

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, June 28, 2022; 5:30 p.m.
Zoom Meeting

This virtual meeting is open to the public and may be accessed via the following link:

<https://bartlethospital.zoom.us/j/93293926195>

or call

1-888-788-0099 and enter webinar ID 932 9392 6195

I.	CALL TO ORDER		5:30
II.	NEW BOARD MEMBER INTRODUCTIONS		5:31
III.	ROLL CALL		5:32
IV.	APPROVE AGENDA		5:34
V.	PUBLIC PARTICIPATION		5:35
VI.	CONSENT AGENDA		5:45
	A. May 24, 2022 Board of Directors Meeting Minutes	(Pg.3)	
	B. June 1, 2022 Special Board of Directors Meeting Minutes	(Pg.7)	
	C. June 4, 2022 Special Board of Directors Meeting Minutes	(Pg.8)	
	D. April 2022 Financials	(Pg.9)	
VII.	OLD BUSINESS		5:50
	➤ COVID update		
VIII.	NEW BUSINESS		
	A. Rainforest Recovery Center Donation – ACTION ITEM	(Pg.16)	5:55
	B. Board Committee Assignments	(Pg.18)	
	• BRH Foundation Liaison		
IX.	MEDICAL STAFF REPORT		6:05
X.	COMMITTEE MINUTES/REPORTS		6:10
	A. June 13, 2022 Draft Planning Committee Minutes	(Pg.19)	
	B. June 17, 2022 Draft Finance Committee Minutes	(Pg.22)	
	C. June 24, 2022 Draft Compliance and Audit Committee Minutes	(Pg.24)	
XI.	MANAGEMENT REPORTS		6:20
	A. Legal Management Report	(Pg.26)	
	B. HR Management Report	(Pg.27)	

	C. CCO Management Report	(Pg.28)	
	D. CBHO Management Report	(Pg.32)	
	E. CFO Management Report	(Pg.35)	
	F. CEO Management Report	(Pg.38)	
XII.	PRESIDENT REPORT		6:40
XIII.	BOARD CALENDAR – July 2022	(Pg.41)	6:45
XIV.	BOARD COMMENTS AND QUESTIONS		6:50
XV.	EXECUTIVE SESSION		6:55
	A. Credentialing Report		
	B. June 7, 2022 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation		

Motion by xx, to recess into executive session to discuss several matters:

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

And

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

XVI.	ADJOURNMENT		7:30
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NEXT MEETING – Tuesday, July 26th, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
May 24, 2022 – 5:30 p.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 5:36 p.m. by Kenny Solomon-Gross, Board President. Attendance noted.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

Kenny Solomon-Gross, President	<i>Mark Johnson, Secretary</i>	Brenda Knapp	<i>Lance Stevens</i>
<i>Hal Geiger</i>	Deborah Johnston	<i>Lindy Jones, MD</i>	Iola Young

ALSO PRESENT (*Zoom attendees italicized*)

<i>Jerel Humphrey, Interim CEO</i>	Kim McDowell, CCO	<i>Dallas Hargrave, HR Director</i>
<i>Karen Forrest, Interim CBHO</i>	<i>Barbara Nault, Legal Advisor</i>	<i>Robert Palmer, CBJ Attorney</i>
<i>Keegan Jackson, MD</i>	<i>Gail Moorehead, Quality Director</i>	<i>Nathan Overson, Compliance</i>
<i>Blessy Robert, Dir. General Acctg.</i>	Anita Moffitt, Executive Assistant	<i>Claire Stremple, KTOO</i>
<i>Mark Sabbatini, Juneau Empire</i>		

Mr. Geiger obtained confirmation that board members may attend Board meetings in person due to the time they are held. Committee meetings are still being held virtually due to construction and lack of parking.

APPROVE AGENDA – **MOTION** by *Ms. Knapp* to approve the agenda as written. *Ms. Young* seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

CONSENT AGENDA - **MOTION** by *Ms. Young* to approve the consent agenda as presented. *Ms. Johnston* seconded. There being no objection, the April 26 and May 18, 2022 Board of Directors Minutes and March 2022 Financials approved.

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported there are no COVID patients in the hospital, 12 employees out with COVID. There has been an increase in incidental findings of COVID cases coming through the ED. PPE and testing supplies are good. The on-site drive through testing has gone smoothly for the 1,000 tests conducted to date. The 1,700 tests processed by the molecular lab include testing for employees, Pioneer Home, the drive through and the school district. Mr. Solomon-Gross noted COVID updates will be provided at monthly board meetings and will no longer be included in the committee meetings as a standing agenda item.

NEW BUSINESS

Board Vice-President Election – Mr. Solomon-Gross reported that due to the passing of Rosemary Hagevig, there is an open seat for Board Vice-President (VP). He opened the floor for nominations of a new VP. Dr. Jones nominated Ms. Knapp. Mr. Geiger stated it's important to start building capacity with some new members and nominated Ms. Johnston as VP and if accepted, Ms. Young as her replacement as Treasurer. Ms. Knapp accepted the nomination of VP with the understanding that it would be for the remaining 6-month term. A new election of officers will be held in December. Ms. Johnston declined the nomination. There being no more nominations, Mr.

Solomon-Gross requested a roll call vote for the appointment of Ms. Knapp as Board VP. Roll call vote taken. Ms. Knapp appointed Vice-President after receiving 7 yes votes by supporters and 1 no vote by Mr. Johnson.

MEDICAL STAFF REPORT – Dr. Jackson reported the following: Since the last meeting, annual nursing awards were presented. The May 3rd Medical Staff meeting was business as usual. There was conversation about patient handoff with eICU physicians, when to do a verbal vs. just a sign out. Surgical Services and M&M Committee is up and running again with a new leader. Medical Staff had questions and received an update from Mr. Humphrey about CEO recruitment. COVID numbers have been increasing. Paxlovid antiviral treatments are in short supply in local pharmacies. She stated overall, everyone has been working hard, COVID testing has been busy and BRH continues to offer the infusion clinic for COVID treatments. As a provider, she feels supported at this time.

COMMITTEE REPORTS:

Planning Committee – Draft minutes from the May 5th Planning Committee meeting in the packet. Ms. Knapp reported one of the two action items on tonight’s agenda is left over from last month. The Planning Committee had approved a re-designation of the use of the second floor of the behavioral health building to house the Applied Behavioral Analysis (ABA) program since an alternate space for the Bartlett Surgery and Specialty Clinic (BSSC) has been identified.

MOTION by Ms. Knapp on behalf of the Planning Committee that the Board concur that it agrees with the re-designation of the use of the behavioral health building to house the ABA program. Ms. Young initiated conversation about the lease for the current ABA space. Ms. Forrest reported plans to continue to use that space as we expand our capacity to provide group care. Mr. Solomon-Gross noted 7 of the 8 board members were at the Planning Committee meeting when this was discussed. **There being no objection, MOTION approved.**

Mr. Solomon-Gross thanked Ms. Forrest for recognizing the need and identifying better use of this space.

Ms. Knapp reported a General Contractor/Construction Manager (GC/CM) procurement methodology for the ED expansion project was presented and approved by the Planning Committee at its May 5th meeting. She provided an overview of the methodology included in the packet. 7 of the 8 Board members were at this meeting.

MOTION by Ms. Knapp on behalf of the Planning Committee that the Board approve using a General Contractor/Construction Manager (GC/CM) procurement methodology for the ED expansion project. Mr. Stevens and Ms. Johnston expressed support of this methodology. **There being no objection, MOTION approved.** Ms. Rynne and Mr. Watt will be notified of the approval so it will be presented to the Public Works and Facilities Committee (PWFC) and then Assembly for approval.

CEO Recruitment Committee – Mr. Solomon-Gross noted Mr. Hargrave will provide more information during his report. Minutes from the May 5th, 16th, 17th and 18th meetings are in the packet. These meetings were mostly held in executive session as they were confidential, personnel matters. The board approved moving ahead with the committee’s recommendation of the 3 finalists.

Quality Committee – Mr. Johnson reported draft minutes from the May 11th meeting in the packet. He had found the discussions about supply chain issues interesting. Mr. Humphrey noted that Mr. Tyk had brought in a consultant to work with Materials Management to improve processes in ordering and addressing the supply chain issues.

Finance Committee – Ms. Johnston reported the minutes from the May 13th meeting, included in the packet, accurately reflect the discussions from the meeting. There was discussion about the GC/CM procurement methodology for the ED expansion project. The committee gave support for out sourcing self-pay account receivables.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported the following: Since the last meeting her firm has been in discussion with Risk and Compliance regarding patient issues. Reviewed a confidentiality agreement related to a quote for support services for finance and are continuing to work on a master services agreement and statement of work that would facilitate short term

staffing support in Medical Staff Services. Mr. Palmer reported the purchase and sale agreement has been signed for the Family Practice building. The inspection team is ramping up to do the inspection. We should have inspection report in the next few weeks for the Board and the Joint BRH & CBJ Assembly Committee to use for making decisions.

HR Report – Mr. Hargrave reported the Board approved 3 CEO finalists. He is working with BE Smith on the process and timing of on-site visits. The 3 candidates (and their significant other) will be brought in on 3 separate days. Candidates will tour the hospital with Ms. McDowell, have separate interviews with the Medical Staff Executive Committee, Senior Leadership Team and the Board. Separate meetings will also be held with each of the following groups: BRH management team, employees, CBJ leadership and the public. There will be one assessment exercise during interviews with the Board. Candidates will be given time to experience Juneau during their visit. Mr. Hargrave is working with Ms. Hardin on a press release with candidate details. Mr. Johnson initiated conversation about BE Smith's recommendations and approval of this process. BE Smith does approve and is impressed with the schedule developed by Mr. Hargrave. Mr. Hargrave reported BE Smith is providing the tools needed for the interviews and is arranging candidate travel. He is unsure whether a BE Smith representative will be present during interviews but will find out. Ms. Russel will not be in attendance.

CCO Report – Ms. McDowell highlighted from her report that BRH had a very successful Hospital Week. It was very fun and uplifting for the staff. Mr. Solomon-Gross thanked Ms. McDowell for her thorough report.

CBHO Report – Ms. Forrest reported bed utilization in Rainforest Recovery Center (RRC) has been on the rise since December. We are working on lifting the cap from 8 to 12 patients. The Mental Health Unit (MHU) capacity is limited to 6. Travelers are coming to assist and we hope to increase the capacity to 12. The Withdrawal Management Unit (WMU) has been closed for several months and we are working towards opening it back up in June. The pediatrician on staff in the Behavioral Health department has given 90-day notice. Ms. Forrest's last day with BRH is June 14th. She has been working on transitioning the CBHO role to Ms. Tracy Dompeling. Ms. Dompeling's first day with BRH is June 20th. She has already attended meetings with Ms. Forrest and staff to try to get up to speed. Ms. Forrest stated that this has been an incredible opportunity for her to work at BRH. She is very impressed with staff, physicians and the teamwork across the board. She thanked the Board for their support of the hospital and the behavioral health department. Ms. Knapp thanked Ms. Forrest for the many years of hard work she has done working for the State and her time at BRH. Mr. Johnson thanked Ms. Forrest for continuing the progress in behavioral health, especially for the kids. Dr. Jones expressed his sincere appreciation for what Ms. Forrest has done for the mental health community during her time here. She will really be missed. Ms. Forrest acknowledged the compliments, said it's been a true pleasure but it was a team effort. She has no doubts that Ms. Dompeling will continue to move things in the right direction.

