

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, October 27, 2020; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

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

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

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:32
III.	APPROVE AGENDA	5:34
IV.	PUBLIC PARTICIPATION	5:35
V.	STATE OF ALASKA, DIVISION OF VOCATIONAL REHABILITATION AWARD PRESENTATION	5:45
VI.	CONSENT AGENDA	5:50
	A. September 19, 2020 Board of Directors Minutes	(Pg.3)
	B. September 19, 2020 Strategic Planning Meeting Minutes	(Pg.5)
	C. August 2020 Financials	(Pg.12)
VII.	NEW BUSINESS	5:55
	A. Temporary Triage Facility – ACTION ITEM	(Pg.17)
	B. Finance Budget Triage Facility – ACTION ITEM	(Pg.24)
	C. Project Fast Track Request to CBJ and what does this mean	
	D. Board Policy Manual – ACTION ITEM	(Pg.31)
VIII.	OLD BUSINESS	6:00
IX.	MEDICAL STAFF REPORT	6:05
X.	COMMITTEE REPORTS	6:10
	A. October 7, 2020 Draft Board Compliance Committee Minutes	(Pg.42)
	B. October 9, 2020 Draft Finance Committee Meeting Minutes	(Pg.43)
	➤ Student Loan Repayment Proposal – ACTION ITEM	(Pg.45)
	C. October 15, 2020 Draft Planning Committee Meeting Minutes	(Pg.49)
	D. October 16, 2020 Draft Governance Committee Meeting Minutes	(Pg.53)
	E. October 17, 2020 Draft Board Compliance Meeting Minutes	(Pg.54)
XI.	MANAGEMENT REPORTS	6:20
	A. CLO Management report	(Pg.55)

	B. HR Management report	(Pg.56)	
	C. CNO Management report	(Pg.58)	
	D. COO Management report	(Pg.61)	
	E. CBHO Management report	(Pg.65)	
	➤ Crisis Stabilization Floor Plans	(Pg.71)	
	F. CFO Management report	(Pg.80)	
	G. CEO Management report		
XII.	CEO REPORT / STRATEGIC DISCUSSION		6:25
	➤ COVID-19 Update		
XIII.	PRESIDENT REPORT		6:35
XIV.	BOARD CALENDAR - November	(Pg.83)	6:40
XV.	BOARD COMMENTS AND QUESTIONS		6:45
XVI.	EXECUTIVE SESSION		6:50
	A. Credentialing report		
	B. October 6, 2020 Draft Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
	○ <i>Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, and the patient safety dashboard.</i>		
XVII.	ADJOURNMENT		7:00

Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

September 19, 2020 – 9:00 a.m.

BRH Boardroom / Zoom videoconference

CALL TO ORDER – The Board of Director’s meeting was called to order at 9:06 a.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Megan Costello, CLO	Michelle Hale, CBJ Liaison	Mimi Benjamin, MD
Anita Moffitt, Executive Assistant	Katie Bausler, Public Relations	Noble Anderson, MD
Keegan Jackson, MD	Corey Wall, JYW	Jeff Hoffman, ECG
John Budd, ECG	David Sandberg, Cycle of Business	Martin Stepetin (Public)
Roseman GenPublic (Public)	Rashah McChesney (KTOO)	

APPROVAL OF THE AGENDA – Mr. Stevens added *Expand the Physician Recruitment Committee* as a topic under section VI. NEW BUSINESS on the agenda. **MOTION** by Mr. Solomon-Gross to approve the agenda as amended. Ms. Hagevig seconded. ***Hearing no objections, agenda approved.***

PUBLIC PARTICIPATION – None

CONSENT AGENDA – **MOTION** by Mr. Solomon-Gross to approve the consent agenda as presented. Ms. Knapp seconded. ***Hearing no objections, consent agenda approved.***

NEW BUSINESS

Student Loan Payment – This item is not ready to present at this time. Mr. Hargrave is to present an analysis to the Finance Committee comparing the cost of turnover vs. the benefit of the student loan and commitments to stay. If approved at committee level, it will be presented at the October board meeting for approval.

Expand Physician Recruitment Committee – Physician recruitment committee meeting was held on September 15th. Physician recruitment for several specialties and expansion of the committee had been discussed. A recommendation had been made to add a primary care physician as well as another board member to the committee. Ms. Young had expressed interest in joining and will be the board member added to the Physician Recruitment Committee.

BOARD CALENDAR – October calendar reviewed. No changes made. Mr. Kendziorek encourages all board members to attend the Board Compliance training scheduled to take place at 9:00am on Saturday, October 17th if available to do so. As compliance training is required, those unable to attend must watch the recorded session and attest to having done so.

BOARD COMMENTS AND QUESTIONS – None.

Executive Session – Motion by Mr. Solomon-Gross to recess into executive session as written in the agenda to discuss the credentialing report:

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

*Ms. Hagevig seconded. **There being no objection, motion approved.***

The Board entered executive session at 9:23 a.m. and returned to regular session at 9:31 a.m.

Motion by Mr. Mr. Solomon-Gross to approve the credentialing report as presented. Ms. Hagevig seconded. ***There being no objection, credentialing report approved.***

ADJOURNMENT – 9:33 a.m.

DRAFT

Bartlett Regional Hospital

Minutes
STRATEGIC PLANNING MEETING
September 19, 2020 – 9:30 a.m.
BRH Boardroom / Zoom videoconference

CALL TO ORDER – The Board of Director’s meeting was called to order at 9:34 a.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Megan Costello, CLO	Michelle Hale, CBJ Liaison	Joy Neyhart, DO, COS
Anita Moffitt, Executive Assistant	Katie Bausler, Public Relations	Noble Anderson, MD
Keegan Jackson, MD	Mimi Benjamin, MD	Corey Wall, JYW
David Sandberg, Cycle of Business	John Budd, ECG	Jeff Hoffman, ECG
Rashah McChesney (KTOO)	Roseman GenPublic (Public)	Martin Stepetin (Public)

PUBLIC PARTICIPATION – None

REVIEW MISSION, VISION AND VALUES – Mr. Bill provided an overview of Bartlett’s Mission, Vision and Values to make sure they are still pertinent.

Mission – BRH provides its community with quality patient centered care in a sustainable manner.

Vision – BRH will be the best community hospital in Alaska

Values – At BRH we **C.A.R.E**

Courtesy – We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.

Accountability – We take responsibility for our actions and their collective outcomes; working as an effective, committed and cooperative team.

Respect – We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.

Excellence – We choose to do our best and work with a commitment to continuous improvement. We provide high quality, professional healthcare to meet the changing needs of our community and region.

It was expressed that this still speaks to what we want to be and how we want to deliver our services. No changes recommended.

HOW MUCH OF A CASH RESERVE SHOULD WE MAINTAIN - Mr. Benson provided an overview of different means of financing capital projects: debt vs. using internal reserves. Pros and cons of both options were provided. Cash balances and cash to debt ratio for the past three years were presented and it

was noted that our return on reserves is about the same as what the interest on debt would cost. He then provided different scenarios that might impact the days' cash on hand. Mr. Kendziorek suggested we take a backwards approach to this plan and settle on a number for days' cash on hand to tell us how much is reasonable to be financing. We then need to look at the list of projects we have, prioritize them and get them going. He feels that this is the most important high level thing we need to do as a result of this meeting. Ms. Hale expressed appreciation of Mr. Benson bringing in the public perception of budget reserves as well as Mr. Kendziorek's idea of a backwards approach. She noted that the Assembly is keenly aware that BRH has a robust balance. Discussions were held about debt to capitalization ratio, the need to maintain the ability to respond to disasters and other unforeseen events and the need for making some of the changes as a result of COVID happen very quickly. Mr. Bill made a recommendation that we look at establishing a 180 operating day reserve and fund deferred maintenance and COVID projects out of Capital while anticipating that we may need to go to the bonding market for anything more substantial than that. Mr. Kendziorek agreed with this process and the need to get moving on high prioritized projects. He suggests we begin the process of developing a bond package for about \$8 Million and see how far that gets us on the projects that we can finish in the next 12 – 18 months. These steps would allow us to know how much money we have available both in terms of our equity contributions and our finance bonds. He then stressed the importance of explaining, in detail so the Assembly and the public understands, what is really contained in the spreadsheet showing the days' cash on hand and why we would need six months' worth of money in case something goes wrong. Ms. Hagevig expressed a debt of gratitude to previous Board members for the financial decisions they had made to put us in the financial situation we are in.

REVIEW PRIOR PLAN – David Sandberg of Focus and Execute, provided a high level overview of the goals established for 2019. Overall, 79% of the action plans have been completed. Some items not yet completed are tied to today's presentations by Jensen Yorba Wall (JYW) and ECG. Telehealth services in psychiatry are functional at this time and are being explored for other specialties. Mr. Johnson requests a list of services and specialties that we are considering for telehealth services. This topic will be further explored during the ECG presentation about partnering.

Robotics – Mr. Bill reported that the discussion about robotics is being brought up again for a couple of reasons; 1) Dr. Newbury is bringing in a new partner, freshly out of school that is very interested in robotics. 2) With Dr. Saltzman leaving the community, at least temporarily, we are trying to recruit a urologist. Robotics could be a useful recruitment tool. Discussion was held about how well robotics are working for other facilities in Alaska. Mr. Solomon-Gross and Ms. Knapp expressed support in bringing this topic back to the table. Mr. Kendziorek, very supportive of this project, feels that it should be a moderately high priority but higher priority projects need to be taken care of first. Dr. Jones expressed concerns that the volume of cases at BRH would not be sufficient for providers to remain competent in this area, a specialized OR staff would be required, robotic surgery does not improve surgical outcomes, they take more OR time and are considerably more expensive. He also noted that we are not currently recruiting for another OB/GYN and the Urologist we are looking at is not interested in using robotics. Dr. Benjamin noted that the 4 surgeons we currently have are not trained in robotics and not particularly interested in training. Further discussion held about the volume of cases needed for providers to maintain competency, specialized staffing, aging populations and patients traveling out of town for services. Ms. Hagevig and Dr. Neyhart agreed that a robotics program should not be implemented now but needs to stay on future plans. Mr. Bill will continue to work with the surgeons to try to predict what the demand and usage would be. If

it's determined that we would have the volumes to maintain competency, he will bring it back to the Finance Committee for acquisition.

JENSEN YORBA WALL CAMPUS PLAN REVIEW – Corey Wall provided an overview of the campus plan that had been presented in January. Due to COVID, the list of projects and priorities associated with that plan have changed considerably as have health care designs everywhere. He reported that nationally, changes include, ventilation improvements, creating negative pressure spaces and increased filtration, larger waiting rooms with more isolated spacing and drive through spaces where initial evaluations, inoculations and testing can be conducted while the patient is still in their car. Shell spaces are being thought about as patient areas from the beginning of the design phase and are to be used for surge capacity in the event of a big outbreak of disease. Non-critical areas are being prepped with med gas and emergency power so are ready to be converted to patient rooms if needed. Parking garages could be used for triage spaces or enclosed emergency centers. Space designed for equipment storage such as extra beds, screens and other equipment are to be put into use in the event of an emergency. Materials Management departments to have increased storage space to stock enough supplies in case supply chains break down. Technology upgrades include touchless check-in, telehealth services space and equipment and video conferencing abilities in patient rooms. Smaller locker rooms and break rooms for staff to be distributed throughout facilities. While the ventilation issues were not something that had been anticipated, Bartlett had identified and prioritized several of these other things in its master plan prior to the pandemic. Discussion was held about proposed OR and Lab renovations and the flow of moving patients through the hospital. Mr. Gardner provided an overview of the priorities identified in the COVID-19 Facility Changes/Modifications document included in the packet. Staff will work with JYW to combine and prioritize the lists of projects, identify timelines, figure out how much money we have and how far down that list we can get. The Planning Committee will review this revised plan and make a recommendation to the Board. Mr. Bill reported that we should have the fair market value appraisal of the Bartlett Surgery and Specialty Clinic building in about three weeks. Purchasing this building would provide some additional flexibility in moving things around while renovations are going on in the hospital and can then be configured to accommodate services in the future. Dr. Benjamin expressed the importance of providing safe spaces for staff to take their breaks and suggests this be a high priority to help combat staff and physician burnout. Mr. Stevens said other things to consider are what projects can be done simultaneously and how to work with tenants of the Juneau Medical building if we displace them to tear down the building.

BREAK – Mr. Stevens called for a recess at 11:24am. Session resumed at 11:35am

ECG DISCUSSION IN THE CONTEXT OF THE “NEW NORMAL” – Mr. Bill noted the SE Health Care SWOT and initiative analysis were included in the packet as a resource for ECG. John Budd and Jeff Hoffman of ECG provided an overview of the Provider Network Development Plan included in the packet. ECG's analysis included discussions with the medical staff and leaders across the organization to shape a strategic fact base. BRH's liquidity is stronger than a lot of organizations. Juneau's population growth rate is anticipated to be pretty flat over the next 5 years while the population aged 65 years and older grows. This is important because it will shift utilization patterns and payor mix. Reimbursements from federal programs, staff and provider shortages, outmigration of key services to competitors, patient leakage, behavioral health and substance use disorders and overhead scale are key considerations in community hospital strategies. BRH is heavily reliant on governmental programs for reimbursements that may not be

available in the future. Mr. Benson noted that in FY2020, BRH would have a \$1.5 Million reduction in reimbursements without the Rural Demonstration Project. Operational expenses continue to be greater than what was anticipated due to COVID. Mr. Stevens suggested that travel restrictions and the capacities of out of town hospitals, may change the behaviors of Juneau residents seeking healthcare. After receiving quality care at BRH, hopefully, they will continue to get their health care here. Discussion held about a marketing plan to promote BRH services and increase patient volumes.

There were four issues at the core of ECG findings: 1) the notion of unstable financials 2) changes in competitive providers across the region 3) leakage of services 4) challenges in recruitment. ECG recommends thinking long term. Our cash position will continue to be a struggle to improve. The big issue is services leaving the community. We need to market and continue to build our services. Recruitment is going to become more difficult across the country, not just in Juneau. ECG recommends looking at a partnership with an organization where we could find a mutually beneficial agreement where we could support a broader rotation of specialists in the community and potentially find some joint venture opportunities. There are two types of strategic partners when thinking big strategy. One is best of breed, find an organization that offers what we want and need to partner with. The downside of that is that we don't get a long term partner. The second type is a more strategic partnership where we start aligning with a partner and look for opportunities to work together to provide more service options. This tends to be a longer more beneficial partnership than best of breed partnerships. While BRH is in good position today, it makes sense, strategically, to start thinking about these things before it gets to a point where we don't have options. While we look at different alignment options, we need to understand that each potential partner is going to approach it differently with their own strategic needs.

ECG wants to be very clear that they are not talking about a merger or any type of joint operating agreement where another organization takes over. They aren't talking about a shared service company. What they are recommending is clinical affiliations where we rotate different specialties to get better access to expertise not available in Juneau and to look at joint venture opportunities. They are not recommending an option where another organization will take over BRH and do not think BRH is in a position where it needs to be considering this as an option at this time. Guiding principles – 1) Independence, CBJ will not consider merging or selling the hospital. 2) The span of control: BRH wants to remain an independent organization capable of providing care locally, meeting the ongoing capital investment needs. 3) Commitment to southeast Alaska – Any partner must be able to understand the unique aspects of providing care in AK and provide services that are suited to the region. 4) Commitment to BRH and CBJ – BRH and the CBJ do not want to get lost inside a larger health system and expect to continue to influence how health care is delivered in Juneau. It is suggested that as we look for a potential partner in services, initial discussions should begin with Swedish, Providence, St. Joseph Health, SEARHC, Virginia Mason and Peach Health. Other opportunities include the Mayo Clinic and Cleveland Clinics. If BRH wants to successfully move forward with looking at different options to build this, it has to have a slightly different approach than has been done traditionally. Identifying a partner that shares BRH's objectives and complements its existing service offerings involves a five-step process. 1) Evaluate services for focus 2) Compile potential partner profiles 3) Contact potential partners and develop RFP 4) Evaluate partnership opportunities 5) Conduct deliberations. Dr. Jones stated that once these partnerships are aligned, it would be a great time to talk about robotics again. He also suggested talking to the University of Washington as a potential partner and speaking to medivac providers about the extra costs of sending someone to Seattle as opposed to

Anchorage. Mr. Kendziorek noted that the Board had already approved the implementation tasks that had been outlined on page 135 of today's packet and said we need to stop talking and get moving on them. Mr. Hoffman clarified that a comprehensive alignment is a partnership with an organization that can provide a broad list of specialty services and does not impede the ability for local physicians to continue their existing referral relationships. In order for this to work really well, physician buy in is needed. Mr. Johnson would like the Board to have a more robust conversation about the pros and cons of pursuing each type of strategic partner before deciding how to move forward. Dr. Benjamin suggested looking at the use of an organizations community version of their EMR as part of the partnership as a way to save money and improve the EMR we already have. Ms. Knapp expressed her support of moving ahead with caution. Mr. Johnson noted that COVID is putting a strain on a lot of facilities across the country and expressed concern that BRH would become less of a priority for an affiliate under a financial strain. Mr. Bill agreed that this could be a concern. He also noted that it is really important that we get the medical staff's input and assure them that we are not trying to change anyone's referral patterns. Providers and their patients will still be able to choose where to obtain services.

Mr. Bill reported that the Physician Recruitment Committee and some local physicians have met to discuss the Community Health Needs Assessment results and specialties were identified as being important to recruit for. He also reported that he has already made contact with some potential partners. We will be looking at a combination of telemedicine and intermittent clinic rotations for in person visits. A brief discussion was held about the challenges BRH would face as a part of CBJ if we pursued joint venturing, specifically public financial records. Dr. Jones expressed that an easily accessible partnership with sub specialists would probably be welcomed by the medical staff and referral patterns would probably change. Since it will impact our master facility plan, it is important that identifying potential partners and defining what it is we think the community needs the most needs to happen at the same time. Ms. Hale suggested that Mr. Bill speak to Rorie Watt about the best way to communicate with the assembly about what BRH and the Board is thinking. She will provide a high level report at the September 20th Assembly meeting. Dr. Benjamin reported that some telehealth restrictions are being lifted and Virginia Mason is talking about being able to do inpatient consults which will help reduce the number of medivacs. She also feels that the physicians in this community would be interested in this type of relationship.

A discussion was held about the need for help in compiling the profiles of potential partners and defining the RFP so we get the results that we want out of a partnership and not designed to a particular organization. Mr. Stevens expressed concerns that CBJ controls our RFP process and doesn't have the required expertise to make sure we get what we need. Mr. Bill stated that the key is to have BRH define expectations on the front end. If structured correctly, the boiler plate for an RFP is not that difficult to work with. Mr. Hoffman agreed with Mr. Bill that the big part of this process is the upfront discussions to be held with each organization. We would like for the physician rotation or access to have some infrastructure so we know who the point person is and what the process is when our physician wants access. Explain what it is that Juneau and BRH needs over the next 5 years so that potential partners understand what we are thinking and can decide if they would be able to work with us. We can then ask for help in developing an RFP. Mr. Johnson would welcome some input from local providers on this topic. Ms. Costello expressed her appreciation for the discussion about the RFP process and suggested that we may want to hire an outside attorney to help us develop one. Dr. Jones suggested an ad-hoc committee be created with stake holders and physicians to be able to identify our needs and help move the project forward. Mr. Johnson suggests

including one or two community members on the committee to provide input as well. Mr. Bill and Mr. Stevens will discuss this further to identify what the committee looks like and what the role and responsibility is. Mr. Bill thanked Mr. Hoffman and Mr. Budd for their presentation and hard work on this project.

EMPLOYEE SURVEYS – Mr. Bill noted we have done a really good job in assessing needs of employees from a behavioral and personal wellness standpoint during this pandemic. Survey results are in the packet.

MARKETING PLAN – Mr. Bill reported that he and Katie Bausler have discussed looking at a professional marketing firm to give us some marketing ideas. He sees the marketing plan as a two phase plan; a shorter phase to take advantage of the added loyalty from Juneau patients that came to BRH as a result of COVID. How do we grow that relationship and trust? Second, how do we market for the future with new services? A discussion was held about price competitiveness and insurance companies encouraging patients to receive services out of town. BRH is very competitive with other hospitals but not freestanding specialty centers that don't have a lot of overhead. Mr. Bill reported that the anesthesiologists that provide services at BRH are not currently in any network plan. He is working with them to form a group and enter into a professional services agreement with BRH. It is expected that they will join in the same payor plans as BRH. He also noted that BRH's insurance policy through CBJ pays the same no matter where care is provided. It might be worth looking at giving discounts for receiving care locally or adding penalties for going out of Juneau for care. Conversation returned to marketing. Talk about the services and quality of care BRH provides needs to happen sooner rather than later and the message delivered in different avenues than we've been using. Dr. Anderson suggested that we should consider SEARHC as a partner and not competition. He also reported that SEARHC has recently partnered with Swedish and wonders if it would be mutually beneficial to look at Swedish as well. It was noted that marketing the community successfully by giving all of the positives Juneau has to offer and developing better partnerships with key industries in the community to help cross promote each other's strategic employment needs would help our recruitment efforts.

COMMENTS AND QUESTIONS – Ms. Young said this has been a great meeting for the newest board member. Dr. Jones said that 3 or 4 of the medical students and residents that have come up here through the WAMI program are interested in moving to Juneau. This program is also a great recruiting tool. Mr. Johnson appreciates the good discussions. Mr. Kendziork noted the meeting went pretty well. He encourages as many board members as possible attend the 7:00am Planning meeting scheduled to take place on October 15th to continue these discussions and work through the details. Mr. Solomon-Gross expressed appreciation for everyone's comments today. Ms. Hagevig concurred that this was a very useful conversation and thanked everyone for their participation. She also noted that the Southeast Conference is taking place next week and encourages as many board members as possible to attend. Ms. Knapp reported that this is her 6th Strategic Planning work session and found this one to be the most productive. Ms. Lawhorne expressed appreciation for everyone's time and energy discussing the future of our hospital. She said she is here to participate and support this process however she can. Mr. Grigg echoed Ms. Lawhorne's comments and expressed appreciation for the commitment of the Board. Mr. Gardner stated that we have one of the strongest leadership teams under Mr. Bill and certainly a very strong Board. He is happy that we have this time to get us through this COVID pandemic. Mr. Benson agreed with everything Mr. Gardner said. He then reported that we have been working with our audit firm to complete the GASBY 68 and 75, recording the liability for unfunded pension expense. This particular

entry has been messing with BRH financial statements for the last several years. This year it is in our favor in that the PERS fund had excellent investment performance during 2020. As a result, we are going to see a significant decrease in our pension expense and liability. Mr. Stevens thanked everyone for the reports, good direction and concepts provided and stated that the work is just beginning. We need to start narrowing these down into actionable plans for both the facilities plan and in conjunction with our next steps in providing services within the community, making sure that one doesn't get too far ahead of the other. It's going to take some coordinated efforts and a lot more work to get us to the finish line. He thanked everyone for their commitment to making this happen and said he's glad to be a part of it himself. Ms. Hale expressed her appreciation to the Board for really good thinking and wanting to move things to the next steps with a clear understanding what those steps might be.

ADJOURNMENT – 1:22 p.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

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

August was a better month after starting the fiscal year with a loss in July. Revenues were down in August but was supplemented by CARES monies to make up the loss of revenue. Inpatient volumes and revenues were down in August. After two months, inpatient revenues are 24% short of budget and 26% less than the prior year. Outpatient revenues were short of budget after exceeding budget in both June and July. It appears the “catch-up” effect from being closed for 6 weeks is over. Also, tourist volumes in the prior year were highest in the month of August. Outpatient volumes listed on the statistics page show a range of decreases from 7% (Lab) to 29% (Radiology). As a result, Outpatient revenues were short of budget by \$1.3 million. This resulted in Total Patient Revenue being short of budget by \$4.2 million or 22%.

Deductions from Revenue also decreased commensurate with the decrease of revenue and finished \$3.1 million less than budget.

Net Patient Revenue finished \$1.1 million or 11% less than budget. CARES funds were realized to make up for this loss of revenues and recorded to Other Operating Revenue. This left a shortfall of \$276,000 or 2.6% in Total Operating Revenue.

