

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

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

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/93293926195>  
or call

1-253-215-8782 and enter webinar ID 932 9392 6195

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>	<b>5:45</b>
	A. June 23, 2020 Board of Directors Minutes	(Pg.3)
	B. May 2020 Financials	(Pg.7)
<b>VI.</b>	<b>NEW BUSINESS</b>	<b>5:50</b>
<b>VII.</b>	<b>MEDICAL STAFF REPORT</b>	<b>5:55</b>
<b>VIII.</b>	<b>COMMITTEE REPORTS</b>	<b>6:00</b>
	A. June 24, 2020 Draft Physician Recruitment Committee Minutes	(Pg.12)
	B. July 10, 2020 Draft Finance Committee Meeting Minutes	(Pg.14)
	C. July 13, 2020 Draft Executive Committee Meeting Minutes	(Pg.15)
	➤ CEO Review and Compensation – <b>ACTION ITEM</b>	(Pg.16)
	D. July 15, 2020 Draft Board Quality Committee Minutes	(Pg.28)
	E. July 21, 2020 Draft Board Compliance Committee Minutes	(Pg.31)
	F. July 21, 2020 Draft Governance Committee Meeting Minutes	(Pg.33)
	➤ Board Bylaws Revisions – <b>ACTION ITEM</b>	(Pg.34)
<b>IX.</b>	<b>MANAGEMENT REPORTS</b>	<b>6:10</b>
	A. CLO Management report	(Pg.57)
	B. HR Management report	(Pg.58)
	C. CNO Management report	(Pg.60)
	D. COO Management report	(Pg.62)
	E. CBHO Management report	(Pg.64)
	F. CFO Management report	(Pg.73)
	G. CEO Management report	(Pg.75)
	➤ SE Conference Health Care SWOT Analysis	(Pg.76)

<b>X.</b>	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:15</b>
	➤ COVID-19 Update		
<b>XI.</b>	<b>PRESIDENT REPORT</b>		<b>6:30</b>
	➤ Strategic Retreat Plan		
<b>XII.</b>	<b>BOARD CALENDAR</b>	(Pg.97)	<b>6:35</b>
<b>XIII.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:40</b>
<b>XIV.</b>	<b>EXECUTIVE SESSION</b>		<b>6:45</b>
	A. Credentialing report		
	B. July 7, 2020 Draft Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation Review		
	➤ PRRB Appeal		
	<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
	○ <i>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.</i>		
	<i>And</i>		
	○ <i>To discuss decision and litigation strategies with the BRH attorney on the PRRB appeal. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)</i>		
<b>XV.</b>	<b>ADJOURNMENT</b>		<b>7:15</b>

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
June 23, 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	

**ABSENT:** 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	Michelle Hale, CBJ Liaison
John Budd (ECG)	Jeff Hoffman (ECG)	Morgan Parsons (ECG)
Anita Moffitt, Executive Assistant		

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

**PUBLIC PARTICIPATION** – None

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

**NEW BUSINESS** - None

**Medical Staff Report** – Dr. Neyhart noted the minutes from the June 2, 2020 Medical Staff Meeting are in the packet. She reported working hard to keep up with data related to COVID and travel restrictions and suggested that the Hospitalist Director be more involved with management meetings. Mr. Solomon-Gross initiated a brief discussion about Polymerase Chain Reaction (PCR) testing and Meditech issues referenced in the minutes.

**COMMITTEE REPORTS:**

**Executive Committee Meeting** – Meetings were held on June 2<sup>nd</sup> and June 19<sup>th</sup> to discuss the CEO evaluation. Draft minutes are in the packet. The CEO evaluation is on the agenda for tonight’s executive session.

**Finance Committee Meeting** – Ms. Johnston noted the June 12<sup>th</sup> draft meeting minutes are in the packet. CMS has approved a low volume adjustment for reimbursements to BRH. The Rural Demonstration Project is expected to be renewed later this year. If so, we would not receive the low volume adjustment

since you can't get both. Mr. Benson gave a brief overview of the May financials. With the increased revenues and \$5.2 Million CARES funding received in the month of May, BRH is back on budget.

**Board Compliance Meeting** – June 16<sup>th</sup> draft meeting minutes are in the packet. Mr. Kendziorek reported that compliance education and training had been provided to the committee. In order to meet Joint Commission requirements, a meeting is to be scheduled for the annual compliance program training for the board members. This meeting will be recorded and made available for those members unable to attend. A poll will be sent to board members to identify availability for a Saturday meeting to be held between now and August. Mr. Kendziorek also reported that BRH is to hire a 3<sup>rd</sup> party for the purpose of reviewing and evaluating the hospital's compliance program.

**Governance Committee Meeting** – May 12<sup>th</sup> meeting minutes are in the packet. Ms. Knapp reported that Ms. Costello has provided legal recommendations for bylaws revisions. The committee voted to bring the recommendations to the full Board for review at the July meeting.

**Planning Committee Meeting** – June 18<sup>th</sup> meeting minutes are in the packet. Mr. Kendziorek reported that updates to the Rainforest Recovery Center and Crisis Stabilization Center were provided. Results from the geotechnical survey necessitated changes to the design of the Crisis Stabilization Center. To offset excavation and ground preparation costs, the new design has reduced square footage and includes an underground parking garage with equipment storage. This design will still meet our needs and allow us to stay within our budget. ***Mr. Kendziorek made a MOTION on behalf of the committee, that the Board approve the plans and move ahead with the project.***

A discussion about the strategic planning retreat was held. August dates are to be proposed to the Board. A space large enough to accommodate an in person meeting while meeting social distancing guidelines is to be reserved. Masks are to be worn by the attendees.

#### **MANAGEMENT REPORTS:**

CNO report - Mr. Solomon-Gross requested further information about the AIDET tool referenced in the CNO report. AIDET incorporates five elements in patient discussions: Acknowledge, Introduce, Duration, Explanation and Thank you. This tool ensures that we consistently address these elements when informing patients what they can expect as they receive care in the ED and other areas of the hospital. Brief discussion held about using CCFR testing sites for pre-procedure testing and the coordination involved in scheduling surgical procedures. Ms. Lawhorne explained the process for patient registration in the ED and how safety concerns expressed by staff are addressed.

COO report - Mr. Solomon-Gross requested an update on the DXA bone density scanner. The equipment is here but minor room modifications need to be made before it can be installed. This new service will be advertised to get the word out to the community. Discussion was held about the coordinated efforts to minimize downtime as much as possible for OR modification projects to be completed. The equipment is to be in Juneau before commitments to schedules are made. Staff and physicians will be included in schedule planning.

A brief discussion was held about allowing ample time to share information and ask questions during management and committee reports.

CBHO report – Mr. Grigg reported that we are on track for completion of the Detox unit of RRC next week. About 75% of our furnishings have arrived and we will begin to move things into the patient care areas and staff offices next Monday and Tuesday. RRC is being demobilized as an alternative care site for COVID patients this week and next. Everything will be stored on site and will be able easily accessible to

allow quick set up again if needed. A hybrid model of residential treatment and partial hospitalization in RRC starting mid – late July. Mr. Solomon-Gross and Ms. Hale expressed appreciation for all of the hard work by everyone and for BRH doing exactly what is needed for the community needed.

**CEO REPORT** – Mr. Bill reported that we have received quotes for the purchase of 2 Cepheid machines. These machines allow test results to be available in about 35 minutes. Two 16 channel machines will cost \$360,000. Other machine options are in the \$600,000 to \$700,000 range. BRH is already credentialed for Cepheid machines, has space to accommodate them and will require only a slight increase in staffing. They would not require additional pathologists. Mr. Bill will continue to work with the Unified Incident Command regarding testing options in Juneau. Cepheid feels comfortable that they will be able to provide 300 test kits per week to BRH. An update of the disruptions in test turnaround times was provided. The State lab has equipment that is down and the LabCorp testing site in Seattle is still not open. Tests are being sent to Phoenix and subject to flight delays. Mr. Bill also reported that BRH has been working with the State to clarify travel and quarantine for healthcare workers. BRH now has a well-defined plan. The Ophthalmology clinic held last week was very successful. It was noted that there are still 51 cataract referrals on the books and Dr. Kopstein is interested in increasing his time in Juneau to be able to meet the needs of the community. Brief discussion held about the use of CARES funding for Cepheid machines. The Cepheid machines would expand our current capacity issues within our current licensure. Mr. Johnson supports providing a letter of support from the BOD. ***Mr. Johnson made a MOTION to support moving forward with Mr. Bill's proposal for purchasing the two Cepheid machines for Bartlett Hospital.***

Mr. Bill noted the thank you letter in the packet from Capital Transit in appreciation for writing a letter of support for receiving grant money for the purchase of electric buses.

Mr. Stevens returned the conversation to Mr. Johnson's motion to provide a letter of support to the Assembly. Ms. Hagevig reported that she had seconded the motion but had not unmuted herself. After further discussion, Mr. Johnson withdrew the motion. Ms. Hale will report the BRH Board of Director's support of purchasing the Cepheid machines to the Assembly. Mr. Bill will continue to work with the Unified Incident Command to determine what equipment, if any, will be purchased. Mr. Johnson requests clarification be provided of requirements to make a motion, specifically whether motions are allowed to be made for items not listed on the agenda. It was reiterated that the Board is in full support of purchasing the Cepheid machine and is confident that Mr. Bill has made clear what BRH can and cannot do to accommodate testing systems under consideration.

**PRESIDENT REPORT** – Mr. Stevens noted the strategic retreat had been discussed during Planning Committee report. He stated that BRH will follow the Assembly's lead in returning to in person meetings.

**BOARD CALENDAR** – July calendar reviewed. No changes requested. Mr. Stevens noted there may be an Executive Committee meeting added.

**BOARD COMMENTS AND QUESTIONS** – Ms. Hale reported that although the Assembly has not made it mandatory to wear masks in Juneau, they are looking at it closely. The Assembly Committee of the Whole did approve a 4<sup>th</sup> of July fireworks display however, attendees outside of their cars, must wear face masks and maintain 6 feet apart from non-household members. Dr. Neyhart highlighted the importance of wearing masks to keep the community safe and feels that requiring masks at this outdoor event but not in other public places makes little sense. A discussion about why the Medical Staff Meeting minutes were included in the executive session was held. ***Ms. Hagevig made a MOTION to move the draft Medical Staff Meeting Minutes back to the regular session of the agenda and not be included in***

***the executive session. Mr. Johnson seconded. Motion approved.*** Ms. Costello made a recommendation to move the ECG assessment to the top of the list of executive items to be discussed. It was noted that Ms. Moffitt would be dismissed when executive session begins, recording of the meeting will stop and Mr. Solomon-Gross will take notes when regular session returns. Ms. Hale requested a brief recess.

Recess - The meeting recessed at 7:02 p.m. and resumed at 7:10 p.m.

**Executive Session – Motion by Mr. Kendziorek to recess into executive session as written in the agenda to discuss several matters:**

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

***The June 2, 2020 Draft Medical Staff Meeting Minutes have been moved out of executive session so will not be discussed. ECG Assessment Review will move to the first topic of discussion to allow the ECG representative to log out of the meeting. Mr. Solomon-Gross seconded. MOTION approved.***

The Board entered executive session at 7:11 p.m. and returned to regular session at 9:05 p.m.

***Mr. Kendziorek made a MOTION to approve the credentialing report as presented. Ms. Hagevig seconded.*** Brief discussion about the Credentials Committee process of addressing any physician credentialing issues or concerns. ***Credentialing recommendations approved.***

**ADJOURNMENT – 9:07 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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

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

Covid-19 continues to be the main factor affecting the finances of BRH. May saw operations open up for outpatient services including the Operating Room. Ramping up of operations continued through the month which generated greater revenues. April saw revenues that were 53% less than budget while May improved to a shortfall of 25%. So the trend is in the right direction but it's a slow process.

As a result of this crisis Inpatient Days and Revenue was down 33% and 35%, respectively. Outpatient revenue rebounded to be only 12% under budget. Total Gross Patient Revenue finished 25% under budget or \$3.8 million. This decrease in revenue was mitigated to a degree by a reduction of Deductions from Revenue of \$1.2 million. BRH received additional CARES funds from the CMS of \$5.1 million which was recorded as Other Operating Revenue. After all this Total Operating Income finished \$2.9 million over budget.

Expenses exceeded budget by \$952,000 or 11%. As in previous Covid-19 months this variance was driven by primarily by staff costs and benefits. \$960,000 was recorded to the newly setup Covid department. This new department allows costs associated with the Covid-19 response to the identified and hopefully reimbursable in the future. 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 led to heavy utilization of Non-Productive Pay. This resulted in an Operating Margin of \$2.0 million. After Non-Operating Income of \$177,000 the Net Income for May was \$2,170,000. For the year BRH has a Net Income of \$3.7 million or 3.5%.

## Other Significant Items:

- Reference Lab fees primarily for Covid-19 tests were \$81,000 or \$64,000 over budget where prior to Covid-19 this expense was on budget at \$17,000 per month.
- Cash balances rebounded with the receipt of CARES dollars to increase by \$4 million from the prior month.
- 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 May 2020**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (April)	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	274	426	-36%	322	225	3,970	5,112	-22%	3,992
Patient Days - Critical Care Unit	74	92	-20%	91	64	930	1,104	-16%	996
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	11.2	16.7	-33%	13	9.6	14.6	33.3	-56%	14.8
Patient Days - Obstetrics	71	69	2%	74	48	718	828	-13%	742
Patient Days - Nursery	52	64	-19%	57	37	565	744	-24%	674
<b>Total Hospital Patient Days</b>	<b>471</b>	<b>652</b>	<b>-28%</b>	<b>544</b>	<b>374</b>	<b>6,183</b>	<b>7,788</b>	<b>-21%</b>	<b>6,404</b>
Births	27	27	1%	28	15	261	408	-36%	302
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	101	343	-71%	294	48	2,337	3,588	-35%	3,072
Avg. Daily Census - MHU	3.3	11.1	-71%	9.5	2	7.0	10.7	-35%	9.1
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	0	299	-100%	320	0	2,538	4,116	-38%	3,722
Avg. Daily Census - RRC	0	9.7	-100%	10.3	0	8	12.3	-38%	11.1
Outpatient visits	27	19	39%	25	0	293	228	29%	281
<b>Inpatient: Admissions</b>									
Med/Surg	55	72	-23%	66	45	758	864	-12%	734
Critical Care Unit	33	41	-19%	45	33	441	492	-10%	435
Obstetrics	29	28	2%	31	18	288	336	-14%	309
Nursery	27	30	-9%	28	16	263	360	-27%	312
Mental Health Unit	18	38	-53%	40	7	337	456	-26%	402
<b>Total Admissions - Inpatient Status</b>	<b>162</b>	<b>209</b>	<b>-22%</b>	<b>210</b>	<b>119</b>	<b>2,087</b>	<b>2,508</b>	<b>-17%</b>	<b>2,192</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	53	59	-10%	50	29	605	708	-15%	612
Critical Care Unit	24	34	-30%	36	19	325	408	-20%	351
Mental Health Unit	4	2	96%	5	2	27	24	13%	28
Obstetrics	13	19	-32%	15	11	185	228	-19%	199
Nursery	0	1	-100%	0	0	2	12	-83%	7
<b>Total Admissions to Observation</b>	<b>94</b>	<b>115</b>	<b>-18%</b>	<b>106</b>	<b>61</b>	<b>1,144</b>	<b>1,380</b>	<b>-17%</b>	<b>1,197</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	44	50	-12%	45	30	510	600	-15%	495
Endoscopy Cases	29	100	-71%	129	2	833	1,200	-31%	1,093
Same Day Surgery Cases	87	91	-4%	117	12	1,002	1,092	-8%	1,054
<b>Total Surgery Cases</b>	<b>160</b>	<b>241</b>	<b>-34%</b>	<b>291</b>	<b>44</b>	<b>2,345</b>	<b>2,892</b>	<b>-19%</b>	<b>2,642</b>
Total Surgery Minutes	15,020	15,437	-3%	17,205	4,719	169,846	167,042	2%	167,042
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	892	1,255	-29%	1,384	660	12,196	15,060	-19%	13,190
Cardiac Rehab Visits	60	77	-22%	94	0	675	924	-27%	919
Lab Visits	212	297	-29%	233	153	3,698	3,564	4%	2,787
Lab Tests	8,422	9,601	-12%	10,067	6,431	103,954	115,212	-10%	97,139
Radiology Visits	615	869	-29%	808	228	7,811	10,428	-25%	8,624
Radiology Tests	1,934	2,610	-26%	2,670	1,093	24,174	31,320	-23%	27,641
Sleep Study Visits	24	23	2%	32	0	270	276	-2%	282
<b>Physician Clinics:</b>									
Hospitalists	43	212	-80%	214	129	2,121	2,544	-17%	2,015
Bartlett Oncology Clinic	58	84	-31%	70	128	801	1,008	-21%	774
Ophthalmology Clinic	29	N/A	N/A	-	1	107	N/A	N/A	-
Behavioral Health Outpatient visits	436	413	6%	326	42	3,959	4,752	-17%	3,879
Bartlett Surgery Specialty Clinic visits	150	325	-54%	322	101	2,727	3,900	-30%	3,303
	716	1,034	-31%	932	401	9,715	12,204	-20%	9,971
<b>Other Operating Indicators:</b>									
Dietary Meals Served	17,827	26,027	-32%	31,404	12,525	285,837	312,324	-8%	299,643
Laundry Pounds (Per 100)	311	408	-24%	416	264	3,836	4,896	-22%	4,380

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	6,291	4,775	31.8%	4,299	4,951	4,527	9.4%	4,170
Contractual Allowance %	46.1%	41.1%	12.1%	41.9%	41.6%	41.1%	1.2%	40.9%
Bad Debt & Charity Care %	1.9%	2.9%	-36.2%	3.1%	2.4%	2.9%	-19.9%	2.4%
Wages as a % of Net Revenue	75.9%	46.2%	64.2%	49.6%	51.9%	46.2%	12.4%	49.3%
Productive Staff Hours Per Adjusted Patient Day	47.3	25.4	86.6%	21.5	27.2	24.0	13.1%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	7.4	3.4	116.6%	3.6	4.4	3.0	46.7%	3.6
Overtime/Premium % of Productive	5.21%	2.80%	85.7%	4.33%	6.17%	2.80%	120.1%	5.93%
Days Cash on Hand	119	134	-10.9%	110	123	134	-8.6%	119
Board Designated Days Cash on Hand	137	154	-10.9%	150	141	154	-8.6%	150
Days in Net Receivables	65.9	66	0.0%	49	65.9	66	0.0%	49
					<b>Actual</b>	<b>Benchmark</b>	<b>% Over (Under)</b>	<b>Prior Year</b>
Total debt-to-capitalization (with PERS)					63.0%	33.7%	86.8%	45.1%
Total debt-to-capitalization (without PERS)					16.0%	33.7%	-52.6%	20.1%
Current Ratio					8.92	2.00	345.8%	6.07
Debt-to-Cash Flow (with PERS)					8.26	2.7	205.8%	8.98
Debt-to-Cash Flow (without PERS)					2.09	2.7	-22.4%	4.00
Aged A/R 90 days & greater					62.5%	19.8%	215.7%	
Bad Debt Write off					0.6%	0.8%	-25.0%	
Cash Collections					101.7%	99.4%	2.3%	
Charity Care Write off					0.2%	1.4%	-85.7%	
Cost of Collections (Hospital only)					5.9%	2.8%	110.7%	
Discharged not Final Billed (DNFB)					14.6%	4.7%	210.6%	
Unbilled & Claims on Hold (DNSP)					14.6%	5.1%	186.3%	
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	
POS Cash Collection					0.0%	21.3%	-100.0%	

