

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, August 24, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

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

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

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:32
III.	APPROVE AGENDA	5:34
IV.	PUBLIC PARTICIPATION	5:35
V.	CONSENT AGENDA	5:45
	A. July 27, 2021 Board of Directors Minutes	(Pg.3)
	B. June 2021 Financials	(Pg.9)
VI.	OLD BUSINESS	5:50
	A. Hospital Vaccination Policy	(Pg.15)
VII.	NEW BUSINESS	5:55
	A. Board Self-Assessment	
	B. Amendment to Title 40 – ACTION ITEM	(Pg.17)
VIII.	MEDICAL STAFF REPORT	6:05
IX.	COMMITTEE REPORTS	6:10
	A. August 5, 2021 Compliance and Audit Committee Minutes	(Pg.18)
	B. August 13, 2021 Draft Finance Committee Meeting Minutes	(Pg.19)
	C. August 16, 2021 Executive Committee Meeting Minutes	(Pg.21)
	D. August 23, 2021 Governance Committee Meeting Minutes	(Pg.25)
	➤ Bylaws revision – Board Member Compensation- ACTION ITEM	
X.	MANAGEMENT REPORTS	6:15
	A. Legal Management report	(Pg.27)
	B. HR Management report	(Pg.28)
	C. CNO Management report	(Pg.30)
	D. CBHO Management report	(Pg.32)
	➤ Crisis Stabilization Building Field report	(Pg.36)

E. COO Management report	(Pg.38)	
F. CFO Management report	(Pg.45)	
G. CEO Management report	(Pg.49)	
➤ BRH services request from Haines	(Pg.52)	
XI. CEO REPORT / STRATEGIC DISCUSSION		6:25
XII. CBJ LIAISON REPORT		6:30
XIII. BOARD CALENDAR – September 2021	(Pg.53)	6:35
XIV. BOARD COMMENTS AND QUESTIONS		6:40
XV. EXECUTIVE SESSION		6:45
A. Compliance Program Review and Risk Assessment Report		
B. Credentialing Report		
C. August 3, 2021 Medical Staff Meeting Minutes		
D. Patient Safety Dashboard		
E. Legal and Litigation Review		
F. Campus Planning		

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 Compliance Program Review and Risk Assessment report, credentialing report, Medical Staff Meeting minutes and the patient safety dashboard..*

And

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

And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

XVI. ADJOURNMENT		7:15
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NEXT MEETING – Tuesday, September 28, 2021; 5:30p.m.

Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

July 27, 2021 – 5:30 p.m.

Zoom videoconference – Virtual Attendance Only

CALL TO ORDER – Meeting called to order at 5:30 p.m. by Kenny Solomon-Gross, Board President

BOARD MEMBERS PRESENT

Kenny Solomon-Gross – President	Rosemary Hagevig, Vice-President	Mark Johnson, Secretary
Brenda Knapp	Lance Stevens	Deborah Johnston
Lindy Jones, MD	Hal Geiger	

ABSENT – Iola Young

ALSO PRESENT

Rose Lawhorne, CEO	Kevin Benson, CFO	Kim McDowell, CNO
Dallas Hargrave, HR Director	Vlad Toca, COO	Bradley Grigg, CBHO
Barbra Nault, Legal Advisor	Joy Neyhart, DO	Loren Jones, CBJ Assembly
Anita Moffitt, Executive Assistant	Greg Merrill	Collin Hart
Michael Campbell	Jeff Rogers	Mignon Benjamin, MD
Kris Muller	Kayla Mount	Matthew Wilscott

APPROVE AGENDA – Mr. Solomon-Gross requested the following changes to the agenda to: Under Executive Session, item B - Personnel Matters is to be moved ahead of Item A - Campus Planning. Under Committee reports, item C - Finance Committee is to be moved to item A and item E - Governance Committee will be moved to item B. ***MOTION by Ms. Knapp to approve the agenda as amended. Ms. Hagevig seconded. There being no objections, agenda approved as amended.***

PUBLIC PARTICIPATION – None

CONSENT AGENDA - ***MOTION by Ms. Hagevig to approve the consent agenda as written. Mr. Johnson seconded. There being no objection, the June 22, 2021 Board of Directors meeting minutes and the May 2021 Financials approved.***

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

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

And

- *To discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically employee personnel matters. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

And

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

And

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

Ms. Knapp seconded. The Board entered executive session at 5:34 p.m. and returned to regular session at 6:51 p.m.

MOTION by Ms. Hagevig to approve the credentialing report as presented. Mr. Johnson seconded. There being no objections, credentialing report approved.

MOTION by Ms. Hagevig that the Board accept the work that has been done on the new CEO's goals and objectives for the next year and requests unanimous consent. Mr. Johnson seconded. There being no objection, Fiscal Year 2022 CEO goals and objectives approved. Ms. Hagevig and Mr. Solomon-Gross thanked everyone for their hard work.

NEW BUSINESS

Property Purchase – 1701 Salmon Creek Lane – *MOTION by Ms. Johnston that BRH requests the Assembly to approve a bond up to \$15 million dollars that will allow BRH to fund the purchase of the Radiation Oncology property located at 1701 Salmon Creek Lane and for use in funding the proposed Emergency Department renovations and any other capital improvements deemed necessary.* Ms. Hagevig seconded. Mr. Solomon-Gross would like to add to the *MOTION* to say ***for Emergency Department renovations and any other future purchases of property or any other needs*** for that \$15 Million bond. Ms. Hagevig, as the second, accepts the amendment. She also stated for public record, the plan for this purchase is a lease back agreement with the Radiation Oncology clinic which will result in revenue for BRH.

Mr. Solomon-Gross stated Jeff Rogers from CBJ and Collin Hart from the Oncology group are in attendance to speak about the sale of this property. Mr. Hart identified himself as a representative of the owners of the Southeast Radiation Oncology clinic. For purposes of discussion, he confirmed that we are talking about a sale and lease back transaction. The goal of the transaction is that BRH will acquire the building but the practice will continue to operate uninterrupted. Mr. Stevens noted this a triple net lease not a straight rental agreement. It has provisions for maintenance and repairs meaning costs can be passed on to the tenant in proportion of their share of the building.

Mr. Rogers discussed the bond process and identified the bond being discussed as a revenue bond. CBJ's charter does not require revenue bonds to go out to a public vote but the Assembly would need to pass an ordinance authorizing the bond sale. He reported that PFM Financial Advisors was used to conduct a bond cost analysis and that conversations have begun about issuing the debt independently or using the Alaska Municipal Bond Bank. Ms. Hagevig initiated a discussion about time limits to expend the proceeds of this bond transaction. Mr. Rogers confirmed the wording of the motion sounds correct but the improvement

projects will need to be identified before the bond is issued. Mr. Benson questioned whether the motion made is what BRH really wants to do based on his discussions with Mr. Rogers and the financial advisors. BRH may want to use bond funds for projects that are not taxable. He noted that 83% of the Oncology clinic is occupied by a taxable entity meaning that 83% of the bonds issued for that operation would not be subject to tax exempt rates. He proposed separating the motion to make one for the appropriation of the purchase of the building and then a second, separate motion asking for authorization of bonding for up to \$15 Million for campus improvements understanding that we will need to identify specific projects. Mr. Rogers stated that it is more expensive to get debt on a taxable project. Because BRH's intention is to lease this building to a private for profit organization, that portion would receive taxable interest rates under the law. The hospital has some flexibility because of the size of its fund balance. He suggested BRH may want to use the fund balance for the purchase of the Radiation Oncology property. This will result in a slightly better interest rate resulting in a cost savings.

Mr. Stevens summarized that we have committed funds for projects currently underway. We could reallocate those funds for the purchase of the Oncology Clinic and use bonding funds for the Crisis Stabilization Unit and the ED renovations. The projected cost of the Crisis Stabilization Unit is between \$12.5 and \$13 Million. We have approximately \$3 Million in donated funds dedicated to this project bringing our cost to about \$10 Million. The estimated cost of the ED renovation is about \$5 Million. A \$15 Million bond would be a good way to cover these projects. Mr. Rogers agreed with Mr. Stevens' summary and Mr. Benson's proposal.

Ms. Johnston rescinded the Motion on the floor. Ms. Hagevig seconded.

MOTION by Ms. Johnston that the BRH Board request bond funding of up to \$15 Million to fund the planned Emergency Department renovation as well as the Crises Stabilization building project currently underway. We will use the funds set aside for these projects in the fund balance to fund the purchase of the Radiation Oncology property. Ms. Hagevig seconded. In response to Mr. Johnson's questions, Mr. Rogers stated that shifting funding should not cause delays in the construction of the Crisis Stabilization building and Mr. Benson stated the Oncology property cost is about \$7.5 Million dollars. ***There being no objections, MOTION approved.*** Mr. Solomon-Gross thanked Mr. Hart and Mr. Rogers for their participation in tonight's meeting and then everyone for their hard work.

Hospital vaccination Policy – Ms. Lawhorne stated that many entities in healthcare are pushing for a mandatory vaccination of healthcare workers. The Delta variant of COVID is growing and is in Juneau. Nearly 90% of BRH employees are vaccinated, and while she believes in vaccinations, she is hesitant to mandate something that takes away the rights of an individual in a profession where informed consent is a core tenet of what we do. There is currently a law in the state of AK that allows for personal objections to the administration of the COVID 19 vaccine. It gives exceptions to individuals that choose not to receive a vaccine based on personal preference or concerns, religious preference or medical issues. Additionally, because it is an Emergency Use Authorization, there is growing legal actions against facilities that are mandating it. We know that masks are effective at preventing the spread of the virus and she advocates for creating a mandate that allows for vaccination or masking with testing as directed by our colleagues at the state and CDC guidelines. She participated in a press conference today with other CEOs and ASHNA. They are all advocating for people to get vaccinated and responding to questions that that pertain to hesitancy in getting the vaccination. Dr. Jones appreciates where Ms. Lawhorne is coming from but has a different opinion about mandating vaccines. Many hospitals around the country have mandated vaccination. He stated there is no hospital in Alaska or Seattle to send really sick COVID patients to. He appreciates

personal freedom but when it impacts other people's wellbeing, he feels that mandates are warranted. He also reported some staff have expressed that it is unfair for them to work with unvaccinated staff and feels that the right stand for BRH is to mandate vaccinations of all staff. Mr. Johnson agreed and said that unless the law prevents us from doing so, we should mandate vaccines. Ms. Lawhorne reported that Robert Palmer is looking into the legalities. Mr. Geiger initiated discussion about having a policy that requires everyone to have a vaccine and requiring an administrative appeal to justify themselves should they decline to get one. Discussions would need to be held with the Union. Language from the Alaska Statute passed in April 2021 states that individuals may object to the administration of the vaccine and a person cannot require an individual to provide justification or documentation to support the individual's decision to decline a vaccine. Mr. Geiger stated that he agrees with Dr. Jones but it is not practical to mandate vaccination. Ms. Knapp supports Dr. Jones' position. She wonders if it is possible through ASHNHA, to try to seek an exemption in the law for healthcare providers so as to not expose vulnerable patients to unvaccinated staff. Mr. Stevens expressed concerns that we can't state something we can't enforce or we would be providing the public with false information. Ms. Lawhorne identified the law she referenced as Section 17 of House Bill (HB) 76. Dr. Jones noted that healthcare organizations around the country are mandating vaccination and to say we can't legally do this without legal representation may not be doing our due diligence if we want to pursue this. Ms. Nault has not had a chance to look at it but it does appear that in the HB referenced, there is a provision related to personal objections to the administration of COVID 19 vaccines. (This is in the context of a larger bill that was extending the public health disaster emergency providing for things like telehealth and other COVID related provisions.) For purposes of clarification, she noted this bill did pass in April. Her preliminary opinion is that if BRH passes a mandate that doesn't acknowledge that there is this statutory provision mechanism, there is a potential that BRH could face a challenge on that basis. She will defer to Mr. Palmer to provide a more in depth analysis. Ms. Hagevig supports the idea of making public record of unvaccinated employees. Ms. Nault obtained confirmation from Ms. Lawhorne that there is a prohibition on asking for justification for declining the vaccine and expressed a need to be very cautious about adhering to that prohibition on asking. Ms. Hagevig asked about BRH's exposure if an unvaccinated staff member transmits COVID to a patient. Ms. Nault stated that is a basis of liability that will be explored and is being explored by other entities across the country. Mr. Stevens stated that we need a well-crafted policy that must include input from Legal and Human Resources personnel to make sure we are not creating something that puts us in a quandary. Mr. Solomon-Gross observed that the next committee meeting is the August 5th Compliance Committee meeting. He suggested adding a quick Board of Directors meeting on the same date if a policy could be drafted before that and made available for approval. Mr. Johnson asked if we could legally force unvaccinated staff to be tested regularly. Ms. Nault will look into this and provide direction to the Board via email. Dr. Jones appreciates everyone listening to his opinion on this issue and is happy to work with legal to come up with something that will work to keep our hospital and community safe. Mr. Solomon-Gross said he and Ms. Lawhorne will work with Human Resources, Legal and Dr. Jones to try to craft something by August 5th for the Board to vote on. Ms. Johnston suggested if this cannot be completed by August 5th, we could try for August 13th when the Finance Committee is scheduled to take place.

Mr. Solomon-Gross asked for another amendment to the agenda since Ms. Knapp needs to leave.

MOTION by Mr. Stevens to move the Medical Staff report after the committee reports. Ms. Knapp seconded. MOTION approved.

COMMITTEE REPORTS:

Finance Committee Meeting – Draft minutes from the July 9th meeting are in the packet. Ms. Johnston reported that the minutes accurately reflect the content discussed at the meeting. She drew attention to the \$836,000 cash in non-operating revenue received due to changes in the general and professional liability insurance carrier. Premiums with the new insurance carrier will have an increase of 12% over last year. Norcal premiums were to increase by 30%. Dr. Neyhart observed that self-insured providers can probably expect an increase in their Norcal premiums as well.

Governance Committee Meeting – Draft minutes from the July 16th meeting are in the packet. Ms. Knapp reported that they had agreed to look at available webinar options for board education. There doesn't seem to be much available at this time so this topic has been put on hold until after the October Leadership conference where some guidance may be obtained. The recent board self-evaluation may provide guidance on areas where training is needed. Results of the evaluation will take about two weeks to be compiled. A special meeting may be held for the Board to hear the evaluation results. As this is a new evaluation process, benchmarks comparing BRH to other facilities will be unavailable until a minimum number of surveys are conducted. Benchmark results are anticipated to be available this fall.

Joint Conference Meeting – Draft minutes from the June 23rd meeting are in the packet. Mr. Solomon-Gross reported that these meetings of the Medical Staff Executive and Board Executive committees will be held quarterly.

Planning Committee Meeting – Draft minutes from the July 2nd meeting are in the packet. Mr. Stevens reported that there were updates given on projects that are being worked on right now. There should not be much of an impact to the final completion date of the Crisis Stabilization building by adding an additional floor. The ED renovations will probably be the next high priority project to be taken on.

Board Quality Committee Meeting – Draft minutes from the July 14th meeting are in the packet. Ms. Hagevig reported that the minutes accurately report what had been discussed.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 7:57pm and resumed at 8:00pm.