Expenses exceeded budget by \$88,000 thousand or 0.9%. This variance was less than expected as \$827,000 of unbudgeted expense was recorded to the Covid-19 department. This includes substantial spending on pharmaceuticals and other covid-19 supplies. This resulted in an Operating Income of \$586,000 and a Net Income of \$764,000. After the loss in July, this brought BRH back to break-even for Operating Income and provided a Net Income of \$356,000.

Other Significant Items:

- Reference Lab fees have increased due to Covid-19 tests. After two months this expense is almost \$100,000 which is \$64,000 greater than the prior year.
- Another impact of Covid-19 is closing down the cafeteria except for staff, patients and patient’s family members. As a result, cafeteria revenues are reduced 50% or about \$30,000 per month.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (July)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	345	386	-11%	434	382	727	772	-6%	930
Patient Days - Critical Care Unit	103	96	7%	93	104	207	193	7%	201
Patient Days - Swing Beds	0	0	0%	0	0	0	69	-100%	0
Avg. Daily Census - Acute	14.5	15.6	-7%	17	15.7	15.1	16.7	-10%	18.2
Patient Days - Obstetrics	68	69	-2%	91	73	141	348	-59%	152
Patient Days - Nursery	58	54	8%	64	51	109	107	2%	120
Total Hospital Patient Days	574	605	-5%	682	610	1,184	1,420	-17%	1,403
Births	28	25	14%	27	29	57	49	16%	55
Mental Health Unit									
Patient Days - Mental Health Unit	132	279	-53%	235	137	269	558	-52%	486
Avg. Daily Census - MHU	4.3	9.0	-53%	7.6	4	4.3	9.0	-52%	7.8
Rain Forest Recovery:									
Patient Days - RRC	0	399	-100%	285	0	0	799	-100%	618
Avg. Daily Census - RRC	0	12.9	-100%	9.2	0	0	12.9	-100%	10.0
Outpatient visits	67	19	246%	21	21	88	44	100%	43
Inpatient: Admissions									
Med/Surg	49	80	-39%	101	71	120	160	-25%	193
Critical Care Unit	32	45	-28%	49	33	65	89	-27%	106
Obstetrics	27	27	1%	30	34	61	53	14%	59
Nursery	28	25	13%	27	29	57	50	15%	56
Mental Health Unit	22	37	-41%	38	16	38	75	-49%	76
Total Admissions - Inpatient Status	158	213	-26%	245	183	341	427	-20%	490
Admissions - "Observation" Status									
Med/Surg	52	57	-8%	50	58	110	113	-3%	109
Critical Care Unit	24	30	-21%	37	24	48	61	-21%	76
Mental Health Unit	3	3	18%	4	4	7	5	37%	5
Obstetrics	14	19	-27%	24	14	28	38	-27%	39
Nursery	0	0	-100%	0	0	0	0	-100%	1
Total Admissions to Observation	93	109	-15%	115	100	193	218	-12%	230
Surgery:									
Inpatient Surgery Cases	46	53	-13%	70	57	103	105	-2%	124
Endoscopy Cases	78	92	-15%	84	75	153	184	-17%	147
Same Day Surgery Cases	109	104	5%	95	143	252	207	22%	189
Total Surgery Cases	233	248	-6%	249	275	508	497	2%	460
Total Surgery Minutes	16,827	15,437	9%	19,319	20,318	37,145	15,437	141%	34,226
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	991	1,243	-20%	1,278	1,033	2,024	2,486	-19%	2,704
Cardiac Rehab Visits	48	65	-26%	86	50	98	130	-25%	168
Lab Visits	289	402	-28%	256	264	553	805	-31%	519
Lab Tests	9,163	9,817	-7%	10,629	10,083	19,246	19,137	1%	9,320
Radiology Visits	727	840	-13%	791	806	1,533	1,680	-9%	1,589
Radiology Tests	2,063	2,905	-29%	2,797	2,330	4,393	5,632	-22%	2,727
Sleep Study Visits	25	29	-13%	29	34	59	58	2%	56
Physician Clinics:									
Hospitalists	173	237	-27%	164	363	536	475	13%	365
Bartlett Oncology Clinic	77	83	-8%	102	81	158	167	-5%	186
Ophthalmology Clinic	98	55	80%	-	107	205	109	88%	-
Behavioral Health Outpatient visits	355	385	-8%	383	372	727	770	-6%	763
Bartlett Surgery Specialty Clinic visits	190	209	-9%	254	222	412	418	-1%	514
	893	969	-8%	903	1,145	2,038	1,939	5%	1,828
Other Operating Indicators:									
Dietary Meals Served	19,552	30,346	-36%	30,117	17,896	37,448	60,691	-38%	58,999
Laundry Pounds (Per 100)	364	384	-5%	409	376	740	767	-4%	805

**Bartlett Regional Hospital
Dashboard Report for August 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	6,184	4,599	34.5%	4,594	6,489	4,475	45.0%	4,556
Contractual Allowance %	37.6%	43.0%	-12.5%	39.0%	45.6%	43.0%	6.1%	40.7%
Bad Debt & Charity Care %	-0.1%	2.7%	-103.7%	2.4%	-0.1%	2.7%	-102.7%	2.8%
Wages as a % of Net Revenue	49.7%	43.6%	14.1%	43.9%	53.4%	45.3%	17.8%	45.1%
Productive Staff Hours Per Adjusted Patient Day	36.4	20.3	78.9%	20.3	35.3	20.3	73.8%	10.8
Non-Productive Staff Hours Per Adjusted Patient Day	5.6	3.1	81.2%	3.3	5.4	3.1	73.9%	1.7
Overtime/Premium % of Productive	2.99%	4.55%	-34.3%	5.99%	4.45%	5.26%	-15.4%	5.99%
Days Cash on Hand	114	115	-1.0%	112	111	115	-3.6%	116
Board Designated Days Cash on Hand	130	131	-1.0%	146	127	131	-3.6%	146
Days in Net Receivables	56.2	56	0.0%	47	56.2	56	0.0%	47
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					61.9%	33.7%	83.8%	62.3%
Total debt-to-capitalization (without PERS)					15.7%	33.7%	-53.4%	19.8%
Current Ratio					7.26	2.00	263.1%	8.10
Debt-to-Cash Flow (with PERS)					9.17	2.7	239.7%	5.72
Debt-to-Cash Flow (without PERS)					2.32	2.7	-14.0%	1.82
Aged A/R 90 days & greater					48.3%	19.8%	143.9%	45.7%
Bad Debt Write off					-0.5%	0.8%	-162.5%	1.1%
Cash Collections					98.4%	99.4%	-1.0%	93.0%
Charity Care Write off					1.6%	1.4%	14.3%	0.2%
Cost of Collections (Hospital only)					4.5%	2.8%	60.7%	4.4%
Discharged not Final Billed (DNFB)					13.8%	4.7%	193.6%	10.8%
Unbilled & Claims on Hold (DNSP)					13.8%	5.1%	170.6%	10.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.0%
POS Cash Collection					1.8%	21.3%	-91.5%	9.0%

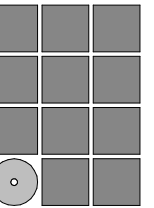
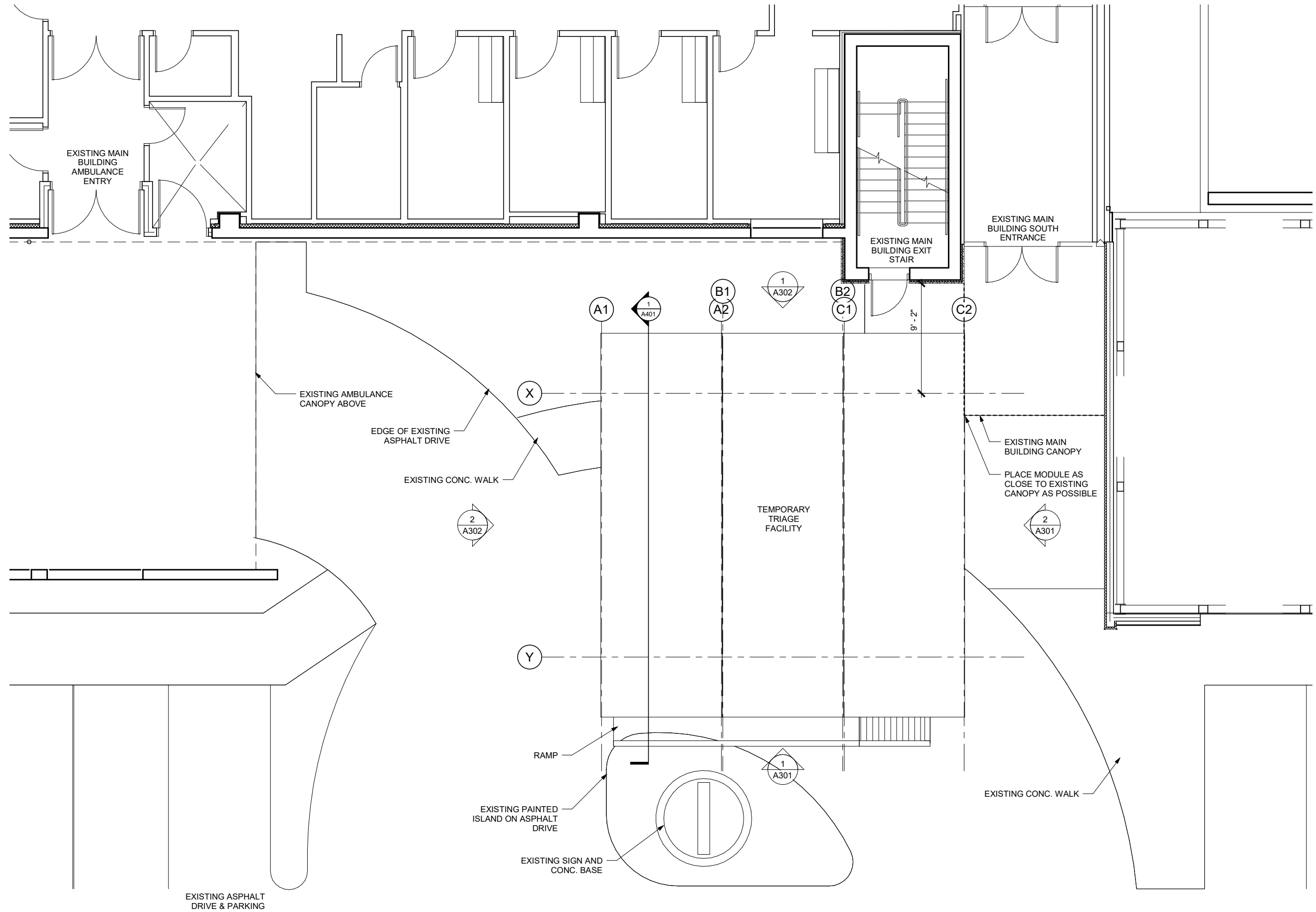
BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF AUG 2020

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:											
\$3,469,388	\$5,353,745	-\$1,884,357	-35.2%	\$5,311,553	1. Inpatient Revenue	\$7,509,056	\$10,300,141	-\$2,791,085	-27.1%	\$10,423,052	-28.0%
\$896,443	\$1,137,455	-\$241,012	-21.2%	\$1,172,133	2. Inpatient Ancillary Revenue	\$1,919,084	\$2,188,376	-\$269,292	-12.3%	\$2,291,358	-16.2%
\$4,365,831	\$6,491,200	-\$2,125,369	-32.7%	\$6,483,686	3. Total Inpatient Revenue	\$9,428,140	\$12,488,517	-\$3,060,377	-24.5%	\$12,714,410	-25.8%
\$9,174,995	\$10,502,418	-\$1,327,423	-12.6%	\$9,390,541	4. Outpatient Revenue	\$19,852,402	\$20,205,738	-\$353,336	-1.7%	\$18,750,158	5.9%
\$13,540,826	\$16,993,618	-\$3,452,792	-20.3%	\$15,874,227	5. Total Patient Revenue - Hospital	\$29,280,542	\$32,694,255	-\$3,413,713	-10.4%	\$31,464,568	-6.9%
\$5,885	\$359,605	-\$353,721	-98.4%	\$296,529	6. RRC Patient Revenue	\$8,279	\$691,847	-\$683,568	-98.8%	\$645,643	-98.7%
\$184,585	\$305,636	-\$121,051	-39.6%	\$287,617	7. BHOPS Patient Revenue	\$385,217	\$588,016	-\$202,800	-34.5%	\$534,946	-28.0%
\$845,130	\$1,143,020	-\$297,890	-26.1%	\$795,460	8. Physician Revenue	\$2,125,619	\$2,199,074	-\$73,456	-3.3%	\$1,569,596	35.4%
\$14,576,426	\$18,801,879	-\$4,225,454	-22.5%	\$17,253,833	9. Total Gross Patient Revenue	\$31,799,657	\$36,173,192	-\$4,373,537	-12.1%	\$34,214,753	-7.1%
Deductions from Revenue:											
\$2,082,554	\$3,607,023	\$1,524,469	42.3%	\$3,443,114	10. Inpatient Contractual Allowance	\$5,688,785	\$6,939,600	\$1,250,816	18.0%	\$6,915,027	-17.7%
\$0	\$0	\$0		-\$308,333	10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$2,814,255	\$3,748,938	\$934,683	24.9%	\$2,988,752	11. Outpatient Contractual Allowance	\$7,415,637	\$7,212,625	-\$203,012	-2.8%	\$6,322,673	17.3%
\$581,642	\$722,888	\$141,246	19.5%	\$602,522	12. Physician Service Contractual Allowance	\$1,396,504	\$1,390,774	-\$5,730	-0.4%	\$990,502	41.0%
\$14,847	\$16,627	\$1,780	10.7%	\$14,875	13. Other Deductions	\$24,661	\$31,990	\$7,329	22.9%	\$26,804	0.0%
\$232,980	\$78,143	-\$154,837	-198.1%	\$32,608	14. Charity Care	\$393,270	\$150,340	-\$242,930	-161.6%	\$63,548	518.9%
-\$247,358	\$426,736	\$674,094	158.0%	\$389,975	15. Bad Debt Expense	-\$416,654	\$821,003	\$1,237,657	150.7%	\$897,104	-146.4%
\$5,478,920	\$8,600,355	\$3,121,435	36.3%	\$7,163,513	16. Total Deductions from Revenue	\$14,502,203	\$16,546,332	\$2,044,130	12.4%	\$14,907,325	-2.7%
37.6%	43.0%			40.8%	% Contractual Allowances / Total Gross Patient Revenue	45.6%	43.0%			40.7%	
-0.1%	2.7%			2.4%	% Bad Debt & Charity Care / Total Gross Patient Revenue	-0.1%	2.7%			2.8%	
37.6%	45.7%			41.5%	% Total Deductions / Total Gross Patient Revenue	45.6%	45.7%			43.6%	
\$9,097,506	\$10,201,524	-\$1,104,019	-10.8%	\$10,090,320	17. Net Patient Revenue	\$17,297,454	\$19,626,860	-\$2,329,407	-11.9%	\$19,307,428	-10.4%
\$1,426,349	\$598,754	\$827,595	138.2%	\$247,578	18. Other Operating Revenue	\$3,065,415	\$1,151,951	\$1,913,464	166.1%	\$387,667	690.7%
\$10,523,855	\$10,800,278	-\$276,423	-2.6%	\$10,337,898	19. Total Operating Revenue	\$20,362,869	\$20,778,811	-\$415,943	-2.0%	\$19,695,095	3.4%
Expenses:											
\$4,032,983	\$3,947,432	-\$85,551	-2.2%	\$3,877,755	20. Salaries & Wages	\$8,236,054	\$7,894,856	-\$341,198	-4.3%	\$7,553,409	9.0%
\$332,967	\$369,338	\$36,371	9.8%	\$269,491	21. Physician Wages	\$635,567	\$738,678	\$103,111	14.0%	\$623,104	2.0%
\$158,173	\$128,756	-\$29,417	-22.8%	\$281,820	22. Contract Labor	\$359,385	\$257,510	-\$101,875	-39.6%	\$523,904	-31.4%
\$2,174,366	\$2,203,019	\$28,653	1.3%	\$2,103,699	23. Employee Benefits	\$4,281,179	\$4,406,025	\$124,846	2.8%	\$3,945,308	8.5%
\$6,698,489	\$6,648,545	-\$49,944	-0.8%	\$6,532,765	% Salaries and Benefits / Total Operating Revenue	\$13,512,185	\$13,297,069	-\$215,116	-1.6%	\$12,645,725	6.9%
63.7%	61.6%			63.2%		66.4%	64.0%			64.2%	
\$115,987	\$81,310	-\$34,677	-42.6%	\$62,542	24. Medical Professional Fees	\$211,398	\$162,627	-\$48,771	-30.0%	\$111,782	89.1%
\$150,915	\$170,110	\$19,195	11.3%	\$189,348	25. Physician Contracts	\$245,702	\$340,220	\$94,518	27.8%	\$450,492	-45.5%
\$156,025	\$174,322	\$18,297	10.5%	\$134,174	26. Non-Medical Professional Fees	\$331,794	\$348,646	\$16,852	4.8%	\$297,486	11.5%
\$1,376,078	\$1,219,341	-\$156,737	-12.9%	\$1,187,445	27. Materials & Supplies	\$3,121,009	\$2,438,694	-\$682,315	-28.0%	\$2,227,970	40.1%
\$112,925	\$143,379	\$30,454	21.2%	\$108,696	28. Utilities	\$207,120	\$286,767	\$79,648	27.8%	\$234,639	-11.7%
\$497,665	\$432,227	-\$65,438	-15.1%	\$429,394	29. Maintenance & Repairs	\$914,997	\$864,452	-\$50,545	-5.8%	\$720,306	27.0%
\$41,169	\$52,298	\$11,129	21.3%	\$64,933	30. Rentals & Leases	\$100,860	\$104,597	\$3,737	3.6%	\$106,906	-5.7%
\$42,665	\$53,792	\$11,127	20.7%	\$48,496	31. Insurance	\$86,731	\$107,585	\$20,854	19.4%	\$87,148	-0.5%
\$672,260	\$677,442	\$5,182	0.8%	\$582,553	32. Depreciation & Amortization	\$1,343,268	\$1,354,884	\$11,616	0.9%	\$1,148,204	17.0%
\$50,909	\$51,245	\$336	0.7%	\$52,453	33. Interest Expense	\$102,031	\$102,490	\$459	0.4%	\$104,905	-2.7%
\$22,400	\$145,716	\$123,316	84.6%	\$118,630	34. Other Operating Expenses	\$186,077	\$291,420	\$105,343	36.1%	\$234,693	-20.7%
\$9,937,487	\$9,849,727	-\$87,760	-0.9%	\$9,511,429	35. Total Expenses	\$20,363,172	\$19,699,451	-\$663,720	-3.4%	\$18,370,256	-10.8%
\$586,368	\$950,551	-\$364,183	-38.3%	\$826,469	36. Income (Loss) from Operations	-\$303	\$1,079,360	-\$1,079,663	-100.0%	\$1,324,839	-100.0%
\$102,643	\$104,049	-\$1,406	-1.4%	\$100,738	37. Interest Income	\$204,478	\$208,099	-\$3,621	-1.7%	\$204,224	0.1%
\$75,801	\$100,474	-\$24,673	-24.6%	\$437,760	38. Other Non-Operating Income	\$151,392	\$200,948	-\$49,556	-24.7%	\$588,576	-74.3%
\$178,444	\$204,523	-\$26,079	-12.8%	\$538,498	39. Total Non-Operating Revenue	\$355,870	\$409,047	-\$53,177	-13.0%	\$792,800	-55.1%
\$764,812	\$1,155,074	-\$390,262	33.8%	\$1,364,967	40. Net Income (Loss)	\$355,567	\$1,488,407	-\$1,132,840	76.1%	\$2,117,639	83.2%
5.57%	8.80%			7.99%	Income from Operations Margin	0.00%	5.19%			6.73%	
7.27%	10.69%			13.20%	Net Income	1.75%	7.16%			10.75%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
August 31, 2020

	<u>August-20</u>	<u>July-20</u>	<u>August-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	33,997,698	34,521,025	33,230,084	767,614
2. Board designated cash	34,683,672	34,189,116	38,150,748	(3,467,076)
3. Patient accounts receivable, net	16,077,827	16,057,054	15,600,938	476,889
4. Other receivables	4,813,011	4,891,055	1,964,386	2,848,625
5. Inventories	3,315,535	3,216,093	2,844,847	470,688
6. Prepaid Expenses	2,916,535	2,814,779	1,046,478	1,870,057
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	95,833,155	95,717,999	92,866,358	2,966,797
Appropriated Cash:				
9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
Property, plant & equipment				
10. Land, bldgs & equipment	144,810,898	144,506,668	150,283,689	(5,472,791)
11. Construction in progress	6,325,003	6,216,769	1,016,566	5,308,437
12. Total property & equipment	151,135,901	150,723,437	151,300,255	(164,354)
13. Less: accumulated depreciation	(95,384,540)	(94,712,281)	(98,781,444)	3,396,904
14. Net property and equipment	55,751,361	56,011,158	52,518,812	3,232,549
15. Deferred outflows/Contribution to Pension Plan	14,415,000	14,415,000	14,415,000	-
16. Total assets	170,163,069	170,307,710	164,478,286	5,684,784
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,182,037	807,457	875,521	306,516
18. Accrued employee benefits	4,603,108	4,578,408	3,636,255	966,852
19. Accounts payable and accrued expenses	2,840,648	3,108,229	2,792,797	47,851
20. Due to 3rd party payors	4,250,857	4,250,857	2,846,628	1,404,229
21. Deferred revenue	(833,246)	328,523	(656,720)	(176,526)
22. Interest payable	65,959	(1)	68,072	(2,113)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	218,958	149,247	160,109	58,849
25. Total current liabilities	13,198,321	14,092,720	10,567,662	2,630,658
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,197,531	1,212,581	1,379,700	(182,169)
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	97,230,735	97,245,785	98,282,904	(1,052,169)
31. Total liabilities	110,429,056	111,338,505	108,850,566	1,578,489
32. Fund Balance	59,734,015	58,969,204	55,627,721	4,106,294
33. Total liabilities and fund balance	170,163,069	170,307,710	164,478,286	5,684,784

10/7/2020 4:17:06 PM G:\Projects\20045\BRH Triage Facility.rvt



**Jensen
Yorba
Wall Inc.**

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

Bartlett Regional Hospital
Temporary Triage Facility
 Juneau, Alaska

Schematic

REVISIONS



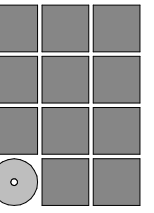
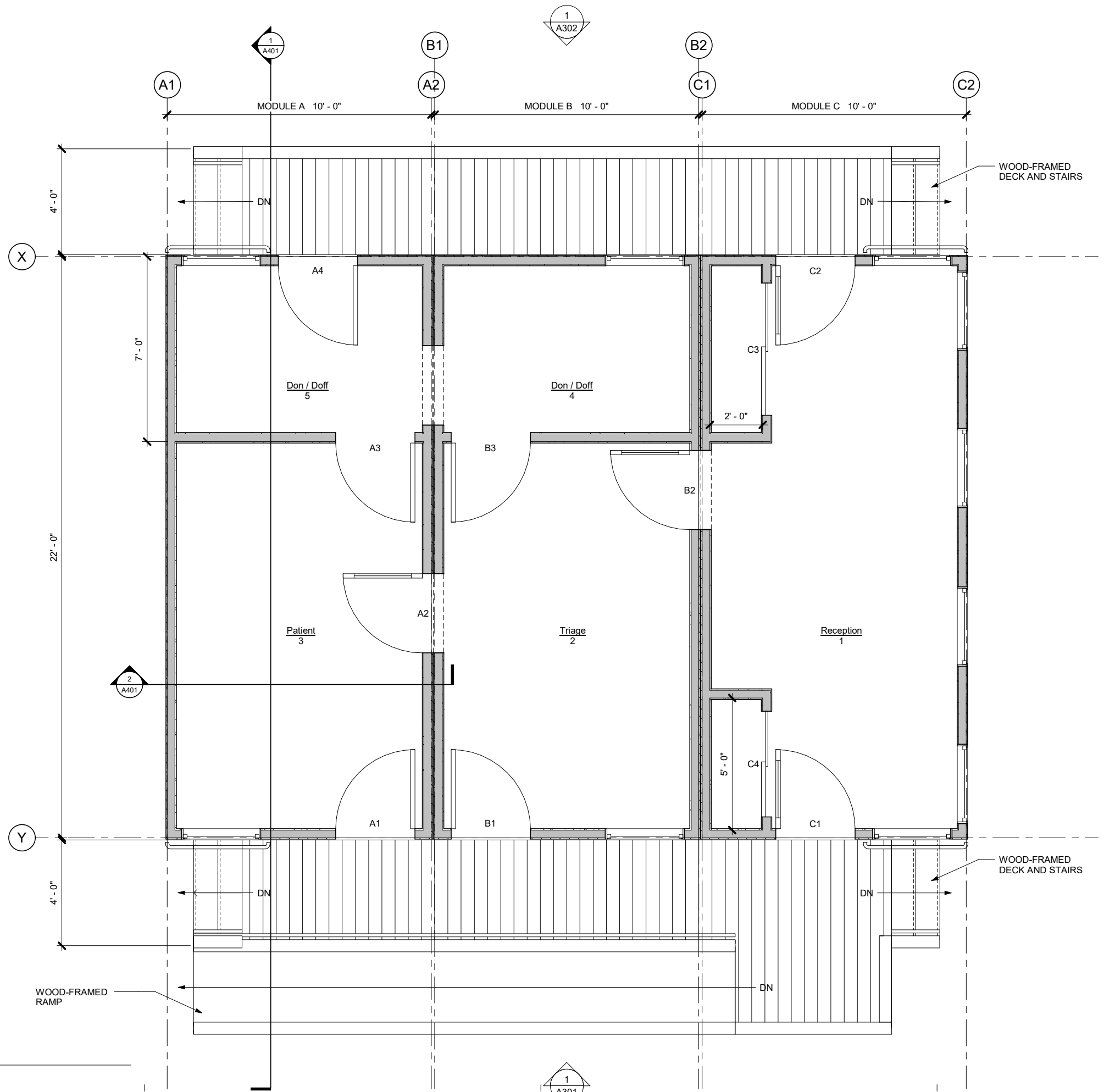
SHEET TITLE

Site Plan

DATE: Sept. 29, 2020
FILE: 20045

A101

1 Floor Plan



**Jensen
Yorba
Wall Inc.**

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

**Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska**

Schematic

REVISIONS

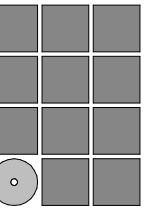


SHEET TITLE

Floor Plan

DATE: Sept. 29, 2020
FILE: 20045

A201



Jensen
Yorba
Wall Inc.