CFO Report – No questions or comments.

CEO Report – Mr. Humphrey highlighted from his report that there have been several meetings with state officials about the Certificate of Need (CON) for the Crisis Stabilization Building. The state is very supportive of the program but a CON does need to be submitted to keep integrity of the process intact. We are working with a consultant to pull together the necessary information for submitting the CON by the end of June.

PRESIDENT REPORT – Mr. Solomon-Gross noted that today is Mr. Stevens' last day on the Board of Directors. He acknowledged him for his 5 ½ years of service on the board, 2 of those as Board President. He also served as Board Secretary, Chair of Finance, Chair of the Planning and participated in several other committees. He has volunteered many hours of time and energy and contributed significantly in shaping the future of Juneau's community hospital. In recognition of his service, a leaf will be made and placed in Mr. Stevens' honor on the BRH Foundation's giving tree. Mr. Solomon-Gross then shared how Mr. Stevens encouraged him to become a Board member, shared his knowledge and became a valuable resource. He thanked him for his leadership and told him he will be truly be missed. Mr. Johnson thanked him and wished him the best of luck in his future up north. Ms. Knapp stated his leadership in Finance and as President has made him invaluable. She wished him well. Dr. Jones expressed appreciation and respect for Mr. Stevens' commitment and competence to the Board. Mr. Geiger recognized Mr. Stevens' wisdom and the effect it had on him during his first year on the board. Ms. Johnston expressed appreciation for Mr. Stevens' calm and reason during strong disagreements amongst board members and for his leadership during her first years on the board. Mr. Stevens said it's been an honor to serve the community on the Board of Directors. It's no small task as the board and its decisions

regarding the healthcare of the community is important to every member of the community. It's been a learning experience, challenging and frustrating but mostly rewarding. The hard work that the staff, this board and prior boards have put in keep propelling the hospital forward in new directions. He is very proud of the Crisis Stabilization Building and the progress in meeting child and adolescent mental health needs. Staff genuinely care about the community and don't get enough credit for having such awesome healthcare in our small community. Keep up the great work!

Mr. Solomon-Gross acknowledged Rosemary Hagevig for the years of service on the board prior to her passing. She was appointed to the board in January 2018. In addition to serving on several committees, she served 4 terms as Board Vice-President, Chair of the Quality Committee and liaison to both the Credentialing Committee and the BRH Foundation. Ms. Hagevig was a true pillar of the community, volunteering time and effort to make Juneau a better place. It would be very hard to find a person more dedicated to Juneau. On behalf of the Board and the hospital, a leaf will be made in her honor and be placed on the Foundation's Giving Tree. She will truly be missed. Ms. Knapp stated it was a real privilege to speak on behalf of the Board at Ms. Hagevig's Celebration of Life. It had been reiterated that Ms. Hagevig volunteered for numerous things and pushed hard to get things accomplished for the betterment of the community. She was very committed to the hospital. One thing Ms. Knapp learned from Ms. Hagevig is that if you take the time to get to know someone, you could be rewarded many times over. Dr. Jones expressed appreciation for the many life lessons he learned while serving on this Board and the Catholic Community Services Board with her. She will be missed. Mr. Solomon-Gross will reach out to Board members to see who might be interested in taking on the role of liaison to the BRH Foundation.

BOARD CALENDAR – June calendar reviewed. Mr. Geiger suggested scheduling two Governance Committee meetings in June. Mr. Solomon-Gross will discuss this with him off-line as there will be 2 new board members appointed and a lot of meetings already scheduled in June for CEO recruitment.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson noted continuing complaints about the medical records system (EHR) and suggested it be taken up by a committee. Dr. Jones volunteered the Quality Committee to take it up. Ms. Knapp noted it is one of the strategic planning initiatives assigned to the Planning Committee and would appreciate the Quality Committee looking at it too. When a new CEO is put into place, EHR will be made a top priority. Mr. Solomon-Gross stated that he will serve as the Credentials Committee Liaison for the rest of this year. He then shared his recent COVID experience and the great care he received at BRH.

EXECUTIVE SESSION – *MOTION by Ms. Young to recess into executive session to discuss several matters as written in the agenda:*

- *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 patient safety dashboard.*
And
- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

Ms. Knapp seconded. The Board entered executive session at 7:00 p.m. after a 5-minute recess. They returned to regular session at 7:32 p.m.

MOTION by Ms. Johnston to approve the credentialing report as presented. Ms. Knapp seconded. There being no objections, MOTION approved.

ADJOURNMENT: 7:33p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, June 28, 2022

Bartlett Regional Hospital

Minutes
SPECIAL BOARD OF DIRECTORS MEETING
June 1, 2022 – 5:00 p.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 5:01 p.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President
Iola Young

Mark Johnson, Secretary
Hal Geiger

Deborah Johnston

ABSENT: Lindy Jones, MD and Brenda Knapp

ALSO PRESENT

Dallas Hargrave, HR Director
Anita Moffitt, Exec. Assistant

Kim Russel, Russel Advisors

Mick Ruel, BE Smith

APPROVE AGENDA – *MOTION by Mr. Johnson to approve the agenda as written. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

EXECUTIVE SESSION – *MOTION by Mr. Johnson to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically CEO applicants and selection criteria.*

The Board entered executive session at 5:02 p.m. and returned to regular session at 6:11 p.m. No action taken.

ADJOURNMENT: 6:11 p.m.

NEXT MEETING: 8:00 a.m. – Tuesday, June 7, 2022

Bartlett Regional Hospital

Minutes
SPECIAL BOARD OF DIRECTORS MEETING
June 4, 2022 – 9:00 a.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 9:06 a.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President	*Mark Johnson, Secretary	Deborah Johnston
Hal Geiger	Iola Young	

ABSENT: Brenda Knapp and Lindy Jones, MD

ALSO PRESENT

Dallas Hargrave, HR Director	Kim Russel, Russel Advisors	Mick Ruel, BE Smith
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Discussion held about the number of board members required for a quorum. *During this discussion, Mr. Johnson notified Mr. Solomon-Gross via text message that he would join the meeting shortly. A recess was taken at 9:07 a.m. Meeting resumed when Mr. Johnson joined the meeting at 9:15 a.m.

APPROVE AGENDA – MOTION by Mr. Geiger to approve the agenda as written. Ms. Young seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

EXECUTIVE SESSION – MOTION by Mr. Geiger to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically CEO applicants and selection criteria.

The Board entered executive session at 9:16 a.m. and returned to regular session at 9:50 a.m. No action taken.

ADJOURNMENT: 9:50 a.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

To: BRH Finance Committee
From: Robert C. Tyk, FHFMA
Interim Chief Financial Officer

Re: **April Financial Performance**

April continued with strong revenue production, running just slightly less than in the month of March which had one more calendar day. Volumes were mixed compared to prior months but the revenue per unit was strong.

Inpatient days in Med/Surg were down by 44 days compared to March but the Critical Care Unit days increased by 21 which helped with the gross revenue. Total inpatient revenue for April compared to our budget was off by (\$769,544). The expectation was a great number of inpatient days for April which did not materialize. Both the Mental Health Unit and Rainforest Recovery Center days were flat when compared to the month of March. Surgery volumes and outpatient volumes for the most part were flat as well when compared to March. I believe we will see some increases with the influx of the summer cruise season.

One of the items that was discovered last month was how we capture physician revenue. It appears that the revenue generated by the physicians who see patients in the Mental Health Unit is being booked into the Bartlett Outpatient Psychiatric Services revenue and not into the physician revenue line on the income statement. We will look to adjust this in the future. This is simply a matter of reporting the revenue on a different line in the income statement.

Contractual allowances have remained consistent with prior months but are three percentage points better than what was budgeted and two percentage points better than the prior year. This is a very positive trend for BRH. This coincides with an increase in the collection of patient accounts receivable. Annualizing our cash collections for the first ten months of the fiscal year, we are projecting an increase of 6.1% or a little over \$6 million dollars. This increase can be attributed to the hard work being done by the Revenue Cycle team, especially Patient Financial Services (PFS) which is managed by Tami Lawson-Churchill. They are doing an excellent job.

Salaries and benefits decreased slightly when compared to March but are greater than what was budgeted by \$271,589. YTD though, BRH is actually running below budget. Physician salaries and contract labor and benefits are offset the lower salary numbers on a YTD basis. All the other operating expenses were just shy of \$300,000 less than the month of March. Total operating expenses though, are \$3.3 million greater than the budget and \$4.2 million greater than last fiscal year. I believe a great deal of these increases were in the first half of the fiscal year.

We continue to see good progress with our utilization of the HealthTrust GPO. We have reached a higher level of purchasing with them which will reduce our costs a little more.

We continue to work diligently on managing expenses and increasing revenue.

We are currently preparing for the annual financial audit which is done in conjunction with CBJ. Blessy Robert has worked with CBJ Finance to ensure we have a smoother process than last year.

Thank you again for this opportunity.

