

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, August 25, 2020; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

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

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

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
	➤ Sara Hagen – Swedish Neurology		
V.	CONSENT AGENDA		5:45
	A. July 28, 2020 Board of Directors Minutes	(Pg.3)	
	B. June 2020 Financials	(Pg.7)	
VI.	NEW BUSINESS		5:50
VII.	OLD BUSINESS		
	➤ Board Bylaws Revisions – ACTION ITEM	(Pg.13)	5:55
VIII.	MEDICAL STAFF REPORT		6:00
	➤ Medical Staff Rules and Regulations Revisions –		
	ACTION ITEM	(Pg.36)	
IX.	COMMITTEE REPORTS		6:05
	A. August 18, 2020 Draft Planning Committee Minutes	(Pg.37)	
	➤ Hospital COVID-19 Modifications Memo from Dr. Jones	(Pg.40)	
	B. August 21, 2020 Draft Finance Committee Meeting Minutes	(Pg.48)	
X.	MANAGEMENT REPORTS		6:10
	A. CLO Management report	(Pg.50)	
	B. HR Management report	(Pg.51)	
	C. CNO Management report	(Pg.52)	
	D. COO Management report	(Pg.55)	
	➤ COVID – 19 Facility Changes	(Pg.58)	
	E. CBHO Management report	(Pg.69)	
	➤ Behavioral Impacts of COVID-19 on Children and Adolescents	(Pg.73)	
	F. CFO Management report	(Pg.75)	

G. CEO Management report	(Pg.77)	
XI. CEO REPORT / STRATEGIC DISCUSSION		6:15
➤ COVID-19 Update		
➤ ASHNHA Weekly Update	(Pg.78)	
➤ Juneau Chamber Letter of Support of Ordinance 2019-06 (AI) – The purchase of COVID-19 Testing Equipment	(Pg.85)	
➤ Property Purchase Opportunity - ACTION ITEM		
➤ Strategic Planning Retreat Update		
○ 09 19 2020 Strategic Planning Retreat Agenda – Draft	(Pg.86)	
XII. PRESIDENT REPORT		6:25
XIII. BOARD CALENDAR	(Pg.87)	6:30
XIV. BOARD COMMENTS AND QUESTIONS		6:35
XV. EXECUTIVE SESSION		6:40
A. Credentialing report		
B. August 4, 2020 Draft Medical Staff Meeting Minutes		
C. Patient Safety Dashboard		
D. Legal and Litigation Review		
<i>Motion by xx, to recess into executive session to discuss several matters:</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>And</i>		
○ To discuss possible BRH litigation, specifically a candid discussion of the facts and litigation strategies with the BRH attorney on two cases:		
▪ Estate of Adams v. BRH		
▪ Peterson v. BRH		
<i>(Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)</i>		
XVI. ADJOURNMENT		6:50

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 28, 2020 – 5:30 p.m.
Zoom videoconference

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:34 p.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Megan Costello, CLO	Joy Neyhart, DO, COS	Don Haberber
Anita Moffitt, Executive Assistant		

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

PUBLIC PARTICIPATION – Don Haberber, Community Coordinator for the Juneau Reentry Coalition stated the mission of the Coalition is to promote public safety by identifying and implementing strategies that increase the well-being of justice-involved individuals within the community and reduces the likelihood of recidivism. He noted Behavioral Health care services are a significant part of a successful reentry strategy for many and expressed frustration in obtaining information about these services provided by BRH and Rainforest Recovery Center. He would like to see a Rainforest Recovery Center prospectus that provides a summary of the new and improved activity center that describes in a short, succinct manner, new improvements to addiction treatment and services and to behavioral health care services, improvements to access to services, bed and staff increases, crisis intervention improvements and improved hours of operations. In other words, this document should describe where we are going with our RRC investment. It would be helpful to him in talking with other community members and coalitions about the advancements that Juneau is making and to communicate to reentrants as they are transitioning back into the community. Mr. Bill noted that he and Mr. Grigg would make this happen.

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

NEW BUSINESS - None

Medical Staff Report – Dr. Neyhart noted the credentialing report and the minutes from the July 7 Medical Staff Meeting are in the executive session of the packet. She inquired whether there was something specific the Board would like her to report on. It was clarified that this item is listed on the agenda to allow time for the medical staff to discuss any priorities that they want to make the board aware of, any capital needs that they are endorsing, etc.

COMMITTEE REPORTS:

Physician Recruitment Committee Meeting – Draft minutes from the June 24th meeting are in the packet. Mr. Johnson noted the committee did recommend recruiting another general surgeon and are looking at anesthesiology and oncology coverage.

Finance Committee Meeting – Ms. Johnston noted the July 10th draft meeting minutes are in the packet. Mr. Bill reported that BRH has applied for the latest round of CARES ACT funding. BRH, the only Alaska hospital to receive additional funding, received \$5 Million in July to offset lost revenues due to COVID. Some of it has been applied to the month of June and the rest will be applied to future lost revenues. BRH has applied for \$1 Million from the Alaska Community Foundation for loss of revenue to Rainforest Recovery Center and is in the process of applying for FEMA funding to help reimburse costs associated with COVID.

Executive Committee Meeting – Draft minutes from the July 13th meeting are in the packet. The committee met to discuss the CEO evaluation and compensation. ***MOTION by Ms. Hagevig to accept the CEO evaluation as recommended by the Executive Committee. Mr. Solomon-Gross seconded.*** There being no discussion or objection, ***CEO evaluation accepted.***

Board Quality Meeting – Ms. Hagevig noted the draft minutes from the July 15th meeting are in the packet and accurately reflect the content of the meeting. The Quality Committee has identified some board education opportunities to take place in the future. She stated that James Caldwell, Director of Quality will really be missed.

Board Compliance Meeting – Draft minutes from the July 21st meeting are in the packet. Mr. Kendziorek encourages all board members to read the *Evaluation of Corporate Compliance Programs* document from the Department of Justice. It defines what we need to do and why compliance is so important, the need for training, what is meant by compliance and what is meant by audit.

Governance Committee Meeting – Draft minutes of the July 21st meeting are in the packet. Ms. Knapp noted there is also a draft revision of the bylaws included in the packet. The Governance Committee has worked on these revisions for about three months with input from board members and the senior leadership team. Ms. Costello clarified that these revisions are presented for review and discussion only at tonight's meeting and are to be presented for adoption at next month's board meeting. Mr. Johnson initiated a conversation about a change to section 154 – Committee Functions. He and Mr. Kendziorek expressed objections to the removal of *only for a term of one year* under the Executive Committee section. The need for institutional knowledge and continuity was discussed. Different options of allowing the past president to serve on and advise the committee were presented. Mr. Bill noted committee participation is extremely important, however, the board chair has a broader responsibility and meets with the CEO on a regular basis and has a deeper knowledge base than most of the board members do. This is an important distinction to consider as this moves forward. These bylaw revisions will be an action item put forward for a vote at next month's board meeting. If the prevailing vote is at least 6 board members approving, the bylaw revisions will move forward to the Assembly for approval and resolution.

MANAGEMENT REPORTS:

CNO report – At the request of Ms. Young, Ms. Lawhorne provided a synopsis of the PPE and mock code education for the emergency department physicians and nurses. These mock codes ensure that all processes are ironed out and everyone gets to practice providing advanced life support on a mock COVID positive patient. Mr. Solomon-Gross requested more information about the fetal demise counseling project. Ms. Lawhorne identified coordinated efforts to meet the physical and emotional needs of patients

after a fetal demise. She stated that stress debriefing and counseling opportunities are available for staff during these difficult times as well.

COO report – Ms. Young requested further information on the Dual-energy X-ray absorptiometry (DXA) and how it interfaces with the providers in the community that are providing DEXA screening. The DXA is used for bone density scanning and these services will be advertised in the community. DXA is helpful in diagnosing osteoporosis and bone issues and can also provide body fat percentages. Valley Medical and Southeast Medical Clinics already offer these service to their patients. Mr. Johnson requested that acronyms not be used without identifying what they stand for. Mr. Gardner will research whether SEARHC will use these services at BRH. Mr. Bill noted that this DXA machine has more capabilities than machines currently in the local clinics.

CEO REPORT – Mr. Bill reported that a new Gynecologist will be joining Dr. Newbury's practice in September. Dr. Newbury has expressed a desire to move into the larger space currently occupied by Bartlett Outpatient Psychiatric Services (BOPS) when the space is vacated. If not a viable option, he may have to look for space off campus to meet his needs. BRH did help with recruitment of new provider. Dr. Saltzman has indicated that he plans on staying in Juneau and will maintain his current lease set to expire in about 2 years. Mr. Bill has had a series of meeting with the anesthesiologists to talk about what has been learned from COVID, what the challenges in having all anesthesiologists remote are, and conveying the interest of having at least a couple of anesthesia providers living full time in Juneau. Dr. Chang has purchased a house in Juneau and plans to move here full time in the fall. Dr. Powers has indicated that he intends to buy a condo and move up here full time as well. This is a significant improvement in the stability of our anesthesia operation. Discussions are also being held about whether the anesthesiologists could form a group that we could contract with for services and that would allow them to become in network providers for AETNA and Premera. Surprise billing from the anesthesiologists has been cited as a reason for sending patients out of town for surgeries. Mr. Bill seconded Ms. Hagevig's statement about missing Quality Director, James Caldwell. He was the right person at the right time to help us with COVID. He brought a lot of experience and knowledge to the table. We have tentative acceptance of the Quality Director position by Gail Moorehead, Director of Education. She has been closely involved with the last four Quality Directors and will bring a lot of stability and skill sets to the table. Mr. Caldwell will continue to be a resource to her. In response to Mr. Johnson's request for an update for the plans for local testing capabilities, Mr. Bill reported that there is a community task force organized through the Unified Incident Command through CBJ that is tasked with defining what our options are, funding and challenges we will face to make this happen. BRH currently has two four channel Cepheid machines. If we purchase two 16 channel Cepheid machines, we would be able to process up to a thousand tests a day, IF we could get the test kits. The test kits are still being rationed at this time. There are two other machine options being looked at by the task force. Both are bigger, more complex, require more staffing but have less requirements for specific test kits and can use the basic reagents. All three units have been ordered to get us on the wait list. Payment is not due until we actually accept the unit, allowing us time to make a decision about which to choose. Funding and ordering is going through CBJ, not BRH. This task force meets every Monday for updates and to keep the ball rolling. Ms. Hagevig noted that the state is involved in putting together a state wide strategy for testing but there is a question as to whether the state will continue paying for testing due to lack of funding. The business community, mining, fishing and tourism industries, are very interested in moving forward with local testing capabilities. She stated that Juneau really needs to step forward with some kind of a system that absolutely precludes any interruption of the legislature to conduct state business in Juneau. Mr. Kendziorek initiated a discussion about PCR machines and if they were still being considered. He expressed a need for a home harmless agreement so BRH is not responsible if something goes wrong. Mr. Bill and Mr. Gardner provided an update on supply usage and supplies on hand at BRH. Dr. Jones expressed his fear of relying on Cepheid tests due to limited test kits. He is very supportive of the hospital and our community to control its own destiny for

testing and this requires PCR test machines. Ms. Hagevig noted that the task force had identified a machine called Panther. This machine has a lot more applications that could meet our immediate needs for COVID. A purchase order has been submitted as a place holder. We would not be able to get any of the identified testing machines until sometime between November and January. Mr. Bill reported that BRH has had 2 employees test positive for COVID. Both were exposed outside of the hospital. The first one is fully recovered. The second one is in quarantine. Dr. Jones stated that he thinks COVID is going to be the new normal. As a board, we need to think about how we change our facility plans to make the adjustments we need for the new normal and make them work better for our new flow. Mr. Kendziorok will list this as an agenda item for the next Planning Committee meeting and it will be discussed at Strategic Planning retreat.

PRESIDENT REPORT – Mr. Stevens noted the Strategic Planning retreat is scheduled to take place on September 19th at 9:00am. This will be held in person and via Zoom. Please let Ms. Moffitt know if you plan to participate via Zoom. The September Governance Institute’s Leadership conference is now scheduled to take place virtually on September 14th and 15th. Agendas and access information to be provided about a week before the conference. There are several board members registered to attend the Leadership Conference to be held in Arizona November 12th – 14th. If you plan to attend but have not yet registered, please let Ms. Moffitt know so she can make those registrations. Ms. Moffitt is going to send a poll to board members to identify a date and time to conduct the annual Board Compliance training. Make sure to respond when you receive it.

BOARD CALENDAR – August calendar reviewed. Mr. Bill will be out of office the first week of August. Mr. Stevens will be out of town the first two weeks of August. Finance Committee will meet at 12:00pm on Friday, August 21st. Planning Committee will meet at 7:00am, Tuesday, August 18. The Board of Directors will meet at 5:30pm on Tuesday, August 25th. A Governance Committee meeting will be scheduled to take place in September. Ms. Knapp requests that Committee and all board members look at the policy manual prior to that to identify needed changes.

BOARD COMMENTS AND QUESTIONS – None

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

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

Ms. Hagevig seconded. The Board entered executive session at 7:02 p.m. and returned to regular session at 7:41 p.m.

Mr. Kendziorok made a MOTION to approve the credentialing report as presented and adopt legal counsel’s advice. Ms. Hagevig seconded. Motion approved.

ADJOURNMENT – 7:43 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: August 12, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: June Financial Performance

June finished the fiscal year with strong performance. While the outcome was favorable, Covid-19 continues to drive the finances of BRH. Revenue continued to ramp-up in June to 97% of the budget target. Inpatient volumes and revenues were under budget by 28% and 26% respectively. Outpatient revenue exceeded budget by \$1.0 million or 12%. This was partially due to a busy Operating Room as it is believed surgeons are “catching up” on needed patient procedures after 6 weeks of being shut down.