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska

Schematic

REVISIONS

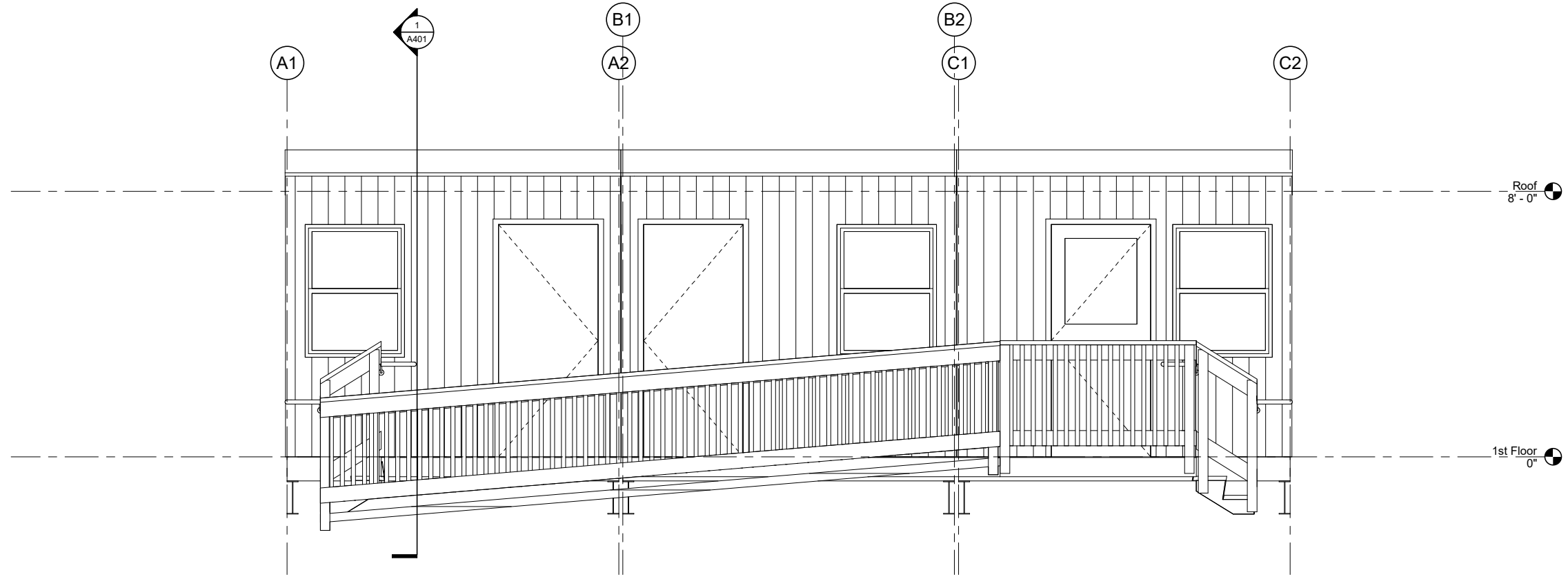


SHEET TITLE

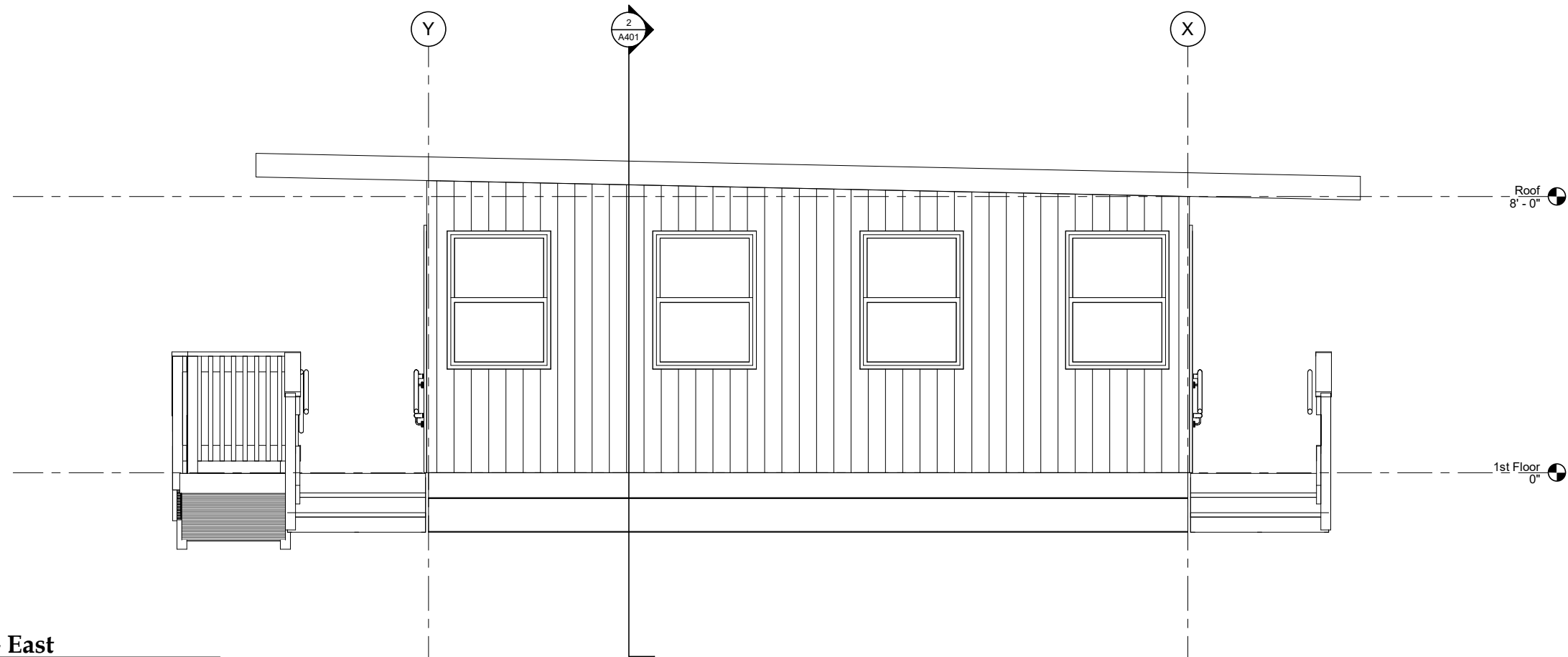
Exterior Elevations

DATE: Sept. 29, 2020
FILE: 20045

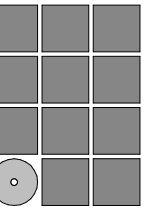
A301



1 Exterior Elevation - South



2 Exterior Elevation - East



Jensen
Yorba
Wall Inc.

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska

Schematic

REVISIONS

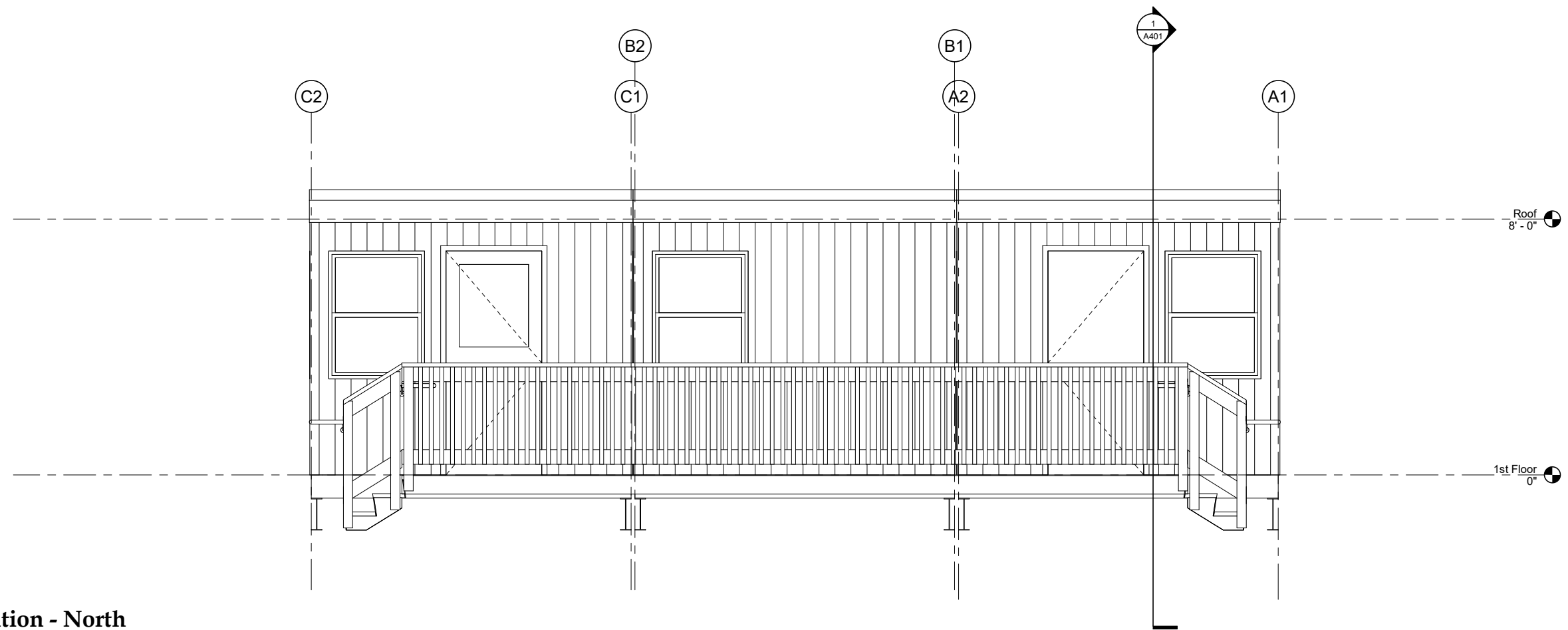


SHEET TITLE

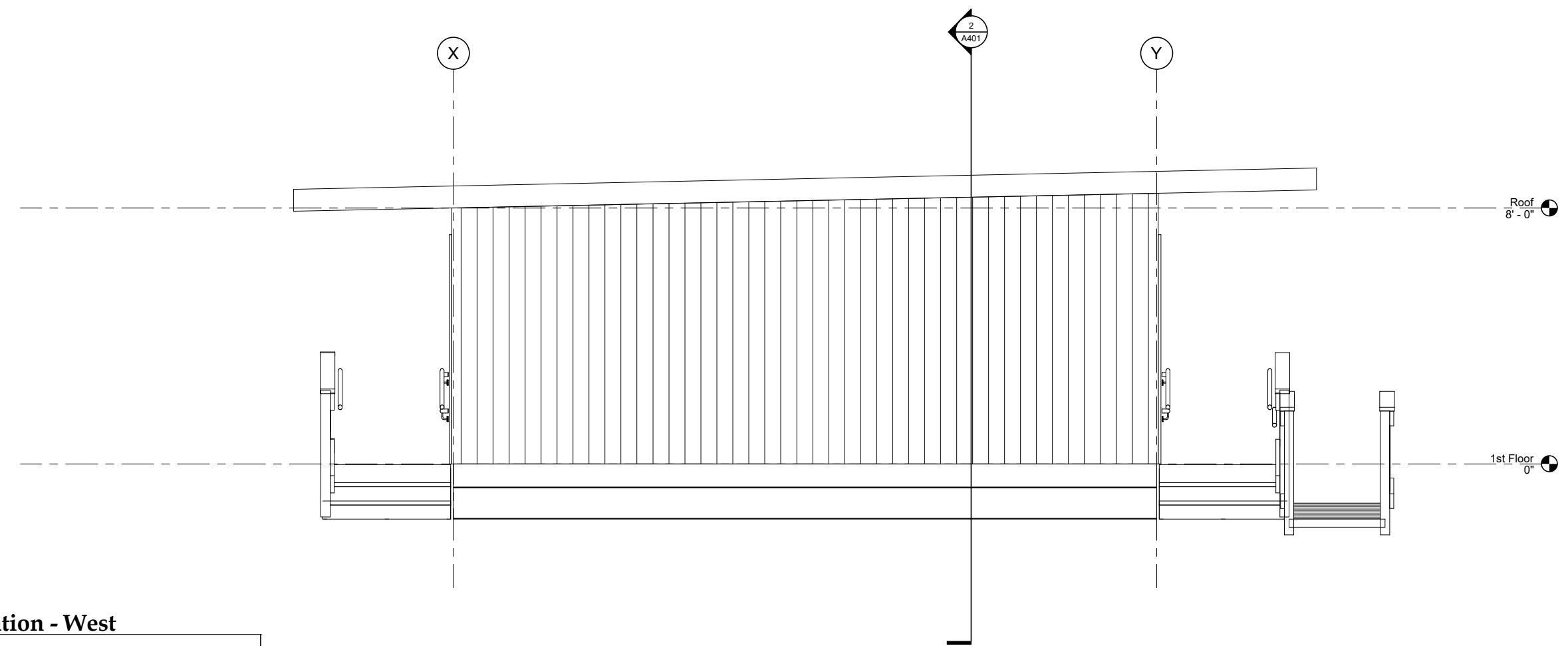
Exterior Elevations

DATE: Sept. 29, 2020
FILE: 20045

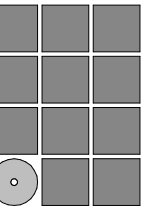
A302



1 Exterior Elevation - North



2 Exterior Elevation - West



Jensen
Yorba
Wall Inc.

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska

Schematic

REVISIONS

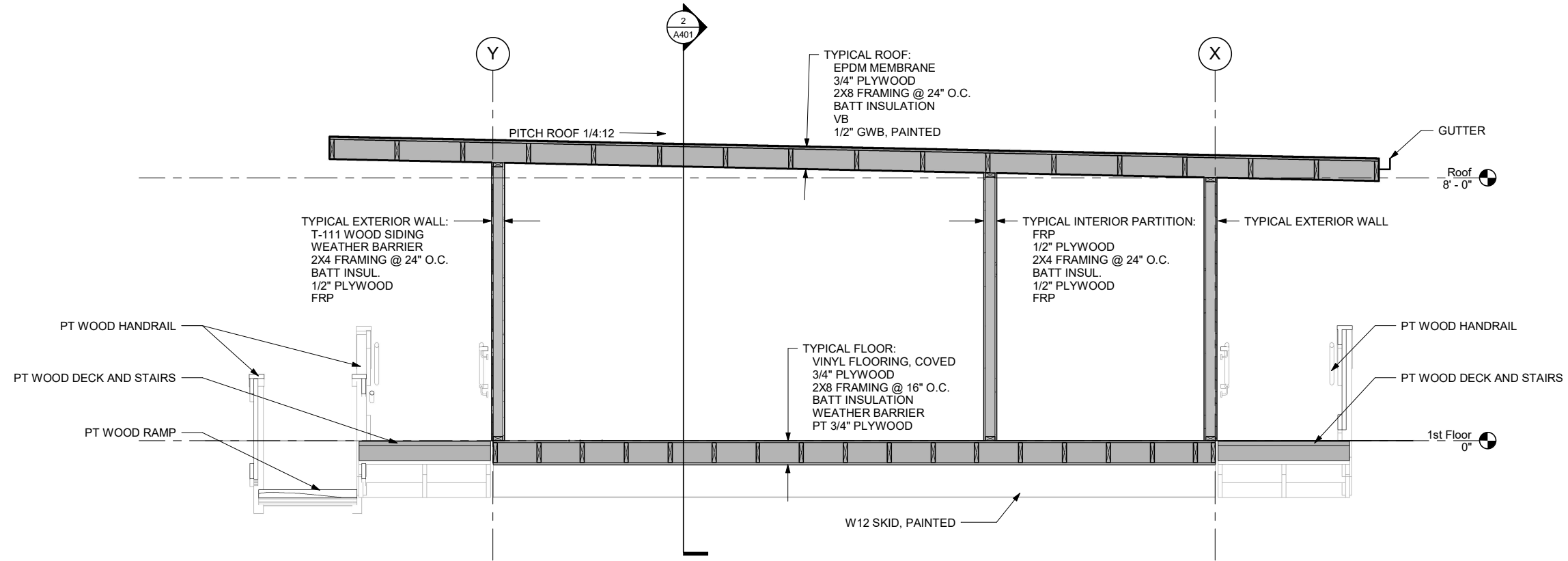


SHEET TITLE

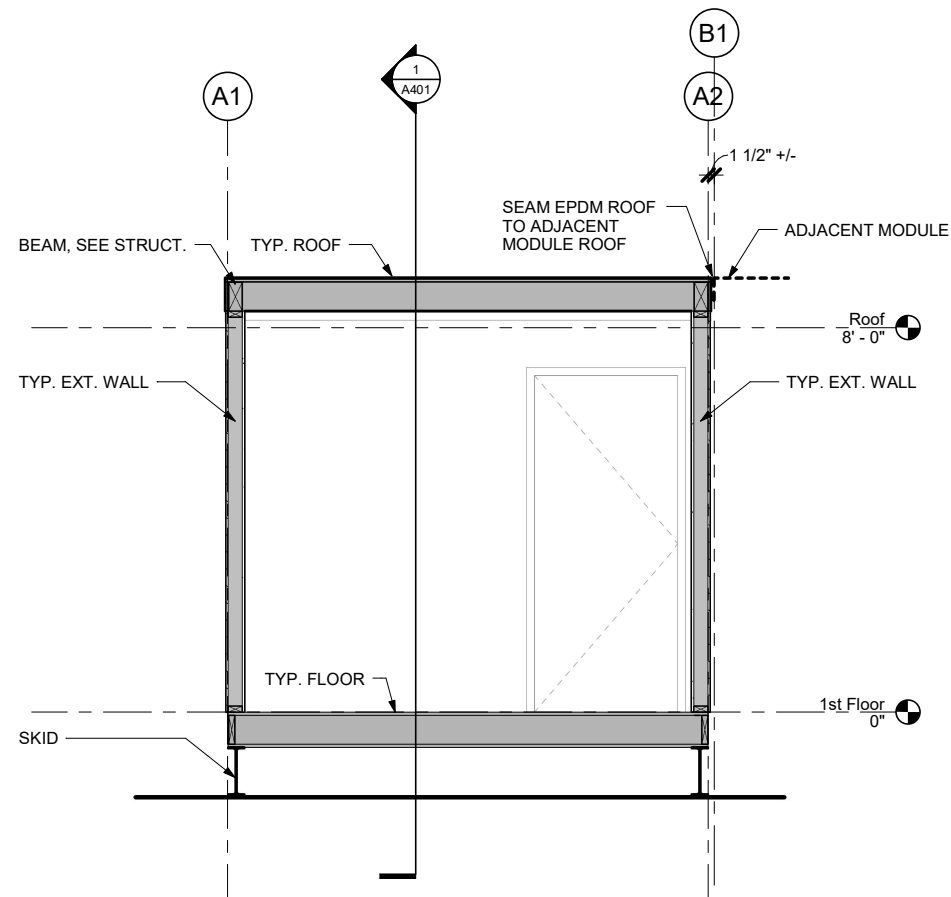
Building Section

DATE: Sept. 29, 2020
FILE: 20045

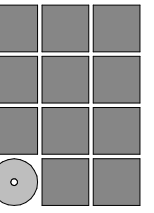
A401



1 Building Section - Longitudinal

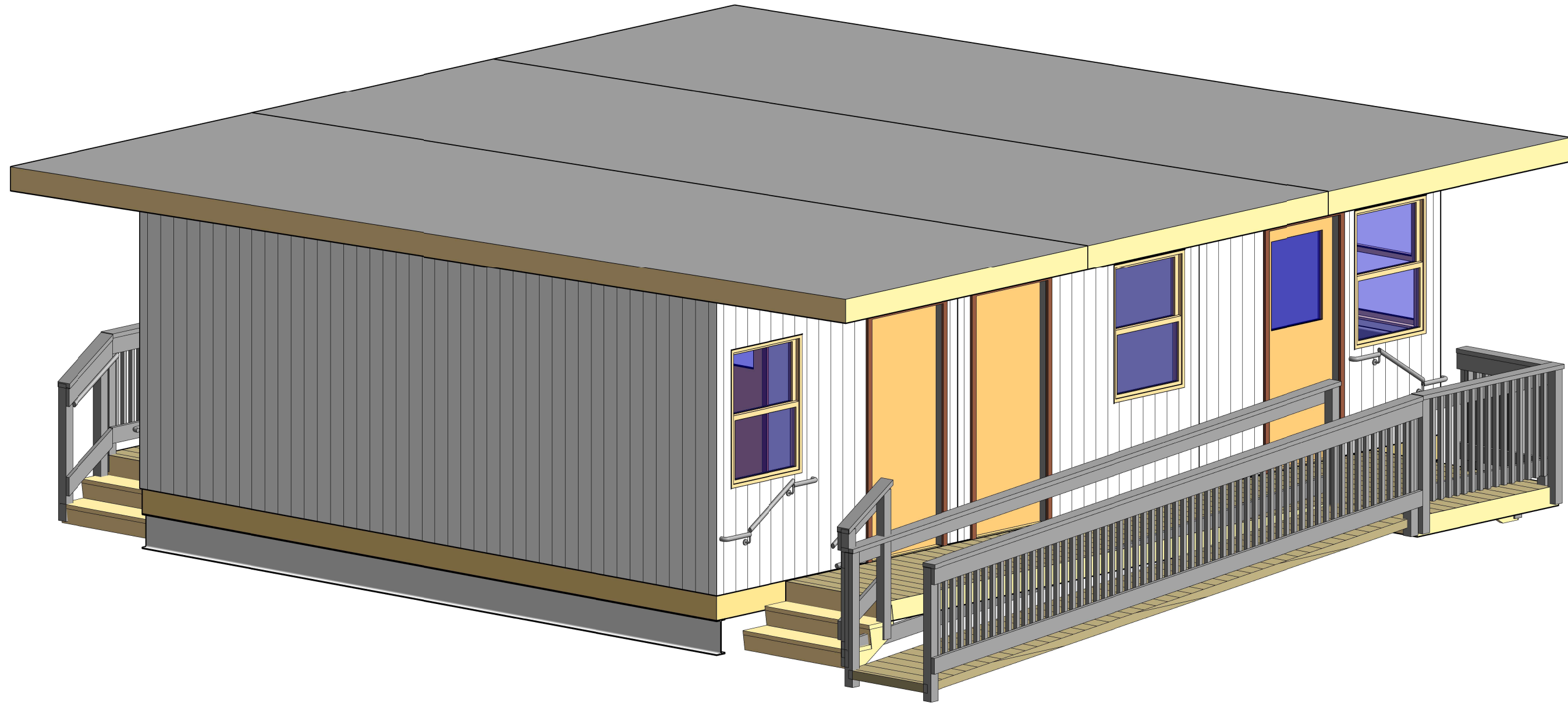


2 Building Section



Jensen
Yorba
Wall Inc.