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 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
\$2,885,509	\$4,525,975	-\$1,640,466	-36.2%	\$4,020,490	1. Gross Patient Revenue:						
\$712,866	\$1,002,897	-\$290,031	-28.9%	\$957,485	2. Inpatient Revenue	\$44,985,270	\$48,909,800	-\$3,924,530	-8.0%	\$45,145,833	-0.4%
\$3,598,375	\$5,528,872	-\$1,930,497	-34.9%	\$4,977,975	3. Inpatient Ancillary Revenue	\$9,764,784	\$10,837,815	-\$1,073,031	-9.9%	\$9,894,221	-1.3%
					4. Total Inpatient Revenue	\$54,750,054	\$59,747,615	-\$4,997,561	-8.4%	\$55,040,055	-0.5%
\$7,496,383	\$8,517,484	-\$1,021,101	-12.0%	\$9,016,014	5. Outpatient Revenue	\$93,877,619	\$92,043,856	\$1,833,763	2.0%	\$89,464,325	4.9%
\$11,094,758	\$14,046,356	-\$2,951,598	-21.0%	\$13,993,989	6. Total Patient Revenue - Hospital	\$148,627,674	\$151,791,471	-\$3,163,797	-2.1%	\$144,504,380	2.9%
\$3,486	\$377,860	-\$374,374	-99.1%	\$334,749	7. RRC Patient Revenue	\$2,661,463	\$4,083,320	-\$1,421,857	-34.8%	\$3,910,723	-31.9%
\$185,710	\$194,825	-\$9,115	-4.7%	\$269,123	8. BHOPS Patient Revenue	\$2,825,773	\$2,105,393	\$720,380	34.2%	\$2,268,486	24.6%
\$372,611	\$866,302	-\$493,692	-57.0%	\$1,106,647	9. Physician Revenue	\$9,643,183	\$9,361,643	\$281,540	3.0%	\$8,928,787	8.0%
\$11,656,565	\$15,485,343	-\$3,828,779	-24.7%	\$15,704,508	10. Total Gross Patient Revenue	\$163,758,093	\$167,341,827	-\$3,583,734	-2.1%	\$159,612,375	2.6%
					Deductions from Revenue:						
\$1,784,136	\$3,185,441	-\$1,401,306	44.0%	\$3,008,187	10. Inpatient Contractual Allowance	\$31,897,668	\$34,483,020	\$2,585,352	7.5%	\$32,333,390	-1.3%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$3,391,667	-\$3,391,667	\$0		-\$3,391,667	
\$3,601,452	\$3,075,299	-\$526,153	-17.1%	\$3,218,907	11. Outpatient Contractual Allowance	\$33,626,944	\$33,233,097	-\$393,847	-1.2%	\$31,724,853	6.0%
\$292,571	\$412,706	-\$120,135	29.1%	\$654,870	12. Physician Service Contractual Allowance	\$6,002,584	\$4,459,881	-\$1,542,703	-34.6%	\$4,651,457	29.0%
\$16,839	\$16,576	-\$263	-1.6%	\$16,168	13. Other Deductions	\$163,741	\$179,137	-\$15,396	8.6%	\$160,799	0.0%
\$22,165	\$126,202	-\$104,037	82.4%	\$96,478	14. Charity Care	\$896,959	\$1,363,788	\$466,829	34.2%	\$958,088	-6.4%
\$197,256	\$330,374	-\$133,118	40.3%	\$388,753	15. Bad Debt Expense	\$2,970,010	\$3,570,158	\$600,148	16.8%	\$2,800,862	6.0%
\$5,606,086	\$6,838,265	-\$1,232,180	18.0%	\$7,075,030	16. Total Deductions from Revenue	\$72,166,238	\$73,897,414	\$1,731,176	2.3%	\$69,237,781	4.2%
46.1%	43.1%			43.8%	% Contractual Allowances / Total Gross Patient Revenue	41.6%	43.1%			40.9%	
1.9%	2.9%			3.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.4%	2.9%			2.4%	
48.1%	44.2%			45.1%	% Total Deductions / Total Gross Patient Revenue	44.1%	44.2%			43.4%	
\$6,050,479	\$8,647,078	-\$2,596,599	-30.0%	\$8,629,478	17. Net Patient Revenue	\$91,591,855	\$93,444,413	-\$1,852,558	-2.0%	\$90,374,594	1.3%
\$5,670,715	\$172,232	\$5,498,483	3192.5%	\$261,109	18. Other Operating Revenue	\$12,567,726	\$1,861,215	\$10,706,511	575.2%	\$2,142,952	486.5%
\$11,721,194	\$8,819,310	\$2,901,884	32.9%	\$8,890,587	19. Total Operating Revenue	\$104,159,580	\$95,305,628	\$8,853,952	9.3%	\$92,517,545	12.6%
					Expenses:						
\$4,108,898	\$3,653,433	-\$455,465	-12.5%	\$3,685,040	20. Salaries & Wages	\$42,490,934	\$39,480,701	-\$3,010,233	-7.6%	\$38,633,628	10.0%
\$349,601	\$283,034	-\$66,567	-23.5%	\$291,109	21. Physician Wages	\$3,481,289	\$3,058,604	-\$422,685	-13.8%	\$3,046,302	14.3%
\$131,236	\$58,323	-\$72,913	-125.0%	\$303,288	22. Contract Labor	\$1,600,225	\$630,263	-\$969,962	-153.9%	\$2,856,682	-44.0%
\$2,233,571	\$1,823,429	-\$410,142	-22.5%	\$1,815,681	23. Employee Benefits	\$22,279,644	\$19,704,836	-\$2,574,808	-13.1%	\$17,875,247	24.6%
\$6,823,306	\$5,818,219	-\$1,005,087	-17.3%	\$6,095,118	24. % Salaries and Benefits / Total Operating Revenue	\$69,852,092	\$62,874,404	-\$6,977,688	-11.1%	\$62,411,859	11.9%
58.2%	66.0%			68.6%		67.1%	66.0%			67.5%	
\$140,285	\$79,817	-\$60,468	-75.8%	\$107,361	24. Medical Professional Fees	\$870,878	\$862,525	-\$8,353	-1.0%	\$892,160	-2.4%
\$198,107	\$209,491	\$11,384	5.4%	\$185,272	25. Physician Contracts	\$2,327,783	\$2,263,865	-\$63,918	-2.8%	\$2,475,860	-6.0%
\$163,359	\$181,242	\$17,883	9.9%	\$218,393	26. Non-Medical Professional Fees	\$1,899,062	\$1,958,527	\$59,465	3.0%	\$1,734,904	9.5%
\$1,166,089	\$1,080,126	-\$85,963	-8.0%	\$1,077,671	27. Materials & Supplies	\$12,657,036	\$11,672,333	-\$984,703	-8.4%	\$11,627,242	8.9%
\$87,865	\$132,220	\$44,355	33.5%	\$139,229	28. Utilities	\$1,354,104	\$1,428,867	\$74,763	5.2%	\$1,351,089	0.2%
\$288,271	\$333,845	\$45,574	13.7%	\$325,001	29. Maintenance & Repairs	\$4,031,655	\$3,607,688	-\$423,967	-11.8%	\$3,419,216	17.9%
\$38,173	\$56,719	\$18,546	32.7%	\$51,054	30. Rentals & Leases	\$542,685	\$612,927	\$70,242	11.5%	\$570,178	-4.8%
\$44,061	\$50,603	\$6,542	12.9%	\$78,069	31. Insurance	\$479,262	\$546,818	\$67,556	12.4%	\$662,631	-27.7%
\$624,313	\$668,308	\$43,995	6.6%	\$589,005	32. Depreciation & Amortization	\$6,551,879	\$7,222,047	\$670,168	9.3%	\$6,608,508	-0.9%
\$51,122	\$52,781	\$1,659	3.1%	\$52,667	33. Interest Expense	\$571,657	\$570,371	-\$1,286	-0.2%	\$585,997	-2.4%
\$103,496	\$112,358	\$8,862	7.9%	\$340,986	34. Other Operating Expenses	\$1,231,866	\$1,214,241	-\$17,625	-1.5%	\$1,230,405	0.1%
\$9,728,448	\$8,775,729	-\$952,718	-10.9%	\$9,259,826	35. Total Expenses	\$102,369,957	\$94,834,613	-\$7,535,346	-7.9%	\$93,570,048	-9.4%
\$1,992,746	\$43,581	\$1,949,165	4472.5%	-\$369,239	36. Income (Loss) from Operations	\$1,789,623	\$471,015	\$1,318,608	280.0%	-\$1,052,503	-270.0%
\$104,915	\$108,500	-\$3,585	-3.3%	\$128,841	37. Interest Income	\$1,128,156	\$1,172,499	-\$44,343	-3.8%	\$749,234	50.6%
\$72,659	\$162,160	-\$89,501	-55.2%	\$142,145	38. Other Non-Operating Income	\$802,451	\$1,752,382	-\$949,931	-54.2%	\$1,670,274	-52.0%
\$177,574	\$270,660	-\$93,086	-34.4%	\$270,986	39. Total Non-Operating Revenue	\$1,930,607	\$2,924,881	-\$994,274	-34.0%	\$2,419,509	-20.2%
\$2,170,320	\$314,241	\$1,856,079	-590.7%	-\$98,253	40. Net Income (Loss)	\$3,720,230	\$3,395,896	\$324,334	-9.6%	\$1,367,006	-172.1%
17.00%	0.49%			-4.15%	Income from Operations Margin	1.72%	0.49%			-1.14%	
18.52%	3.56%			-1.11%	Net Income	3.57%	3.56%			1.48%	

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
May 31, 2020

	<u>May-20</u>	<u>April-20</u>	<u>May-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	34,950,900	31,192,928	30,684,662	4,266,238
2. Board designated cash	34,523,186	34,273,749	37,454,806	(2,931,620)
3. Patient accounts receivable, net	12,774,547	13,368,489	13,554,492	(779,945)
4. Other receivables	2,870,302	3,058,423	2,788,544	81,757
5. Inventories	3,320,969	3,353,277	3,524,534	(203,565)
6. Prepaid Expenses	78,967	244,013	1,150,708	(1,071,741)
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	88,547,748	85,519,756	89,186,623	(638,876)
Appropriated Cash:				
9. CIP Appropriated Funding	5,740,967	5,740,967	4,461,076	1,279,891
Property, plant & equipment				
10. Land, bldgs & equipment	141,110,718	140,748,490	148,980,878	(7,870,160)
11. Construction in progress	8,029,917	8,132,664	599,228	7,430,689
12. Total property & equipment	149,140,635	148,881,154	149,580,106	(439,471)
13. Less: accumulated depreciation	(93,407,833)	(92,783,520)	(97,210,263)	3,802,430
14. Net property and equipment	55,732,802	56,097,636	52,369,844	3,362,958
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	8,564,873	5,850,127
16. Total assets	164,436,515	161,773,357	154,582,415	9,854,100
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	2,068,516	1,524,983	1,630,530	437,986
18. Accrued employee benefits	4,461,444	4,204,764	3,824,923	636,521
19. Accounts payable and accrued expenses	1,654,349	2,038,321	2,403,708	(749,358)
20. Due to 3rd party payors	4,034,639	3,726,445	1,472,327	2,562,312
21. Deferred revenue	(3,789,123)	(3,423,039)	748,522	(4,537,645)
22. Interest payable	263,837	197,878	267,922	(4,085)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	367,078	283,715	293,087	73,991
25. Total current liabilities	9,930,740	9,423,067	11,486,019	(1,555,278)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,242,255	1,257,093	1,430,907	(188,651)
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	97,275,459	97,290,297	92,398,787	4,876,672
31. Total liabilities	107,206,199	106,713,364	103,884,806	3,321,394
32. Fund Balance	57,230,316	55,059,993	50,697,609	6,532,707
33. Total liabilities and fund balance	164,436,515	161,773,357	154,582,415	9,854,100

# Bartlett Regional Hospital

## PHYSICIAN RECRUITMENT COMMITTEE

June 24, 2020 12:00 pm Minutes

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### Mission Statement

**Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.**

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**Members Present:** Mark Johnson, Chair, Steve Strickler, DO, Lindy Jones, MD, John Raster, MD, Chuck Bill, CEO, Kathy Callahan, Dir. Physician Services

### Called to Order 12:05 pm

Mark Johnson called the meeting to order. Mr. Johnson asked Members to review the minutes from the February 24, 2020 meeting. A **motion** to approve was made by Steve Strickler, DO seconded by Chuck Bill and approved.

Additions to the Agenda: Medical Oncology, Anesthesia and Neurology

- A. **Physician Needs Assessment:** Mark Johnson asked to have the geographic information corrected. Mark asked the group if they had any comments or concerns about the numbers of specialties and needs that were identified in the Community Needs Assessment Exhibit 2 Physician Staffing Report other than today's agenda topics. He also verified that they had all seen Dr. Catherine Peimann's email with comments following the February 24<sup>th</sup> meeting. Members had no additional comments.
- B. **OB/GYN :** Chuck Bill reported that Dr. Newbury informed administration that he has been successful in recruiting a partner. BRH will support with relocation and sign on assistance per prior approval of the recruitment committee.
- C. **Oncologic Advanced Nurse Practitioner:** Kathy reported that there are two candidates that are in the interview process and that the decision between them will likely include PCP involvement.
- D. **Medical Oncology:** Discussion about succession planning for the two current medical oncologists who travel to Juneau monthly and what the timeframe should be in searching for a provider. Chuck Bill talked about potential with an affiliation agreement that the BOD is working on that might include a partnership in medical oncology coverage. Dr. Strickler asked if the hospital had looked at partnerships with entities in Anchorage. And Dr. Raster inquired if Dr. Eugene Huang was supportive. Chuck answered yes Dr. Huang is supportive and that there was a group from Anchorage for a brief period that came to Juneau. A **Motion** to support recruitment of a medical oncologist was made by Dr. John Raster. Seconded by Dr. Strickler and approved.
- E. **Urology:** Chuck Bill informed the group that Dr. Saltzman is relinquishing his office space and has been gone from Juneau for quite some time. He has indicated that he is not closing his practice but with COVID risks, he is not sure what level of practice he will have. Staffing Assessment supports 1 FTE. Committee requested that Chuck reach out to Dr. Saltzman and try to obtain a commitment of service to the community and report to the group at the next meeting.

- F. **General Surgery:** Discussion about the replacement needs with the departure of Dr. Jennifer Schmidt, who is moving to a locum status rather than a full time provider. Dr. Jones voiced that the ED feels strongly in favor of recruitment. Dr. Raster asked what Dr. David Miller's stance was and Kathy stated that Pre-Covid he was supportive if the hospital and Dr. Ben Miller felt it was needed and that he wanted to be involved in the process. **Motion** to recommend recruitment of a general surgeon by Dr. Lindy Jones and seconded by Dr. Steve Strickler. Motion Passed.
- G. **Psychiatry:** Chuck gave a report of the ongoing activities of staffing for Psychiatry. Recruitment is ongoing. Committee gave support for continued recruitment.
- H. **Anesthesia:** Discussion of all anesthesia providers from out of community and out of network with insurance companies and problems that arise from these factors particularly during COVID. Committee requested a discussion with Anesthesia and particularly with Dr. Mike Banyas about how the hospital might support the transition to local providers and report back to the committee at the next meeting.
- I. **Neurology:** The need for services has been identified by the primary care providers and Chuck discussed the hospital's exploration of telehealth with Virginia Mason and how this specialty might be able to be satisfactorily served by the affiliation that BRH is working on.

Mark Johnson asked that a meeting be set up in the next 2 months to report back.

Meeting adjourned at 12:59

# Bartlett Regional Hospital

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

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

**Called to order at 12:05 p.m. by Deb Johnston, Finance Committee Chair.**

**Finance Committee\* & Board Members present:** Mark Johnson\*, Deb Johnston\*, Brenda Knapp\*, Iola Young, Marshal Kendziorek, Kenny Solomon-Gross, Rosemary Hagevig (all members on Zoom).  
**Staff & Others:** Kevin Benson, CFO, Bradley Grigg, CBHO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Billy Gardner, COO, Blessy Robert, Director of Accounting, Willy Dodd, Kris Muller, Megan Rinkenberger, Executive Assistant, and Tiara Ward, CBJ (all on Zoom).

**Public Comment:** None

***Mr. Johnson made a MOTION to approve the minutes from the June 12, 2020 Finance Committee Meeting. Ms. Knapp seconded. No objections were noted, and they were approved.***

**May 2020 Financial Review** – Mr. Benson reported that Outpatient services began again as May commenced. Outpatient, inpatient and ER produced revenues that increased from prior months to 75% of budget. Inpatient admits and day volumes were down 33% during this time. Total revenue was still short by \$3M. Gross revenue was down 24%. \$5.1M in CARES Act funds were received, resulting in Total Operating Revenues that were \$2.9M over budget. Total expenses were over budget by \$950K mainly to covid related expenses such as reference lab fees that increase by \$60K for covid testing.

This resulted in a Net Income of \$2.2M bring Year-to-date Net Income of \$3.7M which was where it was prior to covid.

**CARES Safety Net Program** – The application for Safety Net Cares funding was completed, and it was believed that BRH would qualify. Medicaid utilization and the net operating margin qualified, but a greater net income may have been the cause for disqualification. (BRH is submitting to FEMA for reimbursement as well.)

**Crisis Stabilization** – Construction of the facility will cost \$7.7M, the parking structure is expected to cost \$1.5M, plus contingency is \$10.5M total expected cost. There were \$2.1M in awarded grants and \$550K in potential grants. Grant fund breakdown was clarified by Mr. Grigg. Demolition is scheduled to start in September, and they hope to start building before the first snow, with completion in the Fall of 2021 or Spring 2022.

**Other** – BRH is working through a denial of our Medicare “on behalf of” payments, since the State of Alaska made them. This disqualified BRH for reimbursement, but it is being discussed whether this can be appealed to district court.

**Next Meeting:** August 21, 2020 at 12:00pm via Zoom.

**Adjourned – 1:00 p.m.**

# Bartlett Regional Hospital

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

**Minutes**  
**EXECUTIVE COMMITTEE MEETING**  
**July 13, 2020 – 8:00 a.m.**  
**Zoom Videoconference**

**Called to order at 8:06 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 19, 2019 minutes. Mr. Solomon-Gross seconded. Minutes approved.***

***Ms. Hagevig 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). Mr. Solomon-Gross seconded. Motion approved.***

The committee went into executive session at 8:08 a.m. and returned to regular session at 8:46 a.m. No action taken.

**Comments and Questions – None**

**Adjourned 8:47 a.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau Alaska 99801 907.796.8900

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

## MEMORANDUM

July 29, 2020

To: Chuck Bill, CEO, Bartlett Regional Hospital

Re: FY2020 Performance Evaluation

On June 23, 2020 the Board of Directors met with you to discuss your performance and goals. At the meeting, you received responses from the annual CEO performance survey and suggestions from the Board for future performance goals. Four categories of respondents participated in the scoring on the survey regarding your performance: Board, direct reports, medical executive committee, and CEO. A summary of the responses for the last year, compared to the previous three years, is attached to this memorandum.

Overall, the survey indicates that your performance often rated “good”, with some areas closer to the “excellent” rating, and other areas closer to the “satisfactory” rating. In most of the overall rating areas, the ratings you received this year, were the highest they have been in the last four years. The majority of the Board believed you successfully accomplished 4 of the 5 goals from last year.

The performance goals below reflect the expectations of the Board for your performance in the next year:

1. Lead the hospital in the ongoing response to the COVID-19 pandemic in a manner that has the least fiscal impact to the hospital, but prioritizes the health of our patients, employees, providers and community. Measure: Regular updates to the Board on ongoing response efforts, financial impacts, and plans for preparedness for future infectious disease outbreaks.
2. Using the recent studies, work with the board to create a strategic plan that incorporates the facilities plan, affiliation options, and the community needs assessment. Measure: Board approval of a strategic plan and regular reports to the Board on implementation progress and community/stakeholder engagement.
3. Continue to lead the hospital in a manner that meets the behavioral health needs of the community. Measure: Regular Board updates on progress of current projects and incorporation of future improvements in the strategic plan.
4. Implement an enhanced marketing and public relations campaign focused on the services we provide to our community and region. Measure: Present a marketing plan in draft form during the strategic plan meeting and in final form at the October 2020

Board meeting. Regularly report to the Board on achievements under the marketing plan.

Chuck, I also want to thank you for your ongoing service over the last six years. This year has been especially challenging with the response to the COVID-19 pandemic and the Board has been impressed with your and your team's leadership during the pandemic. With this evaluation, the Board has approved a 3% increase in your annual salary (matching the cost of living increase received by other BRH employees, plus the equivalent of a step increase received by other BRH employees) to be \$363,265.34, effective the first pay period of fiscal year 2021. The Board looks forward to working with you to address the goals that have been set in place.

From: Lance Stevens, President, Board of Directors

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Board President

cc: Dallas Hargrave, Human Resources Director

**2020 BARTLETT REGIONAL HOSPITAL  
CHIEF EXECUTIVE OFFICER EVALUATION SURVEY**

<b>2. Develop Alliances To Promote Quality And Ensure Sustainability. Indicate your level of satisfaction that the CEO:</b>																				
	<b>Overall</b>				<b>Board</b>				<b>Dir Reports</b>				<b>Med Exec</b>				<b>CEO</b>			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Keeps the Board and key stakeholders advised of current trends, issues, and activities.	3.76	3.58	4.00	4.25	3.13	3.63	3.63	4.14	4.50	3.88	4.86	4.44	3.50	2.00	2.00	3.67	5.00	4.00	5.00	5.00
B) Takes the lead in assessing partnerships with physician groups and/or other healthcare entities that further the mission, vision, and success of our organization.	3.35	3.70	3.65	4.05	3.00	3.50	3.25	3.86	4.00	3.88	4.33	4.33	2.50	3.67	2.00	3.33	4.00	4.00	4.00	5.00
C) Maintains a good relationship with the medical staff and physician community.	3.82	3.65	3.85	3.95	3.38	3.25	3.63	3.86	4.17	3.88	4.22	4.13	4.00	4.00	2.50	3.33	5.00	4.00	5.00	5.00
D) Keeps the board, physicians, and staff informed about current trends and issues affecting healthcare.	3.71	3.90	4.05	4.25	3.00	3.75	3.63	4.00	4.33	3.88	4.44	4.56	4.00	4.00	3.00	3.67	5.00	5.00	5.00	5.00

*No Basis for Judgment=not counted*

<b>3. Expand Bartlett's Awareness Of Region's Health Care Needs And Expand Region's Awareness Of Bartlett's Services. Indicate your level of satisfaction that the CEO:</b>																				
	<b>Overall</b>				<b>Board</b>				<b>Dir Reports</b>				<b>Med Exec</b>				<b>CEO</b>			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Communicates and forms effective linkages with community and other healthcare providers.	3.44	3.68	3.83	4.11	2.88	3.50	3.43	4.00	4.17	3.88	4.50	4.50	3.00	3.50	2.00	3.00	4.00	4.00	5.00	5.00
B) Includes community-focused programs for education services, health promotion, and disease detection/prevention measures in our organization's service array.	3.75	3.65	4.12	4.05	3.25	3.38	3.86	3.86	4.60	3.88	4.50	4.33	3.50	3.67	3.00	3.50	4.00	4.00	4.00	4.00
C) Devotes an appropriate amount of time to developing and implementing communication strategies to provide timely information to the community, patients, and media on our organization's health programs, services, and issues affecting the community.	3.53	3.5	3.88	3.85	2.88	3.00	3.29	3.57	4.33	3.75	4.43	4.22	3.50	3.67	3.00	3.00	4.00	5.00	5.00	5.00
D) Is well regarded in the community and is a good ambassador for our organization.	3.44	3.47	4.00	4.20	3.00	3.00	4.00	4.14	4.00	3.63	4.43	4.44	3.00	3.67	2.00	3.33	5.00	5.00	5.00	5.00
E) Has a good reputation in the	3.91	3.80	4.24	4.56	3.50	3.50	3.71	4.50	4.25	3.88	4.56	4.67	<i>NBFJ</i>	3.50	<i>NBFJ</i>	4.00	5.00	5.00	5.00	5.00

*No Basis for Judgment=not counted*

healthcare industry, and is well regarded by professional peers.																				
F) Is an articulate and knowledgeable spokesperson for our organization.	3.71	3.55	4.05	4.25	3.38	3.00	3.88	4.14	4.17	3.75	4.56	4.67	3.00	4.00	2.00	3.33	5.00	5.00	5.00	5.00

