakeholders. Please give Paul a warm, cordial welcome as he begins his new role as DI Director!

Bartlett Regional Hospital

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

June 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.
 - RRC is still set up as a COVID Alternative Care Site with 30+ beds for patients.
 - July 1, 2020: RRC will begin moving toward a phased reopening that will include:
 - Disassembling RRC as alternative care site
 - Single occupancy patient rooms (50% capacity)
 - Masking requirements

- **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.)
 - BOPS outpatient operations continue to be 100% virtual
 - 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.
 - **May 2020: 505 (non-unique) patient encounters. Most monthly encounters ever recorded at BOPS**

- **Psychiatric Emergency Services (PES):**
 - We continue to provide 24/7 on site PES Services
 - We continue to see 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 May 2020, PES Staff assessed 131 people, over 4 per day average, who presented experiencing a Behavioral Health Crisis.

- **RRC Withdrawal Management (Detox) & Assessment Center:**
 - See attached 06/16/2020 Observation Report for latest updates.
 - June 15: Substantial Completion Inspections occurred with no significant inspection issues reported.
 - Phase 1 is still scheduled to be completed the week of June 29, 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 June 29, 2020

- **Crisis Stabilization Services Update:**
 - **Design Update:**
 - Fee negotiation for design and project management between CBJ and Northwind Architects was finalized on February 10, 2020.
 - 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 November 2020 Funding)
 - Denali Commission \$200,000 (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 APPROVED 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.**



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, June 16, 2020 – 9 am
Weather: Rain, 50 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

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

Description of Work:

1. ACC had one worker installing threshold at Door 101, one worker installing forms for curb and gutter north of the courtyard, while Chad relocated counter in Dining so that the new door to Conference 124 didn't conflict with the counter.



2. CE had three workers beginning installation of replacement fire alarm devices in the existing portion of the facility.



3. AIS had one worker finishing install of duct insulation in Fan Room 152. DW piping in Activity 140 has been insulated. SEF had one worker wrapping up the fire sprinkler connection. Worker noted fire sprinkler system is now complete, tested, and active. Worker provide a copy of the test inspection report. ACC continues to work on getting a replacement Door 163 to the Detox Nurse Station. The door provided was prepped for an incorrect swing.



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

June 23, 2020 Board Report

Kevin Benson, CFO

Finance

- A Charge Master Review of the Operating Room and Anesthesia is being completed to maintain compliance with CMS and billing regulations.
- Streamlining the monthend closing process to produce monthly financial statements on a more timely basis.
- It's hard to believe we are coming to the end of another fiscal year. Audit dates have been scheduled and the yearend process will begin shortly. Yearend inventory has been scheduled for June 30th.
- Maintaining the reporting compliance for CARES funding. Another application for another round of funding for safety net hospitals was submitted and we are waiting for the outcome.

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

- Overall cash collections for the month of May is down a bit from last month rounding off the month at just above at \$6 Million.
- Meetings have scheduled to begin the Medicaid Provider Self-Audit
- PFS is continuing to closely monitor patient accounting processes to ensure patients are not being balance billed for any COVID-19 diagnostic testing.
- We are currently working with Eide Bailly to perform a (CDM) Charge Description Master review.

PAS – Angelita Rivera

- PAS is in the process of on-boarding two new employees.
- PAS for the past month has been actively calling patients for scheduled appointments to verify demographics/insurance in order to expedite their registration at check-in on the date of their appointment. This lessens the time patients are having to spend in PAS.

IS – Scott Chille

1. Projects:

- a. UPS install to be complete June 23rd

- b. **VxBLOCK** delivery starts **June 29th** and **completes July 10th**
- c. **MEDITECH** – migration to new VxBLOCK environment – **starts July 13th** (**expected 4 – week evolution**)
- d. **PACS** upgrade and migration – **starts July 13th** (**expected 4 – 6 week evolution**)
- e. **MEDITECH Expand** – GoLive moved to **March 1, 2021**
- f. **Project Schedule Attached**

2. Department Updates

- a. Desktop Support Tech, Griffin Bailey, starts Monday June 15th
- b. HelpDesk staff (Engage team) continues to handle 200+ calls per week and have increased their scope of service – positive feedback from staff

3. Information Security

- a. Phishing Test results and Awareness Training stats – markedly improved for April.
- b. 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.
- c. Attacks on Bartlett network doubled for month of April and remained relatively unchanged for the month of May.

