

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, January 26, 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>FINANCIAL AUDIT PRESENTATION – Sarah Griffith, CPS</b>	(Pg.3)	<b>5:45</b>
	(Audit report available for viewing in January 8, 2021 Finance Packet)		
<b>VI.</b>	<b>CONSENT AGENDA</b>		<b>5:55</b>
	A. December 22, 2020 Board of Directors Minutes	(Pg.12)	
	B. November 2020 Financials	(Pg.20)	
<b>VII.</b>	<b>NEW BUSINESS</b>		<b>6:00</b>
<b>VIII.</b>	<b>OLD BUSINESS</b>		<b>6:10</b>
	➤ Casual Offer Letter for Chuck Bill - <b>ACTION ITEM</b>	(Pg.25)	
<b>IX.</b>	<b>MEDICAL STAFF REPORT</b>		<b>6:20</b>
<b>X.</b>	<b>COMMITTEE REPORTS</b>		<b>6:25</b>
	A. CEO Recruitment Committee Minutes		
	1) December 30, 2020	(Pg.27)	
	2) January 6, 2021	(Pg.28)	
	3) January 13, 2021	(Pg.29)	
	4) January 20, 2021 (Draft)	(Pg.30)	
	B. January 8, 2021 Draft Finance Committee Meeting Minutes	(Pg.31)	
	➤ BSSC Building Purchase – <b>ACTION ITEM</b>	(Pg.33)	
	C. January 13, 2021 Draft Board Quality Committee Minutes	(Pg.34)	
<b>XI.</b>	<b>MANAGEMENT REPORTS</b>		<b>6:30</b>
	A. Legal Management report	(Pg.37)	
	B. HR Management report	(Pg.38)	
	C. CNO Management report	(Pg.40)	

	D. COO Management report	(Pg.43)	
	➤ Molecular Lab and Triage Facility Updates	(Pg.47)	
	E. CBHO Management report	(Pg.50)	
	F. CFO Management report	(Pg.54)	
	G. CEO Management report	(Pg.56)	
	➤ Becker’s Top Rated Hospital Award	(Pg.57)	
<b>XII.</b>	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:40</b>
	➤ COVID-19 Update		
<b>XIII.</b>	<b>PRESIDENT REPORT</b>		<b>6:45</b>
	➤ Committee Assignments	(Pg.58)	
<b>XIV.</b>	<b>BOARD CALENDAR – February 2021</b>	(Pg.59)	<b>6:50</b>
<b>XV.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:55</b>
<b>XVI.</b>	<b>EXECUTIVE SESSION</b>		<b>7:00</b>
	A. Credentialing report		
	B. January 5, 2021 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Union Negotiations		
	E. CEO Recruitment		
	F. Legal and Litigation Review		
	<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
	○ <i>Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.</i>		
	<i>And</i>		
	○ <i>To discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss CEO recruitment examination materials that are confidential.</i>		
	<i>And</i>		
	○ <i>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.)</i>		
<b>XVII.</b>	<b>ADJOURNMENT</b>		<b>7:30</b>



## **FISCAL 2020 AUDIT PRESENTATION**

**SARAH GRIFFITH, CPA, PARTNER  
KAREN TARVER, CPA, PARTNER  
ADAM SYCKS, CPA, PARTNER**

**ELGEE REHFELD, LLC**

## WHAT WE AUDIT

- Bartlett Regional Hospital –
  - Stand Alone Financial Statements
- City and Borough of Juneau –
  - Bartlett Regional Hospital grants
  - The Hospital is an enterprise fund included in the CBJ CAFR



## TIMING AND AUDIT PROCESS

- Planning – June through August
- Inventory Observation – June 30 - July 1
- Preliminary Fieldwork – August 19 - 21
- Final Fieldwork – September 28 - October 2
- Issued – December 23
- Presented to the Finance Committee – January 8
- All staff were helpful, timely and courteous



