

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, July 27, 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

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>	<b>5:45</b>
	A. June 22, 2021 Board of Directors Minutes	(Pg.3)
	B. May 2021 Financials	(Pg.8)
<b>VI.</b>	<b>EXECUTIVE SESSION</b>	<b>5:50</b>
	A. Campus Planning	
	B. Personnel Matters	
	C. Credentialing report	
	D. July 6, 2021 Medical Staff Meeting Minutes	
	E. Patient Safety Dashboard	
	F. Legal and Litigation Review	

*Motion by xx, to recess into executive session 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.)*

<b>VII.</b>	<b>NEW BUSINESS</b>		
	A. Property purchase - 1701 Salmon Creek Lane – <b>ACTION ITEM</b>		<b>6:20</b>
	B. Hospital Vaccination Policy		
<b>VIII.</b>	<b>MEDICAL STAFF REPORT</b>		<b>6:25</b>
	➤ Medical Staff Bylaws – Article VII: Clinical Privileges for Physicians and Practitioners in Training – <b>Action Item</b>	(Pg.14)	
<b>IX.</b>	<b>COMMITTEE REPORTS</b>		<b>6:30</b>
	A. June 23, 2021 Draft Joint Conference Meeting Minutes	(Pg.15)	
	B. July 2, 2021 Draft Planning Committee Meeting Minutes	(Pg.19)	
	C. July 9, 2021 Draft Finance Committee Meeting Minutes	(Pg.21)	
	➤ Campus Planning and Improvements bonding – <b>ACTION ITEM</b>		
	D. July 14, 2021 Draft Board Quality Committee Meeting Minutes	(Pg.23)	
	E. July 16, 2021 Draft Governance Committee Meeting Minutes	(Pg.25)	
<b>X.</b>	<b>MANAGEMENT REPORTS</b>		<b>6:40</b>
	A. Legal Management report	(Pg.27)	
	B. HR Management report	(Pg.28)	
	C. CNO Management report	(Pg.30)	
	D. CBHO Management report	(Pg.32)	
	➤ FY21 Q4 Community Navigator Report	(Pg.36)	
	➤ Crisis Stabilization Facility Field Report	(Pg.39)	
	➤ CBJ/BRH/Dawson/NWA Progress Meeting Minutes	(Pg.41)	
	E. CFO Management report	(Pg.44)	
	F. CEO Management report	(Pg.50)	
<b>XI.</b>	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:50</b>
<b>XII.</b>	<b>PRESIDENT REPORT</b>		<b>6:55</b>
<b>XIII.</b>	<b>CBJ LIAISON REPORT</b>		<b>7:00</b>
<b>XIV.</b>	<b>BOARD CALENDAR – August 2021</b>	(Pg.52)	<b>7:05</b>
<b>XV.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>7:15</b>
<b>XVI.</b>	<b>ADJOURNMENT</b>		<b>7:20</b>

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

# Bartlett Regional Hospital

**Minutes**  
**BOARD OF DIRECTORS MEETING**  
**June 22, 2021 – 5:30 p.m.**  
**Zoom videoconference**

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

**BOARD MEMBERS PRESENT** (*Virtual attendees italicized*)

Kenny Solomon-Gross – President	Rosemary Hagevig, Vice-President	<i>Mark Johnson, Secretary</i>
Brenda Knapp	Hal Geiger	Iola Young
<i>Deb Johnston</i>	<i>Lindy Jones, MD</i>	

**ABSENT** - Lance Stevens

**ALSO PRESENT** (*Virtual attendees italicized*)

Rose Lawhorne, CEO	Kevin Benson, CFO	Kim McDowell, CNO
<i>Dallas Hargrave, HR Director</i>	<i>Keegan Jackson, MD, COS</i>	<i>Robert Palmer, CBJ Attorney</i>
<i>Barbara Nault, Legal Advisor</i>	Michelle Hale, CBJ Liaison	<i>Joy Neyhart, DO</i>
<i>Gail Moorehead, Quality Director</i>	Anita Moffitt, Executive Assistant	<i>Loren Jones, CBJ Assembly</i>
<i>Nathan Overson, Compliance Director</i>	<i>Kris Muller, Fiscal Analyst</i>	<i>Blessy Robert, Accounting Director</i>
<i>KRoseman (Public)</i>	Rod Wilson (Public)	

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

**PUBLIC PARTICIPATION** – Rod Wilson stated that he wanted to express to the Board how great Bartlett Regional Hospital (BRH) is. He reported that he came to BRH on the 21<sup>st</sup> of March, 2020, the first COVID patient of BRH. He spoke about the excellent care received here and the coordination of care with Virginia Mason (VM) before being medevacked there two days later. He was in a medically induced coma for 55 days and on a ventilator for 42 days, the longest any COVID patient had been on a ventilator to date. After 13 days, his daughter was informed that he would probably be a vegetable when he came back. Thankfully, he came back with some ill effects but between BRH, VM and Hearthstone Recovery Center, he is almost back 100%. He had returned to Juneau just before Labor Day and needed to resume physical therapy as soon as possible. Within two weeks, he met Clarissa Graves and Rachelle Cummins, BRH physical therapists. He could not express enough how helpful and accommodating they were. By Thanksgiving, he finished PT. A baseline pulmonary function test conducted by David Job revealed that Mr. Wilson was down to less than ¾ of normal capacity. 60 days later, he had gained 9% in one category and 11% in another and is due for his final pulmonary test soon. During a visit to the ED in September for a non COVID matter, the ED nurse remembered the night Mr. Wilson was airlifted out of Juneau, she hadn't expected to see him alive again. He shared that he had actually died two times at VM. Mr. Solomon-Gross thanked Mr. Wilson for sharing his story and expressed happiness that he survived. Mr. Wilson added that not only does the staff provide great care great here at the hospital, Ms. Lawhorne, a stranger, took care of his dog from the time he became ill until October without hesitation. He stated that the staff and what BRH does here is marvelous, the connections with hospitals down south is astronomical and to keep it up! Attendees applauded Mr. Wilson, thanked him for sharing his story and wished him well.

**CONSENT AGENDA - MOTION by Ms. Hagevig to approve the consent agenda as written. Ms. Knapp seconded.**

Mr. Geiger suggested a change to the minutes. For the benefit of anyone who was not in attendance, he requests a sentence be added to identify what clarification was provided as referenced in the first section of the Medical Staff report. Ms. Knapp identified a typographical error under the Governance Committee report. **MOTION amended by Ms. Hagevig to approve the consent agenda subject to clerical changes. There being no objection, the May 25, 2021 Board of Directors meeting minutes as amended and the April 2021 Financials approved.**

**MEDICAL STAFF REPORT** – Dr. Jackson reported that it was business as usual at the June 1<sup>st</sup>, Medical Staff meeting. Routine committee reports were provided. Bylaw revisions had been presented regarding resident and student learners, what their capabilities are and what requires direct supervision. A reminder was given to the Medical Staff about the completion of medical records and having them signed off on within 30 days. Discussions about the Meditech Expanse upgrade included the ongoing need for support as we transition to the new edition. The Medical Staff recommends local people be used for providing support as it is difficult to get support in a timely manner after hours and on weekends.

#### **COMMITTEE REPORTS:**

**Planning Committee Meeting** – Draft minutes from the June 4<sup>th</sup> meeting are in the packet. Mr. Solomon-Gross reported what is going on with our properties as well as campus plans had been discussed at the meeting. The next Planning meeting is July 2<sup>nd</sup>.

**Finance Committee Meeting** – Draft minutes from the June 11<sup>th</sup> meeting are in the packet. Ms. Johnston reported that the meeting was fairly short and pretty straight forward. An update had been provided on where we were at in April. We had mixed results and are pretty close to break even for the month and the year.

#### **MANAGEMENT REPORTS:**

**Legal Report** – Ms. Nault provided a summary of projects she has been working on since last month's meeting. Terms have been agreed upon for renewal of CT services agreement with Southeast Radiation Oncology and we are finalizing the business associate agreement with them. Finalized a renewal of the professional services agreement for Emergency Department coverage. Completed updates to the Hospitalist employment agreements. Ongoing projects include reviewing independent contractor agreements for licensed counselors and working on updates to the medical resident policy and affiliation agreements.

Mr. Palmer reported that the Systemic Racism Review Committee (SRRC) is close to finishing their tool to evaluate any legislation that comes to them. Changes that BRH wants to its code, or that requires resolution that the Assembly needs to adopt, requires review by the SRRC. This review may add a month's worth of time to a resolution through the approval process. Ms. Knapp received confirmation that bylaw revisions would require review by the SRRC. Ms. Hagevig asked if there is a way to know in advance what we should be aware of and what kind of content has to be there to expedite the process. She expressed concern about the extra time as much of the Board's work is time sensitive. Mr. Palmer clarified that the SRRC is only charged at looking at resolutions that are going to be placed on the Assembly's agenda for adoption or ordinances that are set for public hearing. Their charge is very narrow and they have a short window to review and make a recommendation. It's an up or down recommendation; Does the proposed legislation likely include or perpetuate systemic racism or not? When they finalize the tool, it will be distributed to BRH staff and the Board so they know what the review entails. He is not aware of any other municipality doing this review process and it may change in the future. Ms. Knapp suggested a training session be offered by CBJ staff when this evaluation tool becomes available so all boards hear the same thing. Ms. Hale noted that what is envisioned by the Assembly is that the SRRC will conduct their review and make a recommendation. (This does not mean that anyone has to do anything with that recommendation.) The SRRC guidelines are to help the Assembly when drafting legislation by identifying any potential impacts. Ms. Hagevig stated that the work the enterprise boards do is highly specialized and technical. Unless there is someone on the committee that has the same level of knowledge, a general overview framework may or may not be successful. She also supports training by CBJ staff. Ms. Hale noted that the SRRC is not a subject matter expert in hospitals or docks and harbors, they are subject matter experts in systemic racism and that is what they are looking for. They would not bog down the process.

Mr. Palmer stated that he brought this to the Board as an awareness item and it will be discussed further when the information comes out. Mr. Solomon-Gross agreed that training should be provided.

**HR Report** – Mr. Hargrave reported that he is on the Governance Committee meeting agenda to discuss the Board’s self-evaluation to be conducted through the Governance Institute. He will send an email to the Board with details about the evaluation and a link to the survey. He also reported that he, Mr. Solomon-Gross and Ms. Lawhorne are to meet next week to set some draft goals for the CEO to present at the next Board meeting. Nothing has been finalized yet with an executive coach for the CEO but it is moving forward. Reference checks are being conducted and agreement is to be executed.

**CNO Report** – Mr. Solomon-Gross thanked Ms. McDowell for the thorough report. Ms. Young expressed appreciation for the inclusion of identification of the acronyms used in the report. Ms. Hagevig congratulated the OB department for the 34 births.

**CBHO Report** – Ms. Knapp wondered if the 118 individuals (94 adults and 22 children/adolescents) assessed in the emergency department for behavioral health crisis is significantly above the monthly average. Ms. Lawhorne reported that there has been a steady increase in volumes. She also reported that we are focusing on offering annual contracts with our Psychiatry Locums. There are efforts to recruit contract therapists until we can bring them on full time. There are 21 people on a waitlist for BOPS (Bartlett Outpatient Psychiatric Services). We are making progress in staffing but it’s not a steady environment, the more we hire, the more we need. Mr. Geiger asked about staffing levels in BOPS and telehealth services. There is a blend of psychiatrists and nurse practitioners that provide services in person and via telehealth. The majority of services are provided via telehealth. BOPS is an outpatient service with extended hours, but does not operate 24 hours a day. Ms. Young asked for clarification about integration of Neuro-Psychology services and creating a community referral process to begin referral later this summer as written in the CBHO report. Does this mean accepting referrals from Primary Care? (Yes) She also received clarification that the Applied Behavioral Analysis Clinic is receiving enquiries now but is not accepting referrals until June 30<sup>th</sup>. Ms. Lawhorne reported that we have posted for the Pediatric physician position at BOPS. There has been interest and we are negotiating a contract for the physician to begin as soon as possible. This position was included in the FY22 budget.

In response to Ms. Knapp’s questions about the glycol conversion project and the Living Will Registry, Mr. Benson responded that the glycol conversion project is the circulation systems in the hospital, primarily the intake of outside air. Glycol will prevent freezing of the systems during cold weather. Ms. Lawhorne responded that the living will registry is not new to us. We are renewing our agreement with them to provide end of life directives. It is compliant with the State of Alaska regulations.

**CFO Report** – Mr. Benson made the Board aware of how tight staffing is and that it is going to result in overtime pay for staff to cover the gaps. We are working to find creative solutions to address this issue that effects multiple departments. There are a number of issues contributing to this nationwide problem; COVID burnout and being able to travel again among them. Ms. Knapp noted the need to be ready when Cruise ships return. Ms. Lawhorne stated that what worked before is not working now. Because of the national shortage, there is new legislation to fund through Medicare, additional student programs for physicians and nurses to try to draw people in. She also noted that historically, there has been interest in other types of personnel, such as EMTs and paramedics, to reinforce BRH staff, however, there are regulatory requirements about bringing non-nursing personnel into the nursing world. Ms. McDowell is working with her staff to ensure that we have a compliant staffing program and supplementing where we can. Ms. Lawhorne has meetings with the Chancellor of UAS and people at the nursing school to look at the nursing needs of Alaska. She is joining an ASHNA work group that is trying to find support for the healthcare workforce. As there are a lot of elements to the problem, we are going to have to hit it with a multi-faceted approach. Ms. Young asked what cruise season volume assumptions were used for determining the FY22 budget. Mr. Benson responded that we planned for no cruise ships in 2021 but that they would return in 2022. Mr. Geiger noted there are a people from smaller cruise ships in town now and they seem to be younger than the geriatric cruisers normally seen during cruise season. He asked if we are seeing any evidence of increased visits to BRH from out of town folks now. Dr. Jones reported that some are trickling in. He also said he feels that the ED is staffed well enough to meet the needs of the cruise ship passengers. When asked if there is a need to staff up in other departments, Ms. McDowell reiterated that we are having staffing issues and not knowing the number of passengers makes it hard to plan. Mr. Benson noted most of the activity we see from the cruise ships is in the ED. Ms. Hale suggested that getting the cruise ship schedule may be helpful to the hospital to make preparations.

**CEO Report** – No questions or comments

**CEO REPORT/STRATEGIC DISCUSSION** – Ms. Lawhorne reported that she and the Senior Leadership Team (SLT) are working to support our staff by being present as the SLT, conducting monthly rounding while serving coffee and tea to staff, looking at safety aspects and the dynamics in the changing direction of healthcare and trying to preemptively address some of the challenges people are experiencing. Rounding and recognizing employees has been very well received. She reported Dr. John Huffer, Urologist has begun providing services in Juneau and performed his first surgical procedure in our OR today. He is currently in a temporary space while remodeling his long term practice space on Vintage Boulevard. He is already getting referrals from local physicians. Ms. Hagevig asked if we know when the Joint Commission is going to arrive at BRH. Ms. Lawhorne said no, but we remain in a state of readiness for their survey. Dr. Jones commented that it is lovely to see our CEO cruise through the hospital and engage with staff, it brings a sense of positivity. In response to Ms. Young's question about the progress in the recruitment of a COO, Ms. Lawhorne reported that we do have a possible candidate and are moving forward.