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com



Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska

Schematic

REVISIONS



SHEET TITLE

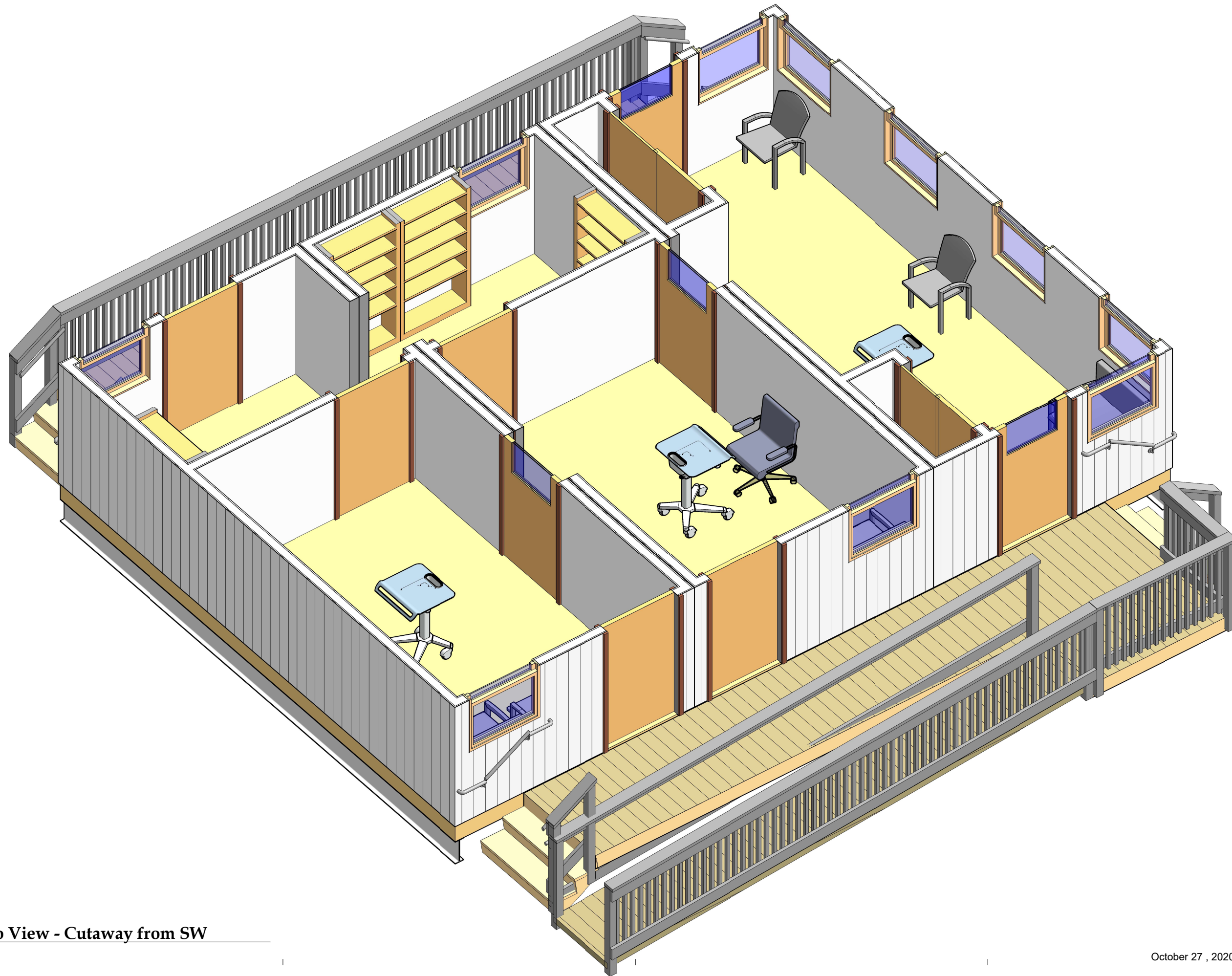
Axo View

DATE: Sept. 29, 2020
FILE: 20045

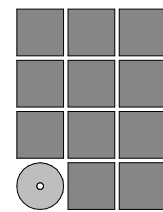
A501

1 Axo View - Exterior from SW

10/7/2020 4:17:12 PM G:\Projects\20045\BRH Triage Facility.rvt



1 Axo View - Cutaway from SW



Jensen
Yorba
Wall Inc.

522 West 10th Street
Juneau, Alaska 99801
907.586.1070
AECC137
jensenyorbawall.com

Bartlett Regional Hospital
Temporary Triage Facility
Juneau, Alaska

Schematic	
REVISIONS	▲
	▲
SHEET TITLE	▲
Axo View	

DATE: Sept. 29, 2020
FILE: 20045

A502

Date: October 26, 2020
To: Jeanne Rynne
From: Corey Wall
Re: Bartlett Regional Hospital Triage Facility
Design and CA Fees

Please find attached our design and CA fee estimates for the the BRH Temporary Triage Facility.

JYW was approached by BRH in early September to design a replacement triage/screening facility at the south entrance of the hospital. Because of the emergency nature of the project, our team proceeded to develop the design on a Time & Expense basis as additional services under the existing Facilities Master Plan project directly for BRH. Once the scope of the project was better understood, CBJ Engineering was brought in to manage the project.

Project Description

- A “temporary” facility of approximately 660 sf. Project will be constructed off-site as 3 or more modular units and then erected near the south entrance to BRH.
- Design similar to the schematic drawings developed on 9/30.
- Project to be as simple and cost effective as possible while meeting space and code requirements.

Notes

- Fees are Time and Expense estimates with the understanding that the scope of the project is not fully understood at this time.
- Code requirements are still being researched and determined. Current assumptions are that the facility can be constructed of combustible materials and that sprinklers or plumbing are not required.
- Dawson Construction and their subcontractors have been selected to construct the project. The design team will work with the contractor directly to minimize construction documentation. It is assumed that drawings will contain minimal detailing and specifications will be limited to product call-outs and cutsheets.

DESIGN SERVICES PROPOSAL



SUMMARY

Project: **BRH Temporary Triage Facility**
 JYW Project No.: **20045**

SERVICES	FEE	TYPE	EXPENSES	TAX	TOTAL
Pre-Design	\$0	Time/Expense	\$0	\$0	\$0
Site Analysis	\$0	Time/Expense	\$0	\$0	\$0
Schematic Design	\$0	Time/Expense	\$0	\$0	\$0
Design Development	\$0	Time/Expense	\$0	\$0	\$0
Construction Documents	\$24,873	Time/Expense	\$0	\$0	\$24,873
Bidding and Negotiations	\$0	Time/Expense	\$0	\$0	\$0
Construction Administration	\$18,688	Time/Expense	\$0	\$0	\$18,688
Construction Observations	\$0	Time/Expense	\$0	\$0	\$0
TOTAL					\$43,561

CONSTRUCTION DOCUMENT SERVICES

Project: **BRH Temporary Triage Facility**

JYW Project No.: 20045

STAFF:	Architect						Interior Design			Construction Manage			Drafter		Exec A	Cler A	ACC	TOTAL
	PMgr	A-III	A-II	A-I	Int III	Int II	ID-III	ID-II	ID-I	CM-III	CM-II	CM-I	D-II	D-I	EA	CA	A	
	\$170	\$140	\$125	\$110	\$95	\$85	\$140	\$115	\$65	\$140	\$120	\$95	\$95	\$85	\$80	\$40	\$85	
ARCHITECTURE:																		
Project Management	2																	
Site Visit / As-Built	3																	
Site Plan / Civil	4												2					
Drawings	10												14					
Specifications / Products	6																	
Meetings / Presentations	4																	
Code Analysis	2																	
Submittal	2																	
Subtotal Hours	33	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	49
Subtotal Dollars \$	5,610	0	0	0	0	0	0	0	0	0	0	0	1,520	0	0	0	0	\$7,130

CONSULTANTS:

Civil Engineering	
Structural Engineering	\$5,770
Mechanical Engineering	\$5,260
Electrical Engineering	\$5,100
Hazardous Materials Engineering	
Landscape Architecture	
Cost Estimating	
Subtotal	\$16,130
Overhead/Profit	10% \$1,613
Consultants Total Labor	\$17,743

Subtotal Construction Document Services LABOR	\$24,873
Subtotal Construction Document Services REIMBURSABLES (see attached)	\$0
TOTAL CONSTRUCTION DOCUMENT SERVICES FEE	\$24,873

CONSTRUCTION ADMINISTRATION

Project: **BRH Temporary Triage Facility**

JYW Project No.: 20045

STAFF:	Architect						Interior Design			Construction Manage			Drafter		Exec A	Cler A	ACC	TOTAL
	PMgr	A-III	A-II	A-I	Int III	Int II	ID-III	ID-II	ID-I	CM-III	CM-II	CM-I	D-II	D-I	EA	CA	A	
	\$170	\$140	\$125	\$110	\$95	\$85	\$140	\$115	\$65	\$140	\$120	\$95	\$95	\$85	\$80	\$40	\$85	
ARCHITECTURE:																		
Project Management	2																	
Pre-Construction Conf	2									2								
Clarifications	2									6								
Submittal Review	2									6								
Testing/Inspection																		
RFIs/RFPs/CO'S	2									6								
Field Observations																		
1 @										2								
Substantial Compl Insp																		
1 @										2								
Final Completion Insp																		
1 @										2								
Close-out																		
										2								
Subtotal Hours	10	0	0	0	0	0	0	0	0	28	0	0	0	0	0	0	0	38
Subtotal Dollars \$	1,700	0	0	0	0	0	0	0	0	3,920	0	0	0	0	0	0	0	\$5,620

CONSULTANTS:

Civil Engineering	
Structural Engineering	\$755
Mechanical Engineering	\$6,025
Electrical Engineering	\$5,100
Hazardous Materials Engineering	
Landscape Architecture	
Subtotal	\$11,880
Overhead/Profit	10%
	\$1,188
Consultants Total Labor	\$13,068

Subtotal Construction Administration Services LABOR	\$18,688
Subtotal Construction Administration Services REIMBURSABLES (see attached)	\$0
TOTAL CONSTRUCTION ADMINISTRATION SERVICES FEE	\$18,688

BRH Triage Facility
JYW
Engineering Scoping Fee Proposal

Engineering Services
LABOR

Task	Hourly Rate	Professional			Technical		Administrative	Task Costs	Phase Subtotal	
		Struct. Eng. Principal	Senior Engineer V	Senior Engineer II	Senior Land Surveyor	Staff Engineer III	CADD Tech. VI			Tech V
		\$195.00	\$160.00	\$130.00	\$125.00	\$105.00	\$105.00	\$115.00		
A Structural Design and Drawings										
Meetings with CBJ		1	4						\$835	
Calculations		1	8						\$1,475	
General Notes		1	2				2		\$725	
Drawings: Framing Plans and Details		1	8				12		\$2,735	
CA: Respond to field questions			4					1	\$755	
									\$6,525	
Total Labor		4	26				14	1	\$6,525	\$6,525

EXPENSES

Expenses Mark up	10%	
Total Expenses		

Proposal does not include inspection.


Total Structural Engineering Services **\$6,525**

10/21/2020

MECHANICAL ENGINEERING

#	TASK	Principal	Staff		Lead						
		Mechanical Engineer	Mechanical Engineer	Mechanical EIT	Engineering Technician	Billing Rate (\$/hr)					
						\$225.00	\$130.00	\$105.00	\$110.00		
35	Construction Documents									Hourly Subtotal	Subtotal Cost
	Set up Project, review Req	1	2		2					5	\$ 705
	Update Calcs, Equipment Selection		1		4					5	\$ 550
	Design Ventilation/Exhaust		10		7					17	\$ 2,070
	Design Heating - Electric Units		2		1					3	\$ 370
	Design Plumbing - None		0							0	\$ -
	Design Fire Protection - None		0							0	\$ -
	Project Coordination	1	3		1					5	\$ 725
	Respond to Questions		3							3	\$ 390
	QC	2								2	\$ 450
	Hourly Subtotal	4	21	4	11					40	
	Cost	\$ 900	\$ 2,730	\$ 420	\$ 1,210						\$ 5,260
80	Construction Administration									Hourly Subtotal	Subtotal Cost
	Construction Coordination; RFI's DCVR's RFP	4	20		2					26	\$ 3,720
	Submittal Review		6							6	\$ 780
	Observations (2)		7							7	\$ 910
	Close-Out Submittals	1	3							4	\$ 615
	Hourly Subtotal	5	36	0	2					43	
	Cost	\$ 1,125	\$ 4,680	\$ -	\$ 220						\$ 6,025
	Discipline Totals	9	57	4	13					83	
	Design Services	\$ 2,025	\$ 7,410	\$ 420	\$ 1,430						\$ 11,285

PRICE PER TASK SUMMARY

			PROJECT TITLE: BRH Temporary Triage Facility (HAI 100-406)						DATE: 21 Oct 2020				
<table border="1" style="margin: auto;"> <tr> <td>TOTAL FEE:</td> <td align="right">\$5,100</td> </tr> </table>												TOTAL FEE:	\$5,100
TOTAL FEE:	\$5,100												
			TIME (hours)										
Method of Payment	TASK	DESCRIPTION	Project Manager (Ben)	Project Engineer (Nimmy)	Project Engineer (Kyle)	Project Engineer	Designer CAD (Peggy)	CAD Technical (Robbie)	Administrative (Shauna)	Expenses	Total		
Fixed	3	Design Development	10	0	0	0	6	0	0	\$0	\$2,600		
Fixed	4	Pre-Construction Documents	7	0	0	0	5	0	0	\$0	\$1,900		
Fixed	5	Final Construction Documents	2	0	0	0	2	0	0	\$0	\$600		
Total Time (Hrs)			19.00	0.00	0.00	0.00	13.00	0.00	0.00				
Fee Schedule (\$ per hour)			\$200.00	\$165.00	\$155.00	\$145.00	\$100.00	\$90.00	\$80.00				
ESTIMATED TOTALS			LABOR	CBJ SALES TAX	EXPENSES	TOTAL COST							
Haight & Associates, Inc.			\$5,100	\$0	\$0	\$5,100							

Bartlett Regional Hospital

BOARD OF DIRECTORS

BOARD POLICY MANUAL

BARTLETT REGIONAL HOSPITAL
JUNEAU, ALASKA

BOARD OF DIRECTORS POLICY MANUAL

TABLE OF CONTENTS

		PAGE
0100	BOARD POLICY MANUAL	
0110	AUTHORITY	1
0111	ADDITION TO BOARD POLICY MANUAL	1
0112	CHANGING BOARD POLICY MANUAL	1
0113	Reserved. REMOVING FROM BOARD POLICY MANUAL	1
0120	BOARD POLICY MANUAL ANNUAL REVIEW	1
0130	BRH MISSION/VISION STATEMENT	1
0140	BRH VISION STATEMENT	1
0150	BRH CORE VALUES	1, 2
0160	BRH STRATEGIC PLANNING GOALS	2
0200	BOARD OF DIRECTORS SPECIAL DUTIES & RESPONSIBILITIES	2
0201	AGENDA FOR BOARD MEETINGS	2, 3
0202	SCHEDULE FOR BOARD OFFICER ELECTIONS	3
0210	PHYSICIAN RECRUITMENT PLAN	3
0220	PERFORMANCE IMPROVEMENT COMMITTEE	3
0230	POLICY ON DEDICATED FUNDS	3
0231	CAPITAL RESERVE FUND	4
0232	CAPITAL BUDGET	4
0240	Reserved. APPOINTMENT TO RAINFOREST RECOVERY ADVISORY BOARD	4
0250	APPOINTMENT TO BRH FOUNDATION BOARD	4
0260	BOARD OF DIRECTORS TRAVEL & REIMBURSEMENT POLICY	4, 5, 6
0300	BOARD OF DIRECTORS COMMITTEE MEETINGS	6
0400	LEGISLATIVE POLICIES	6, 7
0401	CEO DUTIES TO THE BOARD OF DIRECTORS	7
0410	ANNUAL EVALUATION	8
0420	CRITERIA FOR EVALUATION	8
0430	CEO INTERIM COVERAGE	8
0500	MEDICAL STAFF	9
0501	MEDICAL STAFF APPLICATION	9
0510	APPOINTMENT ACTION BY THE BOARD OF DIRECTORS	9
0520	MEDICAL STAFF ABORTION POLICY	9
0530	NOTICE OF BOARD ACTION OR DECISION TO MEDICAL STAFF	9

0100 BOARD POLICY MANUAL

0110 AUTHORITY

The Board of Directors shall recommend bylaws and provide policies and procedures for the administrations and government of the hospital. A manual of policies and procedures of the Bartlett Regional Hospital (BRH) Board of Directors shall be maintained and established as the Board Manual.

0111 ADDITION TO BOARD POLICY MANUAL

Policies and procedures shall become effective after being adopted by the Board of Directors and may be added to the Board Policy manual at the discretion of the Board of Directors by an approved, simple motion.

0112 CHANGING BOARD POLICY MANUAL

Policies and procedures contained in the Board Policy manual may be adopted, ~~or changed~~ **or removed** at the discretion of the Board of Directors ~~following rules set forth in the Bylaws of the Board of Directors for BRH,~~ **by an approved motion of least 6 members of the full Board.**

0113 ~~Reserved. REMOVING FROM BOARD POLICY MANUAL~~

~~Policies and procedures that are in the Board Policy manual may be removed at the discretion of the Board of Directors by an approved, two-thirds majority motion.~~

0120 BOARD POLICY MANUAL ANNUAL REVIEW

Annually **the** Governance Committee shall ~~appoint two board members to~~ review the Board Policy Manual **to comply with any Bylaw updates and as needed.** ~~in conjunction with the annual review of the Bylaws.~~ They shall make their recommendations to the full Board for consideration and adoptions.

0130 BRH MISSION STATEMENT

We at Bartlett Regional Hospital are dedicated to providing our communities with compassionate, quality health care in a sustainable manner.

0140 BRH VISION STATEMENT

Bartlett Regional Hospital will be the best community hospital in Alaska.

0150 BRH CORE VALUES

At Bartlett Regional Hospital WE...C.A.R.E. Courtesy

We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.

Accountability

We take responsibility for our actions and their collective outcomes; working as an effective, committed and cooperative team.

Respect

We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.

Excellence

We choose to do our best and work with commitment to continuous improvement. We provide high quality, professional healthcare to meet the changing needs of our community and region.

0160 BRH STRATEGIC PLANNING GOALS

Annually, the CEO will lead a strategic planning process which defines the Board's strategic priorities for the coming year and serves as a guide for the organizations action plans for the year and, to the extent possible, the next four years.

0200 BOARD OF DIRECTORS RULES & DUTIES

0201 AGENDA FOR BOARD MEETINGS

1. At the direction of the Board President, the CEO shall prepare an agenda of items of business to come before the Board at each Board meeting.
2. Board members who desire certain matters to be placed on the agenda shall bring such matters to the attention of the President prior to the meeting. Individuals and groups desiring to make presentations to the Board may contact the CEO to be placed on the agenda.
3. The agenda shall be delivered to each Board member no later than three days before regular meetings, and shall be delivered no later than twenty four hours before special meetings.
4. The agenda shall include such reports and supplementary materials as are appropriate and available. Copies of the agenda and other materials shall be prepared for the public and the press and shall be available in the CEO's office **and the BRH website**. ~~The agenda shall be posted on hospital bulletin boards at least twenty-four hours before the meeting and at the place of the meeting.~~ The meeting will be publicity noticed per ~~statute.~~ **the CBJ Code and the Board Bylaws.**
5. Any member of the public may request the placement of an item on the Board agenda. The Board agenda shall include a designated time for the public to discuss an item not included on the prepared agenda.
6. An agenda for a special meeting may be prepared without a packet of information at the discretion of the CEO with concurrence of the Board President.
7. The order of business shall include but not be limited to the following: Call
to order
Roll call
Approval of minutes of previous meeting(s)
Public participation (not exceed 20 minutes or more than 3 minutes) Announcements,
Board comments & questions
Consent agenda
Old Business New
Business
Medical staff report Committee
reports

Management reports other business
Executive session (if needed) Adjournment

0202 SCHEDULE FOR BOARD OFFICER ELECTIONS

Board officers shall be elected in December if CBJ Assembly annual appointments occur prior to Decembers Board of Directors meeting. Elections shall be held later at the meeting directly following new annual appointments by CBJ Assembly when appointments occur after December.

0210 PHYSICIAN RECRUITMENT PLAN

A physician recruitment plan will be established as part of the overall strategic plan developed by the Board of Directors of Bartlett Regional Hospital. The goal of the plan will be consistent with the Mission and Vision statements and endeavor to meet the health needs of the City and Borough of Juneau and adjacent communities. All recruiting commitments and contracts entered into by the hospital will comply with the hospitals Physician Recruitment Policy. **The CEO has authority to negotiate and sign physician contracts, if the decision to contract has been** ~~and be~~ separately authorized and approved by the BRH Board of Directors, upon recommendation of the recruitment committee.

The final judgment rests with the Board of Directors regarding the anticipated success, viability, and compatibility of recruited physician with the medical staff and community.

To develop the physician recruitment plan, BRH will use a strategic planning process to identify physicians that currently represent a resource shortage in our community. The process of identifying needed physicians will involve input from the community, the medical staff, management, and the Board of Directors. The physician recruiting list is upgraded regularly as part of the annual management plan.

The physician recruitment plan may include consideration of all of the following: (a) new practice/service development; (b) physician joining existing practice; (c) unsolicited physician joining existing group; and (d) unsolicited physician coming to the community.

0220 PERFORMANCE IMPROVEMENT COMMITTEE

The chair of the Board Quality Improvement Committee or designee shall serve as a member of the hospital Performance Improvement Committee and shall report back to the Board Quality Improvement Committee which then reports to the whole Board.

0230 POLICY ON DEDICATED FUNDS

It is the policy of Bartlett Regional Hospital that all funds received or maintained by the hospitals which have been dedicated to specific purpose shall be sequestered and used only for the purpose for which the funds have been dedicated. However, the Board of Directors at a regular Board meeting shall have the authority upon **a six member two-thirds** ~~two-thirds~~ vote of the Board members in attendance to otherwise specify the use of the funds.

0231 CAPITAL RESERVE FUND

The Board of Directors has established a dedicated fund known as the Capital Reserve Fund.

PURPOSE:

The purpose of the fund is to set aside monies for future use for the purchasing of equipment necessary for maintenance of quality care at the hospital and to fund fiscal needs which may occur from time to time.

METHOD OF CONTRIBUTION

Prior to each fiscal year the Board of Directors shall determine the amount of monies to be contributed to fund depreciation during the course of the upcoming fiscal year.