<b>4. Create and Implement a Sustainable Long Term Financial Plan. Indicate your level of satisfaction that the CEO:</b>																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Develops and implements effective planning and budgeting processes to ensure the successful achievement of strategic, operational, financial, and facility plans in support of the organization’s mission and objectives.	2.81	3.55	3.69	4.16	2.13	3.38	3.43	4.29	3.67	3.75	4.29	4.13	3.00	3.33	1.00	3.67	3.00	5.00	4.00	5.00
B) Implements the financial strategic plan with a full understanding of the capital finance process.	2.88	3.55	3.82	4.39	2.25	3.13	3.57	4.29	3.83	3.88	4.38	4.50	2.00	3.33	1.00	4.00	3.00	4.00	5.00	5.00
C) Drives revenue-generating activities to provide income to our organization.	3.06	3.35	3.94	4.32	2.50	3.00	3.57	4.29	3.83	3.75	4.44	4.50	3.00	3.00	1.00	3.67	3.00	5.00	4.00	5.00
D) Develops and implements effective financial plans and budgets.	2.87	3.50	3.88	4.44	2.29	3.00	3.71	4.57	3.67	4.00	4.38	4.38	2.00	3.00	1.00	4.00	4.00	4.00	5.00	5.00
E) Ensures the successful achievement of strategic, operational,	3.06	3.30	3.76	4.42	2.38	2.63	3.43	4.43	3.83	3.88	4.25	4.33	3.00	3.33	1.00	4.50	4.00	4.00	5.00	5.00

*No Basis for Judgment=not counted*

financial, and facility plans to support our organization's financial viability.																				
F) Has an effective system that links strategic and operational planning with the budgeting process.	2.88	3.30	3.94	4.17	2.25	2.63	3.43	4.00	3.67	3.75	4.25	4.33	2.00	3.67	NBFJ	4.00	4.00	4.00	5.00	4.00
G) Is open and forthright with the board about our organization's financial situation, routinely presenting financial reports that accurately represent current financial status.	3.38	3.74	4.25	4.56	2.75	3.50	4.00	4.57	4.17	4.00	4.86	4.67	3.00	3.50	1.00	3.00	4.00	4.00	5.00	5.00
H) Uses an accounting system that enhances the board's ability to monitor financial status and make informed financial decisions.	3.14	3.63	4.38	4.40	3.14	3.50	4.40	4.57	3.00	3.75	4.29	4.14	3.00	3.50	NBFJ	NBFJ	4.00	4.00	3.00	5.00
I) Establishes appropriate financial performance standards for all affiliates and works with leadership and the board to promote meeting of these standards.	3.13	3.53	3.87	4.33	2.63	3.43	3.43	4.57	3.67	3.63	4.43	4.38	NBFJ	3.00	NBFJ	3.50	3.00	4.00	4.00	4.00

*No Basis for Judgment=not counted*

5. Build a Sustainable Behavioral Health Model that Meets Regional Needs With Quality Outcomes. Indicate your level of satisfaction that the CEO:																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Uses current needs assessment data for the service area to determine behavioral health needs and service gaps.	3.76	3.41	4.06	4.40	3.38	2.57	4.00	4.43	4.33	4.00	4.67	4.56	3.50	4.00	2.00	3.67	4.00	4.00	5.00	5.00
B) Recommends new or expanded behavioral health services consistent with the organization's vision and mission, and supported by regional stake holders.	4.00	3.63	4.30	4.60	3.38	3.25	4.38	4.71	4.83	4.29	4.67	4.67	4.00	3.00	2.00	4.00	4.00	4.00	5.00	5.00
C) Develops a behavioral health model to address identified service needs.	4.06	3.26	4.21	4.40	3.38	2.63	4.13	4.29	4.83	4.14	4.75	4.56	4.00	2.67	2.00	4.00	5.00	4.00	5.00	5.00
D) Advises the Board on financial viability and sustainability of behavioral health services.	3.73	3.39	4.18	4.53	3.38	3.00	4.14	4.57	4.20	4.00	4.71	4.56	4.00	2.50	2.00	4.00	4.00	4.00	5.00	5.00

*No Basis for Judgment=not counted*

6. Develop and Maintain an Engaged and Sustainable Workforce. Indicate your level of satisfaction that the CEO:																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Has a clear vision for the organization and understands their leadership role.	3.76	3.53	3.95	4.05	3.00	3.13	3.63	4.00	4.50	3.75	4.56	4.22	4.00	4.00	2.00	3.33	5.00	4.00	5.00	5.00
B) Inspires confidence by performing and communicating in a professional manner, creating a team-oriented culture with senior management, and promoting empowerment.	3.53	3.5	3.75	4.16	2.88	3.25	3.63	4.29	4.17	3.63	4.22	4.11	3.50	3.33	1.5	3.50	5.00	5.00	5.00	5.00
C) Fosters a supportive and positive environment for recruitment, training, and development of staff.	3.94	3.68	3.95	4.26	3.29	3.43	3.88	4.14	4.50	3.75	4.38	4.33	4.00	3.67	2.00	4.00	5.00	5.00	5.00	5.00
D) Communicates effectively, mentors and delegates appropriately, as well as provides challenges to encourage the growth and development of senior management staff.	3.56	3.5	3.74	3.95	3.14	3.00	3.57	3.86	4.00	3.75	4.22	4.22	3.50	4.00	1.5	2.5	4.00	5.00	5.00	5.00
E) Promotes a strong sense of teamwork.	3.63	3.58	3.65	4.10	3.14	3.25	3.50	4.14	4.17	3.63	4.11	4.22	3.50	4.00	1.5	3.33	4.00	5.00	5.00	5.00
F) Ensures efficient use of resources, and balances capacity, cost, and quality with patient and community needs.	3.59	3.53	3.84	4.26	3.00	3.13	3.75	4.14	4.33	4.00	4.38	4.33	3.50	3.00	2.0	4.00	4.00	4.00	4.00	5.00

*No Basis for Judgment=not counted*

7. Ensure that Planning, Policy, Strategy and Operations are Maintained and Tracked. Indicate your level of satisfaction that the CEO:																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Translates the organization's mission into realistic goals and objectives.	3.65	3.60	4.06	4.11	2.75	3.25	3.75	3.86	4.67	3.88	4.38	4.22	4.00	3.67	3.00	4.00	4.00	4.00	4.00	5.00
B) Provides leadership and direction on matters of policy development, strategic direction, and financial, operational, and facility plans; shapes planning and goal-setting in a way that sets clear expectation for continuous improvement.	3.35	3.30	3.75	4.16	2.63	2.88	3.63	4.00	4.17	3.75	4.11	4.22	3.50	3.00	2.00	4.00	4.00	4.00	4.00	5.00
C) Has an effective process in place for long-range or strategic planning for the organization.	2.67	3.20	3.65	4.11	2.00	2.50	3.25	3.86	3.80	3.75	4.33	4.22	3.00	3.33	2.00	4.00	2.00	4.00	2.00	5.00
D) Presents strategic opportunities to the board in a timely manner.	3.13	3.50	3.95	4.11	2.50	3.00	3.38	3.57	4.00	4.17	4.44	4.44	3.00	3.00	3.00	4.00	4.00	4.00	4.00	5.00
E) Ensures there are appropriate systems to facilitate the day-to-day operations of the hospital.	3.94	3.80	4.16	4.37	3.50	3.38	4.29	4.43	4.33	4.13	4.44	4.33	4.00	4.00	2.00	4.00	5.00	4.00	5.00	5.00
F) Has effective personnel policies and staffing systems.	4.00	3.55	4.06	4.32	3.50	3.13	4.33	4.29	4.50	4.25	4.22	4.33	4.00	3.00	2.00	4.00	5.00	3.00	5.00	5.00
G) Has sound risk-management policies in place.	4.00	3.56	3.79	4.05	3.63	3.13	3.88	4.14	4.40	4.14	4.00	4.11	4.00	3.00	2.00	3.33	5.00	4.00	5.00	5.00
H) Has included plans for information systems and	3.35	3.28	3.95	4.45	3.00	2.75	4.00	4.71	3.50	3.67	4.33	4.56	4.00	3.67	2.00	3.33	4.00	4.00	4.00	5.00

*No Basis for Judgment=not counted*

technology upgrades in the operations plan.																				
I) Identifies opportunities for improving operational performance and implements plans for doing so.	3.41	3.44	3.63	4.11	3.00	3.00	3.14	3.83	3.83	3.67	4.11	4.33	3.50	4.00	2.50	3.50	4.00	4.00	4.00	5.00

<b>8. Continuously Monitor Bartlett for Quality Care and Compliance. Indicate your level of satisfaction that the CEO:</b>																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Ensures quality and safety assessment systems are in place and effective and promotes continuous quality-improvement initiatives.	4.24	3.75	3.95	4.25	3.75	3.63	3.88	4.14	4.83	3.88	4.22	4.56	4.00	3.00	2.50	3.33	5.00	5.00	5.00	5.00
B) Promotes programs to enhance peoples' health and wellbeing.	3.88	3.75	3.89	4.00	3.63	3.63	3.71	3.71	4.33	3.75	4.22	4.44	3.50	3.67	2.50	3.00	4.00	4.00	5.00	4.00
C) Sets high standards of quality for our programs.	4.12	3.80	4.11	4.25	3.75	3.75	4.00	4.29	4.83	3.75	4.44	4.56	3.50	3.00	2.50	3.00	4.00	5.00	5.00	5.00
D) Ensures compliance with all regulations and accrediting agencies.	3.94	3.90	4.32	4.50	3.50	3.75	4.25	4.71	4.50	4.17	4.44	4.56	4.00	3.67	3.00	3.67	4.00	5.00	5.00	5.00
E) Effectively oversees the continuum of care systems and processes for effective, efficient, and responsive delivery of quality patient services.	3.94	3.60	4.00	4.26	3.75	3.38	3.86	4.00	4.33	4.13	4.33	4.44	3.50	3.33	2.50	4.00	4.00	4.00	5.00	5.00

*No Basis for Judgment=not counted*

9. Continue to Develop and Build on the CEO/Board Partnership. Indicate your level of satisfaction that the CEO:																				
	Overall				Board				Dir Reports				Med Exec				CEO			
Year	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20	17	18	19	20
A) Knows and adheres to the distinction between their role and that of the board.	3.64	3.94	4.12	4.41	3.13	3.75	3.75	4.14	4.25	4.33	4.71	4.63	4.00	3.50	2.00	4.00	5.00	4.00	5.00	5.00
B) Is an effective leadership partner with the board.	3.21	3.72	3.68	4.00	2.50	3.00	3.38	3.86	4.25	4.43	4.38	4.29	3.00	3.50	1.50	3.00	5.00	5.00	5.00	5.00
C) Provides information and raises relevant issues that help inform board discussions.	3.50	3.61	3.94	4.35	3.00	3.00	3.88	4.00	4.25	4.43	4.43	4.63	3.00	3.00	2.00	4.00	5.00	4.00	5.00	5.00
D) Assures an appropriate process for board self-assessment and development.	3.14	3.47	3.53	3.71	2.63	2.75	3.00	3.00	4.00	4.40	4.50	4.29	3.00	4.00	2.00	NBFJ	4.00	4.00	4.00	4.00

*No Basis for Judgment=not counted*

<b>10. Leadership Qualities. Indicate your level of satisfaction that the CEO:</b>					
	<b>Overall</b>	<b>Board</b>	<b>Dir Reports</b>	<b>Med Exec</b>	<b>CEO</b>
Year	20	20	20	20	20
A) Has a clear vision for the Hospital that aligns with the Board's priorities.	4.05	3.71	4.33	4.00	4.00
B) Engages and aligns employees with that vision.	3.95	3.71	4.00	4.00	5.00
C) Demonstrates the ability to plan strategically and build an effective operational plan.	4.11	3.71	4.33	4.00	5.00
D) Demonstrates a high level of self-awareness and emotional intelligence.	4.00	3.86	4.22	3.33	5.00
E) Chooses behaviors that demonstrate engagement.	3.90	3.86	4.00	3.33	5.00

*No Basis for Judgment=not counted*

# Bartlett Regional Hospital

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

## Board Quality Committee July 15, 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, Iola Young, Deborah Johnston

**Patient & Feedback Representative:** Nancy Davis

**Staff:** Charles Bill, CEO, James Caldwell, Director of Quality, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Deborah Koelsch, RN Clinical Quality Data Coordinator, Kevin Benson, CFO, Rebecca Embler, Quality Systems Analyst

**Approval of the minutes – 05 13 2020 Quality Committee Meeting – *minutes approved as written.***

**Old Business:** No old business discussed.

### **New Business:**

#### **BOD Quality Dashboard**

Deb Koelsch presented the Quality Scorecard measure results for Q2 2020.

- Risk Management measures: Injurious Fall Rate was 0, there were 0 Serious Safety Events and 1 Sentinel Event. The details of the Sentinel Event will be discussed in the next Executive Board Meeting. Readmission Rate measures: 30-day Hospital Pneumonia was 0%, 30-day Hospital Heart Failure Rate was 11.1%, which is a slight uptick but still below the CMS rate, and 30-day Hospital-wide Readmission Rate was 5.8%, improved from 8% in Q1 2020.
- Core Measures: Severe Sepsis/Septic Shock was 50%, which could change because the period is not closed yet. Screening for Metabolic Disorders was 92.3%, improved from 90% in Q1 2020. Deb explained that we will be getting new benchmarks soon and Dr. Gartenberg is doing a lot with her team to improve on this metric.

Rebecca Embler presented the Patient Experience and HCAHPS results for Q2 2020.

- Patient Experience results: Inpatient and Ambulatory Services scores decreased from Q1 2020 and Outpatient and Emergency Department scores increased. It was noted that there is no score this quarter for Inpatient – Behavioral Health because Press Ganey had not provided MHU with updated mailing envelopes. Results were being submitted but not received. Quality and MHU have identified this issue and are working with Press Ganey

to establish a new customized survey and will receive correct mailing envelopes. E-surveys will also be explored.

- HCAHPS results: It was noted that scores are below last quarter for each of the survey areas. Last quarter showed exceptional performance, reaching 2-year highs for most survey areas. Although scores are down from last quarter, they are all above the CMS Achievement Threshold and two are above the CMS Top-performers Benchmark. It was discussed that COVID-19 impacts may be drivers here in terms of Care Transitions and Communication with Nurses and Doctors. The question was brought forward about how do we keep quality of communication high during the pandemic. It was noted that we are already using creative solutions like communicating via iPads, etc.

### **Hospital Compare Website**

Ms. Embler and Ms. Koelsch described the purpose and features of the Medicare.gov Hospital Compare tool. This is a website provided to the public to compare scores and ratings of any hospital across the nation, as well as state and national averages. Ms. Embler opened the website live and Ms. Koelsch explained the search function. 99801 was used as an example and Bartlett and Petersburg Medical Center were selected. On the compare page, the Timely & Effective Care section was selected to review. Ms. Hagevig asked and was confirmed that Bartlett's AHA Region includes Alaska and Western Washington. She also asked how Physicians and Hospital Staff can use the Hospital Compare data. Ms. Koelsch explained that this is publicly reported data, so hospital staff can use this to see results against other hospitals and make quality and service improvements based on areas that could use improvement. Iola Young asked where the data comes from that is not on the Quality Scorecard (presented earlier). Ms. Koelsch explained that most of the data is submitted directly from our internal databases, and some data is claims-based so is submitted outside of our process. Ms. Embler and Ms. Koelsch encouraged Board members to explore the site and follow-up with the Quality team if any questions arise.

### **Press Ganey Patient Feedback Update**

Ms. Embler presented the Press Ganey Patient Feedback update, highlighting the increase in total surveys returned and return rate since implementing e-Surveys in Ambulatory Services, Emergency Department and Outpatient. Kenny Solomon-Gross requested a breakout of e-Survey numbers by Email versus Text. Ms. Hagevig and others agreed that e-Surveys are a very good improvement for our hospital. The collection method is much fresher, faster and we will not lose opportunities for feedback because mail gets lost. Ms. Hagevig mentioned that she had a technical error with her survey not loading when she received it by text, and thus abandoned the survey. Lindy Jones asked if e-Survey results are skewed more positive or negative, and Ms. Embler replied that a correlation has not been seen with Positive or Negative results, but we have seen more Mixed and Neutral comments than with traditional paper surveys. Overall survey response rate with e-Surveys is 32% higher than with Paper surveys.

### **Value-based Purchasing Overview**

Ms. Koelsch introduced Value-based Purchasing (VBP), describing that it is an important program for all hospitals that have Medicare reporting. The program is part of the CMS Quality Reporting Programs and Quality Initiatives and incentivizes hospitals to provide quality of care and improve on processes. The program utilizes performance evaluations compared against

other hospitals' performance (Achievement) as well as improvement against our own (Improvement). A Benchmark and Achievement Threshold are set each year, based on the total scores for all hospitals nationwide during the Baseline period, which is usually score data from 3-10 years prior. The scores used for current FY funding are from the Performance period, which is usually score data from 2 years prior. This is done so that there is time to validate absolute accuracy of the data.

The program assigns each hospital a score based on 4 domains; Clinical Outcomes, Person & Community Engagement, Safety, and Efficiency & Cost Reduction; each making up 25% of the total evaluation score. This score determines the amount of Medicare funding the hospital receives, based on a pool of funds that is funded from 2% withholdings of every hospital's Medicare payments. Each patient transaction gets a Medicare-adjusted pay rate so Bartlett is paid the VBP-adjusted rate on each payment. When reviewing our current score, James Caldwell noted that this program rewards good hospitals, and our scores have been consistently high. Ms. Hagevig asked for clarification that the 2% is pooled from ALL hospitals and then reallocated based on scores. Mr. Caldwell confirmed, and stated that this program accelerates and encourages change. Nancy Davis asked whether the Rural Demonstration Project is part of the VBP criteria, and Chuck Bill described that it is not a direct part of the program, but it is a project that will improve the quality of our hospital, and therefore will indirectly benefit our VBP scores and payment.

Ms. Koelsch presented an example of a measure from each of the 4 domains; Elective Primary Total Hip Arthroplasty/Total Knee Arthroplasty Complication Rate for Clinical Measures, Communication with Nurses for Person & Community Engagement, Clostridium difficile (C-Diff) Infection for Safety, and Medicare Spending per Beneficiary for Efficiency & Cost Reduction. Mr. Caldwell noted that the VBP program is about 10 years old, and is being continually reevaluated by CMS to make sure the program is evaluating hospitals' ability to provide effective care and make improvements.

**Adjourned at 5:15 pm**

**Next Quality Board meeting:** September 9, 2020 @ 4:15pm.

# Bartlett Regional Hospital

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

## Board Compliance & Audit Committee Meeting

### Draft Minutes

July 21, 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; Iola Young; Kenny Solomon-Gross; Rosemary Hagevig

**Staff/Other:** Chuck Bill, CEO; Nathan Overson, Compliance Officer; Megan Costello, CLO; Dallas Hargrave, Human Resources Director

**Previous Board Compliance Meeting Minutes Approval:** *Ms. Young made a MOTION to approve the December 18<sup>th</sup> 2019 and the June 16<sup>th</sup> 2020 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 both sets of minutes from the two prior meetings without change.*

#### **Education and Training:**

In the meeting packet, Mr. Overson provided a copy of the “Evaluation of Corporate Compliance Programs” written by the U.S. Department of Justice – (June 2020 update). This was an informational document, however Mr. Overson did comment on the significance of the document in determining how the federal government evaluates Compliance Programs in organizations, and gave a brief summary of some of the recent updates. Mr. Kendziorek emphasized the seriousness referenced in the document, of the need for a Compliance Program, and for the Board to be trained and involved in oversight of the Compliance Program of the hospital. He also encouraged everyone who may not have read it yet to do so.

#### **Compliance Work Plan Review:**

Mr. Overson talked about the different sections of the Work Plan, and spoke to a “red-lined” version highlighting the changes in the document since the last time the work plan was presented to the committee. Of note, the “completed” column was changed to “last performed” in keeping with the government’s expectation of continual vigilance to identified risk areas through monitoring and auditing, and process improvement. Ms. Johnston was interested in seeing timelines and risk ratings on the items that were more project oriented; the committee agreed. Ms. Hagevig wanted clarification on whether the auditing mentioned in the work plan included the annual financial audit. Mr. Overson stated that they were separate operational functions, however the Compliance Program would be interested in the outcome of the financial audit if there were findings that would be considered regulatory risk to the organization. Mr. Solomon-Gross was interested in seeing results from prior Compliance Program audits.

#### **Compliance Program Evaluation – 3<sup>rd</sup> Party Review:**

The committee talked through the most recent draft of the Request for Proposal (RFP) for a 3<sup>rd</sup> party evaluation of BRH’s Compliance Program. The discussion focused on section 2; Project Information. Mr. Kendziorek questioned whether it was necessary for the contractor to be on-site to perform the evaluation. Mr. Bill agreed that the on-site requirement be left open due to current travel uncertainty.

#### **Compliance Officer Report:**

In the Compliance Officer’s report, Mr. Overson talked through the Compliance Log Dashboard and some of the requests that came from the committee in the last meeting. Compliance incidents from CY 2019, YTD 2020 and a rolling 12-month view were discussed. There was some discussion regarding the numbers of incidents that seemed to be trending closely year over year; which was not necessarily expected since COVID-19 was such an interruption to normal business operations.

July 28, 2020 Board of Directors Meeting

**Update on education training for all board members:**

Mr. Kendziorek lead the discussion stating that compliance education and training should be made a priority for the Board of Directors as a whole, and was interested in making sure it got done as soon as possible, but surely in this calendar year. There was some discussion about who, how and when the training should take place. The committee agreed that by Mr. Overson performing the education, the in-house approach would offer scheduling flexibility. The committee discussed that this education session should be a standalone meeting for the Board, and should also be offered via Zoom. Ms. Johnston suggested that the compliance education, and training be calendared annually along with the rest of the regularly scheduled Board meetings.

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

**Meeting Adjourned** 8:10 am

**Next Meeting** September 15, 2020 at 7:00 am

# **Bartlett Regional Hospital**

## **Governance Committee Meeting**

### **Minutes**

**Tuesday, July 21, 2020; 1:00 p.m.**

**Bartlett Regional Hospital - Zoom Videoconference**

**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, and Suzette Nelson Executive Assistant

*Ms. Hagevig made a MOTION to approve the minutes from June 16, 2020.*

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

*Mr. Solomon – Gross made a MOTION for at least six board members when appointing a new CEO to a position and present this to the full BOD to vote. Ms. Hagevig seconded and they were approved with no objections.*

Ms. Costello stated that she will make the changes and provide the revised Bylaws for the upcoming BOD packet.

