AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, December 22, 2020; 5:30 p.m.
Bartlett Regional Hospital Zoom/Teleconference
Public may follow the meeting via the following link https://bartletthospital.zoom.us/j/93293926195 or call 1-253-215-8782 and enter webinar ID 932 9392 6195

I. CALL TO ORDER 5:30

II. ROLL CALL 5:32

III. APPROVE AGENDA 5:34

IV. PUBLIC PARTICIPATION 5:35
Dr. Roy Getchell – Haines Borough School District Superintendent

V. BOARD EDUCATION 5:45
Haines Disaster Support (Pg.3)

VI. CONSENT AGENDA 5:55
A. November 24, 2020 Board of Directors Minutes (Pg.9)
B. October 2020 Financials (Pg.14)

VII. NEW BUSINESS 6:00
A. Interim CEO Information (Pg.19)
B. Bartlett 2020 CEO Market Wage Report (Pg.20)

VIII. OLD BUSINESS 6:10
CLO Replacement Update

IX. MEDICAL STAFF REPORT 6:15

X. COMMITTEE REPORTS 6:20
A. November 25, 2020 Draft Ad Hoc Planning Meeting Minutes (Pg.22)
B. December 2, 2020 Draft CEO Recruitment Committee Minutes (Pg.25)
C. December 11, 2020 Draft Finance Committee Meeting Minutes (Pg.28)
D. December 17, 2020 Draft Planning Committee Meeting Minutes (Pg.29)

XI. MANAGEMENT REPORTS 6:30
A. HR Management report (Pg.34)
B. CNO Management report (Pg.35)
C. COO Management report (Pg.39)
   Molecular Lab and Triage Facility Updates (Pg.42)
D. CBHO Management report (Pg.47)
E. CFO Management report (Pg.52)
F. CEO Management report (Pg.54)

XII. CEO REPORT / STRATEGIC DISCUSSION 6:40
    COVID-19 Update

XIII. PRESIDENT REPORT 6:45

XIV. ELECTION OF BOARD OFFICERS - *ACTION ITEM 6:50

XV. BOARD CALENDAR – January 2021 (Pg.55) 7:00

XVI. BOARD COMMENTS AND QUESTIONS 7:05

XVII. EXECUTIVE SESSION 7:10
    A. Credentialing report
    B. December 1, 2020 Draft Medical Staff Meeting Minutes
    C. Patient Safety Dashboard
    D. Union Negotiations

    Motion by xx, to recess into executive session to discuss several matters:
    o 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, the patient safety dashboard and union
    negotiations.

XVIII. ADJOURNMENT 7:30
Background:

On Tuesday, December 1st, a massive storm system moved into Haines with catastrophic consequences. Over a foot of rain fell in a matter of days, followed by a blizzard. Several roads were washed out and roughly 25 slides occurred in a single night. Neighborhoods were left without power or road access. Mud flowed through homes and destroyed streets. Two homes were obliterated and pushed into the ocean. The top story of one home was ripped off the lower level and set down offsite. Buildings were pushed off their foundations. The next day, on December 2nd, a massive landslide took out several homes in the area of Beach Road and six residents were unaccounted for. More than 20 people were evacuated off the beach south of the slide as darkness fell. Search and rescue crews converged and began looking for the missing. Shaken and in shock, the town came together to meet the needs of displaced families, even as the storm continued. Ultimately, all but two lives were saved.

Response:

With knowledge of crisis management, Bradley Grigg, Chief Behavioral Health Officer (CBHO), and Rose Lawhorne, Chief Nursing Officer (CNO), discussed the likely need for emotional support and behavioral health response to the unfolding disaster. The Haines Borough School District (HBSD) was of significant concern, as a young teacher, Jenae Larsen, was one of those not found, along with her close friend, David Simmons. On December 2nd, BRH Behavioral Health Medical Director Dr. Joanne Gartenberg, Bradley and Rose met with HBSD Superintendent Dr. Roy Getchell, Principal Lilly Boron, Assistant Principal Kim Sundberg, and other community stakeholders. The Haines team felt it would be useful to have help with stress and grief management, particularly for school staff and students.

Bradley had already received messages from members of Bartlett’s staff and providers interested in assisting in Haines if a need was identified. Within 48 hours, a team was mobilized and arrangements were made to travel to Haines on Sunday, with some members following on Tuesday. The group included a psychiatrist, two counselors, a behavioral health technician, and an administrative support person, along with Bradley and Rose to oversee the standup of operations.

As the ferry rounded the corner into Haines, a somber feeling settled over the group. The reality and magnitude of the devastation became clear as the entire slide and its path of destruction came fully into view. Upon arrival, appreciative administrators and staff from the school met with Bartlett representatives. The team held introductory discussions with school district staff over Zoom, then met with school administrators later that evening to review the tragic events and plan the next day. In these conversations, the impact of the tragedy was evident in the faces and voices of those with whom we met.

Community members were still being evacuated at intervals, depending on where movement on hillsides occurred. Many were not able to access their homes and were living at friends’ houses or hotel rooms. Stories were told of people waking to water and mud pouring into their homes, cars buried in their driveways, and the sounds of rushing water around residences. The risk of ongoing disaster terrified many, compounding the town’s stress and anxiety. The rain continued to pour, albeit less violently than days prior, and the landscape remained unstable. Road crews attempted to mitigate the
flooding and conducted emergency repairs to streets and highways so the townspeople could replenish emergency supplies and food. Haines switched to diesel generators because the hydropower from Skagway was inaccessible due to the storm. The barge was also delayed, but was finally able to deliver precious fuel, with only hours to spare before backup electricity would fail.

From the start, the Bartlett team sent a message, loud and strong, “We are here with you. We are here to lift you up in your time of need.” No clear plan was in place for either the Bartlett team or the school, but the presence of the team brought relief. Reinforcements had arrived. Other regional agencies also came to support. Coast Guard helicopters could be heard flying overhead, searching for the lost loved ones. The Red Cross set up an emergency shelter in the school gymnasium. Capital City Fire and Rescue sent personnel to assist the Haines Volunteer Fire Department. Haines was being supported by friends and colleagues from Juneau, filled with love and compassion, and would not walk this path of tragedy alone. The Bartlett team members were honored to be accepted into a community experiencing loss and be welcomed with open arms to serve their neighbors as directed by the BRH vision.

On Monday, December 7th, the team convened at the school. The faculty were raw, and we learned in depth what had befallen this small town. This beautiful, young teacher had been raised in Haines. Her mother had operated a daycare for decades, and was considered family by hundreds of community members, many of whom were now grown. Jenae Larson was a beloved student, friend, sister, and teacher who brought life and sparkle wherever she went. David Simmons was an adventurer, was kind, took time to connect with people, and had found a home and love when he arrived in Haines.

In time, the team learned of many other personal and community crises that had occurred over the past couple of years, in addition to this tragedy. Almost exactly one year ago, an avalanche claimed the lives of two other young adults who had graduated high school in the same small class of 22 with Jenae. Other deaths, illness, and loss were described. This was the latest in a series of recent events that brought many townspeople to the limits of their ability to cope. And in these dark moments, they met BRH supporters with open arms. They entrusted caregivers with their experiences, their fears, and their anxieties. The professionals were moved by this expression of human openness and resiliency, and connected with the people of Haines, offering support and guidance.

By Tuesday evening, the search for Jenae and David was called off. This brought sadness and finality, but also closure. HBSD administrators developed a plan to reopen Haines School after a week of being closed. Bartlett providers and counselors assisted the school in developing communication for students and families. Students returned to the building, sad and uncertain but were greeted by supportive staff of HBSD and BRH. Over the next week, the Bartlett team met with students, school staff, community members, and first responders. Sounds of laughter and conversation filled the halls and brought restoration and healing. On Sunday evening, an outdoor vigil was held. Fire and rescue vehicles led a procession down Main Street to the harbor overlooking the slide. The BRH team joined masked community members as they walked with candles to honor Jenae and David.

Bradley sent a summary of the work taking place to his colleagues at the Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH). They replied with overwhelming support and offered $1.4 million to assist with the crisis stabilization efforts. Funds were also identified for supplies and equipment for classrooms. Each teacher was given a budget to acquire items that would allow them to better meet the needs of the students and to assist classrooms with expressing their grief and loss through creative writing, art, etc. The school counselor and activities director were also given funds to support their programs in the same fashion. HBSD faculty have repeatedly expressed overwhelming gratitude for this generous funding.
Throughout the weekend, additional therapy sessions were held, and requests kept coming. Most of the first team returned to Juneau on Sunday and were replaced by a second group, eager to continue the work. By Monday, the 14th, the school routine was in full swing. Support has continued and plans for ongoing assistance are being discussed with the leadership in Haines.

Throughout this time, the vision of being the best community hospital was fulfilled by Bartlett’s team. The mission to provide quality, patient centered care in a sustainable manner has been accomplished. During this tragedy, the people of Haines have felt, more than ever, that they are not alone. The support of the Board and DBH, the convergence of many agencies, and the selflessness of those working have communicated love and support to a community aching with overwhelming loss and pain. The healing journey has begun. For those involved, this experience has been powerful and life-changing. On behalf of the Bartlett team and the community of Haines, thank you for your support of this honorable cause.

<table>
<thead>
<tr>
<th>Thursday, December 3</th>
<th>In an effort to determine Behavioral Health’s response to the tragedy in Haines, Dr. Gartenberg, Rose, and Bradley I met with key leadership to check in and gauge the level of need for the community.</th>
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<tbody>
<tr>
<td></td>
<td>Dr. Gartenberg, Rose, and Bradley met with:</td>
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<tr>
<td></td>
<td>- Haines Borough School District: Roy Getchell, Superintendent, Haines EOC; Lilly Boron, Principal; Kim Sundberg, Assistant Principal; Kristen Brumfield, School Counselor</td>
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<td>- SEARHC: Kelly Williamson, Manager of Lynn Canal Counseling, Behavioral Health Services/Counselor, Haines EOC</td>
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<td>Identified Community Needs:</td>
<td>- There is a need for backup and crisis support for the core group, mental health first aid for providers from outside resources not connected to the local care team.</td>
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<td>- First responders, care providers in dire need of crisis services also</td>
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<td>Haines Borough School District Demographics:</td>
<td>- 250 students in school at this time (We may need to consider offering services to others not registered in the public school district).</td>
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<td>- 45 staff members</td>
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<td>- Nearly 2 years of continuing tragedies have extended the team beyond capacity—deaths, illness, pandemic, and current disaster circumstances.</td>
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<td>- School counselor available, efforts greatly appreciated. Overextended with the needs of the school.</td>
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<td>- Reopening of school—considering time with staff only in the school, then bringing students back on or around Thursday, December 9.</td>
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<td>School District Needs:</td>
<td>- Need for immediate support through crisis, and also ongoing support in the long term</td>
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<td>- Caregivers/teachers need support now and in the long term</td>
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<td>- Student high-need groups—kindergarten (14 students) and 3rd grade (15 students)</td>
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- General student support
- Layered trauma to be aware of—lack of sleep/fear related to safety and environmental risks, loss of homes, loss of life
- Onsite supports for the final two weeks of school prior to Winter Break

Identified Bartlett Resources:
- In-person or virtual care available
- Adult and child psychiatrist, nurse practitioners, therapists, behavioral health technicians (many have expressed desire to assist)
- Support for other personal and community needs as requested
- Division of Behavioral Health allocated $1,400,000.00 in Crisis Stabilization Grant Funds to support initial and ongoing efforts in providing Behavioral Health supports. This funding will cover personnel costs for BRH staff for their time in Haines, in addition to setting up infrastructure and capacity to expand behavioral health supports via telehealth long term.

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<th>Friday, December 4</th>
<th>Two teams identified to provide on the ground supports for the two weeks leading up to Winter Break.</th>
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<tr>
<td><strong>Team 1: On the ground December 6-13:</strong></td>
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<tr>
<td>- Dr. David White, Child Psychiatrist</td>
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<td>- Cynthia Rutto, Psychiatric Mental Health Nurse Practitioner</td>
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<td>- Kira Phillips, Clinical Therapist</td>
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<td>- Thor Williamson, Behavioral Health Technician</td>
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<td>- Rhymi Chavid, Logistics, Patient Registration Support</td>
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<tr>
<td>- Rose Lawhorne, Chief Nursing Officer</td>
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<tr>
<td>- Bradley Grigg, Chief Behavioral Health Officer</td>
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<td><strong>Team 2: On the ground December 13-20:</strong></td>
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<tr>
<td>- Cynthia Rutto, Psychiatric Mental Health Nurse Practitioner</td>
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<td>- Beth Johnson, Clinical Therapist</td>
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<td>- Mollie Thomas, Behavioral Health Technician</td>
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<tr>
<td>- Trevor Kellar, Community Navigator</td>
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<tr>
<td>- Rhymi Chavid, Logistics, Patient Registration Support</td>
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<tr>
<td>- Rose Lawhorne, Chief Nursing Officer</td>
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Rose Lawhorne and Bradley Grigg purchased on the ground supplies to transport to Haines for ongoing efforts and for upcoming Behavioral Health Supports, meetings, sessions, etc.