Another wrinkle having to do Covid-19 is that the \$1.0 million of additional outpatient revenue was almost exclusively patients covered by commercial insurance payors. As a result, outpatient discounts were under budget by 8% in spite of outpatient revenue being 12% over budget. This resulted in Net Patient Revenue of \$9.0 million or 8% over budget.

BRH was able to realize \$1.3 million of CARES funding due to revenue losses during the 2020 fiscal year. This was recorded in Other Operating Revenue. This yielded Total Operating Revenue of almost \$11 million which was \$2.4 million greater than budget.

Expenses exceeded budget by \$1.4 million or 17%. As in previous Covid-19 months this variance was driven by primarily by staff costs and benefits. \$660,000 was recorded to the newly setup Covid department. Staff in the labor pool were assigned to monitor the hospital entrances and the triage tent set up outside the Emergency Room. Almost all departments are open and staff is back to working their usual schedule. With the difficulty associated with travel outside of Juneau very few people are taking summer vacations and are building their Personal Leave banks. This lead to an increase of Non-Productive Pay. There was also an increase in supplies for the Operating Room and Pharmacy due to volume increases of \$600,000. This resulted in an Operating Margin of \$1.0 million. After Non-Operating Income of \$177,000 the Net Income for May was \$3,028,000. For the year BRH finished with a Net Income of \$6.7 million or 5.8%.

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.

- Interest Income was much higher than anticipated and \$1.8 million of investment earnings was recorded in Non-Operating Revenue.
- 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.
- In February (Pre-Covid) BRH had gross revenues that were \$9.6 million in excess of budget. After Covid through the rest of the year BRH finished \$4.1 million under budget. Combined BRH lost \$13.6 million of revenue during the last 4 months of the year.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (May)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	281	412	-32%	484	274	4,251	5,112	-17%	4,476
Patient Days - Critical Care Unit	79	89	-11%	81	74	1,009	1,104	-9%	1,077
Patient Days - Swing Beds	0	0	0%	0	0	0	0	-100%	0
Avg. Daily Census - Acute	12.0	16.7	-28%	19	11.2	14.4	17.0	-15%	15.2
Patient Days - Obstetrics	72	67	7%	63	71	790	828	-5%	805
Patient Days - Nursery	57	62	-8%	48	52	622	744	-16%	722
Total Hospital Patient Days	489	631	-22%	676	471	6,672	7,788	-14%	7,080
Births	26	26	0%	23	27	287	408	-30%	325
Mental Health Unit									
Patient Days - Mental Health Unit	117	332	-65%	269	101	2,454	3,588	-32%	3,341
Avg. Daily Census - MHU	3.9	11.1	-65%	9.0	3	6.7	9.8	-32%	9.1
Rain Forest Recovery:									
Patient Days - RRC	0	290	-100%	253	0	2,538	4,116	-38%	3,975
Avg. Daily Census - RRC	0	9.7	-100%	8.4	0	7	11.2	-38%	10.9
Outpatient visits	35	19	87%	22	27	328	228	44%	303
Inpatient: Admissions									
Med/Surg	53	69	-23%	94	55	811	864	-6%	828
Critical Care Unit	35	40	-12%	44	33	476	492	-3%	479
Obstetrics	28	27	2%	26	29	316	336	-6%	335
Nursery	26	29	-9%	23	27	289	360	-20%	335
Mental Health Unit	16	37	-57%	27	18	353	456	-23%	429
Total Admissions - Inpatient Status	158	202	-22%	214	162	2,245	2,508	-10%	2,406
Admissions - "Observation" Status									
Med/Surg	62	57	9%	71	53	667	708	-6%	683
Critical Care Unit	31	33	-6%	39	24	356	408	-13%	390
Mental Health Unit	2	2	1%	3	4	29	24	21%	31
Obstetrics	17	19	-8%	20	13	202	228	-11%	219
Nursery	0	1	-100%	0	0	2	12	-83%	7
Total Admissions to Observation	112	111	0%	133	94	1,256	1,380	-9%	1,330
Surgery:									
Inpatient Surgery Cases	52	48	7%	62	44	562	600	-6%	557
Endoscopy Cases	84	97	-13%	128	29	917	1,200	-24%	1,221
Same Day Surgery Cases	133	88	51%	99	87	1,135	1,092	4%	1,153
Total Surgery Cases	269	233	15%	289	160	2,614	2,892	-10%	2,931
Total Surgery Minutes	19,059	14,939	28%	17,668	15,020	188,905	184,710	2%	184,710
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	897	1,214	-26%	1,349	892	13,093	15,060	-13%	14,539
Cardiac Rehab Visits	77	74	4%	126	60	752	924	-19%	1,045
Lab Visits	279	288	-3%	248	212	3,977	3,564	12%	3,035
Lab Tests	9,266	9,291	0%	10,067	8,422	113,220	115,212	-2%	106,783
Radiology Visits	803	841	-5%	743	615	8,614	10,428	-17%	9,367
Radiology Tests	2,144	2,526	-15%	2,670	1,934	26,318	31,320	-16%	30,316
Sleep Study Visits	34	23	50%	29	24	304	276	10%	311
Physician Clinics:									
Hospitalists	199	205	-3%	265	43	2,320	2,544	-9%	2,280
Bartlett Oncology Clinic	61	81	-25%	72	58	862	1,008	-14%	846
Ophthalmology Clinic	118	N/A	N/A	-	29	107	N/A	N/A	-
Behavioral Health Outpatient visits	394	400	-1%	292	436	4,353	4,752	-8%	4,171
Bartlett Surgery Specialty Clinic visits	289	315	-8%	325	150	3,016	3,900	-23%	3,628
	1,061	1,001	6%	954	716	10,658	12,204	-13%	10,925
Other Operating Indicators:									
Dietary Meals Served	15,059	25,187	-40%	27,644	17,827	300,896	312,324	-4%	327,287
Laundry Pounds (Per 100)	363	395	-8%	396	311	4,252	4,896	-13%	4,776

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	6,461	4,466	44.7%	4,286	5,030	4,522	11.2%	4,180
Contractual Allowance %	34.8%	41.1%	-15.3%	41.4%	41.1%	41.1%	-0.1%	41.0%
Bad Debt & Charity Care %	2.7%	2.9%	-6.9%	3.1%	2.4%	2.9%	-18.9%	2.4%
Wages as a % of Net Revenue	49.8%	46.2%	7.7%	50.6%	51.7%	46.2%	12.0%	49.4%
Productive Staff Hours Per Adjusted Patient Day	38.2	23.7	60.9%	21.1	27.8	24.0	15.7%	22.4
Non-Productive Staff Hours Per Adjusted Patient Day	5.8	3.2	80.7%	3.5	4.4	3.0	48.3%	3.6
Overtime/Premium % of Productive	3.16%	2.80%	12.6%	6.83%	5.90%	2.80%	110.5%	6.01%
Days Cash on Hand	109	129	-15.6%	87	118	130	-9.2%	111
Board Designated Days Cash on Hand	129	153	-15.6%	124	140	154	-9.2%	124
Days in Net Receivables	68.6	69	0.0%	51	68.6	69	0.0%	51
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					61.7%	33.7%	83.2%	45.1%
Total debt-to-capitalization (without PERS)					15.7%	33.7%	-53.5%	20.1%
Current Ratio					8.25	2.00	312.5%	6.07
Debt-to-Cash Flow (with PERS)					6.70	2.7	148.1%	8.98
Debt-to-Cash Flow (without PERS)					1.70	2.7	-37.1%	4.00
Aged A/R 90 days & greater					60.1%	19.8%	203.5%	
Bad Debt Write off					0.6%	0.8%	-25.0%	
Cash Collections					94.4%	99.4%	-5.0%	
Charity Care Write off					1.3%	1.4%	-7.1%	
Cost of Collections (Hospital only)					5.8%	2.8%	107.1%	
Discharged not Final Billed (DNFB)					19.7%	4.7%	319.1%	
Unbilled & Claims on Hold (DNSP)					19.7%	5.1%	286.3%	
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	
POS Cash Collection					2.6%	21.3%	-87.8%	

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,076,625	\$4,379,986	-\$1,303,361	-29.8%	\$4,170,114	1. Inpatient Revenue	\$48,061,895	\$53,289,786	-\$5,227,891	-9.8%	\$49,315,947	-2.5%
\$838,807	\$970,549	-\$131,742	-13.6%	\$964,679	2. Inpatient Ancillary Revenue	\$10,603,590	\$11,808,364	-\$1,204,774	-10.2%	\$10,858,901	-2.4%
\$3,915,432	\$5,350,535	-\$1,435,103	-26.8%	\$5,134,793	3. Total Inpatient Revenue	\$58,665,485	\$65,098,150	-\$6,432,665	-9.9%	\$60,174,849	-2.5%
\$9,255,490	\$8,242,735	\$1,012,755	12.3%	\$8,712,610	4. Outpatient Revenue	\$103,133,108	\$100,286,591	\$2,846,517	2.8%	\$98,176,935	5.0%
\$13,170,922	\$13,593,270	-\$422,348	-3.1%	\$13,847,403	5. Total Patient Revenue - Hospital	\$161,798,594	\$165,384,741	-\$3,586,147	-2.2%	\$158,351,784	2.2%
\$3,048	\$365,670	-\$362,623	-99.2%	\$260,676	6. RRC Patient Revenue	\$2,664,511	\$4,448,990	-\$1,784,479	-40.1%	\$4,171,399	-36.1%
\$215,217	\$188,544	\$26,673	14.1%	\$209,859	7. BHOPS Patient Revenue	\$3,040,990	\$2,293,937	\$747,053	32.6%	\$2,478,345	22.7%
\$1,101,281	\$838,357	\$262,924	31.4%	\$1,077,298	8. Physician Revenue	\$10,744,464	\$10,200,000	\$544,464	5.3%	\$10,006,086	7.4%
\$14,490,468	\$14,985,841	-\$495,374	-3.3%	\$15,395,236	9. Total Gross Patient Revenue	\$178,248,559	\$182,327,668	-\$4,079,109	-2.2%	\$175,007,613	1.9%
					Deductions from Revenue:						
\$2,156,908	\$3,092,634	\$935,726	30.3%	\$3,296,989	10. Inpatient Contractual Allowance	\$34,054,576	\$37,575,654	\$3,521,078	9.4%	\$35,630,379	-4.4%
-\$308,333	-\$308,333	\$0		-\$308,333	10a. Rural Demonstration Project	-\$3,700,000	-\$3,700,000	\$0		-\$3,700,000	
\$2,723,916	\$2,976,100	\$252,184	8.5%	\$2,869,716	11. Outpatient Contractual Allowance	\$36,350,861	\$36,209,197	-\$141,664	-0.4%	\$34,594,569	5.1%
\$472,250	\$399,392	-\$72,858	-18.2%	\$508,420	12. Physician Service Contractual Allowance	\$6,474,834	\$4,859,273	-\$1,615,561	-33.2%	\$5,159,877	25.5%
\$12,950	\$16,043	\$3,093	19.3%	\$12,786	13. Other Deductions	\$176,691	\$195,180	\$18,489	9.5%	\$173,585	0.0%
\$193,640	\$122,130	-\$71,510	-58.6%	\$124,410	14. Charity Care	\$1,090,598	\$1,485,918	\$395,320	26.6%	\$1,082,498	0.7%
\$204,093	\$319,715	\$115,622	36.2%	\$359,017	15. Bad Debt Expense	\$3,174,104	\$3,889,873	\$715,770	18.4%	\$3,159,879	0.5%
\$5,455,424	\$6,617,681	\$1,162,257	17.6%	\$6,863,005	16. Total Deductions from Revenue	\$77,621,663	\$80,515,095	\$2,893,433	3.6%	\$76,100,786	2.0%
34.8%	43.2%			43.4%	% Contractual Allowances / Total Gross Patient Revenue	41.1%	43.1%			41.0%	
2.7%	2.9%			3.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.4%	2.9%			2.4%	
37.6%	44.2%			44.6%	% Total Deductions / Total Gross Patient Revenue	43.5%	44.2%			43.5%	
\$9,035,044	\$8,368,160	\$666,883	8.0%	\$8,532,231	17. Net Patient Revenue	\$100,626,896	\$101,812,573	-\$1,185,676	-1.2%	\$98,906,827	1.7%
\$1,943,258	\$166,675	\$1,776,583	1065.9%	\$1,442,761	18. Other Operating Revenue	\$14,510,984	\$2,027,890	\$12,483,094	615.6%	\$3,585,713	304.7%
\$10,978,302	\$8,534,835	\$2,443,467	28.6%	\$9,974,992	19. Total Operating Revenue	\$115,137,879	\$103,840,463	\$11,297,417	10.9%	\$102,492,539	12.3%
					Expenses:						
\$4,071,643	\$3,535,587	-\$536,056	-15.2%	\$3,696,501	20. Salaries & Wages	\$46,562,577	\$43,016,288	-\$3,546,289	-8.2%	\$42,330,129	10.0%
\$254,636	\$273,905	\$19,269	7.0%	\$319,681	21. Physician Wages	\$3,735,925	\$3,332,509	-\$403,416	-12.1%	\$3,365,983	11.0%
\$168,727	\$56,443	-\$112,284	-198.9%	\$302,330	22. Contract Labor	\$1,768,952	\$686,706	-\$1,082,246	-157.6%	\$3,159,012	-44.0%
\$2,133,981	\$1,764,613	-\$369,368	-20.9%	\$2,743,874	23. Employee Benefits	\$24,413,625	\$21,469,449	-\$2,944,176	-13.7%	\$20,619,121	18.4%
\$6,628,987	\$5,630,548	-\$998,439	-17.7%	\$7,062,386		\$76,481,079	\$68,504,952	-\$7,976,127	-11.6%	\$69,474,245	10.1%
60.4%	66.0%			70.8%	% Salaries and Benefits / Total Operating Revenue	66.4%	66.0%			67.8%	
\$94,153	\$77,242	-\$16,911	-21.9%	\$69,340	24. Medical Professional Fees	\$965,031	\$939,767	-\$25,264	-2.7%	\$961,500	0.4%
\$144,561	\$202,735	\$58,174	28.7%	\$147,066	25. Physician Contracts	\$2,472,343	\$2,466,600	-\$5,743	-0.2%	\$2,622,926	-5.7%
\$196,663	\$175,387	-\$21,276	-12.1%	\$152,341	26. Non-Medical Professional Fees	\$2,095,725	\$2,133,914	\$38,189	1.8%	\$1,887,245	11.0%
\$1,393,810	\$1,045,287	-\$348,523	-33.3%	\$1,910,938	27. Materials & Supplies	\$14,050,846	\$12,717,620	-\$1,333,226	-10.5%	\$13,538,180	3.8%
\$117,658	\$127,960	\$10,302	8.1%	\$139,398	28. Utilities	\$1,471,762	\$1,556,827	\$85,065	5.5%	\$1,490,487	-1.3%
\$503,681	\$323,077	-\$180,604	-55.9%	\$358,495	29. Maintenance & Repairs	\$4,535,336	\$3,930,765	-\$604,571	-15.4%	\$3,777,711	20.1%
\$66,652	\$54,888	-\$11,764	-21.4%	\$49,489	30. Rentals & Leases	\$609,337	\$667,815	\$58,478	8.8%	\$619,667	-1.7%
\$45,044	\$48,967	\$3,923	8.0%	\$35,406	31. Insurance	\$524,306	\$595,785	\$71,479	12.0%	\$698,036	-24.9%
\$633,439	\$646,751	\$13,312	2.1%	\$587,612	32. Depreciation & Amortization	\$7,185,318	\$7,868,798	\$683,480	8.7%	\$7,196,120	-0.2%
\$51,122	\$51,078	-\$44	-0.1%	\$52,469	33. Interest Expense	\$622,780	\$621,449	-\$1,331	-0.2%	\$638,466	-2.5%
\$52,157	\$108,739	\$56,582	52.0%	\$168,452	34. Other Operating Expenses	\$1,284,023	\$1,322,980	\$38,957	2.9%	\$1,398,857	-8.2%
\$9,927,928	\$8,492,659	-\$1,435,268	-16.9%	\$10,733,392	35. Total Expenses	\$112,297,884	\$103,327,272	-\$8,970,614	-8.7%	\$104,303,439	-7.7%
\$1,050,374	\$42,176	\$1,008,198	2390.4%	-\$758,400	36. Income (Loss) from Operations	\$2,839,995	\$513,191	\$2,326,804	453.4%	-\$1,810,900	-256.8%
\$1,903,260	\$105,000	\$1,798,260	1712.6%	\$1,666,708	37. Interest Income	\$3,031,416	\$1,277,499	\$1,753,917	137.3%	\$2,415,942	25.5%
\$74,690	\$156,929	-\$82,239	-52.4%	\$1,904,167	38. Other Non-Operating Income	\$877,141	\$1,909,311	-\$1,032,170	-54.1%	\$3,574,441	-75.5%
\$1,977,950	\$261,929	\$1,716,021	655.1%	\$3,570,875	39. Total Non-Operating Revenue	\$3,908,557	\$3,186,810	\$721,747	22.6%	\$5,990,384	-34.8%
\$3,028,324	\$304,105	\$2,724,219	-895.8%	\$2,812,475	40. Net Income (Loss)	\$6,748,552	\$3,700,001	\$3,048,551	-82.4%	\$4,179,484	-61.5%
9.57%	0.49%			-7.60%	Income from Operations Margin	2.47%	0.49%			-1.77%	
27.58%	3.56%			28.20%	Net Income	5.86%	3.56%			4.08%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
June 30, 2020