The committee voiced their satisfaction with the changes they made. Ms. Knapp also shared her appreciation with the legal department and their support.

*Ms. Hagevig made a MOTION to move that the Hospital Bylaws as amended by the Governance Committee be moved forward to the full board with a recommendation to approve.*

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

Ms. Knapp noted that the Governance Committee doesn't typically meet every month but we might have business to take care of regarding the Bylaws and taking the next step to get approval from the assembly.

Mr. Bill provided a brief update regarding the current COVID activity in town. He reinforced that Bartlett is prepared and have plans in place.

**Adjourned at 1:35 p.m.**

# **Bartlett Regional Hospital**

*BOARD OF DIRECTORS*

*BYLAWS*

*(7.21.2020 Draft)*

**VOTING MAJORITIES**

<b>BYLAWS</b>	<b>Recommendation to Adopt, Amend or Repeal</b> <b>(0131 - Page 3)</b>	<b>Prevailing vote of at least six members.</b>
<b>REMOVAL OF BOARD MEMBER RECOMMENDATION</b>	<b>(0144 - Page 4)</b>	<b>Prevailing vote of at least six members.</b>
<b>QUORUM - BOARD MEETING</b>	<b>(0162 – Page 10)</b>	<b>Five members of the board shall constitute a quorum.</b>
<b>VOTING</b>	<b>(0172 – Page 12)</b>	<b>Prevailing vote of at least five members.</b>
<b>APPOINTMENT OF ADMINISTRATOR</b>	<b>(0211 - Page 16)</b>	<b>Prevailing vote of [at least six members] majority of the [entire] Board.</b>

**BOARD OF DIRECTORS BYLAWS**

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**0111 NAME**

The governing body of the Bartlett Regional Hospital shall be known as the Board of Directors.

**0112 PURPOSE**

1. To provide for the management of facilities, personnel and services designed to diagnose and treat patients. Quality patient care shall be provided to all persons without discrimination on the basis of race, color, religion, national origin, age, sex, sexual orientation, sexual stereotyping, gender identity, disability, pregnancy, parenthood, marital status, or change in marital status.
2. To provide appropriate facilities and services to best serve the needs of patients; to improve the standards of health care; to encourage education and training of hospital employees and staff appointees; and to maintain the quality of patient care that is achievable with resources available.
3. To carry on education activities for the promotion of health in the community.
4. To manage, operate or participate insofar as hospital policy, circumstances and available funds may warrant, any activity designed and carried on to promote general health in the community.

**0121 AUTHORITY**

The Board of Directors is constituted, authorized, and governed by the Charter and Ordinances of the City and Borough of Juneau.  
(CBJ Charter, Article III, Section 3.15; C.B.J. Chapter 40.05)

**0122 GENERAL POWERS**

Subject to state laws and other City and Borough Ordinances, CBJ 40.05.020 provides in part that the Board of Directors shall be responsible for the operation of all licensed hospitals owned or leased by the City and Borough according to the best interests of the public's health, shall make and enforce all rules and regulations necessary for the administration of hospitals under its management, shall prescribe the terms under which patients shall be admitted thereto and shall establish and enforce standards of operation. The Board shall, within the hospital appropriation, establish and may amend the pay plan for hospital employees.

**0123 CONTRACTING AUTHORITY**

The Board is responsible for approving all contracts for supplies, services, or professional services, or amendments thereto, relating to the Board's power and authority as established by CBJ 40.05.020. No contract may be approved unless the contract complies with the CBJ Charter and CBJ Municipal Code. Unless otherwise provided by law, the Board may delegate to the CEO authority to negotiate and/or execute all contracts, or may establish parameters by contract type and/or dollar amount, for the exercise of such authority with or without approval of the Board.

## **0131 LEGISLATIVE**

1. The Board of Directors shall recommend bylaws and provide policies and procedures for the administration and governance of the hospitals, which bylaws shall become effective upon approval of the City and Borough Assembly by resolution. The Assembly may accept the bylaws recommended by the Board, may reject such bylaws or may modify them. A manual of bylaws shall be maintained. (CBJ 40.05.030) Policies and procedures shall become effective after being adopted by the Board of Directors. A manual of policies and procedures of the BRH Board shall be maintained and established as the Board Manual.
2. At least annually, the Governance Committee shall review the bylaws as expeditiously as is reasonable under the circumstances.
3. The Governance Committee's recommended revisions to the bylaws, if any, shall be reviewed by the Board at a regular meeting and final Board action taken at a subsequent Board meeting.
4. Any changes approved by the prevailing vote of at least six members of the Board shall be submitted to the CBJ Assembly for approval by resolution.

## **0132 EVALUATION**

The Board of Directors shall annually evaluate its performance against the strategic plan and against the goals and objectives established by the Board.

**0141 NUMBER AND APPOINTMENTS**

The Board of Directors shall consist of nine members appointed by the Assembly for staggered three-year terms. Board members shall serve at the pleasure of the Assembly. Up to two members of the hospital Board of Directors may be physicians in the community appointed from a list of those names submitted by the hospital medical staff. Terms shall commence on January first.  
(CBJ 40.05.010)

**0142 EXPECTATIONS**

A voting member shall show willingness to give as much time as is reasonably requested or required. The applicant must be willing to accept responsibility for governance, including availability to participate actively in board and committee activities; to provide effective governance and to utilize experience in organizational and community activities.

**0143 TERM**

The term of membership shall be three years and until a successor takes office, except that a member appointed to fill a vacancy shall serve for the un-expired term.

**0144 VACANCY**

In addition to the vacancy provisions set out in CBJ 40.05.050, the following provisions shall apply:

1. A recommendation to the Assembly for removal of a board member may be made upon the prevailing vote of at least six members of the Board.
2. A Board member may resign at any time by giving written notice to the Assembly, with a copy to the President of the Board. Such resignation shall take effect on the date of receipt or at any later time specified.

**0145 COMPENSATION**

1. Board members shall not be compensated for services rendered in their capacities as board or board committee members. However, nothing herein contained shall be construed to preclude any board member or committee member from receiving reimbursement for expenses incurred in serving the hospital as a board member.
2. Before any reimbursement for expenses is made, receipts of such expenses must be submitted to the Administrator.
3. The Board of Directors may maintain membership in any local, state or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital administration and, in connection therewith, the hospital will pay dues and fees thereto.  
(CBJ 40.05.070)

(CONTINUED)

**0146 TRAINING**

The Board shall provide training to board members on the duties and functions of the Board, the general operations of the hospital, and the history of the hospital and its relationship with the community.

1. Each new board member will be given, not later than their first regular meeting as a board member and for their use and possession for the duration of their term, a copy of CBJ Title 40 Hospitals, the Board Bylaws, the Board Manual and any other documents as deemed appropriate.
2. The Board shall provide ongoing education on board governance, compliance responsibilities, and the health care industry.

## 0151 ORGANIZATION MEETING

The Board shall elect annually from its members a President, Vice President, Secretary and such other officers as it deems necessary.  
(CBJ Section 40.05.040)

## 0152 OFFICERS

1. The officers of the Board shall be a President, a Vice President, and a Secretary.
2. Officers shall be elected annually according to the schedule in the Board Manual, and each shall **[take office immediately after election]. [Officers shall]** hold office for a one year term and until successors shall have been elected. Officers shall serve at the pleasure of the Board.
3. Any officer may resign their office at any time by giving written notice to the Board. Such resignation shall take effect on the date of receipt or at any later time specified.
4. The President shall preside at all meetings of the Board, and shall be an ex-officio voting member of all committees ~~except the nominating committee~~. The President shall be the Chairperson of the Executive Committee.
5. The Vice-President shall act as President in the absence of the President, and when so acting, shall have the power and authority of the President. The Vice President shall succeed to the office of President for the unexpired term if that office becomes vacant.
6. The Secretary shall ensure the retention of minutes of all meetings of the Board and board committees, and shall ensure appropriate public notice is given for all meetings of the Board and its committees in accordance with these bylaws or as required by law. The Secretary shall ensure that the records and reports of the Board are kept as required by law.
7. Upon a vacancy in the office of Vice President, or Secretary, the Board shall hold an election at its next regular meeting to fill such vacancy for the unexpired term.

## 153 COMMITTEES

1. The President shall establish the following standing committees: an Executive Committee, a Finance Committee, a Governance Committee, Compliance and Audit Committee, a Planning Committee, a Quality Committee and a Joint Conference Committee. The Board shall assign such duties and responsibilities to the committees or appoint such other committees as it deems necessary.
2. The President shall appoint the Chair and members of all committees.
3. With the exception of the Executive Committee, committees of the Board shall, when specifically charged to do so by the Board, conduct studies, make recommendations to the Board, and act in an advisory capacity, but shall not take action on behalf of the Board.
4. Unless otherwise determined by the Board, committees shall consist of no fewer than two board members and shall serve until the committee is discharged.

(CONTINUED)

5. A board member may request or refuse appointment to a committee and the refusal to serve on any one committee shall not be grounds for failure to appoint that board member to another committee.
6. A committee shall be convened by the Chair or designee who shall report for the committee. The chair shall ensure that minutes will be kept and submitted for Board review.
7. The Board may assign the functions of any management and/or board committee, except the Executive Committee, to combined or new committees, or to the Board acting as a Committee of the Whole.
8. The Administrator shall, unless otherwise expressly provided, be a non-voting ex-officio member of all Board committees.

## 154 COMMITTEE FUNCTIONS

### 1. **Executive Committee**

The Executive Committee shall consist of the President, Vice President, Secretary, and, ~~when appropriate,~~ the Immediate Past President. The President shall be Chair of the Executive Committee and in their absence the Vice President shall be Chair. The Immediate Past President shall serve as an ex-officio voting member on the Executive Committee ~~only for a term of one year~~ following their last term as President. The Executive Committee shall be empowered to transact all regular business of the hospital during the interim between meetings of the Board, provided that any action it may take shall not conflict with the policies of the Board. Any action taken by the Executive Committee shall be reported at the next regular meeting of the Board and may be rescinded by Board action at the meeting.

### 2. **Finance Committee**

The Finance Committee shall consist of a chair and two members appointed by the President. The duties and responsibilities of the Finance Committee are to review and make recommendations to the Board concerning all matters affecting the financial condition of the hospital, including but not limited to, the annual budget and capital budget matters referred to the committee by the President.

- A. The Finance Committee will review the annual budget prepared, and submitted to the Board, by the hospital administrator.
- B. ~~Not later than April 1,~~ **[T]**he Finance Committee will complete its review **[in a timely fashion]**, and forward the budget to the Board for approval and submission to the City and Borough Manager, as provided in CBJ 40.25.020.
- C. The year-end audited financial reports by an outside auditing firm shall be reviewed by the Finance Committee and the committee shall report conclusions to the Board at the next board meeting.

(CONTINUED)

3. **Governance Committee**

The Governance Committee shall consist of a chair and two members appointed by the President. The duties and responsibilities of the Governance Committee are to assist and make recommendations to the Board in the areas of Board governance, development, performance and effectiveness.

- A. The Committee will review Board bylaws and forward its recommended revisions, if any, to the Board on at least an annual basis and will periodically review and make recommendations to the Board, as needed, for revisions to the Board manual.
- B. The Committee will monitor current standards, regulations and general expert commentary on corporate governance practices and procedures and will review and make recommendations to the Board on all matters of governance, including governance practices and procedures.
- C. The Committee will review and make recommendations to the Board for Board member training and education, and will establish criteria for, and guide the Board in, an annual self-evaluation of Board performance.

4. **Compliance and Audit Committee**

The Compliance and Audit Committee shall consist of a chair and two members appointed by the President. The duties and responsibilities of the Compliance and Audit Committee shall be to assist and make recommendations to the Board in its oversight of the Hospital's Compliance Program.

- A. The Committee will oversee and ensure the Hospital's development and implementation of Compliance Program guidelines and procedures, and the Hospital's compliance education and training. The Committee will oversee and ensure the Hospital's maintenance of internal controls, systems, processes, resources and channels of communication for identifying, reporting and investigating compliance violations or concerns, and implementing corrective action.
- B. The Committee will oversee and review periodic reports regarding compliance activities and investigations and ensure the conduct of regular internal and/or external audits and surveys to verify adherence to the Hospital's compliance guidelines and procedures.]

5. **Planning Committee**

The Planning Committee shall consist of a Chair and two members appointed by the President. The Planning Committee shall provide information to the Board on changes and trends in the health care field that may influence the growth and development of the hospital.

- A. The Committee may assist in the preparation and modification of long- range and short-range plans to ensure that the total hospital program is attuned to meeting the health care needs of the community served by the hospital. Any plan should coordinate the hospital services with those of other health care facilities and related community resources.

(CONTINUED)

- B. The Board shall provide for institutional planning by including the Administration, the Medical Staff, the Nursing Department, other department/services, and appropriate advisors in the planning process with participation at the Planning Committee meetings.
- C. Maintenance and building issues will be referred to the Planning Committee.

6. **Quality Committee**

The Quality Committee shall consist of a Chair and two members appointed by the President.

- A. The Quality Committee shall provide information to the Board concerning the hospital quality assurance program and the mechanisms for monitoring and evaluating quality, identifying and resolving problems, and identifying opportunities to improve patient care.
- B. One member of the Quality Committee shall be appointed annually by the Board to serve as Board liaison to the staff Quality Improvement Committee (QIC)
- C. The Board shall meet its quality assurance goals by involving the Administration, the Medical Staff, the Nursing Department, and appropriate advisors regarding quality assurance through participation on the Quality Committee.

7. **Joint Conference Committee**

The Joint Conference Committee shall consist of the Executive Committee of the Board, the Executive Committee of the Medical Staff and representatives from Administration. The President of the Board will chair the Joint Conference Committee. In the absence of the Board President, the Board Vice President will serve as Chair of the Committee.

The purpose of this Committee is to provide a forum for communications between the Medical Staff and the Board of Directors.

8. **Ad Hoc Committees**

Ad hoc committees may be appointed by the President for special tasks. Upon completion of the task for which appointed, such ad hoc committees shall be discharged.

**0155 BOARD CALENDAR**

The Board shall conduct its business by reference to a calendar which specifies the month or date that decisions, resolutions, deliberations, notices, and reports must be made, instituted or received by the Board.

#### 0161 PARLIAMENTARY AUTHORITY

Meetings shall be conducted under Robert's Rules of Order, using the edition currently adopted by the City and Borough of Juneau, and such amendments of these rules as may be adopted by the Board

#### 0162 QUORUM

Five members of the Board shall constitute a quorum, and no business shall be conducted in the absence of a quorum, other than to adjourn a meeting to a later date. (CBJ Charter 3.12(e))

#### 0163 PRESIDING OFFICER

The President shall preside at all meetings of the Board. In the absence, disability, or disqualification of the President, the Vice President shall preside. In the absence, disability, or disqualification of the President and Vice President, the Secretary shall preside. In the absence, disability, removal, or disqualification of the President, Vice President, and Secretary, the person with the longest period of current consecutive service on the Board shall preside.

#### 0164 CALL OF MEETINGS

1. Regular meetings shall be held ~~at least once a month, as provided [in accordance with]~~ CBJ 40.05.060.
2. Special meetings not regularly scheduled may be called by the President or upon the presentation of a petition requesting such a meeting and endorsed by a majority of the voting members of the Board.
3. All meetings of the Board and committees of the Board shall be open to the public, except as otherwise provided by law.
4. **[All meetings of the Board and the committees of the Board may be held virtually or telephonic in accordance with the CBJ code or Assembly rules, as amended.]** ~~A member may participate via telephone in a Board meeting, or a Committee meeting, if the member declares that circumstances prevent physical attendance at the meeting. If the President participates by telephone, the Vice President will preside at the meeting. No more than the first three members for a Board meeting, or one member for a Committee meeting, to contact the Administrator may participate via telephone at any one meeting. A member participating by telephone shall be counted as present for purposes of quorum, discussion and voting. If the telephone connection is lost and the member is necessary to achieve a quorum, the meeting shall be at ease, recess or adjourn as necessary until the connection is established or restored.~~

#### 0165 NOTICE

1. The President shall notify each Board member, in writing and no later than three days in advance of the meeting, of the time, date, location, and, to the extent it is known, the agenda of any regular meeting. Notice of the time, date, location and purpose of a special Board meeting shall be given to board members no later than twenty-four hours in advance of the meeting.

(CONTINUED)

2. Reasonable public notice shall be given for all meetings. Notice of all Board meetings and committee meetings shall be **[conducted in accordance with CBJ Code. Notice shall also be made on the BRH website.]** ~~delivered to newspapers of general circulation in the municipality and to the commercial radio and television stations operating in the municipality at least 24 hours prior to such meetings.~~

In calling a special meeting this notice shall state the business for the transaction of which the special meeting has been called and no business other than that stated in the notice shall be transacted at such special meeting.

**(CONTINUED)**

**0171 CONFLICT OF INTEREST**

Board members shall be governed by the CBJ Charter, Section 15.1 and CBJ Chapter 01.45 with respect to conflict of interest.

**0172 MOTIONS/VOTING**

1. The prevailing vote of at least five members of the Board shall be required for official action except that the prevailing vote may be reduced by one vote for every two members of the board who are present but who do not vote because of a conflict, as more fully set out in CBJ Charter 3.16(e).
2. A board member with a declared conflict of interest on an issue shall be excused from voting by the President and must abstain from any discussion and/or the vote on the issue. If the President declares a conflict of interest, the President shall excuse themselves.
3. A vote may be taken by voice, show of hands or roll call. If one or more members are participating telephonically, the vote of all members shall be taken by voice or roll call. Proxy voting shall not be permitted. At the request of any member, the Board shall be polled.

**0173 EXECUTIVE SESSIONS**

1. If permitted subjects are to be discussed at a meeting in executive session, the meeting must first be convened as a public meeting and the question of holding an executive session to discuss matters that come within the exceptions set forth below shall be determined by a majority vote of the Board. The motion to convene in executive session must clearly and with specificity describe the subject of the proposed executive session without defeating the purpose of addressing the subject in private. No subjects may be considered at the executive session except those mentioned in the motion calling for the executive session unless auxiliary to the main question. No action may be taken at the executive session, except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.

The following subjects may be considered in an executive session:

- A. Matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
  - B. Subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
  - C. Matters which by law, municipal charter, or ordinances are required to be confidential.
  - D. Matters involving consideration of government records that by law are not subject to public disclosure.
2. Any executive session where the subject to be discussed tends to prejudice the reputation and character of any person shall require advance notification of the person and the opportunity for the person to request a public discussion.

**(CONTINUED)**

3. Board members participating via telephone in a meeting in which an executive session is called, may participate in the executive session only after verifying, on the record and before the session, that the member is alone, in a private place and able to maintain and safeguard the private status of the telephone call for the duration of the session. If at any time the privacy of the call becomes in question any member or invited attendee in the session may request re-verification of the caller's privacy status.

**0174 HEARING OF PUBLIC**

Members of the public present at the meeting of the Board shall be offered a reasonable opportunity to be heard in accordance with Board policy.

**0176 ADJOURNMENT**

The Board may at any time recess or adjourn a meeting to a time and place certain. Upon resuming, the Board shall commence business at the point in the agenda where the motion to recess or adjourn was adopted.

**0177 CODE OF ETHICS**

Members of the Board, including ex officio members, shall at all times abide by and conform to the CBJ Conflict of Interest Code (CBJ 01.45) and to the following code of ethics in their capacity as board members:

1. Members of the Board of Directors will conduct the business affairs for the Hospital in good faith and with honesty, integrity and due diligence.
2. Members of the Board of Directors will exercise proper authority and good judgment in their dealings with staff, patients, and the general public and will respond to all in a responsible, respectful, and professional manner.
3. Each member of the Board of Directors will use his or her best efforts to regularly participate in board activities and will perform his or her duties in a responsible manner.
4. Upon termination of service, a retiring board member will promptly return to the Hospital all property entrusted to the Board member for the purpose of fulfilling his or her responsibilities. The Board of Directors must act at all times in the best interests of the Hospital and not for personal or third-party gain or financial enrichment. When encountering potential conflicts of interest, board members will consult and adhere to CBJ 01.45, including, as required, removing themselves from all discussion and voting on the matter. Board members shall avoid placing, or the appearance of placing, their own self-interest or any third-party interest above that of the Hospital which shall include:
  - A. Not using board membership or the Hospital's staff, resources or property for personal or third-party gain; not representing that their authority as a board member extends any further than that to which it actually extends;
  - B. Not engaging in any outside business, professional or other activities that would materially adversely affect the Hospital;

**(CONTINUED)**

- C.** Not soliciting or accepting gifts, gratuities, free trips, honoraria, personal property, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to the Hospital;
- D.** Providing goods or services to the Hospital as a paid vendor only after full disclosure to the Board.

**0181 OFFICIAL MINUTES**

1. The Board shall keep minutes of all of its board meetings and board committee meetings and a record of all proceedings of the Board.
2. All minutes shall be filed in the office of the Administrator in a minutes book as the permanent record of the acts of the Board.
3. The minutes shall show the time and place, the members present, the members absent, the subjects considered, the actions taken, the vote taken, and any other information required by law.
4. Motions to convene and the subject matter(s) to be discussed in executive session shall be clearly reflected in the minutes.
5. Copies of all written reports received at a Board or committee meeting shall be attached to the minutes for that meeting.

## **0211 APPOINTMENT**

The Chief Executive Officer of the hospital shall be a hospital administrator appointed by the Board, after consultation with the CBJ City Manager, only upon affirmative vote of a **[at least six members]** majority of the **[entire]** Board. (CBJ 40.10.010) (40.05.020(d))

## **0212 VACANCY**

Whenever a vacancy occurs, the succession plan as described in the Board Manual will be implemented.

## **0213 DUTIES AND RESPONSIBILITIES**

In addition to the duties and responsibilities set out in CBJ 40.10.020:

1. The Administrator shall have the duties and responsibilities with respect to the Board as described in the Board Manual.
2. The Administrator shall fulfill the duties set forth in the administrator's job description.

## **0241 ANNUAL EVALUATION**

Annually, or more frequently as the Board deems necessary, the Board shall review the performance of the Administrator. The President of the Board shall inform the Administrator of the results this evaluation. Minutes of the Board meeting shall document the evaluation of the Administrator.