Attacks on Bartlett Network

	As of March-15	As of April-29	As of May-31	
Per Minute	86	183	168	
Per Hour	5,160	10,980	10,080	
Per Day	123,840	263,520	241,920	
Per Week	866,880	1,844,640	1,693,440	
Per Month	3,839,040	8,169,120	7,499,520	
Per Year	45,201,600	96,184,800	88,300,800	

Dashboard | Welcome

Organization's Risk Score

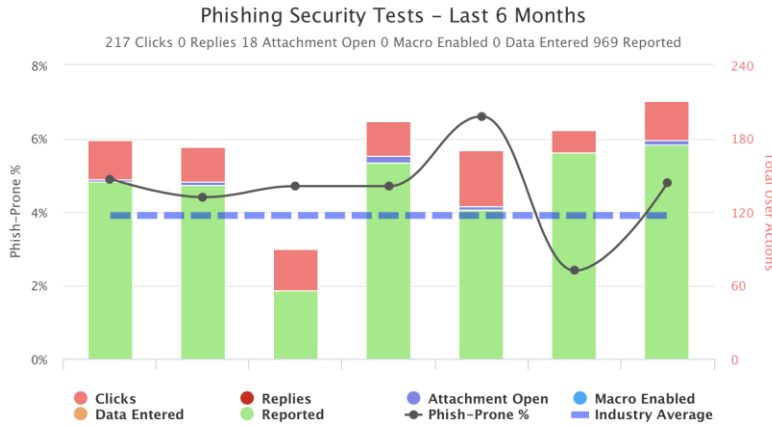


19.8

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

Phishing

[See more phishing reports](#)



Industry Benchmark Data (?)

YOUR LAST PHISH-PRONE% **4.8%**

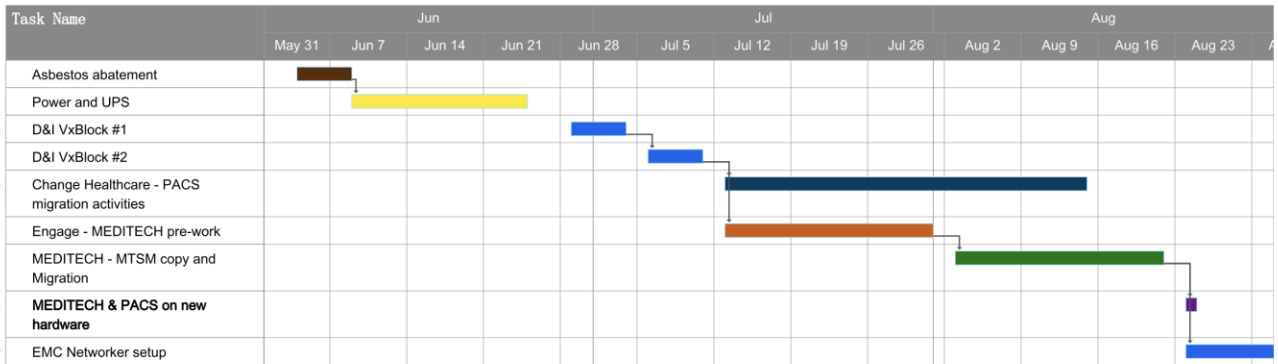
INDUSTRY PHISH-PRONE% **3.9%**

Industry:

Company Size:

Program Maturity:

VxBlock Install & Migration



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

June 2020 Board Report

Chuck Bill, CEO

I have a few updates for the board in addition to my email last Friday:

- Lab Corp has delayed the opening of their lab in Seattle for another week because they have had difficulty recruiting appropriate personnel.
- We continue to see some pre-procedure test results not making it in time for the procedures. This requires us to use rapid tests and PPE. We do have an adequate supply of both for now. Please see the attached report.
- I had a very successful meeting with the senior executives of Cepheid yesterday (6/18) to explain Bartlett's isolation and logistical challenges to getting adequate turn around on the PCR tests. They agreed to move us up the priority list and estimated a September delivery date for 2 sixteen channel units and 300 tests/week. These units will fit in our lab and we have the appropriate credentials and training and will be purchased with CBJ CARES funds.
- We had a conference call with Dr. Zink this morning and got some clarity on traveling outside of Alaska and quarantine requirements.