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<th>Sunday, December 6</th>
<th>Team 1 landed in Haines at 11:30am</th>
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<td>Work accomplished</td>
<td>Initial meeting and planning sessions with School District Administrative Staff and Teachers</td>
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<td>First week of support resources discussed</td>
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<p>| Monday, December 7 | Teachers received therapeutic supports and critical incident debriefing. |</p>
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<th>Date</th>
<th>Work Accomplished:</th>
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<td>Tuesday, December 8</td>
<td>- In person group sessions with teachers, other school departments, and school district administration</td>
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<td>- Individual Counseling sessions for teachers and community members upon request (28 individuals seen on Tuesday)</td>
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<td>- Work group planning session with District Administration, determining Bartlett’s role as school reopens and leading up to the end of the current semester</td>
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<td>- Planning for 12/9 parent update meetings                                                                ////////////////////////////////////////////////////////////////////////////////////////////////#####</td>
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<td>- Planning for addressing the Kindergarten class, including parents of these children. Major focus on how to talk about the death of their teacher in the landslide and how to allow children to speak freely about their raw emotions</td>
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<td>Wednesday, December 9</td>
<td>All teachers and administrative staff back in the building</td>
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<td>Work accomplished:</td>
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<td></td>
<td>- In person group sessions with teachers, other school departments, and school district administration</td>
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<td></td>
<td>- Individual Counseling sessions for teachers and community members upon request (17 individuals seen today as of 2:30pm)</td>
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<td>- Work group planning session with District Administration, determining Bartlett’s role as school reopens and leading up to the end of the current semester</td>
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<td>- Grade level planning sessions School Counselor, including developing common language when talking about the tragedy, planning for students, academic concerns around COVID and now this tragedy, information around what support and relief looks like, etc.</td>
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<td>- Preparations for students returning to class on Thursday, December 10.</td>
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<td>- Bartlett Behavioral Health group counseling sessions with lunchroom staff, custodial staff, and maintenance staff (15 total staff)</td>
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<td>- Zoom Meeting with parents of Kindergarten class, processing next steps including: returning to class, how to talk to your children about this tragedy, etc.</td>
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<td>- Separate Zoom Meetings with parents of grades elementary (grades 1-5) and secondary (grades 6-12), processing next steps including returning to class, preparing for finals, resuming sports and extra circular activities, etc.</td>
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| Thursday, December 10 | School is scheduled to resume for grades 1-12. Kindergarten is scheduled to resume on Monday, December 14.

- As school day begins, Bartlett Behavioral Health Staff will facilitate discussions in individual classrooms, alongside of teachers for grades 1-8
- Support for grades 9-12 will be led by Haines School Counselor and Bartlett Behavioral Health Staff. |

- Bartlett Staff provided mobile outreach services throughout the school, checking in with teachers to identify immediate behavioral health needs
- Met with local SEARHC leadership to determine how Bartlett can support their staff and new referrals for which they do not have the bandwidth to serve at this time
CALL TO ORDER – The Board of Director’s meeting was called to order at 5:37 p.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT
Lance Stevens, President
Kenny Solomon-Gross – Secretary
Iola Young

ALSO PRESENT
Chuck Bill, CEO
Bradley Grigg, CBHO
Megan Costello, CLO
Anita Moffitt, Executive Assistant
Mila Cosgrove, Deputy City Mgr.
Ursula Iha, Pharmacy Director
KRoseman (GenPub)

APPROVAL OF THE AGENDA – Requests were made to discuss the CEO Recruitment Committee and CLO Replacement updates before the Board Education. MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Kendziorek seconded. Agenda approved as amended.

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

OLD BUSINESS:
CLO Replacement Update – Mr. Palmer reported that due to Ms. Costello’s resignation, an outside firm is to be hired to provide the bulk of the legal healthcare services for the hospital. This firm will likely be a firm that we have done a fair amount of business with in the past and would provide coverage at least through June. An evaluation will be conducted at that time to determine if a competitive solicitation is needed. Attorneys from the CBJ Law Department will be available to help BRH as needed, specifically Title 47 and other basic CBJ legal issues, basic contract work, guardianship and mental health/alcohol related issues. Sherri Layne has been rehired by CBJ and will begin work on November 30th. She has a lot of experience in those fields and will be a great asset. Mr. Bill stated that it makes a lot of sense for the organization to have experienced healthcare attorneys on retainer to allow us to use them when we need them. Internal controls would require everyone to go through Senior Leadership before engaging legal on issues. Mr. Stevens thanked Mr. Palmer for the update and thanked Ms. Costello for the work provided over the last couple of years. She has had a very positive impact on BRH.

NEW BUSINESS:
CEO Recruitment Committee – Mr. Stevens reported that Mr. Solomon - Gross is the Chair of the CEO Recruitment Committee. Mr. Solomon-Gross identified board members Mark Johnson and Rosemary Hagevig, community members Max Mertz and Wayne Stevens and CBJ representative, Mila Cosgrave as the other committee members. The first
committee meeting will be held next week, date and time to be determined. Mr. Stevens provided an overview of proposed changes to the timeline and CEO recruitment brochure to be used during the recruitment process. 

**MOTION by Ms. Hagevig to approve the proposed changes to the timeline and recruitment brochure to start us on our new CEO search for purposes of discussion. Ms. Knapp seconded. There being no objection, MOTION approved.**

Ms. Hale expressed interest in participating in the CEO Recruitment Committee meetings. As these are public meetings, they are open to anyone. Mr. Solomon-Gross will work with Mr. Hargrave to determine a date for next week’s meeting.

**PUBLIC PARTICIPATION** – None

**BOARD EDUCATION:** Cyber Security
Scott Chille introduced himself as the Director of Information Services (IS) and thanked the Board for the opportunity to educate them on the comprehensive cyber security program of BRH. He noted that healthcare has some of the most high value consumer information out there and is very lucrative on the black market. He identified the top threats to healthcare entities and noted that ransomware and malware are the two biggest areas of focus in our program. He then provided an in depth overview of the 7 layers of security of the Defense-in Depth / Layered Security program. The 7 layers are identified as Security Awareness Training, Network Security, Endpoint Security, Security Operations, End-User / Human Firewall, Security Risk Assessment HIPAA / HITECH and Incident Response. BRH is much better protected today than in the past. When benchmarked against peers in this industry as well as other industries, BRH does really well. Mr. Kendziorek thanked Mr. Chille for the vast improvements in security over the past couple of years. Mr. Solomon-Gross expressed surprise at the number of cyber-attacks noted in the presentation. Mr. Chille provided more detailed information about the types of attacks and how they are prevented. He did note that BRH has a great team that works well together in the IS Department. He reported that has partnered with Matt Scranton in CBJ’s IS Department and Chris Murray at the Juneau School District to share information and navigate these waters together. Other resources are tapped into through InfraGard, the FBI’s information sharing analysis center. He expressed confidence in the investment and progress BRH has made in cyber security. We are not breach proof but should be able to weather the storm without a widespread amount of damage should something happen. Dr. Neyhart and Mr. Bill thanked Mr. Chille and stated that Bartlett’s security has never been as good as it is now. Brief discussion held about unsolicited email. Mr. Stevens and Ms. Hale thanked Mr. Chille for his presentation and hard work. She also thanked Mr. Bill for making security a priority.

**Medical Staff Report** – Dr. Neyhart noted the minutes from the November 3rd Medical Staff minutes were not yet available. She reported that the upcoming Planning Meeting had been discussed at the Medical Staff meeting and that she will have input to provide at tomorrow’s 12:00 meeting. The medical Staff is very excited about getting testing capabilities here at the hospital.

**COMMITTEE REPORTS:**

**Executive Committee Meeting** – Minutes from the November 12th meeting are in the packet. Action was taken earlier this evening regarding the CEO recruitment.

**Finance Committee Meeting** – Draft minutes from the November 13th meeting are in the packet. Ms. Johnston reported that the Finance Committee spent a fair amount of time talking about the balance between internal and external funding. This is an ongoing discussion in conjunction with the Planning Committee. Also discussed was the changing requirements for use of CARES funding. There is a possibility that we may have to pay some of the CARES funding back if any of our spending doesn’t qualify. Mr. Benson reported that the rules have changed again since the Finance meeting on the 13th. We have received $13 Million in funds and it may be challenging to claim it all. Ms. Hale noted that CBJ is very busy working at expending all of CBJ’s CARES money. Finance Director Rogers is very clear that the costs have to be incurred by the end of the year and accounting can be fixed later. The Assembly is aware that they may need to cover
some of the hospital’s costs and CBJ Finance is working very closely with BRH to figure out how those costs should be allocated. In response to Mr. Stevens inquiry about how the CARES funding affects our cost report, Mr. Benson reported there is no real impact as CARES funding is excluded. Mr. Benson reported that we are very close in completing the Medicare cost report as well as the financial audit of the organization. We were able to apply for and was granted by CMS, a 60 day extension for filing the cost report due to COVID. We anticipate submitting it by the middle of December.

Planning Committee Meeting – Draft minutes from the November 17th meeting are in the packet. Mr. Kendziorek reported it was a very good meeting with lots going on. There is an ad hoc Planning meeting scheduled to take place tomorrow at noon to discuss strategic partnerships and what we would hope to get out of that. Everyone is encouraged to attend. He also suggests board members review a document on the Governance Institute’s website about what COVID 19 has meant to affiliations and partnerships and to also look at table 4 of the ECG report in tomorrow’s packet. This table talks about some of the chores we have ahead of us. We are still continuing work to prioritize the master projects list and identify funding. Due to the damage as a result of recent power outage, we have had to add a major project to the list that needs to get done sooner rather than later. He noted everything else is lined out in the minutes and again encouraged everyone to attend tomorrow’s meeting. Ms. Hale initiated a conversation about insurance coverage for the damage incurred. AEL&P is collecting data about what impacts have been for their insurance. Ms. Costello reported that CBJ’s risk manager has reached out to all CBJ directors asking for information regarding damage as a result of the power outage. A group claim will be submitted to the insurance for damages.

Board Quality Committee Meeting – Ms. Hagevig noted the comprehensive draft minutes of the November 18th meeting are in the packet. The committee did a deep dive into the various dashboards. A consensus of the committee is that in addition to initially introducing training programs at the Quality Committee level, they should also come to the full Board for training purposes.

MANAGEMENT REPORTS:
CLO report – No questions. Ms. Costello assured the Board that she is not going to leave a big mess with her departure. She has been working with Mr. Palmer to come up with a plan and a list of concerns. She feels that BRH is in a pretty good position as a result of several changes over the last couple of year. Mr. Palmer is going to help with litigation cases we currently have. She said BRH is a great organization with complex legal issues and the most exciting department to work for at CBJ. She really appreciates the time she had here. Mr. Bill expressed appreciation for Ms. Costello’s participation in the hospital. She’s been an incredible partner in getting done what we’ve need to get done and we wish her well in the future. Mr. Stevens expressed appreciation for her insights in the help she has provided to the Board and wishes her well.

HR report – Mr. Solomon-Gross thanked Mr. Hargrave for the Studer Leadership Development updates.

CNO report – No questions or comments

COO report – Mr. Gardner provided a verbal update. Schmolck Mechanical has won the bid for the OR ASU-11 and endo fan replacement. Greg Smith is working on the contracts now. The work on the PAS window in the Emergency Department waiting room will begin on November 30th and should be completed by December 29th. The metal framing and sheetrock have gone up, power outlets have been installed and flooring will be installed next in the molecular lab. The Roche 6800 will require an on-site inspection. Roche will have representatives on site on December 1st for the inspection. We expect to receive the Roche 6800 on December 14th. Two Roche employees will be on-site to help receive the 10 mobile crates this machine will be shipped in and to assist in setting it up. Gail Moorehead is working with a multi-disciplinary team to set up processes to make sure patient registration and routing of the results to clients will go smoothly. A soft start of employee testing and procedures only will take place in mid-January and will branch out after that. We had some heating issues in the ED screening/triage tent. These operations have been moved inside the hospital building until the temporary triage facility is set up. The skids for the temporary facility are in town, materials for flooring, windows, etc. are onsite. The T111 is being painted offsite before on-site construction of facility. Ms. Hagevig and Ms. Hale expressed appreciation for how quickly everything is being accomplished. This is very important not just to BRH but the whole community. Mr. Bill gave kudos to CBJ and their willingness to work through their processes to expedite these projects and responding to COVID.

CBHO report – Mr. Grigg reported that he had met with Bridget Weiss and key staff of the school district to talk about the increase in the number of kids reporting to the ED. They will work together to develop a plan and provide targeted
training and support for her staff, as well as community coaches and instructors working with kids in other areas. BRH continues to receive a lot of support from the State for Crisis Stabilization. We were officially awarded a $350,000 capital grant from the Rasmuson Foundation last week and Premera has confirmed that they will be sending a $1 Million check for the Crisis Stabilization Capital project. The Mental Health Trust wants to put BRH on their docket for Capital 2022 for another $200,000 to go toward Crisis Stabilization. Staff has been hired for the Psychiatric Emergency Services (PES) program and are already serving families in the community. The next step is to work with other community partners to make sure that families have other options besides BOPS in which to obtain services. The State has awarded another $35,000 to go towards this PES program bringing the total to $1.2 Million this year. Discussion held about the Community Navigators’ salaries and benefits and billing for their services. The PES is a newly developed program at BRH. State Epidemiology has requested the use of data compiled by BRH to track trends in other communities. There are several legislators pushing for mental health specific COVID dollars in the new session coming up in 2021. Mr. Bill reported that we are ahead of the curve in Juneau and have done a tremendous job of committing resources for the leadership that we’ve shown in the state. Being the poster child for the rest of the state is a tribute to Mark Johnson and the rest of the Board members that have pushed for the behavioral health component of our services. There is nowhere else in the country that has integrated behavioral health like we have. Dr. Neyhart echoed Mr. Bill and thanked Mr. Grigg, Administration and the Board for supporting mental health services for adults and children. Ms. Hale thanked Mr. Grigg for providing this amazing service for the community and communicating with the school district and the assembly regarding how they can help. Mr. Johnson expressed appreciation for all of the work and progress that has been made. He would like to see a write up of this program, lessons learned regarding what is working and what we can do better, and share it with other communities for developing their own programs. A discussion was held about the need for the Assembly’s approval for acceptance of grant money.

CFO report – No questions or comments.