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF APRIL 2022

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$3,587,976	\$4,468,446	-\$880,470	-19.7%	\$3,601,173	1. Inpatient Revenue	\$39,672,918	\$45,280,245	-\$5,607,327	-12.4%	\$36,624,499	8.3%
\$1,096,773	\$985,847	\$110,926	11.3%	\$948,416	2. Inpatient Ancillary Revenue	\$11,151,356	\$9,989,895	\$1,161,461	11.6%	\$9,592,831	16.2%
\$4,684,749	\$5,454,293	-\$769,544	-14.1%	\$4,549,589	3. Total Inpatient Revenue	\$50,824,274	\$55,270,140	-\$4,445,866	-8.0%	\$46,217,330	10.0%
\$11,222,953	\$10,041,791	\$1,181,162	11.8%	\$10,092,754	4. Outpatient Revenue	\$109,215,036	\$101,756,664	\$7,458,372	7.3%	\$98,606,476	10.8%
\$15,907,702	\$15,496,084	\$411,618	2.7%	\$14,642,343	5. Total Patient Revenue - Hospital	\$160,039,310	\$157,026,804	\$3,012,506	1.9%	\$144,823,806	10.5%
\$208,848	\$337,694	-\$128,846	-38.2%	\$260,533	6. RRC Patient Revenue	\$2,356,179	\$3,421,988	-\$1,065,809	-31.1%	\$1,650,418	42.8%
\$390,417	\$266,091	\$124,326	46.7%	\$397,376	7. BHOPS Patient Revenue	\$4,357,527	\$2,696,369	\$1,661,158	61.6%	\$2,722,959	60.0%
\$1,060,736	\$1,041,690	\$19,046	1.8%	\$1,002,577	8. Physician Revenue	\$9,383,311	\$10,555,737	-\$1,172,426	-11.1%	\$9,879,371	-5.0%
\$17,567,703	\$17,141,559	\$426,144	2.5%	\$16,302,829	9. Total Gross Patient Revenue	\$176,136,327	\$173,700,898	\$2,435,429	1.4%	\$159,076,554	10.7%
Deductions from Revenue:											
\$2,490,383	\$3,015,530	-\$525,147	17.4%	\$2,525,205	10. Inpatient Contractual Allowance	\$27,540,794	\$30,527,392	-\$2,986,598	9.8%	\$26,537,993	3.8%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$3,275,000	-\$2,250,000	\$1,025,000		-\$308,333	
\$4,827,998	\$3,986,245	-\$841,753	-21.1%	\$3,999,246	11. Outpatient Contractual Allowance	\$44,219,868	\$40,393,951	-\$3,825,917	-9.5%	\$37,614,263	17.6%
\$576,784	\$700,628	-\$123,844	17.7%	\$538,592	12. Physician Service Contractual Allowance	\$5,353,195	\$7,099,692	-\$1,746,497	24.6%	\$5,995,662	-10.7%
\$25,302	\$14,348	-\$10,954	-76.3%	\$15,984	13. Other Deductions	\$231,829	\$145,391	-\$86,438	-59.5%	\$136,686	0.0%
\$114,562	\$127,997	-\$13,435	10.5%	\$128,280	14. Charity Care	\$1,044,708	\$1,297,036	-\$252,328	19.5%	\$1,084,636	-3.7%
\$493,288	\$100,379	-\$392,909	-391.4%	\$285,019	15. Bad Debt Expense	\$3,872,984	\$1,017,173	-\$2,855,811	-280.8%	\$913,827	323.8%
\$8,178,317	\$7,720,127	-\$458,190	-5.9%	\$7,183,993	16. Total Deductions from Revenue	\$78,988,378	\$78,230,635	-\$757,743	-1.0%	\$71,974,734	9.7%
42.9%	44.9%			43.3%	% Contractual Allowances / Total Gross Patient Revenue	41.9%	44.9%			43.9%	
3.5%	1.3%			2.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.8%	1.3%			1.3%	
46.6%	45.0%			44.1%	% Total Deductions / Total Gross Patient Revenue	44.8%	45.0%			45.2%	
\$9,389,386	\$9,421,432	-\$32,046	-0.3%	\$9,118,836	17. Net Patient Revenue	\$97,147,949	\$95,470,263	\$1,677,686	1.8%	\$87,101,820	11.5%
\$888,429	\$823,192	\$65,237	7.9%	\$720,292	18. Other Operating Revenue	\$10,290,669	\$8,341,718	\$1,948,951	23.4%	\$13,764,022	-25.2%
\$10,277,815	\$10,244,624	\$33,191	0.3%	\$9,839,128	19. Total Operating Revenue	\$107,438,618	\$103,811,981	\$3,626,637	3.5%	\$100,865,842	6.5%
Expenses:											
\$4,317,359	\$4,499,600	-\$182,241	4.1%	\$4,247,968	20. Salaries & Wages	\$43,263,522	\$45,595,924	-\$2,332,402	5.1%	\$42,067,489	2.8%
\$444,317	\$307,346	-\$136,971	-44.6%	\$253,404	21. Physician Wages	\$3,380,325	\$3,114,434	-\$265,891	-8.5%	\$2,954,950	14.4%
\$199,136	\$98,047	-\$101,089	-103.1%	\$148,622	22. Contract Labor	\$1,829,426	\$993,544	-\$835,882	-84.1%	\$1,449,961	26.2%
\$2,527,370	\$2,311,600	-\$215,770	-9.3%	\$2,304,454	23. Employee Benefits	\$24,079,401	\$23,424,268	-\$655,133	-2.8%	\$22,777,762	5.7%
\$7,488,182	\$7,216,593	-\$271,589	-3.8%	\$6,954,448	24. % Salaries and Benefits / Total Operating Revenue	\$72,552,674	\$73,128,170	-\$575,496	0.8%	\$69,250,162	4.8%
72.9%	70.4%			70.7%		67.5%	70.4%			68.7%	
\$54,167	\$83,227	-\$29,060	34.9%	\$71,129	24. Medical Professional Fees	\$721,761	\$843,361	-\$121,600	14.4%	\$985,455	-26.8%
\$249,694	\$169,358	-\$80,336	-47.4%	\$412,570	25. Physician Contracts	\$3,432,560	\$1,716,179	-\$1,716,381	-100.0%	\$2,955,678	16.1%
\$181,852	\$238,990	-\$57,138	23.9%	\$239,347	26. Non-Medical Professional Fees	\$1,942,938	\$2,421,753	-\$478,815	19.8%	\$1,969,514	-1.3%
\$1,281,281	\$1,216,133	-\$65,148	-5.4%	\$1,344,734	27. Materials & Supplies	\$14,210,634	\$12,323,502	-\$1,887,132	-15.3%	\$14,192,410	0.1%
\$117,421	\$128,154	-\$10,733	8.4%	\$136,586	28. Utilities	\$1,518,986	\$1,298,563	-\$220,423	-17.0%	\$1,191,909	27.4%
\$468,289	\$371,509	-\$96,780	-26.1%	\$510,019	29. Maintenance & Repairs	\$4,494,240	\$3,764,615	-\$729,625	-19.4%	\$4,341,261	3.5%
\$64,215	\$37,575	-\$26,640	-70.9%	\$46,956	30. Rentals & Leases	\$630,480	\$380,743	-\$249,737	-65.6%	\$528,510	19.3%
\$70,720	\$54,296	-\$16,424	-30.2%	\$43,647	31. Insurance	\$771,107	\$550,223	-\$220,884	-40.1%	\$491,581	56.9%
\$598,119	\$627,434	-\$29,315	4.7%	\$604,508	32. Depreciation & Amortization	\$6,233,804	\$6,358,006	-\$124,203	2.0%	\$6,313,166	-1.3%
\$32,973	\$49,260	-\$16,287	33.1%	\$49,359	33. Interest Expense	\$138,326	\$499,171	-\$360,845	72.3%	\$360,653	-72.6%
\$97,288	\$128,981	-\$31,693	24.6%	\$106,734	34. Other Operating Expenses	\$1,306,206	\$1,307,011	-\$805	0.1%	\$1,037,788	25.9%
\$10,704,201	\$10,321,510	-\$382,691	-3.7%	\$10,520,037	35. Total Expenses	\$107,953,716	\$104,591,297	-\$3,362,418	-3.2%	\$103,762,087	-4.0%
-\$426,386	-\$76,886	-\$349,500	454.6%	-\$680,909	36. Income (Loss) from Operations	-\$515,098	-\$779,316	\$264,218	-33.9%	-\$2,896,245	-82.2%
\$600	\$164,383	-\$163,783	-99.6%	\$104,901	37. Non-Operating Revenue	\$818,790	\$1,665,753	-\$846,963	-50.8%	\$1,025,001	-20.1%
\$57,400	\$74,580	-\$17,180	-23.0%	\$120,901	38. Interest Income	\$898,384	\$755,738	\$142,646	18.9%	\$1,844,568	-51.3%
\$58,000	\$238,963	-\$180,963	-75.7%	\$225,802	39. Other Non-Operating Income	\$1,717,174	\$2,421,491	-\$704,317	-29.1%	\$2,869,569	-40.2%
-\$368,386	\$162,077	-\$530,463	-327.3%	-\$455,107	40. Total Non-Operating Revenue	\$1,202,076	\$1,642,175	-\$440,099	-26.8%	-\$26,676	4606.2%
					40. Net Income (Loss)						
-4.15%	-0.75%			-6.92%	Income from Operations Margin	-0.48%	-0.75%			-2.87%	
-3.58%	1.58%			-4.63%	Net Income	1.12%	1.58%			-0.03%	

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD APRIL 21 THRU APRIL 22

	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,601,173	\$3,853,990	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976
2. Inpatient Ancillary Revenue	\$948,416	\$994,166	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773
3. Total Inpatient Revenue	\$4,549,589	\$4,848,156	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749
4. Outpatient Revenue	\$10,092,754	\$10,377,400	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953
5. Total Patient Revenue - Hospital	\$14,642,343	\$15,225,556	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702
6. RRC Patient Revenue	\$260,533	\$279,368	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848
7. BHOPS Patient Revenue	\$397,376	\$339,418	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$390,417
8. Physician Revenue	\$1,002,577	\$1,296,987	\$952,323	\$887,205	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$875,198	\$1,060,736
9. Total Gross Patient Revenue	\$16,302,829	\$17,141,329	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,216,872	\$2,950,543	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383
10a. Rural Demonstration Project	\$0	\$0	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$3,999,246	\$3,866,790	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998
12. Physician Service Contractual Allowance	\$538,592	\$513,703	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784
13. Other Deductions	\$15,984	\$0	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$25,302
14. Charity Care	\$128,280	\$99,125	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$98,914	\$86,009	\$114,562
15. Bad Debt Expense	\$285,019	\$11,568	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288
16. Total Deductions from Revenue	\$7,183,993	\$7,441,729	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317
% Contractual Allowances / Total Gross Patient Revenue	41.4%	42.8%	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.5%	0.6%	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%	3.5%
% Total Deductions / Total Gross Patient Revenue	44.1%	43.4%	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%
17. Net Patient Revenue	\$9,118,836	\$9,699,600	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386
18. Other Operating Revenue	\$720,292	\$617,599	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429
19. Total Operating Revenue	\$9,839,128	\$10,317,199	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815
Expenses:													
20. Salaries & Wages	\$4,247,968	\$4,302,473	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359
21. Physician Wages	\$253,404	\$251,201	\$327,662	\$340,047	\$349,470	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317
22. Contract Labor	\$148,622	\$210,724	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136
23. Employee Benefits	\$2,304,454	\$2,599,496	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370
	\$6,954,448	\$7,363,894	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701	\$7,537,287	\$7,488,182
% Salaries and Benefits / Total Operating Revenue	70.7%	71.4%	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%
24. Medical Professional Fees	\$71,129	\$66,178	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167
25. Physician Contracts	\$412,570	\$365,022	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694
26. Non-Medical Professional Fees	\$239,347	\$200,348	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852
27. Materials & Supplies	\$1,344,734	\$1,242,516	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281
28. Utilities	\$136,586	\$129,644	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421
29. Maintenance & Repairs	\$510,019	\$229,319	\$654,916	\$422,017	\$361,725	\$559,794	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$468,289
30. Rentals & Leases	\$46,956	\$45,000	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113	\$64,215
31. Insurance	\$43,647	\$43,207	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$65,724	\$120,075	\$102,592	\$70,720	\$70,720
32. Depreciation & Amortization	\$604,508	\$614,334	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119
33. Interest Expense	\$49,359	\$49,359	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973
34. Other Operating Expenses	\$106,734	\$99,384	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288
35. Total Expenses	\$10,520,037	\$10,448,205	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201
36. Income (Loss) from Operations	-\$680,909	-\$131,006	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386
Non-Operating Revenue													
37. Interest Income	\$104,901	\$102,551	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698	\$600
38. Other Non-Operating Income	\$120,901	\$73,423	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400
39. Total Non-Operating Revenue	\$225,802	\$175,974	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000
40. Net Income (Loss)	-\$455,107	\$44,968	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
April 30, 2022