MEDICAL STAFF REPORT – Dr. Neyhart reported that a bylaw revision pertaining to medical students and residents had been presented for a second reading and approval at the July 6th Medical Staff Meeting. Ms. Nault alerted the Board that this would be a very significant change from the current process that the hospital follows for medical residents in particular. It would be Ms. Nault's expectation that if this bylaw change is approved, it could negate the policy currently being developed through the Medical Staff office. She recommends that the Board get a better understanding of why the medical staff would adopt a policy that would exclude credentialing of, among others, medical residents and possibly explore other options that wouldn't eliminate protections in the current policy. In response to Mr. Solomon-Gross, Dr. Neyhart stated that she is unsure where this bylaw revision came from and asked who drafted it. Ms. Lawhorne thought it came out of Medical Staff Executive Committee through their legal representation and it sounds like there are complicating factors with the language as written. Ms. Nault will drill down and find the source of this document. Mr. Johnson and Ms. Johnston are in agreement that this needs further investigation and Mr. Geiger wondered what other hospitals use. Dr. Neyhart and Dr. Jones are unsure why it came to the Board at this time and suggests it go back to Ms. Kesselring to obtain clarification.

MANAGEMENT REPORTS: Management reports are in the packet. Mr. Solomon-Gross and Mr. Johnson expressed appreciation that the success stories of the community navigator program are included in the CBHO report. No other comments or questions.

CEO REPORT/STRATEGIC DISCUSSION – Ms. Lawhorne stated her written report is in the packet and her strategic discussions were already held. She thanked the Board for approving the purchase of the Radiation Oncology property and the bond motion presented.

PRESIDENT REPORT – Mr. Solomon-Gross has been meeting weekly with Ms. Lawhorne and sometimes with Mr. Hargrave. He noted that part of the process of bringing on the new CEO is providing her a coach. She will be meeting off-campus with the coach in October. Mr. Solomon-Gross and Ms. Lawhorne are working on a process of onboarding new BOD members.

BOARD CALENDAR – August calendar reviewed. Mr. Stevens will be unavailable on August 20th and the 24th. The next Planning Committee meeting will be postponed until September 3rd. Mr. Solomon-Gross will not be here for the August Board of Directors meeting and discussion was held about trying to reschedule it. Due to conflicts for each date proposed, it was determined not to move the meeting. Ms. Hagevig will chair the meeting. ***MOTION by Ms. Hagevig to adopt the calendar as amended. Mr. Stevens seconded. There being no objection, calendar approved as amended.***

BOARD COMMENTS AND QUESTIONS – None

ADJOURNMENT: 8:22 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, August 24, 2021

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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www.bartletthospital.org

DATE: August 5, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: June Financial Performance

June marks the end of the 2021 fiscal year. It represents the second year impacted by the mitigation efforts required for Covid. The financial results for Bartlett Regional Hospital were very favorable due to a couple of significant and unusual events. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.75 million (-30%). For the year, inpatient revenues are \$15.4 million (-22%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$900,000 (9.4%) over budget. The primary drivers were increased surgical procedures (16%), pharmaceuticals and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$5.2 million (4.6%) ahead of budget and 15.8% greater than the prior year.

BHOPS revenues continue to be well ahead of budget with a 11.3% positive variance. The limiting barrier for greater revenue is not a lack of patients but a shortage of providers on both the psychiatric and therapy services. Together with Rainforest and physician revenue the final amount of Total Gross Patient Revenue was \$16.2 million, which was \$998,000 (5.8%) less than budget. For the year Bartlett finished \$12.2 million short of budget.

Deductions from revenue had a favorable variance of \$2,700,000 (34.9%). The major reason for the positive variance is that \$2.0 million of additional reimbursement was recorded for the Rural Demonstration Project. Definitive communication was finally received from CMS. This reimbursement is an estimate of what may be realized and discussed in more detail in separate memo.

Net Patient Revenue finished well ahead of budget at \$11.0 million. Included in Operating Revenue was recognition of \$1.9 million of grant revenue as the grants were closed out for the year. After Other Operating Revenue the Total Operating Revenue finished at \$13.4 million (36%) greater than budget.

Expenses exceeded budget by \$2.1 million or 22.5%. Unbudgeted Covid-19 related expenses, staff bonuses, yearend inventory adjustments and increased physician locum agreements were the main contributors to this negative variance. Significant yearend adjustments are as follows:

- The expense for staff bonuses in the amount of \$553,000 was expensed in June.
- Grant revenue of \$1.9 million was recorded in Other Revenue.
- Norcal ownership buyout of \$836,000 was recorded as Non-Operating Revenue.

After all these revenue and expense yearend adjustments, Operating Income finished at \$1.7 million. The ownership buyout of Norcal ownership was reflected in Non-Operating Income. After Non-Operating Income of \$1.0 million the final Net Income was \$2.7 million. For the fiscal year a Net income of \$2.9 million was achieved (2.3%).

**Bartlett Regional Hospital
Dashboard Report for June 2021**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE				
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (May)	Actual	Budget	% Over (Under) Budget	Prior Year	
Hospital Inpatient: Patient Days										
Patient Days - Med/Surg	361	373	-3%	281	393	4,543	4,542	0%	4,251	
Patient Days - Critical Care Unit	76	93	-18%	79	78	1,089	1,134	-4%	1,009	
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0	
Avg. Daily Census - Acute	14.6	15.6	-6%	12	15.2	15.4	15.6	-1%	14.4	
Patient Days - Obstetrics	50	67	-25%	72	83	750	814	-8%	790	
Patient Days - Nursery	36	52	-31%	57	64	591	632	-6%	622	
Total Hospital Patient Days	523	585	-11%	489	618	6,973	7,122	-2%	6,672	
Births	20	24	-16%	26	34	294	290	1%	287	
Mental Health Unit										
Patient Days - Mental Health Unit	132	270	-51%	117	180	1,790	3,285	-46%	2,454	
Avg. Daily Census - MHU	4.4	9.0	-51%	3.9	6	4.9	9.0	-46%	6.7	
Rain Forest Recovery:										
Patient Days - RRC	160	387	-59%	0	161	1,434	4,703	-70%	2,538	
Avg. Daily Census - RRC	5	12.9	-59%	0	5	4	12.9	-70%	6.9	
Outpatient visits	22	19	17%	35	32	865	821	5%	328	
Inpatient: Admissions										
Med/Surg	59	77	-24%	53	63	319	940	-66%	811	
Critical Care Unit	32	43	-26%	35	32	319	526	-39%	476	
Obstetrics	23	26	-11%	28	33	319	314	2%	316	
Nursery	20	24	-17%	26	34	296	292	1%	289	
Mental Health Unit	18	36	-50%	16	24	241	440	-45%	353	
Total Admissions - Inpatient Status	152	206	-26%	158	186	1,494	2,512	-41%	2,245	
Admissions - "Observation" Status										
Med/Surg	67	55	22%	62	71	738	668	10%	667	
Critical Care Unit	21	29	-29%	31	23	315	358	-12%	356	
Mental Health Unit	3	2	22%	2	2	24	30	-20%	29	
Obstetrics	14	19	-25%	17	18	169	226	-25%	202	
Nursery	0	0	-100%	0	0	0	2	-100%	2	
Total Admissions to Observation	105	106	-1%	112	114	1,246	1,284	-3%	1,256	
Surgery:										
Inpatient Surgery Cases	52	51	2%	52	48	594	620	-4%	562	
Endoscopy Cases	113	89	27%	84	126	1,150	1,084	6%	917	
Same Day Surgery Cases	93	100	-7%	133	102	1,368	1,220	12%	1,135	
Total Surgery Cases	258	240	7%	269	276	3,112	2,924	6%	2,614	
Total Surgery Minutes	18,410	14,939	23%	19,059	17,804	217,265	181,754	20%	188,905	
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,152	1,203	-4%	897	1,096	11,592	14,636	-21%	13,093	
Cardiac Rehab Visits	55	63	-13%	77	64	671	768	-13%	752	
Lab Visits	493	389	27%	279	1,312	5,288	4,738	12%	3,977	
Lab Tests	8,952	9,644	-7%	9,266	9,076	115,601	106,783	8%	113,220	
Radiology Visits	894	813	10%	803	841	9,786	9,888	-1%	8,614	
Radiology Tests	2,307	2,675	-14%	2,144	2,256	27,184	30,316	-10%	26,318	
Sleep Study Visits	19	28	-32%	34	33	295	340	-13%	304	
Physician Clinics:										
Hospitalists	189	230	-18%	199	221	2,517	2,796	-10%	2,320	
Bartlett Oncology Clinic	92	81	14%	61	83	1,033	982	5%	862	
Ophthalmology Clinic	1	53	-98%	118	83	979	642	52%	107	
Behavioral Health Outpatient visits	612	373	64%	394	701	6,316	4,536	39%	4,353	
Bartlett Surgery Specialty Clinic visits	275	202	36%	289	298	2,924	2,459	19%	3,016	
	1,169	938	25%	1,061	1,386	13,769	11,415	21%	10,658	
Other Operating Indicators:										
Dietary Meals Served	21,905	29,367	-25%	15,059	23,626	246,404	357,296	-31%	300,896	
Laundry Pounds (Per 100)	371	371	0%	363	394	4,544	4,518	1%	4,252	

**Bartlett Regional Hospital
Dashboard Report for June 2021**

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	4,351	4,790	-9.1%	3,164	5,417	5,121	5.8%	4,253
Contractual Allowance %	39.2%	43.0%	-8.7%	65.1%	43.3%	43.0%	0.8%	43.5%
Bad Debt & Charity Care %	4.5%	2.7%	67.6%	0.4%	1.5%	2.7%	-45.1%	2.2%
Wages as a % of Net Revenue	60.4%	46.2%	30.8%	91.6%	53.5%	47.2%	13.4%	54.0%
Productive Staff Hours Per Adjusted Patient Day	23.2	23.9	-2.9%	18.1	29.6	24.7	20.0%	23.5
Non-Productive Staff Hours Per Adjusted Patient Day	3.6	3.6	-0.8%	2.8	4.8	3.9	21.6%	3.8
Overtime/Premium % of Productive	6.39%	3.16%	102.4%	3.16%	6.11%	5.90%	3.6%	5.90%
Days Cash on Hand	65	82	-20.0%	334	74	82	-8.8%	125
Board Designated Days Cash on Hand	131	164	-20.0%	396	150	164	-8.8%	396
Days in Net Receivables	47.1	47	0.0%	86	47.1	47	0.0%	86
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					58.0%	33.7%	72.0%	61.7%
Total debt-to-capitalization (without PERS)					14.5%	33.7%	-56.9%	15.7%
Current Ratio					6.34	2.00	217.0%	8.25
Debt-to-Cash Flow (with PERS)					9.54	2.7	253.3%	6.70
Debt-to-Cash Flow (without PERS)					2.39	2.7	-11.4%	1.70
Aged A/R 90 days & greater					49.5%	19.8%	150.1%	60.1%
Bad Debt Write off					1.1%	0.8%	37.0%	0.6%
Cash Collections					100.4%	99.4%	1.0%	94.4%
Charity Care Write off					1.1%	1.4%	-18.8%	1.3%
Cost of Collections (Hospital only)					4.5%	2.8%	60.8%	5.8%
Discharged not Final Billed (DNFB)					13.3%	4.7%	183.0%	19.7%
Unbilled & Claims on Hold (DNSP)					13.3%	5.1%	160.8%	19.7%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					1.2%	21.3%	-94.5%	2.6%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF JUNE 2021