### **0321 MEDICAL STAFF ORGANIZATION AND BYLAWS**

The Board serves as the Governing Body for the hospital. The Medical Staff is responsible to the Board for the clinical and scientific work of the hospital and shall, with approval of the Board, adopt bylaws, rules, regulations and policies for the proper conduct of its work and eligibility for appointment to the hospital medical staff. The Medical Staff bylaws shall be submitted to the Board for its approval and shall not become effective until approved by the Board. The bylaws shall include provisions for hearings on applications for membership on the Medical Staff that are consistent with the requirements of due process, federal law, state law, and these bylaws. When the Medical Staff reviews or revises its bylaws, rules, regulations and policies it will submit its recommendations for amendment to the Board for its review and approval. (CBJ 40.15.040)

Neither the Medical Staff nor the Board may unilaterally amend the staff bylaws.

### **0322 SELF-GOVERNING**

The Medical Staff shall be self-governing with respect to the professional work performed in the hospital. It shall:

1. Designate one of its members as Chief of Staff.
2. Hold regular meetings in accordance with Medical Staff bylaws, for which minutes and records of attendance shall be kept.
3. Review and analyze at regular intervals the clinical experience of the Hospital. Medical records of patients shall be the basis for such review and analysis. (CBJ 40.15.050)

**0351 ACTIONS AND DECISIONS**

In accordance with the Medical Staff bylaws adopted pursuant to CBJ 40.15.030 the Board, after appropriate action by the Medical Staff, shall take action or make a decision on Medical Staff matters, including applications for membership, clinical privileges and professional discipline matters.

**036[5]2 REVIEW OF ACTIONS AND DECISIONS**

The Medical Staff bylaws shall include procedures for hearings whereby the applicant or member of the Medical Staff shall be afforded a hearing in connection with a request for a review of a decision or action taken pursuant to Section 0351 of these bylaws.

**036[5]5[3]REAPPLICATION FOLLOWING DENIAL OR REVOCATION**

If an application for membership on the Medical Staff or renewal of membership is denied by the Board, or if the Board revokes the membership of a staff member, the applicant may reapply for appointment to the Medical Staff after the expiration of two years from the date of such denial, unless the Board provides otherwise in the formal written denial.

**0371 BOARD OBLIGATION TO THE MEDICAL STAFF**

The Board, through the administrator, shall ensure that the Medical Staff is provided with the administrative assistance necessary to conduct quality assurance activities in accordance with the hospital's Quality Review Plan. This includes the services of the medical record department, and any other administrative or technical assistance deemed necessary and appropriate to facilitate the Medical Staff's conduct of quality review activities. The nature and the frequency of submission of required reports shall be in accordance with the hospital's Quality Review Plan and the Medical Staff bylaws, rules and regulations.

# Bartlett Regional Hospital

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

## July 20, 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
- Legal consultations with Senior Leadership Team
- Covid-19 legal issues
- By-law language revisions
- Attend virtual conference with training by the American Health Lawyers Association (AHLA)

# Bartlett Regional Hospital

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

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

Report Period - 4rd Quarter FY20 (April, May, June)

<b>New Hires</b>	38
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<b>Separations</b>	16	All Other Separations
	0	Retirement
	12	Casuals/temp
<b>Total</b>	28	

<b>Contract/Travelers</b>	1	CT Tech
	2	Ultrasound Tech
	2	Med/Surg RN
	1	ER RN
	1	Clinical Lab Scientist
	2	Respiratory Therapist
	2	OR Tech
	2	CSR Tech
	1	Quality/Review Director
	1	CCU RN
<b>Total</b>	15	

<b>Hard to Recruit Vacancies</b>	RN's	FT	All Depts
	Forensic Nurse Examiner II	Casual	Emergency
	Psychiatrist	FS	Behavioral Health
	Nurse Practitioner	FT	Oncology

All Employee Turnover		
All Employee Types	FT Employees	All Others
4.16%	2.75%	7.50%

**673 Employees**  
FS/FT employees = 473  
All others = 200

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
3.45%	0.00%	3.45%

**203 Nurses**  
FS/FT =128  
All others = 75

Grievances	1
Arbitration Cases	0

### Reports of Injury

Department	Brief overview
Operating Room	Finger laceration due to glass vial breaking.
Dietary	Back strain when lifting heavy square pan
Diagnostic Imaging	Back strain while assisting patient
RRC	Stung by hornet while working at front desk

# Bartlett Regional Hospital

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## July 2020 Nursing Report Rose Lawhorne, CNO

### Obstetrics Department (OB)

- We launched our Alaska Perinatal Quality Collaborative (AKPQC) Severe hypertension (HTN) initiative order sets, screening tools, and protocols into Meditech LIVE! This rollout came right behind the comprehensive education of all OB nurses and OB physicians through Relias and with other training tools.
- We are currently working closely with the ED and plan to build and rollout education for ED nurses and physicians within the next month. We feel incredibly proud to be at the forefront of this initiative for the state, and extremely grateful to everyone who has assisted with this massive project.
- We implemented a new Fetal Monitoring Protocol into Meditech after our fetal monitoring education drill earlier this year. Along with this new protocol, we are using our internal OB process improvement (PI) team to perform monthly chart audits on the key elements of labor charting identified in the protocol. These audits will help all staff identify areas of improvement and growth.
- A subgroup of our OB PI committee met to start a new challenging project, targeting updating our fetal demise policy/protocol/and resources available to families. This group identified many areas where we can help families from in-person support services, online support services, information for post-loss decisions, books/information for fathers, older siblings, grandparents, etc. who have experienced loss, lactation support after loss, and many other topics. It is our goal to provide families with as much support and meaningful information as possible during these difficult times, and to help them navigate the many decisions that they are faced with. It is also imperative we provide our staff with clear direction and support to care for these families, as each loss is unique and challenging to navigate.

### Surgical Services

- Year-end inventory was completed with efforts from a hard-working, collaborative group. Thanks to all the staff! We are in the midst of an effort to improve the inventory management and billing processes for Surgical Services. Two projects we are currently working on include:
  - Developing a robust, ordering system with updated par levels
  - Moving SDS toward a more accurate inventory process. Lori Holte, has been very instrumental in helping with this process.
- Four nurses in same day surgery (SDS) and pre-admission testing (PAT) areas have completed the preceptor training offered by Gail Morehead, Staff Development Director. This training was very well received and will allow us to continue to train new nurses coming into our units.

- BRH Surgical Services, together with the specialty clinic, is hosting another back-to-back ophthalmology clinic with Dr. Kopstein, 7/14/20 and 7/17/20.
- We extend a special welcome back to Rachel Stewart, RN: she spent four weeks during May in New York nursing COVID-19 patients.
  - She has completed her quarantine and testing and is back working for SDS!
- Surgical Services has returned to full capacity. In the month of June:
  - We had a total of 19,093 minutes of surgery. Our average minutes are 16,681 and
  - We did 270 cases. Our average is 166.

### **Emergency Department (ED)**

- In conjunction with PAS, we started Acknowledge, Introduction, Duration, Explanation and Thank You (AIDET) Program. Three staff members round with patients in real time daily. They also call patients from the previous night and ask a set of questions regarding their care in the ED and their experience with the registration process. We started this program on June 28<sup>th</sup> and have received many great comments regarding the great care received at BRH.
- Quality Improvement monitoring: Door to EKG times, Blood Culture Contamination rates, Sepsis performance and Trauma
- ED Educator is leading mock personal protective equipment (PPE) codes to help ensure that staff and providers know where and what is needed for possible COVID patients.
- We are working with Information Systems Department to implement E-Script for the ED. This is a software element that facilitates electronic prescription writing. Go-live is August 4<sup>th</sup>.

### **Critical Care (CCU)**

- CCU is doing well and continuing to stay busy.
- We have one nurse precepting. He is doing well and probably has a couple of more months of training left. We recently hired two PRN Airlift Northwest nurses who will be working independently on the next schedule. We are also working with the nurse interns and training float pool nurses to CCU.
- The director is continuing to review and update order sets since Meditech Expanse has been delayed. We should be finalizing the palliative sedation order set this month in Critical Care Committee. Hopefully it will be ready the end of August.
- Autumn Muse, RN, did an audit for the Joint Commission preparedness in CCU in July. We found that we are not tracking critical result calls to physician, so Audrey Rasmussen, Director, is working with lab to form a process to start tracking these on CCU.
- We have obtained a new intravenous (IV) catheter for ultrasound-guide (US) IV start, BD ACE Accucath, to start trialing in the CCU and ED. Training will hopefully be at the end of July for those nurses who insert US-guided IVs. This will hopefully replace the current US-guided IV catheters which do not have a safety device for the needle.

# Bartlett Regional Hospital

July 28, 2020 Board Report  
Billy Gardner, Chief Operating Officer

## Diagnostic Imaging (Paul Hawkins)

DXA update:

- DXA unit delivered on June 30<sup>th</sup>
- DXA operator training held on July 7<sup>th</sup> and 8<sup>th</sup>
- Continuing with remodel of existing patient changing room into DXA exam room. Waiting for carpet tiles and outlet installation. Project completion anticipated by the end of July.
- Created DXA schedule on Meditech
- Spoke to several providers in town, all interested in this service for their patients.
- Physicist arriving July 17-18<sup>th</sup> to inspect/audit imaging equipment (CT, Nuclear Medicine, DXA)
- Working with Katie Bausler to introduce DXA to the community.

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

Continuing with musculoskeletal ultrasound training.

Researching portable MRI unit for stroke screening.

Introduced temporal artery Doppler to ultrasound techs. (This helps aide in diagnosing giant cell arteritis (GCA) and saves patient a trip down south for temporal artery biopsy).

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

- Biomedical inspection in progress.
- ED Dr. Jones contacted, will set up accounts for physicians interested in using these scanners (waiting for list of physicians).

New patient changing room conversion completed. They are now closer to MRI area.

Hired weekend radiology tech position.

Attended Physician EHR Advisory meeting to address concerns with communication between radiology staff and ordering physician.

- Collecting data for quality assurance analysis on:
  - Canceled exams
  - Duplicate exams
  - Common exams ordered incorrectly
  - Types of correction made by DI staff
  - Potential error analysis...etc.

This information will be presented at a future EHR advisory meeting.

#### Future Plan

- Work with radiologists to develop exam protocol and procedure for DXA.
- Work on creating DXA schedule for trained staff
- Work on cross training all radiology staff to perform DXA scan.
- PACS upgrade
- Powerscribe upgrade

Setup workstations for DI (may need help from IT)

Fill ultrasound vacancies.

New MRI purchase

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

#### **Physical Rehabilitation (James “Rusty” Reed)**

- Department has been very busy with inpatients on med surg unit
- Department has been very busy with outpatient referrals
- Wound referrals have increased
- We opened Pediatrics using a phased opening schedule
- We continue with all mitigating and defense protocols with cleaning, staggered scheduling. Other than pediatrics we are at near capacity and still being able to accommodate staggered scheduling.

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

- BRH has obtained several doses of Remdesivir. Remdesivir is a medication used to treat patient who are severely ill with COVID-19. Pharmacist are prepared to compound the medication and administer it to patients.
- The pharmacists will begin working on a pilot project with the hospitalist group to improve medication use safety at discharge from the hospital. Pharmacists will begin counseling patients about their medications at discharge and doing a comprehensive medication reconciliation at discharge. Data indicates that many adverse events happen at discharge from medication. The hope of the project is to develop a new service that will improve safety to our patients who are discharging from the hospital.

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## July 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 Withdrawal Management (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 not currently set up as a COVID Alternative Care Site; however, the essential equipment needed to stand up again is inside RRC storage.
  - We continue to plan toward a phased reopening that will include:
    - Disassembling RRC as alternative care site
    - Single occupancy patient rooms (50% capacity)
    - Masking requirements
    - Estimated reopening August 2020 (contingent on COVID Alternative Care Site needs that may arise)
  
- **Adult Mental Health Unit:**
  - 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.
  - Utilization has increased over the last several weeks, with many COVID specific stressors noted by patients who present for admission.

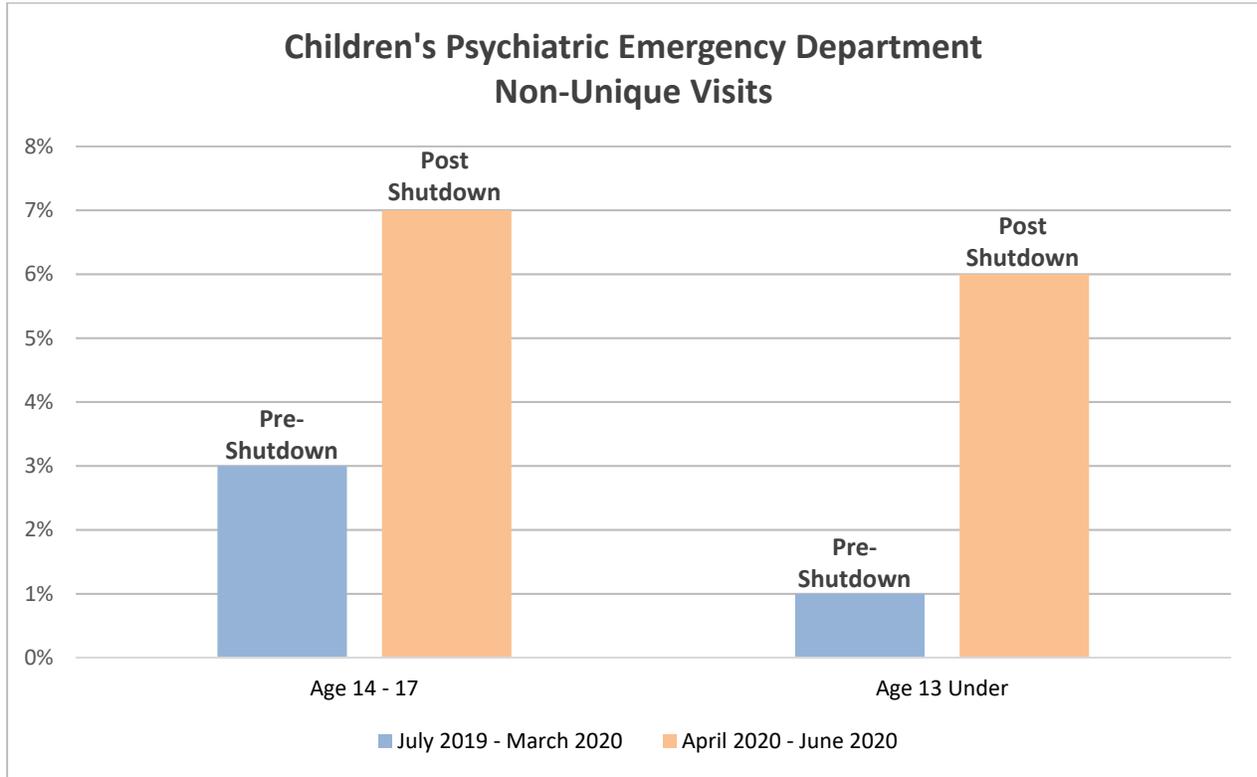
- **Bartlett Outpatient Psychiatric Services (BOPS):**
  - BOPS outpatient operations continue to be 100% virtual
    - Therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
    - Psychiatric providers are delivering telehealth psychiatric / medication management from their home offices/BOPS Clinic.
    - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
  - June 2020:
    - 387 (non-unique) patient encounters.
    - No show rate 22% (still below national average)
  
- **Psychiatric Emergency Services (PES):**
  - FY20 Q4 (April 1, 2020 – June 30, 2020, evidenced a significant increase 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.
    - **See attached “Impacts of COVID-19 and the Related Shutdown on Children’s Mental and Behavioral Health” document**
  
- **RRC Withdrawal Management (Detox) & Assessment Center:**
  - See attached July 10, 2020 Final Inspection Report for latest update.
  - July 6, 2020 – We received our Temporary Certificate of Occupancy and began moving furnishings in.
  - Phase 2 is scheduled to be completed the week of August 10, 2020. This is renovation of existing facility in order to maximize staff space while creating a new group / conference room for patient care.
  
- **Crisis Stabilization Services Update:**
  - **Design Update:**
    - Renderings and facility layout plans are complete
  - **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.
  - **Next Steps:**
    - Update Construction Timeline complete by July 31, 2020
    - Demolition of old BOPS Building – Fall 2020
- **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)
      - Murdoch Foundation (awaiting assignment of a grant officer. We have initially requested \$400,000.
  - **FY21 Operational Grants Update:**
    - **DBH Operational Grants:** We anticipated continued grant funding for both RRC operational grants listed below. The Crisis Stabilization and Ambulatory Grants were scheduled to sunset June 30, 2020. We were fortunate to receive an additional years funding for both Crisis and Ambulatory Grants. In addition, we received a new PES (1 year) grant to support our work in the ED in assessing patients who are experiencing a Behavioral Health Crisis related to COVID 19. In essence, we anticipated just over \$505,000 in State Grant Funding for FY21. We ended up with nearly \$1.7 million.
      - Crisis Stabilization Services - **\$800,000**
      - RRC Residential Operations - **\$404,267**
      - RRC Withdrawal Management (Detox) **\$101,066**
      - Ambulatory Withdrawal Management **\$190,000**
      - Psychiatric Emergency Services (PES) COVID 19 Grant **\$200,000**

- **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 awarded or are in process:
    - Mental Health Trust: FY20 Funding Support for 1:1 staff with quarantined non-sheltered residents. **Award \$25,000**
    - DHSS Behavioral Health: FY21 Funding Support for operations needs related to anticipated increase in Behavioral Health Services. **Award \$200,000**

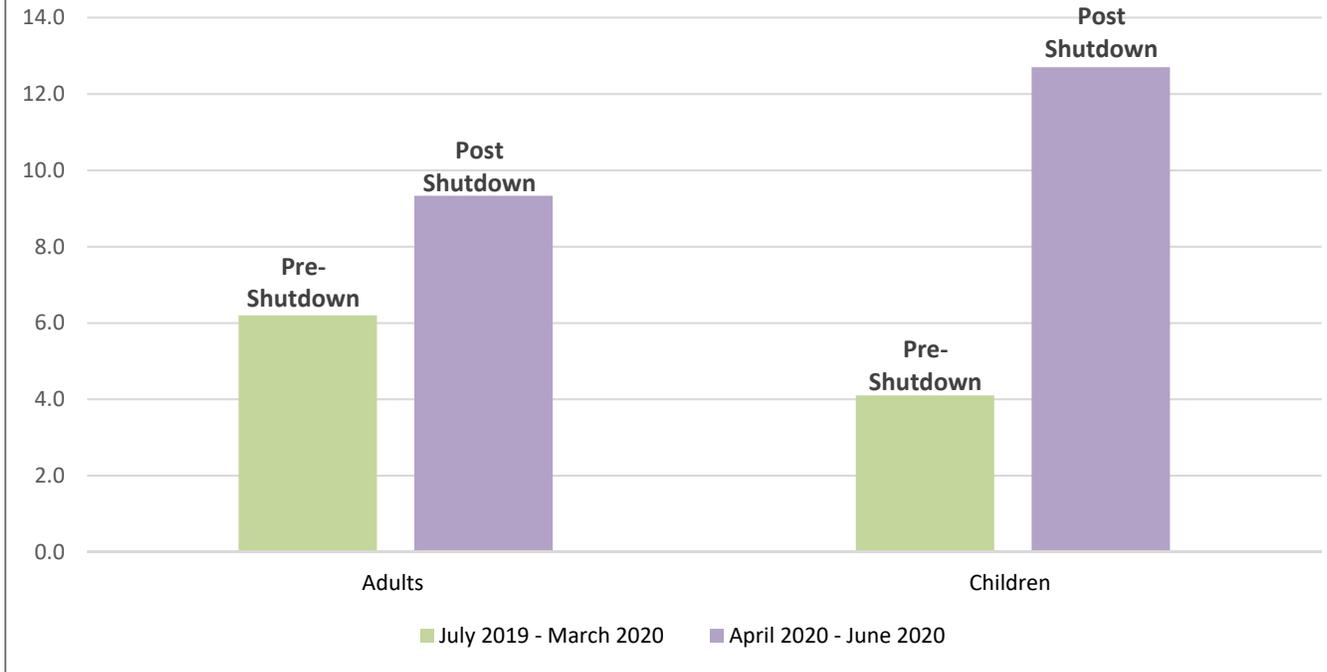
## Impacts of COVID-19 and the Related Shutdown on Children’s Mental and Behavioral Health



July 2019 – March 2020	Number	Percentages	Monthly Average
<b>18 and Above</b>	911	96%	101
<b>14 – 17</b>	33	3%	4
<b>13 and Under</b>	6	1%	1
<b>April 2020 – June 2020</b>			
<b>18 and Above</b>	315	87%	105
<b>14 – 17</b>	27	7%	9
<b>13 and Under</b>	22	6%	7

- Nearly 50% of the children and adult patients assessed during the April 2020 – June 2020 period expressed this was their first time experiencing a Behavioral Health Crisis. Patients communicated a sharp increase in depression and anxiety due to stressors around their employment, housing, and family stress, due to impacts of COVID-19 on their lives.
- Stressors communicated by youth included isolation from their social support networks, lack of sports, and struggles with school during the last quarter of the 2019 – 2020 academic year.

### Monthly Average of New Unique Patients Bartlett Outpatient Psychiatric Services Caseload



<b>July 2019 – March 2020</b>	<b>Number of New Patients</b>	<b>Monthly Average</b>
Adults 18 and Above	56	6.2
Children 17 and Under	37	4.1
<b>April 2020 – June 2020</b>	<b>Number of New Patients</b>	<b>Monthly Average</b>
Adults 18 and Above	28	9.3
Children 17 and Under	38	12.7

- During the July 2019 – March 2020 period, Bartlett Outpatient Psychiatric Services evidenced an average of 4 new child intakes per month (aged 17 and under).
- During the April 2020 – June 2020 period, Bartlett Outpatient Psychiatric Services evidenced an average of nearly 13 new child intakes per month (aged 17 and under).
- Stressors communicated by youth included isolation from their social support networks, lack of sports, and struggles with school during the last quarter of the 2019 – 2020 academic year.