	<u>June-20</u>	<u>May-20</u>	<u>June-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	33,803,993	34,950,900	33,096,016	707,977
2. Board designated cash	34,358,980	34,523,186	37,674,719	(3,315,740)
3. Patient accounts receivable, net	15,057,767	12,774,547	15,616,989	(559,222)
4. Other receivables	5,956,501	2,870,302	2,456,115	3,500,387
5. Inventories	3,032,542	3,320,969	2,684,316	348,226
6. Prepaid Expenses	1,275,406	78,967	1,013,343	262,063
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	93,514,066	88,547,748	92,570,375	943,691
Appropriated Cash:				
9. CIP Appropriated Funding	5,740,967	5,740,967	4,678,117	1,062,850
Property, plant & equipment				
10. Land, bldgs & equipment	141,874,438	141,110,718	149,447,695	(7,573,257)
11. Construction in progress	7,352,145	8,029,917	914,067	6,438,078
12. Total property & equipment	149,226,583	149,140,635	150,361,762	(1,135,179)
13. Less: accumulated depreciation	(94,041,272)	(93,407,833)	(97,716,627)	3,675,355
14. Net property and equipment	55,185,311	55,732,804	52,645,136	2,540,175
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	14,415,000	-
16. Total assets	168,855,342	164,436,514	164,308,626	4,546,716
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,358,326	2,068,516	1,964,340	393,986
18. Accrued employee benefits	4,687,202	4,461,444	3,878,920	808,283
19. Accounts payable and accrued expenses	1,918,949	1,654,349	1,873,589	45,360
20. Due to 3rd party payors	4,250,857	4,034,639	2,152,788	2,098,069
21. Deferred revenue	(3,494,358)	(3,789,123)	208,781	(3,703,139)
22. Interest payable	329,797	263,837	340,359	(10,563)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	415,308	367,078	1,220,621	(805,313)
25. Total current liabilities	11,336,081	9,930,740	12,484,398	(1,148,317)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,227,418	1,242,255	1,410,938	(183,520)
28. Net Pension Liability	72,600,321	72,600,321	72,600,321	-
29. Deferred In-Flows	6,172,883	6,172,883	6,172,883	-
30. Total long-term liabilities	97,260,622	97,275,459	98,314,142	(1,053,520)
31. Total liabilities	108,596,703	107,206,199	110,798,540	(2,201,837)
32. Fund Balance	60,258,639	57,230,316	53,510,086	6,748,553
33. Total liabilities and fund balance	168,855,342	164,436,514	164,308,626	4,546,716

Bartlett Regional Hospital

BOARD OF DIRECTORS

B Y L A W S

(7.21.2020 Draft)

VOTING MAJORITIES

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

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
MEDICAL STAFF RULES AND REGULATIONS**

- O. Trauma Committee
1. The Trauma Committee ~~shall be a subcommittee of the Emergency Care Committee.~~ **Duties**
 2. The Medical Staff Chief of Staff shall appoint the committee's members, who shall include representatives from all Hospital services involved in the care of trauma patients, and representatives of local EMS and Emergency Air Transportation.
 3. Its duties are to:
 - a. Act as an interdisciplinary committee to evaluate trauma care;
 - b. Promote the organization of trauma care services as appropriate to the scope of services offered;
 - c. Promote trauma care services consistent with needs and resources; and
 - d. Recommend and oversee policies governing trauma care designed to achieve and maintain high standards of medical practice and patient care.
 4. The Committee will usually meet four (4) times per year.

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

August 18, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 7:00 a.m., by Planning Committee Chair, Marshal Kendziorek

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

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

APPROVAL OF THE MINUTES – *Mr. Solomon-Gross made a MOTION to approve the minutes from June 18, 2020 Planning Committee. Ms. Young seconded. Minutes approved.*

PUBLIC PARTICIPATION – One public participant listening with no comments

COVID STATUS – Mr. Bill reported that even though Juneau has had a couple of COVID outbreaks recently, we have not been overrun here at the hospital. We currently have one COVID positive patient in house. We are seeing more potential COVID cases in the ED which reinforces the use of our appropriate protocols and PPE. BRH, working in conjunction with CBJ Incident Command, performed rapid COVID testing on the people of the Matanuska ferry last weekend. All tests came back negative. This event highlights challenges we continue to see as it relates to rapid testing and turnaround times. There was an Incident Command Task Force meeting yesterday to look at standing up PCR testing here in Juneau. Currently there are 4 machines on order, Cepheid, Roche, Abbott and Panther. The one we can get up and running the fastest is the one we will end up buying when they become available in several months. We are working with CBJ Engineering to identify a space that will accommodate the most complex unit (Roche) should that be the one to become available. The space must have a solid base with no vibration. If there is no adequate space identified at BRH, an offsite location must be found. After space is identified, we will begin work on whatever mechanical, drainage and other necessary specs needed to have the space ready when the equipment arrives. Mr. Solomon-Gross requests a timeline for identifying a location and preparing for this equipment. Mr. Bill stated that a timeline cannot be provided before the engineers have helped identify an appropriate location and noted that Mr. Watt has made this a high priority for CBJ engineering. Engineering will meet with Billy Gardner and Marc Walker today to get this process going. We may be able to avoid the RFP process due to the emergent situation and the fact that CBJ is funding it. Mr. Bill clarified that the community and the task force has asked BRH to manage the process but it does not have to be on the BRH campus. Bartlett's Clinical Laboratory Improvement Amendments (CLIA) license would be used to certify the equipment to get it up and running. We are looking at what would be needed to repurpose space for the equipment, this would include hoods and outside ventilation, etc. One option to be explored is to move Dr. Vanderbilt's office which is adjacent to the micro lab. This space would be readily available for retrofitting, etc. Mr. Gardner reported that hoods and equipment have already been ordered in anticipation of getting a Roche machine. If CBJ engineering does identify an appropriate space at BRH, hopefully by the end of this week, we will start preparing that

space immediately. It was noted that the Cepheid machine would be the easiest to set up but we are constrained by getting an adequate supply of test kits. The other machines are less dependent on kits because they can use normal saline as the medium to work up the samples. The medium that is needed for Roche testing is readily available and can be made here in Juneau. We have communicated directly to the companies and through our federal delegation and the state through Incident Command, how remote we are to try to make us a priority to obtain equipment. Because everyone is considered to be a priority, allocations of equipment will be made based on when we got in the queue. Ms. Young initiated a discussion about personnel needs. We are conducting a national search to fill four certified lab technologist positions. If unable to recruit, we will have to reallocate staff and limit times of testing. In response to Mr. Solomon-Gross' query, Mr. Bill stated that there is no lab tech training program in Alaska that he is aware of. The current turnaround time for send out tests is up to 72 hours unless there are flight delays. Mr. Bill reported there are no delays in reporting once results are in at this point in time. There is consideration of sending airport testing kits to a lab in California that is guaranteeing a 24 hour turnaround time on results once they receive the specimens. Flight delays will still cause slow turnaround times. The lab in California would take the responsibility of contacting the patient. Dr. Jones noted that the challenge is variable, if there's an outbreak elsewhere, it effects our turnaround time and we are not in control of our destiny.

RAINFOREST RECOVERY CENTER UPDATES – Mr. Grigg reported COVID is effecting Behavioral Health as well. We have been on the path of reopening RRC at 50% capacity on September 8th. We have recently learned of COVID positive patients in two facilities in AK that provide similar services to RRC. This has caused us to look at all of our up front strategies and precautions again to ensure that we can open safely. The new construction on the building is complete and we are finalizing and installing all of the fixtures and furnishings. Mr. Grigg expressed his thanks to Ms. Lawhorne and the directors of the Critical Care Unit and Medical for their assistance in getting some of the essential equipment that will be needed to provide the detox/withdrawal management services in this new unit. He also reported that the renovation of the existing facility that has been taking place as part of phase two is to be completed this week. We are at the point of opening with extreme caution, both residential and detox simultaneously for locals while looking at ways to keep our staff safe with this communal program. Part of keeping our staff safe while continuing to provide services includes virtual programs. We currently have 26 patients in virtual treatment. Dr. Jones stated that Mr. Grigg and his staff have done an excellent job implementing telemedicine services for behavioral health. He asked if anyone is working to make a more robust telemedicine program at the hospital. Mr. Bill reported that Mr. Gardner is working closely with Virginia Mason to expand our telemedicine relationship with neurology being at the top of the list of where we are going. This will be discussed at the Strategic Planning retreat.

STRATEGIC PLANNING RETREAT and the “NEW NORMAL” – The Strategic Planning retreat is scheduled to take place on September 19th. It will be held via Zoom from the BRH boardroom. We can accommodate a few people in the room but request the majority of participants participate remotely, including the facilitators. We expect to have packets out about two weeks prior to the retreat. We will use the facility plan as a base but will modify it to match the new normal for COVID. Mr. Kendziorek requests a gantt chart plan for the major categories including negative pressure rooms, waiting room space, triage space, etc. be available for review. Mr. Bill will have it available prior to the Strategic Planning Retreat. Ms. Young thanked Dr. Jones for his report. Mr. Solomon-Gross expressed his thanks to Dr. Jones and Ms. Lawhorne for the tour they provided of the areas noted in Dr. Jones' report and stressed the importance of providing a better triage space as soon as possible. Dr. Jones highlighted the

difficulties in the working environment for the staff and providing quality patient care in tough conditions. Mr. Johnson proposed setting up a trailer to replace the triage tent. The logistics of setting one up in that location is very challenging. We need to be able to make the necessary changes while remaining operational. Mr. Solomon-Gross requests options be presented to the BOD to address the triage tent issue and requests updates on the progress prior to the Strategic Planning retreat. Ms. Hagevig requests bare bones options be presented at next week's Board of Directors meeting. In addition to Dr. Jones' report, Ms. Young requests a report of issues that need to be addressed in other areas throughout the hospital be provided.