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:						
\$3,321,408	\$4,888,202	-\$1,566,795	-32.1%	\$3,076,625	1. Inpatient Revenue	\$43,799,897	\$58,251,091	-\$14,451,194	-24.8%	\$48,061,895	-8.9%
\$851,522	\$1,038,554	-\$187,032	-18.0%	\$838,807	2. Inpatient Ancillary Revenue	\$11,438,519	\$12,376,085	-\$937,566	-7.6%	\$10,603,590	7.9%
\$4,172,930	\$5,926,756	-\$1,753,827	-29.6%	\$3,915,432	3. Total Inpatient Revenue	\$55,238,416	\$70,627,176	-\$15,388,760	-21.8%	\$58,665,485	-5.8%
\$10,492,206	\$9,589,164	\$903,042	9.4%	\$9,255,490	4. Outpatient Revenue	\$119,476,083	\$114,270,912	\$5,205,171	4.6%	\$103,133,108	15.8%
\$14,665,136	\$15,515,920	-\$850,785	-5.5%	\$13,170,922	5. Total Patient Revenue - Hospital	\$174,714,499	\$184,898,088	-\$10,183,589	-5.5%	\$161,798,593	8.0%
\$240,984	\$328,333	-\$87,349	-26.6%	\$3,048	6. RRC Patient Revenue	\$2,170,770	\$3,912,647	-\$1,741,877	-44.5%	\$2,664,511	-18.5%
\$310,660	\$279,062	\$31,598	11.3%	\$215,217	7. BHOPS Patient Revenue	\$3,373,036	\$3,325,458	\$47,578	1.4%	\$3,040,990	10.9%
\$952,323	\$1,043,627	-\$91,304	-8.7%	\$1,101,281	8. Physician Revenue	\$12,128,681	\$12,436,573	-\$307,893	-2.5%	\$10,744,464	12.9%
\$16,169,103	\$17,166,942	-\$997,840	-5.8%	\$14,490,468	9. Total Gross Patient Revenue	\$192,386,986	\$204,572,766	-\$12,185,781	-6.0%	\$178,248,558	7.9%
					Deductions from Revenue:						
\$1,396,539	\$3,293,372	\$3,896,833	118.3%	\$4,985,339	10. Inpatient Contractual Allowance	\$30,400,254	\$41,245,985	\$10,845,731	26.3%	\$33,491,340	-9.2%
-\$2,000,000	\$0	\$0		-\$308,333	10a. Rural Demonstration Project	-\$2,000,000	-\$2,000,000	\$0		-\$308,333	
\$4,103,488	\$3,422,940	-\$680,548	-19.9%	\$4,288,673	11. Outpatient Contractual Allowance	\$45,584,541	\$40,790,033	-\$4,794,508	-11.8%	\$37,915,618	20.2%
\$841,479	\$660,029	-\$181,450	-27.5%	\$472,250	12. Physician Service Contractual Allowance	\$7,350,844	\$7,865,340	\$514,496	6.5%	\$6,474,834	13.5%
\$45,991	\$15,182	-\$30,809	-202.9%	\$12,950	13. Other Deductions	\$182,677	\$180,917	-\$1,760	-1.0%	\$176,691	0.0%
\$183,914	\$71,347	-\$112,567	-157.8%	\$193,640	14. Charity Care	\$1,367,675	\$850,227	-\$517,448	-60.9%	\$1,090,598	25.4%
\$543,808	\$389,629	-\$154,179	-39.6%	-\$139,694	15. Bad Debt Expense	\$1,469,203	\$4,643,074	\$3,173,871	68.4%	\$2,830,317	-48.1%
\$5,115,219	\$7,852,499	\$2,737,280	34.9%	\$9,504,825	16. Total Deductions from Revenue	\$84,355,194	\$93,575,576	\$9,220,382	9.9%	\$81,671,065	3.3%
26.9%	43.0%			67.3%	% Contractual Allowances / Total Gross Patient Revenue	42.3%	43.9%			43.5%	
4.5%	2.7%			0.4%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.5%	2.7%			2.2%	
31.6%	45.7%			65.6%	% Total Deductions / Total Gross Patient Revenue	43.8%	45.7%			45.8%	
\$11,053,884	\$9,314,443	\$1,739,440	18.7%	\$4,985,643	17. Net Patient Revenue	\$108,031,792	\$110,997,190	-\$2,965,399	-2.7%	\$96,577,493	11.9%
\$2,338,040	\$546,690	\$1,791,350	327.7%	\$968,256	18. Other Operating Revenue	\$6,719,662	\$6,514,710	\$204,952	156.6%	\$13,535,982	23.5%
\$13,391,924	\$9,861,133	\$3,530,791	35.8%	\$5,953,899	19. Total Operating Revenue	\$124,751,454	\$117,511,900	\$7,239,553	6.2%	\$110,113,475	13.3%
					Expenses:						
\$4,903,653	\$3,820,091	-\$1,083,562	-28.4%	\$4,071,456	20. Salaries & Wages	\$51,273,615	\$46,477,780	-\$4,795,835	-10.3%	\$46,562,389	10.1%
\$327,662	\$357,424	\$29,762	8.3%	\$254,636	21. Physician Wages	\$3,533,813	\$4,348,673	\$814,860	18.7%	\$3,735,925	-5.4%
\$237,358	\$124,599	-\$112,759	-90.5%	\$241,601	22. Contract Labor	\$1,898,043	\$1,515,976	-\$382,067	-25.2%	\$1,841,826	3.1%
\$2,259,915	\$2,131,941	-\$127,974	-6.0%	-\$4,391,441	23. Employee Benefits	\$27,637,173	\$25,938,695	-\$1,698,478	-6.5%	\$17,888,203	54.5%
\$7,728,588	\$6,434,055	-\$1,294,533	-20.1%	\$176,252		\$84,342,644	\$78,281,124	-\$6,061,520	-7.7%	\$70,028,343	20.4%
57.7%	65.2%			3.0%	% Salaries and Benefits / Total Operating Revenue	67.6%	66.6%			63.6%	
\$80,048	\$78,690	-\$1,358	-1.7%	\$94,153	24. Medical Professional Fees	\$1,131,681	\$957,408	-\$174,273	-18.2%	\$965,031	17.3%
\$357,100	\$164,622	-\$192,478	-116.9%	\$144,561	25. Physician Contracts	\$3,677,800	\$2,002,906	-\$1,674,894	-83.6%	\$2,472,343	48.8%
\$263,873	\$168,700	-\$95,173	-56.4%	\$199,752	26. Non-Medical Professional Fees	\$2,433,735	\$2,052,510	-\$381,225	-18.6%	\$2,098,813	16.0%
\$1,592,997	\$1,180,017	-\$412,980	-35.0%	\$1,606,789	27. Materials & Supplies	\$17,027,923	\$14,356,828	-\$2,671,095	-18.6%	\$14,263,825	19.4%
\$96,871	\$138,762	\$41,891	30.2%	\$130,218	28. Utilities	\$1,418,425	\$1,688,246	\$269,821	16.0%	\$1,484,321	-4.4%
\$683,001	\$418,281	-\$264,720	-63.3%	\$466,981	29. Maintenance & Repairs	\$5,253,582	\$5,089,113	-\$164,469	-3.2%	\$4,498,636	16.8%
\$43,979	\$50,612	\$6,633	13.1%	\$66,652	30. Rentals & Leases	\$617,489	\$615,774	-\$1,715	-0.3%	\$609,337	1.3%
\$45,361	\$52,057	\$6,696	12.9%	\$45,044	31. Insurance	\$580,149	\$633,364	\$53,215	8.4%	\$524,306	10.7%
\$616,414	\$658,815	\$42,401	6.4%	\$633,439	32. Depreciation & Amortization	\$7,543,914	\$7,898,915	\$155,001	2.0%	\$7,185,318	5.0%
\$49,359	\$49,592	\$233	0.5%	\$51,122	33. Interest Expense	\$603,371	\$603,370	-\$1	0.0%	\$622,780	-3.1%
\$120,168	\$141,006	\$20,839	14.8%	\$55,217	34. Other Operating Expenses	\$1,257,339	\$1,715,551	\$458,212	26.7%	\$1,287,083	-2.3%
\$11,677,759	\$9,535,209	-\$2,142,549	-22.5%	\$3,670,180	35. Total Expenses	\$125,888,052	\$115,895,109	-\$10,192,943	-8.8%	\$106,040,136	-18.7%
\$1,714,165	\$325,924	\$1,388,241	425.9%	\$2,283,719	36. Income (Loss) from Operations	-\$1,136,598	\$1,616,791	-\$2,753,389	-170.3%	\$4,073,339	-127.9%
\$105,534	\$100,693	\$4,841	4.8%	\$1,911,847	37. Non-Operating Revenue	\$1,233,086	\$1,225,100	\$7,986	0.7%	\$3,040,002	-59.4%
\$895,124	\$97,233	\$797,891	820.6%	\$81,592	38. Other Non-Operating Income	\$2,813,114	\$1,183,000	\$1,630,114	137.8%	\$884,042	218.2%
\$1,000,658	\$197,926	\$802,732	405.6%	\$1,993,439	39. Total Non-Operating Revenue	\$4,046,200	\$2,408,100	\$1,638,100	68.0%	\$3,924,044	3.1%
\$2,714,823	\$523,850	\$2,190,973	-418.2%	\$4,277,158	40. Net Income (Loss)	\$2,909,602	\$4,024,891	-\$1,115,289	27.7%	\$7,997,383	63.6%
12.80%	3.31%			38.36%	Income from Operations Margin	-0.91%	1.38%			3.70%	
20.27%	5.31%			71.84%	Net Income	2.33%	3.43%			7.26%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
June 30, 2021

	<u>June-21</u>	<u>May-21</u>	<u>June-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	24,125,641	21,606,056	35,074,805	(10,949,164)
2. Board designated cash	35,189,438	35,008,869	36,218,717	(1,029,279)
3. Patient accounts receivable, net	14,506,692	15,785,030	12,988,481	1,518,211
4. Other receivables	3,663,675	1,151,553	505,814	3,157,860
5. Inventories	3,438,976	3,569,923	3,027,678	411,298
6. Prepaid Expenses	1,757,985	2,272,909	1,275,406	482,580
7. Other assets	29,877	28,877	28,877	1,000
8. Total current assets	82,712,284	79,423,217	89,119,778	(6,407,494)
Appropriated Cash:				
9. CIP Appropriated Funding	13,352,751	13,352,751	4,163,554	9,189,197
Property, plant & equipment				
10. Land, bldgs & equipment	149,516,701	149,080,856	141,874,438	7,642,263
11. Construction in progress	7,264,903	7,570,489	8,431,492	(1,166,589)
12. Total property & equipment	156,781,604	156,651,345	150,305,930	6,475,674
13. Less: accumulated depreciation	(101,584,465)	(100,968,052)	(94,041,272)	(7,543,194)
14. Net property and equipment	55,197,139	55,683,295	56,264,659	(1,067,521)
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	-
16. Total assets	163,665,855	160,862,941	161,951,669	1,714,182
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	3,186,973	2,288,565	2,358,326	828,647
18. Accrued employee benefits	5,257,558	5,307,685	4,687,202	570,356
19. Accounts payable and accrued expenses	2,637,899	1,985,406	1,923,926	713,974
20. Due to 3rd party payors	-	4,051,027	4,250,857	(4,250,857)
21. Deferred revenue	15,404	(2,556,106)	(2,604,986)	2,620,390
22. Interest payable	315,297	252,238	329,796	(14,499)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	467,554	408,119	868,890	(401,336)
25. Total current liabilities	12,790,685	12,646,934	12,684,011	106,675
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,053,776	1,067,476	1,227,418	(173,643)
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	-
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	-
30. Total long-term liabilities	86,676,545	86,690,245	87,760,187	(1,083,642)
31. Total liabilities	99,467,230	99,337,179	100,444,198	(976,967)
32. Fund Balance	64,198,623	61,525,763	61,507,472	2,691,151
33. Total liabilities and fund balance	163,665,853	160,862,943	161,951,670	1,714,185

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: August 5, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: Rural Demonstration Project Reimbursement

Correspondence was received from CMS regarding Bartlett's participation in the Rural Demonstration Project for fiscal year 2021. We received the attached letter indicating Bartlett will receive \$4,052,930 of a lump sum payment for Fiscal Year 2021 (which was subsequently received).

We spoke with our Cost Report preparer in an effort to determine how much should be recorded as realized in FY2021. There are many factors that affect the final amount of reimbursement and what will need to be refunded to CMS. In the prior year the benefit of the Rural Demonstration Project was estimated to be \$4.2 million. However, the following factors will reduce the amount for FY21:

- Bartlett applied for and was approved to receive the Low Volume Reimbursement which increased Medicare reimbursement by 50%.
- The change of Inpatient versus Outpatient revenues will change the cost allocations assigned to inpatient activity.
- The reduction of Medicare inpatient days will reduce Rural Demonstration reimbursement.

While \$2.0 million was recorded into FY21, the final amount will be determined by the Medicare Cost Report which is due to be filed on November 30, 2021. At that point, if significant, an audit entry will be made to the Financial Statements and a settle up made with CMS.



DATE: August 10, 2021
TO: CEO Lawhorne and the Board of Directors
FROM: Robert Palmer, Municipal Attorney; Adam Gottschalk, Asst. Municipal Attorney
SUBJECT: Hospital Workers and COVID-19 Vaccine

As the Board continues its efforts to provide a safe environment for patients and employees, the Board may contemplate various policies to increase the COVID-19 vaccination rates of BRH employees and non-BRH providers. While the Board can incentivize the attractiveness of a COVID-19 vaccine in a variety of ways (i.e. monetary and non-monetary awards), the Board may also explore various mandates. The following may help focus the Board's discussion.

1. Does the Emergency Use Authorization approval process for the COVID-19 vaccines preclude a COVID-19 vaccine mandate for attendance or employment?

There is no definitive answer right now and this question may be moot soon. All three COVID-19 vaccines readily available in the CBJ were approved by the Food and Drug Administration via the Emergency Use Authorization (EUA) process. 21 U.S.C.A. § 360bbb-3. One condition of the EUA process requires individuals to whom the COVID-19 vaccine is administered are informed "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks."

That informed consent provision has caused some people to argue a COVID-19 vaccine mandate is unlawful right now. *E.g., Bridges v. Houston Methodist Hosp.*, 2021 WL 2399994, at *2 (S.D. Tex. June 12, 2021) (concluding a private hospital's COVID-19 vaccine mandate policy, which included terminations for violations, was lawful); *Klaassen v. Trustees of Indiana Univ.*, 2021 WL 3073926, at *1 (N.D. Ind. July 18, 2021) (concluding a public university's vaccine mandate did not violate the Fourteenth Amendment). Interestingly, the U.S. Department of Defense is prohibited from mandating a vaccine that has only been approved by an EUA unless the President of the United States grants a waiver.

However, the U.S. Equal Employment Opportunity Commission (EEOC) and the DOJ Office of Legal Counsel argue that public and private entities may impose vaccination requirements despite the informed consent provision.

Regardless, the arguments are likely to be moot soon because the Pfizer-BioNTech vaccine is expected to achieve full licensure in early September.

2. Could the Board create a policy to encourage workers to get COVID-19 vaccines?

Yes. The Board has broad discretion to develop a policy to encourage employees and non-employee providers to get a COVID-19 vaccine. For example, a COVID-19 testing policy could require employees to be tested at routine intervals, and employees that provide proof of COVID-19 vaccination could opt-out of the testing. Alternatively, the Board could explore a vaccination mandate, which would require balancing more substantial consequences.

3. What factors should the Board consider in a COVID-19 vaccine incentive policy?

- **(Rational basis)** Why is the policy needed?
- **(Alternatives/burdensome)** What are the alternatives and are they as effective? I.e. masking, social distancing, aggressive hand washing, and facility cleaning.
- **(Employee Support)** Has Board consulted with the unions and unrepresented employees?
- **(Consequences)** Any mandate will require two exemptions: medical and religious. See *Wade v. Univ. of Connecticut Bd. of Trustees*, No. 3:21-CV-924 (JAM), 2021 WL 3616035, at *1 (D. Conn. Aug. 16, 2021) (describing that the medical and non-medical exemptions mooted the litigation). What happens if an employee qualifies for an exemption? Does BRH have sufficient contingency plans to accommodate employees that choose to work elsewhere?
- **(Timing)** If the Board decides to require a COVID-19 vaccine, unvaccinated employees need a generous window to receive the vaccine. HENCEY, et al., v. UNITED AIRLINES, INC., et al., No. 21-61702-CIV, 2021 WL 3634630, at *1 (S.D. Fla. Aug. 17, 2021). The litigation risk substantially decreases after one of the vaccines receives full licensure approval by the FDA, which is expected in about a month.

Presented by: xx
Presented: xx
Drafted by: R. Palmer III

ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA
Serial No. 2021-40 vBRH

An Ordinance Amending Title 40 Regarding the Hospital Board of Directors Authority

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

Section 1. Classification. This ordinance is of a general and permanent nature and shall become a part of the City and Borough of Juneau Municipal Code.

Section 2. Amendment of Section. CBJC 40.05.020 is amended to read:

(a) Subject to state laws and City and Borough ordinances, the hospital board of directors shall be responsible for the operation of all hospitals and associated facilities, located inside and outside the City and Borough of Juneau, owned or leased by the City and Borough according to the best interests of the public's health, shall make and enforce all rules and regulations necessary for the administration of hospitals under their management, shall prescribe the terms under which patients shall be admitted thereto and shall establish and enforce standards of operation. The hospital board of directors shall, within the hospital appropriation, establish and may amend the pay plan for hospital employees.

...

Section 3. Effective Date. This ordinance shall be effective 30 days after its adoption.

Adopted this _____ day of _____, 2021.

Attest:

Beth A. Weldon, Mayor

Elizabeth J. McEwen, Municipal Clerk

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

August 05, 2021

Called to order at 12:05 PM., by Board Compliance Committee Chair, Iola Young

***COMPLIANCE COMMITTEE AND BOARD MEMBERS:**

Present: *Iola Young, Committee Chair; *Deborah Johnston; Rosemary Hagevig;

Absent: *Hal Geiger

Staff/Other Present: Nathan Overson, Compliance Officer; Rose Lawhorne, CEO; Bradley Grigg, CBHO; Vlad Toca, COO; Kim McDowell, CNO; Kevin Benson, CFO

PREVIOUS BOARD COMPLIANCE MEETING MINUTES APPROVAL:

Ms. Johnston made a motion to approve the May 18th 2021 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Young seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.