CEO REPORT – Mr. Bill reported that there are a number of initiatives going on at the ASHNHA level. They are very supportive of what we are doing locally. BRH is working on numerous levels of physician recruitment. He has reached out to all of the obvious partners that might be interested in what we are looking for in a partnership relationship. Providence/Swedish, Virginia Mason, Peace Health, SEARHC and the University of Washington have all expressed interest. This will be discussed further at tomorrow afternoon’s ad-hoc Planning meeting previously referenced by Mr. Kendziorek. He also reported there are 3 COVID positive cases in house, one of them is here for a newly approved Bamlanivimab therapy for treating early stages of COVID. BRH had its first COVID positive OB patient deliver without incident. The baby is COVID negative, mom and baby have both been discharged. News from the nation is encouraging as far as availability of testing. Walmart’s Walton family is investing in developing affordable home testing kits. Vaccines are due to come out next week. They will not be readily available to the public and we are working with the state and the feds with direction to how to apportion them. A survey of BRH employees revealed that about 50% of the employees are interested in getting vaccinated now, the rest either do not want it or want to wait until after the FDA has gone through their approval process. COVID cases are on the rise throughout the state. Mr. Solomon-Gross asked if we had a plan for critical patients unable to be shipped out of Juneau due to capacity limits at other facilities. Those patients will be taken care of here, however if we have more than 7 COVID positive people on high oxygen flows it will stress our limits. We have greatly increased the supply of oxygen we have on hand but increasing/replenishing our supplies is a critical issue. Ventilators only use about 1/3 of the oxygen that high flow therapies require. Discussion held about home services provided by CCFR community health advisors. Ms. Hale expressed concerns about the Thanksgiving holiday and asked what actions the assembly could be taking to prevent COVID numbers from increasing. Dr. Neyhart advises following all state directives regarding private businesses such as bars, restaurants and personal care. Mr. Bill encourages small group gatherings of family members in their immediate bubble only.

Mr. Johnson initiated conversation about using Rainforest Recovery Center to treat COVID patients if necessary. This would not require an in place disaster declaration. It would take a little bit of time to discharge the existing patients at RRC and to set up beds and equipment but is very accomplishable and we are ready to do so if necessary.

PRESIDENT REPORT – Mr. Stevens reminded everyone about the joint Assembly meeting scheduled for Monday, November 30th at 6:00pm. Agenda topics are: Desired/Characteristics/Experience for new CEO, BRH Partnership Process and Role of BRH in Public Health. Ms. Moffitt sent out invitations to that meeting earlier today.
BOARD CALENDAR – December calendar reviewed. There will be a CEO Recruitment Committee meeting added when a date has been determined. Mr. Solomon-Gross will work with Mr. Hargrave to lock in a date. No other additions or changes requested.

BOARD COMMENTS AND QUESTIONS – None

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

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

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

Mr. Johnson seconded. The Board entered executive session at 7:34 p.m. and returned to regular session at 7:52 p.m.

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

ADJOURNMENT – 7:53 p.m.
DATE: December 2, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: October Financial Performance

Bartlett Regional Hospital incurred mixed results in October. Outpatient revenues were $821,000 or 8.6% greater than budget. This was driven by strong volumes and revenues in surgery, observation and pharmacy. Inpatient volumes and revenues continue heading back to pre-covid levels finishing $652,000 or 11% less than budget. This is moving in the right direction as the previous month was 16% under budget and year-to-date shortfall was reduced from 22% to 19%. Physician revenue was strong exceeding budget by $129,000 or 12%. Rainforest recovery had very little revenue but was placed into operation at the end of October. Total revenues were right on budget at $17,178,000 which is the highest revenue month in more than a year.

Deductions from Revenue was slightly greater than budget by $140,000 or 1.8%.

Net Patient Revenue finished $129,000 or 1.4% less than budget. Since there wasn’t much of a Loss of Patient Revenue as in past months, CARES monies of $500,000 was realized to recognize Covid-19 related expenses which have not been claimed to date. As a result, Other Operating Revenues finished $1,039,000 greater than budget. This resulted in a surplus of $910,000 or 9.2% of excess Total Operating Revenue.

Expenses exceeded budget by $1.4 million or 14%. There were a number of factors that led to this increase. Increased staff costs were incurred due to increased outpatient volumes, unbudgeted covid staffing (triage, front desk, molecular lab, etc) and mandated Emergency Leave. Supply costs were high due to increased supply costs in surgery for orthopedic implants, pharmaceuticals and supplies assigned to the Covid department. This resulted in an Operating Loss of $495,000 and a Net Loss of $312,000. After 4 months BRH has a very small Net Income of $274,000 or 0.66%.

Other Significant Items:
- Cash Collections were very strong at $8.9 million as Accounts Receivable increased slightly.
- The cost of paid Emergency Leave mandated as a part of Covid mitigation is at $147,000.
<table>
<thead>
<tr>
<th>Facility Utilization:</th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td></td>
<td>Prior Year</td>
<td>(Sep)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Inpatient Patient Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Days - Med/Surg</td>
<td>370</td>
<td>386</td>
</tr>
<tr>
<td>Patient Days - Critical Care Unit</td>
<td>108</td>
<td>96</td>
</tr>
<tr>
<td>Patient Days - Swing Beds</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Avg. Daily Census - Acute</td>
<td>15.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Patient Days - Obstetrics</td>
<td>73</td>
<td>69</td>
</tr>
<tr>
<td>Patient Days - Nursery</td>
<td>68</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total Hospital Patient Days</strong></td>
<td>619</td>
<td>605</td>
</tr>
</tbody>
</table>

**Births**
- Patient Days - Med/Surg: 370
- Patient Days - Critical Care Unit: 108
- Patient Days - Swing Beds: 0
- Avg. Daily Census - Acute: 15.4
- Patient Days - Obstetrics: 73
- Patient Days - Nursery: 68
- Total: 619

**Mental Health Unit**
- Patient Days - Mental Health Unit: 227
- Avg. Daily Census - MHU: 7.3

**Rain Forest Recovery**
- Patient Days - RRC: 18
- Avg. Daily Census - RRC: 1.29

**Outpatient visits**
- Total: 92

**Inpatient: Admissions**
- Med/Surg: 57
- Critical Care Unit: 42
- Obstetrics: 30
- Nursery: 28
- Mental Health Unit: 24
- Total Admissions - Inpatient Status: 181

**Admissions - "Observation" Status**
- Med/Surg: 73
- Critical Care Unit: 36
- Mental Health Unit: 1
- Nursery: 0
- Total Admissions to Observation: 123

**Surgery:**
- Inpatient Surgery Cases: 57
- Endoscopy Cases: 94
- Same Day Surgery Cases: 123
- Total Surgery Cases: 274

**Total Surgery Minutes**
- 19,889

**Outpatient:**
- Total Outpatient Visits (Hospital)
- Total: 901

**Physician Clinics:**
- Hospitalists: 229
- Ophthalmology Clinic: 98
- Ophthalmic Clinic: 97
- Behavioral Health Outpatient visits: 432
- Bartlett Surgery Specialty Clinic visits: 284
- Total: 1,140

**Other Operating Indicators:**
- Dietary Meals Served: 20,339
- Laundry Pounds (Per 100): 392

**December 22, 2020 Board of Directors**
Page 15 of 55
### Financial Indicators:

<table>
<thead>
<tr>
<th></th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td><strong>Revenue Per Adjusted Patient Day</strong></td>
<td>6,105</td>
<td>4,238</td>
</tr>
<tr>
<td><strong>Contractual Allowance %</strong></td>
<td>44.8%</td>
<td>43.0%</td>
</tr>
<tr>
<td><strong>Bad Debt &amp; Charity Care %</strong></td>
<td>1.6%</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Wages as a % of Net Revenue</strong></td>
<td>55.2%</td>
<td>47.7%</td>
</tr>
<tr>
<td><strong>Productive Staff Hours Per Adjusted Patient Day</strong></td>
<td>33.6</td>
<td>20.1</td>
</tr>
<tr>
<td><strong>Non-Productive Staff Hours Per Adjusted Patient Day</strong></td>
<td>5.7</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Overtime/Premium % of Productive</strong></td>
<td>6.67%</td>
<td>7.26%</td>
</tr>
<tr>
<td><strong>Days Cash on Hand</strong></td>
<td>103</td>
<td>119</td>
</tr>
<tr>
<td><strong>Board Designated Days Cash on Hand</strong></td>
<td>117</td>
<td>135</td>
</tr>
<tr>
<td><strong>Days in Net Receivables</strong></td>
<td>51.4</td>
<td>51</td>
</tr>
</tbody>
</table>

### Debt-to-Capitalization:

<table>
<thead>
<tr>
<th></th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Benchmark</td>
</tr>
<tr>
<td><strong>Total debt-to-capitalization (with PERS)</strong></td>
<td>58.1%</td>
<td>33.7%</td>
</tr>
<tr>
<td><strong>Total debt-to-capitalization (without PERS)</strong></td>
<td>15.1%</td>
<td>33.7%</td>
</tr>
<tr>
<td><strong>Current Ratio</strong></td>
<td>7.28</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Debt-to-Cash Flow (with PERS)</strong></td>
<td>9.37</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Debt-to-Cash Flow (without PERS)</strong></td>
<td>2.43</td>
<td>2.7</td>
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</table>

### Aged A/R 90 days & greater

<table>
<thead>
<tr>
<th></th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
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<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Benchmark</td>
</tr>
<tr>
<td><strong>Aged A/R 90 days &amp; greater</strong></td>
<td>43.5%</td>
<td>19.8%</td>
</tr>
<tr>
<td><strong>Bad Debt Write off</strong></td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Cash Collections</strong></td>
<td>99.7%</td>
<td>99.4%</td>
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<tr>
<td><strong>Charity Care Write off</strong></td>
<td>0.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>Cost of Collections (Hospital only)</strong></td>
<td>4.4%</td>
<td>2.8%</td>
</tr>
<tr>
<td><strong>Discharged not Final Billed (DNFB)</strong></td>
<td>14.0%</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Unbilled &amp; Claims on Hold (DNSP)</strong></td>
<td>14.0%</td>
<td>5.1%</td>
</tr>
<tr>
<td><strong>Claims final billed not submitted to payor (FBNS)</strong></td>
<td>0.0%</td>
<td>0.2%</td>
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<tr>
<td><strong>POS Cash Collection</strong></td>
<td>2.1%</td>
<td>21.3%</td>
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</table>
# Statement of Revenues and Expenses

For the Month and Year to Date of October 2020

<table>
<thead>
<tr>
<th>MONTH</th>
<th>PRIOR YTD</th>
<th>ACTUAL</th>
<th>MTD %</th>
<th>VAR</th>
<th>MTD %</th>
<th>ACTUAL</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD %</th>
<th>VAR</th>
<th>YTD %</th>
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</tbody>
</table>

## Deductions from Revenue

1. Rural Demonstration Project
   - PRIOR YTD: $308,333
   - ACTUAL: $0
   - VAR: -$308,333
   - % change: -100.0%

2. Outpatient Contractual Allowance
   - PRIOR YTD: $1,208,936
   - ACTUAL: $1,340,696
   - VAR: -$1,292,744
   - % change: -96.4%

3. Physician Service Contractual Allowance
   - PRIOR YTD: $1,303,856
   - ACTUAL: $47,952
   - VAR: -$1,255,904
   - % change: -96.0%

4. Charity Care
   - PRIOR YTD: $1,261,156
   - ACTUAL: $520,330
   - VAR: -$740,826
   - % change: -59.2%

5. Bad Debt Expense
   - PRIOR YTD: $1,724,619
   - ACTUAL: $7,828
   - VAR: -$1,646,801
   - % change: -95.4%

## Total Deductions from Revenue
   - PRIOR YTD: $29,625,162
   - ACTUAL: $29,669,193
   - VAR: $4,037,031
   - % change: 14.2%

## Net Patient Revenue
   - PRIOR YTD: $38,333,776
   - ACTUAL: $35,099,306
   - VAR: -$3,234,470
   - % change: -8.4%

## Total Operating Revenue
   - PRIOR YTD: $40,011,242
   - ACTUAL: $41,173,025
   - VAR: $1,161,783
   - % change: 3.0%

## Expenses

1. Salaries & Wages
   - PRIOR YTD: $15,269,335
   - ACTUAL: $16,658,837
   - VAR: $1,399,502
   - % change: 9.1%

2. Physician Wages
   - PRIOR YTD: $1,295,162
   - ACTUAL: $1,189,071
   - VAR: -$106,091
   - % change: -8.2%

3. Contract Labor
   - PRIOR YTD: $836,530
   - ACTUAL: $678,914
   - VAR: -$157,616
   - % change: -18.8%

4. Medical Professional Fees
   - PRIOR YTD: $315,304
   - ACTUAL: $435,029
   - VAR: $120,725
   - % change: 38.0%

5. Physician Contracts
   - PRIOR YTD: $884,789
   - ACTUAL: $900,340
   - VAR: $15,551
   - % change: 1.8%

6. Non-Medical Professional Fees
   - PRIOR YTD: $589,436
   - ACTUAL: $736,515
   - VAR: $147,079
   - % change: 25.0%

7. Utilities
   - PRIOR YTD: $480,469
   - ACTUAL: $427,726
   - VAR: -$52,743
   - % change: -11.0%

8. Depreciation & Amortization
   - PRIOR YTD: $2,312,614
   - ACTUAL: $2,677,062
   - VAR: $364,448
   - % change: 15.8%

9. Other Operating Expenses
   - PRIOR YTD: $510,203
   - ACTUAL: $350,625
   - VAR: -$159,578
   - % change: -31.3%

## Total Expenses
   - PRIOR YTD: $37,168,415
   - ACTUAL: $41,614,453
   - VAR: $4,446,038
   - % change: 12.0%

## Income (Loss) from Operations
   - PRIOR YTD: $2,842,827
   - ACTUAL: -$441,428
   - VAR: -$3,284,255
   - % change: -115.5%