# FINANCIAL STATEMENTS AUDIT RESULTS

- Audit Opinion (p. 1-3) is unmodified. “financial statements are materially correct”
- Significant Estimates
  - Net Pension Liability, OPEB Assets and Liabilities, and Deferred inflows and outflows
    - Based on information from State of Alaska
  - Patient Accounts Receivable
    - We evaluated these estimates as part of the audit process
  - Provider Relief Funds
    - We evaluated these estimates as part of the audit process based on guidance made available by the Department of Health and Human Services



# FINANCIAL STATEMENT PREPARATION AND AUDIT ADJUSTMENTS

- Elgee Rehfeld prepared the draft Financial Statements based on accounting system and management provided data.
  - Management retains responsibility of the financial statements by reviewing the draft and accepting it.
- Adjustments to Bartlett’s accounting records:
  - Material “audit” adjustments during the fiscal 2020 audit
    - Bad debt and contractual allowance amount
  - GASB 68 and 75 adjustments



BARTLETT REGIONAL HOSPITAL  
 (an Enterprise Fund of the City and Borough of Juneau, Alaska)  
 STATEMENT OF NET POSITION  
 June 30, 2020  
 with summarized financial information for the year ended June 30, 2019

	2020	2019
<b>ASSETS AND DEFERRED OUTFLOWS OF RESOURCES:</b>		
<b>CURRENT ASSETS:</b>		
Equity in central treasury	\$ 69,529,955	\$ 69,007,166
Receivables:		
Patient accounts receivable, less allowance for uncollectible accounts of \$10,477,486 and \$9,877,420 at June 30, 2020 and 2019, respectively	12,988,478	15,616,990
Other	505,814	2,456,115
Inventories	3,027,677	2,684,316
Prepaid expenses	1,275,405	1,013,354
Other current assets	28,877	28,877
<b>Total current assets</b>	<b>87,356,206</b>	<b>90,806,818</b>
<b>RESTRICTED EQUITY IN CENTRAL TREASURY:</b>		
Restricted for capital projects	4,163,554	4,678,117
Restricted for debt service	1,763,567	1,763,567
<b>Total restricted equity in central treasury</b>	<b>5,927,121</b>	<b>6,441,684</b>
CAPITAL ASSETS, net	56,264,660	52,645,135
NET OPEB ASSET	385,552	411,106
<b>Total non-current assets</b>	<b>62,577,333</b>	<b>59,497,925</b>
<b>DEFERRED OUTFLOWS OF RESOURCES:</b>		
Pension	7,212,888	9,221,052
Other post employee benefits	5,190,793	5,193,948
<b>Total assets and deferred outflows of resources</b>	<b>162,337,220</b>	<b>164,719,743</b>
<b>LIABILITIES AND DEFERRED INFLOWS OF RESOURCES:</b>		
<b>CURRENT LIABILITIES:</b>		
Accounts payable	1,923,926	1,873,589
Accrued payroll and related liabilities	2,544,370	2,120,545
Current portion of compensated absences	2,474,057	2,241,888
Due to third party payors	550,841	2,152,780
Interest payable	329,796	340,359
Deferred revenue	1,095,030	208,789
Current portion of revenue bond payable	1,049,325	1,031,143
Other payables	868,890	1,220,621
<b>Total current liabilities</b>	<b>10,836,235</b>	<b>11,189,714</b>
COMPENSATED ABSENCES, net of current portion	2,027,101	1,480,826
REVENUE BONDS PAYABLE, net of current portion	18,308,093	19,354,795
NET PENSION LIABILITY	63,150,035	60,292,111
NET OPEB LIABILITY	2,190,086	12,719,316
<b>Total liabilities</b>	<b>96,511,550</b>	<b>105,036,762</b>
<b>DEFERRED INFLOWS OF RESOURCES:</b>		
Pension	2,085,059	1,513,214
Other post employee benefits	2,233,141	4,659,669
<b>Total liabilities and deferred inflows of resources</b>	<b>100,829,750</b>	<b>111,209,645</b>
<b>NET POSITION:</b>		
Net invested in capital assets	36,907,242	32,259,197
Restricted for capital projects	4,163,554	4,678,117
Restricted for debt service	1,763,567	1,763,567
Unrestricted	18,673,107	14,809,217
<b>Total net position</b>	<b>\$ 61,507,470</b>	<b>\$ 53,510,098</b>

The accompanying notes to the financial statements are an integral part of these statements.