*Data represents patients seen in the Bartlett Regional Hospital’s Emergency Department and Bartlett Outpatient Psychiatric Services, and is not inclusive of other mental and behavioral health providers in Juneau. Data sourced from Bartlett Behavioral Health.*



## Final Completion Inspection - Addition

**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:** Friday, July 10, 2020 – 8:30 am  
**Weather:** Rain, 52 degrees  
**Report by:** Nathan Coffee, CBJ Project Manager, 586-0895

### Participants:

Marc Walker – BRH

Nathan Coffee - CBJ

The participants gathered at the Rainforest Recovery Center for a final completion inspection of the new addition interior spaces north of Door 102B. The intent of the inspection was to verify that the Contractor corrected deficiencies identified in the Substantial Completion Inspection prior to Owner occupancy of the addition. The project area will be substantially complete when the deficiencies below are remedied.

### Description of Deficiencies:

1. General – Complete the Substantial Completion requirements noted in Section 017700 – Closeout Procedures 1.6.
2. General – Secure TCO from CBJ Permits.
- ~~3. General – Open operable windows and clean frames.~~
- ~~4. General – Provide final vacuum of carpet and damp mop of resilient floors.~~
- ~~5. General – Install signage.~~
- ~~6. 101 & 111 – Door 102A, straighten door hardware.~~
- ~~7. 101 & 111 – Door 102A, install doorstop and repair ding in wall.~~
- ~~8. 101 & 111 – Door 101, provide final coat of paint and clean.~~
- ~~9. 101 & 111 – Door 101, complete install of door hardware (sweep, threshold, weather stripping, etc.)~~
- ~~10. 101 & 111 – Install blank cover plate at access card reader electrical box.~~
- ~~11. 112 – Door 112, install doorstop and repair ding in wall.~~
- ~~12. 112 – Remove paint overspray at windows.~~
- ~~13. 112 – Eliminate drip at faucet.~~
14. 113 – Add grommet at countertop.
- ~~15. 113 – Replace stained ACT~~
16. 113 – Resolve door activation push button and empty electrical box.
- ~~17. 115 – Repair damage to window mullion and provide touch-up paint at scratches on window frame.~~
- ~~18. 116 – Clean grab bar.~~
- ~~19. 117 – Remove paint overspray at windows.~~
- ~~20. 119 – Remove paint overspray at windows.~~
- ~~21. 119 – Touch up paint at wall around Door 119.~~
- ~~22. 118A – Repair and clean floor under sink.~~

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

- ~~23. 118A – Remove concrete from floor clean out.~~
- ~~24. 118A – Resolve difference in access door finish.~~
- ~~25. 163 – Provide grommet in side of cabinet for data wire to refrigerator.~~
- ~~26. 163 – Eliminate drip at faucet.~~
- ~~27. 163 – Clean water supply box to ice machine.~~
- 28. 163 – Complete door install.**
- ~~29. 163 – Clean countertops and backsplash (adjacent seam near grommet).~~
- ~~30. 163 – Touch up wall paint by radiator.~~
- ~~31. 161 – Eliminate drip at Janitor sink.~~
- ~~32. 161 – Replace SS backsplash at Janitor sink.~~
- ~~33. 162A – Clean drywall mud from shower seat.~~
- ~~34. 162A – Install shower curtain.~~
- ~~35. 162A – Remove paint from door edge.~~
- ~~36. 162A – Clean stain from FRP above sink.~~
- ~~37. 162A – Door 162A, install doorstop.~~
- ~~38. 164 – Remove paint overspray at windows.~~
- ~~39. 164A – Install shower curtain.~~
- ~~40. 166 – Remove paint overspray at windows and touch-up paint.~~
- ~~41. 166A – Remove tape at FRP.~~
- ~~42. 168 – Remove paint overspray at windows.~~
- ~~43. 168A – Remove pencil marks from FRP by switch.~~
- ~~44. 168A – Install doorstop.~~
- ~~45. 167 – Clean countertop.~~
- ~~46. 167 – Repair lower right drawer to eliminate click in glide.~~
- ~~47. 167 – Relocate doorstop.~~
- ~~48. Attic – Remove construction dust from all horizontal surfaces including ducts, pipes, conduit, etc.~~
- ~~49. Attic – Clean up construction debris, coffee cups, wires, etc. from main attic and over framed attic space.~~
- ~~50. Attic – Redistribute insulation where stockpiled.~~
- 51. General – Ensure all doors meet ADA operating parameters for pull force and closing speed. All doors with closers must latch without assistance. Marc and Ben agreed that doors will be adjusted under what will be normal operating conditions in the facility (all doors and windows closed) because the position of the doors influences building pressure which in turn affects the closer operation.**
- 52. General – Ensure plumbing escutcheons cover the opening in GWB at all wall penetrations. In particular waste piping connections at sinks.**
- ~~53. 101 – Clean handprints from overhead lights and clean inside of diffusers.~~
- ~~54. 103 – Secure Nurse Call light above door 166.~~
- 55. 103 – Repair cove base at Door 167. Use appropriate color welding rod. Ensure cove base infill is firmly adhered to wall and floor.**
- 56. 118 – Repair window operator; replace missing escutcheon.**
- ~~57. 118 – Clean up and evenly apply sealant at window perimeter.~~
- ~~58. 118A – Fix supply piping leak below the lav.~~
- 59. 118A – Ensure that flooring around floor drain is adhered; it sounds hollow. Inject adhesive with a fine syringe.**
- ~~60. 161 – Clean janitor sink.~~
- ~~61. 163 – Clean floor under the sink.~~
- 62. 163 – Complete install of Nurse Call system. Confirm with BRH whether they would like handset mounted to the wall adjacent the jack.**

- ~~63. 167 – Clean washer box.~~
- ~~64. 167 – Paint primed frame of attic access stair white where visible from below.~~
- ~~65. 167 – Provide label for duplex receptacle on south wall.~~
- 66. 168 – Touch-up paint portions of the south wall where touch-up painting was performed. They are rough and visible. Two locations. They are easier to see with the lights off.
- 67. 163 – Complete installation of ice machine supply and waste connections. Connections to pass through countertop. Waste connection to provide an air break and minimum height of receptor to match adjacent sink.

**End of Report**

# Bartlett Regional Hospital

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## July 28, 2020 Board Report

Kevin Benson, CFO

### Finance

- Finance is working to close up the 2020 fiscal year in preparation for the annual audit.
- BRH received another \$5 million in CARES funding in the “Safety Net Hospital” distribution. This was a secondary disbursement that qualified more hospitals by relaxing the profitability threshold.
- Finance is working on an FEMA application and an application to the Alaska Community Foundation. \$35 million in CARES money was received by the Alaska Community Foundation to be distributed to hospitals in the state. The application to the FCC for telehealth funding was not successful as the FCC ran out of funds prior to funding our application. We are planning to submit the same request for telehealth funding to the Alaska Community Foundation.

### HIM – Rachael Stark

- We have brought everyone back into the office. We are maintaining social distancing guidelines and are open to the public being vigilant with sanitizing.
- Lisa Stewart will be retiring on July 31, 2020. She has worked for Bartlett for 30 years.
- We therefore have one opening available and are screening applicants.
- We are continuing our validation of scanned documents into the EMR.
- We are restarting 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. Our next session is 07/17/2020.
- We also are preparing for the Meditech upgrade to Expanse and the ambulatory product.

### PAS – Angelita Rivera

- PAS has been reaching out to scheduled patients now for over month, feedback from staff when patients check-in for their services is good. Patients appreciate not having to go over everything when they check-in for their service.
- PAS is currently interviewing for the main entrance front desk screeners this week. Hope to have someone hired ASAP.

### IS – Scott Chille

#### 1. Projects:

- a. **UPS and VxBLOCK** Delivery/Configuration COMPLETED
- b. **MEDITECH** – migration to new VxBLOCK environment – **starts July 20<sup>th</sup> (expected 6 – week evolution)**
- c. **PACS** upgrade and migration – **starts July 20<sup>th</sup> (expected 6 – week evolution)**
- d. **MEDITECH Expanse** – Go-Live moved to **March 1, 2021**
- e. **Project Schedule Attached**

#### 2. Department Updates

- a. HelpDesk staff (Engage team) continues to handle 200+ calls per week and have increased their scope of service – positive feedback from staff

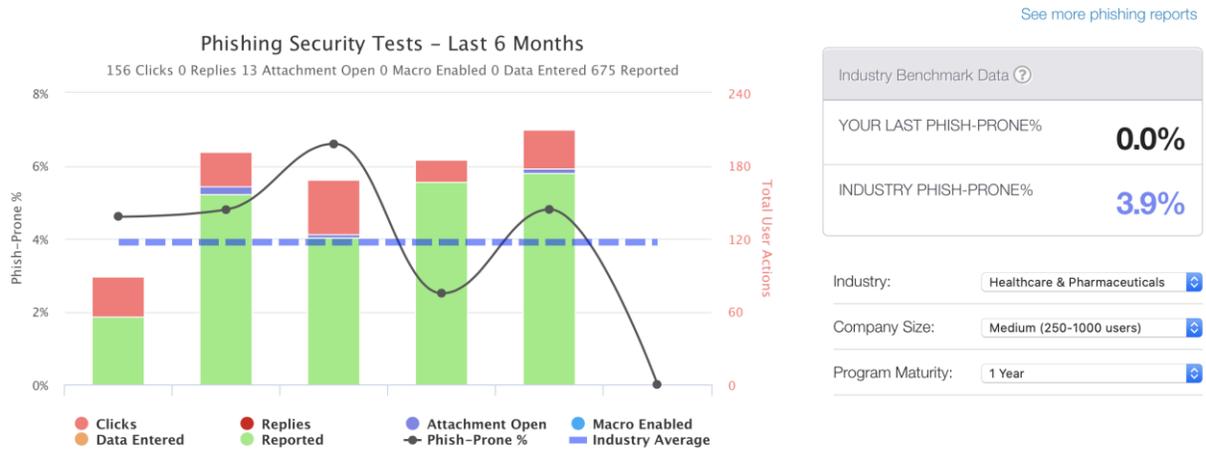
#### 3. Information Security

- a. Phishing Test results and Awareness Training stats – showing steady improvement throughout the COVID-19 response.
- 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.

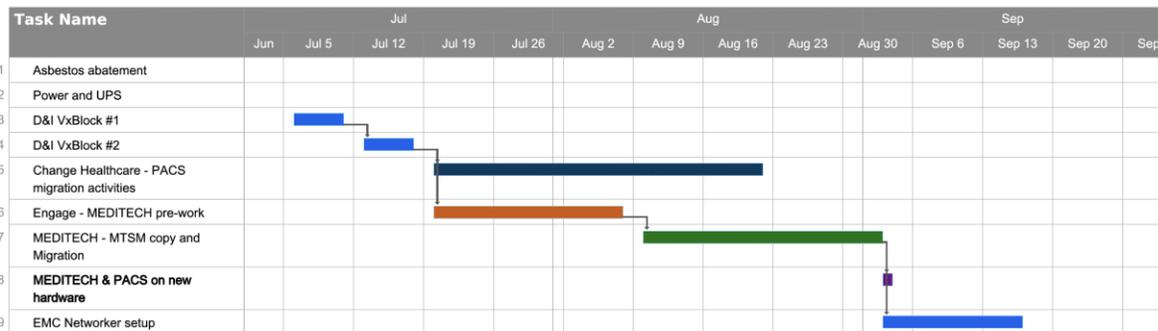
- c. Attacks on Bartlett network doubled May – June as bad actors are exploiting COVID-19 preparation/response/working-from-home. (371 attacks per minute)

Attacks on Bartlett Network				
	As of March-15	As of April-29	As of May-31	As of Jun-30
Per Minute	86	183	168	371
Per Hour	5,160	10,980	10,080	22,260
Per Day	123,840	263,520	241,920	534,240
Per Week	866,880	1,844,640	1,693,440	3,739,680
Per Month	3,839,040	8,169,120	7,499,520	16,561,440
Per Year	45,201,600	96,184,800	88,300,800	194,997,600

### Phishing



### VxBlock Install & Migration



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## July 2020 Board Report Chuck Bill, CEO

The end of June and beginning of July continued to bring interesting issues and challenges.

- Obviously, COVID-19 is still front and center. We had 2 COVID-19 positive patients in July after several months without any. As of this report, 1 is discharged and has asked to tell her story to the public, which we are facilitating.
- We identified our second positive employee this week and have several employees in isolation and undergoing testing but all tests have come back negative at this point.
- The big community issue is PCR testing. The community task force is working through the details and alternatives. I expect the Assembly to ask us to make it happen and have reserved \$2.7 million of Cares dollars for the acquisition of the equipment and ongoing operating costs.
- We were denied for our appeal of the PERS in kind cost for our Medicare cost report. Admin will have a recommendation for the board at this month's meeting about possible next steps.
- We had two great Advanced Oncology Nurse Practitioners apply for the position in Oncology and decided to hire both! They will complement each other very well and will bring added capacity and stability now that we are back to two part time physicians there. They will start in SEPTEMBER.
- We did get an additional \$5 million in Cares dollars in July so will start FY 2021 off with a bang!

2025



**SOUTHEAST  
CONFERENCE**

# **Southeast Alaska Economic Plan**

Meilani Schijvens  
Rain Coast Data

## **SWOT Analysis Health Care**



# Timeline: Where are we in process?



# Southeast Alaska Health Care Workforce Analysis

December 2019

Health care planning - building off of the work developed in the Southeast Alaska Health Care Workforce Analysis



Prepared by  
Rain Coast Data



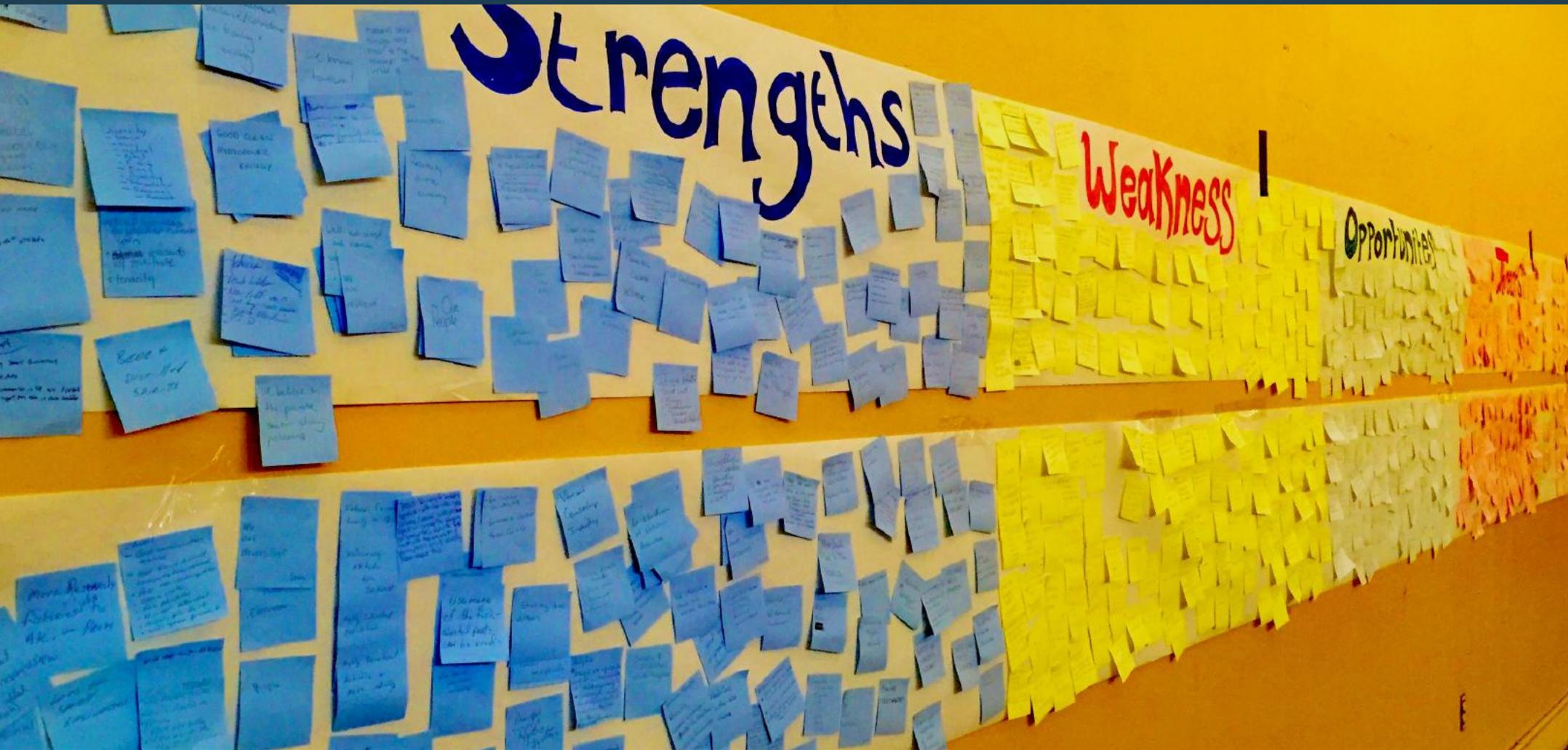
ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION



UAA College of Health  
UNIVERSITY of ALASKA ANCHORAGE



# Health Care SWOT Analysis



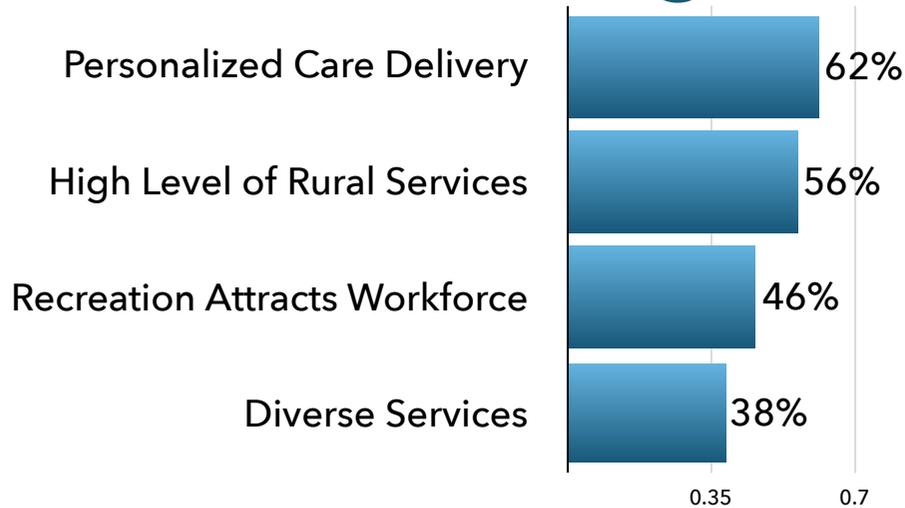
October 9, 2019 SWOT analyses

The Southeast Alaska Health Care SWOT analysis was conducted by the Southeast Conference Health Care Committee on October 9th, 2019. Once the SWOT lists were completed by the group, committee members were asked in July 2020 to prioritize by choosing the top three items that they felt were most representative of regional health care strengths, weaknesses, opportunities, and threats.

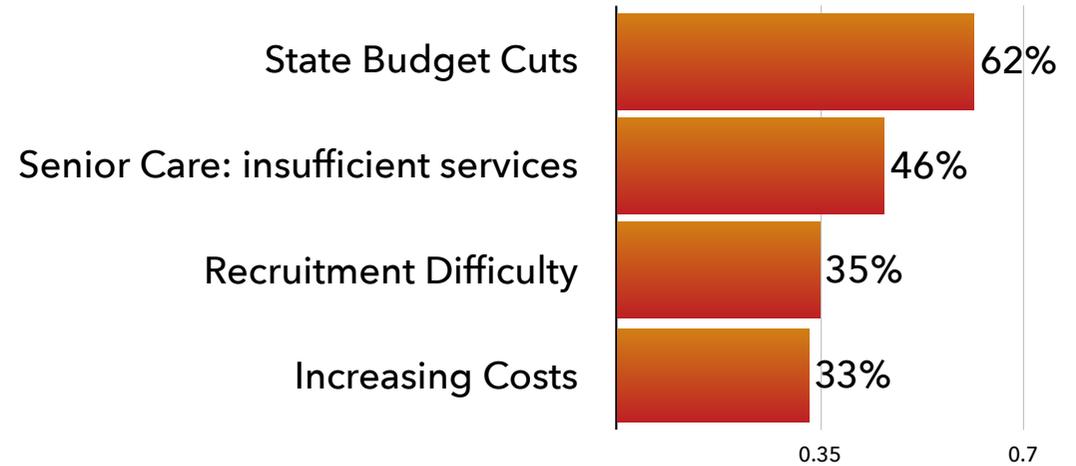
# Summary of Southeast Alaska Health Care SWOT: Top responses

Overall: COVID-19 and post COVID-19 uncertainty impacts all health care related analysis