**PRESIDENT REPORT** – Mr. Solomon-Gross said one of his goals, as the Board President this year is to increase communications with the other board members. He and Ms. Lawhorne have set a goal for her to meet with each of the board members on a quarterly basis. Ms. Moffitt has already begun scheduling these meetings. He reported that he has been busy working on campus planning. He is also working with Ms. Lawhorne and Mr. Hargrave to develop goals for the CEO to present at next month's Board meeting. Board members are going to a Leadership Conference in October. There is specific language in the open meetings act that allows for this type of activity. All board members are to inform Ms. Moffitt what travel arrangements are to be made by her. Transportation will need to be coordinated to and from the airport. Mr. Geiger asked about the appropriateness of individual board members meeting with the CEO. It was clarified that the CEO is to meet with each Board member as a way for the CEO to get to know the Board members and build relationships. These meetings are not meant for the board members to lobby the CEO for their individual interests.

**CBJ LIAISON REPORT** - Ms. Hale reported that the Assembly has returned to a normal flow of work. Mr. Solomon-Gross expressed appreciation for the continuation of hybrid meetings offering in person as well as virtual participation. The BRH Board will continue this as well. Ms. Hale reported the Assembly has changed the rules of procedure and must continue to allow virtual participation. It has increased public participation remarkably.

**BOARD CALENDAR** – July calendar reviewed. No changes made. Mr. Geiger will be out of town but will try to attend the July Board meeting virtually. Mr. Solomon-Gross will not be here for the August Board meeting, Ms. Hagevig will chair the meeting.

**BOARD COMMENTS AND QUESTIONS** –Mr. Johnson asked about the Delta variant of COVID and wondered if anyone had any thoughts since it is more easily spread but is covered by the vaccine. Dr. Jones stated that in the ER, we are seeing younger people, not vaccinated, but there has been no upsurge. He has not seen anyone that has received a vaccine that has gotten COVID and gotten sick. We try to vaccinate anyone that comes to the hospital. Ms. Hagevig asked if CBJ is going to need paperwork since board members will begin getting paid for their services beginning July 1<sup>st</sup>. Ms. Hale said if there is, the City Clerk will reach out. Assembly member Jones promoted this \$250.00 per month per board member as a token of recognition for the hard work and responsibility of the BRH Board. The Assembly approved. Mr. Solomon-Gross expressed appreciation to the Assembly for the recognition.

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

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

*And*

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

*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.)*

**Ms. Hagevig seconded.** The Board entered executive session at 7:05 p.m. after taking a 10 minute recess. They returned to regular session at 7:56 p.m.

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

**ADJOURNMENT:** 7:57 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, July 27, 2021

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

DATE: July 6, 2021  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: May Financial Performance

The financial results for Bartlett Regional Hospital look very similar to April, but the final results were significantly better. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.3 million (-21%). After eleven months, inpatient revenues are \$13.6 million (-21%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$446,000 (4.5%) over budget. The primary drivers were increased surgical procedures (16%) and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$4.3 million (4.1%) ahead of budget and 16.1% greater than the prior year.

Rainforest Recovery Center is still operating at 66% capacity, however new revenue from Withdrawal Management resulted in a decrease of only 18%. BHOPS revenues were 17% over budget at almost \$339,000. Physician revenue was 20% greater than budget. This resulted in Total Gross Patient Revenue of \$17.1 million, which was \$639,000 (3.6%) less than budget.

Deductions from revenue had a favorable variance of \$768,000 (9.4%). This was a result of a change in payor mix, with more revenue from commercial payors with lower deductions and reduction of Medicaid revenues.

Net Patient Revenue finished just slightly greater than budget at \$9.8 million. After Other Operating Revenue the Total Operating Revenue finished at \$10.4 million or (1.8%) greater than budget.

Expenses exceeded budget by \$598,000 or 6.1%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest causes for this increase:

- The operation of the molecular lab added \$203,000 in unbudgeted revenue and \$53,000 in unbudgeted expense.
- Increased staff costs for ER Triage hut, front door screening, molecular lab and central staffing.
- The prior month of May reflects the finances of the organization in its second month of reopening during Covid. Net Patient Revenue was significantly depressed but was supplemented by Provider Relief Funds reflected in Other Operating Revenue.

The expense variance led to an Operating Loss of \$54,000. After Non-Operating Income of \$176,000 the final Net Income was \$122,000. After eleven months, BRH is essentially at a breakeven position of \$195,000 (1.7%) net margin.



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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Apr)	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	393	386	2%	274	434	4,182	4,169	0%	3,970
Patient Days - Critical Care Unit	78	96	-19%	74	78	1,013	1,041	-3%	930
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	15.2	15.6	-2%	11	17.1	15.5	15.6	0%	14.6
Patient Days - Obstetrics	83	69	20%	71	60	700	747	-6%	718
Patient Days - Nursery	64	54	19%	52	43	555	580	-4%	565
<b>Total Hospital Patient Days</b>	<b>618</b>	<b>605</b>	<b>2%</b>	<b>471</b>	<b>615</b>	<b>6,450</b>	<b>6,536</b>	<b>-1%</b>	<b>6,183</b>
Births	34	25	38%	27	23	274	266	3%	261
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	180	279	-35%	101	150	1,658	3,015	-45%	2,337
Avg. Daily Census - MHU	5.8	9.0	-35%	3.3	5	4.9	9.0	-45%	7.0
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	161	399	-60%	0	169	1,274	4,316	-70%	2,538
Avg. Daily Census - RRC	5	12.9	-60%	0.0	6	4	12.9	-70%	7.6
Outpatient visits	32	19	65%	27	47	843	799	6%	293
<b>Inpatient: Admissions</b>									
Med/Surg	63	80	-21%	55	48	368	863	-57%	758
Critical Care Unit	32	45	-28%	33	32	368	483	-24%	441
Obstetrics	33	27	24%	29	28	296	288	3%	288
Nursery	34	25	37%	27	25	276	268	3%	263
Mental Health Unit	24	37	-36%	18	24	223	404	-45%	337
<b>Total Admissions - Inpatient Status</b>	<b>186</b>	<b>213</b>	<b>-13%</b>	<b>162</b>	<b>157</b>	<b>1,531</b>	<b>2,306</b>	<b>-34%</b>	<b>2,087</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	71	57	25%	53	49	671	613	9%	605
Critical Care Unit	23	30	-24%	24	30	294	329	-11%	325
Mental Health Unit	2	3	-22%	4	1	21	28	-24%	27
Obstetrics	18	19	-6%	13	15	155	207	-25%	185
Nursery	0	0	-100%	0	0	0	2	-100%	2
<b>Total Admissions to Observation</b>	<b>114</b>	<b>109</b>	<b>5%</b>	<b>94</b>	<b>95</b>	<b>1,141</b>	<b>1,178</b>	<b>-3%</b>	<b>1,144</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	48	53	-9%	44	50	542	569	-5%	510
Endoscopy Cases	126	92	37%	29	107	1,037	995	4%	833
Same Day Surgery Cases	102	104	-2%	87	122	1,275	1,120	14%	1,002
<b>Total Surgery Cases</b>	<b>276</b>	<b>248</b>	<b>11%</b>	<b>160</b>	<b>279</b>	<b>2,854</b>	<b>2,684</b>	<b>6%</b>	<b>2,345</b>
Total Surgery Minutes	17,804	15,437	15%	15,020	18,757	198,855	166,815	19%	169,846
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,096	1,243	-12%	892	947	10,440	13,433	-22%	12,196
Cardiac Rehab Visits	64	65	-2%	60	49	616	705	-13%	675
Lab Visits	1,312	402	226%	212	825	4,795	4,349	10%	3,698
Lab Tests	9,076	9,638	-6%	8,422	10,607	106,649	97,139	10%	103,954
Radiology Visits	841	840	0%	615	808	8,892	9,075	-2%	7,811
Radiology Tests	2,256	2,697	-16%	1,934	2,125	24,877	27,641	-10%	24,174
Sleep Study Visits	33	29	14%	24	21	276	312	-12%	270
<b>Physician Clinics:</b>									
Hospitalists	221	237	-7%	43	177	2,328	2,566	-9%	2,121
Bartlett Oncology Clinic	83	83	0%	58	84	925	901	3%	801
Ophthalmology Clinic	83	55	52%	29	90	978	589	66%	107
Behavioral Health Outpatient visits	701	385	82%	436	753	5,704	4,163	37%	3,959
Bartlett Surgery Specialty Clinic visits	298	209	43%	150	280	2,649	2,257	17%	2,727
	1,386	969	43%	716	1,384	12,584	10,477	20%	9,715
<b>Other Operating Indicators:</b>									
Dietary Meals Served	23,626	30,346	-22%	17,827	20,293	224,499	327,929	-32%	285,837
Laundry Pounds (Per 100)	394	384	3%	311	396	4,173	4,147	1%	3,836

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	5,055	4,961	1.9%	2,908	5,443	4,691	16.0%	3,970
Contractual Allowance %	42.3%	43.0%	-1.5%	46.1%	43.7%	43.0%	1.7%	41.6%
Bad Debt & Charity Care %	0.6%	2.7%	-76.0%	1.9%	1.2%	2.7%	-55.4%	2.4%
Wages as a % of Net Revenue	48.7%	46.1%	5.8%	75.9%	52.8%	47.2%	11.8%	51.9%
Productive Staff Hours Per Adjusted Patient Day	26.7	24.5	8.9%	20.8	27.0	22.5	20.0%	21.8
Non-Productive Staff Hours Per Adjusted Patient Day	4.2	3.8	9.1%	3.4	4.4	3.6	21.8%	3.5
Overtime/Premium % of Productive	4.57%	5.21%	-12.3%	5.21%	6.25%	6.17%	1.3%	6.17%
Days Cash on Hand	68	73	-6.7%	119	67	73	-7.6%	122
Board Designated Days Cash on Hand	153	164	-6.7%	137	151	164	-7.6%	137
Days in Net Receivables	51.6	52	0.0%	66	51.6	52	0.0%	66
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.5%	33.7%	73.6%	63.0%
Total debt-to-capitalization (without PERS)					14.7%	33.7%	-56.5%	16.0%
Current Ratio					6.28	2.00	214.0%	8.92
Debt-to-Cash Flow (with PERS)					10.37	2.7	283.9%	8.26
Debt-to-Cash Flow (without PERS)					2.60	2.7	-3.7%	2.09
Aged A/R 90 days & greater					48.3%	19.8%	143.9%	62.5%
Bad Debt Write off					0.0%	0.8%	-100.0%	0.6%
Cash Collections					91.9%	99.4%	-7.5%	101.7%
Charity Care Write off					0.6%	1.4%	-57.1%	0.2%
Cost of Collections (Hospital only)					4.8%	2.8%	71.4%	5.9%
Discharged not Final Billed (DNFB)					11.4%	4.7%	142.6%	14.6%
Unbilled & Claims on Hold (DNSP)					11.4%	5.1%	123.5%	14.6%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					1.6%	21.3%	-92.5%	0.0%