INFORMATIONAL:

Mr. Overson gave a verbal update from the last Hospital Compliance Meeting, which was that the Hospital Compliance Committee discussed the PYA Compliance Program Review & Risk Assessment report; including future prioritization of recommendations, and possible strategies for completing the action items that come from the priority list.

EXECUTIVE SESSION:

A motion was made by Ms. Johnston, to recess into executive session to discuss 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 Compliance Program Review & Risk Assessment Report and corresponding program recommendations and risk assessment recommendations.

The committee went into executive session at 12:10 PM and returned at 12:45 PM

POST EXECUTIVE SESSION:

A motion was made by Ms. Johnston to forward the PYA Compliance Program Review & Risk Assessment report to the full Board for its acceptance. Ms. Young seconded the motion, and hearing no objection, Ms. Young approved the motion.

COMMITTEE MEMBER COMMENTS:

Ms. Young asked for input from the meeting attendees for possible meeting times, and possible training topics for the next Compliance & Audit Committee meeting.

Meeting Adjourned: 12:50 PM

Next Meeting: Tentatively scheduled for November 4th at 12:00 PM

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Meeting – August 13, 2021

Called to order at 12:04 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members present: Deb Johnston*, Brenda Knapp*, Lance Stevens*, Rosemary Hagevig, Hal Geiger, and Iola Young.

Staff & Others: Rose Lawhorne, CEO, Kevin Benson, CFO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Vlad Toca, COO, Blessy Robert, Director of Accounting, Seanna O'Sullivan, Megan Rinkenberger, and Tiara Ward, CBJ. (All attended via Zoom)

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the July 9, 2021 Finance Committee Meeting. Mr. Stevens seconded, and they were approved.

June 2021 Financial Review – Kevin Benson, CFO

June marked the end of the 2021 fiscal year. It represented the second year impacted by the mitigation efforts required for Covid. The financial results for Bartlett Regional Hospital were very favorable due to a couple of significant and unusual events. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.75 million (-30%). For the year, inpatient revenues were \$15.4 million (-22%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$900,000 (9.4%) over budget. The primary drivers were increased surgical procedures (16%), pharmaceuticals and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$5.2 million (4.6%) ahead of budget and 15.8% greater than the prior year.

BHOPS revenues continued to be well ahead of budget with a 11.3% positive variance. The limiting barrier for greater revenue is not a lack of patients but a shortage of providers on both the psychiatric and therapy services. Together with Rainforest and physician revenue the final amount of Total Gross Patient Revenue was \$16.2 million, which was \$998,000 (5.8%) less than budget. For the year Bartlett finished \$12.2 million short of budget.

Deductions from revenue had a favorable variance of \$2,700,000 (34.9%). The major reason for the positive variance is that \$2.0 million of additional reimbursement was recorded for the Rural Demonstration Project. Definitive communication was finally received from CMS. This reimbursement is an estimate of what may be realized and is discussed in more detail in a separate memo.

Net Patient Revenue finished well ahead of budget at \$11.0 million. Included in Operating Revenue was recognition of \$1.9 million of grant revenue as the grants were closed out for the year. After Other Operating Revenue the Total Operating Revenue finished \$13.4 million (36%) greater than budget.

Expenses exceeded budget by \$2.1 million or 22.5%. Unbudgeted Covid-19 related expenses, staff bonuses, yearend inventory adjustments and increased physician locum agreements were the main contributors to this negative variance. Significant yearend adjustments are as follows:

- The expense for staff bonuses in the amount of \$553,000 was expensed in June.
- Grant revenue of \$1.9 million was recorded in Other Revenue.
- Norcal ownership buyout of \$836,000 was recorded as Non-Operating Revenue.

After all these revenue and expense yearend adjustments, Operating Income finished at \$1.7 million. The ownership buyout of Norcal ownership was reflected in Non-Operating Income. After Non-Operating Income of \$1.0 million the final Net Income was \$2.7 million. For the fiscal year a Net income of \$2.9 million was achieved (2.3%).

There was a discussion on Non-Operating Income and how there will reliably always be some, but from where and how much will vary greatly. Due to the amount of dependence on this type of income, members of the board reiterated the need for “belt tightening.”

Update on Rural Demonstration Project – Kevin Benson, CFO

The Rural Demonstration Project (RDP) was authorized as renewed in December. However, BRH didn't receive communication on whether or not it would be retroactive to July 1, 2020 until very recently, that yes, it will be retroactive for FY21 as a base year. The estimation was \$4.2 million, but because of efforts made to minimize reduction of revenue from not receiving the RDP, BRH applied for and received the Low Volume Discount that would increase Medicare reimbursement by 15% (the packet stated 50%, but that was an error). At BRH, as inpatient revenue fell, so would RDP reimbursement. Due to all the variables, finance held off on recording this, but conservatively estimate a realization of \$2 million, then would need to refund the balance. The Medicare Cost Report is due at the end of November, and the auditors wait for that before issuing the financial statement. BRH anticipates a positive adjustment, though.

Surprise Billing Legislation – Kevin Benson, CFO

Mr. Benson stated that since there are still parts of this legislation that haven't been determined yet, he has elected to defer the discussion to the next meeting. However, at the prompting of a committee member, he briefly outlined what the basis of the legislation was.

EXECUTIVE SESSION - *MOTION by Mr. Stevens, to recess into executive session to discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning, and ask for unanimous consent. Ms. Knapp seconded.*

The Finance Committee entered executive session at 12:41pm. They returned to regular session at 1:05pm.

Next Meeting: Friday, September 10, 2021 at 12:00 via Zoom

Board Comments: None

Adjourned – 1:07 p.m.

Bartlett Regional Hospital

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

EXECUTIVE COMMITTEE MEETING MINUTES

August 16, 2021 – 4:00 p.m.

Zoom Videoconference

Called to order at 4:00 p.m., by Kenny Solomon-Gross, Board President

Executive Committee* and Board Members Present: Kenny Solomon-Gross*, Board President; Rosemary Hagevig*, Vice-President; Mark Johnson*, Secretary; Lance Stevens*, Past Board President; Brenda Knapp, Lindy Jones and Hal Geiger

Also Present: Rose Lawhorne, CEO; Kevin Benson, CFO; Dallas Hargrave, HR Director; Bradley Grigg, CBHO; Vlad Toca, COO and Anita Moffitt, Executive Assistant, Rob Palmer, CBJ Attorney

PUBLIC PARTICIPATION – None

APPROVAL OF AGENDA – Mr. Solomon-Gross requested moving approval of the minutes to be the next item on the agenda. ***MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Johnson seconded. Agenda approved as amended.***

APPROVAL OF THE MINUTES - ***MOTION by Ms. Hagevig to approve the April 22, 2021 Executive Committee Meeting minutes. Mr. Johnson seconded. Minutes approved.***

EXECUTIVE SESSION - ***MOTION by Mr. Johnson to recess into executive session as written in the agenda, to discuss information prevented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning.***

After a brief delay to allow Ms. Knapp to overcome technical difficulties joining the meeting, the committee entered executive session at 4:05 p.m. and returned to regular session at 4:19 p.m.

REGIONAL HEALTHCARE SUPPORT RESOLUTION – Ms. Lawhorne reported that BRH has been approached by the mayor of Haines to assist in providing behavioral health and other healthcare needs that are currently unmet in their community. Being a CBJ owned hospital, we have to meet governmental entity codes and regulations. Today's meeting is being held to discuss language for a resolution of agreement that our Board, CBJ Assembly and the Haines Assembly could pass to allow BRH to meet those needs. Petersburg has made a similar request. In both locations, BRH would provide Behavioral Health services that are urgent in nature, and potentially long term as the need demands. Specialty services that we have available to us via, telehealth or in person may also be provided. In an attempt to preempt any challenges or divergence from what our regulations require of us, we would like to have this agreement in place ahead of time. She has asked Mr. Palmer to help with the specifics of the language needed to be able to provide healthcare services, including behavioral health.

In response to Mr. Johnson's question about the current situation with primary care in Haines and what specialty services BRH might provide to Petersburg, Ms. Lawhorne reported that Haines has one clinic that is SEARHC owned and operated and no private practice clinics that she's aware of. BRH is currently recruiting for a general surgeon to increase surgical presence in town, a urologist has just joined our community, and we have access to ophthalmology services while recruiting for a full time ophthalmologist. These are the types of specialty services that would be made available to these communities. An example she provided of the benefits of offering these services is that it would be beneficial to allow an

ophthalmologist to hold a day clinic in the community to see multiple non-surgical patients to expedite and stream line the care to the patients without them having to travel to Juneau to go through our on-site clinic. She responded in the affirmative when Mr. Solomon-Gross asked if the dwindling behavioral health programs that were in place during the emergency situation in Haines were SEARHC programs.

Mr. Stevens asked what action is being requested from the Executive Committee today. Is Ms. Lawhorne expecting the Board to draft the resolution or is she is going to bring a resolution that she is drafting in conjunction with the other communities for the Board to review? Ms. Lawhorne stated that she has communicated with the city manager and Mr. Palmer that both entities have requested that we produce a resolution that can be brought forward for consideration. She requested that Mr. Palmer clarify where the language would come from.

Mr. Palmer stated there's a series of steps that need to happen. The first issue is to amend the Title 40 to explicitly allow BRH to provide services outside the Borough of Juneau. There also needs to be an agreement with the other boroughs that will outline what services they want BRH to provide in their municipality. (We would endeavor to provide those services but would not be legally required to do so.) The biggest hamstring is a state law that limits BRH to providing emergency services only to outside communities. Primary care or specialty services outside of the emergency zone are not authorized for BRH to provide outside of our Borough. He said we need to get clarification on this and that we have not been able to get any sort of exemption in the past. We would probably need to propose to our Senator to get a slight phrase amended to the State law.

Ms. Hagevig stated that BRH has been designated a regional provider for years and this has been an ongoing practice. The purpose of the meeting today was to be able to provide a resolution or amendment to an agreement, that we agreed in concept, to the language and to pass it onto the Assembly for action when they meet tomorrow with the Airport Board. It would then be forwarded to the Haines Borough in time for their Assembly meeting next week. An ordinance would require a first and then second reading. It doesn't sound like what we were anticipating being able to do is not going to be possible today. She also wondered if this is a new interpretation of the law.

Mr. Palmer explained that if what BRH wants to do falls under the emergency medical services concept, it's possible that it could be in effect in 60 days (plus or minus). If it's beyond emergency medical services, it would not possible for us to have a hard facility as there is some ambiguity for us to provide services outside the Borough. This is not a new interpretation of the law. For at least the last 7 years, BRH has been prohibited from providing services outside of the Bartlett campus on physical buildings. He will work with Ms. Lawhorne to clarify that and draft language to make it explicit that BRH can provide services outside of the BRH campus and outside of the Borough so there's no fight over those issues. In addition, we have to work with the state law issue.

Ms. Knapp wondered if the communities present their needs to us as emergent, including emergent behavioral health needs, wouldn't we be able to justify providing services in the interim and then move into the planned services that are not emergent after the Title 40 change? Mr. Palmer explained that BRH can provide services for something like a landslide where there is emergency needs, whether via oral agreement or not. If we're talking more broadly about providing long term, non-emergent medical services, we have a statute that guides us and would need to change that statute. He doesn't anticipate any resistance to that change but has been wrong in speculating on legislation in the past.

Ms. Lawhorne asked if it would be appropriate to draw up a resolution to provide healthcare and behavioral health services within the limitations of state statute. That would cover emergency services now and if we can get the statute changed to expand that scope, we wouldn't have to go back to both Assemblies to accommodate it. Mr. Palmer stated that we can look at that.

In response to Mr. Stevens' query about how BRH is to request that CBJ lobby on our behalf to change that code, Mr. Palmer stated that it can come up with the Title 40 amendment. CBJ has a State lobbyist they can hire and route the

information through him. This would not be quick and if there are other jurisdictions that would support and amendment like this, it would be valuable. The challenge is that the legislature is trying to figure out the financial affairs of the state so dealing with a substantive piece of law has been a challenge for them. If there's a way for us to make this as easy as possible, to attach it to another piece of healthcare legislation that is already moving through with their support in the state, it would be the best approach.

In response to Mr. Johnson's query, Mr. Palmer identified Alaska Statute 29.35.020 as the statute referenced. To provide services outside of the borough, you have to specifically authorize it by ordinance. The receiving municipality must also authorize it by similar ordinance. If it's a village, it can be authorized by resolution. He has not gotten an opinion from the Attorney General's office. He also confirmed for Mr. Johnson that it would fall under extraterritorial jurisdiction.

Ms. Knapp initiated discussion about including Skagway. Ms. Hagevig noted that Skagway has just signed a new contract with SEARHC. Dr. Jones stated that Skagway, Haines and Petersburg all use our hospital and part of BRH's strategic plan is to form strategic alliances and partnerships. We should include Skagway. Mr. Stevens stated authorizing the Title 40 action should be our first priority since without that, we can't create an actionable resolution. While they can both be presented to the Assembly at the same time, it's a twostep process. First we need the Title 40 change so we can provide emergency services as described under that statute, agreements with the various communities can come under that structure. We need to focus on getting that done today so we can then start the lobbying effort for the other change from the state level through our lobbyist. We need to provide Ms. Lawhorne and Mr. Palmer instruction to craft that language for the Board to approve so we can submit it to the Assembly as soon as possible.

MOTION by Mr. Stevens to request Mr. Palmer draft a Title 40 change so that we can address the community health needs as requested by our outlying communities. Mr. Johnson seconded. Ms. Hagevig asked Ms. Lawhorne if she would identify the needs in Haines as emergent that needs to be addressed in a different motion. Ms. Lawhorne stated that yes, the title 40 changes would be for long term, non-emergent services. We are also being asked to respond in a similar fashion to how we did during the Haines disaster, not quite as emergent, to the deteriorating behavioral health status of the population. We could provide those immediate resources while working on the long term, more broad scope of services through the Title 40 changes. ***There being no objections or further discussion, MOTION approved***

MOTION by Mr. Stevens to request that Mr. Palmer, consulting with Ms. Lawhorne, draft an emergency services resolution to address the two requests from the communities to meet their emergent health needs. Ms. Hagevig seconded.

Ms. Hagevig asked Mr. Palmer if a resolution of this kind is something that the assembly can approve at their meeting with the airport board tomorrow night. Mr. Palmer said the assembly will probably want to discuss it at a Committee of the Whole (COW) meeting before taking action. It is not on the agenda for tomorrow but a special meeting could be held if the Board truly feels that this is an emergency. Discussion about definition of emergency held. Mr. Johnson stated that our hands aren't tied. Anything that can be categorized as an emergency does not require a change to Title 40 because it's already covered. Primary care and specialty services being requested are what need to be addressed by a new resolution, Title 40 change and subsequently, a statute change. Mr. Palmer thinks there's a way to get the Title 40 amendment through by using the extraterritorial jurisdiction statute as a guide. There's a little bit of wiggle room that he wants to explore if the receiving boroughs are willing to explore it. Mr. Stevens noted if the assembly has the opportunity to look it over and to discuss it at a COW, we will probably have a much better outcome with less pushback than trying to push it through tomorrow or request a special meeting. If this doesn't help those communities, we'll need to know that and restructure our request.