Contributions to the fund shall be made at least monthly during the fiscal year 0232

CAPITAL BUDGET

Prior to each fiscal year, the Board of Directors shall determine a Capital Budget which will fund the acquisition of equipment, building, maintenance (major), replacement and the fiscal needs over the course of the year.

0240 ~~Reserved. APPOINTMENT TO RAINFOREST RECOVERY ADVISORY BOARD~~

~~The President shall appoint one Board member to the Advisory Board for Rainforest Recovery Center for a minimum of one year. The member shall report back to the Board of Directors at the Board meeting.~~

0250 APPOINTMENT TO BRH FOUNDATION BOARD

The President shall appoint one Board member to the Foundation for a minimum of one year. The member shall report back to the Board of Directors at the Board meeting.

0260 BOARD OF DIRECTORS TRAVEL & REIMBURSEMENT POLICY

It is the policy of Bartlett Regional Hospital to reimburse members of the Board of Directors for all usual and reasonable travel and other expenses made on behalf of and in connection with Director responsibilities. The hospital budgets so each Director can attend one educational event per year. In the event budgeted funds are not depleted, two trips per year may be taken; however, if travel is requested for more than two trips it must be approved by the Board Executive Committee. Trips in order to attend the business of the hospital are not restricted.

Directors attending educational conferences will limit their travel to the United States. RESPONSIBLITIY

The traveler is responsible for seeing that all provisions of this procedure are complied with and for justifying, with adequate and reasonable explanations, any exceptions to this procedure.

POLICY/PROCEDURE

A. Cash Advances

Money may be advanced to a Director to cover anticipated business expenses. All advances must be accounted for on an expense report.

B. Travel Arrangements

Transportation services may be arranged individually or through the Executive office Executive Assistant.

Travel expenses are authorized for Directors the day before the seminar begins and the day after the seminar ends when long-distance traveling is required. However, additional days travel may also be authorized if the savings gained by traveling on discounted travel days (i.e., staying over a Saturday night) are greater than the hotel and meal costs that would be incurred on those additional days.

C. Modes of Transportation

1. Air- All business air travel will be by coach class. Whenever possible arrangements should be requested to take advantage of advance purchase discounts.
2. Personal Automobile- Directors using a personal automobile for hospital business will be reimbursed at the current IRS allowable rate, plus tolls and parking.
3. Taxi and Other Local Transportation- The cost of taxis or carfare to and from places of business, hotel, and airport in connection with business activities is reimbursable.

D. Lodging

The hospital will pay for room costs supported by the hotel bill for each day that lodging away from home is required for business reasons. Charges to the hotel bill, other than room expense and taxes, should be itemized separately on the expense report.

E. Meals

Meal expenses actually incurred will be reimbursed and should be supported by a receipt.

F. **Reserved.** Telephone Charges

~~When traveling, Directors will be reimbursed for one personal call of normal length (10-15 minutes) per day.~~

G. Other Expenses

Expenses other than those outlined above may, on occasion, be incurred and reimbursed. These expenses should be listed on the expense report and further explained. Expenses over \$25 must be supported by a receipt.

H. Spouse Expenses

The Director is responsible for all expenses incurred by the spouse.

I. Non-Reimbursable Expenses

Bartlett Regional Hospital's policy is that expenditures can be made for reasonable expenses incurred in connection with BRH business. ~~Examples of expenses that are of a personal nature or are otherwise not authorized for payment or reimbursement are:~~

- ~~Haircuts, manicures, shoeshine, etc.~~
- ~~Baby-sitting charges~~
- ~~Brief cases or similar items~~
- ~~Birthday cakes, treats, or rewards for staff~~
- ~~Contributions to public officials or candidates for public office~~
- ~~Personal reading material or services~~
- ~~Theatre, movies or other personal amusements~~
- ~~Traffic fines, or court costs~~
- ~~Travel insurance~~
- ~~Travel agency fees~~

J. Expense Report

Bartlett Regional Hospital's "Expense Reimbursement Report" should be completed by the Director and submitted within a reasonable time—normally 10 working days upon completion of the trip. Receipts should be attached for all lodging and meal charges, an acceptable receipt will include the name of the vendor, date and dollar amount.

The expense report must be signed by the Director submitting the report and the CEO.

0300 BOARD OF DIRECTORS COMMITTEE MEETINGS

1. Committee meetings may be called at any time by the committee chair or when a meeting is requested by a majority of the committee
2. All standing committees have **no less than 2 and no more than 3** members plus President; ~~and~~ two must be present for a quorum to conduct business. For any other committees a majority of the total membership shall constitute a quorum of that committee.
3. ~~Reasonable~~ Public notice shall be given of all committee meetings **in accordance with CBJ Code and the Board Bylaws** and the meeting shall be open to the public. A committee may recess into executive session as delineated by CBJ ordinance.
4. Minutes of all committee meetings shall be maintained and transmitted to all Board members.

0400 Legislative Policies

1. The Chief Executive Officer will inform the Board of Directors of all positions taken by Alaska State Hospital and Nursing Home Association (ASHNHA) on issues before state and federal legislative bodies. This notification should take place at the December Board meeting and be updated at each meeting during any legislative session

2. When ASHNHA presents its positions to the legislative bodies and lists BRH as a member group, this will be the position of BRH Board, unless the Board takes a different stance and notifies ASHNHA.
3. Before any employee of BRH testifies before any legislative body the Board must be notified and this notification must allow time for the Board to understand the issue and make an appropriate decision. As an appointed Board by the CBJ Assembly the Board must consider the City and Borough of Juneau's (CBJ) position on this or similar issues and how our position would affect or be effected by the CBJ efforts.
4. This notification should go to the Board President and then to the Executive Committee if time allows. At the subsequent Board meeting the Board will be informed of this issue and the actions approved by the Executive Committee.

0401 CEO DUTIES TO THE BOARD OF DIRECTORS

1. The CEO shall have the following duties and responsibilities with respect to the Board: conduct and coordinate for the Board a comprehensive orientation program for new members and a continuing education program for all members based, at least in part, on identified needs.
2. Prepare the agenda for Board meeting in conjunction with the President and the Secretary of the Board.
3. Serve as the liaison between the Board, the Medical Staff, and the departments of the hospital.
4. Report to the Board and the staff on the overall activities and mechanisms for monitoring and evaluating the quality of patient care, for identifying and resolving problems, and for identifying opportunities to improve patient care. Reports should also include federal, state and local developments that affect the operation of the hospital.
5. Forward reports to the Board reflecting assurance that our level of care is being provided.
6. Carry out the policies established by the Board.
7. Perform such other duties as the Board may direct.
- 8. Copies of the minutes**
 - A. The CEO shall provide each Board member with a copy of the minutes ~~within~~ **no less than** 5 working days ~~after~~ **before** the **subsequent** Board or Board committee meeting.
 - B. Recordings shall be made of each regular meeting of the Board and shall be provided as public documents of the Board for two years.
 - C. A copy of the minutes shall be sent to the Chief of Staff.
 - D. A copy of the **approved** minutes shall be posted in the hospital website.
 - E. Copies of the minutes will be sent to the City and Borough Assembly and to other agencies determined by the Board as essential to Board communications. Copies will be made available by request to the Chief Executive Officer's office.

0410 ANNUAL EVALUATION

Annually, or more frequently as the Board deems necessary, the Board shall review the performance of the Chief Executive Officer. The President of the Board shall inform the Chief Executive and the appropriate officer, if applicable, of the results of this evaluation.

Minutes of the Board meeting shall document the evaluation of the Chief Executive Officer.

0420 CRITERIA FOR EVALUATION

Consideration of CEO's job description as adopted by the Board of Directors relating to the duties and responsibilities of the CEO shall be given in the evaluation of the CEO.

0430 CEO INTERIM COVERAGE

The Executive Committee shall maintain a current plan for Interim CEO coverage. The plan shall be reviewed every January by the CEO and include identification of an immediate temporary CEO. The immediate temporary CEO will take the roles and responsibilities of the CEO upon the current CEO termination services.

Upon notice of termination of services by the current CEO, the Board of Directors will take the following actions:

- 1) President will notify Board of Directors, City and Borough Mayor and Assembly, BRH employees and local media.
- 2) The Executive Committee will begin recruitment of interim CEO.
- 3) The Executive Committee will recommend appropriate criteria for candidate selection of interim CEO. This could include but not be limited to: experience with BRH size or larger facilities, financial and construction experience, demonstrated relationships with physicians, community leaders, and a background and family situation compatible with life in Northern Southeast Alaska.
- 4) The Executive Committee will select candidates of interim CEO for interview by the Board of Directors.
- 5) The Board of Directors will approve selections criteria, interview final candidates; make interim CEO selection.
- 6) The Executive Committee will begin recruitment of CEO.
- 7) The Executive Committee will recommend appropriate criteria for candidate selections. This could include but not be limited to: experience with BRH size or larger facilities, financial and construction experience, demonstrated relationships with physicians, community leaders, and a background and family situation compatible with life in Northern Southeast Alaska.
- 8) The Executive Committee will select candidates for interview by the Board of Directors
- 9) The Board of Directors will approve selection criteria, interview final candidates; make interim CEO selection. Medical staff and community leaders will be given opportunity to give input to Board of Directors prior to final selection by Board of Directors.

0500 MEDICAL STAFF

0501 MEDICAL STAFF APPLICATION

All applications for appointment to the medical staff shall be in writing on the prescribed form approved by the Board and shall be addressed to the CEO of the hospital. They shall contain full information concerning the applicants requested privileges, education, practice competence, previous hospital experience, and any unfavorable history regard to licensure and hospital privileges.

0510 MEDICAL STAFF APPOINTMENT ACTIONS BY THE BOARD OF DIRECTORS

At its first regular meeting after receipt of a recommendation from medical staff Executive Committee concerning an applicant for staff appointment or an appointee to the staff, the board shall act on the matter.

0520 MEDICAL STAFF ABORTION POLICY

Any credentialed practitioner with surgical privileges to terminate pregnancy may use the facilities available at Bartlett Regional Hospital.

Only first trimester abortions will be performed.

0530 NOTICE OF BOARD ACTION OR DECISION TO MEDICAL STAFF

The hospital CEO shall mail notice of any such action or decision to the affected applicant or medical staff member within ten days thereafter.

1. All notices to physician's concerning their hospital privileges shall be sent by certified mail, return receipt requested. The receipt shall be filed in the physician's folder.
2. Notice of decision shall be sent to the Present of the medical staff in writing.

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

October 07, 2020

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

Compliance Committee and Board Members:

Board Members: Marshal Kendziorek, Committee Chair; Deborah Johnston; Iola Young

Staff/Other: Nathan Overson, Compliance Officer; Megan Costello, CLO; Kevin Benson, CFO; Rose Lawhorne, CNO

Previous Board Compliance Meeting Minutes Approval: *Ms. Young made a MOTION to approve the July 21st 2020 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Johnston seconded the motion, and hearing no objection, Mr. Kendziorek approved the meeting minutes without change.*

Compliance Program Evaluation Contract Review:

In the meeting packet Mr. Overson provided a copy of the CBJ's "Notice of Intent to Award" regarding "RFP 21-033 Compliance Evaluation for Bartlett Regional Hospital" along with the top ranked submitted proposal from PYA, PC. Mr. Overson gave an update regarding an estimated expected timeline for the work to begin; and that it is currently being reviewed by legal. We will hopefully have a contract ready for them to review in the next few days. Mr. Overson noted that he was pleased with the quality and size of the pool of proposals. Mr. Kendziorek commented that he had reviewed the proposal, and that it appeared to meet the program review requirement.

Compliance Officer Report:

In the Compliance Officer's report Mr. Overson talked through the Compliance Log Dashboard. Compliance incidents from CY 2019, YTD 2020 and a rolling 12-month view were discussed. There was some discussion regarding the numbers of incidents that seemed to continue to be trending closely year over year; even with COVID-19. Mr. Overson suggested that the categories of the dashboard were from a professional organization (HCCA) and he would like to explore the idea of modifying the category list to possibly be easier to understand and better represent BRH's organizational compliance related risks. After some discussion about continuity of data for tracking purposes the committee decided that keeping the categories and tracking process the same, until the new categories and definitions were vetted, was a good idea. The hospital's Compliance Work Plan was also discussed. Mr. Overson gave an overview of the current work being performed or scheduled in each of the work plan sections; Audit and Monitoring, OIG and State, Education and Process Improvement. The Committee took time to discuss the perceived Compliance culture at BRH.

Update on education training for all board members:

Mr. Kendziorek was encouraged that 8 out of the 9 members of the board have confirmed that they will be in attendance. Mr. Kendziorek also stated that this training is not optional and that those who would not be in attendance would be expected to watch the recording, and that all board members will also sign an attestation stating that they have received the training. It was also discussed that the recorded training will also be the supplemental training for any new board members that join the board between this training on Oct. 17th and the next scheduled annual compliance training.

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

Meeting Adjourned: 7:56 am

Next Meeting: Tentatively scheduled for January 19, 2021 at 7:00 am

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Meeting – October 9, 2020

Called to order at 12:00 p.m. by Mark Johnson.

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

Staff & Others: Kevin Benson, CFO, Billy Gardner, COO, Rose Lawhorne, CCO, Bradley Grigg, CBHO, Megan Costello, CLO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Kris Muller, Megan Rinkenberger, “Roseman GenPublic” on Zoom (Identity unknown), Steven Whitley

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the September 11, 2020 Finance Committee Meeting. Mr. Johnson seconded, and they were approved.

August 2020 Financial Review – Kevin Benson

August was a better month after starting the fiscal year with a loss in July. Revenues were down in August but was supplemented by CARES monies to make up the loss of revenue. Inpatient volumes and revenues were down in August. After two months, inpatient revenues are 24% short of budget and 26% less than the prior year. Outpatient revenues were short of budget after exceeding budget in both June and July. It appears the “catch-up” effect from being closed for 6 weeks is over. Also, tourist volumes in the prior year were highest in the month of August. Outpatient volumes listed on the statistics page show a range of decreases from 7% (Lab) to 29% (Radiology). As a result, Outpatient revenues were short of budget by \$1.3 million. This resulted in Total Patient Revenue being short of budget by \$4.2 million or 22%.

Deductions from Revenue also decreased commensurate with the decrease of revenue and finished \$3.1 million less than budget.

Net Patient Revenue finished \$1.1 million or 11% less than budget. CARES funds were realized to make up for this loss of revenues and recorded to Other Operating Revenue. This left a shortfall of \$276,000 or 2.6% in Total Operating Revenue.

Expenses exceeded budget by \$88,000 thousand or 0.9%. This variance was less than expected as \$827,000 of unbudgeted expense was recorded to the Covid-19 department. This includes substantial spending on pharmaceuticals and other covid-19 supplies. This resulted in an Operating Income of \$586,000 and a Net Income of \$764,000. After the loss in July, this brought BRH back to break-even for Operating Income and provided a Net Income of \$356,000.

Revenues were down in August, but were supplemented by CARES Act funding. June and July were over budget. \$586k operating income, which was short of budget, but net income of \$764k, which helped to offset loss in July. Revenue commercial payors were at budget, but there was a drastic decrease in Medicare and Medicaid. Labor showed a decrease in overtime, and an overage in non-productive pay due to non-usage of leave. Liability of \$4.6M of employee benefits.

Student Loan Repayment Proposal – Dallas Hargrave

To improve employee retention, BRH is proposing a program to repay designated amounts of student loans if employees agree to stay on for an additional year or two. Turnover rate is estimated at 3% per quarter, and turnover cost is estimated at \$30,000 per employee, resulting in a total savings of about \$662,400, with an estimated cost of the program at \$500,000, and a resulting total benefit of at least \$162,400 to BRH. One and two year incentive options provide a choice to employees. If someone terminates their employment before the agreed upon time, the percentage remaining is returned by the employee. The committee discussed the various cost and benefits of offering this program to staff.

Ms. Knapp made a MOTION to recommend approval by the board for the Student Loan Repayment Program, and Mr. Johnson seconded the motion.

CARES Act Reporting Changes – Kevin Benson

New guidelines for hospitals receiving CARES funding were published on September 28th. Previous guidelines allowed hospitals to apply CARES funding to lost revenue using any reasonable method. Revised guidelines now limit lost revenue by comparing operating margin to the prior year. With the recent very positive GASB pension adjustment, lost revenue may no longer be able to be claimed. We are still seeking a better interpretation from external sources to determine true effect on BRH. May forgo FEMA application, and count the expenses as losses. Looking to the future to anticipate future effect on BRH as well. This may affect the current financial statements as well.

Next Meeting: November 13, 2020 at 12:00pm via Zoom.

Board Comments: None

Adjourned – 12:44 p.m.

Bartlett Regional Hospital

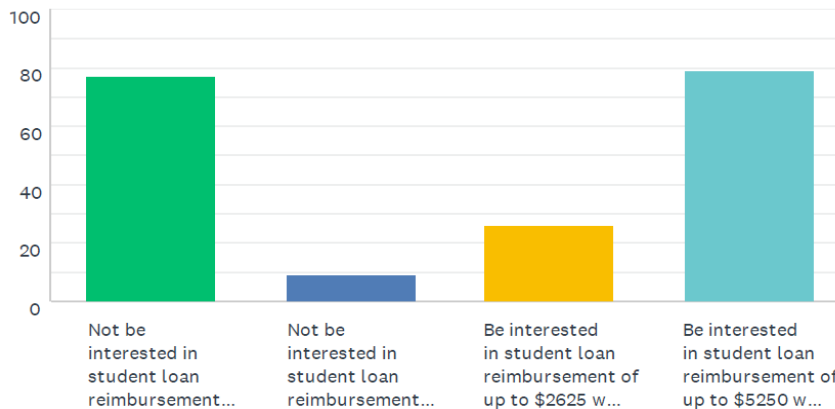
3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Student Loan Repayment Proposal (updated 10/23/20)

Introduction

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. The CARES Act allows BRH to offer a 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.

Employee Survey Results



ANSWER CHOICES	RESPONSES
Not be interested in student loan reimbursement because I have do not have student loan debt.	40.31% 77
Not be interested in student loan reimbursement because I am not interested in committing to further employment at BRH for a period of time.	4.71% 9
Be interested in student loan reimbursement of up to \$2625 with a commitment to remain employed at BRH for another year.	13.61% 26
Be interested in student loan reimbursement of up to \$5250 with a commitment to remain employed at BRH for another 2 years.	41.36% 79
TOTAL	191

Proposed Program

The elements of the student loan repayment proposal are as follows:

- In order to improve retention and reduce turnover, and in accordance with the CARES Act, BRH is proposing a one-time student loan repayment program that would be excluded from employee and employer taxes.
- The student loan repayment program will end on December 31, 2020.
- Financial terms:
 - BRH would cover employee student loan costs of up to \$5250 with an agreement to remain employed at BRH for two additional years beyond any current agreed upon period.
 - BRH would cover employee student loan costs of up to \$2625 with an agreement to remain employed at BRH for one additional year beyond any current agreed upon period.
 - The estimated cost is approximately \$500,000
- In accordance with Section 127 of IRS regulations, BRH would adopt a written plan describing the benefit and communicate the terms of the program to eligible employees, and the program cannot favor highly compensated employees.
- The payments must be for a student loan incurred for the education of the employee (i.e., they cannot be for an employee's child's or spouse's student loans).
- Any tuition assistance under our current policy is included in the \$5250 maximum to remain tax-free.

Analysis of Proposal

Strengths	Weaknesses
<ul style="list-style-type: none"> • Improve retention and reduce turnover during the COVID-19 pandemic. • We estimate that the overall cost savings from reduced turnover will outweigh the cost of tuition reimbursement payments. • Takes advantage of the one-time tax benefits to create benefit that employees often request. • We could potentially have the option of offering a similar benefit in the future under the State of Alaska’s proposed SHARP 3 program. Offering a student loan repayment benefit on a limited basis would allow us to assess the effectiveness of such a benefit to retention of employees. 	<ul style="list-style-type: none"> • A significant investment during a time of fiscal uncertainty and with union contract negotiations for economic terms forthcoming this winter. • Would only apply to employees who are currently making student loan repayments, which could create issues with those who would not qualify. • Proposed as a one-time benefit, but employees may continue to desire this benefit after the 2020 deadline.

Financial Analysis

Cost Savings Estimate

	2021	2021
Participants	105	79
Turnover rate	12% (3% per qtr)	12% (3% per qtr)
Turnover cost	\$30,000 per employee	\$30,000 per employee
Savings	\$378,000	\$284,400

	2022	2022
Participants	105	
Turnover rate	12% (3% per qtr)	
Turnover cost	\$30,000 per employee	
Savings	\$378,000	

Total Cost: \$ 500,000

Total Savings: \$1,040,400

Total Benefit: \$ 540,400

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

October 15, 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, Lance Stevens and Lindy Jones, MD.

Also Present: Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Megan Costello, CLO; Gail Moorehead, Quality Director; Marc Walker, Facilities Director; Kathy Callahan, Director Physician Services; Anita Moffitt, Executive Assistant; Corey Wall, JYW; Nathan Coffee, CBJ; Jeanne Rynne, CBJ and Roseman, GenPub.

APPROVAL OF THE MINUTES – Mr. Solomon-Gross made a MOTION to approve the minutes from August 18, 2020 Planning Committee and the September 19, 2020 Strategic Planning meetings. Ms. Young seconded. Minutes approved. Minutes from the September 19, 2020 Strategic Planning meeting will be forwarded for approval at the October 27, 2020 Board of Directors meeting.

PUBLIC PARTICIPATION – None

COVID STATUS – Ms. Moorehead reported that we currently have 5 COVID positive patients in house, 2 are on respite, 3 in the COVID wing and 2 in Critical Care Unit (CCU). Juneau saw its first COVID death at Bartlett earlier this week. There has been an increase in COVID positive cases among the homeless population. Centennial Hall has been set up for isolation and quarantine of known positive cases in this population. Ms. Lawhorne, Mr. Grigg, Mr. Gardner and Ms. Lacey have been very instrumental in helping the set up and support of this. 130 people of the unsheltered population were tested for COVID on October 9th, 14 tests came back positive. Testing will be done again this week. The CCFR CARES unit is trying to track and test as many of the untested homeless population as possible. Testing will be provided for the people staffing Centennial Hall. BRH is helping support staffing at Centennial Hall as much as possible while CBJ continues its recruiting efforts. Ms. Moorehead also reported that Juneau is the first community in Alaska to get court ordered quarantines which require supervised quarantine. Because these patients do not meet the criteria for hospital admission, there will be a room set up at Centennial Hall with a supervisor. COVID positive patients currently in the Driftwood Lodge that are able to maintain quarantine and have appropriate behaviors will remain at the Driftwood until their quarantine period is over. Those that do not comply will be sheltered in Centennial Hall as will all new COVID positive cases in this population. A brief discussion was held about Juneau's positivity rate and the current risk rating. CBJ risk metric was reviewed. Bartlett's testing supplies have remained pretty constant. PPE supplies have remained steady with no shortages. The OR continues to sterilize N95 masks allowing us to conserve the supply. Dr. Jones noted that the Abbott tests currently on hand expire November 1st. Abbott is in the process of producing a combined test of RSV, Flu and COVID that will be available at the end of December. Mr. Gardner provided the current testing supply status and will

provide an update at the October 27th Board of Directors meeting. It was reported that prospective delivery of the PCR testing machines has moved to January.

Mr. Kendziorek expressed appreciation and thanked the staff for all of the hard work. Mr. Gardner also acknowledged Ms. Lawhorne, Mr. Grigg, Ms. Lacey and Ms. Moorehead for the leadership shown during this time.