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF MAY 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
\$3,853,990	\$5,062,787	-\$1,208,797	-23.9%	\$2,885,509	1. Gross Patient Revenue:						
\$994,166	\$1,075,641	-\$81,475	-7.6%	\$712,866	2. Inpatient Revenue	\$40,478,490	\$53,362,889	-\$12,884,400	-24.1%	\$44,985,270	-10.0%
\$4,848,156	\$6,138,428	-\$1,290,272	-21.0%	\$3,598,375	3. Inpatient Ancillary Revenue	\$10,586,997	\$11,337,531	-\$750,534	-6.6%	\$9,764,784	8.4%
					4. Total Inpatient Revenue	\$51,065,487	\$64,700,420	-\$13,634,934	-21.1%	\$54,750,054	-6.7%
\$10,377,400	\$9,931,639	\$445,761	4.5%	\$7,496,383	5. Outpatient Revenue	\$108,983,876	\$104,681,748	\$4,302,128	4.1%	\$93,877,619	16.1%
\$15,225,556	\$16,070,067	-\$844,511	-5.3%	\$11,094,758	6. Total Patient Revenue - Hospital	\$160,049,363	\$169,382,168	-\$9,332,806	-5.5%	\$148,627,673	7.7%
\$279,368	\$340,062	-\$60,694	-17.8%	\$3,486	7. RRC Patient Revenue	\$1,929,786	\$3,584,314	-\$1,654,528	-46.2%	\$2,661,463	-27.5%
\$339,418	\$289,024	\$50,394	17.4%	\$185,710	8. BHOPS Patient Revenue	\$3,062,377	\$3,046,396	\$15,981	0.5%	\$2,825,773	8.4%
\$1,296,987	\$1,080,901	\$216,086	20.0%	\$372,611	9. Physician Revenue	\$11,176,358	\$11,392,946	-\$216,589	-1.9%	\$9,643,183	15.9%
\$17,141,329	\$17,780,054	-\$638,725	-3.6%	\$11,656,565	10. Total Gross Patient Revenue	\$176,217,884	\$187,405,824	-\$11,187,942	-6.0%	\$163,758,092	7.6%
\$2,873,633	\$3,410,985	\$537,352	15.8%	\$1,784,136	11. Deductions from Revenue:						
\$0	\$0	\$0		-\$308,333	10a. Inpatient Contractual Allowance	\$29,003,715	\$35,952,613	\$6,948,898	19.3%	\$28,814,334	0.7%
\$3,866,790	\$3,545,188	-\$321,602	-9.1%	\$3,601,452	11. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$513,703	\$683,601	\$169,898	24.9%	\$292,571	12. Outpatient Contractual Allowance	\$41,481,053	\$37,367,093	-\$4,113,960	-11.0%	\$33,626,944	23.4%
\$0	\$15,724	\$15,724	100.0%	\$16,839	13. Physician Service Contractual Allowance	\$6,509,365	\$7,205,311	\$695,946	9.7%	\$6,002,584	8.4%
\$99,125	\$73,897	-\$25,228	-34.1%	\$22,165	14. Other Deductions	\$136,686	\$165,735	\$29,050	17.5%	\$163,741	0.0%
\$11,568	\$403,543	\$391,975	97.1%	\$197,256	15. Charity Care	\$1,183,761	\$778,880	-\$404,881	-52.0%	\$896,959	32.0%
					15. Bad Debt Expense	\$925,395	\$4,253,445	\$3,328,050	78.2%	\$2,970,010	-68.8%
\$7,364,819	\$8,132,938	\$768,119	9.4%	\$5,606,086	16. Total Deductions from Revenue	\$79,239,975	\$85,723,077	\$6,483,103	7.6%	\$72,166,239	9.8%
42.3%	43.0%			48.7%	% Contractual Allowances / Total Gross Patient Revenue	43.7%	43.0%			41.6%	
0.6%	2.7%			1.9%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.2%	2.7%			2.4%	
43.0%	45.7%			48.1%	% Total Deductions / Total Gross Patient Revenue	45.0%	45.7%			44.1%	
\$9,776,510	\$9,647,116	\$129,394	1.3%	\$6,050,479	17. Net Patient Revenue	\$96,977,909	\$101,682,747	-\$4,704,839	-4.6%	\$91,591,853	5.9%
\$617,599	\$566,213	\$51,386	9.1%	\$5,670,715	18. Other Operating Revenue	\$14,381,622	\$5,968,020	\$8,413,602	141.0%	\$12,567,726	14.4%
\$10,394,109	\$10,213,329	\$180,780	1.8%	\$11,721,194	19. Total Operating Revenue	\$111,359,531	\$107,650,767	\$3,708,763	3.4%	\$104,159,579	6.9%
\$4,302,473	\$3,947,432	-\$355,041	-9.0%	\$4,108,898	20. Expenses:						
\$251,201	\$369,340	\$118,139	32.0%	\$349,601	20. Salaries & Wages	\$46,369,962	\$42,657,689	-\$3,712,273	-8.7%	\$42,490,934	9.1%
\$210,724	\$128,757	-\$81,967	-63.7%	\$131,236	21. Physician Wages	\$3,206,151	\$3,991,249	\$785,098	19.7%	\$3,481,289	-7.9%
\$2,599,496	\$2,203,023	-\$396,473	-18.0%	\$2,233,571	22. Contract Labor	\$1,660,685	\$1,391,377	-\$269,308	-19.4%	\$1,600,225	3.8%
\$7,363,894	\$6,648,552	-\$715,342	-10.8%	\$6,823,306	23. Employee Benefits	\$25,377,258	\$23,806,754	-\$1,570,504	-6.6%	\$22,279,644	13.9%
70.8%	65.1%			58.2%	% Salaries and Benefits / Total Operating Revenue	\$76,614,056	\$71,847,069	-\$4,766,987	-6.6%	\$69,852,092	9.7%
\$66,178	\$81,316	\$15,138	18.6%	\$140,285	24. Medical Professional Fees	\$1,051,633	\$878,718	-\$172,915	-19.7%	\$870,878	20.8%
\$365,022	\$170,111	-\$194,911	-114.6%	\$198,107	25. Physician Contracts	\$3,320,700	\$1,838,284	-\$1,482,416	-80.6%	\$2,327,783	42.7%
\$200,348	\$174,322	-\$26,026	-14.9%	\$163,359	26. Non-Medical Professional Fees	\$2,169,862	\$1,883,810	-\$286,052	-15.2%	\$1,899,062	14.3%
\$1,242,516	\$1,219,342	-\$23,174	-1.9%	\$1,166,089	27. Materials & Supplies	\$15,434,926	\$13,176,811	-\$2,258,115	-17.1%	\$12,657,036	21.9%
\$129,644	\$143,382	\$13,738	9.6%	\$87,865	28. Utilities	\$1,321,553	\$1,549,484	\$227,931	14.7%	\$1,354,104	-2.4%
\$229,319	\$432,229	\$202,910	46.9%	\$288,271	29. Maintenance & Repairs	\$4,570,581	\$4,670,832	\$100,251	2.1%	\$4,031,655	13.4%
\$45,000	\$52,298	\$7,298	14.0%	\$38,173	30. Rentals & Leases	\$573,510	\$565,162	-\$8,348	-1.5%	\$542,685	5.7%
\$43,207	\$53,793	\$10,586	19.7%	\$44,061	31. Insurance	\$534,789	\$581,307	\$46,518	8.0%	\$479,262	11.6%
\$614,334	\$677,443	\$63,109	9.3%	\$624,313	32. Depreciation & Amortization	\$6,927,500	\$7,240,100	\$212,600	2.9%	\$6,551,879	5.7%
\$49,359	\$1,245	\$1,886	3.7%	\$51,122	33. Interest Expense	\$554,012	\$553,778	-\$234	0.0%	\$571,657	-3.1%
\$99,384	\$145,706	\$46,322	31.8%	\$103,496	34. Other Operating Expenses	\$1,137,172	\$1,574,545	\$437,373	27.8%	\$1,231,866	-7.7%
\$10,448,205	\$9,849,739	-\$598,466	-6.1%	\$9,728,447	35. Total Expenses	\$114,210,294	\$106,359,900	-\$7,950,394	-7.5%	\$102,369,959	-11.6%
-\$54,096	\$363,590	-\$417,686	-114.9%	\$1,992,747	36. Income (Loss) from Operations	-\$2,850,763	\$1,290,867	-\$4,141,630	-320.8%	\$1,789,620	-259.3%
\$102,551	\$104,050	-\$1,500	-1.4%	\$104,915	37. Non-Operating Revenue	\$1,127,552	\$1,124,407	\$3,145	0.3%	\$1,128,156	-0.1%
\$73,423	\$100,475	-\$27,052	-26.9%	\$72,659	38. Interest Income	\$1,917,990	\$1,085,767	\$832,223	76.6%	\$802,451	139.0%
\$175,974	\$204,525	-\$28,552	-14.0%	\$177,574	39. Total Non-Operating Revenue	\$3,045,542	\$2,210,174	\$835,368	37.8%	\$1,930,607	57.8%
\$121,878	\$568,115	-\$446,237	78.5%	\$2,170,321	40. Net Income (Loss)	\$194,779	\$3,501,041	-\$3,306,262	94.4%	\$3,720,227	94.8%
-0.52%	3.56%			17.00%	Income from Operations Margin	-2.56%	1.20%			1.72%	
1.17%	5.56%			18.52%	Net Income	0.17%	3.25%			3.57%	

**BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
May 31, 2021**

	<u>May-21</u>	<u>April-21</u>	<u>May-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	21,507,086	20,508,927	34,950,900	(13,443,813)
2. Board designated cash	35,107,839	35,107,839	34,523,186	584,653
3. Patient accounts receivable, net	15,785,030	15,604,356	12,774,547	3,010,483
4. Other receivables	1,151,553	1,192,861	2,870,302	(1,718,748)
5. Inventories	3,569,923	3,561,334	3,320,969	248,954
6. Prepaid Expenses	2,272,909	2,402,250	78,967	2,193,942
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	79,423,217	78,406,444	88,547,748	(9,124,529)
Appropriated Cash:				
9. CIP Appropriated Funding	13,352,751	13,352,751	5,740,967	7,611,784
Property, plant & equipment				
10. Land, bldgs & equipment	149,080,856	148,367,673	141,110,718	7,970,139
11. Construction in progress	7,570,489	7,860,963	8,029,917	(459,427)
12. Total property & equipment	156,651,345	156,228,636	149,140,635	7,510,712
13. Less: accumulated depreciation	(100,968,052)	(100,353,838)	(93,407,833)	(7,560,219)
14. Net property and equipment	55,683,293	55,874,800	55,732,803	(49,508)
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
<b>16. Total assets</b>	<b>160,862,940</b>	<b>160,037,673</b>	<b>164,436,516</b>	<b>(3,573,570)</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	2,288,565	1,862,873	2,068,516	220,049
18. Accrued employee benefits	5,307,685	5,277,344	4,461,444	846,241
19. Accounts payable and accrued expenses	1,985,406	1,727,354	1,654,349	331,057
20. Due to 3rd party payors	4,051,027	4,051,027	4,034,639	16,388
21. Deferred revenue	(2,556,106)	(2,498,356)	(3,789,123)	1,233,018
22. Interest payable	252,238	189,179	263,837	(11,600)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	408,119	333,511	367,078	41,041
25. Total current liabilities	12,646,934	11,852,932	9,930,740	2,716,194
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,067,476	1,081,177	1,242,255	(174,779)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	86,690,245	86,703,946	97,275,459	(10,585,214)
31. Total liabilities	99,337,179	98,556,878	107,206,199	(7,869,020)
32. Fund Balance	61,525,763	61,480,794	57,230,316	4,295,447
<b>33. Total liabilities and fund balance</b>	<b>160,862,942</b>	<b>160,037,673</b>	<b>164,436,514</b>	<b>(3,573,572)</b>

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

DATE: June 30, 2019  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: Changes to General Liability/Professional Liability Insurance

There are changes taking place with Bartlett's General and Professional Liability insurance coverage. Bartlett has received insurance coverage from Norcal for many years. We did not realize that Norcal's ownership structure consisted of ownership by policy owners. In addition, the value of ownership increased over time as annual profits would accrue to the policy owners. Since Bartlett was a longtime time Policy Owner, the value of ownership interest had gone to somewhere between \$800,000 and \$1.1 million. This represents an unrecorded asset to Bartlett.

Norcal has decided to convert to a stock ownership model and move away from Policy ownership. Therefore, the ownership of the Policy Owners is being purchased. A check was received recently in the amount of \$836,376.59 with the potential of receiving another amount of \$278,792.20 of "Contingency Consideration" at some point in the future.

After consulting with Bartlett's auditors, the check received will be recorded as Non-Operating Income in June's financial statement.

We had been forewarned by Norcal earlier in the year that our insurance premiums would increase July 1, 2021 for the FY2022 fiscal year. It was then determined that Bartlett would issue a Request for Proposals to seek competitive bids for coverage. Bartlett's insurance is coordinated through the Risk Management Department at CBJ and Jennifer Mannix led this project and did a great job coordinating the correspondence and keeping the process on task.

The RFP process was a long and time-consuming process. In the end, there were 3 proposals to choose from. The attached side-by-side comparison outlines the results. The decision was made to move away from Norcal as there was a 30% increase in total premium cost. Professional Security Insurance Company (Mag Mutual) was selected as the vendor of choice even though they were not the lowest bidder.

Zoom meetings were conducted with both of the finalists and Mag Mutual was selected for the final reasons:

- Mag Mutual follows a Policy ownership model and distributes dividends annually to its policy owners and has done so consistently over the past 10 years. In the current year the dividend was 7%. While there are no guarantees this will happen every year, 7% would make the cost difference between the final bidders insignificant.
- The business model of Mag Mutual includes a team of staff with various expertise that are assigned to each client so when there is an issue there will always be someone familiar with the client available to respond. Hudson would assign one primary contact who may not always be available.

**BARTLETT REGIONAL HOSPITAL  
MEDICAL STAFF BYLAWS**

**ARTICLE VIII: CLINICAL PRIVILEGES**

**8.9 Physicians and Other Practitioners in Training:**

- A. Physicians and other practitioners in training, including but not limited to medical students, residents, advanced practice nurses, and physician assistants in training programs (“trainees”), will not be granted clinical privileges or appointment to the Medical Staff or the Advanced Practice Clinician Staff. The program director, clinical faculty or attending staff member will be responsible for the direction and supervision of the on-site or day-to-day patient care activities of each trainee, who will be permitted to perform only those clinical functions set out in curriculum requirements, affiliation agreements, or training protocols. The director of the applicable training program will be responsible for verifying and evaluating the qualifications of each Trainee.
  
- B. *A physician in training at the fellowship level may request clinical privileges in an area for which he or she has already completed residency training if he or she can demonstrate that all necessary eligibility criteria as set forth in these Bylaws have been met. Requests for such clinical privileges will be reviewed in accordance with the initial credentialing process outlined in these Bylaws.*
  
- C. Physicians who are in a residency training program and who wish to moonlight (outside of the training program) will be granted specific privileges as set forth in these Bylaws. A resident who is moonlighting must comply with the institutional and program training requirements. Failure to comply with these requirements or termination from the residency program will result in the administrative relinquishment of clinical privileges, without a right to the hearing and appeal procedures.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Minutes - Joint Conference Meeting June 23, 2021 – 5:00 p.m.  
Bartlett Regional Hospital Boardroom / Zoom Videoconference

**Called to order at 5:08 p.m., by Board President, Kenny Solomon-Gross**

**Present (virtual attendees italicized):**

*Kenny Solomon-Gross, Board President*  
Rosemary Hagevig, Board Vice-President  
*Mark Johnson, Board Secretary*  
Lance Stevens, Board Past-President  
Rose Lawhorne, CEO

*Keegan Jackson, MD, Chief of Staff*  
Joseph Roth, MD, Vice-Chief of Staff  
*Noble Anderson, MD, Secretary/Treasurer*  
*Joy Neyhart, DO, Past Chief of Staff;*  
Anita Moffitt, Executive Assistant

**PUBLIC PARTICIPATION** – None

**PHYSICIAN RECRUITMENT UPDATES** – Ms. Lawhorne provided the following updates:

- **Ophthalmology** – Dr. Kopstein has given his 90-day notice but has put us in touch with AK Retinal Consultants. They provide full service ophthalmology with surgery capabilities and retinal care. We are looking to enter into an agreement with them to provide coverage when Dr. Kopstein leaves in August. We are preemptively working with credentialing of the providers. We are also working with an ophthalmology recruiter for a possible permanent replacement. Ms. Lawhorne was very clear with AK Retinal Consultants about the needs of the community and that we are looking to recruit a permanent Ophthalmologist. We could continue to refer patients to them and they can provide backup coverage. BRH has equipment for cataract and laser surgery but not retinal.
- **Urology** – Dr. Huffer is in town and taking referrals via his cell phone. His temporary practice location is not working as well as he had hoped. He is continuing to look for temporary space while renovating his permanent practice location on Vintage Boulevard. He performed his first procedure in the OR yesterday. Dr. Huffer is being proctored by the anesthesiologist (like other single specialty surgeons are done). He has a very good reputation of practice after 13 years in Fairbanks. Dr. Neyhart requested that an email be sent to the Medical Staff with information about how to reach Dr. Huffer and that he is taking referrals. He should also be invited to the next Medical Staff meeting so everyone can meet him.
- **Psychiatry** – No changes in where we are heading. Looking at the costs of locums that we are hiring for a few short months, SLT agreed to shorten physician contracts to a yearly rotation. This has helped and we have on boarded two psychiatrists. We continue to look at therapists and support staff to keep up with the growing demands.

**CRISIS STABILIZATION UNIT UPDATES** – The expectation of adding the extra floor to the Crisis Stabilization Unit building is to use the extra floor for temporary space by the BSSC when their lease ends in the space they are currently in and possibly by other departments as construction around campus displaces them. This space will eventually be used to provide Behavioral Health Services as the demands for these services continue to grow. The old BOPS building has been cleared away. Ground work is taking place now. A ground breaking ceremony will take place to kick off the project when the ground work is done.

**AFFILIATION / TELEHEALTH SERVICES AGREEMENTS** – Maintaining a strong position in the community and continuing to serve our patient population and support our primary care is essential. We can do that through affiliations. Affiliation agreements had been put on hold as the CEO recruitment efforts were underway but we are now ready to continue these conversations. During the pandemic, patients were exposed to new ways of care. In some cases, it's more feasible for them to receive care via telehealth. Providing specialty services via telehealth is not to be separated out by program. It is to be a cohesive effort, where there is oversight and we can maximize our resources, and access grant funds. This program will be placed under the best person once the SLT is complete again. We are recruiting for a COO and have a candidate that shows a lot of promise. We continue to watch the regulations for billing of telehealth services. The emergency declaration has been extended for another month and there are legislative efforts to continue virtual care billing in the future. Dr. Roth noted that an AK license is needed for providers to provide telehealth services now. AK is very slow at issuing licenses and physicians from other states do not want to work if they can't get paid. There is talk about a compact for licenses to carry over into other states. AK Medical Association is fighting it as it doesn't want to deal with carpet baggers (physicians coming to AK for brief periods of time and leaving all of their complications behind for local physicians to care for). There are pluses and minuses to a compact. Some states are not as picky in their oversight as AK. There are other places in the country where reciprocity does work. Mr. Johnson noted telehealth and telemedicine is going to expand so modifications to the system will need to be made. There needs to be a way to overcome some of these obstacles without creating more problems. Dr. Neyhart stated that the limiting factor for AK for an interstate licensure compact is the training requirements. AK requires completion of three years of post-graduate training to get a full and unrestricted license here, other states do not. The current licensing board is looking at this. In response to Ms. Hagevig's question about when discussions about affiliations will resume again, Mr. Solomon-Gross responded it would possibly be October to allow the CEO to get some support under her feet. He then thanked Drs. Roth and Neyhart for their insight about the interstate licensure compact. It helped understand why we lost several physicians after the emergency declaration ended.