## Non-Operating Revenue

1. Interest Income
   - PRIOR YTD: $390,011
   - ACTUAL: $407,979
   - VAR: $17,968
   - % change: 4.5%

2. Other Non-Operating Income
   - PRIOR YTD: $590,570
   - ACTUAL: $307,128
   - VAR: -$283,442
   - % change: -48.0%

## Total Non-Operating Revenue
   - PRIOR YTD: $996,720
   - ACTUAL: $715,107
   - VAR: -$281,613
   - % change: -28.3%

## Net Income
   - PRIOR YTD: $35,486
   - ACTUAL: $179,267
   - VAR: $1,443,781
   - % change: 403.4%

## Notes

1. December 22, 2020 Board of Directors
<table>
<thead>
<tr>
<th>ASSETS</th>
<th>October-20</th>
<th>September-20</th>
<th>October-19</th>
<th>CHANGE FROM PRIOR FISCAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Board designated cash</td>
<td>35,848,433</td>
<td>35,248,466</td>
<td>38,326,130</td>
<td>(2,477,697)</td>
</tr>
<tr>
<td>3. Patient accounts receivable, net</td>
<td>15,041,478</td>
<td>14,968,389</td>
<td>15,407,448</td>
<td>(365,970)</td>
</tr>
<tr>
<td>4. Other receivables</td>
<td>(531,179)</td>
<td>145,824</td>
<td>2,268,421</td>
<td>(2,799,600)</td>
</tr>
<tr>
<td>5. Inventories</td>
<td>3,239,954</td>
<td>3,151,282</td>
<td>3,036,776</td>
<td>203,178</td>
</tr>
<tr>
<td>6. Prepaid Expenses</td>
<td>2,808,825</td>
<td>2,766,747</td>
<td>1,206,567</td>
<td>1,602,258</td>
</tr>
<tr>
<td>7. Other assets</td>
<td>28,877</td>
<td>28,877</td>
<td>28,877</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>91,712,957</td>
<td>91,907,114</td>
<td>96,276,670</td>
<td>(4,563,713)</td>
</tr>
<tr>
<td><strong>Appropriated Cash:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. CIP Appropriated Funding</td>
<td>4,163,554</td>
<td>4,163,554</td>
<td>4,678,117</td>
<td>(514,563)</td>
</tr>
<tr>
<td><strong>Property, plant &amp; equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Land, bldgs &amp; equipment</td>
<td>145,123,772</td>
<td>145,061,431</td>
<td>151,102,996</td>
<td>(5,979,223)</td>
</tr>
<tr>
<td>11. Construction in progress</td>
<td>6,872,162</td>
<td>6,189,430</td>
<td>1,004,610</td>
<td>5,867,552</td>
</tr>
<tr>
<td><strong>Total property &amp; equipment</strong></td>
<td>151,995,934</td>
<td>151,250,861</td>
<td>152,107,606</td>
<td>(111,671)</td>
</tr>
<tr>
<td>12. Less: accumulated depreciation</td>
<td>(96,718,334)</td>
<td>(96,056,025)</td>
<td>(100,029,241)</td>
<td>3,310,907</td>
</tr>
<tr>
<td><strong>Net property and equipment</strong></td>
<td>55,277,600</td>
<td>55,194,838</td>
<td>52,078,366</td>
<td>3,199,235</td>
</tr>
<tr>
<td><strong>Deferred outflows/Contribution to Pension Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Deferred outflows/Contribution to Pension Plan</td>
<td>12,403,681</td>
<td>12,403,681</td>
<td>14,415,000</td>
<td>(2,011,319)</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>163,557,792</td>
<td>163,669,187</td>
<td>167,448,153</td>
<td>(3,890,360)</td>
</tr>
<tr>
<td><strong>LIABILITIES &amp; FUND BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Payroll liabilities</td>
<td>2,062,280</td>
<td>1,411,732</td>
<td>1,483,992</td>
<td>578,289</td>
</tr>
<tr>
<td>18. Accrued employee benefits</td>
<td>4,897,206</td>
<td>4,624,798</td>
<td>3,743,046</td>
<td>1,154,161</td>
</tr>
<tr>
<td>19. Accounts payable and accrued expenses</td>
<td>2,021,606</td>
<td>2,484,393</td>
<td>2,962,314</td>
<td>(940,708)</td>
</tr>
<tr>
<td>20. Due to 3rd party payors</td>
<td>4,250,857</td>
<td>4,250,857</td>
<td>3,713,928</td>
<td>536,929</td>
</tr>
<tr>
<td>21. Deferred revenue</td>
<td>(2,064,956)</td>
<td>(1,667,381)</td>
<td>(1,391,935)</td>
<td>(673,021)</td>
</tr>
<tr>
<td>22. Interest payable</td>
<td>197,878</td>
<td>131,919</td>
<td>204,216</td>
<td>(6,338)</td>
</tr>
<tr>
<td>23. Note payable - current portion</td>
<td>870,000</td>
<td>870,000</td>
<td>845,000</td>
<td>25,000</td>
</tr>
<tr>
<td>24. Other payables</td>
<td>363,418</td>
<td>275,690</td>
<td>286,291</td>
<td>77,126</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>12,598,289</td>
<td>12,382,008</td>
<td>11,846,852</td>
<td>751,438</td>
</tr>
<tr>
<td><strong>Long-term Liabilities:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Bonds payable</td>
<td>17,260,000</td>
<td>17,260,000</td>
<td>18,130,000</td>
<td>(870,000)</td>
</tr>
<tr>
<td>27. Bonds payable - premium/discount</td>
<td>1,167,430</td>
<td>1,182,480</td>
<td>1,348,462</td>
<td>(181,032)</td>
</tr>
<tr>
<td>28. Net Pension Liability</td>
<td>64,954,569</td>
<td>64,954,569</td>
<td>72,600,321</td>
<td>(7,645,752)</td>
</tr>
<tr>
<td>29. Deferred In-Flows</td>
<td>4,318,200</td>
<td>4,318,200</td>
<td>6,172,883</td>
<td>(1,854,683)</td>
</tr>
<tr>
<td><strong>Total long-term liabilities</strong></td>
<td>87,700,199</td>
<td>87,715,249</td>
<td>98,251,666</td>
<td>(10,551,467)</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>100,298,488</td>
<td>100,097,257</td>
<td>110,098,518</td>
<td>(9,800,029)</td>
</tr>
<tr>
<td><strong>Fund Balance</strong></td>
<td>63,259,306</td>
<td>63,571,928</td>
<td>57,349,636</td>
<td>5,909,670</td>
</tr>
<tr>
<td><strong>Total liabilities and fund balance</strong></td>
<td>163,557,792</td>
<td>163,669,187</td>
<td>167,448,153</td>
<td>(3,890,360)</td>
</tr>
</tbody>
</table>
Interim CEO Information
December 22, 2020

Kevin Benson Salary
Current: $236,766.40 (plus 30% for benefits)
Suggested Interim Salary: $307,796.32 (plus 30% for benefits)

Chuck Bill Salary
Current: $363,272 (plus 30% for benefits)
$174.65 per hour (plus 30% for benefits)
Requested Hourly Rate as a casual: $200 per hour (no benefits)

Employee vs. Contractor

<table>
<thead>
<tr>
<th>Casual</th>
<th>Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-benefitted employee</td>
<td>Contract would dictate terms of arrangement</td>
</tr>
<tr>
<td>BRH controls hours worked</td>
<td>Would need to work out liability insurance</td>
</tr>
<tr>
<td>Paid by the hour</td>
<td>Would need to review with Law if non-competitive</td>
</tr>
<tr>
<td>Not guaranteed any hours</td>
<td>Could be a flat fee or hourly rate</td>
</tr>
</tbody>
</table>
February 13, 2020

Mr. Dallas Hargrave  
Director of Human Resources  
Bartlett Regional Hospital  
3260 Hospital Drive  
Juneau, AK  99801

Dear Mr. Hargrave:

Thank you for engaging us to assist with a 2020 competitive assessment of base salary, total compensation, and other information that may provide decision support for determining arrangements for the Chief Executive Officer.

Our data comes from not-for-profit hospitals within Alaska, hospitals in the contiguous Northwest (mainly the I-5 corridor from Bellingham to Sacramento), and published national data.

<table>
<thead>
<tr>
<th>Percentiles</th>
<th>Bonus as % of base</th>
</tr>
</thead>
<tbody>
<tr>
<td>25th</td>
<td>50th</td>
</tr>
</tbody>
</table>

**Northwest (Revenues/Operating budget $80MM to $250MM):**
- Base $317900 380800 421000 388000 11.5%
- Total $400600 464000 531000 479800 11.5%
  (Average revenue = $185MM)

**ALASKA (Net ‘size’ of $150MM linear equation):**
- Base Salary $345900 364200 364200 364200 5.8%
- Total Compensation $435700 435700 435700 435700 5.8%
  (AK data is computed using a linear equation where salary is correlated to net revenues/operating budget for facilities over $65MM)

**ALASKA (‘Larger’ facility grouping of $100MM- $250MM):**
- Base $318600 365000 400000 377000 9%
- Total $384700 440400 504000 469400 9%

**National not-for-profit for $100MM-$250MM range:**
- Base $327200 399700 467800 421000 12-17%
- Total $390800 468000 525900 521000 12-17%

At $352685 per year, your CEO is paid a base salary that remains at about the 45 th percentile in the competitive market. The benefits arrangement makes the total compensation more competitive, at about the median or 50th percentile.
During the past year, we have observed a stabilizing trend to pay higher base salary and modest bonuses. Base salaries for Hospital CEO’s have increased about 5.3% per year. Additional ‘market changes’ have come from salary offers, and signing and/or retention awards and accepted by new CEO’s. Salaries from the national scene have always been higher than in the Northwest (Alaska included) mostly because of the greater mix of healthcare corporations and ‘for-profit’ entities pressuring salaries higher.

Our assessment of Bartlett Regional Hospital salaries in general is that they are at about the 60th to 65th percentile of the Alaska healthcare market, so in applying the same competitive philosophy to the CEO, we would suggest base salary be at this level:

- **Base salary:** $380000-$390000
- **Bonus:** Potential up to 15% with strict interpretation as to eligibility
- **Benefit allowance:** See below

There is a national trend occurring in the matter of executive compensation. As the average age of CEOs is younger, salary arrangements are also becoming simpler by focusing on salary and a straightforward conservative bonus opportunity based on business/financial, clinical, and community outcomes. Over the next two years, we expect to see ‘normal’ base salary growth and incentive plans that can pay 9%-15% (up to 40% with national and for-profit companies and those needing turnaround) based on performance.

Here are examples of emerging performance measures:

- Cost of care efficiency
- Index combining value added for every $ of labor cost and material/support cost.
- Quality of care
- Physician, patient, and employee satisfaction

CEO’s are most frequently covered for most of their statutory benefits costs. The average health coverage premium for a family in Alaska is about $32000 per year; retirement arrangements consisting of a combination of a ‘defined’ plan for all employees plus supplemental arrangements amount to about 12-13% of salary, or about $46000 based on the current market average. Using a $385000 salary as a basis, the health and retirement benefits component would at a minimum, be about $99000-$134000. Benefits that are ‘for the convenience of the employer’ are not included. As a result, the Hospital’s practice of using 30% of salary for café benefits of non-PERS eligible employees would in our opinion be reasonable. The average percent upcharge is 26%. As part of the trend toward simplification and IRS rules, most organizations are shying away with benefits such as spouse travel, personal automobile, and memberships that are not civic in nature.

Please contact me with questions or to provide additional discussion.

Very truly yours,

*VB Jacobson*

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

Also Present: Steven Strickler, MD; Joe Roth, MD; John Raster, MD; Joy Neyhart, DO; Chuck Bill, CEO; Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director; Kathy Callahan, Director Physician Services; Debbie Kesselring, Director Medical Staff Services; Anita Moffitt, Executive Assistant; Beth Weldon, Mayor; Rorie Watt, City Manager and Loren Jones, Assembly Member.

Called to order at 12:00 p.m., by Planning Committee Chair, Marshal Kendziorek. Mr. Kendziorek thanked everyone for attending this special ad hoc meeting. The purpose of the meeting is to talk about the notion of strategic partnerships.

PUBLIC PARTICIPATION – None

NEW BUSINESS:
Priority “asks” from a relationship – Mr. Kendziorek requested Mr. Bill introduce the topic and to provide an update on the status of the Implementation Tasks list in Table 4 of the ECG report (page 36 of the packet). Mr. Bill reported that BRH had hired consulting group, ECG to look at the desirability, timing and scope of potentially developing a stronger partnering relationship with a larger organization. At this point in time on the task list, we are to establish for the community of Juneau, what we think we want out of such a partnership. He reported that it was very clear from all constituents at the Strategic Planning session that there is no interest of losing local control of BRH in any way. The forum today is to be used to identify what we want and don’t want from a partnership and what we can bring to the table to make it a win/win for us as well as a strategic partner. Letters of interest from the University of Washington and SEARHC are included in the packet. In addition to conversations with UW and SEARHC, Mr. Bill has spoken to Virginia Mason and Providence. Providence has informed him that Providence and Swedish are now one organization but have maintained separate brands for various reasons. Partnering with either of these organizations would be tapping into the same support services. A partnership with SEARHC could be quite different from other partnerships. Discussions have not been held with Virginia Mason about its recent affiliation with Franciscan Health and what that might mean.

A list of specialties had been identified through the Physician Recruitment Committee and Senior Leadership has provided a preliminary list of clinical and support services that might benefit from an affiliation or partnership with another organization. A list of what we would be able to offer was also provided. These listings are not complete. This topic will be discussed at the Medical Staff meeting and shared with physicians in the community via email or doodle poll to encourage them to provide input. The goal is to augment the services we currently have available in Juneau and not undermine or cause threats to the community. Because of this, we need to have everyone’s support of the situation.