RAINFOREST RECOVERY CENTER UPDATES – Mr. Grigg reported that the RRC renovation is officially complete. RRC will reopen residential and withdrawal management on Monday, October 26th, seven months to the day after closing. Tours of the facility are being conducted this week and next for those that are able to attend. A virtual tour will be available for those that wish to see the facility but are unable to do so in person. The facility will open only at 50% capacity and residential treatment will be made available to Juneau residents only at this time. The outpatient program, which currently has 42 patients, will continue. COVID testing of inpatients of RRC will be conducted weekly and of RRC staff every two weeks. Mr. Solomon-Gross encourages everyone to take part in the tour, whether live or virtual, to see the details put into the facility. He also expressed appreciation for using the works of local artists to decorate the facility. Dr. Jones expressed concerns of regularly testing RRC staff and not staff in other departments, such as the ED and of burning up a limited number of test supplies. Mr. Grigg provided the justification that because RRC is a congregate setting, it was determined that testing is warranted. Send out tests would be used, not BRH test supplies. Dr. Jones is not opposed to the use of send out tests and suggests that testing should be offered to other departments as well. Testing of other departments will be discussed by senior leadership. A brief discussion was held about testing turnaround times and things that could impact them.

STRATEGIC PLANNING MEETING RECOMMENDATIONS – Mr. Kendziorek noted that as a follow-up to the strategic planning meeting, we have a large list of projects that need to be prioritized and financial questions to address. Mr. Gardner noted the list includes high priority projects identified as a result of the COVID pandemic and highlighted the work of multiple people that went into creating this list. Mr. Wall provided an overview of the plans for a temporary triage facility to replace the tent currently set up. The temporary facility would be comprised of 3 modular buildings, built off site and transferred to the location outside of the Emergency Room where they will then be joined together, the roof sealed and stairs and ramps built. The layout of the building and patient flow was demonstrated. A discussion was held about the term contract, CBJ's procurement process and the time it would take to construct this facility. Mr. Wall is working with engineering and Dawson Construction to get pricing for CBJ's approval before moving ahead. He will know more about the budget and schedule by next week. The goal is to have the facility in place before Christmas. Mr. Kendziorek stated that the Board is willing to assist however it can, without violating the procurement process, to get this project moving ahead. Mr. Wall reported that this facility will have electric heat and exhaust fans in the wall. It will take about a week to complete set up and build the stairs, ramp and decks once on location. It has yet to be determined where patient triage will take place during this time. He did note that each of the three modules that make up this facility is its own separate unit. There is no plumbing and when separated, they can be stored and quickly set up again wherever they may be needed. Approval must be granted by the fire marshal to use this structure without a sprinkler system. Indications are that it will be allowed. Ms. Hagevig complimented Mr. Wall and BRH staff for such impressive work done in a very short amount of time.

Mr. Kendziorek noted the projects list created for the Master Facility plan prior to COVID did not include necessary changes identified as a result of COVID. Pre and post COVID project lists have been combined and now need to be prioritized. Mr. Gardner outlined the work conducted by the staff to combine and prioritize the list and Mr. Wall provided an overview of this list that includes projects that are already happening as well as future projects. It was explained that projects under \$500K are categorized as small, medium projects range from \$500K to \$2M, large projects range from \$2M to \$10M and major projects are over \$10M. The highest priority items on the list are fairly small projects in the scope of what is planned to be done over the next 20-30 years. These high priority items include ventilation improvements, a triage facility, testing lab and main entrance screening. A discussion was held about overall ventilation capacity and how the current ventilation projects would impact the overall project. Dr. Jones stated that enclosing at least one trauma room and providing negative pressure capabilities is a very high priority for the ED physicians. Obstacles to increasing ventilation to the ED were discussed. ED ventilation and negative pressure capabilities is to be placed higher on the priority list and a solution identified. Mr. Wall will develop Gantt charts for use in planning and coordinating each project. In response to Dr. Jones' query as to the status of COVID-19 testing room (Lab), Ms. Rynne reported that the contracts department is in the process of issuing a modification request to ACC for the work to move ahead. The project is designed and ready for construction. Ms. Rynne will confirm the schedule ACC has agreed to and report back. Mr. Gardner reported that the hoods are here, the refrigeration units have been ordered and we should be ready to go when the testing equipment arrives. Mr. Walker provided updates on projects in the OR's Central Supply Room, phase one sidewalk replacement, asphalt repair, fuel oil tank supply line upgrade and the heating coil conversion to Glycol for supply fan 1. Mr. Wall reported the Crisis Stabilization unit design is almost complete and will go out to be bid spring 2021, construction to begin in the summer with anticipated completion date August 2022. While the emergency room expansion project should not happen at the same time as the Crisis Stabilization unit project, the RRC exterior upgrade could. Dr. Jones stated that with the timing of the Crisis Stabilization project, it is important to look at a temporary, more aggressive ventilation system to make more negative pressure rooms in the ER. Waiting 3-5 years before having safer rooms in the ER is not a good idea. Funding for the Crisis Stabilization unit was discussed. 40% of the costs come from Capital grants from the State and private organizations, the other 60% have been obligated by the Board with the caveat that fund raising continues. Mr. Kendziorek said we need to move ahead and line up these projects so they aren't bumping into each other, set the priorities and find the funding to fund what is doable. Mr. Wall will create a master Gantt chart to help this process. Mr. Benson is to create a white paper identifying what our total available funding is and an explanation about how much money we need to set aside and why. The white paper is to also include a breakdown of the various amounts of money we can expect to receive over time and any restrictions there may be on that money. Once we have this information, we can use the Gantt chart to line these projects out based on their priority. Ms. Hagevig initiated a conversation about the use of bond funding. Mr. Benson noted that at the Strategic Planning meeting, 180 days cash on hand had been identified as an adequate target to maintain for an emergency situation. That would leave us \$22M of reserves that could be used. The Finance Committee will discuss what our current bonding capacity may be. He also clarified that the types of bonds we would receive would be revenue bonds secured by the revenue stream of the hospital, not general obligation bonds. Revenue bonds do not go to the public for a vote. This information will be included in Mr. Benson's white paper. Mr. Gardner and staff will work with Mr. Wall to prioritize the list and obtain projected costs



for each project. Safety for patients and employees will be used in determining project priority. The priority list, Gantt chart and finance information will be reviewed at the next Planning meeting.

PARTNERING - Mr. Kendziorek asked what the Board could do to move us along to bring some partnering opportunities to the hospital. Mr. Benson reported that Mr. Bill had been tasked with having initial discussions with potential partners. He does have some meetings scheduled to take place when he returns to Juneau later this month.

GOVERNANCE INSTITUTE WEBINAR – Mr. Kendziorek reported that this webinar was not what he expected it to be. It was merger and acquisition specialists talking about mergers and acquisitions. BRH and the Board has no interest in doing either.

Future Agenda Items:

- Continue evaluation of the prioritization of the projects
- Finance Committee report review
- Gantt chart review
- Project funding over the course of time.

Next meeting: 7:00am - Tuesday, November 17th

Comments: Ms. Hagevig commented that today's meeting was a very good, informative one. Mr. Johnson agreed. Mr. Kendziorek thanked the staff, Mr. Wall and Ms. Rynne and team for the hard work put into this project.

Adjourned – 8:46 a.m.

Bartlett Regional Hospital

Governance Committee Meeting

Minutes

Friday, October 16, 2020; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference

Called to order at 12:01 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

BRH Staff: Megan Costello, CLO, Kevin Benson, CFO and Suzette Nelson Executive Assistant

Mr. Solomon - Gross made a MOTION to approve the minutes from September 18, 2020.

Ms. Knapp seconded and they were approved with no objections.

After reviewing the preliminary draft changes in the Board Policy Manual (BPM), Megan Costello agreed to connect with Suzette, Executive Assistant, to make Legal's suggestions before the BPM is presented to the Board. The results will be provided to the committee members for a preliminary look, prior to the introduction to the full board.

The committee continued with its review of the BPM since all sections had not been covered at the last meeting. The committee would like to reconsider with staff the issue regarding the RRC advisory board being eliminated since that program is being reactivated and expanded with increased responsibility.

The committee decided to recommend the following additional changes:

- Eliminate 0260, F (Telephone Charges)
- Eliminate all examples of reimbursable expenses on 0260, I
- 0300 2. All standing committee have no less than 2 members and no more than 3 and Board President.
- 0300 3. Will match the language with "CBJ Rule" in BRH Bylaws.
- 0401 8A) Change wording to "5 working days before a subsequent board or board meeting."
- 0401 8D & E) Add the word "approved" before minutes.

Ms. Hagevig made a MOTION to present the red lined BPM draft next month for the Board's review and full action. Mr. Solomon – Gross seconded and they were approved with no objections.

Adjourned at 1:14 p.m.

Bartlett Regional Hospital

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

Governing Board Annual Compliance Training

Draft Minutes

October 17, 2020

Called to order at 9:00 AM., by Board Compliance Committee Chair, Marshal Kendziorek

Board Members Present:

Marshal Kendziorek; Deborah Johnston; Iola Young; Kenny Solomon-Gross; Rosemary Hagevig; Brenda Knapp; Mark Johnson;

Board Members Absent: Lance Stevens and Lindy Jones

Staff/Other: Nathan Overson, Compliance Officer; Megan Costello, CLO

Governing Board Annual Compliance Training:

As recommended by the Board Compliance & Audit Committee, and as required by Office of the Inspector General, U.S. Department of Health and Human Services, the Bartlett Regional Hospital board of directors received their annual compliance training. Mr. Overson, Bartlett Regional Hospital's Compliance Officer, performed the three-hour training covering the following compliance topics:

- Introduction to Health Care Compliance
- Role of Board of Directors
- Government Oversight
- Policies, Procedures and Infrastructure
- Risk Assessments and Internal Controls
- Organizational Ethics
- Billing and Reimbursement
- Routine Auditing and Monitoring
- Conflicts, Discipline & Incentives
- Education and Training
- HIPAA Privacy & Security
- Stark and Anti-Kickback
- Internal & External Investigations
- Legal Issues, Risk Factors, and Disclosure Issues
- Program Effectiveness and Evaluation

Throughout the training presentation the Board was engaged in asking questions and discussion regarding regulatory expectations and how Bartlett's Compliance Program operated and met regulatory requirements. There was also conversation regarding the Board's responsibility for compliance oversight. It is anticipated that all board members will receive this training either live or view the recording; attestation forms will be collected upon completion.

Training Adjourned 11:50 am

Bartlett Regional Hospital

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

October 16, 2020 Management Report From CLO

Topics*

- General contract revision and meetings with vendors
- Risk management/litigation monitoring and related consults
- General legal review and response to subpoenas
- Legal consultations with Senior Leadership Team
- Covid-19 legal issues
- Quarantine and Isolation Issues
- Litigation strategy and planning

Bartlett Regional Hospital

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

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

Report Period - 1st Quarter FY21 (July, Aug, Sept) Submitted by Dallas Hargrave

New Hires	48
------------------	----

Separations	24	All Other Separations
	3	Retirement
	12	Casuals/temp
Total	39	

Contract/Travelers	1	Infusion RN
	1	CT Tech
	2	OR Tech
	3	Ultrasound Tech
	1	CSR Tech
	1	ED RN
	1	M/S RN
	1	RT
Total	11	

Hard to Recruit Vacancies	RN's	FT	All Dept
	Forensic Nurse Examiner II	Casual	Emergency
	Ultrasound Technologists	FT	Nutrition Services
	CSR Technician	FT	Operating Room
	OR Surgical Technician	FT	Operating Room
	Psychiatrist	FS	Mental Health Unit
	ED RN Case Manager	FT	Case Management

All Employee Turnover		
All Employee Types	FT Employees	All Others
5.83%	3.51%	12.02%

668 Employees
FS/FT employees = 485
All others = 183

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
7.61%	5.93%	10.61%

184 Nurses
FS/FT = 118
All others = 66

Grievances	0
Arbitration Cases	0

Reports of Injury

Department	Brief overview
Nursing Administration	Upset patient hit staff in stomach with arm
Lab	Needlestick
Obstetrics	Smashed thumb in refrigerator door
Emergency Department	Hit shoulder on metal bedframe
Emergency Department	Fishhook in finger (helping a patient)
Emergency Department	Needlestick
Operating Room	V-Pro Max door panel fell on staff's back
Medical/Surgical	Slipped on wet floor (injured elbow)
Mental Health Unit	Lower back strain
Facilities/Security	Patient hit staff in eye/face
Facilities/EVS	Exposure to chemicals (skin reaction)
Information Services	Cut on finger while moving a switch

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

October 2020 Nursing Report Rose Lawhorne, CNO

Nursing Administration

- Centennial Hall (CH) update—with the influx of COVID-19 in our community’s unsheltered population, immediate need was identified for isolation and quarantine. The City and Borough of Juneau (CBJ) requested support for this effort. BRH has been able to support the following efforts:
 - Collaboration with multiple local resources to provide shelter and meet basic needs of individuals living with homelessness.
 - Allocation of ~35 rooms in a local hotel to those who cannot isolate, quarantine, or need protection due to vulnerable health status.
 - Scheduling and staffing support for CH as able and appropriate, prioritizing operational needs at BRH and considering scope of staff.
 - Training of CH staff for personal protective equipment (PPE) donning and doffing; fit testing for N-95 masks; and de-escalation techniques, and therapeutic communication with clients.
 - Developing and streamlining processes for care provided at the site.
 - Development of safe infection control practices and organization on site.
- Float pool updates
 - Float Pool RNs are required to float to the Medical Surgical Unit and have a minimum of three float areas.
 - We currently have three full time and one part time float staff.
 - Full time staff have completed orientation to three required areas. All have identified additional float locations and are training in those areas.
 - Hired PRN float pool registered nurse (RN), who will start October 20th.
 - Float staff received training from infection preventionist to increase staff access to N-95 mask fit testing.
- Nursing and behavioral health leaders have continued to work closely to support the opening of our new Withdrawal Management Unit (WMU) at Rainforest Recovery Center. Projects we have collaborated on include the following:
 - Portable cardiac/respiratory monitors connect to a central station in the Critical Care Unit, allowing providers to review vital signs and cardiac rhythms for patients experiencing withdrawal. Providers can observe real-time data and assist in decision making for patients who may be deteriorating. The care team at WMU receives immediate support when they request it.
 - Policies have been developed for care delivery. Processes in the hospital have been modified to meet the needs of the environment and location of WMU with policies updated. (e.g. code blues, rapid response team)
 - WMU leadership, staff development, and nursing have collaborated to provide training to the WMU team. Content is individualized to address care and prepare staff for events that might occur in that location outside the main facility.

- House supervisors received training through employee health to assist with after-hours COVID-19 testing for staff.
- Central Staffing completed Functional System Administrator (FSA) training for API, BRH's time card/staffing/scheduling software. This knowledge allows them to assist others with API and troubleshoot issues in the system.
- Central staffing has also converted several processes from paper to API, eliminating errors and streamlining processes.

Surgical Services

- Surgery volumes and operational levels have increased this past quarter (July through September) as compared to previous years. (Additional orthopedists and the ophthalmologist contribute to increased volumes).
 - Increased number of cases by 42
 - Increased number of minutes of surgery by 4,259 minutes
 - Increased Total Joint surgeries by 29%
- All surgery patients either have a negative COVID-19 test through Capital City Fire/Rescue (CCFR) or are rapid tested the day before or morning of their surgeries. We continue to navigate COVID testing for patients coming for surgery, and are grateful to CCFR!
- Same Day Surgery (SDS) continues to work with Dr. Kopstein to host clinic days in SDS, seeing 18-20 patients per day.
 - September 22—YAG laser treatment to remove cloudy residual that can occur after cataract surgery.
 - September 25—cataract surgeries.
 - October 20—cataract surgeries.
- Surgical Services is working with Facilities to plan for the upgrades to the ventilation system and central sterile reprocessing

Obstetrics Department

- We adapted a new “Labor Comfort Care Menu” for patients. This menu helps families be more aware of non-pharmacologic pain relief measures and options during labor. It promotes movement and position changes, helping reduce likelihood of cesarean section. Thank you to the nurses who brought this great idea to life.
- The monthly drill for September was on operating room (OR) readiness. Discussion topics included location of key supplies in the OB OR, use of equipment, and providing nursing support during a cesarean section when the OR team is not available. OB staff must be well-versed in this process, and be able to operate independently for emergent and crash c-sections. A big thanks to our nurse who facilitated the training this year.
- The OB precepting and orientation forms have been re-written and re-formatted. The new forms reflect updated guidelines and standards of care, integrate better with Relias (BRH's training website), and create an easy-to-follow guide for real-time communication, evaluations, and progress assessments of both preceptee and preceptor.
- We have new communication boards in the OB hallway. We are pleased to have easy-to-read information available for expecting and newly delivered families. They focus on the main elements of well-rounded health: nutrition, sleep, exercise and emotions. They have

included tips to be mindful of in the first few weeks of having a newborn at home. They also created QR codes link to resources for families easily accessible on mobile devices.

- A subgroup of the OB process improvement (PI) committee is facilitating a process change in evaluating and treating neonates who are experiencing withdrawal from substances. The evaluation tool we currently use is the Neonatal Abstinence Syndrome (NAS) tool. We are transitioning to the Eat, Sleep, Console (ESC) tool. This new approach focuses more on supporting the newborn's primary needs, and encouraging active presence and participation. As this project is in conjunction with the new Alaska Perinatal Quality Collaborative (AKPQC) initiative, substance exposed newborn initiative (SENI), we are partnering with other Alaska hospitals as we navigate change.
- As we wrap up our Maternal Hypertension Initiative, we were the first hospital in the state in which 100% of our OB providers and nurses completed required education! A huge thank you to everyone who helped make this happen! This was an amazing first project with the AKPQC.

Critical Care Unit (CCU)

- Census has been high lately with COVID-19, keeping us busy. We have managed challenging patient care situations, but our care teams have risen to the challenge and provided quality care to our patients.
- Two of our nurses have joined the falls task force and are eager to develop and help implement aggressive fall reduction strategies to improve patient safety.
- We have been working on documentation of critical lab values for Joint Commission requirements. Our documentation rates jumped from 60% to 80% documentation over the past couple of months.

Emergency Department (ED)

- ED director worked with architect from Jensen, Yorba and Wall to develop a plan for a screening/triage trailer that provides a protected area for the patients presenting to the hospital, and the staff caring for them.
- ED director is re-engaging with the workplace violence (WPV) pilot program with Washington State Hospital Association (WSHA) to identify strategies to keep employees safe while delivering care to patients with history of violent behavior.
- Thanks to our staff member who created a "Smartsheet" for the ED with quick links to information and guidelines related to COVID-19, employee health and policies and procedures.

Medical Surgical (MS)

- We have opened the COVID wing on MS. Five rooms are available to care for patients in the negative pressure wing. Processes have been perfected to streamline care of patients in that area and ensure the safety of staff and other patients in the hospital.
- Nursing staff are working with the falls task force to develop and implement strategies to protect patients at risk for falling.

Bartlett Regional Hospital

October 27 2020 Board Report
Billy Gardner, Chief Operating Officer

Diagnostic Imaging (Paul Hawkins)

- Installation of new workstations in DI nearly completed.
- New surgical C-Arms received and Training completed. Two new Philips Pulsera C-Arms, have better image quality and wireless send and worklist for PACS. Units are up and running in the OR.
- Filled one ultrasound vacancy, will begin cross-training her into echo and other exams.
- Reviewing class specifications for DI positions.
- Thank you to facilities, IT, Biomedical and environmental services for their support with projects.

Future Plan

- Possibility of offering a monthly ultrasound guided IV start class for nurses interested in learning this skillset.
- PACS upgrade go live 09/17/2020 working with IT, requires many hours of building and testing.
- PowerScribe 360 upgrade to PowerScribe One.
- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Fill remaining ultrasound vacancies.
- New MRI purchase and remodel if facilities move forward with ER expansion.
- 16 slice CT scanner is at end of life/support plan for replacement in progress.
- Brain Perfusion CTA AI for brain sparing treatment. AMBRA Health

Respiratory Department (Robert Follett)

- Fully staffed with one traveler augmenting staffing.
- Upgrade of Trace master ECG management system , project planning meeting occurring weekly.
- New ABG analyzers in use.
- Revising Covid testing to include stress test patients
- Seeking larger space for stress testing

Sleep Lab

- Accreditation (ACHC) Virtual survey completed, accreditation approved, response to plan of correction underway.

Physical Rehabilitation (James “Rusty” Reed)

- Very busy with inpatients and in fact the busiest we have been since COVID
- Very busy with new outpatient referrals, also the busiest we have been since COVID
- Very busy with wound care and have received many new referrals but we are meeting the need and maintaining a no wait list
- Pediatrics remains effected by COVID and we are not at capacity. We are currently averaging about 5 visits per day on campus and averaging about 5-7 teletherapy visits per day. Pre COVID we were averaging about 15-18 on campus visits per day.
- There continues to be an OT pediatric waitlist due to multiple barriers. Parents are hesitant due to COVID and schools are not yet open, due to restrictions we have only staggered scheduling ability along with space and staffing concerns. One of my goals is to look at how to best meet this need in the future. We will make this a performance improvement project as we did with the wound care wait list.

Pharmacy Department (Ursula Iha)

- Flu vaccines arrived from the manufacturer and the pharmacy staff is assisting Infection Prevention and Employee Health in vaccinating all Bartlett staff. Pharmacists coordinated and administered 133 free vaccinations from the Alaska Vaccine Assessment Program at the September Health Fair.
- The Antimicrobial Stewardship Committee is working to reduce the use of carbapenems for surgical prophylaxis, when effective alternatives are available, in order to reduce the potential for formation of resistant bacterial strains.
- Pharmacist Evan Deisen is helping to create an interdisciplinary team to reduce rates of hypoglycemia at Bartlett. The initial phase of the project will be to validate events submitted to Partnership for Patients in which patients had blood glucose levels of less than 50 mg/dl after any hypoglycemic agent administered to an inpatient. Additionally, a new order set that will make carb counting insulin orders easier to enter and comprehend is in the development phase.
- The pharmacy staff is continuing to integrate more medication kits and boxes in the electronic tracking and verification system for medications that are provided for critical time sensitive procedures. The Pharmacy and Therapeutics committee approved a policy and procedure that improves the efficiency and accuracy of the process.
- Pharmacy staff collaborated with nursing to provide medications in the COVID wing as it officially opened this month.
- As Rainforest Recovery Center reopens this month, the pharmacy staff is preparing to provide medications and services.

Laboratory Department (John Fortin)

Supply lines for obtaining testing kits specific for COVID have had many challenges. Currently BRH lab offers two in-house tests, the Abbott Now and the Cepheid. On October 14th, I was informed by ICS the ability to obtain supplies will no longer be available. Below is the message I received:

John,

Attached is a copy of the resources you requested to protect against Covid-19 in Juneau. This request was not approved due to scarcity of resources.

The federal government has notified states that they will no longer provide regularly scheduled shipments of testing supplies, beginning January 1, 2021. This includes swabs, transport media, and Abbott ID Now test cartridges. The goal is to support a return to more standard supply chain use, with facilities ordering from distributors to meet their individual needs for testing supplies. Additionally, shipments of Cepheid tests from the federal government to Alaska ended on September 30, 2020. The State of Alaska will continue to distribute supplies from existing inventory until the quantity on hand has been depleted, and we will maintain a small inventory for urgent needs. We encourage facilities to begin preparing for this transition as soon as possible to maintain ongoing COVID-19 testing capability.

If you have questions regarding testing materials, please reach out to Chris Lau (christopher.lau@alaska.gov). Requisition number 1591 has been closed.

All of the testing equipment and supplies for use with the Abbott Now has been acquired from the State. Through a process of request through the ICS, BRH was able to secure two Abbott Now analyzers and maintain a stock of around 300 tests. We continued to request for test kits to maintain current back stock of 300. It was discovered in September, all of the test cartridges in stock, will expire by November 18th, leaving only the Cepheid as the sole in-house test. Per discussion with the State, there still are some Abbott Now kits with expiration in December. A request has been submitted to ICS via George Schaaf to see if we can obtain any of this remaining stock. There has been discussion directly with Abbott, who is offering a 2 year contract at facility level, for a continued supply of Abbott. Per discussions, they will allow for direct purchase of Abbott Now, after Dec 31. With knowledge of setting up a PCR lab, the quarter million dollars contract has not been signed, as we hope to be running by March of 2021 with dedicated equipment (currently believe it will be the Roche 6800).