## Strengths



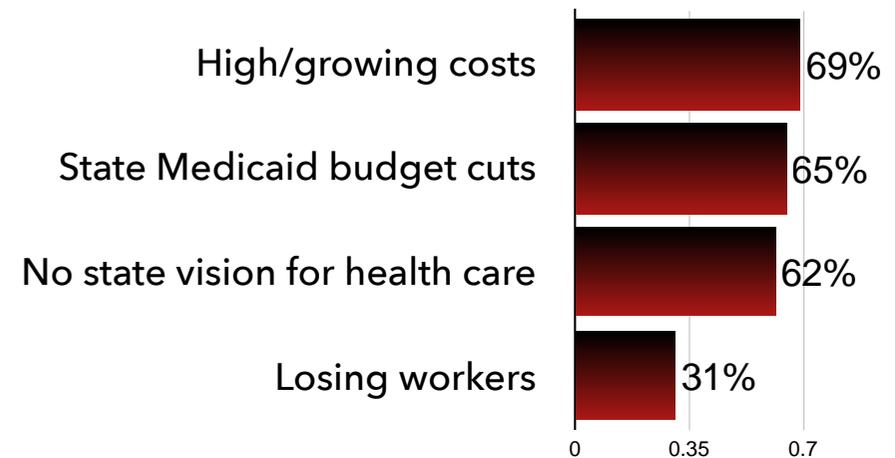
## Weaknesses



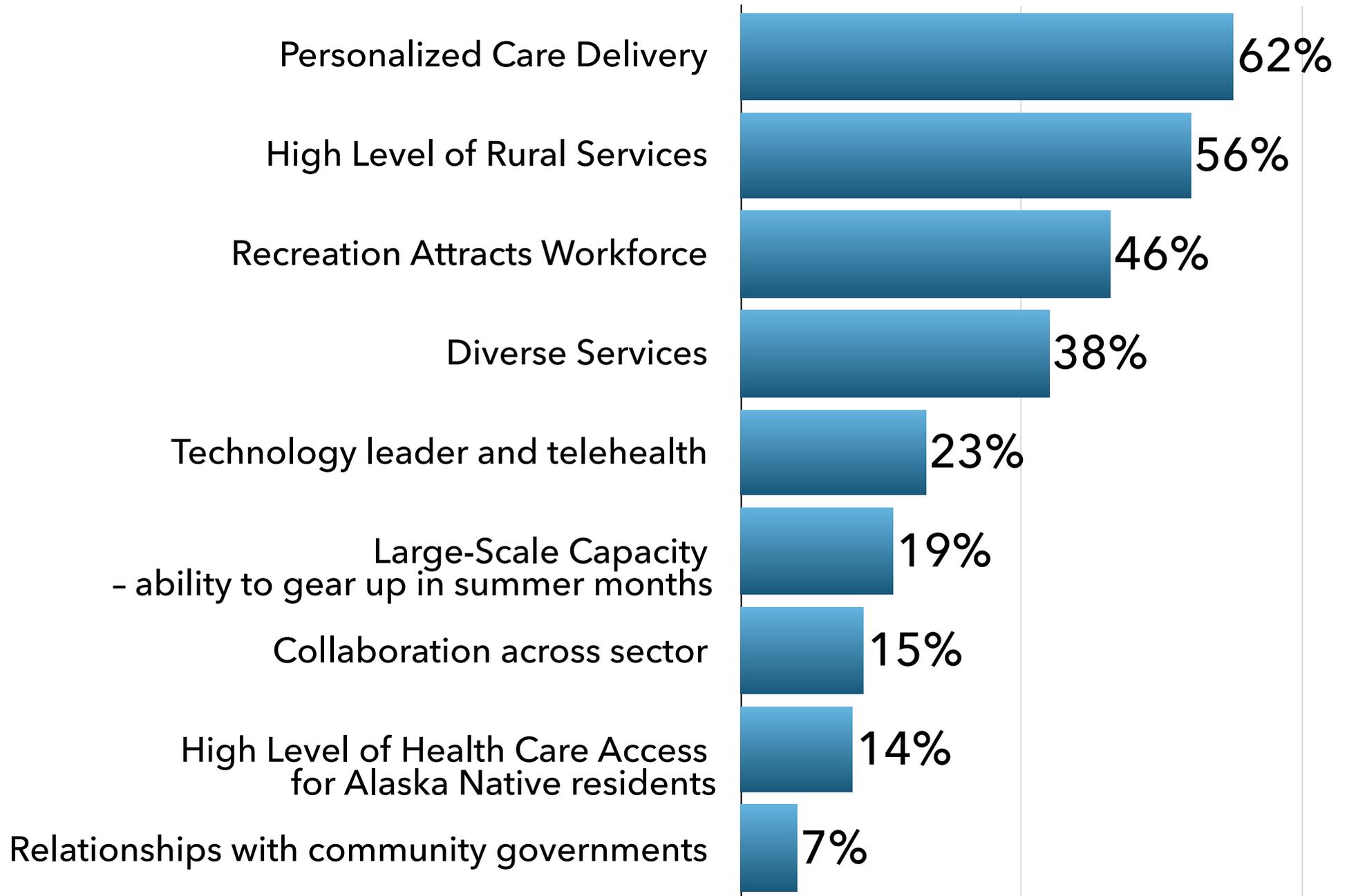
## Opportunities



## Threats

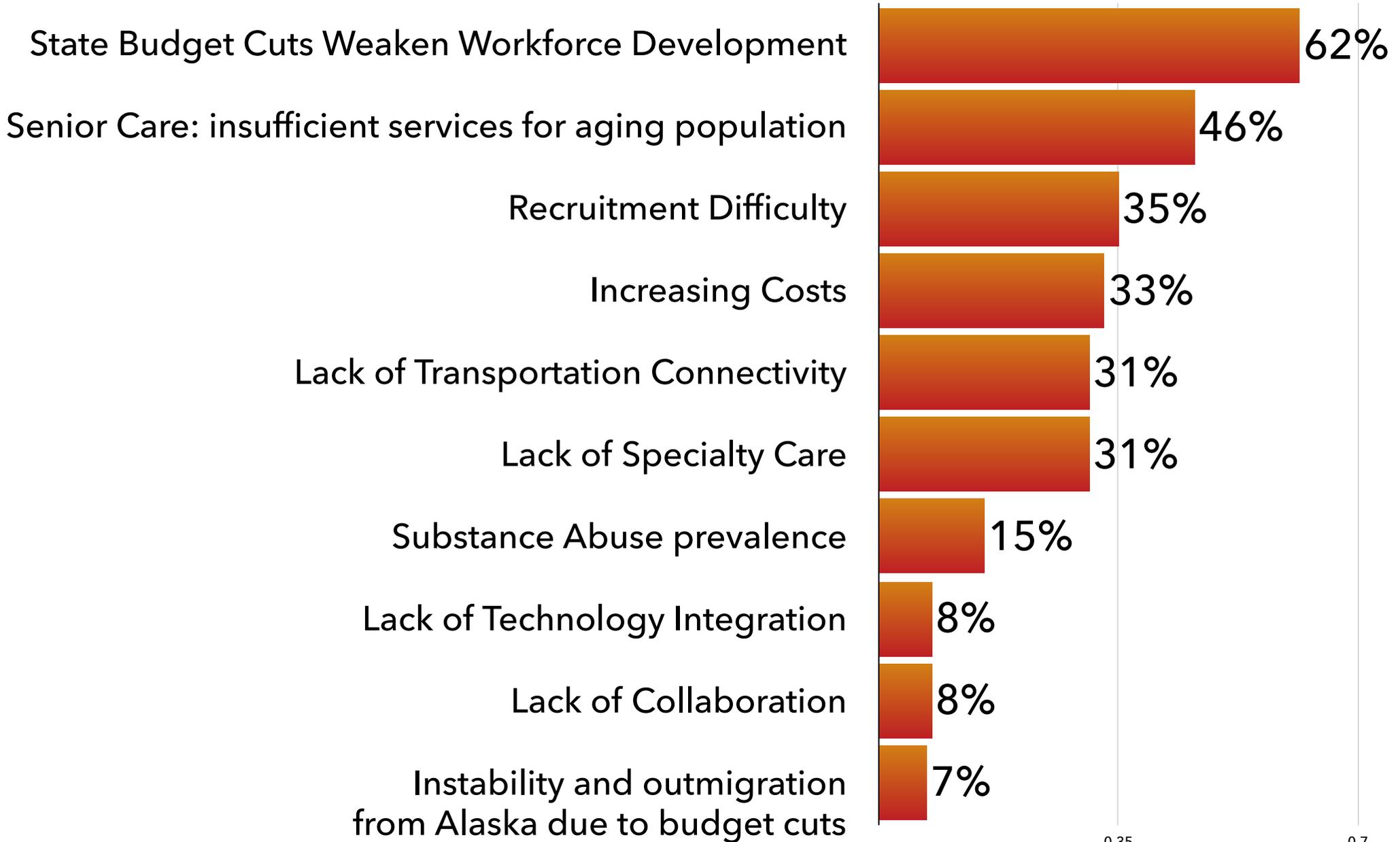


# *Southeast Health Care Strengths*

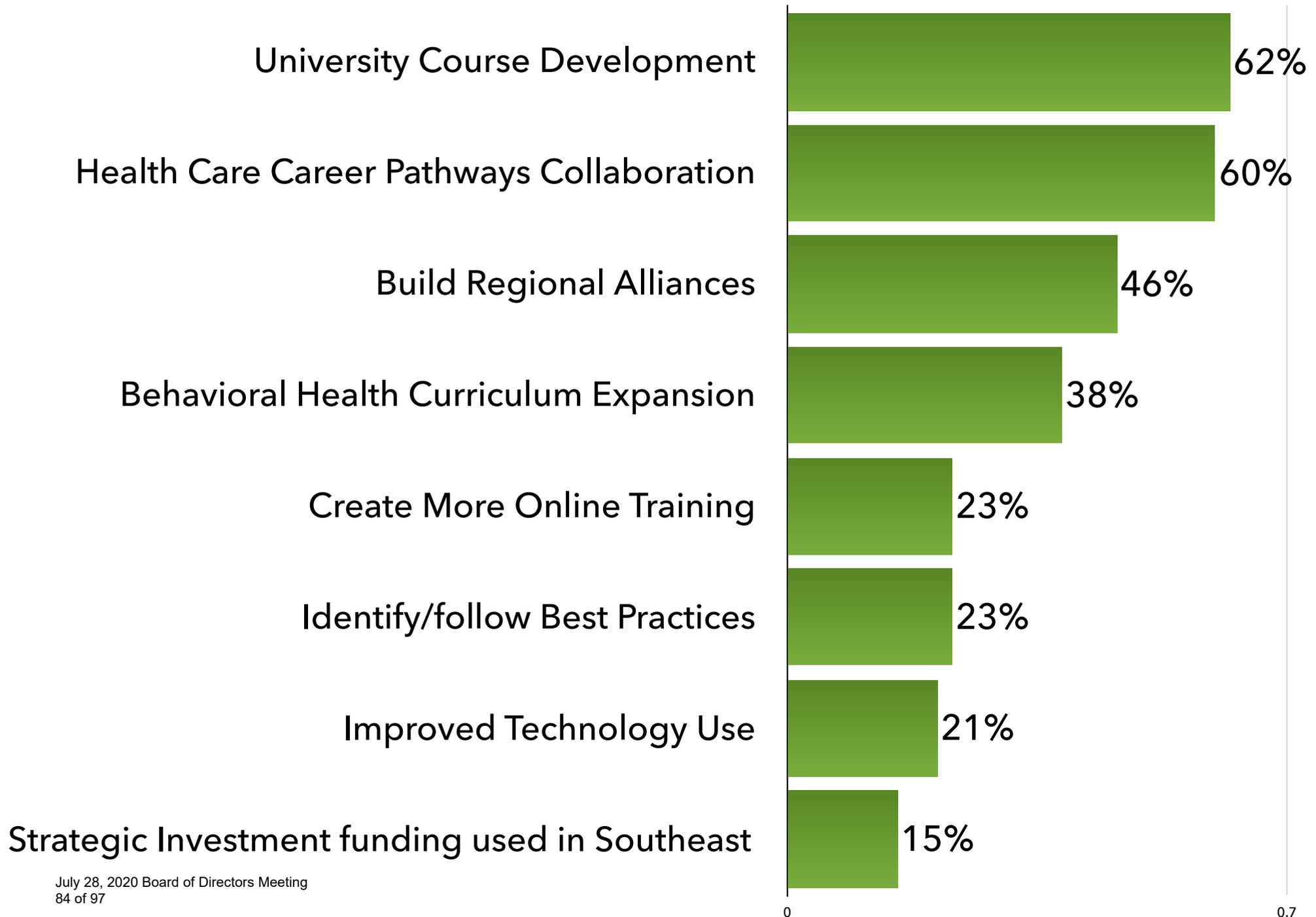


# *Southwest Health Care Weaknesses*

COVID-19 and post COVID-19 uncertainty impacts impacts throughout

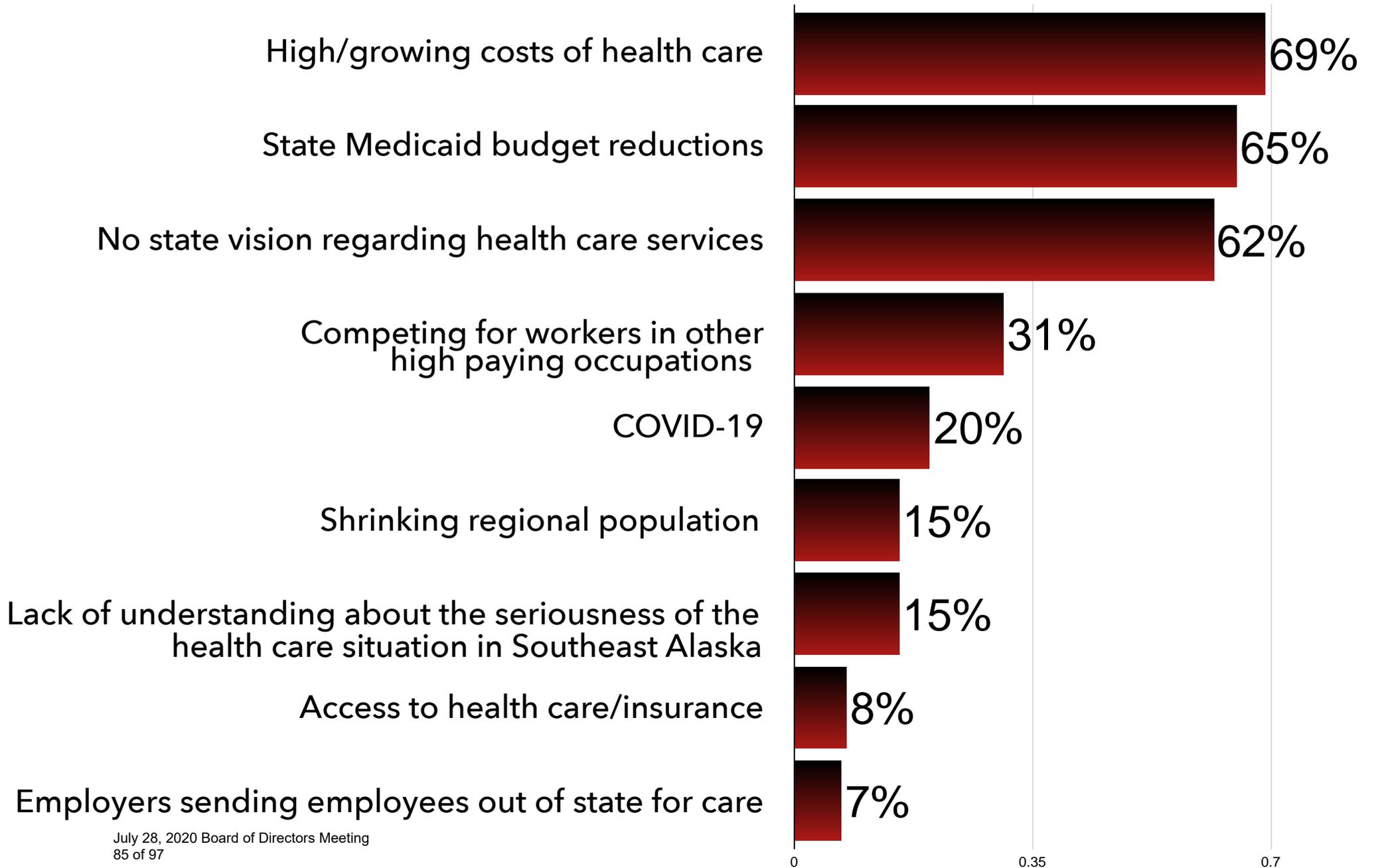


# *Southeast Health Care Opportunities*

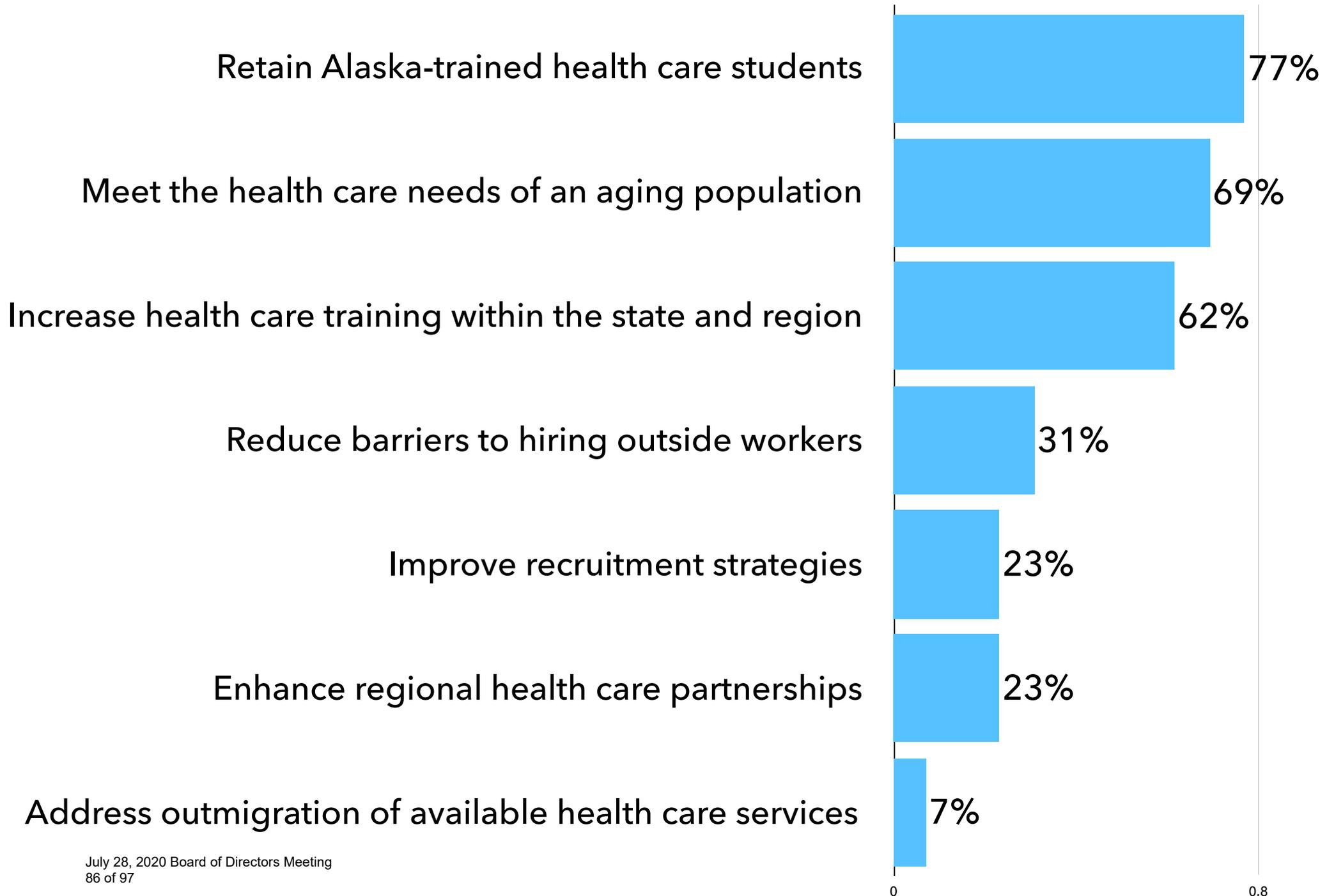


# *Southeast Health Care Threats*

COVID-19 and post COVID-19 uncertainty impacts impacts throughout

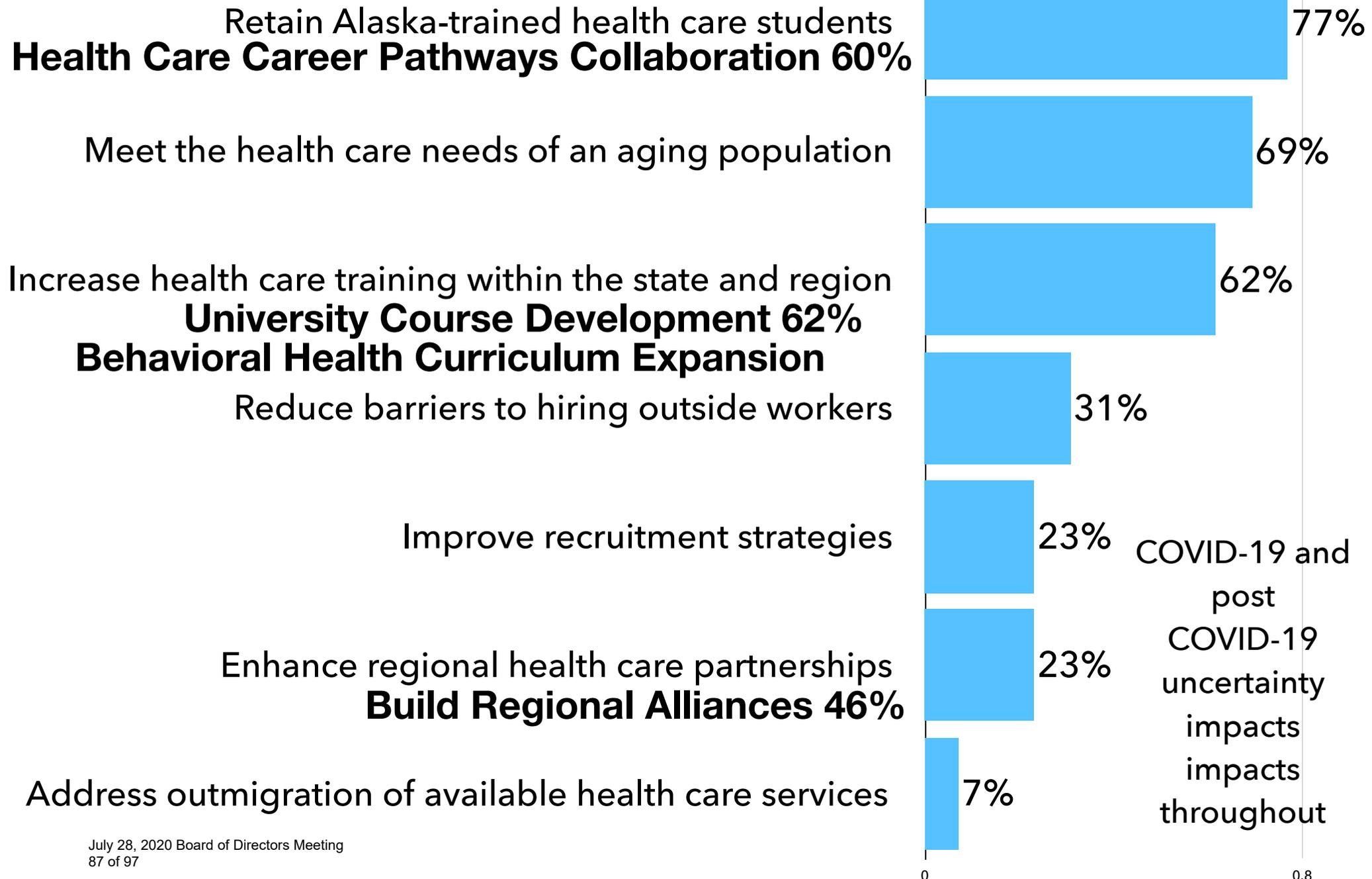


# Health Care Initiatives



# Health Care Initiatives

How do opportunities fit it?