	<u>April-22</u>	<u>March-22</u>	<u>April-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	5,045,343	7,464,732	20,508,927	(15,463,584)
2. Board designated cash	29,926,473	29,552,067	35,107,839	(5,181,366)
3. Patient accounts receivable, net	17,502,612	16,560,522	15,604,356	1,898,256
4. Other receivables	1,583,406	1,236,682	1,192,861	390,545
5. Inventories	3,537,649	3,531,828	3,561,334	(23,685)
6. Prepaid Expenses	2,203,501	2,453,787	2,402,250	(198,749)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	59,830,921	60,831,555	78,406,444	(18,575,523)
Appropriated Cash:				
9. CIP Appropriated Funding	32,229,681	32,263,003	13,352,751	18,876,930
Property, plant & equipment				
10. Land, bldgs & equipment	152,973,023	152,782,632	148,367,673	4,605,350
11. Construction in progress	14,423,945	13,572,285	7,860,963	6,562,982
12. Total property & equipment	167,396,968	166,354,917	156,228,636	11,168,332
13. Less: accumulated depreciation	(107,744,366)	(107,146,246)	(100,353,838)	(7,390,527)
14. Net property and equipment	59,652,602	59,208,676	55,874,804	3,777,806
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	164,368,049	164,958,076	160,037,674	4,330,379
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,118,075	1,744,778	1,862,873	255,202
18. Accrued employee benefits	5,312,132	5,183,342	5,277,344	34,787
19. Accounts payable and accrued expenses	2,027,105	2,792,501	1,727,354	299,751
20. Due to 3rd party payors	2,704,813	2,702,887	4,051,027	(1,346,214)
21. Deferred revenue	740,335	783,502	(2,498,356)	3,238,691
22. Interest payable	127,892	90,653	189,179	(61,287)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	375,354	325,418	333,511	41,843
25. Total current liabilities	14,435,706	14,653,081	11,852,932	2,582,773
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	86,979	91,246	1,081,177	(994,198)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	83,265,173	83,269,440	86,703,946	(3,438,773)
31. Total liabilities	97,700,879	97,922,521	98,556,878	(856,000)
32. Fund Balance	66,667,170	67,035,553	61,480,794	5,186,377
33. Total liabilities and fund balance	164,368,049	164,958,076	160,037,674	4,330,379

BARTLETT REGIONAL HOSPITAL
12 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD APRIL 21 THRU APRIL 22

	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	20,508,927	21,507,086	24,125,641	20,222,641	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343
2. Board designated cash	35,107,839	35,107,839	35,189,438	34,296,146	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473
3. Patient accounts receivable, net	15,604,356	15,785,030	14,506,692	17,050,534	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612
4. Other receivables	1,192,861	1,151,553	3,663,675	3,664,168	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406
5. Inventories	3,561,334	3,569,923	3,438,976	3,312,784	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649
6. Prepaid Expenses	2,402,250	2,272,909	1,757,985	3,134,789	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501
7. Other assets	28,877	28,877	29,877	30,377	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937
8. Total current assets	78,406,444	79,423,217	82,712,284	81,711,439	75,481,097	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921
Appropriated Cash:													
9. CIP Appropriated Funding	13,352,751	13,352,751	13,352,751	11,932,679	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681
Property, plant & equipment													
10. Land, bldgs & equipment	148,367,673	149,080,856	149,516,701	149,599,849	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023
11. Construction in progress	7,860,963	7,570,489	7,264,903	8,767,880	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,846,504	12,846,504	13,572,285	14,423,945
12. Total property & equipment	156,228,636	156,651,345	156,781,604	158,367,729	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968
13. Less: accumulated depreciation	(100,353,838)	(100,968,052)	(101,584,465)	(102,194,394)	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)
14. Net property and equipment	55,874,798	55,683,293	55,197,139	56,173,335	57,875,266	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	12,403,681	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
16. Total assets	160,037,672	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	1,862,873	2,288,565	3,186,973	997,915	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075
18. Accrued employee benefits	5,277,344	5,307,685	5,257,558	5,158,329	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132
19. Accounts payable and accrued expenses	1,727,354	1,985,406	2,637,899	2,703,162	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105
20. Due to 3rd party payors	4,051,027	4,051,027	-	99,234	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813
21. Deferred revenue	(2,498,356)	(2,556,106)	15,404	654,388	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335
22. Interest payable	189,179	252,238	315,297	(30,075)	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000
24. Other payables	333,511	408,119	467,554	182,945	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354
25. Total current liabilities	11,852,932	12,646,934	12,790,685	10,675,898	14,474,039	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706
Long-term Liabilities:													
26. Bonds payable	16,350,000	16,350,000	16,350,000	16,350,000	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000
27. Bonds payable - premium/discount	1,081,177	1,067,476	1,053,776	1,040,075	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	64,954,569	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	4,318,200	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
30. Total long-term liabilities	86,703,946	86,690,245	86,676,545	86,662,844	86,648,938	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173
31. Total liabilities	98,556,878	99,337,179	99,467,230	97,338,742	101,122,977	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879
32. Fund Balance	61,480,794	61,525,763	64,198,623	64,882,392	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170
33. Total liabilities and fund balance	160,037,672	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049

**Bartlett Regional Hospital
Dashboard Report for April 2022**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	425	366	16%	434	-2.1%	4,728	3,708	28%	3,789
Patient Days - Critical Care Unit	96	98	-2%	78	23.1%	928	991	-6%	935
Avg. Daily Census - Acute	17.4	15.5	12%	17.1	1.8%	18.6	15.5	20%	15.5
Patient Days - Obstetrics	55	61	-10%	60	-8.3%	625	621	1%	617
Total Hospital Patient Days	576	525	10%	43	1239.5%	6,281	5,320	18%	491
Births									
Births	25	25	1%	615	-95.9%	250	252	-1%	5,832
Patient Days - Nursery	46	51	-9%	23	100.0%	500	515	-3%	240
Mental Health Unit									
Patient Days - Mental Health Unit	134	240	-44%	150	-10.7%	1,507	2,432	-38%	1,478
Avg. Daily Census - MHU	4.3	7.7	-44%	5.0	-13.5%	5.0	8.0	-38%	4.9
Rain Forest Recovery:									
Patient Days - RRC	199	240	-17%	169	17.8%	1,745	2,432	-28%	1,113
Avg. Daily Census - RRC	7	8.0	-17%	6	17.8%	6	8.0	-28%	3.7
Outpatient visits	47	85	-45%	47	0.0%	415	861	-52%	811
Inpatient: Admissions									
Med/Surg	44	56	-22%	48	-8.3%	589	568	4%	553
Critical Care Unit	36	35	3%	32	12.5%	385	355	9%	336
Obstetrics	25	27	-6%	28	-10.7%	270	270	0%	263
Nursery	25	25	1%	25	0.0%	250	252	-1%	242
Mental Health Unit	17	20	-17%	24	-29.2%	232	207	12%	199
Total Admissions - Inpatient Status	147	163	-10%	157	-6.4%	1,726	1,651	5%	1,593
Admissions - "Observation" Status									
Med/Surg	67	61	10%	49	36.7%	669	616	9%	600
Critical Care Unit	28	26	8%	30	-6.7%	250	262	-4%	271
Mental Health Unit	3	2	30%	1	200.0%	31	23	33%	19
Obstetrics	19	14	38%	15	26.7%	148	140	6%	137
Total Admissions to Observation	117	103	14%	95	0.0%	1,098	1,041	5%	1,027
Surgery:									
Inpatient Surgery Cases	44	49	-10%	50	-12.0%	449	493	-9%	494
Endoscopy Cases	124	86	44%	107	15.9%	992	873	14%	911
Same Day Surgery Cases	121	115	5%	122	-0.8%	1,019	1,164	-12%	1,173
Total Surgery Cases	289	250	16%	279	3.6%	2,460	2,530	-3%	2,578
Total Surgery Minutes	18,724	17,884	5%	18,757	-0.2%	166,295	181,227	-8%	181,051
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	956	936	2%	947	1.0%	9,777	9,488	3%	9,344
Cardiac Rehab Visits	125	56	122%	49	155.1%	357	570	-37%	552
Lab Visits	860	283	204%	825	4.2%	15,219	2,867	431%	3,483
Lab Tests	8,828	9,620	-8%	10,607	-16.8%	93,970	97,478	-4%	97,573
Radiology Visits	827	788	5%	808	2.4%	8,249	7,989	3%	8,051
Radiology Tests	2,338	2,295	2%	2,125	10.0%	23,399	23,256	1%	22,621
Sleep Study Visits	17	22	-23%	21	-19.0%	199	223	-11%	243
Physician Clinics:									
Hospitalists	208	228	-9%	177	17.5%	2,215	2,315	-4%	2,107
Bartlett Oncology Clinic	67	83	-19%	84	-20.2%	908	841	8%	842
Ophthalmology Clinic	73	92	-20%	90	-18.9%	648	929	-30%	895
Behavioral Health Outpatient visits	672	394	70%	753	-10.8%	6,722	3,996	68%	5,003
Bartlett Surgery Specialty Clinic visits	276	224	23%	280	-1.4%	2,325	2,274	2%	2,351
	1,296	1,022	27%	1,384	-6.4%	12,818	10,356	24%	11,198
Other Operating Indicators:									
Dietary Meals Served	14,516	19,484	-25%	20,293	-5.7%	155,722	197,440	-21%	200,873
Laundry Pounds (Per 100)	403	369	9%	396	-2.4%	3,932	3,738	5%	3,779

**Bartlett Regional Hospital
Dashboard Report for April 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,905	5,166	-5.0%	4,309	5,066	5,166	-1.9%	4,320
Contractual Allowance %	42.9%	43.6%	-1.5%	41.4%	41.9%	43.6%	-3.9%	43.9%
Bad Debt & Charity Care %	3.5%	1.3%	159.7%	2.5%	2.8%	1.3%	109.6%	1.3%
Wages as a % of Net Revenue	52.8%	52.1%	1.5%	51.0%	49.9%	52.1%	-4.2%	53.4%
Productive Staff Hours Per Adjusted Patient Day	25.8	27.4	-6.1%	22.9	26.1	26.0	0.2%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	4.1	-4.4%	3.6	4.1	4.2	-4.4%	3.9
Overtime/Premium % of Productive	6.46%	5.06%	27.6%	5.06%	7.73%	6.25%	23.7%	6.25%
Days Cash on Hand	15	16	-4.1%	62	15	16	-3.4%	64
Board Designated Days Cash on Hand	185	192	-4.1%	147	186	192	-3.4%	147
Days in Net Receivables	53.9	54	0.0%	52	53.9	54	0.0%	52
Days in Accounts Payable	24.0	24	0.0%	22	24.0	24	0.0%	22
Total CMI	1.26							
MCR CMI	1.40							
MCD CMI	1.14							
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					55.5%	33.7%	64.8%	61.9%
Total debt-to-capitalization (without PERS)					14.1%	33.7%	-58.0%	15.7%
Current Ratio					4.14	2.00	107.2%	7.26
Debt-to-Cash Flow (with PERS)					9.16	2.7	239.1%	9.17
Debt-to-Cash Flow (without PERS)					2.33	2.7	-13.7%	2.32
Aged A/R 90 days & greater					49.9%	19.8%	152.0%	48.3%
Bad Debt Write off					0.9%	0.8%	12.5%	-0.5%
Cash Collections					89.0%	99.4%	-10.5%	98.4%
Charity Care Write off					0.7%	1.4%	-50.0%	1.6%
Cost of Collections (Hospital only)					5.1%	2.8%	82.1%	4.5%
Discharged not Final Billed (DNFB)					11.9%	4.7%	153.2%	13.8%
Unbilled & Claims on Hold (DNSP)					14.7%	5.1%	188.2%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					0.8%	21.3%	-96.2%	0.0%

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MSDRG) weight for each discharge and dividing the total number of discharges.

Ordinance 2021-08(b)(am)(AT)
Manager's Report

An Ordinance Appropriating \$500 to the Manager for the Bartlett Regional Hospital Rainforest Recovery Center; Funding Provided by a Donation from the Second to None Motorcycle Club.

This ordinance would appropriate a \$500 donation from the Second to None Motorcycle Club for Bartlett Regional Hospital's Rainforest Recovery Center to support addiction rehabilitation and recovery programs throughout the state.