Bartlett does own two 4x4 Cepheid analyzers. Allocations of testing kits for Cepheid have been much more tight. BRH has continued to acquire some testing cartridges from Cepheid by direct purchase. Our sales rep has maintained some supplies since the release, but these have not met our needs. For that reason, BRH did place a request for Cepheid with the State, which has allowed us to continue to offer, but still leaves a very limited inventory on hand. We had to switch between the Cepheid and Abbott based on

inventory. Basically with Cepheid, we were given enough to keep up on a week by week basis. The good news, Cepheid allocations are better now than ever. We were also lucky and received some of the last Cepheid supplies from the State AND our sales rep has been able to increase our weekly allocations to 150 tests. We will be switching to the new formula, which offers RSV/INF1/INF2/COV (4-plex), and will be starting the validations as Cepheid will no longer offer the single COV.

Currently BRH lab has been doing all it can to use as many of the Abbott Now, and back stocking Cepheid. This is due to an expiration issue and not knowing if any more Abbott Now can be obtained. This change occurred early October. As of 10/15, we have 335 Abbott's (most expire 11/1, but do have 48 tests that expire 11/18) and were able to back stock 370 Cepheid in preparations. This is usable inventory, as BRH also has 180 tests set aside for legislators and CCFR staff.

Currently we burn around 15 tests a day. It is expected we would use around 1200 test with the current burn rate before Dec 31. With recent communication from Cepheid, we will receive an additional 440 of the single COV test in Oct, but all future allocations from Cepheid will be the 4-plex. We should receive 600 of the 4-plex in Nov and also in Dec.

The big change from status quo, once we use up all state supplies, is that BRH will have to charge for COV screening. With the new formula, the CMS reimbursement will significantly increase. Currently for purchased testing (supplies received from vendor), the cost is \$100. With additional CPT's, the cost for the 4 plex will go up to around \$300 to \$400.

We only have 600 single Cepheid cartridges to carry us through, until the PCR lab is built. As long as we do not have a huge increase in need, supplies may be ok.

Bartlett Regional Hospital

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

October 2020 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

- **RAINFOREST RECOVERY CENTER is ready to reopen!**
 - **RRC Residential Treatment Update:**
 - Residential Treatment is scheduled to reopen Monday, October 26.
 - Thursday and Friday, 10/22 and 10/23: Reorientation for all RRC staff to return to work.
 - Single occupancy patient rooms (6 patient capacity to begin)
 - Weekly in-house patient testing
 - Biweekly in-house RRC staff testing
 - Masking requirements
 - **RRC Withdrawal Management (Detox) Update:**
 - Withdrawal Management (WMU) is projected to open mid-November.
 - Staffing will include 1 RN and 1 CNA per 12-hour shift.
 - Recruiting for 24 hour nursing staff has delayed our opening:
 - Open Recruitment for 3 FTE nursing positions.
 - Currently identifying travel nurse options for December 2020 through March 2021
 - Nursing float pool will assist as needed.
 - Nursing and behavioral health leaders have continued to work closely to support the opening the WMU. Projects we have collaborated on include the following:
 - Portable cardiac/respiratory monitors connect to a central station in the Critical Care Unit, allowing providers to review vital signs and cardiac rhythms for patients experiencing withdrawal. Providers can observe real-time data and assist in decision making for patients who may be deteriorating. The care team at WMU receives immediate support when they request it.
 - Policies have been developed for care delivery. Processes in the hospital have been modified to meet the needs of the environment and location of WMU with policies updated. (e.g. code blues, rapid response team)

- WMU leadership, staff development, and nursing have collaborated to provide training to the WMU team. Content is individualized to address care and prepare staff for events that might occur in that location outside the main facility.
 - **RRC Outpatient Treatment Update:** Since March 25 (RRC Residential Temporary Closure), RRC has provided Outpatient (Telehealth) Substance Use Disorder Program:
 - We currently have 39 patients enrolled receiving:
 - 100% telehealth treatment
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
 - Outpatient treatment will now remain part of the RRC array of services without hiring additional staff.
 - Outpatient treatment services are 100% reimbursable under the 1115 Behavioral Health Medicaid Waiver and should support some of the losses associated with residential treatment opening at 50% capacity.
- **Adult Mental Health Unit (MHU):**
 - September evidenced its highest utilization since March 2020, with an average of 8 patients per day.
 - MHU is currently only accepting patients from Southeast.
 - Average length of stay is nearly 12 days.
 - MHU evidenced a rise in first time admissions in September, with patients identifying COVID-19 related stressors that led to their admission (loss of employment, strained relationships, increased substance use, increased depressed and thoughts of suicide).

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

- BOPS outpatient operations continue to be 100% virtual
 - 6.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
 - 3.5 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.
- September 2020:
 - 332 (non-unique) patient encounters.
 - 456 total patient encounters
 - No show rate 17% (significantly below national average of 23%)
 - Continued significant increase in new patient referrals, especially children/adolescents.
 - Increase of OCS related referrals in September.

- **Psychiatric Emergency Services (PES):**

- October 1, 2020 marked one year since BRH Behavioral Health began providing 24/7 Behavioral Health Emergency Assessments on demand.
- FY21 Q1 (July 1, 2020 – September 30, 2020, continued increase in new patients presenting in the ED, experiencing a behavioral health crisis:
 - 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.
- September 2020:
 - 161 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis, the most in a month since the PES program began.
 - 113 Adults
 - 48 Children/Adolescents
- Behavioral Health Technicians Program:
 - 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.

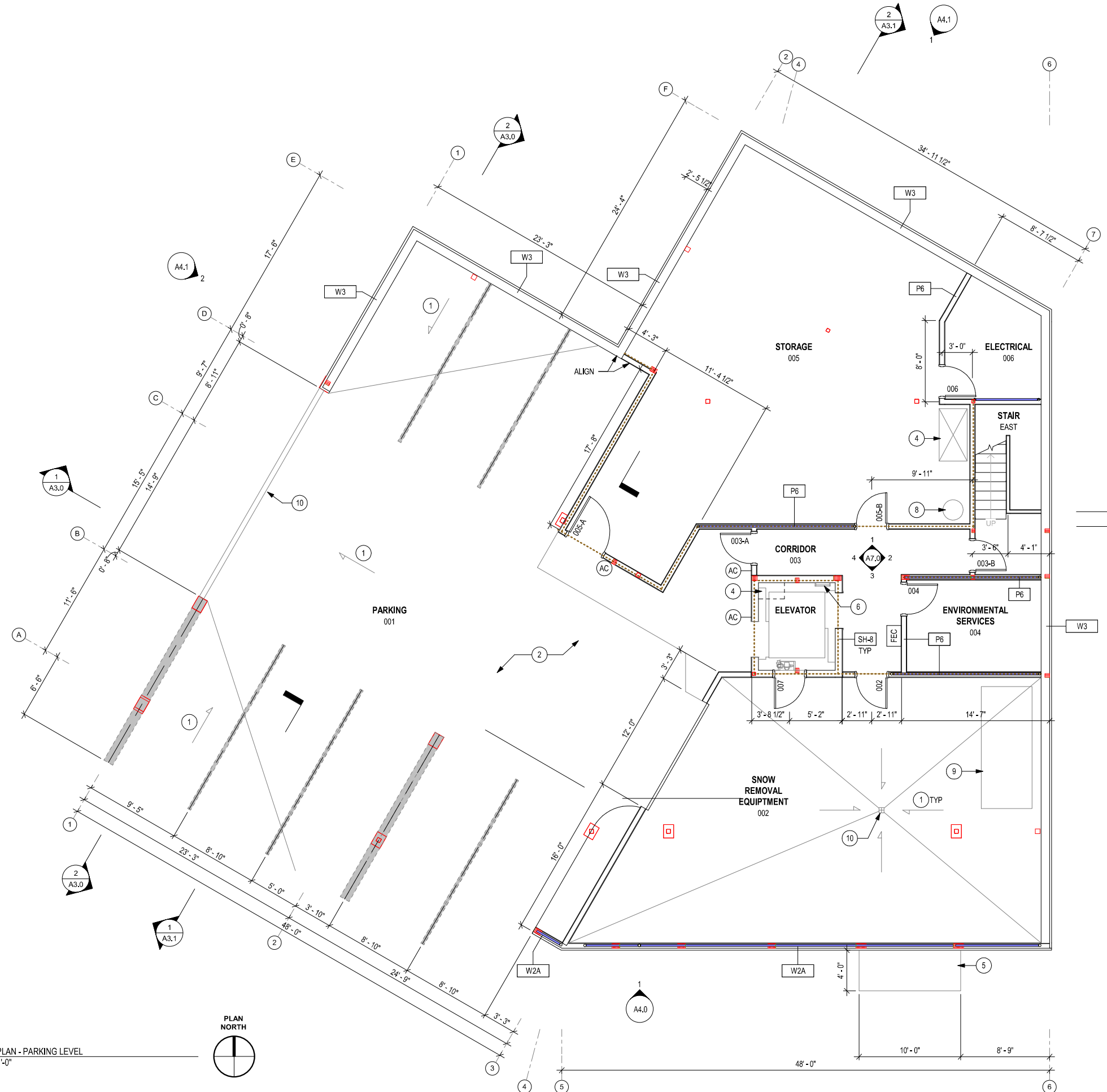
- Integrated Medical/Behavioral Health approach to ED patients in crisis.
- **PES Expansion Update:** Due to the increased number of PES Assessments, especially among youth & adolescents combined with the lack of community stabilization services, we approached DHSS about supporting BRH expanding PES community based services that would:
 - Expand capacity to provide crisis intervention services while continued to focus on the Crisis Stabilization Residential Unit. Currently there are little to no immediate support services for families who return home after a crisis assessment in the ED
 - Serve as an interim but essential service for families whose child is assessed but not admitted the Medical Unit “Safe Room” that would:
 - Provide immediate support services to individuals and families who were discharged in the ED after being assessed.
 - Up to 5 days of in home, in community, and virtual services provided by a combination of Clinical Therapists and Youth/Family Navigators.
 - Goal is to provide stabilization services to individuals and families so that when the crisis has passed, there is motivation to engage in outpatient treatment.
 - **Within days of this request, DHSS provided \$360,000 (See Grants Update section below) in additional operational grant funding to support the expansion of PES services into the community.**
 - **Recruiting has resulted in 1 FTE Therapist and 2 FTE Youth/Family Navigators who will begin this work on or around November 1.**
 - **Remainder of funding will further support the PES services provided in the Emergency Department.**

- **Crisis Stabilization Services Update:**
 - Over the last few months we have made significant progress on the Crisis Stabilization Center Project. As an update, please see the following attachments to serve as visual updates as to where we are today:
 - Crisis Center Floor Plan – Finalized and attached
 - Exterior Rendering of Facility – Finalized
 - Patient Safety Environmental Risk Assessment – Finalized and attached
 - Total estimated capital cost remains \$10.5 million:
 - \$7.7 Million – Construction of the Crisis Facility, including the new BOPS Clinic
 - \$1.5 Million – Ground floor parking garage (approximately 22 spots)
 - \$1.3 Million – Contingency costs.

- **Behavioral Health 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.
 - Alaska Mental Health Trust additional \$200,000 for FY22

- **FY21 Operational Grants Update:**
 - **DBH Operational Grants:** The Crisis Stabilization and Ambulatory Grants were scheduled to sunset June 30, 2020. We were fortunate to receive an additional year of grant funding for both Crisis Stabilization and Ambulatory Withdrawal Management. 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.
 - **Grant funding as of July 1, 2020:**
 - 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**
 - **FY21 UPDATE:**
 - DHSS Amended the FY21 Crisis Stabilization and Ambulatory Withdrawal Management Grants to further our expansion efforts in both areas:
 - Crisis Stabilization – Additional \$360,000 to support costs associated with Community Based Expansion of Crisis Services to youth and families.
 - Ambulatory Withdrawal Management –Additional \$224,750 to support the expansion of Withdrawal Management Services.
 - Total FY21 State Grants: \$2.3 million.
 - **Other Operational Grants**
 - Juneau Community Foundation – Community Navigator Program - **\$210,000** annually (FY21-23). This program began September 1, 2020 and supports 3 FTE Navigators who split their time in serving BRH Patients and Community Partners. Thus far, Navigators are supporting individuals experience mental illness, substance use disorder and homelessness alongside of the following community partners:
 - JAMHI Health & Wellness
 - Front Street Clinic
 - Polaris House
 - Housing First
 - St. Vincent de Paul
 - The Glory Hall
 - Catholic Community Services
 - AWARE Shelter

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



GENERAL NOTES:

1. CONTRACTOR SHALL FIELD VERIFY ACTUAL BUILDING CONDITIONS AND DIMENSIONS. WHERE DISCREPANCIES OR CONFLICTS ARE FOUND, NOTIFY ARCHITECT PRIOR TO COMMENCING WORK.
2. DIMENSIONS ARE TO GRIDLINE, FACE OR CENTER OF FRAMING UNO.
3. SEE STRUCTURAL FOR SLAB PLAN
4. ALL PARTITIONS ARE TYPE P-4, UNO
5. WHERE DOOR OPENINGS ARE NOT DIMENSIONED, LOCATE DOOR OPENINGS TO ENSURE 3" MIN JAMB FRAMING.

SHEET NOTES:

1. SLOPE 1% MIN
2. 321216 ASPHALT CONCRETE PAVING
3. 033000 CURB AND SLAB
4. 033000 FORMED SUMP
5. 033000 MECHANICAL PAD
6. 055000 STEEL LADDER
7. 083323 OVERHEAD COILING DOOR
8. xxxxxxxx WATERHEATER
9. xxxxxxxx AIR HANDLER
10. xxxxxxxx DRAIN, AREA OR TRENCH

LEGEND:

- FEC FIRE EXTINGUISHER CABINET
- DC DEFIBRILLATOR CABINET
- FDC FIRE DEPT. CONNECTION
- NEW STRUCTURE
- AC ACCESS CONTROL POINT
- HF HANDS-FREE WALL ACTIVATION SWITCH
- DE DELAYED EGRESS
- AE ALARMED EGRESS

NOT FOR CONSTRUCTION

XX/XX/2020

NorthWind Architects, LLC

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

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

BRH BEHAVIORAL HEALTH FACILITY

BARTLETT REGIONAL HOSPITAL
CITY AND BOROUGH OF JUNEAU

SHEET TITLE:
FLOOR PLAN - PARKING LEVEL

CHECKED	DH, SB
DRAWN	BK, LJ
issue	date description

SHEET # **A2.0**

1 FLOOR PLAN - LEVEL 2
3/16" = 1'-0"



PLAN NORTH

GENERAL NOTES:

1. CONTRACTOR SHALL FIELD VERIFY ACTUAL BUILDING CONDITIONS AND DIMENSIONS. WHERE DISCREPANCIES OR CONFLICTS ARE FOUND, NOTIFY ARCHITECT PRIOR TO COMMENCING WORK.
2. DIMENSIONS ARE TO GRIDLINE, FACE OR CENTER OF FRAMING UNO.
3. ALL PARTITIONS ARE TYPE P-4, UNO
4. WHERE DOOR OPENINGS ARE NOT DIMENSIONED, LOCATE DOOR OPENINGS TO ENSURE 3" MIN JAMB FRAMING.

SHEET NOTES:

1. 062023 SCREEN
2. 064116 CASEWORK
3. 113170 APPLIANCES
4. ELECTRICAL PANEL, SEE ELECTRICAL

LEGEND:

- FEC FIRE EXTINGUISHER CABINET
- DC DEFIBRILLATOR CABINET
- FDC FIRE DEPT. CONNECTION
- NEW STRUCTURE
- X DEPRESSED STRUCTURAL DECK TO ACCOMMODATE SLOPED FLOOR & DRAIN
- AC ACCESS CONTROL POINT
- HF HANDS-FREE WALL ACTIVATION SWITCH
- DE DELAYED EGRESS
- AE ALARMED EGRESS
- PB PUSH BUTTON REMOTE RELEASE

BRH BEHAVIORAL HEALTH FACILITY

SHEET TITLE:
FLOOR PLAN - LEVEL 1

CHECKED **DH**
DRAWN **EJ**

SHEET # **A2.1**

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

XX/XX/2020

W

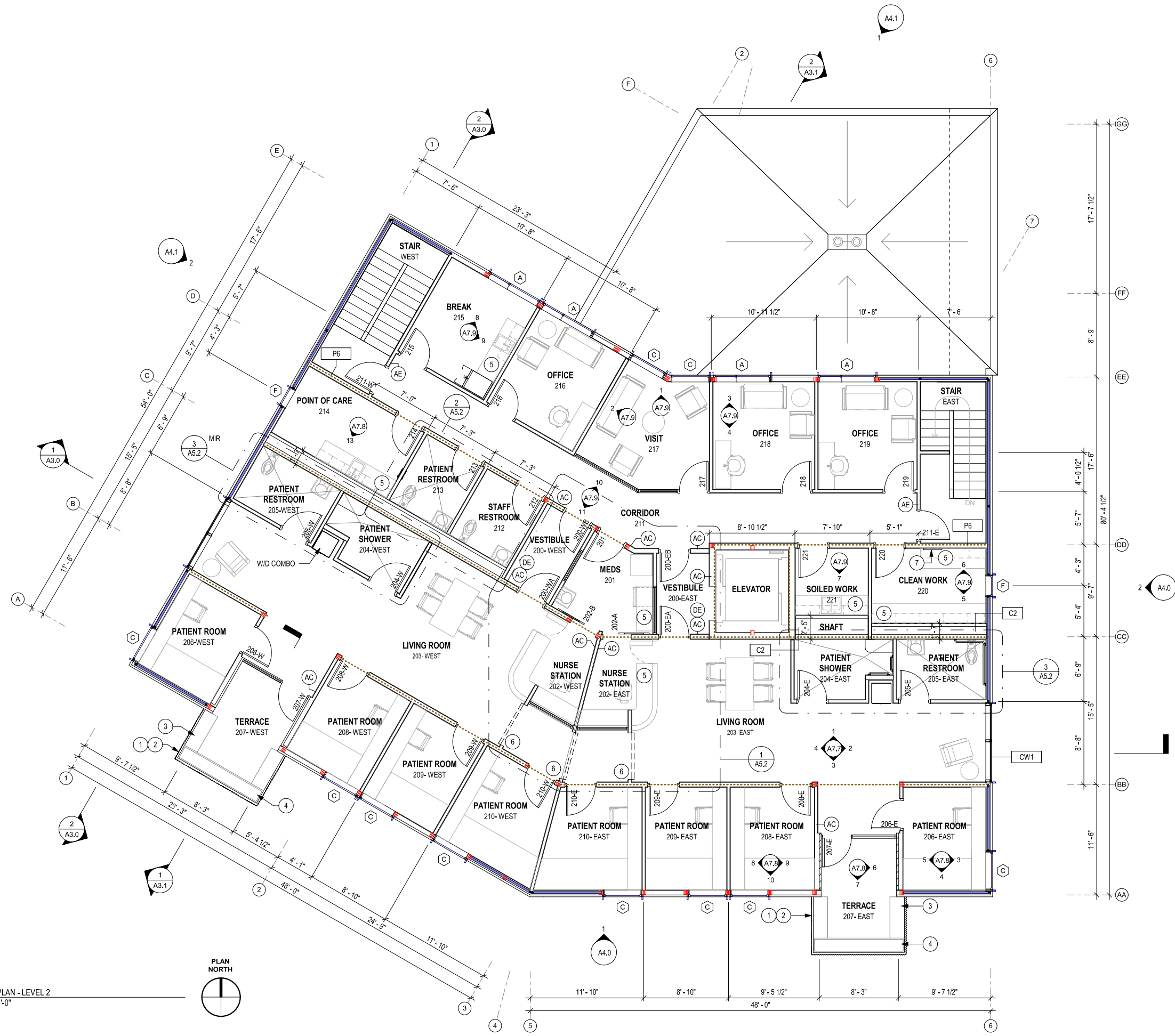
NorthWind Architects, LLC

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

NOT FOR CONSTRUCTION

BARTLETT REGIONAL HOSPITAL
CITY AND BOROUGH OF JUNEAU

1 FLOOR PLAN - LEVEL 2
3/16" = 1'-0"



- GENERAL NOTES:**
- CONTRACTOR SHALL FIELD VERIFY ACTUAL BUILDING CONDITIONS AND DIMENSIONS. WHERE DISCREPANCIES OR CONFLICTS ARE FOUND, NOTIFY ARCHITECT PRIOR TO COMMENCING WORK.
 - DIMENSIONS ARE TO GRIDLINE, FACE OR CENTER OF FRAMING UNO.
 - ALL PARTITIONS ARE TYPE P-4, UNO
 - WHERE DOOR OPENINGS ARE NOT DIMENSIONED, LOCATE DOOR OPENINGS TO ENSURE 3" MIN JAMB FRAMING.
- SHEET NOTES:**
- 055000 METAL TUBE FRAME
 - 057770 METAL SCREEN
 - 062000 WOOD BENCH
 - 062000 WOOD PLANTER
 - 064116 CASEWORK
 - 083323 OVERHEAD COILING DOOR
 - ELECTRICAL PANEL, SEE ELECTRICAL

- LEGEND:**
- FEC FIRE EXTINGUISHER CABINET
 - DC DEFIBRILLATOR CABINET
 - FDC FIRE DEPT. CONNECTION
 - NEW STRUCTURE
 - DEPRESSED STRUCTURAL DECK TO ACCOMMODATE SLOPED FLOOR & DRAIN
 - AC ACCESS CONTROL POINT
 - HF HANDS-FREE WALL ACTIVATION SWITCH
 - DE DELAYED EGRESS
 - AE ALARMED EGRESS

BRH BEHAVIORAL HEALTH FACILITY

BARTLETT REGIONAL HOSPITAL
CITY AND BOROUGH OF JUNEAU

SHEET TITLE:
FLOOR PLAN - LEVEL 2

CHECKED DH, SB
DRAWN BK, LJ

issue date description

SHEET # **A2.2**

XX/XX/2020

NorthWind Architects, LLC

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

← 1" ACTUAL →

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

NOT FOR CONSTRUCTION

ENVIRONMENTAL RISK ASSESSMENT

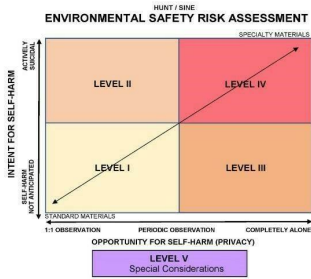
Level I: Patients not allowed – staff areas

Level II: Areas behind self-closing and self-locking doors - patients highly supervised and not left alone

Level III: Not behind self-locking and self-locking doors - patients may spend time with minimal supervision

Level IV: Patients spend a great deal of time alone

Level V: Special Considerations



Published: Behavioral Health Design Guide, Edition 9.0 November 2019

Patient Safety Risk Assessment Participants

Dr. Joanne Gartenberg, Behavioral Health Medical Director, Bartlett Regional Hospital
 Bradley Grigg, Chief Behavioral Health Officer, Bartlett Regional Hospital
 Lynn Squires, Crisis Stabilization Director, Bartlett Regional Hospital
 Nathan Coffee, Chief Architect, City and Borough of Juneau
 David Frum, FAIA, Principal Architect, Salus Architecture
 Sean Bolly, AIA, Principal Architect, North Wind Architects
 David Hurley, AIA, Principal Architect, North Wind Architects
 Elizabeth Jurgeleit, Interior Designer, North Wind Architects