**SEARHC** – Dr. Roth reported that there is some physician concerns about SEARHC opening an urgent care facility and making it open to the general public. Could BRH request a cease and desist? Their mandate is to take care of beneficiaries except in places where there is no other provider which is not the case in Juneau. Ms. Hagevig noted SEARHC is actively advertising Ear, Nose and Throat (ENT) services as well. Dr. Neyhart asked if SEARHC was required to get a Certificate of Need (CON) for an urgent care facility. Mr. Stevens suggested the CEO contact legal and request a review. Dr. Roth noted a federal organization does not need to have a CON. Dr. Neyhart stated that tribal corporations in the lower 48 don't take care of non-beneficiary patients, how is it that the AK Native Health Corporations can? Mr. Johnson stated clarification of the current legal status of Native Health Corporation rights and a better understanding of who is treating who is needed. Mr. Solomon-Gross is working with Ms. Lawhorne to find solutions.

**CONFLICT OF INTEREST** – Dr. Roth reported that the medical staff is working with Horty Springer (healthcare law experts) on a peer review conflict of interest policy. The medical staff has a policy that



CBJ does not agree with. Due to the size of our community, if CBJ policies are followed, peer reviews would require an outside entity to perform them due to perceived conflicts of interest. The medical staff understands there are certain levels of conflict of interest and do recuse themselves at those times. Mr. Johnson expressed surprise CBJ legal would be involved. Alaska State statute defines what a medical review committee must be to meet requirements. If our committee meets those requirements, they are a legitimate medical review committee under state law. Ms. Hagevig stated that Horthy Spring is highly specialized and the recognized expert on this in respect to medical activity and CBJ attorneys are not. Dr. Roth reported there is a meeting scheduled to take place next week with Barbra Nault (BRH legal counsel) and Susan Lapenta (Horthy Springer), Rob Palmer (CBJ attorney). Dr. Roth thinks CBJ is slowly coming around. Mr. Johnson requested the Board be kept in the loop. Ms. Lawhorne stated that providing education to our CBJ colleagues is important so they understand the ramification of the language and looking at the sequela from sticking to our guns as a city entity. Ms. Lawhorne will meet with CBJ law to assist in resolution.

**ELECTRONIC HEALTH RECORD / MEDITECH EXPANSE** - Dr. Roth reported that a lot of the medical staff is frustrated with the perceived lack of support for Meditech Expanse. The EHR Committee has been asked to send a survey to the medical staff to find out how it's going. It feels like support is not available as it should be and providers are not using the system as it is meant to be used. After hour support is available on-line or via remote help line only, no local support. It often takes a long time to get a call back or they are unable to assist when they do. Nurses are unable to assist as they use different screens. Dr. Jackson said it feels like repeated reporting of the system not working is perceived as whining and a solution is not being sought. The medical staff would like local, 24/7 staff support. Support would not need to be BRH staff but does need to be someone local. Mr. Johnson suggested we look at other options if Meditech is unable to meet our needs. Ms. Lawhorne is sympathetic to the challenges experienced by the medical staff. She noted that our teams that implemented this program did what they felt was appropriate when researching facilities for feedback about Meditech Expanse. These facilities said it was great. It became immediately apparent to BRH that we were going to need more support than was anticipated. The on-call support provided by the vendor was supposed to help and has been extremely frustrating for the implementation teams as well as the medical staff. Ms. Lawhorne, Mr. Benson and Mr. Chille are working to find a solution to this immediate crisis. She stated that we do need an enterprise system that facilitates safe patient care. Recognizing that the call resources provided is not working, a survey is to be sent to the providers to identify the issues so we have the data needed to let us know where to focus. In the meantime, the team is looking at ways to find the right support needed and balance it with the resources we have. Support has not gone smoothly and has been extremely frustrating for all involved. She stated that we do need to start looking long term, look at the resources, what is available and what the cost is. Affiliations may affect our choice. Ms. Lawhorne supports, and will speak with Mr. Chille about ways to provide 24-hour local support even if it's not in-house. Mr. Solomon-Gross agreed, if it's not getting better, we need to make sure that Meditech understands the frustrations. We need to find a solution for the short term while looking at long term goals.

**HOSPITAL AND MEDICAL STAFF RELATIONS / COMMUNICATIONS** – Dr. Roth stated that he does not feel that there's a lot of good feelings between the medical staff and BRH right now. Example: The credentials committee had done a formal investigation and made a comment about the money spent for the 30 hours of the lawyer's time. There was nothing said about the 30 hours for each of the 3 physicians involved that were not paid for their time, not even a thank you for the time that was given to the hospital. It was perceived as a complaint of having spent so much money on physician stuff. It's important that the board realize that we are in this together but how do we make it feel like we are when we have these types of things? Physicians are frustrated and we need to make it better.

Ms. Lawhorne noted one way to address these issues is communication. She will meet with each of the physician groups individually to hear the frustrations and try to build relationships. There will be dissidence at times, with differing priorities but it's important to have good relationships to help us work through them. Ms. Moffitt is to reach out to each clinic to schedule these meetings. Mr. Johnson said communication is important but also feels that acknowledging physicians in the same manner that staff is recognized is important as well. Ms. Lawhorne agrees, administration could do a better job of recognizing physicians and is an area of focus for her. Mr. Solomon-Gross believes that Ms. Lawhorne is sincere in her statements and thinks things are going to change around here for the better. Meetings like this are important and very good eye openers.

**JOINT CONFERENCE MEETING SCHEDULE** – Ms. Moffitt will schedule these meetings to take place quarterly. Meetings may also be scheduled on an as needed basis, even for single subject agendas.

**MEDICAL STAFF COMMENTS** – Dr. Roth expressed appreciation for the meeting. Ms. Lawhorne has been great at listening to concerns and he looks forward to making progress with her at the helm. Dr. Jackson apologized for missing the first part of the meeting but thinks it's great to have a platform to share information and to fill in the blanks from other meeting's minutes and to discuss topics that evolve from month to month. The challenging issues with Meditech has not evolved. Dr. Neyhart thanked everyone for holding this meeting and committing to keeping things going forward. She looks forward to Ms. Lawhorne's tenure as CEO. Dr. Anderson expressed thanks for the meeting. It's good to be heard and we've tackled some very touchy issues that have caused burnout and frustration for the physicians.

**BOARD / ADMINISTRATION COMMENTS** – Mr. Johnson said we have a lot of smart people in this group that have the same goal to make this the best hospital possible. It isn't easy but we keep rolling up our sleeves and continue working at it. Ms. Hagevig agreed with Mr. Johnson. Mr. Stevens agreed with Mr. Johnson and said we do need to recognize that hope doesn't make change. We had hoped things would get better and they didn't so now it's time to make change. Seeking and getting input and taking actions will go a long way in demonstrating how serious we are. Thank you for making sure we heard you loud and clear so we can take those next steps to make some positive changes. Ms. Lawhorne thanked everyone for their support of her and for their willingness to grab the bull by the horns and move the organization forward in the right direction. She values each attendee and what they bring to the table and the organization. Mr. Solomon-Gross thanked everyone for the frank conversation and is looking forward to the next one.

**Next meeting:** To be determined

**Adjourned** – 12:57 pm.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Planning Committee Meeting Minutes

July 2, 2021 – 12:00 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

**Called to order at 12:00 p.m., by Planning Committee Chair, Lance Stevens.**

**Planning Committee\* and Board Members:** Lance Stevens\*, Hal Geiger\*, Rosemary Hagevig, Kenny Solomon-Gross, Brenda Knapp, and Deb Johnston (Zoom).

**Also Present:** Rose Lawhorne, Kevin Benson (Zoom), Bradley Grigg, Dallas Hargrave, Kim McDowell (Zoom), Megan Rinkenberger, Jeff Rogers (CBJ)(Zoom), and Jeanne Rynne (CBJ)(Zoom)

**PUBLIC PARTICIPATION** – None

**APPROVAL OF THE MINUTES** – *Mr. Geiger made a MOTION to approve the minutes from the June 4, 2021 Planning Committee meeting. Mr. Stevens seconded. There being no objections, minutes were approved.*

**AGENDA CHANGE:** Mr. Stevens noted that due to a scheduling conflict, the Executive Session had been moved to the beginning of the agenda. There were no objections.

**EXECUTIVE SESSION - MOTION by Mr. Geiger, 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. Mr. Stevens seconded.** The Board entered executive session at 12:04pm. They returned to regular session at 12:38pm.

**COVID STATUS** – Ms. Lawhorne reported there was one patient admitted yesterday, and it is too soon to know if it is the Delta variant or not. No other significant changes.

**MASTER FACILITY PLAN UPDATE** – Mr. Benson reported there are no updates to the Master Facility Plan.

**CURRENT PROJECTS UPDATE** – Mr. Benson noted that there are a number of projects that have been completed since the last meeting, including the Emergency Department (ED) waiting area, Molecular Lab, Hospital Drive construction, and the demolition of the old BOPS building. He also reported on the following:

- The Cardiac Rehab expansion is a smaller project, but is underway, with expected completion by July 19<sup>th</sup>.
- Sidewalk replacement throughout campus was bid at \$1.9M by Admiralty Construction, but will be postponed until next year since there are myriad other concurrent projects this year.
- Conversion to Glycol – The bid was awarded, and materials and equipment are on site, and the project is underway, with an expected completion date of July 9<sup>th</sup>.

- Rainforest siding and window replacement to be completed in September, but they are experiencing some delays in materials acquisition.
- Crisis Stabilization building – Now that demolition of the old BOPS building is complete, they are removing some ground in the hillside to replace with fill. Water lines are being added in parts of the property, and the city is taking advantage of the construction in the area to replace some water lines that are 40 years old. They are partially funding this part of the project since they are able to take advantage of the ground breaking to accomplish this replacement. There will need to be a temporary shutdown when the tie in occurs. It is clarified that this will push the timeframe out slightly, but not as much as the other major changes have. There will be an expanded foundation footprint since the plans changed from wood to steel, to account for the extra weight of the building. This pushes the utilities a little further away since the foundation needed to be larger. New expected completion date is yet TBD. Preliminary drawings for the additional floor have been submitted.

**MOLECULAR LAB UPDATE** – The lab is running smoothly. There are no new contracts. Mr. Benson explained that in the original agreement, BRH had to stock a certain volume of reagent, which would require 500+ tests per week to cover the operation of the lab. Since that was more reagent than was needed, they removed that part of the agreement, and the 340 test average we are currently at is covering the operational costs. The number of tests per week may increase once school begins again.

**BOPS / CRISIS STABILIZATION PROJECT UPDATE** – See above (“Crisis Stabilization building”)

**Future Agenda Items - None**

**Comments:**

- Mr. Hargrave noted that the Survey for board self-evaluation has been sent out and so far one board member has completed it. This will need to be done by all board members by next Friday. He also noted that the one-time bonus payment went out to employees today with the paychecks, and the staff is already expressing their appreciation.
- Mr. Benson informed the board members that as part of the ABA application, copies of the members’ driver’s licenses and social security numbers will need to be gathered.
- Mr. Geiger asked for a status on the COO recruitment, and Ms. Lawhorne confirmed that they have a candidate and an email will be sent out later today.

**Next meeting:** 12:00pm, Friday – August 6<sup>th</sup>

**Adjourned** – 12:57 pm.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Finance Committee Meeting Minutes Zoom Meeting – July 9, 2021

**Called to order at 12:03 p.m. by Finance Chair, Deb Johnston.**

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

**Staff & Others:** *Rose Lawhorne, CEO, Kevin Benson, CFO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Jeff Hoover, Willy Dodd, Megan Rinkenberger, and Tiara Ward, CBJ. (Zoom attendees are italicized)*

**Public Comment:** None

*Ms. Knapp made a MOTION to approve the minutes from the June 11, 2021 Finance Committee Meeting. Mr. Stevens seconded, and they were approved.*

### **May 2021 Financial Review – Kevin Benson, CFO**

The financial results for Bartlett Regional Hospital look very similar to April, but the final results were significantly better. Inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.3 million (-21%). After eleven months, inpatient revenues are \$13.6 million (-21%) behind the budget target. However, outpatient revenue continued to be strong with revenues \$446,000 (4.5%) over budget. The primary drivers were increased surgical procedures (16%) and unbudgeted molecular testing revenue. Year-to-date, outpatient revenue has performed well and is currently running \$4.3 million (4.1%) ahead of budget and 16.1% greater than the prior year.

Rainforest Recovery Center is still operating at 66% capacity, however new revenue from Withdrawal Management resulted in a decrease of only 18%. BHOPS revenues were 17% over budget at almost \$339,000. Physician revenue was 20% greater than budget. This resulted in Total Gross Patient Revenue of \$17.1 million, which was \$639,000 (3.6%) less than budget.

Deductions from revenue had a favorable variance of \$768,000 (9.4%). This was a result of a change in payor mix, with more revenue from commercial payors with lower deductions and reduction of Medicaid revenues.

Net Patient Revenue finished just slightly greater than budget at \$9.8 million. After Other Operating Revenue the Total Operating Revenue finished at \$10.4 million or (1.8%) greater than budget.

Expenses exceeded budget by \$598,000 or 6.1%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest causes for this increase:

- The operation of the molecular lab added \$203,000 in unbudgeted revenue and \$53,000 in unbudgeted expense.
- Increased staff costs for ER Triage hut, front door screening, molecular lab and central staffing.
- The prior month of May reflects the finances of the organization in its second month of reopening during Covid. Net Patient Revenue was significantly depressed but was supplemented by Provider Relief Funds reflected in Other Operating Revenue.

The expense variance led to an Operating Loss of \$54,000. After Non-Operating Income of \$176,000 the final Net Income was \$122,000. After eleven months, BRH is essentially at a breakeven position of \$195,000 (1.7%) net margin.

### **Changes in General and Professional Liability Insurance – Kevin Benson, CFO**

BRH has a long history of being a policy owner of Norcal insurance. Because of this, BRH is a part owner. Norcal has chosen to buy out owners in this situation and pursue a stock ownership model. As a result of this, BRH has received a check in the amount of \$836,377. This is a one-time payment, with potential for a second payout of \$278,792. This was recorded as non-operating income in June, the same month the staff bonuses were recorded, which totaled \$560,000.

Norcal notified BRH of an increase in premiums effective July 1<sup>st</sup>, so it was decided to issue an RFP to seek competitive bids for coverage. CBJ Risk Management and Jennifer Mannix led the project. In the end, three proposals were gathered and compared. Professional Security Insurance Company (MagMutual) was selected. The finance committee then went into a presentation on the comparison, and page 16 of the packet was reviewed. This plan is almost identical to the one Norcal provided, and became effective July 1<sup>st</sup>. Claims made through June 30<sup>th</sup> will still be covered by Norcal. There was a question on Tail Coverage – it is a one-time payment, but how much does it cost and when will it be recorded? Which will be addressed at another time.