The Bartlett Regional Hospital Board reviewed this request at the June 26, 2022 meeting.

The Manager recommends this ordinance be introduced and set for public hearing at the next regular Assembly meeting.

Presented by: The Manager
Introduced: July 11, 2022
Drafted by: Finance

ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA

Serial No. 2021-08(b)(am)(AT)

An Ordinance Appropriating \$500 to the Manager for the Bartlett Regional Hospital Rainforest Recovery Center; Funding Provided by a Donation from the Second to None Motorcycle Club.

BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is a noncode ordinance.

Section 2. Appropriation. There is appropriated to the Manager the sum of \$500 for the Bartlett Regional Hospital Rainforest Recovery Center.

Section 3. Source of Funds

Donation Revenue \$500

Section 4. Effective Date. This ordinance shall become effective upon adoption.

Adopted this _____ day of _____, 2022.

Beth A. Weldon, Mayor

Attest:

Elizabeth J. McEwen, Municipal Clerk

Board Committee and Liaison Assignments 2022 - Revised

Executive Committee

President - Kenny Solomon-Gross

Vice President – Brenda Knapp

Secretary – Deb Johnston

Finance Committee

Deb Johnston – Chair

Hal Geiger

Max Mertz

Governance Committee

Hal Geiger – Chair

Iola Young

Lisa Petersen

Planning Committee

Brenda Knapp – Chair

Mark Johnson

Max Mertz

Quality Committee

Dr. Jones MD-Chair

Mark Johnson

Lisa Peterson

Compliance and Audit Committee

Iola Young – Chair

Brenda Knapp

Deb Johnston

Physician Recruitment

Mark Johnson – Chair

Lindy Jones, MD

Iola Young

Joint Conference Committee

Executive Committee of Board (Board President serves as Chair: Board VP is Vice Chair)

Executive Committee of Medical Staff

Representatives of Administration

BRH Foundation (2nd Tuesday of each month noon)

Rosemary Hagevig, Liaison - Replacement yet to be determined

Credentialing (2nd Tuesday of Each Month 7:00am)

Kenny Solomon-Gross, Liaison

(Deb Johnston, Backup)

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes
June 13, 2022 – 12:00 p.m. Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Mark Johnson*, Hal Geiger and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Kim McDowell, Marc Walker, Sara Dodd, Karen Forrest, and Anita Moffitt

APPROVAL OF AGENDA – Mr. Johnson made a MOTION to approve the agenda as written. Mr. Solomon-Gross seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson made a MOTION to approve the minutes from the May 5, 2022 Planning Committee meeting. Mr. Solomon-Gross seconded. There being no objections, minutes approved.

FAMILY PRACTICE BUILDING UPDATE – Mr. Walker reported Steve Garger and Jensen Yorba Wall Architects are to help assess the Family Practice building. We are working on getting all of the players together to inspect the building and to provide a written report when the inspection is complete.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker reported the facility plan and timeline, included in the packet, are up to date. The second phase of the power conditioning project (conditioning modules) has been awarded to Anderson Brothers for \$297,000. We will continue on with designs to dampen surges coming into the facility even more. He noted item C-2, North Addition – Phase 1 listed under Future Projects was projected to be in the planning & design phase now. He asked if it should be postponed until a later date or if we should start now. It was agreed that this plan had been developed pre-Covid and is not ready for action at this time. There have been too many changes since the master plan was originally developed. We will soon have new board members a new CEO in place and they should be part of the decision making process. Senior leadership and staff will begin working on a concept, without design professionals at this time, and define what the hospital needs are for this addition. Recommendations are to be brought back to the Planning Committee for consideration to be acted on after the start of the new year when new board members and CEO are in place.

CURRENT PROJECTS UPDATE – Mr. Walker provided an overview of the project update list included in the packet. RRC siding project substantial completion date has been moved to the end of June. Water main and waste line project is moving along nicely. Paving for the site improvement project has been delayed until tomorrow due to weather. Completion of paving and painting will help alleviate some of our parking issues. The bid date for the underground fuel line project has been moved to June 21st. Hospitalist sleeping quarters is being redesigned and will go out to bid again in August. In response to Ms. Knapp, Mr. Walker confirmed the cost of the surge protection project is a bit more than what it cost to repair damages and replace equipment due to a power surge last year. We have received some reimbursement for those repair and replacement costs. Brief discussion about insurance coverage held. In response to Mr. Solomon-Gross, Mr. Walker reported the Assembly must approve use of funds for the parking study to be conducted. Committee will receive report after study is completed.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Walker reported construction is moving along and still on schedule for completion in the spring of 2023. Design team has been working on identifying any potential delays and possible impacts to costs by repurposing the use of the second floor for the ABA (Applied Behavioral Analysis) program. Ms. Forrest reported the design team is going through every single piece of the design to make sure it meets the higher safety rating required for its redesignation. This is Ms. Forrest’s last Planning Committee meeting as tomorrow is her last day working for BRH. Ms. Knapp thanked Ms. Forrest for her 8 months of service as the CBHO and told her she would be missed.

ED EXPANSION PROJECT UPDATE - Mr. Walker reported the GC/CM (General Contractor / Construction Manager) procurement methodology was approved by the PWFC (Public Works and Facility Committee). Engineering and Law staff are to draft an ordinance to present to the Assembly for its first reading at the July 11th meeting. It will be presented a second time, for adoption, at the August 1st Assembly meeting. Also of note, the PWFC approved the recommendation from the JCOS (Juneau Commission on Sustainability), to approve a LEED (Leadership in Environmental Energy and Design) Certification exemption request for the ED expansion project. It will go before the Assembly for approval tonight. We are still looking at different methodologies to meet some of the LEED requirements because it’s the right thing to do. Conceptual design has been completed and we are now moving to schematic design.

Strategic Goal Initiatives – Mr. Humphrey reported that Senior Leadership has taken ownership of various goals produced by the Board. A full report will be available at next month’s Planning Committee meeting. Ms. McDowell’s report, included in the packet, gives a good start on the Planning Committee’s assigned initiatives.

Initiative 1.1 – Evaluate and expand affiliations and partnerships with other healthcare organizations:

Ms. McDowell has been asked to co-chair the Rural Chair on the AHHA (Alaska Hospital & Healthcare Association). This will aid in building relationships with other healthcare organizations and possibly make partnerships/affiliations easier to obtain. AHHA is formerly known as ASHNHA (Alaska State Hospital and Nursing Home Association). Ms. Knapp expressed interest in obtaining information about what AHHA’s vision is and who its members are.

Initiative 3.1 – Resolve EMR (Electronic Medical Records) system concerns:

Working with IT and Meditech to schedule a site visit for ED Director, Chief Clinical Officer and Dr. Jones to see Meditech Expanse in use in an ED in Mississippi. Patient information from T-system, currently used in the ED does not transfer smoothly to the Meditech system used in the rest of the hospital, when the patient is admitted to the hospital. ED is resistant to switching to Meditech Expanse but using the same system throughout the organization is one more way to help ensure patient safety. Seeing expanse in action may help address any concerns ED may have. Site visit dates have not been determined yet but it expected to take place this summer.

Initiative 3.2 – Expand workforce development programs:

Ms. McDowell reported nursing shortages are a nationwide problem. BRH is addressing the issue by thinking outside the box and using paramedics in the ED, having a hospital based CNA program, postings to hire LPNs and partnering with the university for cohorts. SLT has held discussions about bringing new graduates on board by offering to help with tuition costs in exchange for a commitment of 2-3 years to BRH. We must continue to think outside the box to recruit and retain staff. Ms. Knapp noted traveling nurses make more money and only a small percentage of health care providers want to relocate to small, rural hospitals. Mr. Johnson suggested that opposition to drug testing, specifically marijuana, is also an issue with hiring and wonders if the board needs to reconsider changing drug testing requirements. Mr. Humphrey is not sure what we test for and stated that there are federal requirements to follow. He will discuss this with Mr. Hargrave. Ms. Knapp requests Mr. Hargrave be prepared to report on BRH’s current practice for drug testing and how it relates to any outside regulations we have to comply with at the next Planning Committee meeting.

Initiative 3.3 - Exploring the feasibility of hospital run clinics;

Ms. Knapp reported that Mr. Tyk was to give a report on this topic and there had been a suggestion made about looking into federally funded healthcare clinic status. The new CEO will need to be involved too but we are well

underway with the tasks assigned to this committee. The Quality Committee is to be involved with the workforce development and other initiatives. These initiatives should be on their agenda for discussion at their next meeting scheduled to take place on July 13th.

ECG report – Ms. Knapp reported the ECG report was written a couple of years ago. ECG was focused on the impact of the COVID pandemic, revenue streams and limiting inpatient revenues. They consistently brought up SEARHC and reminded us that we need to keep our guiding principles in mind, the primary one is to remain independent. CBJ has no interest in selling the hospital and wants BRH to remain a community owned and operated hospital. Three things that are key to BRH’s ability to achieve its goal of independence is that we have to be able to recruit physicians, prevent or minimize the leakage of services and need to have access to expanded care options. We have been setting on these recommendations and now need to move forward after revisiting them with the new CEO. Mr. Johnson stated we are a very good community hospital but aren’t a referral hospital. We need to understand that some care will be provided elsewhere but we can continue to be part of that care. When recruiting, it’s important to keep in mind what is most feasible for our size community. Recruitment of orthopedic surgery is a good example – back surgery specialists would not have as much demand here as someone that can do full joint replacements. At some point we need to clearly define what level of services are reasonable and feasible for us and how we fit into the continuum of care.

Mr. Geiger stated that cardiac services make up a substantial amount of leakage but we can’t support a cardiologist here. Some physicians have relationships for these services with other facilities, like Virginia Mason, by default. BRH needs to start moving forward with developing relationships with these facilities as well. He then expressed concern and initiated discussion about why physicians are choosing to leave Juneau or retiring early. Ms. Knapp noted that nationally, a lot of physicians are retiring at an earlier age due to the pressures they faced during the pandemic and burn out. She would like feedback from the medical staff. Mr. Johnson wonders if there is a way to do exit interviews with retiring physicians. Mr. Solomon-Gross will work with Ms. Moffitt to schedule a joint Medical Executive Committee and Board Executive Committee meeting to discuss physician retention and recruitment issues.

Comments – Mr. Johnson noted the CBJ Planning Committee is looking a 45,000 square foot medical building for SEARHC to be built near Vintage Park. Discussion held about services to be provided in that facility. Ms. Knapp stated we need to continue to look at the recommendations in the ECG reports and decide which ones to move ahead with. In response to Mr. Johnson, Mr. Humphrey reported he continues working with the orthopedic surgeons at Juneau Bone and Joint to recruit an orthopedic surgeon for their practice. There has been no success to date and he stated that if we can find one that would like to work for BRH instead of a practice, we should move ahead with that recruitment.

Next Meeting – 12:00 p.m., Friday, July 1st

Adjourned – 1:11 p.m.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Zoom Meeting June 17, 2022 at 12:00pm

Called to order at 12:02 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Brenda Knapp, and Lisa Petersen.

Staff & Others: Jerel Humphrey, Interim CEO, Robert Tyk, Interim CFO, Kim McDowell, CCO, Blessy Robert, Director of Accounting, Gage Thompson, Beth Mow, Seanna O’Sullivan, Megan Rinkenberger, Tiara Ward, CBJ.