Ms. Knapp noted the importance of addressing short term needs but also of taking a multi-year approach in an attempt to anticipate needs 5-10 years down the road. Mr. Solomon-Gross stated that BRH is in fairly decent shape financially so now is a responsible time to look at affiliation opportunities. He encourages everyone to really look at the ECG report in the packet.
Mr. Bill requested feedback from the participants in the meeting regarding the process we are going through. In response to Mr. Kendziorek’s request to see the profiles of potential partners to get a handle on who they are and what they can provide, Mr. Bill reported that the opportunity to profile these organizations in depth will come from the RFP process. We can get a preliminary look internally and staff can work that up with feedback from the medical staff. He also noted that tasks as ECG has laid out are subject to modification to make sure we are following CBJ guidelines.

Ms. Hagevig asked if there is any updates regarding renewal of the Rural Demonstration Project (RDP) and noted that it and Medicaid are mentioned in the ECG report as items for careful consideration. Mr. Bill reported that the RDP netted BRH approximately $1.8 Million additional funding per year from Medicare. This project ended for BRH at the end of June of this year. There is optimism that it will be renewed and payments will be made retroactively. There are concerns about the state budget and healthcare funding.

Mr. Johnson agreed that there needs to be more discussion with the medical staff to obtain their input. He stated that ECG’s focus was to try to pick one organization to form an affiliation with. He does not feel that we should limit ourselves to one. He also expressed concern about moving too quickly since we are in the process of recruiting a new CEO. Multiple Board members expressed the need to continue working on this, with medical staff input, to identify the scope of what we are looking for. An RFP will not be released without the new CEO’s approval. Ms. Hagevig expressed appreciation for the work Mr. Bill has done so far and feels that there is great opportunity for a good solid handoff between him and the new CEO if he stays on with BRH as a consultant. Mr. Bill will continue to be the point person in the interim in doing the groundwork of reaching out to the local physician community, working with CBJ to make sure we are following CBJ guidelines and putting together a prioritized list of services. This list will be brought back to the committee for review. Mr. Bill stated that he anticipates that the Board will appoint Kevin Benson as the interim CEO if needed. Mr. Benson could be assigned to be the point person however, the entire senior leadership team will be involved enough in the process that any of them would be able to step into the lead role.

Dr. Neyhart stated that pediatric medical care may not fit in task one if a partner is not identified. She has communicated with Seattle Children’s Hospital, the primary tertiary care center that children from Alaska are referred to, but they do not plan to expand primary care services outside of Washington State. Given that the hospital has a need for pediatricians to be on active medical staff to cover the call schedule and to perform neonatal resuscitation, there is a need to think outside of the box as we go forward. She stressed that if the hospital and Board identify that they want a strong presence of pediatric medicine in Juneau, they’re going to have to start working on that now. Mr. Bill stated that this will be explored further and that this is a perfect example of not everything fitting under this umbrella of partnering. There are benefits of trying to find one solid partner but there’s also benefit in the best in breed kind of approach that we have done up to this point. One organization is not going to be able to provide the whole gamut for our community, there will be outliers. Mr. Kendziorek noted that telemedicine also changes the landscape.

Mr. Watt stated that it’s important to keep the Assembly at a high level of understanding why BRH is taking on this process and why strategically now is a good time to do that. He feels that if BRH is looking for buy in from the assembly, they are on a path that’s likely to result in something the Assembly will approve. The big question is really how and when the assembly is to be involved as there is going to be legislation and ordinances that they are going to have to agree to.

Mr. Jones agrees with the thought process and thinks BRH is a lot farther along than he thought and not as far along as he feared. He has reviewed the ECG report and thinks BRH needs to be prepared to it while recruiting a new CEO. How this is done as part of the analysis for who is interviewed and who BRH recruits from is going to be very important. He cautioned to not get so far down the road that the Board is committed to an action that the CEO is not similarly committed to.

Mayor Weldon agrees with Mr. Watt about keeping the Assembly in the know about what the process is. It’ll be easier in the long run when we get to the final steps. If the Assembly has confidence in the process, they will have much more confidence in the end results. Mr. Kendziorek noted that Michelle Hale has been participating in Board and Planning
Committee meetings and reporting to the Assembly. She has been a very active liaison that pays very close attention and is aware of what BRH is up to.

Mr. Bill asks anyone participating in this meeting that has thoughts about services and whatever that they did or didn’t see in the list, to send him an email and it will be incorporated into the final product. Our next step will be to reach out to the broader medical staff. He and his team will put together a prioritization list and he will look for a volunteer to be the lead person on a move forward basis.

**Next meeting:** Date in January to be determined

**Comments:** Mr. Kendziorek thanked the senior staff for their comments in the packet. We’ve got a big start on the task list and an expectation of another meeting in January to review the specialty areas of service for focus. He thanked everyone for coming to this enlightening meeting and hopes that everyone has a good, safe and socially distant Thanksgiving.

**Adjourned** – 12:49 p.m.
Minutes
CEO RECRUITMENT COMMITTEE MEETING
December 2, 2020 – 2:00 p.m.
Zoom Videoconference

Called to order at 2:02 p.m., by Kenny Solomon-Gross

CEO Recruitment Committee and Board Members Present: Mark Johnson, Rosemary Hagevig, Kenny Solomon-Gross, Mila Cosgrove, Max Mertz, Wayne Stevens, Dr. Bob Urata, Brenda Knapp, Marshal Kendziorek, Lance Stevens, Iola Young

Also Present: Michelle Hale, Dallas Hargrave

Agenda—no changes

PUBLIC PARTICIPATION – None

Mr. Solomon-Gross thanked everyone who is on the committee. Everyone is here except Dr. Urata. Dr. Urata then arrives to meeting.

Overview of CEO Timeframe and Process
Mr. Hargrave shared the timeframe that has been approved by the Board. We are in the third week on the schedule. Scheduled this week is in light green—determining initial screening criteria—we can talk about the process in open session and the specific screening criteria in executive session. The CEO recruitment committee has some tasks this week that we are planning on addressing in this meeting. Last week, the Board was determining CEO desired qualifications, the recruitment plan, and the vacancy announcement. We can discuss today whether the CEO Recruitment Committee is interested in Mr. Hargrave engaging with any recruiters. It is good to use this schedule as a guide and to have an understanding of who is doing what and when. Ms. Hagevig didn’t see any mention of the COVID-19 issues in the recruitment announcement. She asked whether we should have a desired qualification regarding the ability to address pandemic-like situations in the future. She thinks the candidates should know what we have done and be prepared to respond to it during the recruitment process. Ms. Knapp agrees because it is not unlikely that we would face another pandemic. Ms. Knapp believes that we should also let the candidates know our COVID-19 response efforts and it should be part of the recruitment process. Mr. Johnson agrees and believes that material should be included. Dr. Urata suggested a desired qualification such as “must be able to deal with unexpected emergencies such as COVID”. Dr. Urata said that there could be other emergencies to address and that we should inquire with the candidates what they did in response to COVID. Mr. Johnson and Ms. Hagevig agree with Dr. Urata and Ms. Hagevig thinks the website should be updated. Mr. Kendziorek thinks that we should mention the changes we are making in our planning due to COVID, but address the specific questions in executive session. Mr. Kendziorek suggested that the COVID response items be
included in the list. Mr. Solomon-Gross agrees that there should be a bullet point on what we have done in the pandemic and there should also be a desired qualification regarding being able to address emergencies. Mr. Stevens suggested creating a more detailed list of changes on the website and link to it. Mr. Hargrave stated that he knows Chuck Bill has started to address updating the website. Ms. Cosgrove suggested that the ability to respond to emergencies should be beyond COVID. Mr. Johnson has some other suggested changes to the recruitment announcement that he will share with Mr. Solomon-Gross and Mr. Hargrave. The committee gave Mr. Hargrave direction to update the recruitment announcement with Mr. Solomon-Gross and get it posted.

**First level of application screening**

Mr. Hargrave is proposing that he uses board approved screening criteria to apply to candidates as the applications are coming in. The information would be compiled as the applications come in. Mr. Hargrave would have discussions with the qualified candidates and document initial discussion, applying the screening criteria that the board has approved to apply. Mr. Hargrave would come back to the committee and summarize the results with recommendations for the board, so the board can decided who can move to the next phase of interviews with the recruitment committee. This gives the opportunity to have a two way conversation and describe the community and the hospital to the candidates. This is a good first step that will take a significant amount of time. Mr. Solomon-Gross said that Mr. Hargrave will enter all the candidates into a spreadsheet so the Board will know everyone that applied. Ms. Hale asked whether the questions would be discussed with the entire Board in executive session and Mr. Solomon-Gross said the board is invited to the committee’s discussion on this. Mr. Hargrave discussed what would occur in weeks 10, 11, and 12 for the committee to conduct the interviews to select finalists. Mr. Solomon-Gross said the board would always be invited to committee meetings. Ms. Hale wanted to make sure that the board will be invited to the committee meetings and executive session. He welcomes participation as long as there is not a big time crunch. Mr. Lance Stevens noted that interviewing is a specific process, with a specific set of questions and consistent people asking them. This is important to creating a fair process. When the board interviews the finalists, it will be totally different. Mr. Hargrave points back to the process to show that there is a full-board input into the process for the committee to apply the standards. Ms. Cosgrove pointed out that the selection process is very time consuming and the first phase of full interviews should have consistent attendance. This is why boards usually designate a committee to do this level of screening. She also agrees with Mr. Steven’s comments regarding consistency in the process. Mr. Kendziorek appreciates what Ms. Cosgrove said for the first round of interviews where there should be more process and thinks that there should be more flexibility for discussion in the second round of interviews. Mr. Hargrave agreed and said that the finalist process would likely have a public meet and greet, opportunity to meet with the board, and other assessment processes. Mr. Kendziorek asked that a line be added that better describes the finalist process and how much time will be devoted to that. Ms. Knapp wants to make sure that there is a consistent way to get feedback from the stakeholders on the finalists, so the groups should have a way to provide feedback. Ms. Hale asked if the full board would have input into the questions that are asked in the interview. Mr. Solomon-Gross stated that he thinks that is what will occur. Mr. Hargrave would recommend that the committee develop a set of questions that the board will sign off on. Mr. Solomon-Gross and Ms. Hale agreed that it makes sense for the board to provide input to the committee on the interview. Ms. Knapp said that it is important to be consistent in questions and interviewers in the beginning. Mr. Solomon-Gross said that the committee will recommend the interview questions to the board for approval.
CEO recruitment options

Mr. Hargrave explains the advertising and posting options in the attachment. Mr. Johnson suggests that we also post to the American Hospital Association. Mr. Wayne Stevens asked whether the going rate for a recruiter. Mr. Hargrave said that BRH usually uses a flat fee template agreement with recruiters and it would likely be for tens of thousands of dollars, maybe up to $30,000. Mr. Wayne Stevens thought it could be more and Mr. Solomon-Gross believes it to be 10% to 15% of the annual salary. Mr. Wayne Stevens thinks we should use a recruiter if we don’t get good candidates from our own recruiting. Ms. Cosgrove noted that there is an advantage to starting without the recruiters because applicants that they may refer may apply on their own. Mr. Kendziorek, Ms. Young and Ms. Knapp do not see the value in using Facebook for recruiting. Ms. Cosgrove doesn’t think Facebook hurts the process and can help spread the word, and have a connection to all the other posts from the hospital. Mr. Solomon-Gross thinks Facebook is a good way to get the word out. Ms. Knapp changed her opinion after listening to Ms. Cosgrove and Ms. Hagevig agrees. Mr. Hargrave noted that sponsoring the Facebook post is a boost that spreads the post. Ms. Hale said that you can really pick the demographics on a boost. Mr. Wayne Stevens and Mr. Solomon-Gross both thought you could turn the comments off.

Mr. Mertz made a comment about the process and bringing candidates into town during the pandemic. He thinks it is important to be able to interact with candidates on a personal level and see how they interact with a group. Mr. Mertz asked if it made sense to push back the timeframe by a couple months to have a successful in-person process. Mr. Lance Stevens said we may be able to use our testing enhancements in the lab to have in person interactions. Mr. Johnson agrees that Mr. Mertz makes good points and we should watch what is happening. Dr. Urata said that the CDC announced more flexibility in shorter quarantines today. Mr. Solomon-Gross reminded everyone that we tried to shorten the timeframe before, and in the end, we will just have to be flexible.

Mr. Hargrave summarized the advertising options from the committee and board members.

Ms. Hagevig made a Motion to recess into executive session to discuss proprietary information having to do with the CEO selection materials. Mr. Johnson seconded. Motion approved.

The committee went into executive session at 2:58 p.m. and returned to regular session at 3:28 p.m. No action taken.

Future Schedule

Mr. Solomon-Gross addressed the timeframe for the next meeting. Mr. Hargrave said that it would be good to get something ready by the week of January 4 or 11 to present to the board on the process from here. Mr. Hargrave could update the committee with the applicant pool at the next meeting too. Mr. Solomon-Gross asked Mr. Hargrave to send a doodle poll for the next meeting. Dr. Urata noted that he has a conflict on the week of February 8.

Mr. Solomon-Gross thanked everyone for their participation.

Adjourned 3:34 p.m.
Finance Committee Meeting Minutes
Zoom Meeting – December 11, 2020

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

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

Staff & Others: Kevin Benson, CFO, Billy Gardner, COO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Kris Muller, Willy Dodd, Megan Rinkenberger, and Eric Bultez.

Public Comment: None

Mr. Johnson made a MOTION to approve the minutes from the November 13, 2020 Finance Committee Meeting. Ms. Knapp seconded, and they were approved.