Ms. Hagevig expressed appreciation for the rationale that Mr. Johnson and Mr. Stevens are presenting but feels that we are working with apples and oranges here. Emergency care is way different for behavioral health than emergency care for broken bone or a laceration requiring stitches. She sees the rationale for providing a good platform for being able to

provide long term services preventing the crisis type of things we are hearing about, especially from Haines. The fact that the mayors from Haines and Juneau have already discussed this and have tried to figure out a way to make this happen, there must be some way for BRH to address what they consider to be an emergent situation. Mr. Stevens stated that if it is a true crisis, we have the ability to do that but if we want to set longer term structures in place for the downstream care, not just intervention, we have to get Title 40 changed.

Mr. Johnson thinks it would be reasonable to have a resolution for the Board to air carefully, discuss, and hopefully pass at next week's Board meeting to forward to the Assembly and get the process in place. He then stated the Emergency Medical Services Assistance Act passed by Congress in 1973 included a comprehensive emergency medical services system that included behavioral emergencies. If we can define this as a legitimate emergency, we could make a case that the extra territorial jurisdiction for the municipality covers it.

At Mr. Solomon – Gross' request, Ms. Lawhorne described the path to move forward as follows: We are going to move forward with Haines to provide immediate support for the evolving crisis at this time as behavioral health in nature, defined by prolonged wait times to get in for patients who are in crisis and their families in need of stabilizing services. That is also escalated by the COVID outbreak adding to the mental health stress on the community. She will work with Mr. Palmer to draft the Title 40 change that would go to the Board meeting next week for consideration and forwarding to the Assembly for the longer term and diversified services that are not emergent in nature. Mr. Palmer stated that the title 40 piece is relatively easy but suggests it might help the Assembly and the Board to get a written request from the other communities.

Mr. Solomon-Gross noted that what is still on the floor is the resolution that Ms. Lawhorne will work with Mr. Palmer regarding the Title 40 changes that will be discussed at next Tuesday's Board meeting. He also noted that he, Mr. Palmer and Mr. Stevens will not be in attendance at next week's board meeting. There being no further discussion or objections, **MOTION** approved.

Comments and Questions – Mr. Johnson asked if there is a possibility that some of the healthcare, hospital statutes and the extraterritorial jurisdictional statutes have some overlaps or inconsistencies. Mr. Palmer said he had asked that question a couple of weeks ago to a small brain. He said to be completely transparent, there is a little question as to whether the provision of hospital services in general are subject to this statute or was actually intended. What makes it a little weird is that we, by charter, say that hospital services are a municipal service so it's kind of our own doing. He doesn't think that the state statute of extraterritorial jurisdiction is 100% a bar. He does think we have enough wiggle room that if we follow the process in there to get an ordinance from the Assembly and to get an ordinance from Haines, that we can probably satisfy the intent of it. Mr. Johnson stated that if we can find another state statute that specifically applies to this situation, it would help us with that so called wiggle room. Mr. Solomon-Gross noted we now have a path to move forward on and that we have come to the end of agenda.

Adjourned 5:03 p.m.

Bartlett Regional Hospital

Governance Committee Meeting

Minutes

Monday, August 23, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference

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

BOARD AND COMMITTEE* MEMBERS PRESENT

Brenda Knapp*

Rosemary Hagevig*

Hal Geiger*

Deborah Johnson

ALSO PRESENT

Bradley Grigg, CBHO

Barbra Nault, Legal

Suzette Nelson, Executive Assistant

Kevin Benson, CFO

Vlad Toca, COO

Dallas Hargrave, HR Director

Jeremy Hsieh, KTOO

PUBLIC COMMENT - None

APPROVAL OF THE AGENDA – MOTION by Mr. Geiger to approve the agenda as presented. Ms. Hagevig seconded. There being no objections, agenda was approved as presented.

APPROVAL OF THE MINUTES - MOTION by Mr. Geiger to approve the minutes from July 16, 2021. Ms. Hagevig seconded. There being no objections, minutes approved.

BYLAW CHANGE TO ALLOW COMPENSATION OF BOARD MEMBERS –

The committee members and legal agreed to the following changes:

0145 COMPENSATION/EXPENSES

1. Board members ~~shall not be~~ may be compensated for services rendered in their capacities as board or board committee members as authorized in CBJ code or ordinance. ~~However, nothing herein contained shall be construed to preclude any board member or committee member from receiving reimbursement for expenses incurred in serving the hospital as a board member.~~

2. A board member or committee member may be reimbursed for expenses incurred serving the hospital as a board member. Before any reimbursement for expenses is made, receipts of such expenses must be submitted to the Administrator.

3. The Board of Directors may maintain membership in any local, state or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of hospital administration and, in connection therewith, the hospital will pay dues and fees thereto. (CBJ 40.05.070)

MOTION by Ms. Hagevig that we incorporate the new language as discussed and outlined by our attorney. Mr. Geiger seconded.

After further discussion, ***Ms. Hagevig amended the motion to change the title to compensation/expenses incurred by Board members. Mr. Geiger seconded. There being no objection, the motion was approved as amended.***

Ms. Knapp reported that the entire board completed the Board self-evaluation survey. Earlier this morning, the Governance Institute provided dates that they're available to meet with the whole board. A doodle poll will be sent soon so a date can be scheduled.

Mr. Hargrave noted that once this is set up, he will send the results to the Board so there will be plenty of time for review.

Adjourned at 12:25 p.m.

Next meeting – To be determined

Bartlett Regional Hospital

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

August 24, 2021 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 August 2021

- **COVID Vaccine for Employee updates.** We have engaged the CBJ Law department seeking advice for employee COVID-19 vaccine guidelines. Human Resources has met twice with union representatives to discuss the Board's direction regarding employee COVID-19. We are awaiting legal advice prior to reaching any agreements with the Union regarding the impacts of requiring COVID-19 vaccines for employees. All new employees must now submit proof that they are fully vaccinated for COVID-19 as part of the onboarding process. If a potential new employee is interested in becoming vaccinated, is partially vaccinated, or would like to request a medical or religious exemption, they are directed to Human Resources.
- **Temporary Provisional and Partial Waiver Process.** In May of 2021, the State of Alaska experienced a cyber attack which suspended access to critical systems such as those needed for normal processing of background check applications. BRH and other healthcare organizations have experienced a delay in processing criminal background checks by the State of Alaska for new employees and renewal background checks for current employees. Although the State has implemented interim manual procedures, there is a rapidly increasing need for additional health care staffing at the hospital. Therefore, BRH is participating in implementing a temporary provisional and partial waiver process available to Alaska State Hospital and Nursing Home (ASHNHA) member facilities with internal background checks meeting the standards for persons who are licensed to practice under Title 08. This will allow us to temporarily process criminal background checks and employee background check renewals until the State of Alaska Background Check Unit is able process the background checks in a timely manner.
- **Recruitment activity is substantial.** As of August 19, 2021 we are recruiting for 42 positions. Nationwide, healthcare organizations have been experiencing difficulties recruiting and retaining. We are also experiencing this trend. Human Resources has enhanced our advertising for vacant positions overall, and are working with Directors to address recruiting needs for individual positions that are specific to those positions.

- **Current reporting structure to Senior Leadership.** Please see the attached list of the different departments and functions reporting to each senior leader.

CEO - Rose	CFO - Kevin	CNO - Kim
Quality/Review	General Accounting	Obstetrics
Infection Prevention	Case Management	Critical Care Unit
Employee Health	Health Information Management	Emergency
Credentialing	Patient Financial Services	Medical/Surgical
Compliance	Patient Access Services	Operating Room
Hospitalists	Information Services	Infusion
Staff Development	Materials Management	Same Day Surgery
Diabetes	Facilities (EVS, Laundry, Security, Maint.)	PACU
Nutrition		Central Sterile Processing
Senior Leadership		Nursing Administration

CBHO - Bradley	COO - Vlad	HR Director - Dallas
Mental Health Unit	Rehabilitation Services	Human Resources
Rainforest Recovery	Respiratory Therapy	
Psychiatric Emergency Services	Cardiac Rehab	
Community Navigator Program	Laboratory	
Behavioral Health Outpatient Services	Community Relations	
Applied Behavior Analysis Program	Business Dev/Marketing	
Crisis Stabilization	Physician Services	
Withdrawal Management	Surgery & Specialty Clinic	
	Oncology Medical Clinic	
	Pharmacy	
	Diagnostic Imaging	
	Dietary	

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August 2021 Nursing Report

Kim McDowell, CNO

Obstetrics (OB) Department

- OB was graciously awarded a grant of \$15,000 from the BRH Foundation to host one ALSO (Advanced Life Support Obstetrics) and one BLSO (Basic Life Support Obstetrics) course in October. There will be 8 instructors coming down from Fairbanks to provide advanced-level, hands-on simulation and skills-based learning during these classes. The ALSO class is targeted towards OB providers and nurses, and the BLSO for ED providers and nurses, flight teams, and CCFR. Juneau has never hosted this class before and we are incredibly excited to have the opportunity to bring this education to our community.
- Through many months of planning and collaborating with HIM (Health Information Management), we have finally transitioned our prenatal records to electronic form from all 3 Juneau clinics. This will reduce the need for massive amounts of printing and shredding, and create an ease of workflow for the OB RNs and providers. A big thank you to Rachael and her team for their help with this project!
- NRP (Neonatal Resuscitation Program) has transitioned into the 8th Edition, and the NRP instructors have met and we are excited to collaborate and quickly make the transition into the newest version. NRP just released the 8th edition July 1 and we are offering the new version to our class the week of 8/9. We are also bringing on a new NRP instructor to our team for a total of 5 RNs and 1 RT.

Critical Care Unit (CCU)

- Matt Elliott, who was a CNA in CCU and recently graduated from the UAS nursing program, started his first day as an RN this week. He will get about 5-6 month preceptorship.
- We are expecting to add another RN to CCU within the next couple of weeks. This will allow staff to float and help with other nursing needs throughout the hospital.
- We are starting our process to trial a new handheld device for scanning medications and documenting I&O's (input and output) and other brief assessment.

Emergency Department (ED)

- Banu has been successfully on boarded and is orienting to her new role as ED Director. Banu is learning processes, working with staff to learn their roles in the ED as well as meeting with other department directors to understand through-put.
- I-Stat use has been solely used in the ED, however recently there was a request by the hospitalist to use I-Stat for in house Code Blue and Rapid Response. Using the I-STAT will expedite results and help identify what immediate interventions are needed.
- ED Techs have been successfully on boarded in the emergency department in response to the nursing shortage. Currently there are two that have started as casual status and the plan is to bring on three more. Since this is a new role in the ED and at BRH, the role is continuing to evolve. The ED techs have made a big difference in the staffing shortage the ED as felt. ED techs could play a bigger role throughout the organization. This is currently being discussed.
- Assessing through-put by working with staff on identification of through-put needs in the department. This also includes getting information on through-put needs in the other nursing units.

Medical Surgical Unit (MS)

- COVID wing is ready if and when needed.
- MS PIC (Performance Improvement Committee) has started doing a test run on chart reviews via smart sheets. All RN III's are required to do one chart review during the month of August so we can get feedback.
- Unit process improvement is to look into a better workflow for completing discharge call backs for total knees, total hips and patients with pneumonia in a timelier manner.

Infusion & Chemotherapy Department

- Infusion Therapy, along with Bartlett Medical Oncology Clinic, have started working on their cooperative project of integrating oncology order sets into an electronic medical records system. This will improve collaboration between both clinics and primary care physicians which will enhance patient safety, reduce redundancy of work, and align with best practices. This project will take a few months to complete.

Surgical Services

- In order to answer the needs of the OR related to surgical scrub techs, the OR will start a surgical tech program to “grow our own” to fill staffing needs. The program is designed to bring in people from the community who have an interest in being a scrub tech, train them in the OR and give them the skills and training needed to be a surgical tech. The plan is to ask for a term of service (to be determined) from those that successfully complete the program. As of this date, the program can start once OR is fully staffed.
- Staffing in OR is looking better! OR Director and Nurse Manager have interviewed and made offers to several surgical scrub techs, as well as a central sterile processing tech.
- Two OR RN's are back from training with the American Operating Registered Nurse program in Anchorage and are currently working with preceptors in the OR.

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August 2021 Behavioral Health Board Report

Bradley Grigg, Chief Behavioral Health Officer

PSYCHIATRIC PROVIDER LIST: Bartlett Behavioral Health now has 3 employed full time psychiatrists, 2 employed full time psychiatric nurse practitioners, and 2 providers under independent contractor status.

- **Dr. Joanne Gartenberg** Behavioral Health Medical Director
- **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
- **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing inpatient outpatient services to children, adolescents, and adults in addition to taking call. Cyndy is also a lead provider for our Community Based Crisis Intervention Services Program.
- **Nicholas White**, Psychiatric Mental Health NP, part time Independent Contractor) is providing telehealth outpatient services to adults via BOPS.
- **Dr. John Tarim**, Staff Psychiatrist is providing full time psychiatric services to patients at Rainforest Recovery Center in addition to taking call.
- **NEW EMPLOYEED PSYCHIATRISTS**
 - **Dr. Helen Short**, Staff Psychiatrist providing full time psychiatric services in addition to taking call. Dr. Short was a locum for BRH for nearly 2 years prior to signing an employment agreement.
 - **Dr. Monika Karazja**, Staff Psychiatrist providing full time psychiatric services and taking call. Dr. Karazja was a locum for BRH for nearly 6 months prior to signing an employment agreement.
- **LOCUM PSYCHIATRISTS**
 - **Dr. Stephanie Chen** is providing part time telehealth outpatient service to and consultation for children and adolescents.
 - **Dr. Judy Engleman** is providing part time telehealth outpatient services to adults.
 - **Dr. Valerie Clemons** is providing full time outpatient services to children and adolescents.
 - **Dr. Magdalena Naylor** is providing full time outpatient services to adults.

RAINFOREST RECOVERY CENTER:

- **RRC Residential Treatment Update:**
 - July daily utilization near or at 100% (8 patient capacity)
 - Admissions remain only from Southeast Alaska
 - Waitlist as of 08.15.2021 was 21
 - **July RRC COVID Testing Update:**
 - All RRC patients tested upon admission, and any additional testing is contingent on whether they're symptomatic during their stay.
 - Unvaccinated RRC staff are tested bi-weekly
 - Universal masking requirements remain in effect for patients and staff

- **RRC Withdrawal Management (Detox) Update:**
 - July average daily utilization was 2 patients (current capacity is 4).
 - 27 Patients served; 8 of which transitioned from Withdrawal Mgmt. Unit to Residential Treatment. 10 others transitioned to outpatient services through RRC.
 - Due to staffing shortages in other areas of the hospital, WMU went on “diversion” status three weekends in July. Patients were admitted to Medical and WMU staff were floated to other patient care areas as appropriate.
- **RRC Outpatient Treatment Update:**
 - RRC currently has 45 patients enrolled receiving:
 - Combination virtual/in person outpatient treatment model
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.