Public Comment: None

Mr. Geiger made a MOTION to approve the minutes from the May 13, 2022 Finance Committee Meeting. Ms. Johnston seconded, and they were approved.

Mr. Geiger made a MOTION to approve the agenda for the June 17, 2022 Finance Committee Meeting. Ms. Johnston seconded, and it was approved.

April 2022 Financial Review – Bob Tyk

April continued with strong revenue production, running just slightly less than in the month of March which had one more calendar day. Volumes were mixed compared to prior months but the revenue per unit was strong.

Inpatient days in Med/Surg were down by 44 days compared to March but the Critical Care Unit days increased by 21 which helped with the gross revenue. Total inpatient revenue for April compared to our budget was off by (\$769,544). The expectation was a great number of inpatient days for April which did not materialize. Both the Mental Health Unit and Rainforest Recovery Center days were flat when compared to the month of March. Surgery volumes and outpatient volumes for the most part were flat as well when compared to March. I believe we will see some increases with the influx of the summer cruise season.

One of the items that was discovered last month was how we capture physician revenue. It appears that the revenue generated by the physicians who see patients in the Mental Health Unit is being booked into the Bartlett Outpatient Psychiatric Services revenue and not into the physician revenue line on the income statement. We will look to adjust this in the future. This is simply a matter of reporting the revenue on a different line in the income statement.

Contractual allowances have remained consistent with prior months but are three percentage points better than what was budgeted and two percentage points better than the prior year. This is a very positive trend for BRH. This coincides with an increase in the collection of patient accounts receivable. Annualizing our cash collections for the first ten months of the fiscal year, we are projecting an increase of 6.1% or a little over \$6 million dollars. This increase can be attributed to the hard work being done by the Revenue Cycle team, especially Patient Financial Services (PFS) which is managed by Tami Lawson-Churchill. They are doing an excellent job.

Salaries and benefits decreased slightly when compared to March but are greater than what was budgeted by \$271,589. YTD though, BRH is actually running below budget. Physician salaries and contract labor and benefits are offset the lower salary numbers on a YTD basis. All the other operating expenses were just shy of \$300,000 less than the month of March. Total operating expenses though, are \$3.3 million greater than the budget and \$4.2 million greater than last fiscal year. I believe a great deal of these increases were in the first half of the fiscal year.

We continue to see good progress with our utilization of the HealthTrust GPO. We have reached a higher level of purchasing with them which will reduce our costs a little more.

We continue to work diligently on managing expenses and increasing revenue.

We are currently preparing for the annual financial audit which is done in conjunction with CBJ. Blessy Robert has worked with CBJ Finance to ensure we have a smoother process than last year.

Mr. Tyk discussed Ms. Robert's departure and the offer they have made to Sam Muse, who previously worked in CBJ finance.

Finance Committee Strategic Goals Discussion

Ms. Johnston discussed that initiatives were developed through the Board for each of the committees. Five were assigned to the finance committee, one of which is shared with the Planning Committee. She requested a regular agenda item titled Strategic Initiatives Check-In, to include the two pages describing them. Due to time constraints for this meeting, she requested the committee begin this discussion next month, continuing on in subsequent months.

Review of Internal Control Measures

The number of hospital purchasing cards has been narrowed down to eight, and soon to six. More goods and service purchases are being paid via purchasing orders or invoices. The other change was regarding gift cards and gifts to employees that weren't being recorded as income and taxed appropriately. Departments are encouraged to buy lunch for the team, or some other show of appreciation that doesn't become a personal possession, and shows appreciation for the team as a whole.

Ms. Johnston asked if Mr. Tyk has noticed any other areas that should be addressed, by either BRH staff or the Finance Committee. Mr. Tyk noted his desire that IT inventory be tagged and monitored more accurately. She also requested a future discussion on how the outdated IT inventory is dealt with.

Next Meeting: Friday, July 8th at Noon via Zoom

Additional Comments: None

Adjourned at 1:10 p.m.

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Board Compliance & Audit Committee Meeting

Draft Minutes

June 24, 2022

Called to order at 12:00 PM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:

Board Members: *Iola Young, Committee Chair; *Brenda Knapp; *Deborah Johnston, Kenny Solomon-Gross, Hal Geiger

Staff/Other: Nathan Overson, Compliance Officer; Jerel Humphrey, CEO; Kim McDowell, CCO; Dallas Hargrave, HR Director; Bob Tyk, CFO; Tracy Dompeling, CBHO

Previous Board Compliance Meeting Minutes Approval: *Ms. Knapp made a MOTION to approve the February 15th 2022 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Board Annual Compliance Training Meeting Minutes Approval: *Ms. Johnston made a MOTION to approve the March 2nd 2022 Board Annual Compliance Training Meeting minutes as submitted. Ms. Knapp seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Committee Compliance Training:

Mr. Overson gave an overview of whistleblower protections and qui tam actions, and how they relate to the Bartlett's Compliance Program. Mr. Overson reviewed how qui tam actions work. He also gave hypothetical endings to scenarios that are possible at Bartlett. He stated that how we respond to concerns directly correlates with the reduction of risk of a whistleblower or qui tam action. Ms. Johnston asked whether we should have a third-party anonymous hotline for employees to call. Mr. Overson said that we do have an anonymous hotline, but it is not managed by a third-party vendor. Mr. Overson also mentioned that having an employee survey that asks about compliance topics is recommended as a periodic practice to get a sense of the Hospital's compliance culture and will be working to put together a survey in the near future.

Compliance Officer Report:

Mr. Overson reviewed new compliance dashboard and the data metrics with the Committee. Mr. Solomon-Gross asked whether the committee felt it met the informational need for the Board. Mr. Tyk and Mr. Humphrey agreed that it was similar to what they have seen used at other hospitals. Mr. Overson stated that the new format was more inclusive of a broader scope of compliance topics than the former method.

Compliance Initiatives Update:

Mr. Overson gave an update on the Service Line Workgroup which has been able to review three new service line since it started reviewing new service line requests. The Certificate of Need process should be ready to have applications ready to submit by the end of the week. This will kick off a 30-day clarification period where additional information can be requested or clarified.

The new compliance position will be reposted after an unsuccessful initial recruitment campaign. The 340B Oversight Committee is working to finalize the data analysis from the contract pharmacies and continues to implement best practice compliance initiatives.

Board Strategic Goals and Key Initiatives:

The Committee discussed section 6 of the “Board Strategic Goals and Key Initiatives” document. The goal is to “continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.” The initiative is to “maintain a robust education and training program at all levels to assure compliance goals are achieved.” Mr. Solomon-Gross described the intent of the Board when the goals and initiatives were developed were to have an outlined education program in place for all levels of the organization to be trained on a regular basis and have documented measures in place for the Board to review. Mr. Overson stated that he would take that direction and incorporate it into the Compliance Work Plan and the quarterly dashboard that goes to the Board.

Next Training Topic:

It was decided that the training topic for the next meeting would be the Hospital’s Code of Conduct.

Meeting Adjourned: 1:16 PM

Next Meeting: August 19th Noon

DRAFT

June 28, 2022
Management Report
From Studebaker Nault and CBJ Law

- Status report on completed projects
- Status report on pending projects and contract negotiations
- Status report on consultations with Department and Hospital leadership

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**Management Report from
Dallas Hargrave, Human Resource Director
June, 2022**

CEO Recruitment Update. After rescheduling the finalist dates and reaching out to other potential CEO finalists, the HR Director is working with BE Smith develop a finalist schedule in Juneau. At this point, it is likely the finalists will be on site on the week of July 18, 2022.

Employee wage increase. The 4% employee wage increase that was supported by the Board has been implemented.

Employee Market Wage Analysis: Human Resources continues to work through the procurement process to select a company to conduct an employee market wage analysis.

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June 2022 Chief Clinical Report Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

Cardiac Rehab

- Cardiac Rehab saw 130 patients last month.
- NuStep bike will be in place next month. This new bike will help BRH serve more patients.

RT

- Oxygen supplies remain solid
- RT will be fully staffed by summer.
- A new Pulmonary Function Test machine will be delivered in October, as the current one is end of life.

Sleep

- Changing contracts for sleep studies. The new contract will start August 1st, and the contractor will stay in Juneau for a few weeks to help reduce wait time for patients awaiting services. Currently waiting for new Medical Director of Sleep Lab to be credentialed.

Diagnostic Imaging (DI)

- Nationwide shortage of contrast continues. DI is expecting a limited shipment next week. Mitigation measures to preserve current supplies are working well.
- Both radiology nurses can do Electroencephalography(EEG).
- Picture Archiving Communication (PACS) administrator received onsite training for our dictation and reporting software after they reopened their training center post COVID.
- Updated the Imaging website and added a feature that allows patients to upload imaging from outside facilities from home prior to appointments.
- We now have the ability to share images with a patient or their physician securely and fully HIPAA compliant.

Exam Volume

Modality	Rolling 12 Months	Prior Rolling 12 Months	Rolling 12 Month Growth	%Change
BONE DENSITY	34	37	-3	-8.11 %
COMPUTED TOMOGRAPHY	6,493	6,008	485	8.07 %
FLUOROSCOPY	2	4	-2	-50.00 %
GENERAL RADIOLOGY	9,594	8,286	1,308	15.79 %
INTERVENTIONAL RADIOLOGY	13	2	11	550.00 %
MAGNETIC RESONANCE	2,130	2,031	99	4.87 %
MAMMOGRAPHY	2,967	3,076	-109	-3.54 %
NUCLEAR MEDICINE	252	268	-16	-5.97 %
ULTRASOUND	5,746	5,183	563	10.86 %
Grand total	27,231	24,895	2,336	9.38 %

Laboratory

- Volumes for the month of May were below volumes from same period as last year for Histology and Laboratory. Histology numbers are historically higher but had a huge volume spike in May of 2021. Laboratory numbers were lower than same period last year. Financials for April were excellent for the month for both Laboratory and Histology. Laboratory and Histology were about 30% above the budget. Molecular also had continued profits for the month of April. May financial have not been received as of June 13th.
- As our community continues with the COVID pandemic, the overall numbers have been dropping. The community collecting sites did shut down on April 29th. Bartlett was able to open our own collections, starting in early May. Initial location was the Bartlett House, but due to construction, site has been moved to the Juneau Medical Center. Operations appear to be running smooth, now that we have needed staff hired.

Obstetrics Department (OB)

- Lauren Beason, Director of OB and Rachel Gladhart, OB CM Navigator spoke at the Alaska Perinatal Quality Collaborative (AKPQC) Substance Affective Pregnancies Initiative (SAPI) Learning Session and Conference on June 3rd. They highlighted all of the work and progress Bartlett has made as the pilot site for the state of Alaska Plans of Safe Care, Hello BABY program in conjunction with OCS. It was an amazing opportunity to share with state stakeholders the progress and achievements of the program.
- The OB June Drill focused on refreshing NRP (Neonatal Resuscitation Program) practices as staff rotated through various resuscitation scenarios. There were 13 OB RNs in attendance.
- In collaboration with clinical IT, OB has rolled out the new handheld Zebra devices. Staff are enjoying using them and identifying times when they are most helpful for documentation.

Pharmacy Department

- Pharmacy is pleased to announce the addition of a casual pharmacist and pharmacy technician to our team. We have two pharmacy students working this summer as part of a shared program with Staff Development. This program gives local students an opportunity for experience in their chosen career and helps us during our busy season.
- Pharmacy is preparing for inventory on June 30th. It is a big job to count all the medications in automated dispensing cabinets throughout the hospital.
- Drug shortages due to supply chain disruptions continue to keep the pharmacy staff and especially our pharmacy purchaser busy locating sufficient supply through alternative sources. Pharmacists are available to recommend substitutions.