**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. Johnston seconded.***

The Finance Committee entered executive session at 12:32pm. They returned to regular session at 12:57pm.

***Mr. Stevens made a MOTION to recommend to the board approval of a \$15M bond for campus planning and improvements. Ms. Knapp seconded, and the motion was passed.***

**Next Meeting: Friday, August 13, 2021 at 12:00 via Zoom and in the BRH Boardroom**

**Board Comments: None**

**Adjourned – 1:04 p.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartlethospital.org](http://www.bartlethospital.org)

## Board Quality Committee July 14, 2021 Minutes

Called to order at 3:25 p.m. by Board Quality Committee Chair, Rosemary Hagevig

### Board And Committee\* Members Present (*Virtual attendees italicized*)

Rosemary Hagevig\*, Mark Johnson\*, Hal Geiger, *Kenny Solomon-Gross (ex-officio)*

### Staff Present (*Virtual attendees italicized*)

*Gail Moorehead, Quality Sr. Director, Autumn Muse, Clinical Program Specialist, Miranda Dumont, Quality Program Specialist, Deb Koelsch, Clinical Quality Coordinator, Bradley Grigg, CBHO, Vlad Toca, COO, Kim McDowell, CNO, Dallas Hargrave, HR Director*

Guests: Nancy Davis, Patient Family Advisor

**Approval of the Minutes - MOTION by Mr. Johnson to approve the minutes from May 12, 2021 Board Quality Meeting. Ms. Hagevig seconded. There being no objections, minutes approved.**

**Old Business: None**

**New Business:**

**BOD Quality Dashboard - 2021 BOD Quality Dashboard update for quarter one provided by Ms. Koelsch. This is a minor update from last meeting as the second quarter data is not in yet.**

- Readmission Rates: 2.6 increased to 3.6, this was a matter of one patient.
- Core Measures: There has been no change in the sepsis numbers. There have been some specification changes in reporting which should help us meet this measure, along with our process improvement efforts, including the antibiotics measure. Ms. Koelsch believes this is a great adjustment. The fluid administration measures have also changed to give us a little more leeway to pass this measure.
- Patient Experience:

Ms. Hagevig asked how these new changes will show up on the dashboard. She requests a note be added to the dashboard clarifying these changes. Ms. Koelsch agrees to bring this information to the next Board Quality meeting. In response to Mr. Johnson's question regarding the Heart Failure rates of the third quarter, Ms. Koelsch explained there was an increase. Mr. Geiger asked a clarifying question that the increase was less than 5%. Ms. Koelsch will clarify and get back to the committee at the next meeting. The group requested explanation regarding the color coding of the dashboard. Ms. Koelsch confirmed that our numbers are low and will confirm the color coding is correct. Ms. Hagevig explained that it is difficult for our hospital to meet some measures as our admission rate is quite low compared to many hospitals.

Discussion held about Press Ganey data and how patients can look up BRH's information online for use in making their healthcare decisions based off of our scores. Ms. Moorehead clarified how Press Ganey works. Ms. Moorehead will report on survey response rates. Ms. Moorehead spoke on discharge processes and how Case Management, as well as our nurses, are working on increasing our rates there. Ms. Moorehead will give a more in depth presentation on Press Ganey information at the next meeting. Mr. Solomon-Gross expressed that this is important to the board at a high level to ensure we are in compliance. Ms. Moorehead agreed that we need to keep the board informed for Value-Based Purchasing. Ms. Hagevig reiterated that Value-Based Purchasing is an important area of education for the BOD.

**Patient/Family Engagement Annual Update** - PFE annual update provided by Ms. Muse. Ms. Muse shared that our Patient Family Advisor is Nancy Davis. She shared the five metrics provided by CMS that are aligned with American Institute of Research's (AIR) conceptual framework for patient family engagement. BRH's projects include:

- Bedside reporting brochure
- Patient's Rights and Responsibilities brochure updates
- Comfort Menu
- Patient COVID-19 masking brochure
- Patient COVID-19 masking flier
- Patient experience during COVID staff presentation

We are currently working on developing a BRH Patient Family Engagement committee.

Ms. Hagevig asked if Patient Family Engagement was engaged during COVID. Ms. Muse explained that the hospital leadership, along with Quality and Infection Prevention, are looking at how we can change our COVID protocols to include family engagement. Some of the strict protocols have been relaxed throughout the hospital including the visitor's policy in the Emergency Department and Obstetrics. Ms. Hagevig reported on feedback from two patient family members who were able to be with their family during their end of life and how thankful they were. Ms. Davis suggested we broaden the Patient Family Advisors to include cross cultural engagement.

Discussion held about how the Board of Directors could include a patient on the board, if by-laws would need to change and on how most of the board members have been patients. Ms. Davis reiterated that whomever was selected would need to bring the patient experience perspective. Discussion on bringing a Patient Family Advisor into Board of Director groups and how that would be a good way to get community involvement. Ms. Hagevig asked to have this added to the list for the Board Retreat.

***MOTION by Mr. Geiger to recess into executive session as written in the agenda to discuss the Sentinel Event Report. Mr. Solomon-Gross seconded.*** The committee entered executive session at 4:11 p.m., returning to regular session at 4:35 p.m. No action was taken as a result of the executive session.

**Update on Employee Health and Safety Manager Role** - Ms. Moorehead gave an update of the Quality Department's addition of the Health and Safety Manager Role. Megan Anderson will be a fabulous addition to BRH and brings a wealth of knowledge.

**Adjournment: 4:37 p.m.**

**Next Quality Board meeting:** September 8, 2021 at 3:30 pm



# Bartlett Regional Hospital

## Governance Committee Meeting Minutes

Friday, July 16, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference/Boardroom

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

### BOARD AND COMMITTEE\* MEMBERS PRESENT (*Virtual attendees italicized*)

Brenda Knapp*	Rosemary Hagevig*	Hal Geiger*
Kenny Soloman-Gross (ex-officio)	<i>Mark Johnson</i>	<i>Deborah Johnston</i>

### ALSO PRESENT (*Virtual attendees italicized*)

<i>Kim McDowell, CNO</i>	Vlad Toca, COO	Dallas Hargrave, HR Director
Anita Moffitt, Executive Assistant		

**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 approved as presented.

**APPROVAL OF THE MINUTES - MOTION** by Mr. Geiger to approve the minutes from June 25, 2021. Ms. Hagevig seconded. There being no objections, minutes approved.

**STATUS OF BOARD SELF EVALUATION** – Ms. Knapp reported that one board member has yet to complete the survey that was to have closed on July 9<sup>th</sup>. We would like to have his input so the survey will remain open until Mr. Hargrave instructs the Governance Institute to close it. It should take about a week after the survey closes for the results to be compiled and shared with the organization.

**CONTINUED DISCUSSION REGARDING BOARD TRAINING WEBINARS** – Ms. Knapp reported that options for trainings and the need to determine what our ongoing plan for board education, in addition to Leadership Conferences had been discussed at the last Governance Committee meeting. Past webinars held in the boardroom have been very informative and offered the opportunity for discussions by attendees afterwards. She would like these to continue. Webinars offered through the Governance Institute are very limited right now but recordings of live trainings are available for viewing. A suggestion had been made to look at what Foraker might have to offer with a very clear understanding about what it is they will provide. As there is no rush on this matter, Ms. Knapp suggests tabling this topic until after the leadership conference in October. Speaking with other conference attendees as well as the Governance Institute representatives might provide some helpful suggestions. Mr. Hargrave suggested training by the CBJ department of law of the Systemic Racism Review Committee's (SRRC) process might be helpful at a policy setting level to help understand the concept. The manager's office is working with the SRRC on a review template for the committee to use as well as a template for staff to use. Once finalized, templates will be shared with boards. The SRRC committee is looking at anything that comes through the assembly as an ordinance or resolution and the impacts they may have. Support of

tabling the conversation expressed by Mr. Johnson, Ms. Johnston. Mr. Solomon-Gross agreed and recommended the board identify an area they would like to focus on in the future and then look at training options. Ms. Knapp noted the board self-evaluation may identify areas in need of improvement.

**COMMENTS** - None

***MOTION by Mr. Geiger to recess into executive session as written in the agenda to review Board comments on the FY2022 CEO goals and objectives. Ms. Hagevig seconded.*** The committee entered executive session at 12:15 and returned to regular session at 12:59. No action taken.

**Adjourned at 12:59 p.m.**

**Next meeting – To be determined**

DRAFT

**July 27, 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

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Management Report from Dallas Hargrave, Human Resource Director July, 2021

Report Period - 4th Quarter FY21 (April, May, June)

<b>New Hires</b>	61
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<b>Separations</b>	22	All Other Separations
	6	Retirement
	18	Casuals/temp
<b>Total</b>	46	

<b>Contract/Travelers</b>	1	RN Case Manager
	1	CSR Tech
	3	CT Scan Tech
	1	ED RN
	3	Med Surg RN
	2	OR RN
	2	OR Tech
	1	Occupational Therapist
	1	Respiratory Therapist
	1	SDS RN
4	Ultrasound Tech	
<b>Total</b>	20	

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	Psychiatrist	FS	Behavioral Health
	RN Case Manager (CDI)	FT	Case Management
	RNs	FT	ALL UNITS
	Occupational Therapist	FT	Rehabilitation Services

All Employee Turnover		
All Employee Types	FT Employees	All Others
6.69%	4.65%	10.55%

<b>672 Employees</b>
FS/FT employees = 473
All others = 199

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
5.52%	4.58%	7.32%

<b>199 Nurses</b>
FS/FT = 131
All others = 68

Grievances	0
Arbitration Cases	0

<b>Reports of Injury</b>	
<b>Department</b>	<b>Brief overview</b>
Operating Room	Knife poke, left wrist
Operating Room	laceration from laparoscopic scissor
Operating Room	laceration on knuckle, surgeon was tying a knot and the suture flew around and hit staff
Same Day Care	Cut between two fingers while adjusting IV pole
Mental Health Unit	Sprained left shoulder
Mental Health Unit	Strain, soreness, stiffness after responding to Dr. Strong
Mental Health Unit	Patella Fracture, knee dislocation, responding to a Dr. Strong
Mental Health Unit	Punched in throat by patient
Rainforest Recovery	Fell in parking lot, tangled laces
Facilities	Back strain - lifting large object
CCU	Patient spit in eye/face
Medical/Surgical	Scratched by patient while responding to a Dr. Strong
Obstetrics	Foot struck by hazmat hamper that tipped over while cleaning delivery room

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

## July 2021 Nursing Report

Kim McDowell, CNO

### Nursing Administration

- Float pool remains stable and continues to be a big support for helping staff nursing units as well as supporting some outpatient services.
- Central staffing is helping units in setting up self-scheduling in current scheduling system. This will allow a broader view of staffing on units and allow for more equitable staffing throughout the unit.

### Obstetrics (OB) Department

- Lauren (Director of OB) was extended an invitation by the AKPQC (Alaska Perinatal Quality Collaborative) to be an expert faculty lead for the next initiative- Substance Affected Pregnancies. This initiative is very involved and will include working extensively with other hospitals throughout the state and incorporate the Institute for Healthcare (IHI) model for collaborative quality improvement over the next 18 months. Lauren will be joined by 5 other faculty experts throughout the state to help lead this initiative and serve as experts in subject matter, leading meetings, attending quality care learning sessions, and coaching sessions to support other hospital teams. The AKPQC collaborates heavily with ASHNA and we will continue to partner with them on this next initiative.
- OB is currently precepting one new nurse and hope to have her working independently by the end of November. She came to us from SDC and is doing an amazing job!
- OB hosted their quarterly OB/Neonatal Committee educational chart review the end of June and had their expert reviewers (a neonatologist from Providence in Anchorage and a perinatologist from Swedish in Seattle) review significant cases over the past quarter. Staff received great education from these experts and had a solid turnout from OB nurses and providers. Staff also received wonderful feedback on the challenging cases that did occur.

### Critical Care Unit (CCU)

- Lizzi Chapman, a new graduate, has finished her preceptorship and is currently flying on her own.
- Matt Elliott, who recently graduated from the UAS School of Nursing program will be starting in mid-August as a new graduate nurse precepting for about 6 months.
- CCU is going to be trialing a zebra hand-held device for nursing point of care (POC) documentation (medication administration, I&O, etc.) starting December 1 with training in November.
- CCU is continuing to do well in documentation of critical lab results with 93% documented in June.
- CCU is continuing to work on a health fitness challenge, so far the crew has hiked around 200,000 vertical feet.

## Emergency Department (ED)

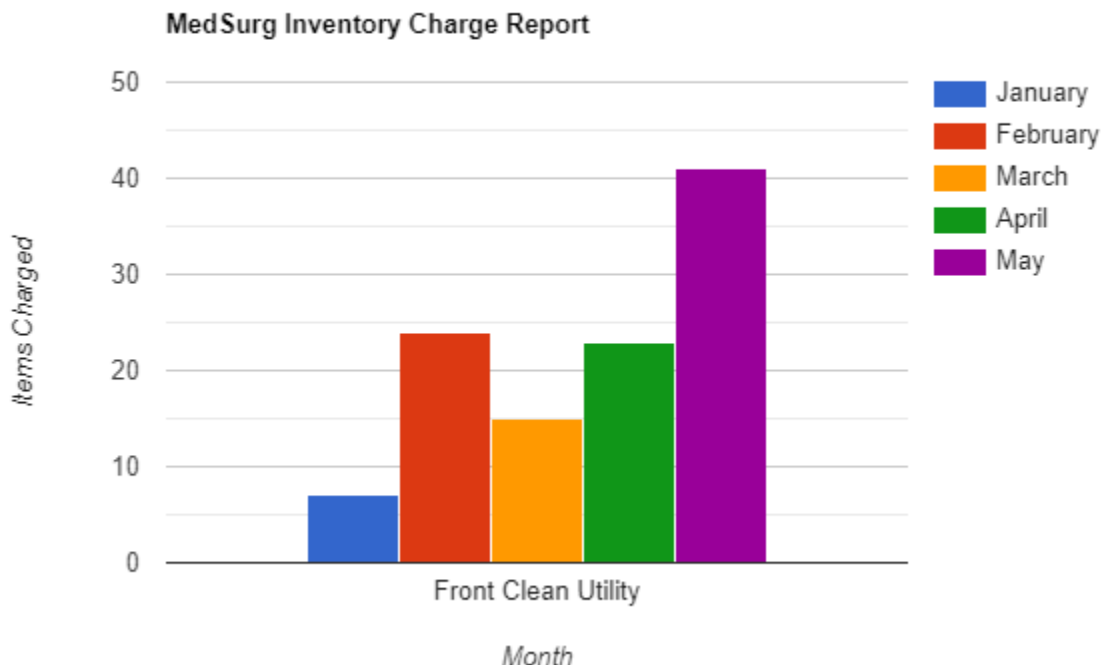
- The new ED Director, Banu Mufale will be starting the first week of August. The new director comes to Bartlett with vast experience in emergency medicine, leadership as well as teaching.
- The ED has been prepping for a modified cruise season, and has been seeing an uptick of out of state travelers since the beginning of July.
- The team overseeing ED ventilation project and enclosure of Trauma Bay 1 did a walk through last week. Project to date is on schedule.