ADULT MENTAL HEALTH UNIT (MHU):

- July daily average census was 6 (50%) patients
- MHU continues to only accepting patients from Southeast Alaska.
- Average length of stay for July was approximately 8 days.
- **Adult Crisis Stabilization on MHU Update:**
 - August 1: we began admitting adults to MHU under “Crisis Stabilization” status to increase bed utilization while also providing this interim service on MHU in anticipation of the new Crisis Stabilization Facility being completed in 2022.
 - These services are reimbursable when patients are admitted the hospital under the 1115 Behavioral Health Medicaid Waiver
 - 2 phase approach:
 - Phase 1: August 1; Soft opening where we step down the first several patients from inpatient status to crisis status.
 - Phase 2: September 1; Beginning admitting patients to Crisis Status on MHU through the ED and our Psychiatric Emergency Services (PES) team.
 - Services will include:
 - Crisis Management support through:
 - Psychiatric Evaluation
 - Therapy and rehab supports from Crisis Clinicians and Navigators
 - Discharge planning including setting up any future appointments, housing and benefits applications, etc.
 - Post discharge follow up on all patients

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

- BOPS outpatient operations provides an in person/virtual approach to treatment.
 - 8.0 FTE Clinical Therapists are delivering in person/telehealth counseling services from their home offices/BOPS Clinic.

- 4.0 FTE Psychiatric providers are delivering in person/telehealth psychiatric / medication management from their home offices/BOPS Clinic.
- Patient waitlist for BOPS as of August 16, 2021 is 61. This is a 33% reduction from July where we had over 90 patients on our waitlist.
 - Pediatric: 34
 - Adult: 27
- Clinical Therapist recruitment efforts:
 - We have hired 1.5 FTE Clinical Therapists. Their start date is August 23, 2021. Impact will take approximately 45 patients off our current waitlist.
 - We finalized contracts with two Alaska Licensed Therapists to provide contract outpatient telehealth services in an effort to further reduce our wait list while continuing to recruit for additional on-site Therapists. Anticipated start date is September 15, 2021.

APPLIED BEHAVIOR ANALYSIS CLINIC:

- Behavioral Health is moving forward with the opening an Applied Behavior Analysis (ABA) Clinic in Juneau. This will be a program that coexists with Physical Rehab Services as both services are connected with our target population (Autism diagnosis for patients ages 2-21)
- We have hired the ABA Team:
 - 1 FTE Board Certified Behavioral Analyst who will serve as the ABA Director
 - 3 FTE Behavioral Technicians
 - 1 FTE Administrative Staff
- Referral submission began on June 30, 2021.
 - 23 referrals were submitted on day one.
 - 49 total referrals to date.
- Juneau School District and Bartlett will be collaborating in this endeavor, ensuring JSD students prioritized when services are needed to maintain in the classroom setting. This will result in increased revenue from JSD to BRH for services provided.
- Due to “in home” services being a critical component of ABA, we have been working with Alaska Licensing & Certification, the Division of Behavioral Health, Legal (CBJ and Studebaker/Nault, PLLC) and MagMutual to ensure we are in compliance prior to services beginning.
- We have confirmed that our liability covers in home and community based ABA services as of August 1, 2021. In addition, DBH has confirmed departmental approval for us to begin providing in home and community based services under our provider enrollment status with the State of Alaska
- Medicaid has approved BRH for ABA Services.
- Next steps include enrollment with other private insurances
- Anticipated start date for services is September 1, 2021.

PSYCHIATRIC EMERGENCY SERVICES (PES):

- July evidenced 126 (non-unique) patients assessed in the Emergency Department experiencing a Behavioral Health Crisis.
 - 98 Adults
 - 28 Children/Adolescents (It was determined that 21 (75%) of these youth assessed would have benefitted from a crisis stabilization treatment setting.

CRISIS INTERVENTION SERVICES COMMUNITY BASED TEAM UPDATE (CIS):

- The CIS team consists of 2 Therapists and 5 Youth/Family Navigators who provide in home and community supports for youth/families who are discharged after a crisis assessment being completed in the Emergency Staff.
- Goal of the program is to provide ongoing supports to assist families through their crisis by offering counseling and skills building services.
- All services delivered are reimbursable under “Crisis Intervention” under the State Medicaid Plan and the 1115 Behavioral Health Medicaid Waiver.
- For non-Medicaid families, we continue to work with payers in terms of reimbursement.
- In July, CIS served 12 families and individuals with short term intensive crisis supports to help them. This included:
 - Psychiatric Evaluation
 - Individual/Family Therapy
 - Navigation Services to assist families in engaging in community and behavioral health supports
- Adults are now part of this service, with the CIS Team rounding on MHU daily to ensure Adults receive Crisis Supports while admitted and post discharge.

Crisis Stabilization Facility Update (Please see 08.16.2021 Field Report Attached):

- Currently, DAWSON is coring out and delivering shock rock.
- Updated renderings with additional patient care floor added are expected from North Wind Architects sometime in August
- Please see attached CBJ Field Report and Latest CBJ/BRH/Dawson/NWA Meeting Minutes, providing the latest updates with visuals included.
- Public Relations next steps include:
 - Ground Breaking Ceremony
 - Video development to publicly acknowledge all funders who contributed to this project

FY22 Grants Update

- **State of Alaska DBH Grants* awarded in July include:**

Grant	Award Amount
RRC Residential Treatment Operational Grant	\$404,000
RRC Withdrawal Management (Detox) Operations Grant	\$101,000
COVID-19 Psychiatric Emergency Services Operations Grant	\$222,000

* Additional DHSS/DBH Behavioral Health Grant opportunities are soon to come from the ARPA (COVID Recovery) funding.

- **Other Grants awarded in July:**

Grant	Award Amount
Juneau Community Foundation – Community Navigator Program	\$210,000



CITY & BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Daily Observation Report and On-site Utility Meeting

ENGINEERING DEPARTMENT

CIP Engineering, Third Floor

230 So. Franklin Street, Marine View Center

Project: BRH Behavioral Health Facility, CBJ Contract # BE21-149
Contractor: Dawson Construction
Date/Time: Thursday, August 19, 2021 11:00 a.m.
Weather: Fog, 55 degrees
Report by: Jeanne Rynne, CBJ City Architect 586-0800, ext. 4186

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – Dawson Construction (DC)	1	Jason Sabin
Earthwork – SE Earthmovers (SEEM)	3	(1) Excavator Operator, (2) truck drivers,
Equipment in Use	3	(1) Large excavator Link-Belt 290-LX, (2) 20 CY dump trucks
Equipment, idle	2	(1) roller, (1) Front-end loader (Volvo CR6U36, L110G)

Description of Work:

- SEEM recently surveyed edge of excavation. Orange stakes delineate the edge of the cut at top of embankment.



- Excavation continues at north face.



3. Observed (1) SEEM worker (pictured below) smoking on site at time of site visit. Note Specification Section Summary 01100, 1.7.E restricts smoking on the Project Site as BRH is a tobacco free campus. Advised Dawson Superintendent at time of visit who said he would address it immediately.



4. View of shot rock in place and excavation, looking north.



5. Filling second 20 CY truck at time of site visit.



6. Concrete slab over existing 12" D.I. water line in path of excavation – subject of RFI #23.



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

August 24, 2021 Board Report Vlad Toca, COO

PT/OT – James "Rusty" Reed

Annual goal:

Decrease waitlist to <2 weeks and maintain for all rehab services. Strategic advertising to become fully staffed, reassessing and changing current service lines in light of significant treatment space restrictions. We will then allocate resources as appropriate to needed disciplines and income-producing service lines.

90-day Q1 goal:

Fully Staffed and trained (1 admin assistant, casual OT, casual PT, full-time PT or PTA for pediatrics and wound care)

Action Steps 1-3:

- Hire and train one admin assistant (hired; orientation 8/23/21)
- Hire and train 1 PT or PTA Pediatrics, and one PT wound care (Pediatrics employee left 7/9/21, posted. Wound care retiring November 2021).
 - NOTE: Volumes for wound care have decreased due to SEARHC hiring their wound care nurse. Hire casual OT (OT offer accepted, PT position not yet posted)
- We lack adequate space resulting in a pediatric waitlist for all three disciplines PT, OT, ST. Pediatric therapists - frustrated with not having space to fill their schedules secondary to lack of space to treat patients. We are modifying schedules to meet the need best.

Communication method:

New employees - Advertising through the BRH website and other portals for job postings. Emailed PTA programs we affiliate with. Option of posting through APTA, which is \$500 for a 30 day posting - not yet done but considering.

- Volumes for wound care have decreased due to SEARHC hiring their wound care nurse
- We are looking at efficiency standards for our department

Cardiac & Respiratory Therapy – Nelea Fenumiai

Annual goal for Respiratory Therapy:

Increase critical care training for RT's

90-day Q1 goal:

Give training on all outpatient/shift duties so that no patient care is compromised.

Action Steps 1-3:

- Become fully staffed
- Schedule 2 people on the day shift for training.
- Open up weekends for outpatients

Annual goal for Cardio/Pulmonary Rehab:

Start Telehealth rehab program

90-day Q1 goal:

Increase local patient attendance

Action Steps 1-3:

- Task coordinator in finding missed referrals
- Increase referral rates
- Work with CCU and house supervisor to get patients for referral

Communication method:

- In-person huddles and email correspondence

Communication method:

- In-person huddles and email correspondence

Other Highlights & Detail:

- Cardiac Rehab increased patient visits this month by 34
- Looking to increase pulmonary patients/visits
- Fully staffed in RT 8/9/21 (one still out for maternity leave, traveller here for duration of that)
- Working with IT in the Upgrade of Trace master ECG management system, meeting occurring weekly,
- Working on Istat build for VBG
- Treadmill room construction completed
- Working on wireless EKG orders and new server

Diagnostic Imaging – Paul Hawkins

Annual goal:

FY22 complete acquisition and installation of two CT systems.

90-day Q1 goal:

Complete evaluation of vendors CT and MRI machines (GE, Philips, and Siemens).

Action Steps 1-3:

- Complete site visits in August. - Hall, Maurice to show Virtually and then decide if it is worth it to see in person
- AUG 11 - if in-person Aug 21-23 in France
- Machine comparison on cost, quotes, ease of use, training needed, platform growth, image, quality, service, the total cost of ownership, installation.
- Final selection with input from Radiologists, Lead Technologists, Senior Leaders.

Communication method:

In-person, Phone, Email, and Webex

Other Highlights & Detail:

Staffing

- Ultrasound candidates are being recruited, but it is a tight market: One applicant with minimum qualifications has an interview pending, one offer pending, one casual US tech to help with the call has NEO this month
- Casual CT/XRay and Mammography positions are being posted
- Two open CT positions. One new X-Ray only staff member started 08/09/2021
- Revising class specifications for DI positions and evaluating position descriptions
- Working with HR to develop a new Diagnostic Imaging pay table
- Patient workflow and Covid precautions continue to be a top priority
- Upgrade of CT Scanners was approved, and we are working with vendors to evaluate equipment and service
- Quotes are in progress. We will begin working with facilities to assess implementation and any construction related to installing scanners. New CT technology will benefit our patients.
- New MRI safety gate on order

Future Plan

- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Evaluate calcium scoring as a CT wellness exam when the upgrade is complete.
- Work with oncology to promote Mammography and low dose lung cancer screening.
- Fill remaining ultrasound vacancies.
- Work with HR to correct DI salary schedule to stay competitive.

Laboratory – John Fortin

Annual goal:

Maintain accreditation.

90-day Q1 goal:

Upcoming site/inspection with College of American Pathologist. Expect the last week of Oct.

Action Steps 1-3:

- All assignments are given to Sr CLS or Leads.
- Follow up with QA to assure completion of the checklist by Sr CLS or leads.
- We did a complete self-inspection in May, which is why we are in such good shape currently.

Communication method:

Email when information becomes available. BRH quality will be involved as a stakeholder.

Other Highlights & Detail:

- Covid Employee Sweeps – Already live, work done with IC and Molecular. New smart sheets, bill employees, new video for collections. Good job, Robin and Charlee
- ISTAT for codes will eventually use the RT device. Backup is the ER device, but need a manual system to assure results on pt chart—issue from Matt Taintor. Follow up is done by Terrence.
- Competencies for all technical staff. Completed Hematology and most of Blood Bank. Involves all Senior CLS to assure six elements (Per CAP) are addressed
- VBG RT – on hold for another six weeks until we can meet with Telcore. This is the middleware for the devices. Set up of docking done, test validation done, training done. Once done, will be adding Chem 8, so RT can have codes or rapid response.
- CAP inspection – in contact with the inspection team, who indicated could not come until October. Suggested the week of the 26th due to staffing.
- Temperature monitoring – Project to ensure all devices are verified. CAP indicates only calibrated can be in use. Collaborate with Bio-Med to obtain NIST for verifications. We have a similar system for timers but usually purchase new ones. This is repeated every year.
- CBJ Health Fair – Expected start in Mid Sept. Have seen over 700 employees. Need to verify MOA is completed. Concerns with Delta, so discussing with Jess Brown and Charlee on a system limiting numbers at sites.
- CDC survey completed concerning surge of testing if needed.
- Contract discussion concerning 3rd party billing with Quest. The contract is currently legal. Have not seen effective use of this lab, but when we do, we can have separate charges of 3K, which if the contract is not in place, we eat.
- Vanco discussion with Pharm. They updated the dosing but did not inform the lab. They have met with all involved and updating policies and Meditech to the new practice. The P and T committee approved this.
- Recruitment of new MLT for molecular. We have been swamped last 12 months with recruitments and planning of coverage for Lab and Molecular.
- Training backup for Histology Secretary. Must have a backup, as the current has not had the opportunity of leave for a year.
- State supplies – did ask to obtain 500 Ag kits for COVID from state supplies. This is based on ICS meetings which Hospitalist may use for daily checks. Not sure if approved or not.
- PO issues constantly needed to address discrepancies with invoices to actual receipts. Multiple areas are involved.
- Urine Drug Screening concerns with missed proficiency. Looking at different vendors to have the same number of analytes.
- Aetna billing corrections for LabCorp is doing well. Each day, the manual process is done to remove charges we would not bill, specific to 90 modifiers.
- MTP follow up continues to go well with nursing units. We need to keep our eye on completion, so we have to send an occasional reminder.
- Service contracts consistently come through my email. Process of obtaining signatures and then follow up with cutting PO and vendors
- Capital – Sent PO for xylene recycle and OSMO. Will obtain and do the second round of purchases. Was told to go forward with all, as not lots of \$\$.

- Coordinated delivery of surplus supplies from Fire Training. We received 17,000 collection tubes and 36000 specimen bags.
- PT committee, frustrated with IT and inability to resolve. The system works on some PC's but not others. Suggesting going to a new vendor, but it seems the issue is internal.
- HazMat – SDS project, Relias Training, Update EOP for spill buckets, follow up with waste stream issues.

Pharmacy – Ursula Iha

Annual goal:

Maintain competent and trained pharmacy staff.

90-day Q1 goal:

Recruit two pharmacy technicians.

Action Steps 1-3:

- Review minimum qualifications.
- Consider hiring a student intern.
- Increase hourly rate and consider a sign-on bonus.