Surgical Services

- Implementing our new Olympus Video equipment used for laparoscopic cases go live was 6/13.
- Preparing for inventory.
- Evaluating our CSR for equipment needs and planning for redundancy to reduce impact on surgical schedule.
- Our Lead in CSR has begun his training program to receive his CRCST (Certified Registered Central Service Technician) certification.
- We have hired two new CSR techs, one of which has already started and a second expected to start in a couple of weeks.
- Anticipating the arrival of our Soltive Thulium laser for urological procedures. This laser technology has greater benefits for patients, including reduced time to dust and/or fragment a stone.
- Welcomed a new surgical scheduler to the team,

Med/Surg Department

- We've had two new RNs start on the unit. They are both doing very well with their preceptorship. We're expecting one more new grad who grew up in Juneau and has her mother and sister already working here!
- We've been very appreciative of all the help from other units as we've struggled with staffing. We're hopefully seeing the end of that issue as we train our new RNs.

- Laura Ralston, our long-time day admin clinical assistant (unit clerk) is retiring at the end of the month; we're working hard to replace her.
- In July, we'll be starting some new strategies to increase patient safety.

Emergency Department

- ED remains very busy with the continuance of cruise season.
- Recruiting for staff continues.
- ED construction project/plans continue.
- ED now has a full-time director.

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June 28, 2022 Behavioral Health Board Report Tracy Dompeling, Chief Behavioral Health Officer

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Staffing:

- Fully staffed with 5 full time nurses and 2 travel nurses, with continued recruiting efforts.

Program:

- Due to nursing shortage, there is a daily assessment of acuity and staffing with census capped accordingly. Local and SE referrals are being prioritized, but continuing to review referrals from facilities in greater Alaska.
- Continued progress addressing Joint Commission survey findings, as well as findings from internal environmental risk assessments. Updates include: Anti-ligature hardware such as door hinges, window blind knobs, and anti-pick caulking around light fixtures and mirrors. We are maintaining our reporting to The Joint Commission to comply with extension requirements.
- Process Improvement Projects Underway:
 - Meditech documentation in development to capture precautions and interventions taken for patients identified as moderate to high suicide risk.
 - Clinical team is collaborating to develop more robust therapeutic daily programming.
- May data:
 - 14 admissions, 15 discharges
 - Average Daily Census = 5.32
 - Average Length of Stay = 11.93

RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT (12 BEDS):

Staffing:

- One new Behavioral Health Clinician Hired for RRC to replace Anna Bullock who was promoted to CIS clinical supervisor. Liz Williams, Behavioral Health clinician, was hired internally from PES department, and will continue in her PES role until her replacement is recruited and hired.

Program:

- RRC currently has 8 patients, current patient census cap is 12 beds. Covid testing protocols limit ability to meet this as re-test at 1 week is required prior to sharing a room with another patient.
- Continuing to research 1115 Waiver regulations for employee certification, peer support services as alternative to CDCII track as it requires three years of supervised work experience and significant cost.
- Updating existing training plans to ensure ongoing compliance.
- Met with New Service Line Committee to initiate billing for RRC Navigators.
- Working on vehicle purchase for RRC Navigators and CIS community outreach programs.
- Adding outpatient groups as additional billable service line for RRC with target date to start being 1st week of July.
- May data:
 - 9 admissions, 9 discharges
 - Average Daily Census = 7.61
 - Average Length of Stay = 24.44
 - Against Treatment Advice = 0
 - Completed program = 8

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

Staffing:

- WMU is closed due to nursing staff shortages, tentative reopen date June 20th

Program:

- Working with education department to development improved Relias training modules.
- Working with BRH Grant Manager to complete grant reporting requirements and renew grant for WMU ASAM 3.7 level treatment program.
- Full certification for 1115 Waiver services for 1.0 WM and 3.7 WM approved and new certificate received from MPASS.
- May data:
 - 0 admissions, 0 discharges

RRC OUTPATIENT TREATMENT:

Program:

- May data:
 - 110 medication management and therapy appointments were attended (199 scheduled appointments)
 - 55% Attended/21% No-Show/24% Canceled

PSYCHIATRIC EMERGENCY SERVICES (PES):

Staffing:

- Two PES clinician positions remain open with no current viable applicants. Working with HR to expand recruitment exposure.

Program:

- May data:
 - 47 patients assessed for psychiatric emergency services
 - 41 adults; 6 children/adolescents
 - 23 day-time assessments; 24 evening/night-time assessments

CRISIS INTERVENTION SERVICES (CIS):

Program:

- In-home and community visit policy submitted in Policy Tech for approval. Policy drafted for CIS department to create consistency in service provision, ensure safety, and clarify CIS Clinician and Navigator roles, and increase billing capacity.
- Home-Based Family Treatment services as new service line to increase capacity to provide billable services. Working to ensure billing and coding is built and up to date in Meditech prior to implementation of billing.
- Working to improve admission criteria, documentation and follow-up procedures.
- New referral procedure established in Smartsheets and accessible online to increase efficiency and streamline referral process.
- Working to improve referral process and communications/follow-up with PES, and Emergency Department Case Managers
- May data:
 - 12 new patients were referred to CIS (9 adults & 3 kids)
 - 7 patients are enrolled with CIS (6 adults & 1 kid)
 - 29 therapy and crisis intervention appointments were provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

Staffing:

- Additional Behavioral Health Clinician has been hired for BOPS: Brandon Eubanks. Brandon will begin work at BOPS as soon as a replacement is hired for his PES position.

Program:

- Continuing to meet with New Service Line Committee regarding addition of virtual group therapy. Current start date is first week of July.
- Group therapy documentation built into Meditech expense continuing to work on billing and coding to assure appropriate billing.
- Waitlist has reached 80, will discuss possibility of additional Behavioral Health – Telehealth position.
- May data:
 - 684 appointments held (751 appointments scheduled) for psychiatric evaluation, medication management, and therapy
 - 76% Attended/11% No-Show/13% Canceled

RRC NAVIGATORS:**Staffing:**

- Navigator program fully staffed.

Program:

- Work group established to create billing process and opportunities under 1115 waiver.
- Working on purchase of vehicle for RRC Navigator and CIS community outreach program.
- Working with community partners to streamline referral processes and maximize efficiency and patient care.

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:**Staffing:**

- Hired new Behavior Analyst to start August 2022

Program:

- School year ended May 2022, so currently providing services in community, home, and clinic/social group settings until school year resumes.
- Current patients are receiving services from ABA technicians during summer programs including day camps, sports camps, and summer school/extended school year services.
- In the initial assessment process for 3 new patients this June.
- Many patients currently on vacation for summer break, so lighter patient schedule during summer than during school year. Staff using this time for trainings, CEUs, and professional development if they are not with patients.
- May data:
 - Total caseload is at 18 following initial intake patients
 - 164 appointments attended; 68% Attended/0% No-Showed /32% Canceled

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June 28, 2022 CFO Board Report Robert Tyk, Interim CFO

Accounting – Blessy Robert

- Working on Wage index analysis on audited FY21 data. A consulting firm provides this service at no cost to Bartlett to compare wages with other hospitals and especially hospitals around Alaska.
- Preliminary audit was completed during the week of June 6th. We are working closely with CBJ and auditors for both BRH and CBJ to ensure timely and effective completion of audit.
- Accounting department, along with Operating Room and Pharmacy, is getting ready for physical inventory conducted by WIS (formerly known as RGIS). FY21 was the first year of physical inventory completed on OR. We also conducted an interim inventory to streamline the inventory process prior to the final inventory count at the end of FY22.
- Payroll is getting ready for the end of fiscal year and open enrollment.
- Sam Muse will be working as the Interim Controller until a permanent Controller is hired. Blessy Robert will slowly transition out, since she is moving to Georgia to be closer to family.
- Seanna O’Sullivan will be leaving the grant manager position at the end of June and we are currently recruiting for that position.

Health Information Management (HIM) – Rachael Stark

- HIM is continuing to analyze all inpatient, surgery, clinical and emergency room visits daily.
- We also release records from Bartlett Outpatient Psychiatric Services, Rainforest Recovery Center, and Bartlett Regional Hospital.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill molecular labs.
- There also is an increase in BOPS accounts for coding. We have also started coding for the ABA clinic.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting weekly with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.
- We have started our yearly purge of old records and this project will continue through the year.

Case Management – Jeannette Lacey

- ASHNHA Flex Readmissions Reduction Collaborative: We continue to review readmissions and collect data to identify key issues for inpatient readmissions. There were four in May.
- Case Mix Index: →
- COVID – Quarantine & Isolation: We currently have one person in a COVID respite room. BRH and community partners will be meeting later this week to discuss long-term planning for COVID isolation.
- Cruise Season 2022: Cruise line agency is under staffed and has not been able to be involved with hospitalized passengers and crew as they have been in the past. We continue to identify creative solutions to support the needs of these patients.
- Staffing: We continue to recruit for our Lead CDI Specialist, Emergency Department Social Worker Case Manager, and an Emergency Department Registered Nurse Case Manager.

Total In	165	CMI	1.3
Medicare In	51	CMI	1.42
Medicaid In	44	CMI	1.2

Patient Financial Services (PFS) – Tami Lawson-Churchill

- Overall cash collections for May is up a bit over prior month but still down over prior year at \$7.9 Million
- PFS working on an RFP for early out collections process
- Received report back from RIMR with results of our CDM audit. We will be working through their recommendations and setting up meetings with department managers to review
- We have sent information to PARA Rev to begin preliminary implementation of Surprise Billing and Price Transparency
- PFS has been working closely with Behavioral Health to implement a process for billing community navigator services out of BOPS/RRC.

Materials Management (MM) – Willy Dodd

- Materials Management is gearing up for the end of the fiscal year and inventory. We will be doing our physical counts somewhere between 6/30-7/1. There will be a slight change this year in regards to department level inventories and we will no longer be required to do a physical count on those small supply rooms.
- MM has begun moving overstock supplies to our storage unit, which will allow for more organization in the storeroom. We are still searching for a larger long-term storage space, so please reach out to Willy Dodd if you have any suggestions.
- MM has two new temporary Inventory Clerks that will be starting before the end of June. These two will be helping to alleviate the strain on our staff and also helping to work on some special inventory projects to improve our system. Please welcome them to the team!

Facilities – Marc Walker

Staffing:

- **Laundry Department:** At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.
- **Environmental Services:** The department remains short staffed with 4 Full Time and 2 Casual positions currently open. There is a reasonable applicant pool and interview will start this month.
- **Biomed Department:** The Biomed Department is fully staffed with a Supervisor and a Technician.
- **Security Department:** The Department currently has one FT, 1 Part Time and 2 Casual position open.
- **Maintenance Department:** The Maintenance Department currently has one full time and one casual position vacant.