October 2020 Financial Review – Kevin Benson
Outpatient, and other revenues, continue to be strong. Committee member requested that ‘average length of stay’ for hospital admission be added to the statistics page. Operating revenue was well over budget, but so were expenses due to Covid-19. Nonproductive pay (emergency and personal leave) continued to be high. There was no loss of revenue due to realizing CARES Act Funding. BRH has so far realized $11M of $13.2M, and anticipates being able to realize more of those. Continued ability to claim those funds will be determined as the year (calendar and fiscal) progresses. There was a discussion on the restriction on patients coming into the Mental Health Unit, specifically referring to patients from elsewhere in Alaska and in Southeast, to minimize spread and exposures to Covid-19. Committee member suggested differentiating revenue from inpatient versus outpatient in a report.

Financial Audit and Medicare Cost Report Update – Kevin Benson
There was a challenge determining the eligible costs and losses that qualified for CARES funding, which delayed the audit. There was also a Covid-19 related delay in the Medicare cost report. The estimated settlement was the amount we had recorded, which should avoid an adjustment.

Data Analytics – Kevin Benson
Statistics were discussed, revealing different specific factors contributing to a decreased revenue compared to previous years. Committee member recommended a special meeting to analyze Mr. Benson’s update of the 2018 Moss Adams Service Line Analysis, while keeping community needs at heart, or to be discussed at an upcoming meeting. Also requested was special notation for grants received in programs throughout the hospital.

Next Meeting: January 8, 2021 at 12:00pm via Zoom.

Board Comments: None

Adjourned – 1:05 p.m.
Planning Committee Meeting Minutes  
December 17, 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, and Mark Johnson.

Also Present: Chuck Bill, CEO; Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director; Marc Walker, Facilities Director; Joy Neyhart, DO; Amy Dressel, MD; Anita Moffitt, Executive Assistant; Kevin Benson, CFO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director; Marc Walker, Facilities Director; Joy Neyhart, DO; Amy Dressel, MD; Anita Moffitt, Executive Assistant; Nathan Coffee, CBJ; Jeanne Rynne, CBJ; Michelle Hale, CBJ Liaison; Loren Jones, CBJ Assembly Member

Ms. Moffitt reported the Zoom video conference link listed on the top of this meeting’s agenda is incorrect. (The link on the CBJ calendar and in the public notice is correct.)

APPROVAL OF THE MINUTES – Ms. Young made a MOTION to approve the minutes from November 17, 2020 Planning Committee meeting. Mr. Solomon-Gross seconded. Minutes approved.

PUBLIC PARTICIPATION – None

COVID STATUS – Mr. Bill reported that we have no COVID positive cases in house at this time. The COVID vaccine arrived in Juneau midday on Tuesday, December 15th. Staff began receiving vaccinations late that afternoon. One employee suffered an anaphylactic reaction. She was given epinephrine and Benadryl, admitted to the hospital, and put on an intravenous epinephrine drip. Her reaction was serious but not life threatening. She has been released from the hospital and is doing well. A second employee experienced eye puffiness, light headedness and a scratchy throat within ten minutes of receiving the injection. He was treated at the Emergency Department and was back to normal within an hour. Both incidents were reported to the CDC. A meeting is scheduled to take place with Pfizer and the CDC to talk through what has gone on and if they want to see some of the samples of the batch of vaccinations we have received.

Ms. Hale stated that the people at CBJ that should have known about the adverse reactions to the vaccinations found out about it from the New York Times. She wants to make sure that Bartlett’s Public Information Officer (PIO) is coordinating with CBJ’s PIO because it didn’t quite work the way it should. Mr. Bill reported that this was the first adverse reaction nationally and BRH staff found out about it from the NY Times as well. The system’s structure is that the treating physician has a process to go through to report it to the CDC. We are looking at the process and working on getting BRH and CBJ PIOs in the loop earlier.

ACQUISITION OF BSSC BUILDING – Mr. Bill reported that the appraisal has been done on the building located at 3225 Hospital Drive, where the Bartlett Surgery and Specialty Clinic is located. The owners were asking $2 Million, the appraisal came in at $3.4 Million. The owners of the building have a
long term lease for parking spots from Tlingit and Haida. Since they passed that through as part of the cost to the tenants, it wasn’t included in the appraisal. If BRH is owner/occupier, we won’t have anyone to pass that through to. He has asked that this situation be looked at and see what the impact would be on the appraised value. He had also asked for CBJ Engineering to look at the infrastructure of the building. This was done last week and the report should be coming out next week. Assuming that all of this works and keeps us above the $2 Million, he would recommend that we go ahead with the acquisition of the building. Mr. Kendziorek obtained confirmation that if BRH purchases this property it would fall off the CBJ tax rolls. Ms. Hagevig initiated discussion about plans for the building. Depending on what the engineers say, the building would either need to be remodeled or torn down completely. Ms. Young stated that before she could support this acquisition, she would like to see a definite long term plan for how BRH plans to make use of the building and what it would take to do that. She would also like to know more about the tenants of the building and what we are currently paying for the leased space. Mr. Kendziorek reported that this building would initially be used for carry over space while renovations are taking place in the main hospital building. Ms. Hagevig noted the majority of the tenants currently in the building are part of the group that is building a non-profit general services building adjacent to St. Vincent’s so will be moving out.

CURRENT PROJECTS STATUS - Mr. Gardner reported the following:
Roche 6800 Analyzer - Installation of the hoods and duct work for the analyzer has been completed. The area in the Med Surg conference room will remain open until Monday so the construction company will still have access to it through the weekend. The Roche equipment arrived last week and was delivered on campus earlier this week. Roche had 2 engineers on site to install equipment. There was one board failure but will not delay the project. Training of staff will be conducted Sunday through Wednesday of next week. The refrigerators and other equipment should be installed today. There is lots of work for the IT staff to build the IT system, downloading the software, interfacing and then conducting validations. John Fortin is working closely with Scott Chille and Roche representatives to accomplish this over the next few weeks. The date of the soft start will be announced in the near future.

ED/Ortho trauma rooms – Professional service fee proposals have been received. CBJ is putting together the contract for this work and we anticipate this project to be completed as of April 30, 2021.

Ultralow temperature freezer – We received an ultralow temperature freezer required for storage of the COVID vaccinations. After installation, this freezer only reached -9° Celsius and needs to get down to -72°. An engineer will come on site to repair this freezer. As of yesterday, we did not have a date for the engineer’s arrival. We were able to find room to store the vaccines in the ultralow temperature freezers in the lab’s blood bank. Ms. Hale noted that Fish and Game has a low temperature freezer that could be used if necessary as well. Mr. Johnson asked if we are totally confident that our vaccines have been kept at the appropriate temperature the entire time. Mr. Gardner responded that we are. Temperatures are monitored closely and there is time when they are shipped, that they are able to be out of temperature range. At the rate we are using the vaccines, we would be within that time range.

Mr. Solomon-Gross requests that Mr. Gardner provide pictures of the work that has been completed on these projects so far when he gives his updates at the Board of Directors meeting. Mr. Gardner reported that CBJ architects are very good at sending photographs of these projects and he will include the most current photos in the board packet.

Cardiac Rehab Space Expansion – Professional service fee proposals have been received. CBJ is putting together that contract.
ED Triage Building – They are setting the third building in place on campus today. They will install the decks, railing, ramps and power. The estimated substantial completion date is January 4, 2021.

Power Smoother – Marc Walker is coordinating with the city. We are looking to get a contractor to assess our needs. We hope to have more information about this very soon.

Other items to be reported on in Mr. Gardner’s board report include the ASU-11 Endo fans for the OR, Physician Call Room update, sidewalk phase one replacement, underground fuel line replacement, new South entrance, CSR sinks and equipment upgrades, ASU-1 heating coil conversion to glycol and Crisis Stabilization Unit updates.

Mr. Solomon-Gross asked if AEL&P would help with the costs of the power smoother. Mr. Bill reported that AEL&P considers electrical equipment to be a conflict of interest if they provide grants for it so they don’t and will not consider it. AEL&P and BRH insurance should cover all but $100,000 of the damages incurred as the result of last month’s power outage. CBJ risk is to go to AEL&P to recoup as much as possible from their insurance first.

PROJECT LIST PRIORITIZATION REVIEW – There really are no updates since this was presented last month.

GANTT CHART REVIEW – Mr. Solomon-Gross asked if projects discussed by Mr. Gardner are included in the Gantt chart and if anything in the Gantt chart is going to be expedited or if we are on pace. Mr. Gardner reported that we need to be flexible with this pandemic readiness. While it’s an amazing idea to merge current changes with master facility planning, it’s going to be driven by a number of factors. If he were a betting man, he would anticipate that some of these items might be moved up. Mr. Kendziorek noted that this list is meant to be a guideline and is not written in stone. These charts will be updated regularly to stay current. He said he is very enthused to see that the molecular lab is as far along as it is and we’ll be testing it out very soon. Ms. Hale expressed gratitude from the Assembly’s perspective.

PEDIATRIC HOME DISCUSSION – Dr. Neyhart reported that she will be meeting with Mr. Bill next week to discuss future pediatric care. She said she had already presented to the committee, everything they would need to know to think about how the hospital could be involved and supportive. She stated she will not be able to run a practice in perpetuity and has to think about how all of this is going to change over the next year. She and Dr. Kilgore would like to maintain a presence on the hospital call schedule because it’s a definite need of the hospital. In terms of running a quality, outpatient pediatric clinic, she will not be able to continue to do it and be viable. Mr. Bill reported that his intent is to meet with Dr. Neyhart and to flesh out her thoughts. He has spoken with Dr. Dressel as well. She wants to make sure that she and the pediatric family practitioner providers at Valley Medical Center are all at the table as well when the discussions are held about the broader pediatric coverage for the community. Step two will be to have that broader discussion after meeting with Dr. Neyhart. The committee will be kept updated.

Ms. Hagevig asked for an affiliation update. Mr. Bill reported that we have had responses from the five major organizations that he had reached out to to determine if they had a level of interest in considering submitting a proposal once we’re at a point where we’re ready for that. All five (Virginia Mason, Peace Health, Providence/Swedish, SEARHC and University of Washington) have said yes. They will have to see the proposal before they can respond in depth or identify where they think they can contribute to the community. He also reported that he requested feedback from the medical staff at their meeting earlier this month and with a follow-up letter. There have been 5 or 6 physicians that have responded so far.
Their comments and suggestions have been in line with what senior leadership has identified already. There is a big interest in maintain autonomy. His goal is to get to the point where we have a draft RFP prepared but not submitted before the new CEO is on board and has had a chance to review it and make any modifications they think are appropriate. Air medivac companies have not been a part of the affiliation discussions. Mr. Solomon-Gross asked about other senior leader involvement to provide continuity in these discussions when Mr. Bill retires. Mr. Bill stated that Mr. Gardner has volunteered to be the point person when Mr. Bill leaves and he is being kept apprised of everything. Mr. Johnson initiated a conversation about insurance coverage restricting where a patient is transferred to. He also requested a white paper explaining the issues that need to be considered when discussing a Pediatric Home. Dr. Neyhart outlined some of the issues and stressed the need of a succession plan. She stated that this community could be doing so much better by its children. A pediatric home that includes physicians, mid-level providers and other services such as mental health, occupational, physical and speech therapy as well as lactation specialists would be an awesome thing and does occur in other places. This would need some collaboration with the family medicine physicians in the community since they see the bulk of children in the community and provide primary care. They don’t do what pediatricians do though. Pediatricians take care of pretty complex and medically fragile children. Mr. Johnson said what Dr. Neyhart said is important and needs careful consideration but we also need to know what the obstacles and barriers are that we would need to overcome. This model could include an interface with the school nurses. Dr. Neyhart made it clear that she cannot sustain a viable, outpatient pediatric practice in this community and provide two pediatricians to cover the way things are going. She also made it clear that she is not asking for the city or the hospital to purchase her practice nor is she asking for the hospital to put out any money for whatever transition happens but the hospital must give this careful consideration as her practice is not sustainable. At Mr. Solomon-Gross’ request, Dr. Neyhart identified Anchorage Center of Pediatrics (eventually sold to a venture capitalist) and Yakima Washington’s Children Village as models to look at. Children’s Hospital of Providence may not be helpful to us here in Juneau. Mr. Bill noted that the committee members are starting to get a feel for the complexities of this discussion. This is why he wants to bring all of the providers to the table to really look at what makes the most sense for the community from the providers’ standpoint. Their feedback will be used to provide the white paper. Dr. Dressel said she had nothing to add to the discussion this morning.

**REVIEW EXISTING AND PLANNED COMMUNITY HEALTH INITIATIVES** – Mr. Kendziorek said pediatric care should be included in our community health initiatives as should serving our underserved community. We need to keep in mind that these are likely money losers and is something that we need to accept and understand it.