Communication method:

Email when information becomes available. Staff Development, Human Resources, Pharmacy Staff will be involved as stakeholders. Staff development to offer Preceptor classes, temporary assignment pay for preceptors.

Other Highlights & Detail:

- Andrew Vallion completed the Society of Infectious Disease Pharmacist Antimicrobial Stewardship Certification. He is the third pharmacist at Bartlett to obtain this certification.
- Congratulations to Carly DiPietro (Fisher) and Evan Deisen, who recently passed exams to become Board Certified as Pharmacotherapy Specialists!
- Pharmacy staff is working with Cardinal Health consultants, Patient Financial Services, and IS staff to develop an outpatient billing system for medications dispensed at Rainforest Recovery Center.
- The pharmacy vaccine administrator and informatics pharmacists are preparing to increase volumes for vaccines in the Behavioral Health clinic.
- The Infusion and Informatics Pharmacists are working with a team lead by Chris Savarese to implement new oncology ordering software for Bartlett Medical Oncology Clinic.
- COVID treatments continue to evolve, and efforts to improve workflow for vaccines and monoclonal antibodies are ongoing. We update the COVID folder for providers and work with PAS to develop an electronic consent form for Regen-COV.
- Recruitment is underway for two full-time Pharmacy Technicians.

Physician Services, BSSC, BMOC, and Ophthalmology – Sara Dodd

Annual goal:

Find an audit company that will help us implement a claims/chart audit process across all billing services. We will complete monthly, quarterly, and annual audits to ensure we correctly code and find additional net revenue from any possible under-coded claims. We'd also use this tool to train any coder or provider that consistently is under/over coding.

90-day Q1 goal:

Review 3-5 companies and attend presentations on their products. Then make a final selection.

Action Steps 1-3:

- Build a list of companies.
- Attend presentations.
- Compile data on each company. Weigh out the benefits of each. Discuss as a team to see which company will meet our needs the best. Speak to SLT regarding the cost and seek approval.

Communication method:

Weekly meetings with Vanessa and I. Stakeholders are Vanessa Dickinson- Billing office manager Possibly Rachael Stark and Tami Lawson Churchill- If PFS and HIM decide to participate in our same audit plan. We will invite Tami and Rachael to join as needed.

Other Highlights & Detail:

SEPS Department update:

- Surprise Bill:
 - Sara reached out to Multiplan for all business lines. Multiplan said they are backed up several weeks.
 - SRC is already contracted with Premiera. We are working on hiring SAS.
 - We are working with AETNA to contract both SRC and SAS.
 - She is currently going back and forth with AETNA on ANES rates.
 - We were putting together analysis with the first-rate proposals we received to see the impact.
 - MODA – SRC, SAS
 - UHC – BSSC, BMOC, DERM, SAS, and SRC
 - AETNA – SAS and SRC
 - Final Regulations come out on 12/27/21
 - Effective Date 01/01/22
- Audit:
 - Rachael from HIM is open to partnering with an external audit company together
 - They don't need an internal audit as certified coders do their billing and they perform internal audits manually
 - They only need external auditing
 - We need to do a separate internal audit program for Physician Services (BSSC, BMOC, DERM, SAS, SRC) since our coding is a mixture of providers, billers and coders.
 - MD Audit put together a return on investment presentation for us.
- Price Transparency:
 - We, Will, need to update the price transparency list for all business lines by 01/01/22
- Staffing:
 - No interest yet in the casual position posted
 - Looking into transitioning it to a full-time position with the influx in providers in a couple of months
 - Hoping to post that position as a billing/enrollment specialist

BMOC Department update:

Annual goal:

To move from a hybrid orders management process to an electronic process, utilizing tools in eCW.

90-day Q1 goal:

Review of 100% of 'outstanding' orders in eCW to reconcile orders & results manually. Develop a process for managing new/future orders to ensure they are addressed.

Action Steps 1-3:

- Review of orders that are sitting in the 'outstanding' bucket. Reconcile results & orders to close the open order in eCW.
- Develop a workflow for new/future orders. LucidChart
- Educate & train staff on new workflow

Communication method:

Stakeholders are Patti Edwards – BMOC Clinic Manager, BMOC Providers Marlowe Dunker, RN Frances Jones. Frances will provide a weekly analysis of progress on outstanding orders. Patti will create a RD workflow for future orders and discuss it with me.

Other Highlights & Detail:

- Case management collaboration:
 - Lena Lenkiewicz and Kevin Lansing will be starting soon as Oncology Patient Navigators. We are working with case management to help develop the roles for these new members.
- BMOC staff reports:
 - Dr Paul Weiden and Dr Thomas Malpass were recognized as the Medical Professionals of the Year for 2021 from Cancer Connection. The banquet will take place on 8/28/21.

- New employees in BMOC are Laura Coleman, Admin Clinical Office Coordinator, and Aubrey Ruschmann, Medical Assistant.
- Intellidose update from Christopher Savarese:
 - Project Updates and Timeline:**
 - **Project -On Track**
 - TxM Integration team met with Bartlett IT/ eCW on Interface connectivity and route 08/03/2021.
 - Connectivity: Bartlett preferred connectivity:
 - VPN from eCW to Bartlett (Summit engine) (already in place)->VPN from Bartlett (Summit engine) to TxM (TPRA approved)
 - Lab interface status between Meditech and eCW – Delayed
 - A new timeline update is due next week.
 - (Previous Go-Live: Nov 08 & Nov 09)
 - Clinical Updates and Next Steps:**
 - Clinical Task Meeting 07/28/2021– Complete
 - System settings and Treatment plans discussed
 - Labs – need input from Britt on which labs reports which interface to TxM from eCW
 - Lab reports come through Meditech to eCW. Interface project delayed.
 - Workflow Meeting – 08/06/2021 – 6 pm CDT
 - Workflow Approval/Sign Off - (Due 08/16/2021)
 - Treatment Plans Built – (Due 08/20/2021)

BSSC Department update:

Annual goal:

To document the date of last colorectal cancer screening for 100% of patients between 50-75 years of age who see a General Surgery provider. This satisfies a MIPS requirement and informs referring and attending providers of the patient's screening status, working through the education process for patients and their PCP's being involved.

90-day Q1 goal:

Analyze workflows for collecting and documenting patients' screening status in eClinicalWorks (eCW) that help collect the data. Implement the use of an updated Health Summary questionnaire to collect written responses from patients, which the nurse/MA will document in the Preventive Medicine section of the progress note. The data will be tracked in the MIPS Dashboard in eCW.

Action Steps 1-3:

- Create a form (word document and fillable Adobe form) and load it into eCW for daily use by registration.
- Staff education: registration staff - reviewing Health Summary to ensure data is documented. Clinical support staff - documenting date and type of test in the patient record.
- Weekly/Monthly analysis of MIPS Dashboard – identifying successes and areas needing improvement.

Communication method:

Latrice will monitor MIPS Dashboard weekly independently and communicate progress with her staff. Latrice & Frances will continue to meet monthly to review eCW computations. Latrice will provide a summary to me following monthly meetings. Stakeholders are Latrice Hay – Clinic Office Manager Ben Miller, DO Christie Bentz, PAC

Other Highlights & Detail:

- General Surgery: Business as usual. Busy clinics. We will be working with our team regarding the news from Lori regarding the OR schedule changes (related to increased Covid).
- Anna Whisenant is a new Insurance Verification Specialist. She has been on site since July 27, and training is going very well. She is happy to be here and is eager to learn.

Ophthalmology:

- We are currently preparing for Andy Kopstein's last clinic and surgery day.
- We are excited to welcome Alaska Retinal Consultants to the BRH Family.
- Wendy Germain, our CMA, will be going to Anchorage next week to work with AK Retinal for some training.
- Dr Matt Guess will be visiting our clinic in August to shadow Dr Kopstein and become oriented to the clinic.

Food Services – Felipe Ogoy

Annual goal:

Redo the job specs for each position by job shadowing and implanting a new flow.

90-day Q1 goal:

Get department fully staffed and cross-trained

Action Steps 1-3:

- Weekly meetings to assess progress and give feedback for improvement and adjustments.
- Interview more people if they don't satisfy the probationary period (hiring casual employees to assess potential).
- Schedule to job shadow at least one position per week.

Communication method:

Take notes after shadowing and use them to revise duties.

Other Highlights & Detail:

Successes:

- Hired two new staff to be able to approve some of the vacation requests that were previously postponed.
- We met our new Senior Leader (Vlad) to understand his expectations.
- We are learning the future trend and how to adjust to our customer base (i.e. self-serve salad bar likely won't return). That allows us to make some decisions about what equipment to salvage and what to get rid of.

Concerns or Needs:

- We are monitoring social distancing and holding our staff accountable.
- We are educating other staff from the hospital to understand food service policy to have good communication.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

August 24, 2021 Board Report Kevin Benson, CFO

FINANCE – Kevin Benson

- Finance is continuing to work on closing FY21.
 - Tracy Olson, payroll specialist did a great job preparing for the KPMG audit. We are currently waiting to hear back from the auditors with additional requests or questions.
 - Elgee Rehfeld system audit is currently in progress. Auditors reduced their field audit days to two, since Finance was well prepared for the auditors this year and they did not have to stay all five days.
 - Continuing to prepare for the full audit by Elgee Rehfeld in September.
 - Continuing to prepare for cost report due by October.
- New Fiscal Analyst II Gage Thompson started on 8/9/21 and he is doing a great job helping us prepare for the audit.
- *Grants Update:*
 - FY21 final reporting for grants wrapped up July 30, and even with the DHSS online reporting system still down (GEMS) we were able to complete our final reports via email correspondence with state administrators. The state administrators have been very accommodating as we all navigate this manual reporting process.
 - The state has been awarded new SAMHSA Block Grant funds that aim to address mental health/SUD, crisis stabilization, and ongoing COVID mitigation that we are anticipating any day. DHSS is still catching up and prioritizing FY22 continuations and awards, we are beginning to see those come through as we await posting and soliciting for these new opportunities.
 - Emergency Management has begun renewed discussion with CBJ and AEL&P around potential funding options for a second round for emergency/service access and we are still awaiting award notification for our application to a second round of FCC/USAC telehealth grants.
 - Bartlett Regional Hospital Foundation is working more closely with our grant dept. to align funding priorities, they are committing funds to cover OB Advance and Basic Life Support training this fall and recently announced contributions to furnishing rooms at the Youth Stabilization Center that bring total private donations for that project to \$65K. Funders include First Bank, Magistro Foundation, Tlingit & Haida and a community COVID grant.
 - We are adding a new workflow to M-Files process to include scope approval of all grant purchases by grant manager, to ensure that we are compliant.

HIM – Rachael Stark

- HIM is short-staffed but hope to be fully staffed by September.
- 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 are continuing with coding for the Molecular Lab and are working with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill these items.
- There also is an increase with the BOPS accounts for coding.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of July was \$7.9 Million
- PFS is working to streamline Molecular Lab and CLIENT billing process
- We are finalizing processes to implement the new ABA clinic at BOPS
- Strategic planning for implementation of our new Crisis Stabilization Facility in existing EMR
- We are continuing to monitor accounts that are COVID related to ensure compliancy with Provider Relief requirements

- We have formed recurring Surprise Billing Act meeting to ensure compliancy with the new regulations effective 1/1/22

Facilities – Marc Walker

- **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. We are recruiting Casual employees to backfill much needed leave requests.
- **Environmental Services:** The department has been short staffed for several months, recent hires and the willingness of casual employee to take on more hours has helped dramatically. Our new Environmental Services Supervisor has his feet on the ground and has been working hard on quality assurance. He has been spending significant time retraining our floor care team on more efficient techniques with notable improvements. There is currently one open position in the department.
- **Biomed Department:** The Biomed Department is fully staffed with a Supervisor and a Technician. The team is working with closely with department to identify equipment that is nearing end of life.
- **Security Department:** Security not unlike many department has been struggling to stay fully staffed. There is currently one fulltime position vacant that we have made an offer on and are awaiting a response. We are currently in the process of getting approval to start the recruitment process for two additional new budgeted position. These new position will allow us to schedule two officers 24/7.
- **Maintenance Department:** The Maintenance department is still playing catch up on scheduled Preventive Maintenance as well as getting back on track with their parts inventory management program. Mobile device have be deployed to allow the mechanics to open and close work orders on the fly. Maintaining a full staff has also been a challenge, recruitment of a fulltime mechanic is hopefully drawing to an end.

IS – Scott Chille

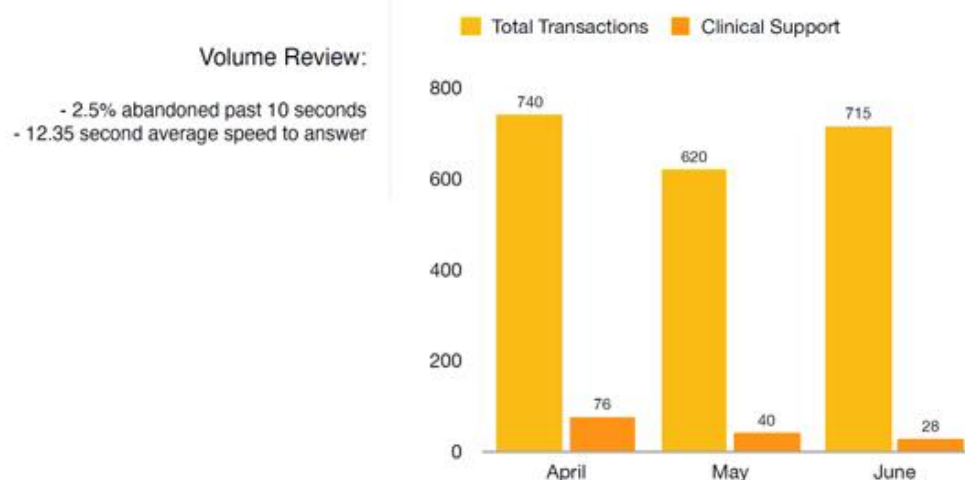
Projects

- **Philips iECG (Tracemaster View)** in-progress: TESTING expected completion **late-August 2021**
- **Microsoft365/Office365 migration:** project getting underway with expected 2-month completion
- **Imprivata Single Sign-On and EPCS project:** in progress with expected completion mid-August. Rolling implementation by department schedule to be determined and shared very soon.