Project Updates:

Under Construction

- **ASU-11/Endo Fan:** RFP 13 for additional ductwork and final system re-balance has been approved. Ductwork scheduled for Friday 6/3 through Saturday 6/4. System rebalance scheduled for week of 6/27-7/1.
- **RRC Siding and Window Replacement:** Substantial completion date for project is 6/31/2022. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
- **Behavioral Health Facility:** Application of spray-on fire-proofing is nearly complete. All roofs are dried in. Interior wall framing is underway, beginning at the basement level. Exterior wall framing continues. New water line has been installed through the site along the temporary access road. The final completion date is anticipated to be early March of 2023.
- **BRH New Water Main and RRC Waste Line Repairs:** Admiralty Construction has finished work on the waterline up the temporary access road on the Behavioral Health Facility site; currently tying into the existing system near the Emergency Entrance. Work should be completed in this area next week. Work will continue with replacement of the sewer system. Estimated duration of the sewer work is two weeks. Substantial Completion for the project is 8/15/22.
- **BRH Site Improvements:** Phase IV work has started on the access road to Salmon Creek Lane. Substantial Completion for the project is 9/30/22.

- **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks; submittal for doors and frames was approved on 2/23/2022, which puts arrival of doors approximately mid-July.
- **Chiller #2 Replacement:** Currently in submittal phase of project. Chiller lead time is approximately 27 weeks and the chiller submittal was approved on 3/25/2022, which puts arrival of chiller around 9/30/2022.

In Design

- **BRH Surge Protection Campus TVSS (Transient Voltage Surge Suppression) Upgrades:** The project is currently advertised with bids opening on June 2. The engineer's estimate range is \$250,000-\$350,000. Phase 2 to address UPS (Uninterruptable Power Source) is in design; CBJ and BRH are reviewing the fee proposal. Design for Phase 2 is estimated to be complete in April 2023.
- **CT Scanners/MRI Infrastructure Upgrades:** 100% bid documents are due June 17th. Project will advertise for bid mid-July. Architect's construction estimate range is \$1.1M-\$1.3M. Construction planned to begin September 2022 with completion in November 2023.
- **ED Addition and Renovation:** Architects Alaska (AA) completed concept drawings and is moving into the Schematic Design phase. The project team is evaluating the merits of a hammerhead turn-a-round verse a roundabout at edge of Wildflower Court as the ambulance path. Selection is pending concept cost estimate and a practice drive by CCFR. LEED exemption request approved by JCOS (Juneau Commission on Sustainability) May 4, 2022 and by PWFC on 6/6; moves to Assembly on 6/13. AA is working with HPD per BRH's direction, supporting the concurrent path of submitting a Request for Determination and preparing application materials for a Certificate of Need.
- **Underground Fuel Line Replacement:** 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$415,000. Total project cost is \$609,000. Currently advertising for bidders. Bids will be opened on June 22, 2022
- **Valiant Administration Building Window Replacement:** Scoping meeting for Phase 1 investigative repairs was held on May 6. JYW and Carver Construction are preparing fee proposals for their associated scopes of work under their respective term contracts. Work to be completed this summer.
- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** Currently revising scope and value engineering the project in order to reduce construction cost. Planning to rebid the project in August 2022.

Planning

- **Parking Study:** BRH Board of Directors has approved \$150,000 to be used for a Parking Study. This project has been assigned to CBJ Engineering.

On hold/Cancelled

- N/A

Information Systems – Scott Chille

Projects

- **Multi-Factor Authentication Project:** Testing our new 2nd factor authentication platform (DUO by Cisco). Planned to roll-out to all staff and providers for all remote authentication like Citrix, VPN, and Office365 access. Email blast and how-to guides to be sent out very soon with an expected roll-out later this month.

Department Updates

- New Clinical Systems Trainer, Nurse Informaticist, and Desktop Support positions posted online.
- Systems Administrator – Chris Cairns from Juneau School District starts June 27th.

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

- May Call Volumes:
 - Help Desk = 397
 - Clinical Support = 15

Information Security

- **Rapid7 Incident Detection and Response Report:** No MITRE ATT&CK Techniques detected in May 2022
- **Rapid7 Hunt Report:** Hunt data from 862 endpoints did not identify any indicators of compromise
- **Cybereason (Endpoint Detection and Response) Report:** 0 MalOps detected in May 2022
- **Attacks on Bartlett network (April):** 3,750/second; 5.4M/Day

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June 2022 Board Report
Jerel Humphrey, Interim CEO

CEO Report – Jerel Humphrey

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Continue to work with and support Drs. Garcia and Hightower to recruit a total bone and joint orthopedic surgeon
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- We continue to push for physician input on how we can improve support for the EHR
- Working with Dr. Strickler on a new radiology services agreement
- Meetings with State officials regarding Certificate of Need (CON) for Crisis Stabilization Facility

Compliance and Risk - Nathan Overson

- Compliance is continuing to work with Jody Carona of Health Facilities Planning & Development to coordinate the Certificate of Need (CON) application process for the Crisis Care Center and the Emergency Room renovation projects. A Request for Determination (RFD) has been submitted to the DHSS – Office of Rate Review for the Emergency Room renovation project. As the RFD is being reviewed, the design team is working in parallel to gather application information to reduce delay if it is determined that a CON application is required.
- The 340B Oversight Committee continues to work through a list of compliance recommendations to implement for the 340B program. It is also working to complete contract pharmacy data analysis.
- Risk is working with the Surgical Services team, Employee Safety, Quality, and the Chief Clinical Officer to implement a comprehensive fatigue management plan focused on reducing some of the scheduling demands on staff that sometimes occur related to call, while maintaining BRH's high level of patient care.

Community Relations/Marketing & Strategy – Erin Hardin

- Partnering with the ED and managers on creating signage and communications for the transition of use of the screening cabin to the main ED entrance.
- Collaborating with the Medical Oncology Center team on designing a patient brochure.
- Leading the design and production of marketing materials for a new hospital-wide employee service award that will be rolled out later this summer.
- In the initial stages of developing a marketing campaign to increase awareness of our diabetes education program.
- Following the success of the new OB TV display, purchased new media players to refresh display content for the hospital main and ED entrance TV monitors.

- Successfully renegotiated contract with Coffey Communications with a focus on increased digital communication. Over the next six months, the focus will be on a complete website content audit, editing and creation of new pages, and a visual refresh. Contract includes the addition on an Employee Intranet to better communicate resources and information with staff.
- Working with HR to review second Community Relations position description in anticipation of moving forward with a recruitment.
- Leading the design of marketing materials for a new hospital-wide hand hygiene campaign in partnership with Infection Prevention. Staff previously volunteered to participate in a professional on campus photo shoot and will be featured in the campaign materials.

BSSC, BMOC, SEPS – Sara Dodd

All outpatient areas have been hit hard with illness, FMLA and preplanned personal leave. Our teams continue to work hard with cross coverage to ensure we have adequate coverage to provide the best patient care.

Bartlett Surgery & Specialty Clinic

General Surgery:

- Overall, GS clinic continues to go smoothly. Patient volumes have stayed steady and our AR days have gone down.
- We are still using locum coverage for GS call.
- Working with facilities and CBJ to proceed with space renovations in the Juneau Medical Center.

Dermatology:

- Kris Miller has increased his clinic days to 8 per month to cover the demand.

Ophthalmology

- We continue to track and work on our process improvement project, which will be presented to the PI committee.
- Our team is working with Evan Price regarding the OSHA standards regarding moving the YAG out of the OR.

Bartlett Surgery & Specialty Clinic Volume											
	July	August	September	October	November	December	January	February	March	April	May
Office Visits	197	214	158	169	188	171	116	162	172	209	179
Hospital Visits	26	38	21	44	17	13	24	26	20	16	17
Procedures	102	180	117	155	102	125	103	156	147	155	153
Injections	32	43	26	12	22	24	26	16	22	26	24
In-Office Imaging	44	55	38	33	39	43	37	33	32	51	54
	401	530	360	413	368	376	306	393	393	457	427

Bartlett Medical Oncology Center

- Oncology has a new physician assistant, Stefanie Bouma, who started June 13. Stefanie previously worked at University of Washington/Fred Hutchinson Clinical Research Center. Welcome Stefanie!

- Staff will be attending a webinar on Carequality, Commonwell and PRISMA, which are data sharing organizations/health information search engines.

Bartlett Medical Oncology Center											
	July	August	September	October	November	December	January	February	March	April	May
Office Visits	96	94	104	104	85	89	80	72	114	63	91
By Visit Type:											
Bone Marrow	0	0	0	0	0	0	0	0	0	1	0
Chemo Education w NP	5	4	4	7	6	3	6	10	2	2	6
Chemo Injection	0	0	1	0	0	0	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19	41	26	41
Hematology New Patient	3	2	0	4	3	2	0	1	2	1	6
New Patient w NP	5	0	0	0	0	0	0	0	0	0	0
Oncology New Patient	2	8	5	7	3	2	0	3	6	3	8
RN follow-up visit	0	0	0	0	0	0	0	0	0	0	2
Routine Visit w NP	20	23	24	19	25	14	17	13	21	18	6
Survivorship	0	0	0	0	0	0	0	1	0	0	0
Zoom Follow Up	29	7	8	8	7	13	48	27	28	4	11
Zoom NP Hematology	2	5	3	0	1	4	1	1	0	3	4
Zoom NP Oncology	3	4	5	6		6	4	5	2	6	4

Southeast Physician Services

- SEPS is working closely with PFS processing the requested information from PARA.
- We continue to move forward with the MCD self-audit and have given ourselves a September deadline so we have to process the data.
- Fiscal Support Specialist position posted. No applicants yet.

Southeast Physician Services											
	Claims count										
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Alpine Dermatology	110	29	137	168	123	113	104	118	153	132	164
Bartlett Medical Oncology	96	94	104	103	87	89	80	76	112	67	86
Bartlett Surgery & Specialty Clinic	527	617	468	599	527	532	415	495	491	557	539
Seattle Anesthesia Services	197	191	157	195	143	201	146	135	213	160	216
Southeast Radiology Consultants	718	922	932	824	519	707	642	745	1017	786	652
Total	1648	1853	1798	1889	1399	1642	1387	1569	1986	1702	1657

July 2022

***Due to ongoing construction – all meetings will be virtual only until further notice. Zoom links listed on the following page and at the top of each meeting’s agenda.

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

Committee Meeting Checkoff:

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

Joint Conference – Every 3 months
 Physician Recruitment – As needed
 Governance – 3rd Friday every month
 Planning – 1st Friday every month

JULY 2022 - BRH Board of Directors and Committee Meetings

Due to ongoing construction – all meetings will be virtual only until further notice

BRH Planning Committee 12:00pm Monday, July 1st

<https://bartletthospital.zoom.us/j/94747501805>

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, July 8th

<https://bartletthospital.zoom.us/j/98733610436>

Call 1 888 788 0099 Meeting ID: 987 3361 0436

BRH Board Quality Committee 3:30pm Wednesday, July 13th

<https://bartletthospital.zoom.us/j/93135229557>

Call 1 888 788 0099 Meeting ID: 931 3522 9557

BRH CEO Candidate Public Meet and Greet 5:00pm Monday, July 18th

**** BRH Special Board of Directors Meeting 8:00am Tuesday, July 19th ****

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195

BRH CEO Candidate Public Meet and Greet 5:00pm Tuesday, July 19th

**** BRH Special Board of Directors Meeting 8:00am Wednesday, July 20th ****

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195

BRH CEO Candidate Public Meet and Greet 5:00pm Friday, July 22nd

**** BRH Special Board of Directors Meeting 9:00am Saturday, July 23rd ****

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195

BRH Board of Directors Meeting 5:30pm Tuesday, July 26th

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 888 788 0099 Meeting ID: 932 9392 6195

**** These meetings will begin in open session and move into executive session for interviews and discussion of CEO candidates****