288

Total Number of Cases

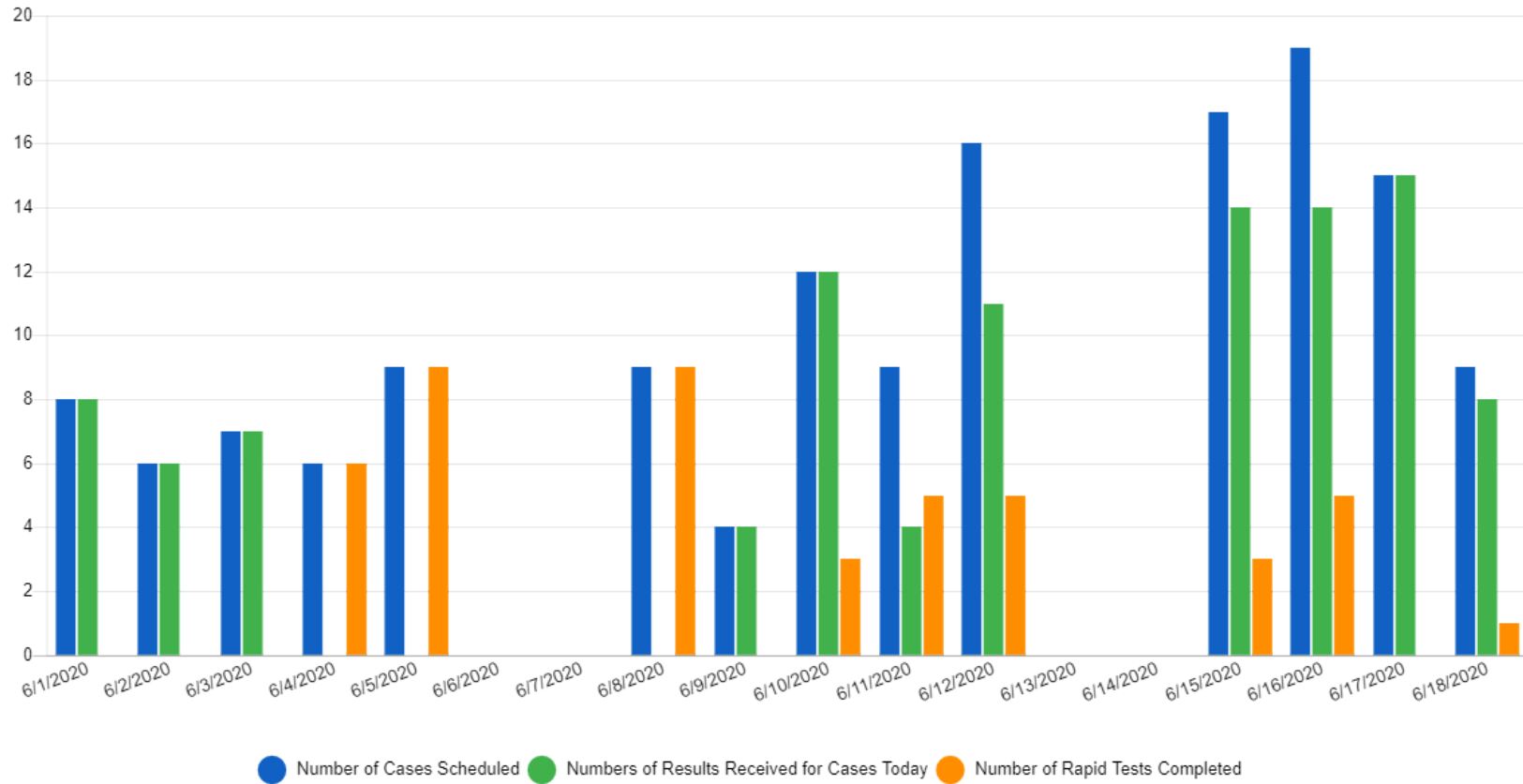
221

Total Number of Results

67

Number of Rapid Tests Completed

BRH OR COVID Testing Data





(907) 586-0715
CDD_Admin@juneau.org
www.juneau.org/CDD
155 S Seward Street • Juneau, AK 99801

June 10, 2020

Charles E. "Chuck" Bill, CEO
Bartlett Regional Hospital
3260 Hospital Drive
Juneau, Alaska 99801

Subject: Thank You and Appreciation for your strong letter of support for CBJ Capital Transit's successful 2020 federal grant applications.

Dear Mr. Bill,

On behalf of the Juneau Commission on Sustainability and the great team at Capital Transit, I would like to personally thank you for your strong letter of support for this year's federal grant applications for electric buses and infrastructure. It is through your strong community support, combined with other Juneau organizations, that Juneau's grant application was not only accepted but awarded \$5,041,000. The 2020 proposal calls for an additional 5 electric buses and charging infrastructure. The 2020 award is in addition to the previous successful 2018 and 2019 awards totaling over \$3M.


Your letter demonstrates support for our community values and community teamwork toward achieving the goals of our *Juneau Climate Action and Implementation Plan* and our *Juneau Renewable Energy Strategy*.

Sincerely,

Gretchen Keiser, Chair
Juneau Commission on Sustainability

***Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by using the Zoom meeting information at the top of each meeting's agenda.

July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 BRH 4 th of July Holiday	4 
5	6	7	8 4:15pm Board Quality Committee (PUBLIC MEETING)	9	10 12:00pm Finance Committee (PUBLIC MEETING)	11
12	13	14 7:00am Credentials Committee (NOT A PUBLIC MEETING)	15	16	17	18
19	20	21 7:00am Board Compliance Committee (PUBLIC MEETING) 1:00pm Board Governance Committee (PUBLIC MEETING)	22	23	24	25
26	27	28 5:30pm Board of Directors (PUBLIC MEETING)	29	30	31	

Committee Meeting Checkoff:

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

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