# *Health Care Initiatives*

New initiative discussion, what do we need to add:  
The Southeast Alaska 2025 economic plan needs to include planning now for a post-COVID-19 world, especially when it comes to the state budget.

## **Plan for a post COVID-19 Southeast Alaska economy and health care system:**

Identify funding capabilities of state going forward. What does the Southeast Alaska economy look like one year from now? How do we continue operations, both from a health care perspective and for our larger economy? Advocate for the development of a state fiscal plan so that we have a plan to fund state services.

There are vulnerabilities within the health care system that are likely to be exacerbated following the COVID-19 crisis, including Medicaid cuts, reduced access to health care insurance. etc. Primary goal: We need to ensure that our populace is healthy, has access to care, access to insurance, and has community support to make healthy choices.

# Priority Objective Submission Template for 2025 Southeast Alaska Economic Plan

**Priority Objective Project Title:**

**Project Description**

**Outline of steps required for project to be completed. (Include realistic timeframe & benchmarks.)**

**People/Organizations responsible for completing these steps**

**Cost Estimates (Include a list of the integrated funding sources — public, private, nonprofit—to support the costs).**

**Evaluation Measures**

**Key Project Contact**

The Southeast Alaska Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis was developed by more than 200 Southeast Conference members, including business, municipal, and tribal leaders from across the region in February 2020.

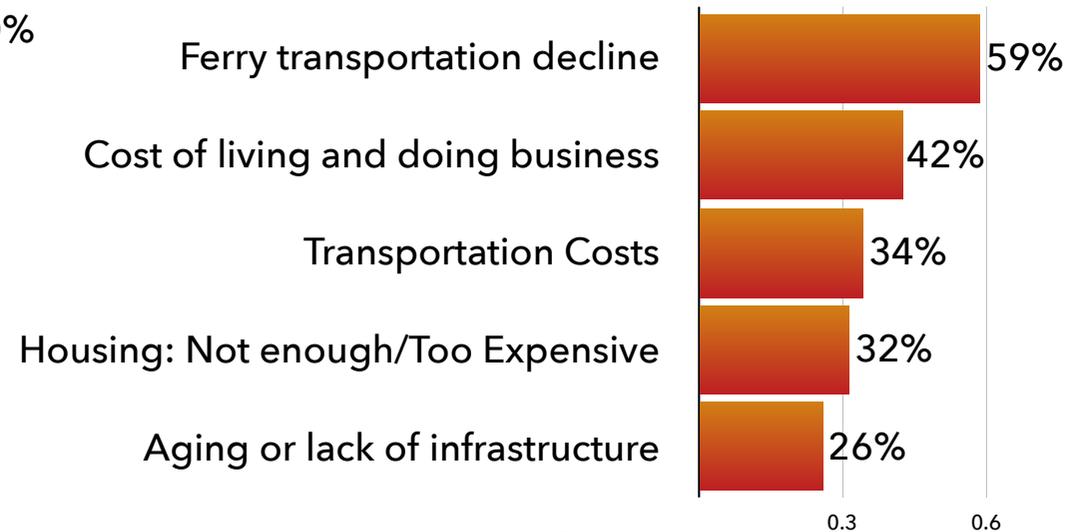
# Summary of Southeast Alaska SWOT:

## Top responses

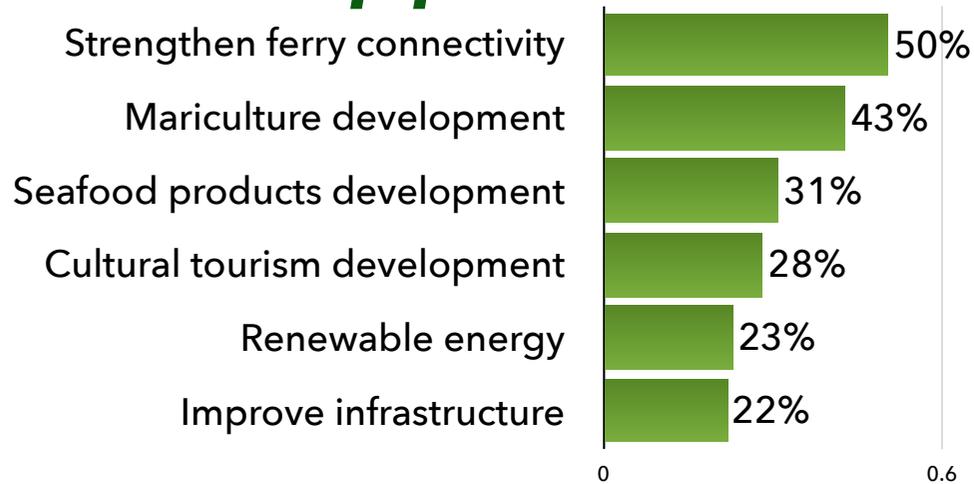
### Strengths



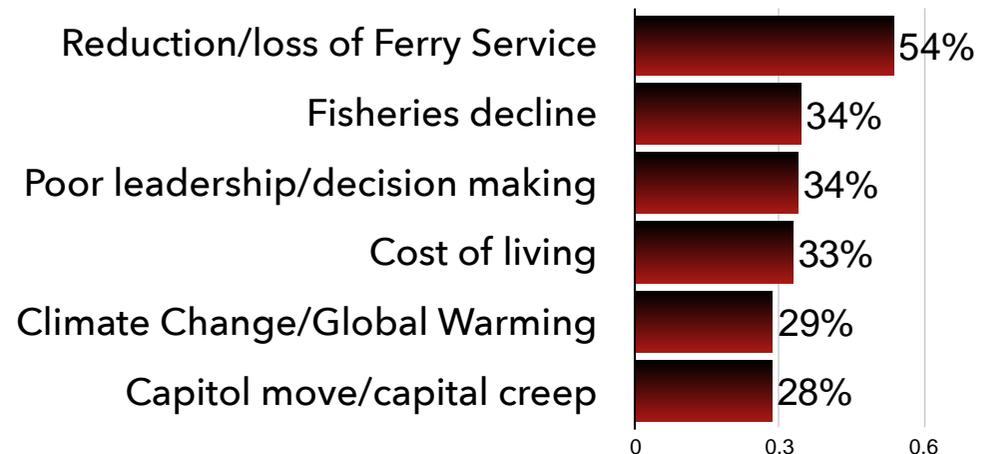
### Weaknesses



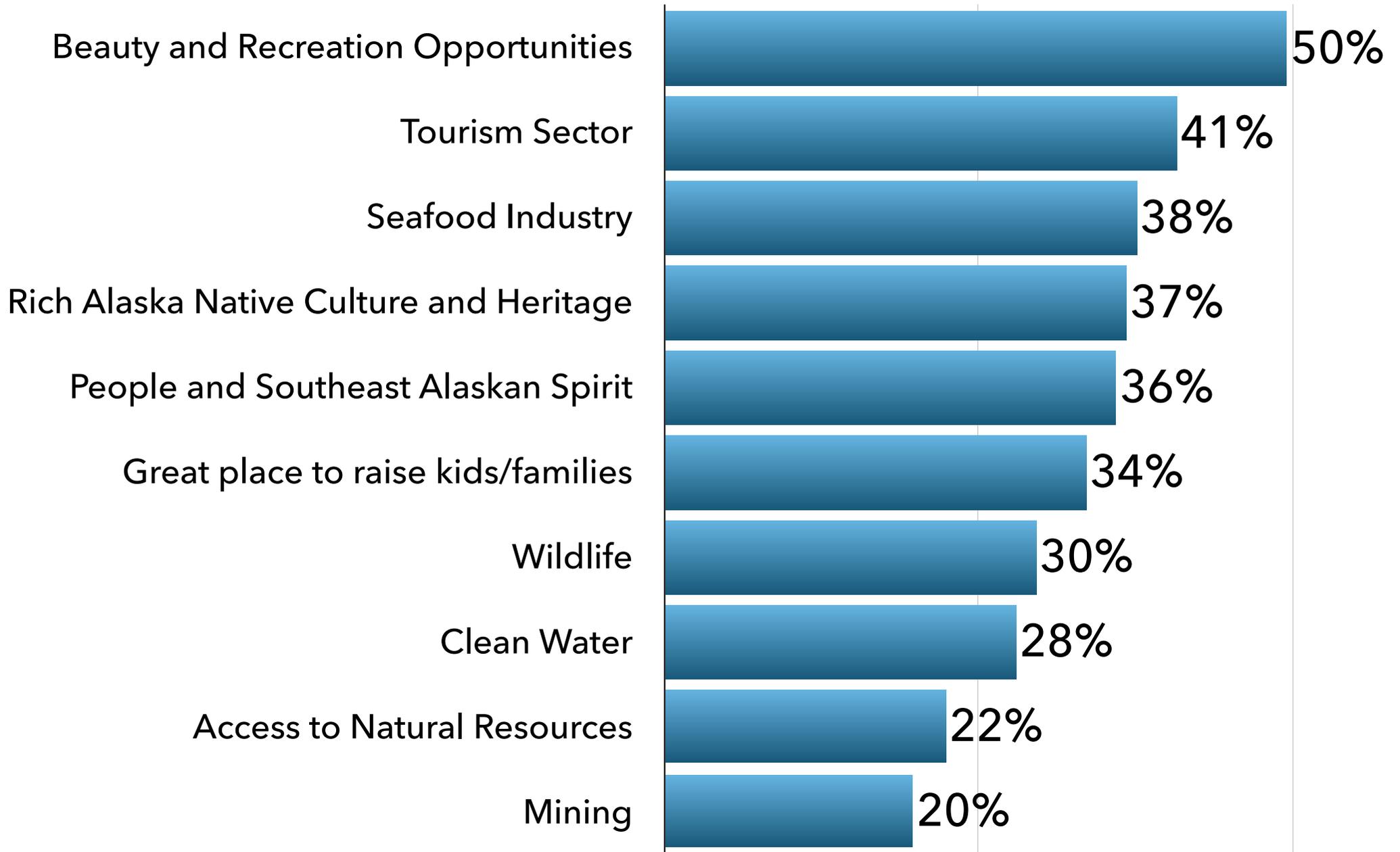
### Opportunities



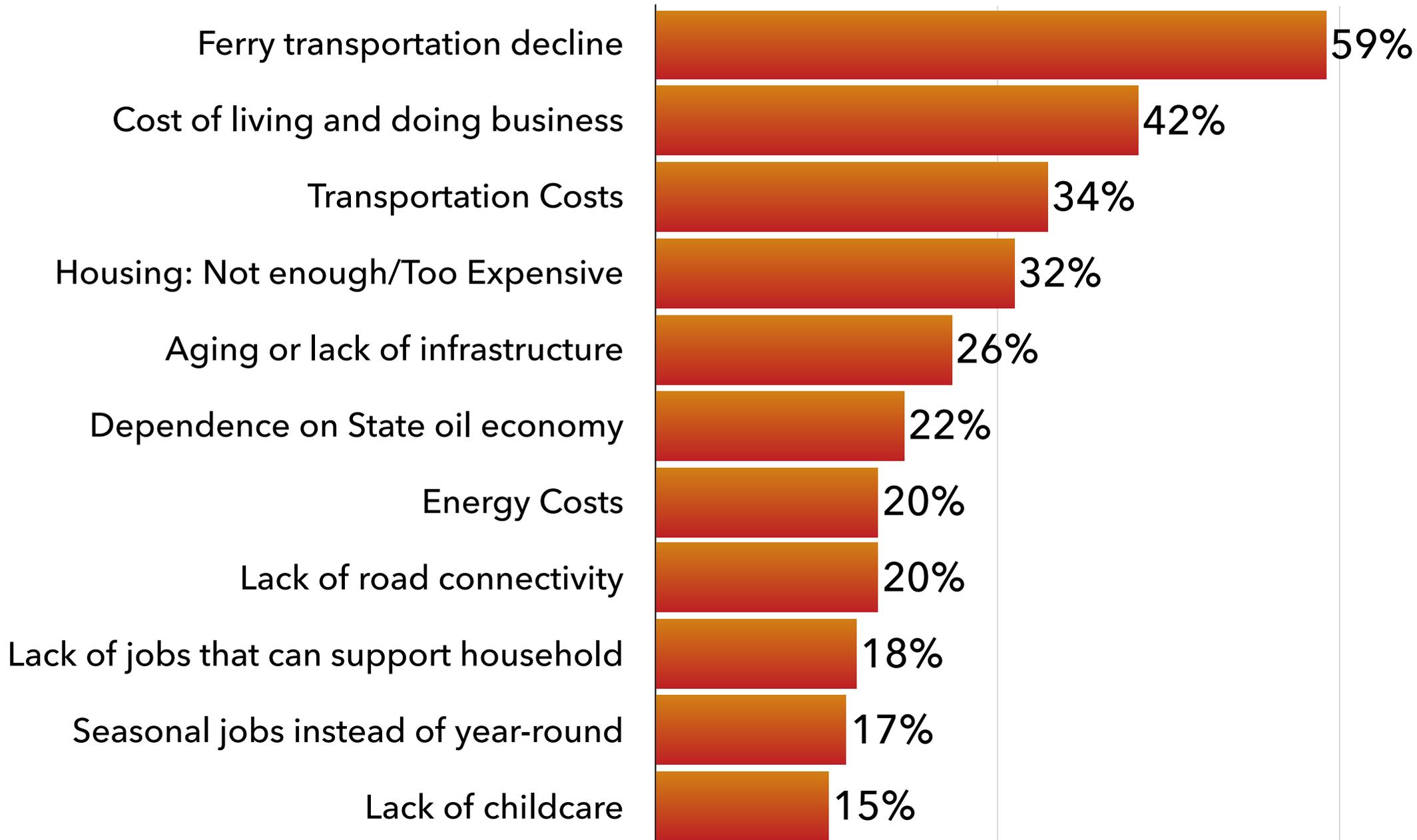
### Threats



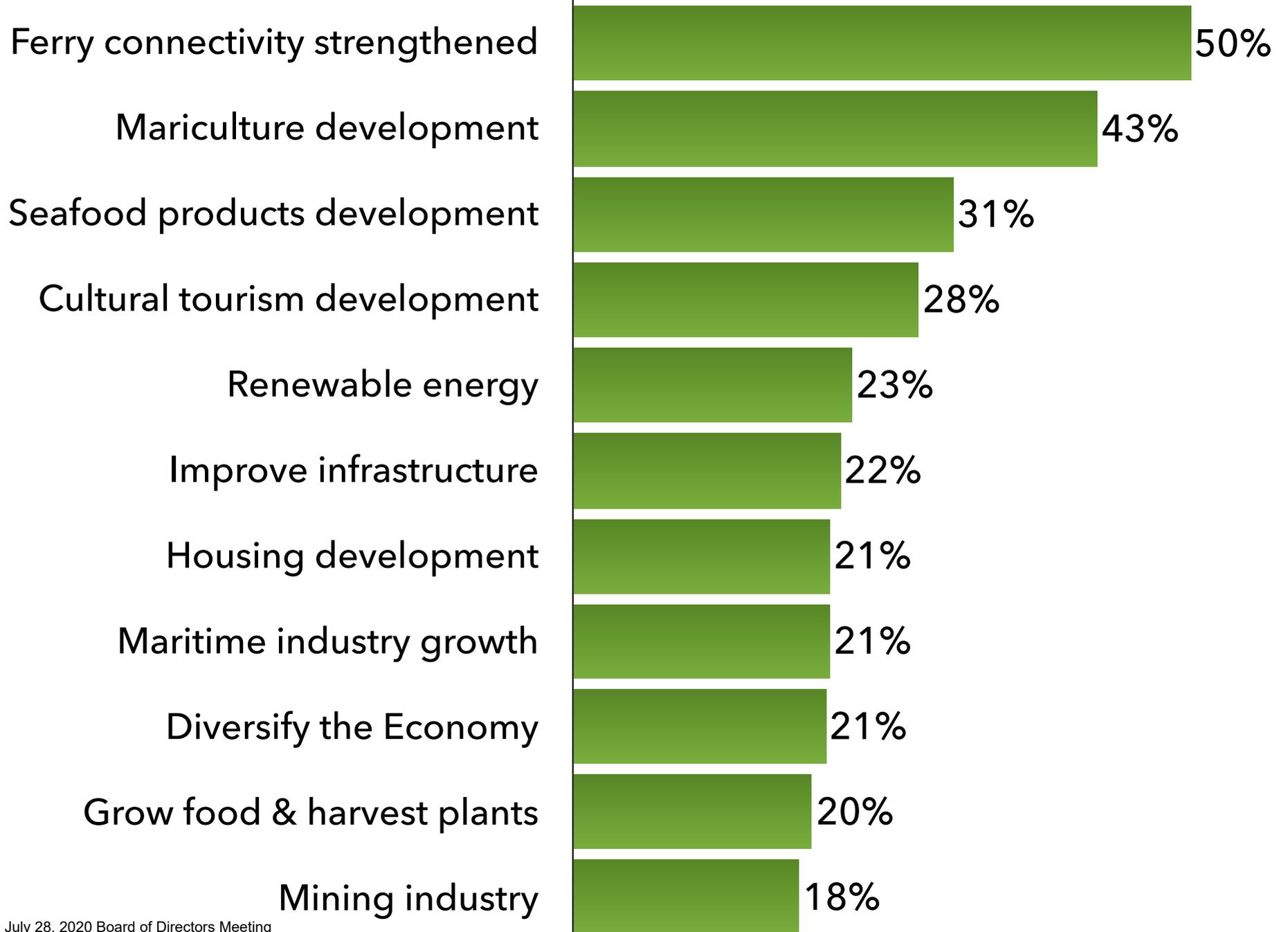
# Strengths



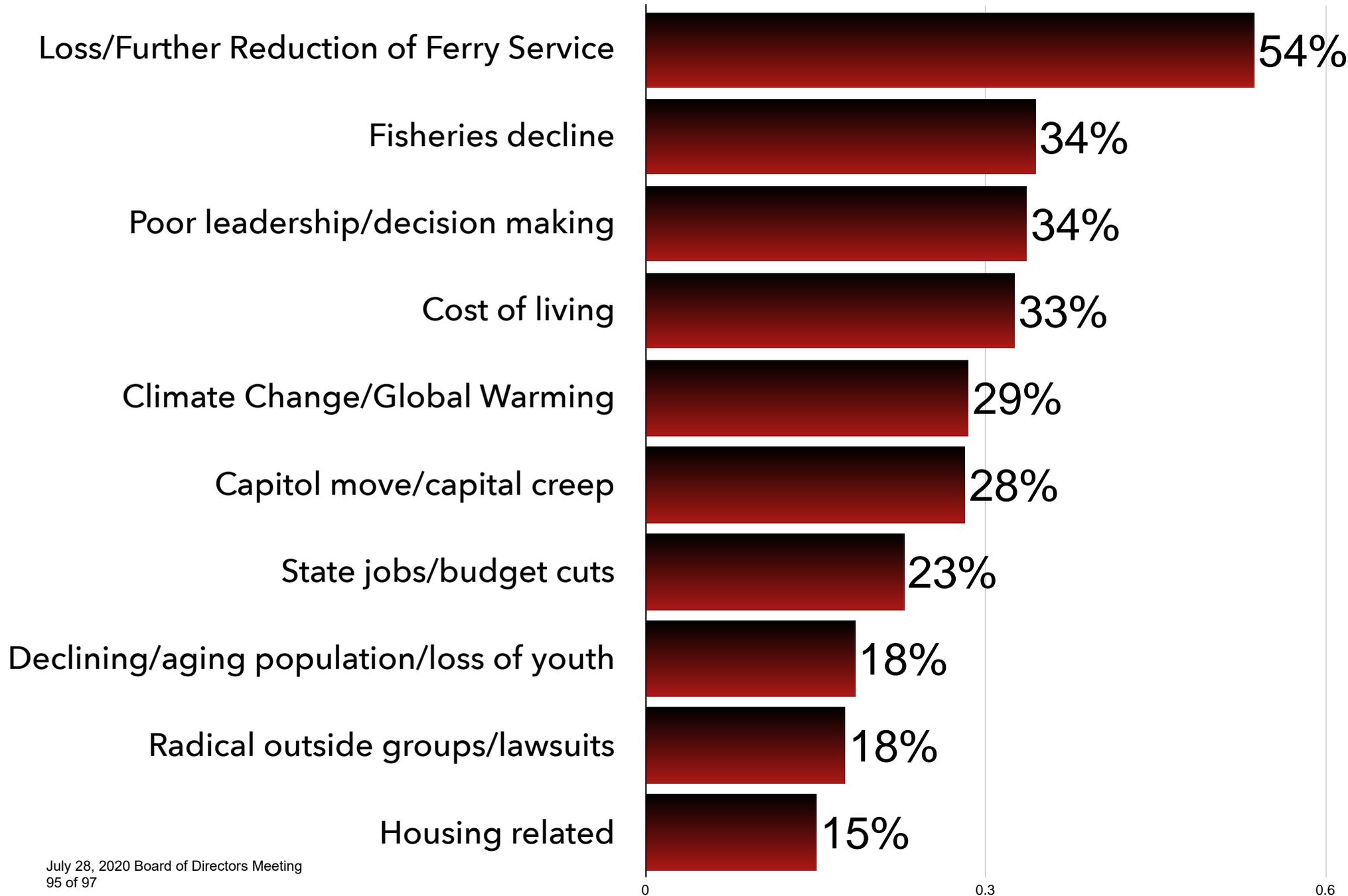
# Weaknesses



# Opportunities



# Threats



# Questions?

Meilani Schijvens  
Rain Coast Data



# Health Care Southeast Alaska **Economic Plan**



**SOUTHEAST  
CONFERENCE**

\*\*\*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.

## August 2020

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

### Committee Meeting Checkoff:

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

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

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

Executive – As Needed

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

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Joint Planning – As needed

Physician Recruitment – As needed

Governance – As needed

Planning – As needed