Mr. Solomon-Gross asked for an update on Rainforest Recovery Center (RRC) from Mr. Grigg. Mr. Grigg reported that the RRC construction is complete. The entire program is open. Withdrawal Management opened December 1st. Mr. Grigg had sent a link for the virtual tour of the facility to the Board and Assembly members yesterday. As of this morning, residential and withdrawal management units are full. The Crisis Stabilization continues to move forward. One of the next steps is to focus on a timeline that will get the RFP out on the street. Mr. Bill reported that Mr. Grigg has identified that they do have the capacity and would welcome the opportunity to be part of the Pediatric Home discussions. Mr. Grigg, Dr. Neyhart and Dr. Dressel have had some preliminary discussions around this. The pediatricians and behavioral health staff understand the reality that there is a significant behavioral health component to these complexities. Behavioral health needs to be at the table as part of the solution to address the growing need and the reality that Drs. Neyhart and Dressel have brought forward. Mr. Grigg will make himself available to be at the table to see how we can support part of the solution. Dr. Neyhart said she agrees 100% and appreciates Mr. Griggs’s willingness to participate.
Mr. Bill reported that we provide a wide range of community health services. He noted there is some confusion out there about the difference between public health, which is the health department’s purview and responsibility, and what the hospital provides in the area of community health. At this point, most of the programs that really would fall into that area are the pay for call that we provide to make sure we have 24/7 coverage for pediatrics, orthopedics, general surgery, etc. We also do a lot of training in the community such as safe sitters, sponsoring the remedial resuscitation courses and cardiac advanced life support courses among others. We sponsor health fairs through the community on a regular basis and include discounted lab testing, counseling, blood pressure checks and that type of stuff. Diabetes education is also a big thing for us. We have a number of those services that the board and the community, through the assembly has determined to be key community services that we feel are part of our core mission and are very committed to maintaining. In the industry, organizations are starting to take a broader role in things like appropriate access to food, housing in certain circumstances and other things. The challenge is prioritizing limited funds. We don’t want to jeopardize having a viable ER in order to help grow gardens but these are the discussions we need to have with the Assembly. We need to reframe what everyone’s expectations are of the hospital in those kinds of roles. He feels that this is a project that will be high on the next CEO’s radar. Mr. Johnson stated that modern day public health is not just isolated by public health centers, it’s integrated with the community, public safety, medical care, behavioral health and school districts. He feels that one of the ways that a hospital could be helpful is to share data with epidemiologists. Hospitals are setting on gold mines of data that could be used for public health purposes and when we continue this discussion, this has to be a part of it. Mr. Kendziorek said that even though there is a certain amount of blending, we need to distinguish between public health and community health. Ms. Hale reported that she and Mr. Stevens have been talking about a joint Assembly and BRH discussion around this. She sees it as a learning opportunity and a brainstorming in terms of what the Assembly might be looking for and what BRH does and could provide. She will work with the Mayor on setting this up with the Board. Ms. Hagevig noted that Southeast Conference has been very interested in this concept and should be invited to share their ideas when these discussions are held.

Future Agenda Items: Not identified

Next meeting: To be scheduled after committee assignments are determined

Comments: Ms. Hagevig asked if there was a timeline in mind for the affiliation agreement. Mr. Bill reported that by the end of next week, he will have given enough time for medical staff to respond. The week after Christmas, he will start putting all of the information together in a concise document to share with the Board before the draft RFP is written. This RFP will be ready for his replacement’s review. A joint group meeting will need to be scheduled to go over the document and the broader task force will need to review it as well. Mr. Kendziorek thanked everyone for attending.

Adjourned – 8:07 a.m.
Management Report from  
Dallas Hargrave, Human Resource Director  
December, 2020

• **Extension of Emergency Leave.** Upon the passage of the Families First Coronavirus Response Act (FFCRA) in March 2020, BRH extended emergency sick leave and emergency family leave to our employees. The law provides that these leave types expire on December 31, 2020. Because the pandemic is ongoing, and in conjunction with the CBJ, we have extended the opportunity to use these leave types to March 31, 2021. This extension does not provide new balances of these leave types, but allows employees to continue to use their current balance if it has not already been used.

• **Student Loan Assistance Update.** There are currently 82 employees who have applied to participate in the temporary student loan assistance program that BRH has offered in accordance with the CARES Act. Most employees have agreed to the two year employment commitment and the estimated cost at this point is approximately $430,000. This temporary program expires on December 31, 2020. The HR Director will report more specific information to the Board on this program after the application period closes.

• **Union Contract Negotiations.** The collective bargaining agreement with the ILWU expires on December 31, 2020 and the parties have agreed to continue to operate under the current terms through the fiscal year. The HR Director will update the Board and begin to seek strategic direction during the executive session. The first meeting date with the ILWU was scheduled last week.

• **Studer Leadership Development Update.** Since the last update to the Board, supervisors and managers have completed the following classes. The courses are online, and there is a monthly virtual meeting to discuss the courses and how they apply at BRH.
  
  o **Developing Personal and Team Resilience.** We learned how to:
    - Identify common characteristics of resilience.
    - Describe actions that build resilience for yourself.
    - Describe actions that build resilience for your team.
    - Implement a framework to build a new resilience habit.

  o **Productivity.** We learned how to:
    - Articulate why productivity management is so important in the changing healthcare industry.
    - Manage orientation, education, PTO, and premium pay in your areas.
    - Effectively use elements of productivity management to perform to labor standards.
    - Use staffing tools and reporting to assist in long-term management of staff and productivity.
Nursing Administration

- The patient flow team is being revived. Nursing directors are working with the Quality Department to identify metrics for review. Data will be used to evaluate the flow of patients throughout the hospital and improve efficiency.
- Central Staffing continues to work with management at the Centennial Hall isolation area to share staffing resources as we are able.
- The Chief Nursing Officer and Chief Behavioral Health Officer brought two teams of behavioral health professionals to Haines after the recent storm and subsequent devastating mudslide events. They provided crisis management support to the community of Haines. Services were offered to the school staff and administrators, parents, students, first responders, and members of the community. (See also Haines Report.)

Surgical Services

- The Surgical Services management team continues to build a strategic plan for the department. Priorities include:
  - Interdisciplinary collaboration and communication—expressing gratitude and compassion for patients and each other enhances the environment of care, supports safety, and improves quality patient care.
  - Patient flow and efficient care delivery—with increased volumes, operational processes are being evaluated. Resource utilization is being tracked. Improvement plans will be developed once adequate data is compiled for analysis and will be available for review, hospital wide.
  - Process improvement—leadership is identifying areas of focus for the coming year. Action plans will be developed and will incorporate leadership roles for advanced nurses in the department.
  - Competencies—the Surgical Services nurse educator is working with the Same Day Surgery (SDS) manager to develop a better system of assigning, tracking, and documenting competencies for nurses, beginning January 1st.
- SDS and Preadmission Testing (PAT) nurses continue to screen all of our patients for COVID-19. They ensure that the process of testing, screening and patient education is efficient and safe.
- A big thank you to Capital City Fire and Rescue (CCFR) community testing center! We would not be able to continue operations without their efforts. The Services director and SDS manager are developing a plan to thank the CCFR crew for their hard work and dedication to our community!
- Thanks to the BRH Laboratory and Microbiology Departments who process blood samples and specimens every day for patients. Without their support, surgical services could not properly take care of our patients.
Obstetrics (OB) Department

- Fetal Demise project
  - The workgroup has invested countless hours working with Pathology, Health Information Management (HIM), State of Alaska Department of Vital Statistics, Alaskan Memorial Park and Mortuary, and local support services to completely update all of our forms, consents, and policies.
  - We have created a “master binder” that includes all the necessary forms and checklists to significantly reduce confusion and stress for frontline staff.
  - We have identified numerous new resources and aids to help families, both in the hospital and after discharge, for both the family and their external support systems.
  - One of our certified nursing assistants (CNAs) created beautiful keepsake boxes for the families.

- Eat Sleep Console (ESC) program—staff education and rollout is planned for January 2021.
  - The team has developed a process to transition from an old format of “scoring” withdrawal, to the improved ESC method of screening newborns for withdrawal.
  - We have reached out to organizations for grant funding to help supply families with tools that improve success in supporting their newborn through the withdrawal period and afterward.
  - The workgroup is also identifying how we can partner with local clinics and other agencies to identify at-risk women early, and connect them with resources as early as possible. This element of the project has been in conjunction with BRH Case Management and Raising Our Kids with Kindness (ROCK) Juneau.
  - We also plan to utilize different media outlets to promote the new program and destigmatize patients, reducing fears and misconceptions around the care these women and their babies will receive.
  - The model of care focuses greatly on the supports we can provide to the mother and her newborn together, letting her know “she is exactly what her baby needs”, and doing whatever we can to ensure she and her baby are supported after discharge.

- We are collaborating with local prenatal clinics and BRH HIM to identify a system that allows for the electronic integration of patient’s prenatal records, reducing the need for printing paper records. We hope to move forward with this new process after Meditech Expanse goes live in the spring.

- We are working with the vendor, Philips, to integrate our fetal monitoring system, IntelliSpace Perinatal, with Meditech. With the efforts of OB, BRH Information Technology team, and Philips personnel, the systems should be completely integrated by the first week of May 2021. The completion of this project will eliminate the need for paper labor charting and copying of paper records. It will also allow HIM to store the fetal monitoring strips electronically, and will save staff significant amounts of time and energy.

Critical Care Unit (CCU)

- We have been working on improving critical lab value reporting. Our BRH report writer has developed a mechanism to track data, that includes monthly blood culture reports from the BRH laboratory. At monthly departmental meetings, we have held discussions and
offered education to staff. Improvements in Meditech allow for better documentation, tracking, and reporting of the handoff of information between lab, nursing, and providers.

- CCU is also going to start a trial of the EASE Application, a communication tool for patients and their loved ones. This allows the care team to send protected texts and pictures to patients’ friends and family members at patient request. Super-user training will be provided the week of the December 14th, with staff training to follow and go-live in early January. Families will feel more connected to patients, particularly with current limitations on visitation.

**Emergency Department (ED)**

- To improve protection to personnel working with COVID-19 and other infectious patients, all staff in the ED are offered personal powered air-purifying respirators (PAPRs). PAPRs blow filtered air into a large helmet device, rather than requiring lung power to regulate air flow. This allows caregivers to breathe more normally and helps regulate heat and discomfort associated with mask use.
- The new triage building will be onsite on December 17th. A module per day will be put in place over three days. Modules will then be connected and ready for use, with an estimated date of occupancy on January 1st.
- The ED is focused on many process improvement projects:
  - Massive Transfusion Protocol (MTP)—when patients present with conditions or injuries that require large amounts of blood transfusions, the team activates the MTP. This protocol is life-saving and must be efficient and deliver immediate, life-saving blood products to the patient. We are tracking turnaround times and improving areas of opportunity to ensure that blood is delivered immediately in these emergency situations.
  - Electrocardiograms (ECG)—ECGs offer rapid detection of cardiac anomalies in a myriad of situations. For patients experiencing cardiac emergencies, ECGs are a critical component of urgent evaluation. “Door to ECG” times are an important measure to track so that we recognize and address any delays.
  - Sepsis screening—infected throughout the body and in the blood is known as sepsis. This condition can cause patients to deteriorate rapidly with great risk to their lives. Sepsis screening on patient arrival to the ED is a critical assessment that allows the health care team to immediately activate a sepsis protocol, offering better chance for survival. We are tracking this measure, reviewing any outliers in screening, and addressing areas for improvement.
  - Acknowledge, Introduce, Duration, Explanation, Thank (AIDET) tool—we have implemented the patient communication tool, AIDET. Patients appreciate the improved interactions this strategy facilitates, and they better understand what to expect in terms of care delivery.
  - Patient flow team—efficient patient flow is an important element in ensuring that our facility meets the sustainability component of our mission statement. The ED is working collaboratively with other nursing directors to track data and improve efficiency in processes that affect patient flow.
  - ED portal—this information repository was developed to improve education and information flow to staff. The portal is being enhanced to offer links to COVID info, staff meeting minutes, important contact information, and other material
important for patient care. Staff will have easy access to information that was previously scattered throughout various folders on the BRH site.

**Infusion Therapy**

- Infusion Therapy has been spreading holiday cheer to their patients throughout the month of December by presenting them with a handmade ornament. A local woodworker graciously made and donated over a hundred ornaments to the department to be distributed to patients. The ornaments, made of different types of wood, are carved with a bear, moose, elk, or bison. The patients have been pleased to receive such a lovely gift.
- The manager is working with our new oncology nurse practitioners to enhance care processes and protocols, and improve safety and quality. We are fortunate to have the opportunity to collaborate with these specialized professionals and improve the delivery of care for oncology patients receiving chemotherapy.
Diagnostic Imaging (Paul Hawkins)

- Installation of new workstations in DI completed.
- PACS upgrade completed, many hours of testing and adjustments after go live, thank you to IT for assisting.
- Power Scribe One upgrade with ModLinK is being tested for go live in January. New features will stream line clinical guidance, peer review and critical test reporting. ModLink will carry data from modalities to PowerScribe reports.
- New surgical C-Arms were upgraded with lasers.
- Ultrasound candidates are being interviewed.
- Reviewing class specifications for DI positions.
- Script Sender project scheduled to start in January, orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. This will also make sure supporting diagnosis codes for new (AUC) appropriate use criteria are provided.
- New CPT codes starting in January, updating charge master.

Future Plan

- Possibility of offering a monthly ultrasound guided IV start class for nurses interested in learning this skillset.
- 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

Physical Rehabilitation (James “Rusty” Reed)

- We continue to be fairly busy with inpatients but a little up and down.
- We continue to be fairly busy with new outpatient referrals and glad to report a decrease in cancellations. We are still moving forward with implementing the Jellyfish Health platform for appointment reminders and other functionalities to make us more efficient.
- Wound care has been steady and continuing to meet the need and maintaining a no wait list.
- No change in Pediatrics at this point. Remains affected by COVID. We are currently averaging about 5 visits per day on campus and averaging about 5-7
teletherapy visits per day. Hopeful for an offsite location so that we can regain and build this service line.

- There remains 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. Hopefully this will change in the near future.
- We have hired a part time Admin Assistant II and she is doing an excellent job.
- Working on hiring a casual OT.
- Casual PT position has been filled and will be going through orientation end of the month.