## Surgical Services

- Interviews were held for the new OR Director on the July 14<sup>th</sup> and an offer has been made to Lori Holte. Lori was the Clinical Assistant Manager in the OR in 2016, has vast knowledge of equipment and supplies currently in the OR and what is needed. She has been a nurse for 10 years and will be a great asset to the OR and Bartlett.
- OR is working on cost savings by identifying frequently used equipment that needs to be purchased as opposed to renting equipment and supplies. This will save Bartlett rental and shipping fees.

## Medical Surgical Unit

- Med/Surg is precepting 4 UAA new graduates, who have all passed their nursing boards. Once done with their training on the unit, they will be brought in as full time employees. Med/Surg is excited to be able to keep nurses in our community by offering them this opportunity.
- The Performance Improvement Committee (PIC) discovered that the unit was not recouping costs on scanning various chargeable products. The store room was revamped and nurses used color coded labels to identify chargeable items and replaced old charge codes in store room. Extra scanners were also obtained. Once this was done education and teaching was given to each staff member on the importance of charge capture. Since this change was implemented, we had over a 40 % re coup in costs. Staff on committee were happy to see the improvement, the team will continue to monitor process and re-enforce reminders of scanning. It was a win to see their hard work show progress.



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## July 2021 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

### Psychiatric Medical Staff Locum Provider List:

- **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. Stephanie Chen** (Locum Psychiatrist) is providing part time telehealth outpatient service to and consultation for children and adolescents
- **Dr. Judy Engleman** (Locum Psychiatrist) is providing part time telehealth outpatient services to adults
- **Dr. Alex Schmerler** (Locum Psychiatrist) is providing full time psychiatric services to patients admitted to Rainforest Recovery Center Residential Treatment and Withdrawal Management.
- **Dr. John Tarim** is providing full time psychiatric services to patients both on MHU and at Rainforest Recovery Center in addition to taking call.

### RAINFOREST RECOVERY CENTER:

- **RRC Residential Treatment Update:**
  - June daily utilization near or at 100% (8 patient capacity)
  - Admissions remain only from Southeast Alaska
  - Waitlist as of 7.20.2021 was 15
  - **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:**
  - June average daily utilization was 2 patients (current capacity is 4).



- 24 Patients served; 6 of which transitioned from Withdrawal Mgmt. Unit to Residential Treatment. 5 others transitioned to outpatient services through RRC.
  - Due to staffing shortages in other areas of the hospital, WMU was placed on “Diversion” status twice in June. Patients were admitted to Medical and WMU staff were floated to other patient care areas as appropriate,
- **RRC Outpatient Treatment Update:**
    - RRC currently has 40 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):**

- June daily average census was 6 patients
- MHU continues to only accepting patients from Southeast Alaska.
- Average length of stay for June was approximately 12 days.
- **Adult Crisis Stabilization on MHU Update:**
  - July 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 to the hospital under the 1115 Behavioral Health Medicaid Waiver
  - 2 phase approach:
    - Phase 1: July 1; Soft opening where we step down the first several patients from inpatient status to crisis status.
    - Phase 2: August 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 July 21, 2021 is 94
  - Pediatric: 32
  - Adult: 62
- Clinical Therapist recruitment efforts:
  - We have hired 1.5 FTE Clinical Therapists. Their start date is August 9. Impact will take approximately 45 patients off our current waitlist.
  - We have interviewed 3 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. Legal is reviewing our DRAFT Contract before we officially send offers.

#### **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.
  - 32 total referrals to date.
- Juneau School District and Bartlett will be partnering in this endeavor, ensuring JSD students are 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 are working with Legal (CBJ and Studebaker/Nault, PLLC) and MagMutual to ensure we are in compliance prior to services beginning.
- Medicaid has approved BRH for ABA Services.
- Next steps include enrollment with other private insurances
- Anticipated start date for services is August 15, 2021.

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

- June 2021 was our largest volume month since PES began in August 2019:
- 136 (non-unique) patients assessed in the Emergency Department experiencing a Behavioral Health Crisis.
  - 102 Adults
  - 34 Children/Adolescents (It was determined that 21 (62%) 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 June, CIS served 15 families 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:**

- Currently a lot of coring out and hauling in shot rock taking place. Have placed shot rock up to elevation 75’, 10’ to go.
- 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

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## RRC Community Navigator Quarterly Report – FY21 Q4

- Navigators made 317 contacts with individuals seeking assistance with services
- Of those 317 contacts, 74 resulted in individual access to at least one social service
- Community Navigators assisted 23 homeless/at risk individuals successfully identify housing
- Current referral base includes:
  - o St Vincent de Paul
  - o The Glory Hall
  - o CBJ Warming Shelter
  - o Bartlett Regional Hospital
  - o AWARE Shelter
  - o Alaska Housing Finance Corporation (“AHFC”)
  - o Front Street Clinic
  - o Catholic Community Services
  - o SEARHC
  - o JAMHI Health & Wellness
  - o CCFR/CARES
  - o Family Promise
  - o Volunteers of America (“VOA”) (Terraces of Lawson Creek)
  - o NAMI
- Community Partners:
  - o Alaska Housing
  - o Tlingit and Haida Regional Housing Authority
  - o Polaris House
  - o Alaska Housing Development Corporation
  - o Center for Community
  - o Gruening Park
  - o Glacier Manor Half-Way House
  - o Love, Inc.
  - o Holy Trinity Church

#### **Q4 Navigator Success Stories:**

- Individual was referred to Community Navigators from the property manager at VOA affordable housing in hopes she could be connected to housing assistance services, learn strategies to better manage her finances, find community resources for her family, and be assisted with her communication issues. Individual acknowledged she had been working with a SEARHC case manager but had not asked for help with back rent and other housing related issues. The navigator initiated multiple phone contacts before individual was comfortable to meet in person. This individual has memory issues and major trauma so needed extensive assistance with filling out paperwork. We started with an Alaska Housing application followed by the Juneau Housing Assistance Application. We followed with finishing her application with Family Promise; this had been started but not finished as she struggled with attending meetings at times due to health and/or childcare issues. The housing assistance grant was not going to be enough assistance so we filled out an ESG (Emergency Solutions Grants Program) application through Family Promise, as more housing relief was available through that grant. We have also applied for the Emergency Broadband Benefit, which will help with payment of back internet bills. This individual has not filed taxes in some years, as her income is too low, we have applied for the advance child tax credit through CARES funding for monetary assistance with her children and their needs. We have completed and turned in a Gruening Park application for a bigger residence for their family. We are currently working on gathering medical documentation for her social security application. This individual and her family were recently selected for a three bedroom through Alaska Housing Family Housing.

- The Navigator Program helped an elderly Tlingit man in his 60s get off the streets and into permanent housing. We started working with this patron back in 2020 when we helped him access COVID relief funds through Saint Vincent de Paul, which covered the cost of a hotel (travel Lodge) for a few weeks. During his stay in the hotel, we regularly met with him to apply for various housing options in town. Following this, he landed downtown at the warming shelter until May of this year when his application with Alaska Housing was pulled. AHFC offered him an apartment in Mountain View senior living. Upon hearing the news, our client was so excited to accept this housing and asked that we help him move in as quickly as possible. Our team took him out to Love Inc. to complete their intake packet and to meet their staff. They immediately offered to furnish his entire apartment, which was great news because sometimes they have a wait list. With help from our client, we made a bunch of trips from Love Inc. to Mountain View to help him get his new place somewhat furnished and comfortable. He is still housed and loves his new place. As I have gotten to know this man, it has my belief that he has never had a place of his own. He was born in Hoonah and lived with his parents until they passed away about 10 years ago. This client is also cognitively disabled and receives benefits. He moved to Juneau to stay with other family members in a couch-surfing situation and then jumped around between friends and family staying with whomever had space to take him. This went on until roughly one year ago when he found himself utilizing The Glory Hall and the warming shelter to sleep.

- The staff at Saint Vincent de Paul referred a senior man who arrived in Juneau a few months ago to us. He is a former vet and cancer survivor. Homeless, he initially pitched a tent near a bridge on the Mendenhall back loop, camping there until bears began visiting his campsite looking for food. He then moved inside, dividing his time between a storage unit and the warming shelter. The bus and a bicycle were his forms of transportation. Our client was hospitalized due to complications associated with past cancer treatments and as his time in Juneau wore on, became noticeably weaker and more frail. We worked with him to get on the AHFC housing voucher list and on several of the waiting lists associated with subsidized housing in Juneau. After seeing him at SVDP late last month, we became extremely concerned that a lack of housing could prove fatal and met with SVDP Shelter Manager, Roy Anderson to plead our client's case for shelter. Fortunately, Roy had several vacancies on the single's side of the shelter and was able to offer the former vet a room. He moved in early last week and the change in our client's physical appearance was instantly noticeable. He looks stronger, more energetic and a more optimistic attitude in general. Our plan for our client moving forward is to continue checking on his wait list status with AHFC and Gruening Park, anticipating his next move into permanent and sustainable housing.

- Family Promise in Juneau referred a mother, father and their five children to us. Their situation seemed dire due to the property owner demanding they vacate the apartment they were living in due to "remodeling." The parents are both hard-working individuals; their children are bright and energetic. One of the local mines employs the father and the mother works as an in-home-service-provider. In late April, during a conference call with the management of Terraces at Lawson Creek apartment complex in Juneau, the Community Navigator team learned there were some 3-bedroom vacancies. Navigator reached out to the onsite manager to get this family on her radar and the process of housing our clients began. Since Mom and Dad both work fulltime and were not available during normal business hours, we were heavily involved in making sure the appropriate paperwork between housing manager and the family was being received, signed and delivered. Several times, delays by Terraces at Lawson Creek in finalizing a lease agreement frustrated our clients to the point of withdrawing their application, but working together we were able to prevail and the family moved into their new apartment about a month ago. We additionally connected our clients with Love Inc. for furniture and houseware needs and last night delivered bags of linens to them. We do not anticipate much post-housing casework with this family. They are self-sufficient, responsible and good neighbors.



CITY & BOROUGH OF JUNEAU  
ALASKA'S CAPITAL CITY

# Daily Observation Report

**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:** Monday July 19, 2021 – 10:45 am  
**Weather:** Partly sunny, 61 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	Excavator & Roller Operator (1), Truck Drivers (2)
NorthWind Architects (NWA)	1	Shannon Crossley
Equipment in Use	4	(1) excavator, (1) roller, (2) 20 CY truck
Equipment, idle	0	

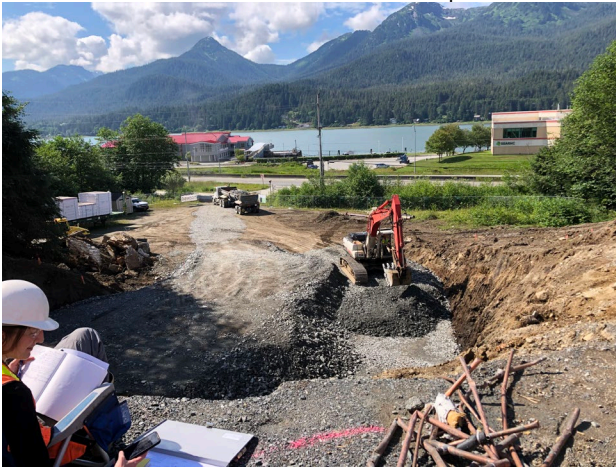
**Description of Work:** Jason said that SEEM reported more water line piping parts were on site; waiting for John McGraw to confirm that he has all parts needed, but SEEM also waiting on final direction from the Civil Engineer. Jason reported that Mark Pusich had been on site earlier in the morning to evaluate the organic material noted in the 7/16/21 field report. MP had expressed concern that there was no shoring in place at the east face of the excavation along the west side of the Rainforest Recovery Center.

- Hole above 8" x 10" tee at water line connection filled in.
- Demo'd materials from BOPS yet to be removed from site.



**MAILING ADDRESS: 155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801**

3. Placement of shot rock borrow in process. Shannon noted this is the 2<sup>nd</sup> lift of the day.

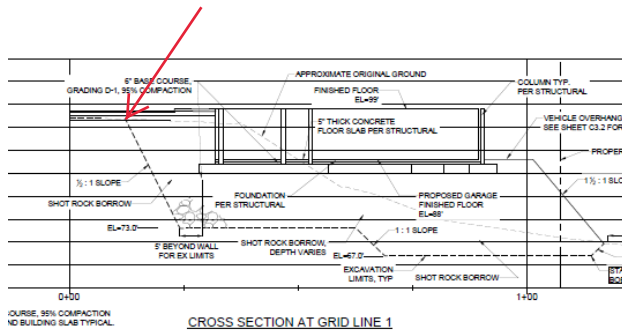


4. 73' and 69' (lower orange line) elevations marked by SEEM, north face of excavation.



6. Stakes represent top of bench west of Grid Line 1.

5. Excerpt from C5.0 issued with DCVR 2.0 7/9/21.





Tuesday, July 20, 2021 1:00 pm – 2:00 pm  
 BRH Behavioral Health Facility Progress Meeting  
 2023/BE21-149  
**DRAFT MINUTES**

Zoom link: <https://juneau.zoom.us/j/94958772231?pwd=bnFWYXU0S2p2VngvVzdLaWJKdXBUQT09>

Zoom Attendance:

X	Bradley Grigg (BG), BRH	X	Chris Gilberto (CG)	X	Caleb McGraw, Dawson
X	Kevin Benson (KB), BRH	X	Jason Sabin (JS), Supt.	X	Dave Hurley (DH), NWA
	Marc Walker (MW), BRH		Tracy Wolf, Dawson (TW)	X	Ben Kraft (BK)
X	Kelvin Schubert (KS)	X	Pat Shanley, Dawson	X	Jeanne Rynne (JR)

1. Construction Schedule Report – Dawson

JS: A lot of coring out and hauling in shot rock taking place. Have placed shot rock up to elevation 75', 10' to go. More excavation still ahead. SEEM has HDPE fuser on site and can start fusing together water line. Coordination needs to happen; JS doesn't have an exact date yet for the water line shut off to Rainforest Recovery Center (RRC) but will give the required 72 hour notice once he knows the date. Job trailer will be on site at the end of this week. There is at least another month of coring and backfill based on the current pace of activity. JS noted SEEM has been running a 12 yd. truck in addition to (2) 20 yard trucks. NWA has been on site observing the proof rolling and placement of lifts. Dave will be filling in for Shannon who will be out starting tomorrow.

CG had a question re: layout for excavation limits per DCVR 2.0; he had asked SEEM for cost estimates of new work. JS says a small portion of it has been cored out; has SEEM has not gone south with the excavation yet.

CG: RFP #5 – no one has seen documentation yet for daily truck tickets. JR said she has not seen any tickets. JS said he has not been receiving truck tickets from SEEM; SEEM has been hauling excavated material to Spike's dumping yard – inexpensive but not free. Unsuitable material referenced in RFP #5 was at NW side of site per JS. Mark Pusich (MP, PDC Civil Engineer) measured material that was removed when on site yesterday; MP measured strip of what was removed and noted the depth. JS asked MP to quantify the amount that was removed. JS said MP did not confirm if he was going to send quantity. CG stated that we need to understand costs by the truck as written in the RFI. JR noted she had had input from MP (through NWA) on the quantification method for RFI #5. CG will follow up with John McGraw of SEEM. CG asked Dave to ensure that NWA notes any short trucks during their site observation. JS heard that the rock pit SEEM has been using may be just about out of rock, which could potentially impact the schedule.