Future Agenda Items:

1. Strategic Planning Retreat recommendations review
2. How do these recommendation work into our existing planning document

Comments: Dr. Jones noted that his document covers areas he's familiar with only and said we need insight into challenges we face from other areas of the hospital. Ms. Hagevig asked whether CARES funding would cover any of the improvements we are looking at. We have a \$2.7 million place holder in CARES funding to cover the purchase of the testing equipment only. There is no funding identified for remodeling. Mr. Johnson said this topic is one the agenda for Friday's Finance Committee meeting. The money we have already received from the CARES ACT can only be applied to lost revenues and if we can't show lost revenue, we have to pay it back. The only option we would have to use CARES funding for renovations would be from the money allocated by the state to the CBJ. We need to make our needs known to the Assembly before that money is allocated for other purposes. Mr. Solomon-Gross stated that he is proud of our organization for setting things up so quickly and efficiently as a result of this pandemic.

Next meeting: To be held in October, date to be determined. (Mr. Bill will be out of town October 5th through 23rd. Meeting will be held without him.)

Adjourned – 8:15 a.m.

To: Bartlett Regional Hospital Board Planning Committee

From: Dr. Lindy Jones

Cc: Chuck Bill, CEO; Billy Gardner, COO

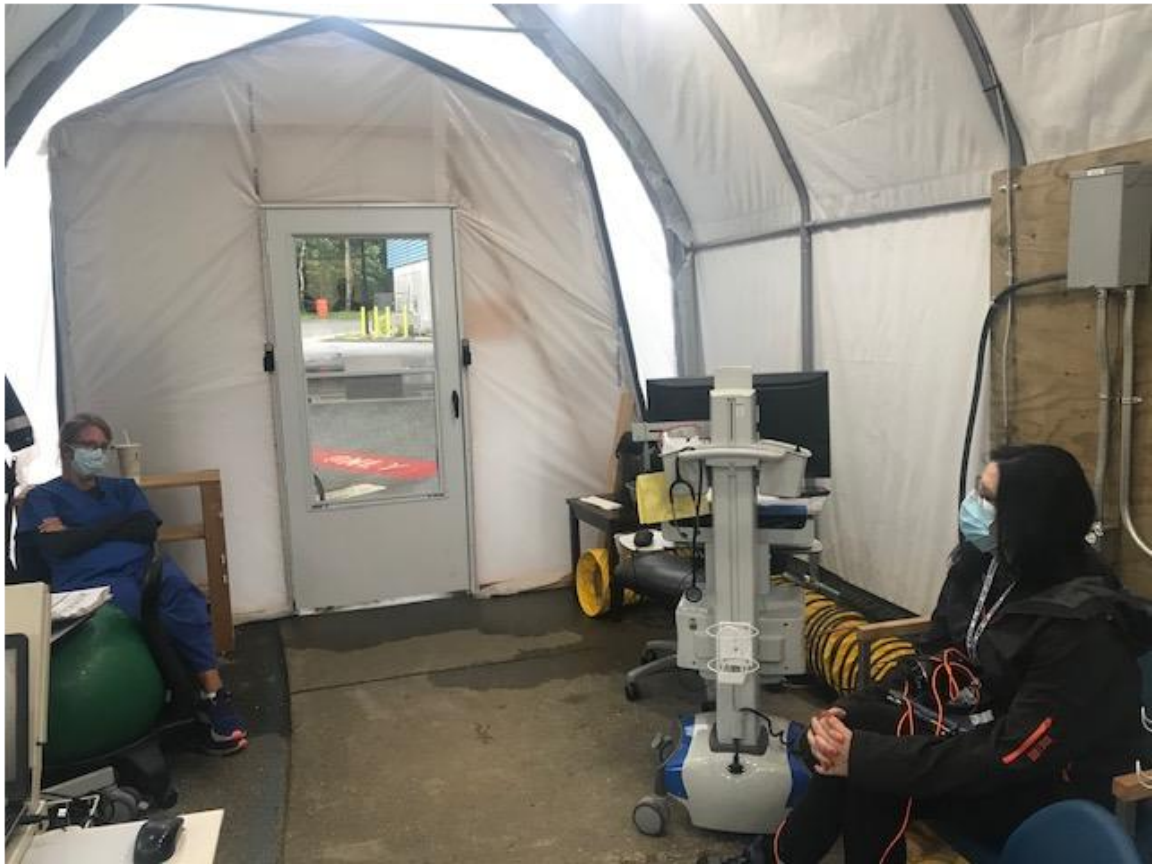
Date: August 9, 2020

Re: Hospital COVID-19 modifications

Before the upcoming planning committee meeting, I wanted to provide information and raise some concerns about our ability to function efficiently and safely, given our new normal with COVID-19. This list provides insight into some of these challenges, but is not comprehensive, as I do not understand the workings of all hospital departments. I do believe that 6 months ago we did a good job of putting together makeshift changes that quickly made our hospital a safer place to work; however, many of the modifications are temporary and need to be redesigned in a more permanent and deliberate manner to ensure long term safety of Bartlett's care teams and patients.

- 1) Hospital entrance and prescreening—we have erected a temporary tent in front of the ER, which is staffed 24/7 for COVID prescreening. Although the tent offers a level of protection, it has temporary heat, electricity and the floor leaks in heavy rain. We also staff a screening station at the main entrance during weekdays. These areas should be reviewed from a safety, efficiency, and aesthetic perspective so that we can improve our hospital prescreening. We may need to redesign one or both of our entrances to facilitate this process.





- 2) ER waiting room issues—currently the waiting room has temporary pieces of tape on half the chairs and is underutilized as there is no way to have social distancing. Long term strategies need to be identified, potentially with assistance from expert consultation, to provide a safer environment for patients, families, and our staff members who work in this area.



- 3) ER negative pressure issues—we created one critical care negative pressure room by using a portable HEPA filter to push air into the existing duct system. Problems still exist with this room. It is too small to run a full trauma code and is frequently occupied with patients experiencing respiratory issues and needing negative airflow space. Our current trauma bays are all open and not negative pressure, so if our single negative pressure room is occupied, or we have multiple trauma patients, we are forced to care for these individuals in rooms with less than optimal ventilation. We often do not know patients' true risk for COVID-19 on arrival and caring for critical patients often requires aerosolizing procedures. We need a better, long-term solution for managing critically ill patients in an environment that is safe for the care team.





- 4) ER exam room HEPA filter issues—most of our rooms can accommodate a mobile HEPA filter which is turned on if one has concerns about the patient having COVID. These filters create issues with care delivery. They are loud, making it difficult to interview patients, and impossible to hear anything through a stethoscope. Also, due to their size, it is difficult, if not almost impossible, for patients to transfer between bed and wheelchair, or to perform bedside tasks such as portable ultrasound.



- 5) Microbiology/virology issues—the current space is very small, only includes one small viral hood, limiting our ability to process specimens for send out. It also limits the type of high-volume polymerase chain reaction (PCR) analyzer we can purchase. If we were called upon to perform high volume testing such as at a school or on a small cruise ship, currently we would be unable to not only run the samples but process them in an efficient and timely manner.





- 6) Med/Surg surge capacity—currently we have a negative pressure wing set up on Med Surg for admissions that exceed the capacity of our 2 CCU and 4 Med Surg negative pressure rooms. This wing relies on a temporary plastic dividing wall, and a makeshift ventilation system to create the negative pressure environment.



I am sure there are other issues that need to be identified and addressed in our facility to improve our ability to safely care for our patients in our new state of normal. I recommend that we develop a master plan to address these issues. There may be an opportunity to access additional CARES Act funding to make the modifications in a more permanent manner.

Please call me if you have questions or would like to take a look at things yourself. I am having some problems with CBJ email

Lindy
907-723-1460
Lindy@jema.email

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes August 21, 2020 – 12:00 p.m. BRH Boardroom / Zoom Videoconference

Finance Committee* & Board Members present (all via Zoom): Deb Johnston*, Mark Johnson*, Brenda Knapp*, Kenny Solomon-Gross, Marshal Kendziorek, Rosemary Hagevig
Staff & Others: Kevin Benson, CFO, Billy Gardner, COO, Chuck Bill, CEO, Megan Costello, CLO, Scott Chille, Megan Rinkenberger, Blessy Robert, Willy Dodd, Tiara Ward, and “Roseman GenPublic” on Zoom (identity unknown).

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

Public Comment: None

Mr. Johnson made a MOTION to approve the July 10, 2020 Finance Committee Meeting minutes. Ms. Johnston seconded the motion, noted no objections, and they were approved.

June 2020 Financial Review – Kevin Benson, CFO

Activity at BRH continues to increase over time. Inpatient revenues and volumes were still down, but outpatient revenue exceeded budget by more than one million dollars, largely driven by surgeries (133 same-day cases), as physicians seem to be catching up. Of the \$1M increase in outpatient revenue, most was from cases with insurance rather than government sources, which was beneficial for Net patient revenue that ended just above \$9M. \$1.3M of CARES Act funding was received due to revenue losses in June. Total operating revenue was \$11M which is greater than budgeted.

Expenses were \$1.4M or 17% over budget. \$660K was incurred for Covid-19 related expenses. Investment income was greater than anticipated. Reference lab fees have increased due to Covid-19, with testing fees \$64K over budget. In February, BRH was standing at \$6.9M above budget in revenue, and that has dropped to \$4M under budget, but BRH has been kept whole due to CARES Act funding. There was a discussion on accrual and use of personal leave. BRH has converted from the Rural Demonstration Project program (ended June 30th) to the Low Volume Discount program. If the RDP gets renewed, it will retroactively reimburse BRH for the difference. The progress on RDP renewal is being monitored.

Application of CARES Act Funding – Kevin Benson, CFO

Total CARES Act funding received is \$12.2M. July 1st, \$5M was received from CARES Act funding designated for “safety net hospitals” (>22% Medicare/Medicaid, and not greater than 3% profit). Revenue loss has been corrected by \$8.5M, so the other \$3.7M has been deferred and will be applied to revenue losses that will be incurred later in the 2020 calendar year. The application for continues to FEMA for reimbursement on expenses related to Covid-19. This should reimburse 75% of qualified expenses, which will help as well. Mr. Johnson brought up the need to update the triage tent situation for colder weather. Mr. Bill responded by discussing alternatives for a more permanent solution for the ED. This is part of “new normal” protocols which will be introduced to upgrade safety in the long term.

IT Update – Scott Chille, IT Director

The VxBlock system has been delivered and installed. The IT team is currently working on migrating Meditech environment over to it, with a Go-live date of September 3rd. This will involve a 12-hour planned downtime. PACS software will be next on November 17th, and finally e-mail and other software will transfer after that. Older Windows work stations have been updated, and work station machines have been standardized. Expanse and Ambulatory upgrades will occur in March 2021, and will be more user friendly.

Network attacks doubled from March to April, and again in June. Security and awareness training continues, and the team is seeing more caution from employees regarding following links in emails and questions to IT.

PCR Coronavirus Testing Update – Chuck Bill, CEO

Mr. Bill reached out to Rorie Watt to make CBJ engineering available to BRH for renovating a space in the hospital for testing purposes in the old histology lab. Currently has basic facilities needed, and can be upgraded to complete requirements for testing facility. BRH has begun advertising lab tech positions to staff this.

Next Meeting: Friday, September 11, 2020 at 12:00pm via Zoom.

Committee comments: Mr. Bill brought up that BRH is looking into the options related to potentially purchasing the blue Surgical Services building down the hill. The committee brought up again the potential for robotic surgery at BRH, especially since Dr. Saltzman has indicated he will no longer be seeing patients in person here in Juneau, and there is a new Ob/Gyn physician who has utilized robotic surgeries previously.

Adjourned at 12:51 p.m.