**Pharmacy Department (Ursula Iha)**

- Pharmacists worked with Medical Staff committees to update 12 current order sets and develop four new order sets to make it easier to follow best practices in the treatment of hyperkalemia, carbohydrate counting for patients on insulin, palliative sedation for patients at end of life, and treatments for “outpatients in a bed”.
- A new protocol was developed for a new life-saving anticoagulation reversal medication, Andexxa®, for patients who are experiencing life threatening or uncontrolled bleeding while taking one of the direct acting oral anticoagulants, rivaroxaban and apixaban.
- Pharmacy staff assisted with medication therapy for patients in the Withdrawal Management Unit, including updated inventory levels, new order sets, and new entries for the smart infusion pump. We are preparing to implement additional software to enable billing for the new facility.
- Preparations for the COVID-19 vaccine is a major undertaking due to cold chain storage requirements, VacTrAK tracking, and coordinating doses for Point of Dispensing events. Bartlett will function at a mini-depot for other agencies in Juneau. Chris Sperry PharmD assisted Charlee Gibbon RN in training Bartlett staff. Vaccine coordinator Andrew Vallion and backup coordinator Andrea Stats prepared vaccine enrollment forms and completed the required training. Several pharmacists are qualified vaccine administrators and are available to assist in POD events.

**Maintenance Department (Marc Walker)**

- ED Waiting Area/ PAS Window: Begins 12/17 – approximately 30 day project
- Covid Lab: Hospitalists moved back to their office Wednesday, 16th as hood ductwork install complete, Equipment received and set up this week, estimated substantial completion date for the entire project is Jan 29th.
- ED Ortho/ Trauma rooms: Professional Services Fee Proposal received. CBJ is putting together the contract. Project estimated completion date of April 30 2021.
• Cardiac Rehab space expansion: Professional Services Fee Proposal received. CBJ is putting together the contract.
• ASU-11/Endo Fan: Bids Received and low bid accepted. The contractor was given the notice to proceed. Estimated Substantial Completion 05/27/2021.
• Physician Call room update: Marc, Scott Chille and Kevin met to discuss potential location, making location ready, and determination of costs.
• Side Walk Phase 1 Replacement: Currently being worked on by CBJ Engineering and Dowl. There is no timeline set for the project at this time.
• Underground Fuel Line Replacement: Currently being worked on by CBJ Engineering. There is no timeline set for the project at this time.
• New South Entrance: Currently being worked on by CBJ Engineering and Dowl.
• Hospital Drive: On hold until Spring.
• CSR sink: Completed
• CSR Equipment upgrade: Awaiting Final Design from PDC Engineers. Estimated delivery of final design documents 01/01/2021
• ED Triage Building: Setting building 12/16 – 12/18. Install decks, railing, ramps and power. Estimated substantial completion date of 01/04/2021
• ASU 1 Conversion to Glycol: Bid ready documents should be available 12/18. Estimated project completion date of 04/01/2021
• RRC Siding and Window Replacement: Bid Ready document are due 12/23.
• Behavioral Health Facility: Conceptual Design Documents have been received. Owner comments due 01/15. Bid documents due 02/15. Advertise Project 02/22. Bid opening 03/23.

Materials Management (Ethan Sawyer)

• Finalizing CCU storage room remodel
• Coordinating next storage project
• Nitrile gloves currently most challenging piece of PPE going forward
• Disinfectant procurement very challenging currently
• Currently storing large volumes of PPE offsite due to overwhelming space constraint
### Onsite Workforce:

<table>
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<tr>
<th>Trades</th>
<th># of Persons</th>
<th>Major Equipment / Notes</th>
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<td>General – AK Commercial Contractor(ACC)</td>
<td>2</td>
<td>Personnel lift on site</td>
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<td>Roche Technicians -</td>
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### Description of Work:

1. OFOI Helmer refrigerator installed.

2. Cobas 6800 Technician finalizing installation; replacement part expected at 3:00 pm today.
3. UPS and PCDU at Cobas 6800. Equipment lay-out slightly different from plan but maintains required equipment clearances and Owner’s desired clearances in front of hoods.

4. PCDU outlet, not conflicting with equipment clearance requirements.

5. Under-counter freezer. Casework accommodates of freezer. Width is very tight despite coordination with equipment cut sheet and accurate installation.

6. Vent to be added a casework support panel to align with side vent in freezer.

7. Current width at freezer location in casework 24”.

8. Width of freezer: 24-7/8”.
9. Temporary taping at insulation to accommodate installation of filter box when arrives; ETA first week of January.

10. Window re-installed at former 3rd floor construction access point.
Daily Observation Report

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

Project: BRH Temporary Triage Facility, CBJ Contract # MR 21-142
Contractor: Dawson
Date/Time: Thursday, December 17, 2020 – 1:15 pm
Weather: Snow showers, 32 degrees F
Report by: Jeanne Rynne, CBJ Project Manager, 586-0497

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<th>Trades</th>
<th># of Persons</th>
<th>Major Equipment / Notes</th>
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<td>General Contractor – Dawson</td>
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<td>carpenters</td>
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<td>Alaska Electric</td>
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Description of Work:

1. Exterior door C2 installed.

2. View of modulars from the south.

3. View of modulars from the west.
4. Flooring going in at Reception.

5. Flooring install at Don/Doff 5.


7. Electrical panel at Don/Doff 5.
December 2020 Behavioral Health Board Report
Bradley Grigg, Chief Behavioral Health Officer

- December Psychiatry Update:
  - Dr. Joanne Gartenberg Behavioral Health Medical Director
  - America Gomez, Psychiatric Mental Health NP (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  - Cynthia Rutto, Psychiatric Mental Health NP (BRH Employee), is providing inpatient MHU services and outpatient services to children, adolescents, and adults in addition to taking call.
  - Dr. Helen Short (Locum Psychiatrist) has extended her assignment, providing inpatient services on MHU, through February 2021 while we continue to recruit for full time MHU coverage and call. Dr. Short has been with us on multiple assignments for nearly 2 years.
  - Dr. Monika Karazja (Locum Psychiatrist) is providing inpatient services on MHU in addition to outpatient services to adults. Her current assignment is through May 2021.
  - Dr. David White (Locum) is a Child & Adolescent Psychiatrist who is providing outpatient services to children and adolescents at BOPS and through PES. He is also assisting us in the development of the Crisis Stabilization Program. Dr. White has signed a one year commit to BRH (through October 2021)
  - Dr. Alex Lehecka (4th year resident) spent 4 weeks with us as a resident. He came to us from Washington and is interested in providing inpatient adult psychiatric care.

- RAINFOREST RECOVERY CENTER:
  - RRC Residential Treatment Update:
    - Utilization remains near or at 100% most days.
    - Admissions only from Southeast will be considered at this time.
    - We installed protective barriers in our two largest patient rooms to increase capacity from 6 to 8 patients (75% capacity moving forward)
    - Current Waitlist is 16 patients
    - Weekly in-house patient COVID testing
    - Biweekly in-house RRC staff COVID testing
    - Masking requirements
- **RRC Withdrawal Management (Detox) Update:**
  - Withdrawal Management (WMU) officially opened Tuesday, December 1.
  - Average daily utilization is 3 patients (current capacity is 4).
  - Staffing includes 1 RN and 1 CNA per 12-hour shift.
  - 24/7 admissions began Friday, December 18.

- **RRC Outpatient Treatment Update:**
  - We currently have 35 patients enrolled receiving:
    - 100% virtual treatment
    - Medication Assisted Treatment
    - Assessment
    - Individual & Group Treatment Sessions
    - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.

- **Adult Mental Health Unit (MHU):**
  - November daily average census was 7
  - MHU continues to only accepting patients from Southeast.
  - Average length of stay for November was 14 days.
  - MHU continued to evidence an increase in first time admissions in November, 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.
  - **November 2020 Stats:**
    - 401 patient encounters
    - No show rate 18.3% (significantly below national average of 23%)
    - Continued significant increase in new patient referrals, especially children/adolescents.
  - **Expansion of Outpatient Supports:**
    - Bartlett Oncology and BOPS are partnering to serve oncology patients and their families who evidence signs of increased depression and anxiety. Services will begin in January 2021.
    - OT/PT and RRC are partnering to expand capacity for OT/PT patients via telehealth. Staff will meet virtually from the new RRC
Withdrawal Management Unit Conference Room. This expansion will allow for a minimum of 10 additional hours weekly of services.

- Erin Maloney, BOPS Therapist, is partnering with Sarah Gress, RN, to co-facilitate a community support group for families who are experiencing Perinatal Bereavement.
- The COVID-19 Staff Support Program was birthed to provide professional, confidential counseling to employees of Bartlett Regional Hospital to support them during the period of time they are caring for patients impacted by the COVID-19 pandemic. Counseling services are facilitated by licensed contracted therapists who are not employees of BRH. Services utilize a brief treatment approach. Since May 1, 2020, 77 BRH Employees have accessed these supports.

**Psychiatric Emergency Services (PES):**
- November 2020:
  - 116 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
    - 88 Adults
    - 28 Children/Adolescents
  - **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.
    - In November, DHSS provided $360,000 (See Grants Update section below) in additional operational grant funding to support the expansion of PES services into the community.
December 2020 UPDATE: DBH amended out Crisis Stabilization Grant again by $1,200,000 to further expand our capacity to provide crisis stabilization services to youth/families and adults at BRH and in the community. This funding covered additional personnel and operational costs, allowing us to identify such costs back to March 1, 2020
  - Recruiting has resulted in 1 FTE Therapist and 2 FTE Youth/Family Navigators
  - Continue recruiting for additional PES Therapists and Navigators to meet the increasing need

- 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
      - Rasmuson Foundation $350,000
    - Other opportunities currently in motion (with requested funding amounts) include:
      - Denali Commission $200,000 (Anticipated Spring 2021 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.

- **FY21 GRANTS UPDATE:**
  - Crisis Stabilization Services - $2,360,000
  - RRC Residential Operations - $404,267
  - RRC Withdrawal Management (Detox) $101,066
  - Ambulatory Withdrawal Management $379,000
  - Psychiatric Emergency Services (PES) COVID 19 Grant $200,000
  - Haines Relief Efforts - $1,400,000

- **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
HIM – Rachael Stark

- Everyone is back in the office. We are maintaining social distancing guidelines and are open to the public being vigilant with sanitizing.
- We are continuing our validation of scanned documents into the EMR.
- We will be purging records starting January 1, 2021.
- There was a resignation and we will be searching for a full-time employee for the Release of Information position.
- We are restarting meeting once a month for some customer training scenarios, standardization of greeting and certain aspects of the Release of Information process. This hopefully will be a great way to be able to train in customer service, engage everyone in the process and be better prepared to help our external and internal customers. Our last session was 10/29/2020 and we hope to implement a plan for everyone to be able to utilize the skills learned to date.
- We are working with IT on the Fair Warning product.
- We also are trying to prepare for the Meditech upgrade to Expanse and the ambulatory product.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of November was just over $9.1 Million
- Medicaid Provider Self-Audit is completed for BRH and RRC. We are wrapping up BOPS this week.
- Price Transparency implementation is a challenge. They are working hard to get us up and running before 1-2-21
- Our clearing house transition went smoothly and staff are billing claims out of the new WayStar system

PAS – Angelita Rivera

- Testing the Jellyfish program, and applying a few adjustments to work out the bugs. We are pretty close to launching live.

IS – Scott Chille

1. Projects:
   a. PACS upgrade and migration in progress – COMPLETED
   b. Wireless Upgrade project starting: expect completion January 2021 (contractor delayed due to illness)
   c. Philips ECG (Tracemaster View) in-progress: expected completion April 2021
   d. Philips Intellispace Perinatal Interface project: expected completion May 2021
   e. FairWarning privacy monitoring/auditing tool in-progress: December 2020
   f. MEDITECH Expanse – Go-Live moved to March 1, 2021 – on track
   g. Project Schedule Attached

2. Department Updates
   a. HelpDesk Ticket process improvement – sustained
      i. Added Desktop Support to call-center queues
      ii. Tickets have increased by 28% in Q4

3. Information Security
   a. Attacks on Bartlett network continuing to increase dramatically as we gain more visibility across our network.
   b. Continuing to decrease our overall vulnerability posture in the face of an increased attack on our hospital during the COVID outbreak
i. October increased by 300% to 2542/minute
ii. November decreased to 377/minute
iii. December 1st week increased to 1020/minute

Security Awareness Program has reached Long-Term Sustainment & Culture Change over the last 2-years from Non-existent/Compliance Focused in 2017-2018.
• The week of 12/14 has been momentous on the COVID-19 front. On the 14th, we began the install of the Roach analyzer. See Billy’s report for additional details.

• On 12/15 we received the first delivery of the Pfizer vaccine and started vaccinating our front line staff. Next week the modules of the new triage facility will be delivered and installation will start.

• We continue to see limited numbers of COVID positive patients in the hospital with no patients in house on the 15th.

• I shared our process for exploring the feasibility of partnering with another organization with the medical staff and asked for their input. So far, six have responded with their thoughts. Billy Gardner has volunteered to provide the bridge and continuity for this project during the CEO transition. We’ve had initial interest expressed by U.W., Providence/Swedish, Virginia Mason, Peace Health, and SEARHC.

• I’ve completed the basic job description for a Chief Medical Officer position with extensive help from Dallas, Dr. Mimi Benjamin, and Dr. Cate Buley. That will be ready for the next CEO’s consideration.

• Our SLT members, Rose and Bradley led an amazing response to the community of Haines after the tragic landslide. They personally went to Haines along with a cadre of our Behavioral Health team and did incredible work helping that community deal with the tragedy. They will share the experience at the board meeting. It is very powerful!

• The Alaska Department of Behavioral Health heard what we are doing and provided a grant of up to $1.4 million to support the effort.
**January 2021**

***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.***

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Committee Meeting Checkoff:
- Board of Directors – 4th Tuesday every month
- Board Compliance and Audit – 1st Wednesday every 3 months (Mar, Jun, Sept, Dec)
- Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- Executive – As Needed
- Finance – 2nd Friday every month

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