2. Interface Requirements and Coordination.

a. Status of additional floor

- i. The complete foundation package is expected early/middle this week per DH.
- ii. Revisions to underground utility locations expected 7/13, still pending as of 7/19.  
7/20: DH waiting to hear back from MP on updated utility plans; has not heard back yet.

b. Timing of switch-over from existing fire hydrant to new fire hydrant (RFI #10) – needs to be coordinated with BRH per Kelvin 6/29. RFI response was to use 16" HDPE line currently

being priced out. Waiting for info from Civil for exact location and drawings. SEEM working on a ROM. SEEM noted 8 week lead time for valves, 6 weeks for the piping FROM APPROVAL. No changes as of 7/20.

- c. Dawson, NWA and CBJ met 6/25 to identify key work packages and dates that construction drawings would be needed to maintain the schedule. The priority was determined to be as follows. Highlighted items were added at the 7/13/21 meeting:

- i. Foundation Drawings: 7/19
- ii. SOG Drawings: 7/19
- iii. Structural Steel Drawings 7/26
- iv. MEP Equipment Schedules 8/9
- v. Div 5 CFMF Drawings and Specifications 8/9
- vi. Div 9 CFMF Drawings and Specifications 8/23
- vii. Window Schedule 9/6/21
- viii. Envelope Drawings and Revised Specifications 9/20/21
- ix. MEP Drawings and Specifications 8/30
- x. Balance of all Design Documents 9/20

7/13: CG and CM working on schedule. Included wood v steel changes, need to add 3<sup>rd</sup> floor component. Will be looking for feedback re: whether dates are realistic dates or not. CG has sent information to detailer. Supplier notified that rebar lead times are pretty extensive. PS: won't be receiving new stock until first week of Sept. ETA for rebar is 3<sup>rd</sup> to 4<sup>th</sup> week of September. Starting detailing now based on DCVR 2.0 issued 7/9. CG looking into other suppliers to see if delivery date can be improved.

7/20: CG will plug in actual dates once he gets confirmation from NWA. DH has no concerns with the dates above at this point, except for items i-iii (Foundation, SOG, Structural Steel). DH will confirm dates with DCI (John). DH says architectural dates for vi-viii and x (Div 9 CFMF, Window Schedule, Envelope, and balance of Design Documents) look doable.

- d. Groundbreaking Ceremony – prime location is at upper pad.

7/13: Any time after 8/1 works for Dawson. Dawson would like 1 week heads up to make sure site is cleaned up for ceremony.

7/20: KS has not heard anything yet. KB said it was discussed at Senior Leadership this morning. JR noted Dawson's comments from the 7/13 meeting. KB will forward this info to Senior Leadership.

3. Inspections – NWA has been on site during placement of shot rock borrow.

4. Status of Submittals: See Logs from Dawson.

- a. Submittals UNDER REVIEW – DH did not see any with critical timelines. CG concerned about lead times for the electrical equipment and switchgear and would like to have those reviewed soon.
- b. CG has the Fire Alarm submittal ready to submit but is waiting for the response to RFI #16.
- c. PS says he will be submitting the submittal for the roof assembly this week. He stated there is a long lead time for white EPDM, over 12 weeks. CG noted resin and appliances are being impacted by long lead times now too.
- d. Submittals in OPEN status: General Mechanical HVAC Product Data. CG said the Mechanical sub is waiting until the final MEP plans for the additional floor are available before completing the submittal.

5. Offsite Fabrication – N/A
6. Status of Correction of Deficient Items –
  - a. Notice of Deficiency #01 – lack of shoring at Grid Line 6/8 – CG is reaching out to SEEM. JS will surveying the existing utility elevations to monitor any settlement vertically or laterally (away from RRC).
7. Field Observations – Underway; Dawson field reports posted to Procore.
8. RFIs and DCs – re: RFI's under review, DH asked if BK had distributed to the appropriate A/E team member for review. BK confirmed he had.
  - a. RFI 9 GCI Pedestal/vault location, initiated 6/8/21, still open. Met with GCI on site at 10:00 a.m. 6/29. New route issued by Haight and Associates. Response pending review/survey work by Civil.
  - b. RFI 14: Angle at Grid Lines 4, 5, and 6 S2.0 submitted 7/12/21. CG said info needed by Structural Steel Detailer.
  - c. RFI 16: Confirming FA changes – CG having trouble getting complete submittals from Ever. Nimmy said o.k. to makes changes via shop drawing review but will have cost impacts per CG.  
7/13: BK will work on this RFI soon. CG will submit shops for lighting and switch gear. BK agreed.  
7/20: RFI response still pending.
  - d. RFI 17: Proposing 4" perf drain pipe in lieu of 6" PVC due to material availability. Not addressed in the spec.
  - e. CG asked the Dawson team if they had any upcoming RFIs. PS noted the Rebar Detailer will need elevator pit info soon. PS will have more on elevations of pedestals at basement walls re: rebar specifics. DH asked PS to hold off on rebar detailer questions as many of these should be answered by the Foundation package coming out later this week.
9. Status of Proposal Requests and Change Orders.
  - a. RFP\_002 placeholder for a time extension request due to delay in issuance of the Notice to Proceed (NTP) and pending addition of the third floor.
  - b. RFP\_005 issued 7/7/21 to address response to RFI #13 on a T&M basis.
  - c. Review COP log from Dawson.
  - d. DH recommended packing change orders related to the structural system change and additional floor in a 2.0 series to follow the DCVR 2.0 series. JR noted this was discussed and agreed to at the last meeting. Reviewing the COP log, JR and CG were in agreement that RFPs/COPs 3 and 4 were related to the 2.0 series. Jeanne will draft C.O. 2.0 to address these. JR will issue an RFP for the elevator changes; plans to work on change orders tomorrow afternoon.
10. Pending Claims and Disputes - N/A
11. Documentation of Information for Payment Requests – N/A
12. New Business/Action actions
  - a. Next meeting 7/27 at 1:00 pm.

# Bartlett Regional Hospital

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## July 27, 2021 Board Report

Kevin Benson, CFO

### **FINANCE – Kevin Benson**

- Finance is in the transition from closing Fiscal Year 2021 and starting new Fiscal year 2022.
  - Preparing for KPMG payroll audit due by August.
  - Preparing for Elgee Rehfeld system audit in August and full audit in September.
  - Preparing for Cost report due by October.
  - Finalizing inventory: For FY2021, we added RGIS as our third party contractor to complete physical inventory for OR along with Pharmacy. This transition was a great success, since this process reduced the margin on counting errors. Our section was mainly involved in auditing RGIS counts and uploading the data to Meditech. Lori Holte prepared OR for the past one year to make this transition very successful.
- Continuing to work on improving payroll process and API system maintenance. Additional beacons are being added around the hospital to increase range for mobile clock in/out. Continuing to encourage employees to utilize mobile app to review their timecards on a daily basis, to trade shifts and to fill holes.
- Continuing to work on maintenance of M-files system to route Accounts payable approval virtually and to store invoices virtually. This helps eliminate paper documents and need for additional storage.
- Preparing to go live with JP Morgan SUA (Single use account) at the end of this month. This allows us to get additional rebates with JP Morgan and to reduce fraudulent activities.
- New Fiscal Analyst II Gage Thompson accepted our offer and he will be relocating to Juneau from Utah during the first week of August. He is a recent graduate with a Bachelor's degree in Finance. His recent experience working as a third-party administrator for privately owned medical and dental practices is a great addition for our section.

### **HIM – Rachael Stark**

- HIM is working to help with getting ECGs into the Meditech environment. We are 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 is also an increase with the BOPS accounts for coding.

### **PFS – Tami Lawson-Churchill**

- Overall cash collections for the month of June was \$9.3M and we closed out the year with \$99.3M
- Annual DSH audit results received and were favorable for FY18
- PFS is working to streamline Molecular Lab and CLIENT billing process
- PFS is working together with Behavioral Health to implement the new ABA clinic
- PFS is happy to welcome 3 new team members: Savana Damian, Kili Dickinson and Hope George

### **PAS – Angelita Rivera**

- We have made progress with ACCESS eForms. Forms for the House Supervisor have been created, they just need to be tested.
- Molecular Lab has slowed down some with the recent changes. But as cruise ships are starting to come back that may change again.

## Case Management – Jeannette Lacey

- **Cruise Ship Season:** All involved BRH departments met with Cruise Line Agency on June 20 to discuss the season. Full meeting minutes available from Case Management, but pertinent details include:
  - First ship to arrive: 7/23/21
  - Expecting 7-8 ships per week
  - Lower volume on each ship (65%), but will incrementally increase with each visit to the port up to full capacity
  - CDC requirement for cruise lines: All cruise lines signed up with air carriers/medevac so that COVID patient do not default to Juneau if critical. All ports have signed agreement. There is a mitigation strategy in place to keep COVID patients on board and in isolation, depending on the numbers. SEA is port of refuge for any ship that requires detaining. If non-life threatening, COVID patients to be medevac'd to SEA; if life threatening, could come to BRH first. ED can assist with advising on what hospital is best suited to help the patient depending on current location.
- **Crisis Stabilization:** CM and the Revenue Cycle Team are supporting Behavioral Health with the go-live of Crisis Stabilization services for adults this week.
- **Staff Recognition:**
  - ED- If you have not seen the Bartlett Buzz from June 30, please see the patient experience story submitted by Peter Metcalfe. It is an inspirational story that highlights the strength of our teams overall. I also felt it helped illustrate part of the role of the case managers in the ED. Sarah Zaglifa, SWCM and Hannah Marko, RNCM were highlighted from CM.
  - Medical Service- 2 case managers, Erin Kusek, SWCM and Hannah Marko, RNCM had strong collaboration with a complex case and were able to present at our staff meeting on their process for helping the patient and family transition to the appropriate level of care.
  - OB Patient Navigator- Rachel Gladhart, RN OB patient navigator gave an excellent presentation at our staff meeting on her role and how she is working with patients in our community. We would like to see her share this presentation with other departments as well.
- **Staffing:**
  - We continue to recruit for our Lead CDI Specialist. I am working with HR to intensify recruitment efforts, as this is a critical position that has a strong impact on revenue.
  - An internal social work case manager will take the Oncology Patient Navigator position; Lena Lenkiewicz will transition to this role in early September. We expect she should be ready to start working with patients by October. In the meantime, Lena is engaging in oncology specific trainings in preparation for her transition while she continues in her current role, as we recruit for her replacement.
  - We had a social work case manager, Tahnee King, start this past week who will be a second SW CM at RRC. CM services have expanded to support the acute, residential, and outpatient program needs.

## Facilities – Marc Walker

- **Laundry Department:** At this time all full time positions under our current staffing model are filled. As travel restrictions have been loosening we are seeing an increase in much needed leave requests. Couple the leave requests with high hospital utilization and the department is struggling to keep up. We are currently reviewing the staffing plan looking for creative ways to meet the current demands and still be able to flex down if demands decrease. The morale is high in the department and the group is working as a cohesive team with the support of their new Supervisor. This year we will be replacing the Washers which in theory with their higher extraction speeds will decrease load times in the Driers increasing throughput.
- **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 help dramatically in the last couple of weeks. 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. Demands are slowly on the rise as Medical Offices are again using their service to maintain and safety test medical equipment, this includes out of town Clinics such as Dahl Memorial in Skagway.

- **Security Department:** Security not unlike many department has been struggling to stay fully staffed. There is currently one fulltime position vacant that we are actively recruiting for. Within the next couple of weeks, we will be seeking 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 devices have been 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: expected completion **June 2021 (8-10 weeks of validation required)**
- **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

- Outstanding Teamwork! We have earned enough points to **successfully attest** for *Promoting Interoperability/Meaningful Use 3* for 2021 as of Q2.

### Call Volumes (HelpDesk and Clinical IS): Previous Quarter – See Image 1

### Information Security

- **Rapid7 Incident Detection and Response Report:** No MITRE ATT&CK Techniques detected in June 2021 (See Image 2 & 3)
- **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 **947 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 June.**

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.

- **Rapid7 Risk Scorecard: Servers** – See Image 4
- **Cybereason (Endpoint Detection and Response) Report: June** – See Image 5
- **Attacks on Bartlett network have decreased about 10% over the last quarter** – See Image 6
- **Security Awareness Risk Score and Phishing Campaigns** – See Image 7 & 8

Image 1.

Volume Review:  
 - 2.5% abandoned past 10 seconds  
 - 12.35 second average speed to answer

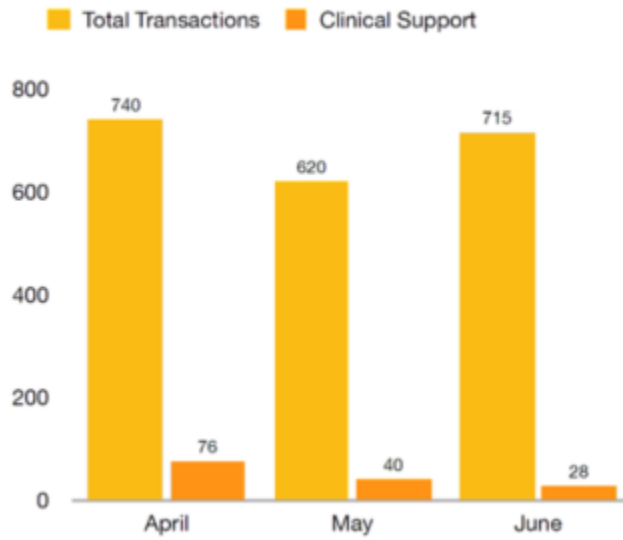


Image 2.