Bartlett Regional Hospital

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August 19, 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
- Litigation strategy and planning

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

- **Studer Leadership Development Update.** During the months of July and August, managers and supervisors were required to complete the following courses in the leadership development program: Creating Personal and Team Accountability and Leading Effective Meetings. These courses include microburst online learning along with a group discussion regarding the course content live over Zoom.
 - **Creating Personal and Team Accountability.** We learned how to:
 - Recognize and role model owner, not renter, behavior.
 - Articulate the role that standards of behavior play in defining what we are accountable to do and how we evaluate performance (our own and others).
 - Address challenges and honor commitments to follow through.
 - Coach team members using standards of behavior and organizational values as guides.
 - Provide performance feedback that leads to desirable behaviors and outcomes.
 - **Leading Effective Meetings.** We learned how to:
 - Prepare for our meetings using an agenda.
 - Articulate the value of these roles: facilitator, timekeeper, and scribe.
 - Successfully navigate common situations that can take our meeting off course.
- **CARES Act provides potential opportunity to provide temporary student loan reimbursement benefit to Employees as a retention tool.** The Coronavirus Aid Relief and Economic Security Act (the "CARES Act"), signed into law on March 27, 2020, provides employers with a new mechanism to assist their employees with repayment of student loans. Section 2206 of the CARES Act amends Section 127 of the Internal Revenue Code (the "Code") to allow employers to pay up to \$5,250 toward qualified education loans as part of an educational assistance program with no tax liability as long as the payments are made before January 1, 2021. Because so many employees are burdened with student loan debt, we regularly get feedback from employees that this is a valuable benefit that we should consider offering. The issue has always been that there are not laws in place that would allow student loan repayments to be tax free so both the employee and employer would have to pay taxes on any student loan repayment benefit issued. The CARES act takes away this tax issue. Additionally, on the last "Best Places to Work Survey" we scored low on a question regarding our tuition reimbursement expenses benefits. When we sought explanation from employees, many of the comments were not about tuition reimbursement, but actually about student loan repayment benefits. We could potentially offer this student loan repayment benefit tax free prior to the end of the calendar year to any employee who is willing to agree to remain employed at BRH for a specified period as a retention initiative. After discussing this potential option with Senior Leadership it was decided that the HR Director would send out an all employee email to assess interest in this potential one-time benefit and to estimate potential costs. The Board will be subsequently updated.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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August 2020 Nursing Report

Rose Lawhorne, CNO

Nursing Administration

- Nursing administration, staff development and behavioral health leadership are collaborating to ensure that training programs for registered nurses (RNs) and certified nurse aids (CNAs) are sustainable. We are working with Gail Morehead, Quality Director, and Bradley Grigg, CBHO, to evaluate opportunities, inclusive of all patient care teams, and investigate available grant funds to offset cost. Our staff will receive ongoing professional development opportunities, experience greater employee satisfaction, and have a broader knowledge base from which to deliver care.
- Responsibility for providing quality care falls upon everyone in our facility. Nursing leadership and Gail Morehead are preparing a plan to ensure that all team members have ownership and understand their roles in quality improvement.
- Nursing leadership and directors have worked with Dr. Joanne Gartenberg, Behavioral Health Medical Director; Bradley Grigg, CBHO; Janell Meade, Director of Rainforest Recovery; Materials Management (MM) team; and Biomedical team to identify appropriate equipment and develop process for our newly built Withdrawal Management Unit (WMU). Training on the new equipment and processes will be supported by Nursing Administration and Staff Development. The collaboration between nursing and behavioral health teams has supported growth of robust relationships between these areas.
- The Nursing Leadership Team has resumed regular meetings to improve interdepartmental processes and ensure that efforts are well coordinated and support our facility-wide strategic plan and mission.
- Central staffing group has improved efficiency and consistency in staffing and scheduling processes. Our new group is coming together as a team and improving systems together.
- The nursing float pool is growing. We have hired several well-trained nurses who are training on multiple units and improve our ability to cover staffing needs in a fiscally responsible manner. Welcome to our new nurses.

Obstetrics Department (OB)

- To enhance our severe hypertension (HTN) initiative, we have developed easy-to-follow user guides and protocols that include screen shots of documentation, medication guidelines, and helpful hints. These resources help our team provide safe, efficient care to this population. Currently over 91% of our nursing staff and 81% of OB providers have completed the training!
- Our labor management and fetal monitoring policies have been completely reformatted and include new protocols accessible to staff via Meditech within normal workflow processes. This new platform will provide frontline staff with easy access to latest guidelines for fetal monitoring and labor care.

- Information Technology (IT) Department and the clinical IT team are upgrading our fetal monitoring system (Philips Intellispace) and establishing an interface with Meditech. This will allow integration of patient information and flow of clinical data between the two systems. It will save clinical and Health Information Management (HIM) staff countless hours spent on manual processes. We are excited about this transition!
- The OB Process Improvement (PI) subgroup working on the fetal demise project connected with Alaska Memorial Park to discuss resources and information sharing for patients and staff. We have also partnered with Bradley Grigg's behavioral health team to offer a Perinatal Loss Support group for the community of Juneau. The group will begin meeting this fall and will be co-lead by behavioral health personnel and Sara Gress, RN, our Perinatal Nurse Educator who completed extensive online training on perinatal mood disorders and support of patients.
- Another OB PI subgroup reviews labor charting. The goals will be to review six labor charts monthly, identify common themes for areas of improvement, and offer education tailored to address those elements. This team has met and engaged in insightful discussion and established key elements of labor charting. They also finalized a review toolkit and discussed how to effectively communicate feedback with staff.

Surgical Services

- We have hired a new registered nurse graduate. We will support her with a preceptorship and the opportunity to learn float areas once she is trained on Same Day Surgery (SDS).
- Lori Holte, nurse informaticist, has focused her efforts on several documentation and inventory management processes.
 - Automating inventory management to accurately record supplies, their use, and ordering from materials management (MM). This project includes developing a communication tool/purchase request used for tracking and streamlining communication between surgical services and MM.
 - Assisting with organization and allocation of consignment versus owned equipment used in surgery (e.g. joint replacement parts).
 - Working with SDS to develop new and improved periodic automatic replenishment (PAR) requisition and inventory system that improves efficiency and availability of patient care supplies.
 - Developed a "Meditech Charting Team" with staff members from Preadmission Testing (PAT) and SDS with Lori Holte leading. Their focus is to ensure that necessary documentation upgrades are quickly implemented, so that all critical elements are included in Meditech charting templates. This impacts reimbursement and prompts physicians and nurses to complete mandatory fields.
- Bobbi Jurens, nurse educator, and Sarah Holzman, SDS manager, are developing, updating and implementing competencies for SDS.
- Autumn Muse, nurse clinical program specialist responsible for Joint Commission preparedness, completed a tracer for PAT/SDS this month. Opportunities for improvement were recognized and process changes have been implemented.
- As part of process improvements and team building in Surgical Services, surveys have been distributed to all nursing staff to solicit feedback on what could be improved in terms of team dynamics, communication and operations. The Surgical Services leadership group is pursuing developing a physician-specific survey and distributing that as well to include physician feedback.

- Preventable surgical delays, incomplete supplies for cases, and better tracking of instrument reprocessing are other focuses of process improvement in Surgical Services.

Emergency Department (ED)

- Order sets in T-Systems are being updated to include trauma protocols specific to injury type (e.g. high velocity trauma protocol versus trauma protocol). These templates facilitate rapid selection of orders for care and testing of patients, depending on their mechanism of injury. This improves efficiency and quality of care to our trauma patients.
- Electronic prescribing has gone live and is integrated with DrFirst, a medication management solution that ensures compliance with prescription drug monitoring program (PDMP) requirements. ED providers are being credentialed and trained in new processes.
- Review of intubation of patients positive with COVID-19 has been offered to providers and the team to ensure that the care team remains comfortable with safety measures and equipment for this high-risk population. A video created by physicians and nurses with support from Staff Development, is available for review at any time.

Infusion Therapy

- Infusion Therapy is expanding services to include limited intravesicular treatments, infusions directly into the bladder. Competencies are being developed to ensure that training is appropriate and nurses remain current in practice guidelines.
- Infusion Therapy has experienced an increase of patients whose travel has been limited by the pandemic. Collaboration between care teams out of town, our oncology clinic, and infusion therapy is ongoing to facilitate continuity of care and ensure that there are not consequential gaps in care for these patients.
- Our new oncology patients receive care bags that include coffee mugs, notebooks, pens, and other items. The Juneau Quilters Guild members have begun providing beautiful, hand-made lap quilts that are gifted to each of our oncology patients. This generous token of kindness has provided comfort to patients receiving treatment for cancer. Thank you to the Juneau Quilters Guild!

Medical Surgical Unit

- Several nurses are again focusing on their professional development and are actively working toward advancement on the clinical ladder. With the clinical ladder, a nurse can increase placement from step one through five as he or she takes on more responsibility and ownership in a department.
- The hospitalists have engaged in a 360-feedback program. Our nursing staff has committed to supporting the process, offering feedback, and working with the physicians to support any necessary changes.
- Modifications to the COVID-19 wing are ongoing. We are looking at the long term effectiveness of the changes made in that area, and supporting the facility-wide effort to make these accommodations sustainable.
- Quality care must continue, even if the network is down. A work group reviewed and updated over twenty downtime order set and Clinical IT is updating the downtime paperwork to ensure that all changes are available for patient care.

Bartlett Regional Hospital

August 25 2020 Board Report
Billy Gardner, Chief Operating Officer

Diagnostic Imaging (Paul Hawkins)

Staff development:

- Whitney Rose took on the responsibility of overseeing DXA related tasks (room decoration, essential supply, machine daily QA)
- Promoted ultrasound tech III to senior ultrasound tech.
- Hired X-ray externship student and training her into weekend X-ray tech. She passed her ARRT exam in July.
- Continuing with cross-training X-ray/Mammography tech into MRI, anticipate completion date April 2021. She plans to take her MRI board by November 2021 which is needed to meet eligibility for testing. An 18-month process from training to registry.
- Continuing with musculoskeletal ultrasound training.

DXA update:

- Continuing with DXA room remodeling, waiting for carpet tiles and outlet installation, anticipate project completion by the end of August.
- Waiting for biomedical inspection. Passed physicist's inspection.
- Whitney Rose to speak with gyms to promote DXA whole body scan. Provides information such as:
 - Visual image of precise location of bone, lean mass and fat mass
 - Plot of % Body Fat compared to age group
 - Precise Fat Mass, Lean Mass, and % Body Fat measurements of each area (Left and right arm, torso, abdomen, hips, left and right leg)
 - Overall % body fat
 - Estimate the amount of visceral fat (fat around internal organs associated with cardiovascular disease and type II diabetes).
 - Track performance over time with serial measurements.
- DXA Bone Mineral Density (BMD) testing will be available to the community when room remodeling is completed. BMD measurements taken from:
 - Spine (L1-L4) and hip (femoral neck or proximal femur) or non-dominant forearm.
 - Estimated exam time 10-15 minutes.

Installation of new workstations for DI nearly completed (thank you IT)
Bring remote mammography reading station up to FDA/ACR standard.

Introduced COVID19 screening questionnaire for Diagnostic Imaging to improve the scheduling process and reduce staff exposure.

Waiting on Biomedical inspection of Clarius wireless ultrasound probes.

Future Plan

- Working with Jelly Fish or Script Sender to develop self-pay method for DXA whole body scan.
- Work with radiologist 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 GO live is scheduled for November 2020 and will require 62 hours per week of testing prior to go live split between IT, PACS administrator, Super Users and RIS.
- PowerScribe upgrade to follow PACS.
- Cloud based CD for patient exams and eliminate CDs.
- Surgical C-Arms are scheduled for delivery in September.

Fill remaining ultrasound vacancies. (three positions)

Work with HR on job classification for sonographers that perform exams in all 9 specialty areas of certification.

New MRI purchase for faster, higher quality exams.

Physical Rehabilitation (James “Rusty” Reed)

- Very busy with outpatient referral appointments and we are at near capacity
- Very busy with inpatient referral appointments
- Slowly increasing our pediatric service line and maximizing within our COVID restrictions
- We are continuing with teletherapy for some adults but mostly our pediatric population
- We have a student from UAA doing a rotation with us at the end of the month

Pharmacy Department (Ursula Iha)

- We have a pharmacist precepting who is a new graduate from the inaugural pharmacy class of the University of Alaska, Anchorage. Two university students from Juneau worked this summer as pharmacy undergraduate interns. They gained valuable experience toward possible future careers in pharmacy.
- Over the last few months, we reviewed and updated the contents of medication boxes used for urgent procedures. We are automating the process of stocking and monitoring expiration dates with new software that enables the pharmacy to use barcode scanning to improve standardization. The new process began August

10th with two boxes used for recovering patients outside of the surgical suites, and for rapid sequence intubation. We will expand this project to other areas in the next few months.

- The State of Alaska DHSS has prepositioned remdesivir, and unapproved medication, at Bartlett. The FDA issued an Emergency Use Agreement for the use in patients diagnosed with COVID-19. A policy and order sets were developed to make this treatment available safely and timely.
- Flu vaccine season is approaching, and pharmacy staff are working with Autumn Muse, coordinator of Bartlett's wellness program to provide flu vaccines for the community health fair September 21st and 22nd. We are also coordinating with Charlee Gribbon, Infection Prevention, and Denise Davis, Employee Health, to vaccinate Bartlett employees. Pharmacy staff are involved in acquisition, cold chain storage, administration, and documentation of vaccines.

Respiratory Department (Robert Follett)

- Fully staffed with one traveler augmenting staffing.
- Upgrade of Trace master ECG management system, in que for project scheduling.
- New ABG analyzers in validation stage.
- **Sleep Lab**
 - Accreditation (ACHC) site visit scheduled for September 2020, preparing for possible change to a virtual survey.

COVID-19 Report

Verbal from COO

COVID 19/Pandemic Facilities Response

CHANGES BY DEPARTMENT

WILLIAM GARDNER, COO/MARC WALKER, FACILITIES DIRECTOR

Request sent to SLT/Clinical Directors:

Good Morning,

The Board of Director's Planning Committee has requested the following information:

Summary of changes that have been made in your department to address our COVID Crisis (Facilities modifications including: walls, ventilation, any other temporary structures or equipment/supplies; social spacing, barriers, etc.)

Which of these changes need to be made permanent, or reinforced for several years? What other changes will we need to be making as this crisis unfolds and assuming it will be with us for several years?

I will be working with Marc to put together charts and plans and while the request came in this morning, it is due by Tuesday's board meeting.

Thank you for assisting with this request.

Senior Leaders please send out this or a similar information request to your departments so that Marc and I can add them in.