Department Updates

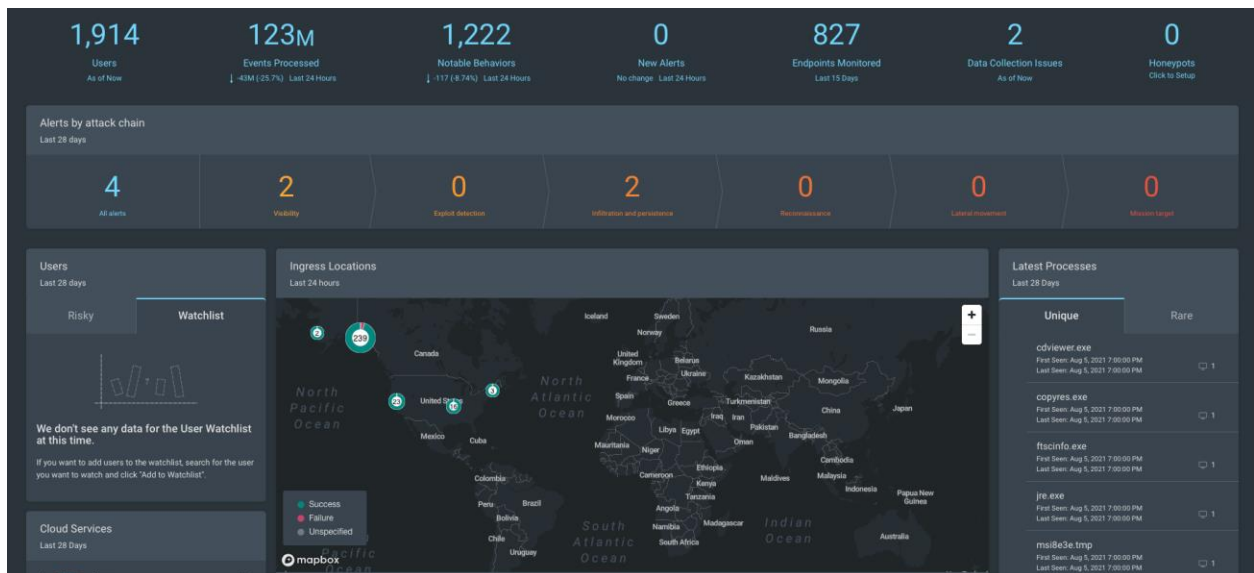
- None

Call Volumes (HelpDesk and Clinical IS): Previous Quarter



Information Security

- **Rapid7 Incident Detection and Response Report:** No MITRE ATT&CK Techniques detected in July 2021



- **Rapid7 Hunt Report:** Each month we perform an active hunt campaign starting with the presumption that we are already compromised and then look for evidence of said compromise including lateral movement, credential compromise/re-use, pivoting, malware, data exfiltration, etc.

Rapid7 MDR Hunt Report: Bartlett Regional Hospital

Rapid7 Managed Detection and Response · June 2021

Executive Summary

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **827 endpoints** in the Bartlett Regional Hospital environment for the month of June via the InsightIDR endpoint agent. **Rapid7 did not identify any indicators of compromise via hunt data during the month of July.**

The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.

- **Cybereason (Endpoint Detection and Response) Report: July**

Executive Summary

The following table shows the number of Malop detections (alerts) in your environment for the current month. Entries are separated by severity.

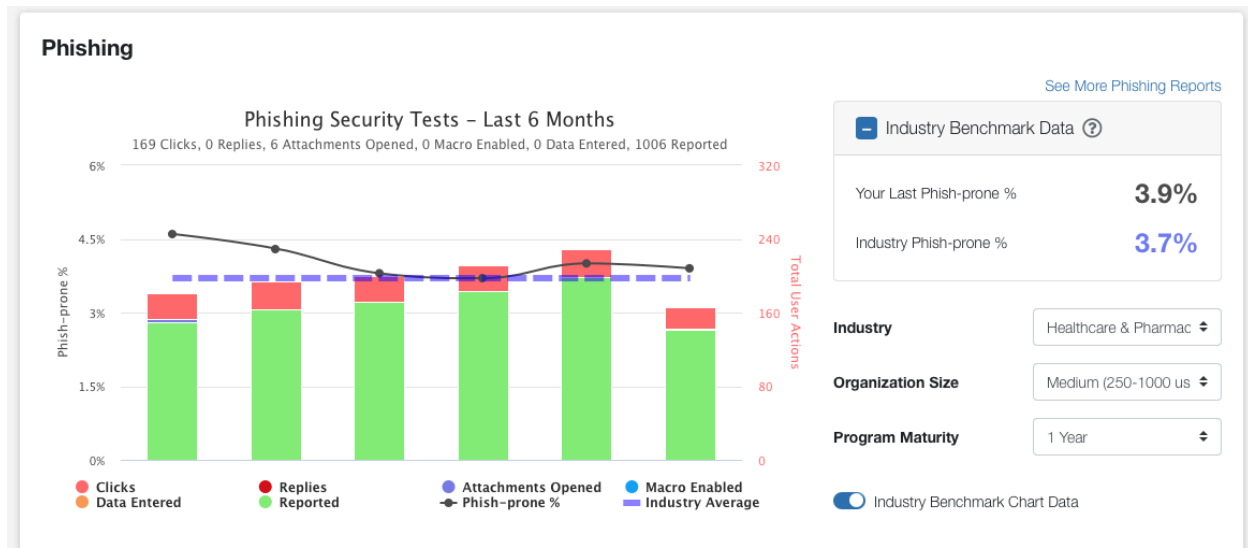
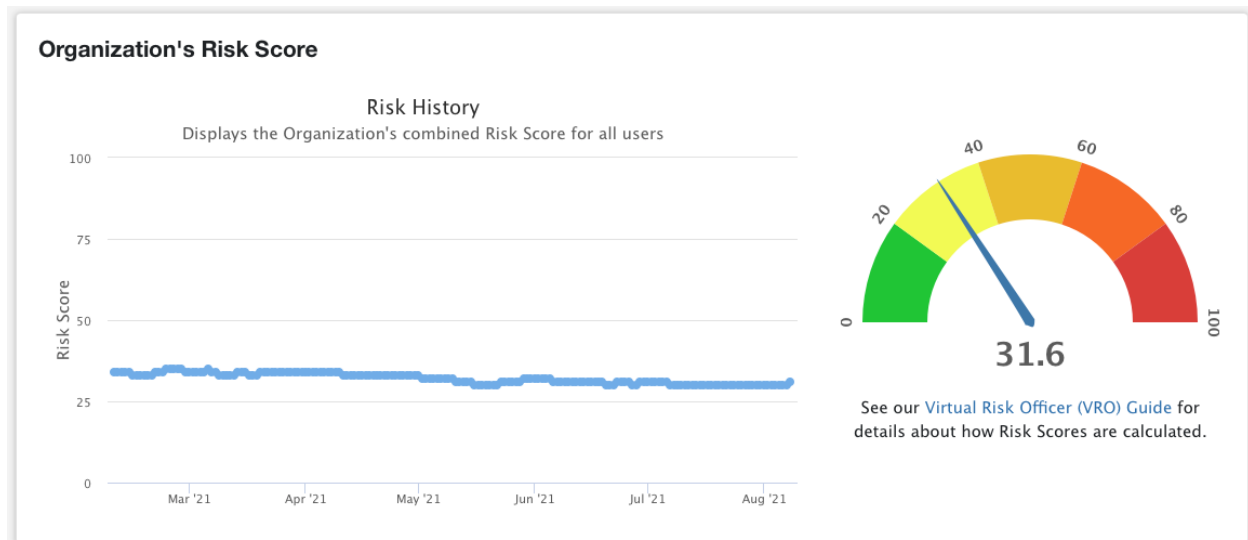
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No Malop/PUPs were detected this month.

- **Attacks on Bartlett network have decreased about 10% over the last quarter**

Attacks on Bartlett Network					
	As of March-15 2020	As of May-08	As of Jun-08	As of Jul-08	As of Aug-08
Per Minute	86	1210	1020	1075	1896
Per Hour	5,160	72,600	61,200	64,500	113,760
Per Day	123,840	1,742,400	1,468,800	1,548,000	2,730,240
Per Week	866,880	12,196,800	10,281,600	10,836,000	19,111,680
Per Month	3,839,040	54,014,400	45,532,800	47,988,000	84,637,440
Per Year	45,201,600	635,976,000	536,112,000	565,020,000	996,537,600

- Security Awareness Risk Score and Phishing Campaigns



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

August 2021 Board Report

Rose Lawhorne, CEO

- The current focus of operations is related to the active COVID-19 surge. As cases continue to rise, our current alert level 3 for the City and Borough of Juneau (CBJ) places greater restrictions.
 - August daily average for positive cases is 16, up from 7 in July. Three deaths have occurred due to COVID in the past couple of weeks. We continue to distribute messaging in support of vaccinations and mitigation measures.
 - Inpatient COVID cases has ranged from 2 to 6 patients in-house.
 - Hospital resources in our state and region continue to be scarce. Staffing challenges and increased census in hospitals reduce our ability to medevac those who are acutely ill, whether from COVID or other conditions.
 - BRH has reduced operating room hours and we have asked that elective surgical cases, requiring admission, be minimized.
 - Staffing resources are tight across the state, with difficulty recruiting travelers and licensing new staff. Other Alaska State Hospital and Nursing Home Association (ASHNHA) efforts we have participated in:
 - Meeting with cruise industry stakeholders to reinforce mitigation and patient care processes to protect local resources and ensure that patients are cared for.
 - Communication and feedback that resulted in an expedited temporary licensing and background check process.
 - The interagency ASHNHA workforce task force met for the first time this week to discuss strategies to address workforce wellness, competency, and availability. In the first meeting we discussed sharing resources, streamlining licensing, and implementing expedited educational programs within the state to increase workforce. The ASHNHA team will compile feedback and make recommendations for a path to implement solutions. I have held meetings with agencies in Juneau to identify and implement innovative solutions for shared training solutions and staffing to address this dire situation that impacts all agencies across the continuum of healthcare.
 - ASHNHA is working with the state to formalize screening and virtual care processes that would reduce unnecessary traffic into the hospital. These strategies include flexibility for offsite screening and triage of patients and telehealth care models.
 - The state is encouraging use of monoclonal antibodies to reduce severity of illness and need for inpatient stays. The availability of the medication via subcutaneous injections allows remote health clinics and cruise ships to administer this treatment without the need for lengthy infusions and observation time in hospitals.
 - Crisis Standards of Care is a modified model for healthcare facilities to use during times of reduced capacity and increased need. State leaders are beginning to consider this strategy as a resource, and will be distributing it to leaders in the state. They encourage facilities to not utilize positive,

- asymptomatic staff for work in the hospital, even isolated to positive patients, due to risk of exposure to other staff members and patients.
- The ASHNHA conference scheduled for September, was cancelled due to the escalating COVID situation.
- Supply chain limitations are beginning to again emerge. Our Materials Management team is preemptively ordering and stocking precious resources for the care of patients and keep our teams safe as they do so.
- Mandatory vaccine policy is being developed with assistance from CBJ Law to ensure that we follow legal requirements as we implement this strategy to maximize the health and safety of our workforce. The Medical Staff unanimously supported this concept. The expectation will be that Med Staff adhere to similar expectations as they work in our facility. Federal mandate for vaccination of staff working in long term care facilities was announced, and 30% of healthcare facilities overall have implemented vaccination mandates. A booster vaccination has been approved for immunocompromised and those with solid organ transplants. We currently have adequate supplies to offer these locally.
- Efficacy is around 50% for all types of vaccines in preventing infection. Multiple studies have shown 90% effectiveness in preventing serious illness, hospitalizations, and deaths related to COVID-19.
- While some staff members have been positive with COVID, no spread has been correlated to the workplace due to mitigation measures in place. Traffic from the public and patient visitation has been restricted, as well as heightened safety precautions in place for staff.
- We have prepared for the opening of the COVID wing, but are first using the negative airflow rooms and private rooms with HEPA filters to care for positive patients.
- With reduced access to rapid testing supplies, our Incident Command team has requested, through the city and state Emergency Operations Center (EOC), additional antigen tests that offer preliminary results within minutes, with follow up PCR testing as appropriate.
- The CBJ Quarantine and Isolation taskforce continues to assess the resources and placement options for individuals living with homelessness to ensure that they have access to services and can safely isolate when necessary.
- In the coming month, I will present an updated organizational structure to the management team and staff. The new structure incorporates an enhanced Marketing Department and accommodates growth within the organization.
- We are prioritizing Senior Leadership Team (SLT) rounding in departments. During this challenging time, presence and support of leaders is critical for the staff. We will begin monthly rounds in all departments on all shifts by SLT with a snack cart to encourage those on the frontlines.
- Leaders in Petersburg and Haines have requested support from our Behavioral Health teams. Bradley Grigg, CBHO, and Dr. Joanne Gartenberg, Medical Director, are tasked with evaluating our resources to assist these communities virtually and physically as we are able, to meet urgent needs in both communities.
- A joint conference will be established in the next month for members of the Assembly and Board to enhance communication and flow of information between BRH and CBJ.
- I am working with the Board President to develop an orientation packet for new Board members.
- I have scheduled 12 hours over two days on October 21st and 22nd for kick-off discussions with my executive coach.

- Legislative updates at the state and federal level:
 - Price transparency policies are still being discussed. No Surprises Act impacts billing for the hospital and physicians. As this situation evolves we will communicate with the physicians and collaborate to meet new requirements. Hospital Price Transparency rule requires ready availability of hospital rates so that patients can make informed care decisions.
 - Supplemental funds are anticipated through a bipartisan infrastructure bill that passed the Senate and is in the House for review. The package does not reduce the Provider Relief Funds.
 - The Senate has begun efforts to pass a human infrastructure package and other legislation that would invest in healthcare, education, and child care.
 - At the state level, regulations and flexibilities for virtual care models and telehealth are in place.



HAINES BOROUGH, ALASKA

P.O. BOX 1209

HAINES, AK 99827

(907) 766-6400 * FAX (907) 766-2716

August 18, 2021

Rose Lawhorne
Chief Executive Officer
Bartlett Regional Hospital
3260 Hospital Drive
Juneau, Alaska 99801

Dear Ms. Lawhorne,

When Haines was dealing with the aftermath of the December weather event, Bartlett Regional Hospital stepped up and came to help. Haines had many needs and we struggled to address all of those needs. The assistance of your Behavioral Health professionals was greatly appreciated.

Due to ongoing issues related to the December Weather event, as well as the continuing threat of COVID, we have many residents struggling to access the necessary professionals. We also have limited resources to assist residents that need help. We have community members in crisis that are having to wait 5-8 weeks to receive services. The Haines Borough would appreciate any further assistance Bartlett Regional Hospital is able to provide in regards to immediate response, ongoing behavioral health and health care services now and in the future.

Thank you for your past support and your willingness to research ways to continue to assist our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Olerud".

Douglas Olerud
Mayor
Haines Borough
dolerud@haines.ak.us
(907) 314-3193

A handwritten signature in blue ink, appearing to read "Alekka Fullerton".

Alekka Fullerton
Interim Manager
Haines Borough
afullerton@haines.ak.us
(907) 766-6402

September 2021

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

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

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 Planning – As needed

Physician Recruitment – As needed

Governance – As needed

Planning – 1st Friday every month

SEPTEMBER 2021 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, September 3rd

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, September 10th

<https://bartletthospital.zoom.us/j/98393405781>

Call 1 253 215 8782 Meeting ID: 983 9340 5781

BRH Board Quality Committee 3:30pm Wednesday, September 8th

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

Call 1 253 215 8782 Meeting ID: 931 3522 9557

BRH Physician Recruitment Committee Meeting 5:30pm Tuesday, September 21st

<https://bartletthospital.zoom.us/j/91227016708>

Call 1 253 215 8782 Meeting ID: 912 2701 6708

BRH Board of Directors Meeting 5:30pm Tuesday, September 28th

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195