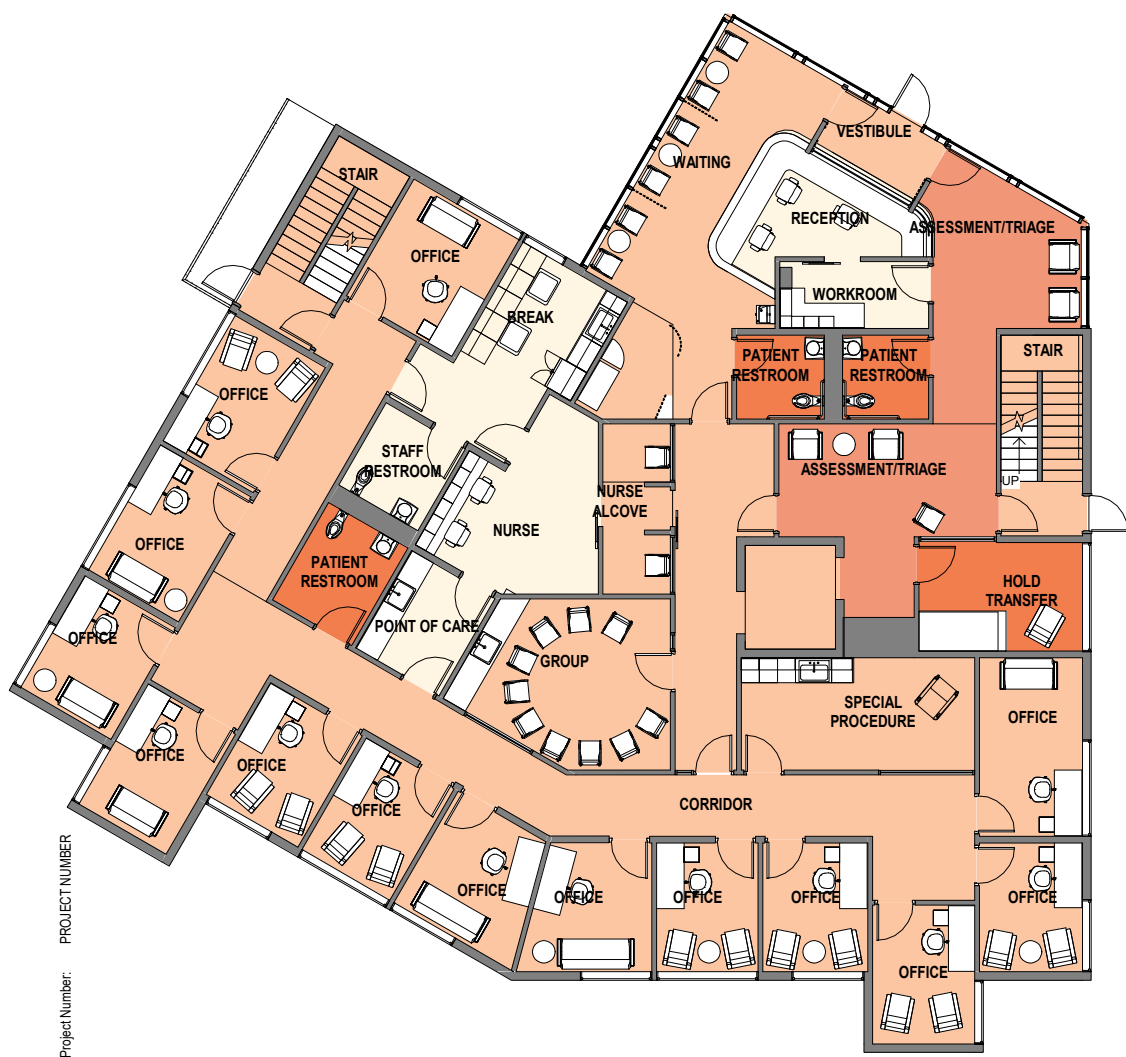
NOT FOR CONSTRUCTION

XX/XX/2020



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

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



PROJECT NUMBER: 01 OUTPATIENT LEVEL- RA

01 OUTPATIENT LEVEL- RA
 1/8" = 1'-0"

2 02 INPATIENT LEVEL- RA
 1/8" = 1'-0"

BRH BEHAVIORAL HEALTH FACILITY

BARTLETT REGIONAL HOSPITAL
 CITY AND BOROUGH OF JUNEAU

SHEET TITLE:
RISK ASSESSMENT ANALYSIS

CHECKED	Checker	
DRAWN	Author	
issue	date	description

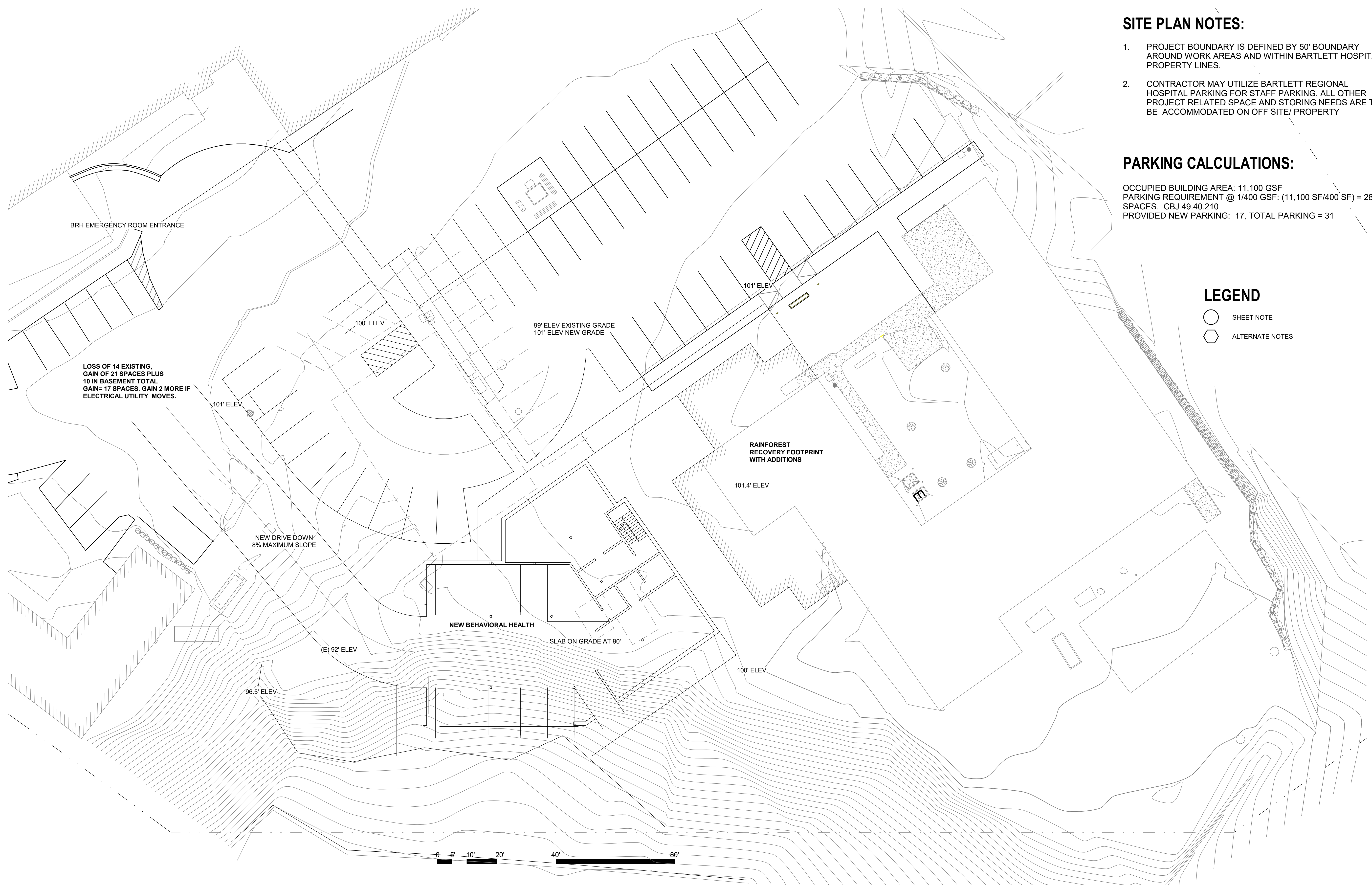
SHEET # **G0.4**



VIEW OF MAIN ENTRANCE



EVENING VIEW OF MAIN ENTRANCE



SITE PLAN NOTES:

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

PARKING CALCULATIONS:

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

LEGEND

- SHEET NOTE
- ⬡ ALTERNATE NOTES

NOT FOR CONSTRUCTION

XX/XX/2018

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

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

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
 City and Borough of Juneau
 BE20-236

SHEET TITLE:
ARCHITECTURAL SITE PLAN

CHECKED	Checker	
DRAWN	Author	
issue	date	description

SHEET # **G0.4**

PLOT DATE 03/11/20
 ISSUE DATE 3/31/2020



NOT FOR CONSTRUCTION

XX/XX/2018



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

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
City and Borough of Juneau
BE20-236

SHEET TITLE:
BASEMENT FLOOR PLAN

CHECKED
DRAWN

Checker
Author

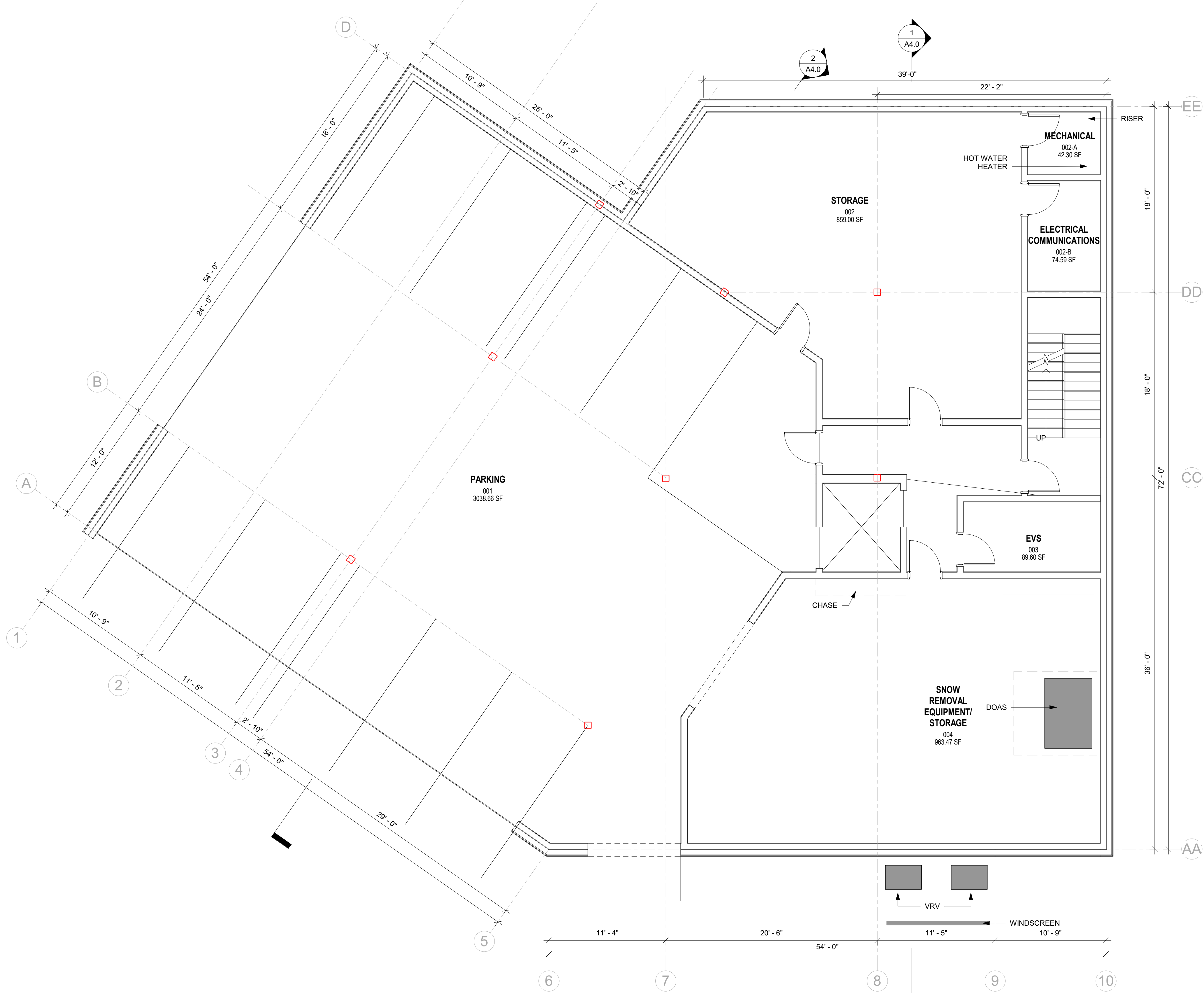
issue date description

SHEET # **A2.0**

PLOT DATE 03/24/2020

ISSUE DATE 3/31/2020

October 27, 2020 Board of Directors Meeting
Page 77 of 83



@ NorthWind Architects, LLC; Project Number NWA-

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



NOT FOR CONSTRUCTION

XX/XX/2018



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

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
City and Borough of Juneau
BE20-236

SHEET TITLE:
FIRST FLOOR
PLAN

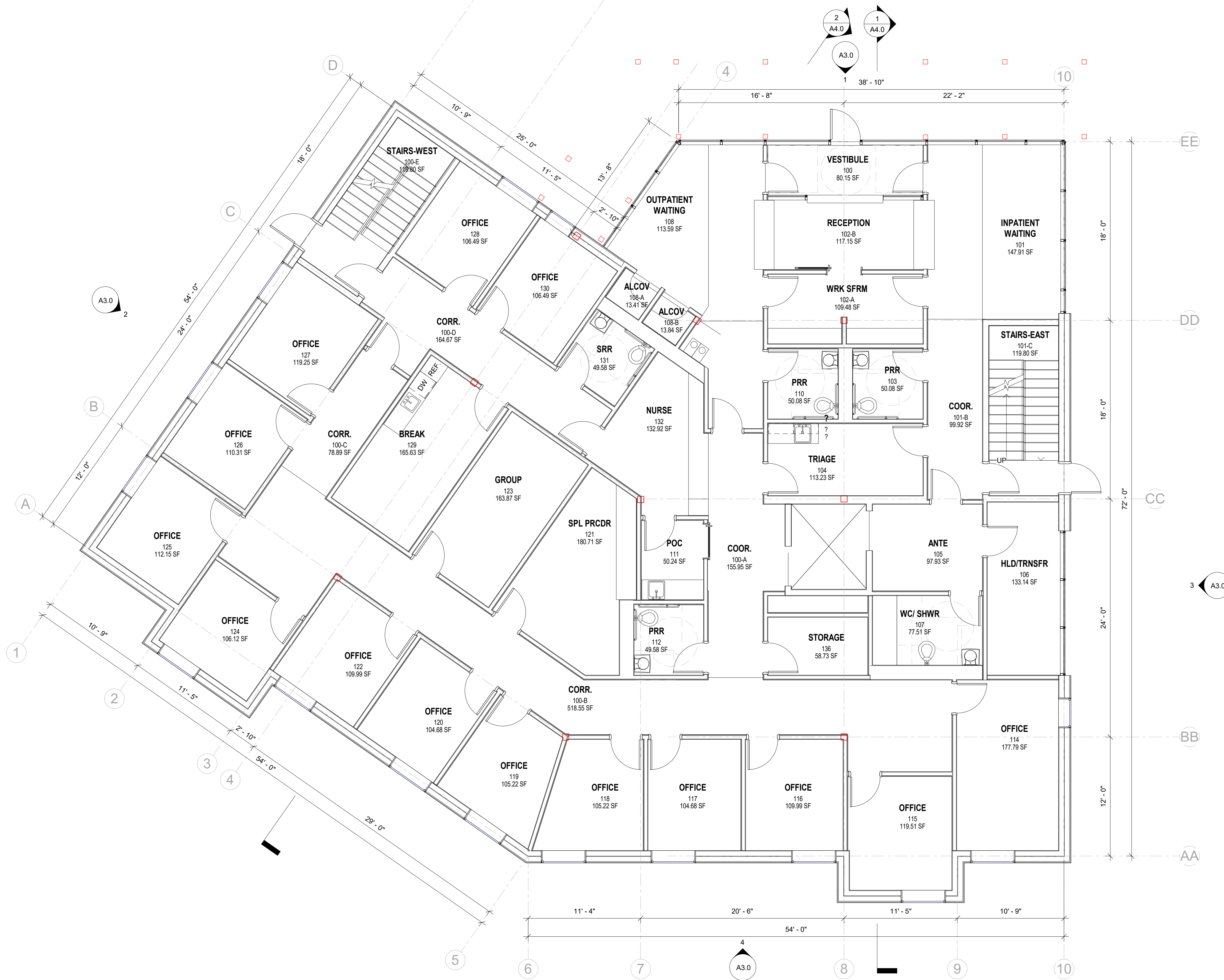
CHECKED DH
DRAWN EJ

issue date description

SHEET # **A2.1**

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

October 27, 2020 Board of Directors Meeting
Page 78 of 83



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



@ NorthWind Architects, LLC; Project Number NWA-

NOT FOR CONSTRUCTION

XX/XX/2018



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

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
City and Borough of Juneau
BE20-236

SHEET TITLE:
SECOND FLOOR PLAN

CHECKED DH
DRAWN EJ

issue date description

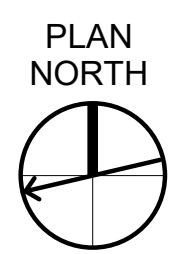
SHEET # **A2.2**

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

October 27, 2020 Board of Directors Meeting
Page 79 of 83



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



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

October 27, 2020 Board Report

Kevin Benson, CFO

Finance

- A second round of audit fieldwork was completed by Elgee Rehfeld. This is the second year the current staff has gone through this with half of the department having turned over in the prior year. This year's audit has gone much smoother and is well ahead of last year's pace.
- Staff have begun preparing materials for the Medicare Cost Report which is due the end of November.
- New guidelines were issued by Health and Human Services on how to claim CARES funds as part of the Provider Relief program. These new guidelines are completely different and more restrictive than the initial guidelines published in June. We are working through this issue with our audit firm and other external "experts" of which there are really none as this is the first time anyone has seen these regulations.
- Finance staff had been involved for months with the time and attendance system upgrade (API). The upgrade was completed and implemented effective October 10th.

Case Management – Jeannette Lacey

COVID-19

1. Case Management has been assigned to HICS Patient Tracking Unit under the Planning Section:
 - a. Continue to work closely with CBJ with regard to the Medical Respite (hotel isolation) and Supported Isolation. Centennial Hall was stood up on Tuesday, October 13, 2020. We continue to partner with CBJ, CCFR, Public Health, SEARHC/Front Street Clinic, and the shelter managers, to support this hospital and community need. Per Public Health recommendations, CCFR continues mass testing with our vulnerable population and will conduct another round on October 16. I am incredibly proud of our hospital, CBJ, and community partners for coming together so well during these challenging times.
 - b. SEARHC/Front Street Clinic has provided a telehealth iPad at Centennial Hall and is supporting client needs by offering telehealth appointments at the facility.
 - c. Smart Sheets for tracking positive cases in our vulnerable population. As there is a strong partnership between partners, a Smart Sheet was built to help us track and update positive cases and isolation timeframes in real time, which greatly impacts efficiency and effectiveness of our work.
 - d. **Forced Isolation.** This is for when we have an individual who tests positive for COVID-19, but refuses to isolate during their infectious period. This may or may not be a person with chronic substance use or mental health diagnoses. We have now worked through this process with two individuals who were able to successfully isolate at BRH. With Centennial Hall open, our goal is for future holds to be located there. However, we are now trying to establish where/how to implement a hold with an individual with behavioral challenges that put staff safety at risk. This has been escalated to the state and we have had good support from Public Health and CBJ with these concerns.
 - e. COVID dashboard with all testing information was built this summer and has been in full use across teams.
2. Employee Health and Wellbeing Unit under the Logistics Section. Due to the responsibilities of the Patient Tracking unit, CM has withdrawn from the role of Employee Health and Wellbeing, which has been supported by Behavioral Health.

Clinical Documentation Integrity (CDI):

1. We continue work on an external audit of our CDI program. This is being done through Intellis; our goal is to determine how to optimize our program and recommendations for

Staffing:

1. We are excited to hire our second nurse to the Emergency Department Case Management team. It has been a long-time goal to have an RNCM on staff 7 days per week. During the closure of RRC, we have had the benefit of Mary Neary supporting our team, but she will soon be transitioning back to her role with that program. One of our long-time CMs, Lisa Wallace, will transition to the EDCM team as we hire a new RNCM for clinical reviews. She will bring a wealth of wisdom and experience, as she was previously a nurse in CCU and the ED.
2. We have two new recruitments out for SW CM positions. One will support RRC with the Withdrawal Management and outpatient services, the other will support community needs and partnerships through this pandemic; this position will have funding from CBJ/CARES.

Case Management Week! October 11-17 in National Case Management Week. Please join me in thanking all of our extraordinary case managers for the incredible work they do every day to support our patients, families, colleagues, hospital, and community.

IS – Scott Chille

1. Projects:

- a. **MEDITECH** – migration to new VxBlock environment – **COMPLETE**
- b. **PACS** upgrade and migration in progress – **planned November 17th Go-Live date on new hardware**
- c. Awarded \$957,000 Telehealth Grant
- d. **Wireless Upgrade** project starting: expect 3 – 4 months implementation
- e. **Philips iECG (Tracemaster View)** project starting: expect 4 – 6 months implementation
- f. **Philips Intellispace Perinatal** Interface project: 4 – 6 months implementation
- g. **FairWarning** privacy monitoring/auditing tool project kicked off: expect 6 – 8 weeks
- h. **MEDITECH Expense** – Go-Live moved to **March 1, 2021 – on track**
- i. **Project Schedule Attached**

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. Added Desktop Support to call-center queues

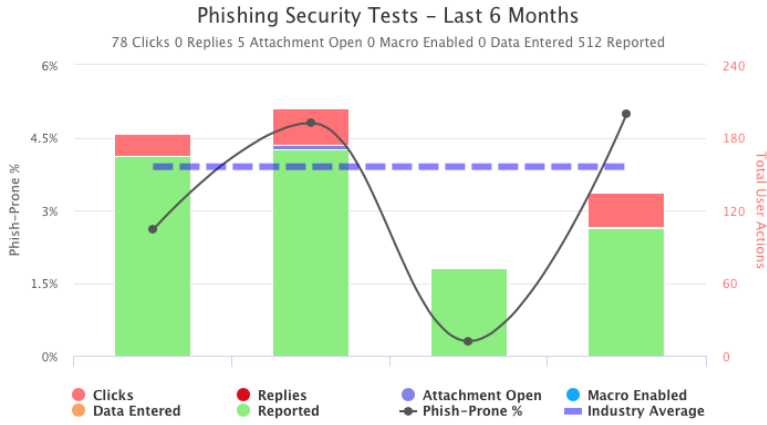
3. Information Security

- a. Phishing Test results and Awareness Training stats – showing steady improvement throughout the COVID-19 response.
- b. Continuing to provide training and testing during this time due to the increased activity we are seeing around the world with bad-actors exploiting the COVID-19 issue.
- c. Attacks on Bartlett network have remained as high as in June with no sign of decreasing as actors are exploiting COVID-19 workflow adjustments/working-from-home.
- d. Continuing to decrease our overall vulnerability posture in the face of an increased attack on our hospital during the COVID outbreak
 - i. 384 attacks per minute in September.

Attacks on Bartlett Network							
	As of March-15	As of April-29	As of May-31	As of Jun-30	As of Jul-31	As of Aug-31	As of Sep-30
Per Minute	86	183	168	371	335	366	384
Per Hour	5,160	10,980	10,080	22,260	20,100	21,960	23,040
Per Day	123,840	263,520	241,920	534,240	482,400	527,040	552,960
Per Week	866,880	1,844,640	1,693,440	3,739,680	3,376,800	3,689,280	3,870,720
Per Month	3,839,040	8,169,120	7,499,520	16,561,440	14,954,400	16,338,240	17,141,760
Per Year	45,201,600	96,184,800	88,300,800	194,997,600	176,076,000	192,369,600	201,830,400

Phishing

[See more phishing reports](#)



Industry Benchmark Data ?

YOUR LAST PHISH-PRONE%	5.0%
INDUSTRY PHISH-PRONE%	3.9%

Industry: Healthcare & Pharmaceuticals




Company Size: Medium (250-1000 users)

Program Maturity: 1 Year

Security Awareness Program has reached Long-Term Sustainment & Culture Change over the last 2-years from Non-existent/Compliance Focused in 2017-2018.

November 2020

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

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

Committee Meeting Checkoff:

- Board of Directors – 4th Tuesday every month
- Board Compliance – 1st Wednesday every 3 months (Jan, April, July, Oct.)
- 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