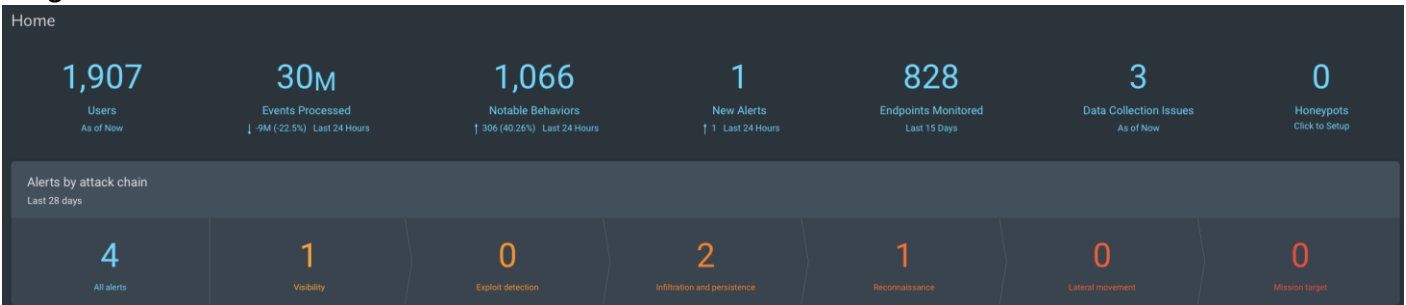
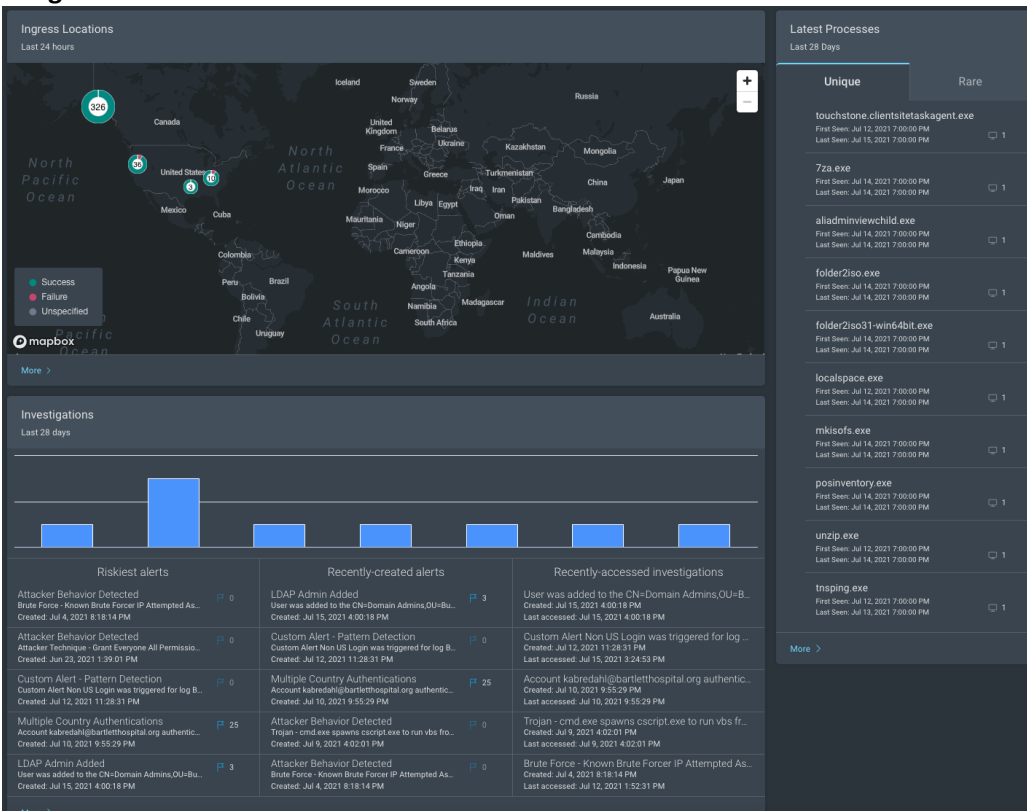


Image 3.



**Image 4.**

Risk Scorecard

June 29, 2021 07:45:08 GMT

**R7 - Risk Scorecard - Servers**



Site: Servers

Your site's grade of A is based on its average asset risk score of 131,764, which is more than 15% below the average of 178,993 across all sites. Grades range from A (average risk per asset is more than 15% lower than the average across all sites) to F (average risk per asset is more than 15% higher than the average across all sites). Use the following scan data to determine the factors that affect risk the most.

**Statistics**

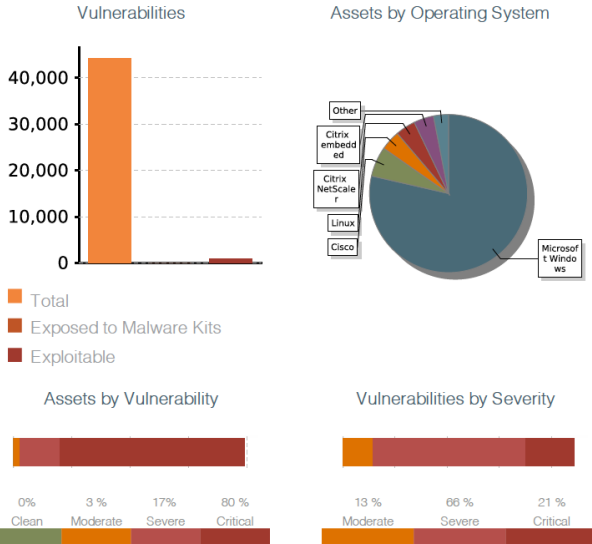
Assets: 99  
 Vulnerabilities: 44,293  
 Average vulnerabilities per asset: 447.4  
 Average asset risk score: 131,764

**Last Scan**

Asset(s) scanned: 96  
 Percentage of site scanned: 97%

**Vulnerabilities**

Vulnerabilities with known exploits: 1.8%  
 Exploits available for vulnerabilities: 238  
 Vulnerabilities with known malware kits: 0.0%  
 Malware kits available for vulnerabilities: 0



**Image 5.**



# 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.

**Image 6.**

**Attacks on Bartlett Network**

	As of March-15 2020	As of May-08	As of Jun-08	As of Jul-08
Per Minute	86	1210	1020	1075
Per Hour	5,160	72,600	61,200	64,500
Per Day	123,840	1,742,400	1,468,800	1,548,000
Per Week	866,880	12,196,800	10,281,600	10,836,000
Per Month	3,839,040	54,014,400	45,532,800	47,988,000
Per Year	45,201,600	635,976,000	536,112,000	565,020,000



Image 7.

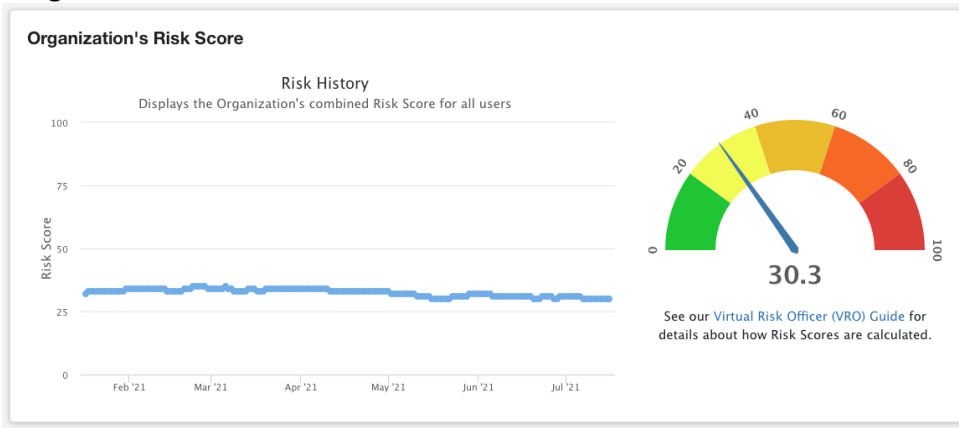
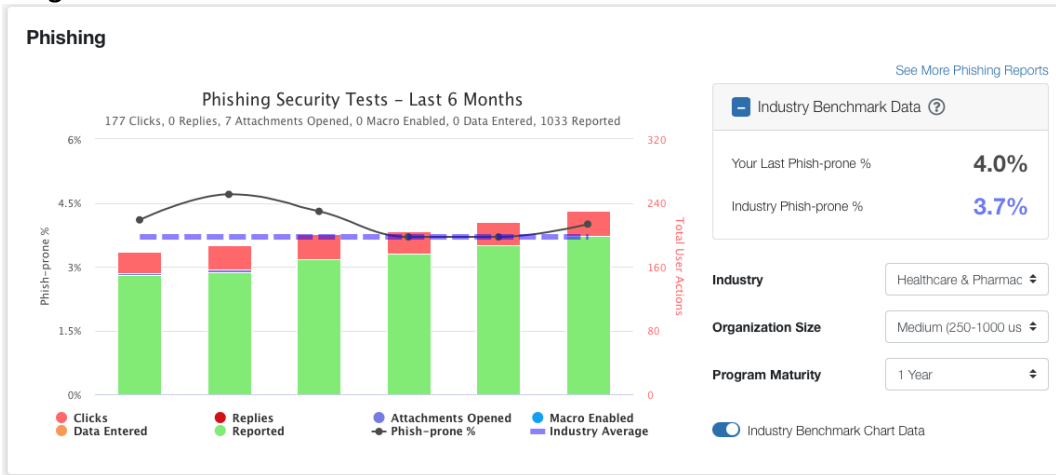


Image 8.



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

## July 2021 Board Report

Rose Lawhorne, CEO

- Our Behavioral Health services continue to be in growing demand. The executive team is working to review our accreditation as an acute care hospital and ensuring that our programs and revenue cycle process meet regulatory and compliance standards.
  - In July 2021, American Hospital Association reported that although one in five adults and one in six youth, ages six through seventeen, experience mental health illness, less than half receive necessary treatment.
- Welcome to Vlad Toca, our new Chief Operating Officer. He is integrating with our teams and is already a valued member of our Senior Leadership Team.
- One of our oncology nurse practitioners has been appointed as chair of a work group within the Alaska State Cancer Partnership whose goals are to promote prevention, cancer care, and survivorship. Priorities include addressing language and health literacy barriers, access to services, and reimbursement structures statewide. Proposed solution is a patient navigation program to enhance professional development, improve patient education, and connect patients to services.
- Dr. Janice Sheufelt, a local physician, will be offering training on Implicit Bias to our Emergency Department providers and staff. The team appreciates the opportunity to work with her to understand and recognize personal, unconscious biases, and provide inclusive care.
- Quarterly Joint Conference meetings between Medical Staff and Board Executive Committees have resumed. Excellent dialogue and collaboration took place in the first meeting.
- I am continuing to meet with Medical Staff members and local clinics. These conversations offer another forum for honest feedback and problem-solving, strengthening relationships within our community healthcare system.
- The Executive Team met to develop an organizational structure that allows for service line growth. Space utilization will be part of ongoing discussions and strategic planning. The senior leaders rounded on units as a team, connecting with staff in their work areas, reviewing opportunities for improvement in workspaces, and identifying short- and long-term solutions.
- We are making progress on campus upgrades. Hospital Drive work is complete and the Crisis Stabilization groundwork continues with an anticipated pre-construction, ground-breaking ceremony in August.
- We are developing a Professional Services Agreement with Alaska Retinal Consultants to continue ophthalmology care in Juneau. Recruitment continues for a fulltime ophthalmologist who can live and work in Juneau.
- Legislative updates
  - The Centers for Medicare and Medicaid (CMS) has released proposed rules regarding payment systems. They include improved reimbursement for outpatient services and reduced reimbursement for 340B programs. They also proposed ongoing rules to continue reimbursement for all care added to the telehealth

services approved during COVID-19. The American Hospital Association (AHA) is working to challenge the areas of reduced reimbursement.

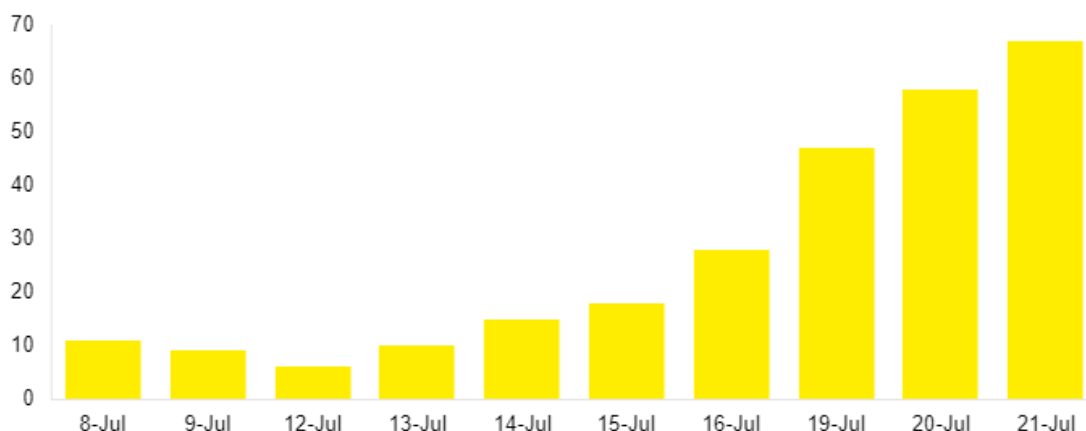
- Changes in processing of background checks and license approval for new healthcare workers in Alaska has created increasing delays in onboarding new staff. Communication regarding these impacts has occurred with ASHNHA and state departments.
- We are continuing to follow evolving regulations around surprise medical billing. This legislation affects billing for out-of-network services, cost-sharing with patients, and balance billing. Our finance team is diligently evaluating our revenue cycle processes to ensure compliance.
- Several bills that address maternal health and social determinants of health are advancing through Congressional committees.
- At the state level, Senators Dan Sullivan and Lisa Murkowski introduced a bill to permanently expand access to telehealth beyond the pandemic, increasing Federal Medical Assistance Percentages (FMAP) if the state covers telehealth services.
- The Alaska Legislature will reconvene on August 2<sup>nd</sup> for a third special session to continue work on the budget.

### **COVID-19 update**

- We have experienced a recent increase in positive cases in our community and state. We have nearly 70,000 resident cases in Alaska to date. Incident Commanders from Alaska Public Health, BRH, and City and Borough of Juneau (CBJ) Emergency Operations Center (EOC) to evaluate community risk and mitigation levels. Community data (as of July 21<sup>st</sup>):
  - Vaccinations:
    - Administered: 1<sup>st</sup> dose 21,686; Completed series 20,619
    - Percentages of eligible population (>12 years): 79.5% first dose;
    - Percentage of total population: 68.3% first dose; 64.9% series complete
  - 67 active cases, 6% positivity rate (7-day average)
  - 6 patients admitted in July
  - COVID-19 testing remains consistent between 300-350 tests per week.
- Delta variant accounts for most new cases in Alaska. Reduced occurrence and severity of illness is reflected in those vaccinated versus not vaccinated.

Community 14-day case trend:

**CBJ 14-Day Active Case Trend**



# August 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	4	5 12:00pm Board Compliance and Audit Committee <b>(PUBLIC MEETING)</b>	6	7
8	9	10 7:00am Credentials Committee <b>(NOT A PUBLIC MEETING)</b>	11	12	13 12:00pm Finance Committee <b>(PUBLIC MEETING)</b>	14
15	16	17	18	19	20 12:00 Planning Committee <b>(PUBLIC MEETING)</b>	21
22	23	24 5:30pm Board of Directors <b>(PUBLIC MEETING)</b>	25	26	27	28
29	30	31				

**Committee Meeting Checkoff:**

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

Joint Planning – As needed  
 Physician Recruitment – As needed  
 Governance – 3<sup>rd</sup> Friday every month  
 Planning – 1<sup>st</sup> Friday every month

## August 2021 – BRH Board of Directors and Committee Meetings

**BRH Compliance and Audit Committee 12:00pm Thursday, August 5<sup>th</sup>**

<https://bartletthospital.zoom.us/j/94159158444>

Call 1 253 215 8782 Meeting ID: 941 5915 8444

**BRH Finance Committee 12:00pm Friday, August 13<sup>th</sup>**

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

Call 1 253 215 8782 Meeting ID: 983 9340 5781

**BRH Planning Committee 12:00pm Friday, August 20<sup>th</sup>**

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

**BRH Board of Directors Meeting 5:30pm Tuesday, August 24<sup>th</sup>**

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195