Billy

Quality, Patient-Centered, Sustainable Care
William C. Gardner MBA, HCM, MSN-RN
Chief Operating Officer

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Department/Area	Summary of COVID Changes/Modifications	Future and Permanent Modifications
OB/Nursery/Special Care		
Medical-Surgical Director: Liz Bishop, RN	<p>Long term:</p> <ul style="list-style-type: none"> • (Aggressive option) Make back wing and include back nurse's station to be all negative pressure without use of HEPA machines. This would close off conference room for hospitalists' office and remove sleep room from COVID wing. Consider conversion of conference room to two patient rooms. Conference room could be used as a ward room if we have access to gasses and plumbing. (Just thinking outside the box.) If I remember the plumbing was already in place in the wall for this conversion. • Close off the area of back wing to just after MS room 18 allows for one bariatric room in isolation- leaving open room 19, solarium and right side hallway to be open to regular patients. Would be potential for 18 + 2 in conference room = 20 isolation rooms plus the 4 that we already have. That leaves 17 regular patient rooms. • <u>Negatives to this:</u> hospitalist need a new home and sleep room. Loss of dictation room and large storage area. • (Not so Aggressive) Place a permanent wall and door where temporary plastic one is currently. Create whole area to be negative pressure without the need to set up hepa filters. This would give us 7 isolation rooms that are negative pressure. + the current 4 on floor for a total of 11 isolation rooms. This would leave 16 regular patient rooms. 	

	<ul style="list-style-type: none"> • <u>Negatives to this:</u> Hospitalist will need new sleep room, hospitalist sleep room is currently in patient room, loss of large storage room and physician dictation room. Large store room is our doffing area and also would become our charting and staging area. Need large room divided between doffing area and staging area to include an Omnicell or a place to store medications. Dictation room is donning room. • Keep solarium open for staff and patients. Need as expanded lunch, rest area for staff to spread out and for patient and visitor use. Used by pharmacy also. • Need crash cart and Defibrillator for area. • Need additional capnography machines for each room. • Staff request a lock to the MS unit (Badging system) with a communication phone to slow visitor traffic on the unit. 	
CCU Director: Audrey Rasmussen, RN	<p>Attached are the pictures representing the changes in CCU since COVID - 19</p> <ul style="list-style-type: none"> • We turned CCU 08 into a negative airflow room with a new fan in the ceiling. This is a permanent solution. • We recently converted windows in CCU 07, CCU06, and CCU 05. This will allow us to connect a HEPA filter to the vent in the window and make the rooms negative airflow rooms. • CCU 08- CCU 06 have plastic curtains for more of a barrier to doffing gown and gloves. There is also markings on the floor which differentiate 6 feet from the bed. Maintenance has already reinforced the top to make them longer lasting. We have requested that all curtains in CCU-0-09 be plastic so they are easier to clean. 	1.

	<ul style="list-style-type: none"> • We have a barrier between OB and CCU near room 8, so traffic cannot easily flow from CCU into OB and to prevent airflow into OB. • We also have a cart near 08/09 for mask storage. 	
<p>Emergency Department</p> <p>Director: Kim McDowell, RN</p>	<p>ED response to COVID -19 required the yellow triage disaster tent be deployed outside the emergency department entrance to be used as a COVID-19 screening tent. This tent was later replaced with a screening tent that is more durable and sturdy to sustain all weather. The new screening tent includes a heater, lighting, Wi-Fi and an electrical panel to provide power. The new screening tent is also anchored to the pavement. The entrance and exit areas of the screening tent has storm doors, the entrance has an overhang to be able to screen people without entering the tent, and the exit has the same size overhang to accommodate a donning and doffing area for staff and providers, when COVID possible, stable patients are seen in the car. This is to decrease risks of COVID-19 entering the hospital. Although the screening tent is more durable, it is still a temporary screening area and the need for a permanent screening area needs to be created. This needs to be separate from the current triage room in the ED.</p> <p>The exterior of tent requires exterior lighting as well as jersey barriers to protect staff, patients and equipment. A port-a-potty was also placed for patients to use that are being seen in their car. With the need to potentially see patient's in their cars, the ED nurse staffing needs to be changed from three day shifts RNs, a mid- shift RN and three night shift RNs (3-1-3) to four day shift RNs, a mid-shift RN and four night shift RNs. This staffing grid needs to be maintained, as COVID screening will need to continue. ED waiting room was arranged to accommodate social distancing. Current capacity is six people. Plans need to be made to accommodate overflow when needed.</p> <p>Multiple HEPA filters are being used in emergency department E rooms as a temporary fix to make needed negative pressure rooms for possible or positive COVID patients. ED Rooms, minor suture and ortho have been reconstructed to be negative pressure rooms. This required a temporary wall to be constructed, a door added and requiring the fire doors to remain closed and sealed with painters tape on one side as well as tape to</p>	

	<p>seal seams at temporary wall. This creates an ante room for donning and doffing, as well as storing PPE for each room. This required all supplies in each of the rooms to be relocated to director's office and alcove outside P-1. While these two rooms are used for highly presumptive or positive COVID-19 patients, there is a need for negative pressure rooms to run a trauma in. The two negative pressure rooms are unable to accommodate running a trauma due to size and location. A trauma room needs to be created that has negative pressure to ensure staff and patients are not exposed to COVID-19 during traumas, as most times, the trauma patient is unable to answer screening questions.</p> <p>Supplies in the clean utility room moved to hallways in ED to accommodate an area for clean and dirty PAPRs and N-95s. This along with the storage in the alcove by P-1 violates Joint Commission and OSHA standards for hallway clearance etc. Wire racks purchased to place outside of the E rooms to hold dirty masks storage for nurses and providers shifts.</p> <p>Windows in patient rooms at RRC were changed to accommodate a negative pressure in case RRC needs to be converted to an alternate care site in case of a surge of COVID-19.</p>	
Infusion/Oncology		

Surgical Services	We have not made any temporary or permanent modifications to the facility because of the COVID Crisis	
PT/OT/ST Rehab Director: Rusty Reed, PT	<p>COVID changes made to Physical Rehab department:</p> <ol style="list-style-type: none"> 1. Patient and therapist schedules spaced/staggered in order to avoid overcrowding and lack of social distancing 2. 15 minutes between appointments to allow for properly sanitizing of the treatment rooms 3. Screening and proper protocols for sanitizing patient rooms and the Peds gym using Oxivir wipes and spray bottles of alcohol 4. Ordered (2) entire room UV lamps to disinfect primarily the Peds gym but can be utilized in other areas of our department 5. Utilization of Tele therapy where appropriate. 6. Waiting on plexiglass/barriers for Administrative desk area and patient sign in 7. Waiting on laptops to exchange out the older ones and the desk top computers in order to allow therapists to document more remotely as work stations do not allow for 6' distancing 8. 2 treatment tables have been replaced that were deemed infection control risk 9. We need to change out chairs in our treatment rooms that are in poor quality and considered infection control issues 10. We need to change out therapists and administrative assistant's work chairs that are cloth and cannot be adequately cleaned 11. We need remodeling of our reception desk area to allow for better patient work flow and proper distancing for our administrative assistant team. 12. We need remodeling of our therapist work stations to allow for more spacing 13. Consider offsite location for all pediatrics for improved spacing and prevent frequent hospital exposure <p>**all would be considered permanent except #1 as our expectation is to get our service lines back at 100% capacity</p>	
Respiratory Director:	RT: Plexiglas barriers planned for but not yet installed. Permanent in nature. Additional Oxygen, O2 concentrators, Ventilators and supportive supplies, we need space to store them.	

Rob Follett, RT	<p>Cardiac and Pulmonary Rehab: HEPA filter and social spacing in place. Permanent in nature.</p> <p>Sleep Lab: HEPA filters in place. Permanent in nature.</p>	
Cardiac Rehab		
Sleep Studies		
Diagnostic Imaging Director: Paul Hawkins,	<p>Diagnostic Imaging COVID-19 implemented plan.</p> <ul style="list-style-type: none"> • Patients are pre-registered so they just check in with PAS next to diagnostic imaging to get their bracelet and sign consent for treatment papers. • Schedule is staggered so only a few patients are checking in at a time. • Checked in patients go directly to the exam area without waiting most of the time. • Mammography patients go directly to the mammography suite. • Patients are screened over the phone when scheduled, have you traveled out of state? Do you have a fever or subjective fever? Do you have any symptoms? • Clean pen / Dirty pen area at reception. Clipboards are cleaned between patients. Counters are cleaned frequently. • Chairs were taken out of DI and remaining chairs arranged so any patients waiting would be 6 feet apart. • Patients with COVID-19 like symptoms that need urgent outpatient X-Rays are registered over the phone, one technologist meets them at car in full PPE, checks name and DOB puts on the bracelet and brings them in the back door while another technologist make sure hallway to temporary COVID 19 x-ray area is cleared and escorts them back outside in the same manner. • Plexiglas barrier was requested to be placed on DI Reception counters, shortage of glass, still waiting. • Now that the UV light has been repaired, we will continue with our plan to use it at night to treat exam rooms. • ER patients with suspected COVID -19 are imaged in the ER when possible and brought to DI after rapid test is resulted provided they are medically stable. 	

	<ul style="list-style-type: none"> • Extra equipment has been removed from imaging area to minimize areas need to be cleaned. • Terminal cleaning is done in any area that a suspected patient is treated in. • Planning to implement Jelly Fish software if purchased so patients can register online and wait in their car until it is their turn. Staff will text or call patients when we want them to come into the hospital. This would be something all BRH departments could use. Kevin Benson has more information on this project. • Universal masking, frequent hand washing, screening employees daily, personal protective equipment and cleaning surfaces between patients. • Following the hospitals current visitor policy. <p>Here is what we have changed in DI. We are prepared to do this as long as needed.</p>	
Pharmacy		
Laboratory Services	<p>Laboratory COVID-19 implemented plan.</p> <ul style="list-style-type: none"> • Patients are screened at the entrances to get their bracelet. Travel, temperature and questionnaire are completed. • No Patients with COVID-19 like symptoms are allowed to enter hospital as outpatients. • Patients do register in PAS for drop off or collections. No need for appointments, Outpatient loads have been light, so no furniture has been removed. • Staff in outpatient area follow masking and distancing. Once checked in, patients go directly to the exam area without waiting. Patients are required to have a mask and hand sanitizer is available. • Exam area is wiped down after each patient, using provided cleaning equipment. • Plexiglas barrier was requested to be placed on reception counters, shortage of glass, still waiting. • ER patients with suspected COVID -19 samples are placed in stainless receptacle and wiped down for each time samples are removed. • All phlebotomy staff have been assigned 10 N-95's and instructions provided for reprocessing. All phlebotomy staff trained to follow signage posted on patient rooms. • Universal masking, frequent hand washing, screening employees daily, personal protective equipment and cleaning surfaces between shift and any time expected need. 	

	<ul style="list-style-type: none"> Following the hospitals current visitor policy. 	
Cafeteria		
Materials Management		
Hospitalist Services		
Main Building		
PAS		
MHU Director: Ariel Thorsteinson, RN	<p>MHU has removed a significant amount of furniture and supplies from our dayroom. Limited each table to 1 chair and measured the space from each table to make sure its six feet. We don't allow more than six people including staff into our dayroom. We don't do any activities that involve sitting two persons to a table or sharing any objects. We also aren't doing any activities that involves increased droplet production, only things like yoga, tai chi, walking etc. We are using a patient room for overflow from all these objects.</p> <p>We run a HEPA filter after talk therapy and low risk physical activity. We wipe after each activity in case patients change tables or positions.</p> <p>We close down our unit in half when a high risk for violence patient comes into the unit and do not allow them in the dayroom. Generally these patients are psychotic, with low masking compliance and altered mental status. We wear more protective gear and restrict their access until the patient mental status, masking compliance and medication compliance improves to lower the safety threat.</p> <p>We are not allowing visitors unless approved by the treatment team.</p> <p>The hospital does not have a very good answer if we have a COVID positive or symptomatic psychotic patient (suspicious of COVID) but I don't have a great answer for that.</p>	
Behavioral Health Clinical Services	I think we may want to make our larger rooms into 2 rooms, which would mean putting up partitions in room 10 and room 12. This would allow us to serve 8 instead of 6 inpatients.	

Director: Janell Meade, RN		
RRC		
IS		
Outpatient Clinics		

Bartlett Regional Hospital

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August 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.
 - 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 September 2020 (contingent on COVID Alternative Care Site needs that may arise)
 - **RRC Outpatient Treatment Update:** Since March 25 (RRC Residential Temporary Closure), RRC staff have stood up both an Outpatient and Intensive Outpatient (Telehealth) Substance Use Disorder Program:
 - We currently have 26 patients enrolled receiving:
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
 - **RRC Withdrawal Management (Detox) Update:** As mentioned above, our plan is to open the new WM Unit simultaneously with the re-opening of RRC Residential.
 - Temporary Certificate of Occupancy awarded in late July.
 - Most furnishings have been delivered and are currently being installed.
 - Rose Lawhorne, CNO, has been teamed up with Behavioral Health Leadership to assist with:
 - Purchasing of essential equipment for patient care areas.
 - Developing Nursing competencies for provision of WM Treatment
 - Development and integration of a formalized CNA Certification Program that will benefit RRC, MHU and other BRH Departments.

- **Adult Mental Health Unit:**
 - MHU is open and treating patients, 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 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.
 - July 2020:
 - 426 (non-unique) patient encounters.
 - No show rate 20% (still below national average)
 - Continued increase in new patients, especially children/adolescents.

- **At this time, BOPS is providing outpatient services to nearly 5% of the Juneau School District student body. The national average for K through 12 students involved in some type of outpatient psychiatric care is about 2 ½ %.**

- **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**
 - July 2020:
 - 137 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis, the most in a month since PES started in August 2019.
 - Initiated the State’s First 24/7 Behavioral Health Technician Program in an Emergency Department setting:
 - 24/7 (12 hour shifts) skilled Behavioral Health Staff providing 1:1 intervention for patients who historically have required security presence.
 - Initial benefits noted thus far:
 - Behavioral Health Staff integrated as part of the ED multidisciplinary team.
 - Immediate access to staff skilled in de-escalation and behavioral health intervention.
 - Integrated Medical/Behavioral Health approach to ED patients in crisis.
- **Crisis Stabilization Services Update:**
 - **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)
 - \$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:**
 - Facility Risk Assessment Completion – September 2020
 - Demolition of old BOPS Building – Fall 2020
 - Begin New Construction – Spring 2021

- **Grants Update:**

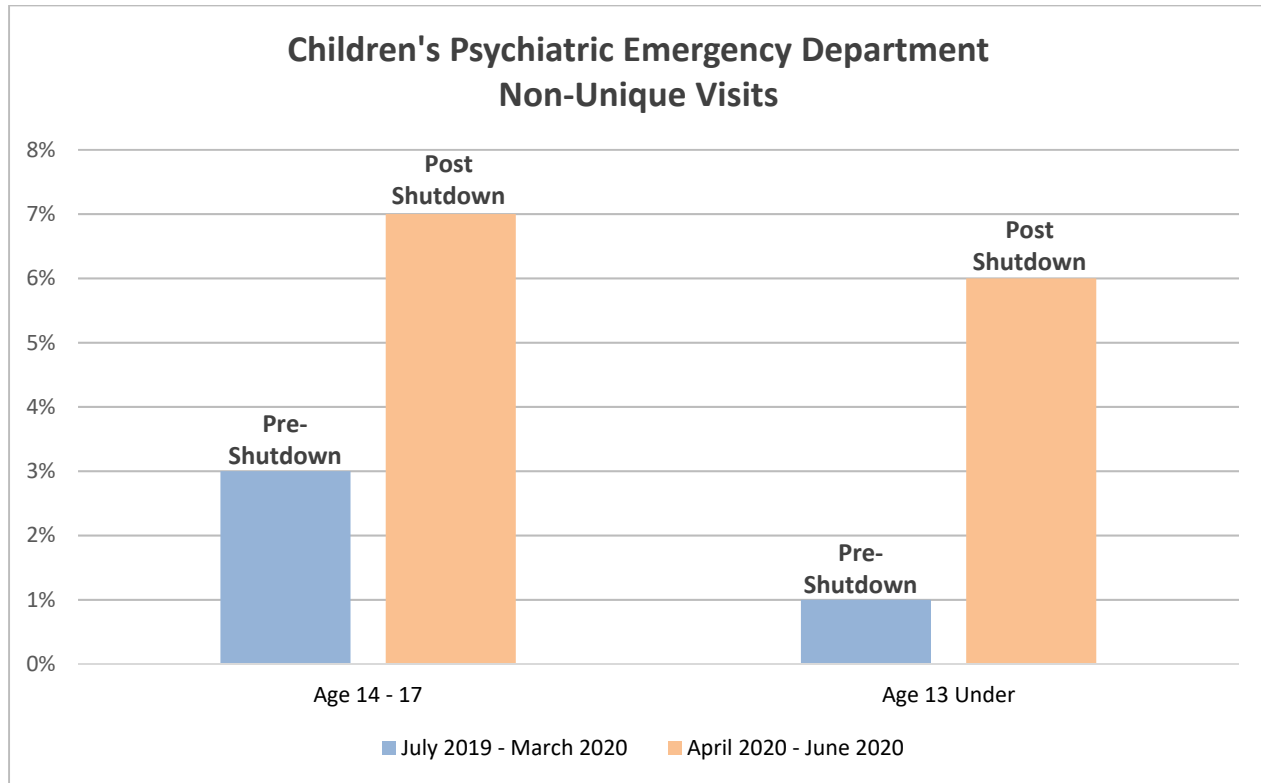
○ **Crisis Stabilization Capital Grants Update:**

- 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). This program begins September 1, 2020.

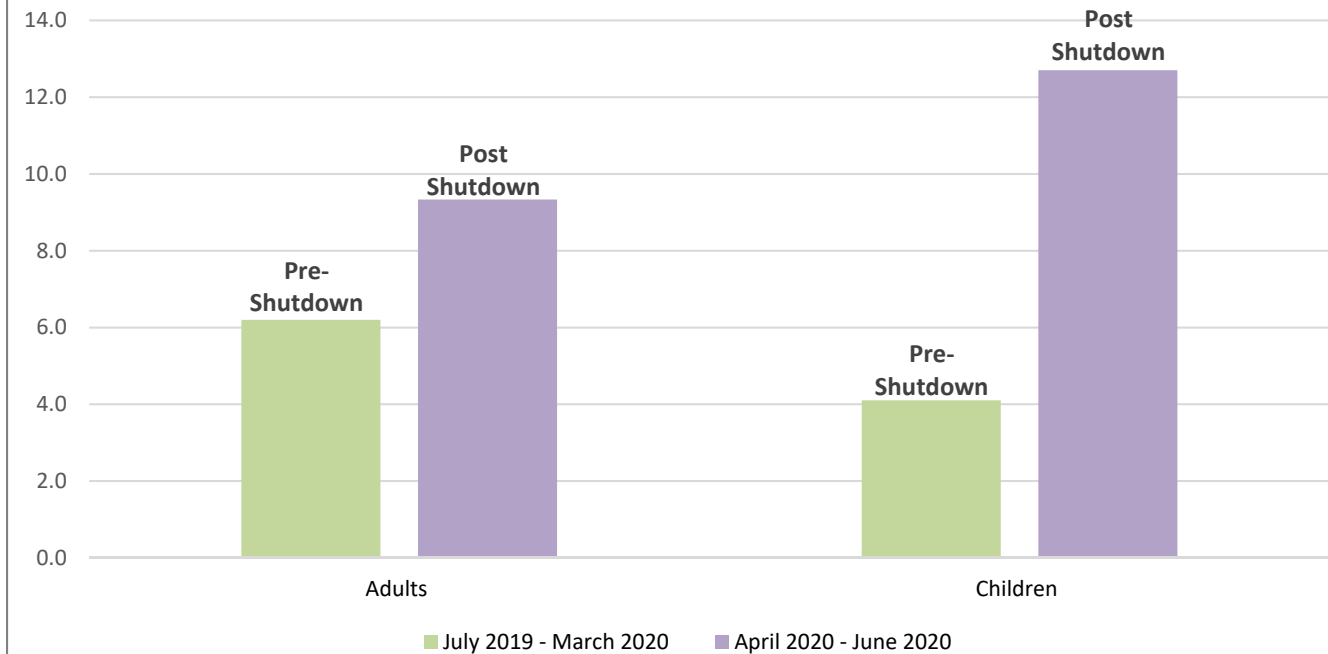
Impacts of COVID-19 and the Related Shutdown on Children's Mental and Behavioral Health



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



July 2019 – March 2020	Number of New Patients	Monthly Average
Adults 18 and Above	56	6.2
Children 17 and Under	37	4.1
April 2020 – June 2020	Number of New Patients	Monthly Average
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.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

August 25, 2020 Board Report Kevin Benson, CFO

Finance

- The Finance department has focused on wrapping up the 2020 fiscal year and preparing for the audit process. Audit begins on August 19th through the 21st for systems testing of revenue cycle, accounts payable and payroll. Test of Balances fieldwork will be completed in September. The process will be a little different this year as audit staff will not be on site and will instead work remotely.
- We met with FEMA (via phone) to get assistance on an application for funding of some of the costs incurred related to Covid-19. The application is very onerous and the funding will be 75% of the approved costs.

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 retired on July 31, 2020. We have a new person starting August 24, 2020. Also with the school year starting, one employee will more than likely be out on EFMLA. We have asked for a casual person to also start on August 24, 2020.
- 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 last session was 07/17/2020 and our next will be scheduled in September once the new people have started.
- We also are preparing for the Meditech upgrade to Expanse and the ambulatory product.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of July was \$6.9 Million
- State of AK Office Rate Review Uninsured desk audit currently in process due 10/1/20
- Medicaid Provider Self-Audit meetings are taking place to ensure timely submission
- HRSA Uninsured program funding requested on 100+ accounts for uninsured patients tested for COVID-19

IS – Scott Chille

1. Projects:

- a. **UPS and VxBlock** Delivery/Configuration COMPLETED
- b. **MEDITECH** – migration to new VxBlock environment – **on track for September 3rd live migration**
- c. **PACS** upgrade and migration – **planned November 17th Go-Live date on new hardware**
- d. **MEDITECH Expanse** – Go-Live moved to **March 1, 2021 – on track**
- e. **Windows 10 deployment complete** – 250 workstations replaced across the organization over the last year

2. Department Updates

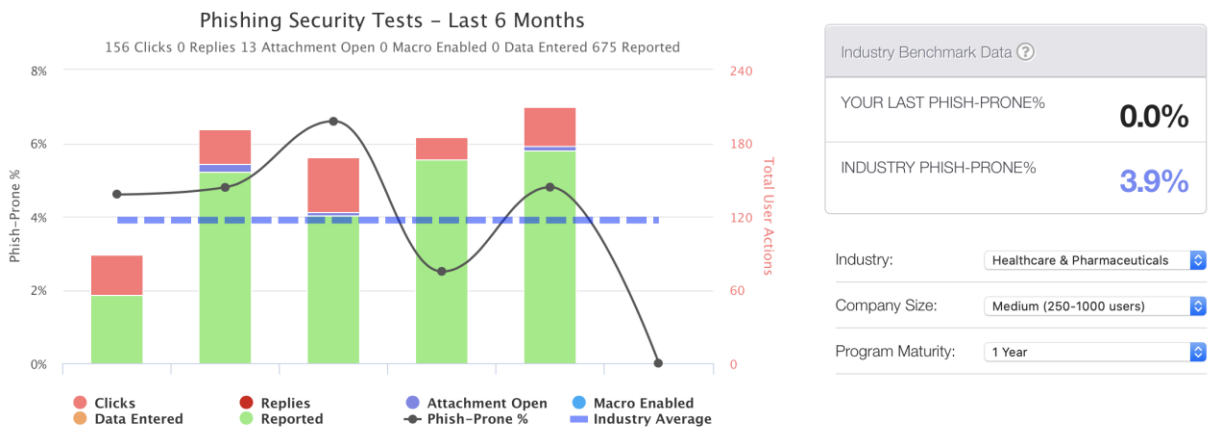
- a. Engage HelpDesk Team continues to handle 150-200 calls per week with positive satisfaction scores and feedback
- b. HelpDesk Ticket process improvement – sustained
 - i. Self-Password Reset for staff → decrease HelpDesk calls by 75% overnight and 20% during working hours
 - ii. First Call Resolution increased 200%
 - iii. Average ticket handle time decreased 75%

3. Information Security

- Phishing Test results and Awareness Training stats – showing steady improvement throughout the COVID-19 response.
- Continuing to provide training and testing during this time due to the increased activity we are seeing around the world with bad-actors exploiting the COVID-19 issue.
- Attacks on Bartlett network doubled in May and doubled again in June as bad actors are exploiting COVID-19 preparation/response/working-from-home.
- Rapid7 Detect and Respond and Vulnerability Management
- Decreasing vulnerability posture in the face of an increased attack on our hospital during the COVID-19 outbreak
- 335 attacks per minute.

Attacks on Bartlett Network					
	As of March-15	As of April-29	As of May-31	As of Jun-30	As of Jul-31
Per Minute	86	183	168	371	335
Per Hour	5,160	10,980	10,080	22,260	20,100
Per Day	123,840	263,520	241,920	534,240	482,400
Per Week	866,880	1,844,640	1,693,440	3,739,680	3,376,800
Per Month	3,839,040	8,169,120	7,499,520	16,561,440	14,954,400
Per Year	45,201,600	96,184,800	88,300,800	194,997,600	176,076,000

Phishing



VxBlock Install & Migration

smartsheet

Task Name	Jul					Aug					Sep			
	Jun	Jul 5	Jul 12	Jul 19	Jul 26	Aug 2	Aug 9	Aug 16	Aug 23	Aug 30	Sep 6	Sep 13	Sep 20	Sep 27
1 D&I VxBlock #1														
2 D&I VxBlock #2														
3 Change Healthcare - PACS migration activities														
4 Engage - MEDITECH pre-work														
5 MEDITECH - MTSM copy and Migration														
6 MEDITECH & PACS on new hardware														
7 EMC Networker setup														

Bartlett Regional Hospital

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August 2020 Board Report

Chuck Bill, CEO

COVID-19 update: We continue to see an average of one COVID-19 positive inpatient/day even though community positive cases have increased. We remain ready for a surge.

While we continue to monitor developments in treatment, much of the attention of the Incident Command has focused on how to bring mass PCR testing to Juneau. At this point, we have 4 different units on order with the expectation that we will acquire from the first vendor that can provide the equipment and guarantee the availability of an adequate amount of testing medium/reagent/ kits. This is expected to be several months from now. Today, we met with CBJ engineering and Architects to determine if there is a space in BRH that can be dedicated to this purpose and, if not, to begin the search for an alternate site. We would use Bartlett's CLIA license irrespective of the location. We also began the recruitment process for 4 new med technologists to Staff this service.

Discussions with Anesthesia are moving forward well. Two have committed to make Juneau their home. We are working on an agreement with their group to assure coverage and require their participation in the major insurance plans.

Thanks to Dr. Greer, one of our hospitalists, we are in discussion with a possible candidate for our vacant General Surgery position.

Our two new Advance Practice Nurse Practitioners in Oncology will start in September.

Gail Moorehead has accepted the position of Quality and Patient Safety and is serving as Planning Section Chief on our COVID-19 Incident Command Team.

Dr Saltzman, our Urologist, has moved back to Oregon and relinquished his block surgery times. We will discuss recruiting a replacement in the Recruitment committee.



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

ASHNHA WEEKLY UPDATE

August 20, 2020

ASHNHA announces 2020 Patient Safety and Quality Award winners



Congratulations to this year's ASHNHA Patient Safety and Quality Award winners and nominees representing exemplary work within Alaska's hospitals, nursing homes, and communities. A [press release](#) was released today to publicly announced the winners.

All award nominees will be highlighted at the end of each virtual annual conference session, and the award winners will be recognized on September 23 as part of the conference session on *Accelerating towards Zero Harm During the COVID-19 Crisis and Beyond* with Dr. Tejal Gandhi, MD, MPH, CPPS| Chief Safety and Transformation Officer, Press Ganey.

ASHNHA's virtual annual conference begins next week – remember to register

We are less than a week away from the start of ASHNHA's 2020 virtual Annual Conference Speaker Series. Governor Mark Parkinson, President of the American Health Care Association will kick off the series on Wednesday, August 26 at 10 am. His presentation will focus on how the long term care industry has responded to the greatest public health crisis in its history. He will be joined by an Alaska panel including: Kay Turner, LTC Administrator, SEARHC, Sitka Long Term Care; Tina Rein, Director of Nursing, Denali Center, Foundation Health Partners; and, John Lee, Director of the Division of Senior and Disabilities Services, State of Alaska DHSS.

The speaker series will continue through September. To see the full lineup of nationally-renowned speakers and Alaska panelists, [click here for the program](#).

[Register here for this free event.](#)

Alaska primary election offers some surprises

Tuesday was a wild primary night. Governor Dunleavy was the big winner with several conservative Republican challengers on track to unseat key incumbents, many of whom have been champions for health care issues. While final results are not expected for a week or so since there are around 60,000 absentee and questioned ballots being counted, if the preliminary results hold, there will be a notable shift to a more conservative legislature. There is still a lot of action to come this November, and ASHNHA looks forward to educating Alaska's policymakers on the many complex challenges facing our hospitals and nursing homes.

Congratulations to Fairbanks Memorial Hospital for *Get with the Guidelines-Stroke Silver Award*

The American Heart Association recognized Fairbanks Memorial Hospital's (FMH) commitment to quality stroke care with the ***Get with The Guidelines®-Stroke Silver Plus Quality Achievement Award***. The award recognizes the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. FMH earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level for a designated period.

FMH also received the Association's Target: Type 2 Diabetes Honor Roll award. To qualify for this recognition, the hospital met quality measures developed with more than 90 percent of compliance for 12 consecutive months for the "Overall Diabetes Cardiovascular Initiative Composite Score."

Congratulations to the Fairbanks team for showing dedication to improving the quality of care for stroke patients!

COVID-19 disproportionately impacts Pacific Islanders and Alaska Natives

Pacific Islander (NHOPI) individuals make up just 1% of Alaska's population but account for 4% of the state's COVID cases, said Chief Medical Officer Anne Zink, MD, in a [recent press conference](#). By comparison, white individuals make up about 66% of Alaska's population, but account for only 27% of the state's cases – a 39% difference.

Disparities are also seen in Alaska's hospitalization rates where statewide, approximately 4% of all people who tested positive for COVID ended up needing to be hospitalized. For Pacific Islanders, however, approximately 20% of cases resulted in hospitalizations. Next on the list, 15% of cases among Asian individuals resulted in hospitalization, followed by 14% of Alaska Native cases.

The DHSS public [data dashboard](#) has been expanded. Users can filter data to select resident vs. non-resident cases, adjust the race and ethnicity tables, case counts, and the epi curves for borough / census-area level curves and sources of acquisition.

Peer review opportunity for Alaska small hospitals

ASHNHA partners with WSHA through Washington Hospital Services' Health Care Quality Service (WHS-HQS) to provide Alaska's rural hospitals peer review services on a contractual basis.



Peer review is an important process that helps hospitals and their doctors ensure consistent, high-quality patient treatment.

WHS-HQS is staffed by seven peer review medical directors and a slate of more than thirty specialists. All are board-certified or board-eligible physicians. They are recruited for their expertise and dedication to rural health care and quality improvement.

To request a chart review, please contact [Rich Boucher](#), Peer Review Program Manager at WHS-HQS. More information can also be found on the [ASHNHA website](#).

CMS resumes routine surveys of all providers and suppliers

The Centers for Medicare & Medicaid Services [announced](#) it will resume routine inspections of all Medicare- and Medicaid-certified providers and suppliers that were previously suspended as part of its response to the COVID-19 pandemic. In the guidance, CMS directed the resumption of onsite revisit surveys, non-immediate jeopardy complaint surveys and annual recertification surveys as soon as resources are available. The agency also provided guidance on resolving enforcement cases that were previously on hold because of survey prioritization changes, while temporarily expanding the desk review policy to include all noncompliance reviews except for immediate-jeopardy citations that have not been removed.

The Rural Health Network Development Planning Program is open for applications. The grant provides up to \$100,000 for one year to promote the development of integrated health care networks in order to (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of basic health care services; and (iii) strengthen the rural health care system as a whole.

HRSA plans to award 20 grants to rural communities as part of this funding opportunity.

Learn about the [Network Planning Program](#) or [review the funding opportunity details](#)

CMS flexibilities to fight COVID-19

The Centers for Medicare & Medicaid Services released a [Rural Crosswalk: CMS Flexibilities to Fight COVID-19](#). This new resource documents all current COVID-19-related waivers and flexibilities issued by CMS that impact Rural Health Clinics, Federally Qualified Health Centers, Critical Access Hospitals, rural hospitals generally, and long term care facilities, and describes the significance of each provision for these rural providers and facilities.

Notice of proposed changes to Alaska regulations Do-Not-Resuscitate protocol and identification

DHSS is proposing to change [regulations](#) on the Do-Not-Resuscitate (DNR) protocol and identification including adoption of the Alaska Physician Orders for Life Sustaining Treatment (POLST) Program:

7 AAC 16.010 - .090. Do-Not-Resuscitate Protocol and Identification, is proposed to be changed as follows:

- Replace the current Comfort One Program with the Alaska Physician Orders for Life Sustaining Treatment (POLST) Program.
- Update the DNR protocol to include current terminology and medical standards.

Materials on the proposed changes include:

- [POLST form](#)
- [POLST program & protocols](#)
- [Proposed regulation changes](#)

The comments must be received not later than 5 p.m. on October 27, 2020.

ASHNHA welcomes Claire to our team

This week Clair Rater, an AmeriCorps Member, joined the ASHNHA team. Claire will be serving at ASHNHA for one year, with a focus on health literacy.

Claire is from Saint Louis, Missouri and graduated from the University of Wisconsin-Madison in 2017 with degrees in Community and Environmental Sociology and Environmental Studies plus a minor in

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organizing/advocacy as a canvass director. In 2019 she began serving in the Peace Corps and spent 13 months in rural Senegal. Claire worked to organize groups of community health workers and pregnant women/new mothers to discuss safe and healthy practices for pregnancy and early childhood. She was also the president of the volunteer-led committee to prevent and eradicate malaria in Senegal.



In March, Peace Corps evacuated all volunteers globally due to COVID-19 and Claire decided to continue her two years of service in Juneau through AmeriCorps. Claire is excited to spend the year getting involved in public health initiatives through ASHNHA. She sees the opportunity to continue to develop her skills gained in the Peace Corps here in Juneau and across Alaska as many Alaskans in rural communities face similar challenges to those in Senegal.

In the future, she has aspirations to pursue a Master's Degrees in Public Health Epidemiology and Social Work. She hopes to find a career that connects data to the real world application of public health interventions. In her free time, she enjoys being outside, writing, and exploring new places. She is eager to see all Juneau has to offer and is excited to be a new member of the ASHNHA team!

Claire will be seeking to connect with those working on health literacy or community health projects throughout Alaska. She can be reached in the Juneau office at 907-586-1790 or claire@ashnha.com.

Educational Events & Webinars

Reeling in Alaska's youth e-cigarette epidemic

The Alaska Cancer Action Network will host a policy forum to identify what we can do as Alaskans to reduce the effects of chronic disease on our economy and health care system. In Alaska, youth use of e-cigarette's is now three and a half times the rate of smoking cigarettes. Policy solutions will focus on improving systems at the local, state, and federal levels. ASHNHA is a sponsor of this event.

August 27th 9-10:30 a.m.

[Registration information.](#)

Alaska's 1st Annual Improving Diagnostic Accuracy in Medicine Virtual Conference

Please join us for this three-day conference; a unique collaboration of key-note presentations, case studies, and patient stories. This free conference provides the opportunity for doctors, nurses and health care professionals across the state of Alaska to learn together with a unified goal to improve the

- September 29, 2020 4:00 pm - 7:30 pm
- September 30, 2020 4:00 pm - 7:30 pm
- October 1, 2020 4:00 pm - 8:00 pm

Introducing the ASHNHA Poetry Slam contest!

As part of next week's Quality Learning Collaborative, ASHNHA will end the learning event by sharing the rhyme, rhythm, and prose of our colleagues through a poetry slam. Win prizes and enlighten those around you with the wonder of words. Submit your poem in the following format: video, audio file, PowerPoint, or creative poster design to Lynn@ASNHA.com no later than 8/24, 5pm.

Write your own poem or write as group. Poems will be judged by an independent panel of judges. Prizes will be awarded for creativity, uniqueness, and message.

Basic Poetry Slam Rules

1. Each Poem must incorporate the following **three words: Sticking, Gratitude and Horizon**
2. Poems may be no longer than an octave (limited to 8 lines). You can utilize your own unique style in Free Verse, or share your passion in Haiku, Rhyme, Meter or Stanzas. Fun, carefree, serious, deep, healthcare related, or not.

More details and ideas for creating your work of art on our [website](#). Doing something creative can be a great stress reliever. Have fun, be creative, win prizes!



Alaska Republican incumbents fall behind on primary election day, but thousands of absentee ballots remain uncoun-
ted | Anchorage Daily News

Fighting COVID-19 at home and in Alaska's largest hospital | Alaska Insight | Alaska Public Media
Association Between Universal Masking in a Health Care System and SARS-CoV-2 Positivity Among
Health Care Workers | JAMA, July 14

Evaluation for SARS-CoV-2 in Breast Milk From 18 Infected Women | JAMA, August 19

COVID-19 Among American Indian and Alaska Native Persons | MMWR, August 19

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ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION

**MY MASK PROTECTS YOU,
AND YOUR MASK PROTECTS ME**

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John Blasco
Alaskan Brewing Co.

Laura Martinson
Caribou Crossing

Aug 13, 2020

Ref: Ordinance No. 2019-06 (AI) -The purchase of COVID-19 Testing Equipment

Mayor Weldon and Members of the Assembly,

Stopping the spread of COVID-19 is a priority for the community of Juneau - and the entire world. However, our unique isolated location poses a challenge to managing the virus while supporting essential groups of people who must travel to and from Juneau on a regular basis. The state legislature, employees of both Greens Creek Mine and Kensington Gold Mine, and many visitors to the community would be better served by having the availability of local rapid testing for the virus.

We recognize there are several challenges involved with the purchase, installation and operation of the testing equipment at Bartlett Regional Hospital but urge the assembly to move forward with this effort. Establishing Bartlett as a regional testing center as quickly as possible is a critical piece for managing the virus and restoring the economic health of the community.

Respectfully

A handwritten signature in dark ink, appearing to read 'Charlie Williams', written over a circular stamp or seal.

Charlie Williams, President
Board of Directors
Greater Juneau Chamber of Commerce

cc: Chuck Bill, Chief Executive Officer - Bartlett Regional Hospital

Bartlett Regional Hospital

AGENDA

STRATEGIC PLANNING RETREAT

Saturday, September 19, 2020; 9:00 a.m.

Bartlett Regional Hospital Zoom Video Conference


Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/98281544697>
or call

1-253-215-8782 and enter webinar ID 982 8154 4697

I.	CALL TO ORDER	9:00
II.	REVIEW MISSION, VISION, VALUES	9:05
III.	REVIEW PRIOR PLAN (Focus and Execute) ➤ Robotics	9:10
IV.	JENSEN YORBA WALL CAMPUS PLAN PRESENTATION – ASSESS PRIORITY DUE TO COVID 1) Screening Entryways 2) Ventilation and negative pressure areas 3) Lab facilities, hoods and testing equipment 4) Increased/enhanced tele-medicine resources with partners	9:30
V.	ECG STRATEGIC PARTNERING DISCUSSION ➤ SE Health Care SWOT and Initiatives Analysis ➤ Community Health Needs Assessment	10:30
VI.	COVID-19 INCIDENT COMMAND SURVEY	12:30
VII.	COMMENTS AND QUESTIONS	12:40
VIII.	ADJOURNMENT	1:00

***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.

September 2020

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

Committee Meeting Checkoff:

Board of Directors – 4th Tuesday every month

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

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

Executive – As Needed

Finance – 2nd Friday every month

Joint Planning – As needed

Physician Recruitment – As needed

Governance – As needed

Planning – As needed