BARTLETT REGIONAL HOSPITAL  
 (an Enterprise Fund of the City and Borough of Juneau, Alaska)  
 STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
 For the Year Ended June 30, 2020  
 with summarized financial information for the year ended June 30, 2019

	<u>2020</u>	<u>2019</u>
OPERATING REVENUES:		
Net patient service revenue	\$ 96,577,549	\$ 98,906,861
State of Alaska PERS on-behalf pension contribution	3,406,166	817,511
Other	<u>3,745,026</u>	<u>2,768,201</u>
Total operating revenues	<u>103,728,741</u>	<u>102,492,573</u>
OPERATING EXPENSES:		
Salaries and wages	52,140,151	48,855,137
Employee benefits:		
PERS employer contribution and expense	4,524,943	8,001,100
Other employee benefits	13,363,264	12,618,024
Fees - physician	3,437,372	3,584,426
Fees - other	2,098,813	1,887,245
Supplies	14,263,867	13,538,180
Utilities	1,484,323	1,490,518
Repairs and maintenance	4,498,637	3,777,710
Rentals and leases	609,337	619,668
Insurance	524,306	698,037
Depreciation	7,185,319	7,196,120
Other	<u>1,287,092</u>	<u>1,399,157</u>
Total operating expenses	<u>105,417,424</u>	<u>103,665,322</u>
Operating loss	<u>(1,688,683)</u>	<u>(1,172,749)</u>
NONOPERATING REVENUES AND EXPENSES:		
Investment income	3,040,002	2,415,942
Other nonoperating revenue	6,611,446	313,542
Loss on disposal of assets	(35,613)	(32,101)
Interest expense	<u>(622,780)</u>	<u>(638,466)</u>
Nonoperating revenues and expenses	<u>8,993,055</u>	<u>2,058,917</u>
Excess of revenues over expenses	7,304,372	886,168
TRANSFERS IN - Primary government - other funds	<u>693,000</u>	<u>3,293,000</u>
Change in net position	7,997,372	4,179,168
NET POSITION, Beginning of year	<u>53,510,098</u>	<u>49,330,930</u>
NET POSITION, End of year	<u>\$ 61,507,470</u>	<u>\$ 53,510,098</u>

The accompanying notes to financial statements are an integral part of these statements.



# LETTER TO THE BOARD OF DIRECTORS

Suggestions for improvement:

- Current Year –
  - No current year issues communicated to Board of Directors.
- Prior Year –
  - No prior year issues communicated to Board of Directors.

CBJ State Single Audit results -

- **Single Audit results are pending**



# QUESTIONS AND CLOSING

- We would like to thank the BRH team for their hard work and assistance with the audit.
- We are happy to answer any questions you have.

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
December 22, 2020 – 5:30 p.m.  
Zoom videoconference

**CALL TO ORDER** – Board of Director’s meeting called to order at 5:30 p.m. by Lance Stevens, Board President

**BOARD MEMBERS PRESENT**

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

**ALSO PRESENT**

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Barbara Nault, Legal Advisor	Joy Neyhart, DO, COS	Joe Wanner (Public)
Anita Moffitt, Executive Assistant	Roy Getchell, HBSD Superintendent	Lily Boron, Haines School Principal
Hal Geiger (Public)	Roseman GP (Public)	Rashah McChesney, KTOO
Kathy Callahan, Director Physician Services	Debbie Kesselring, Director Medical Staff Services	
Michelle Hale, CBJ Liaison (Joined meeting at 7:09 p.m.)		

**APPROVAL OF THE AGENDA** – Mr. Stevens noted a modification had been made to the original posted agenda. Election of Board Officers has been added as item XIV. ***MOTION by Ms. Hagevig to approve the agenda as presented. Ms. Knapp seconded. Agenda approved as presented.***

**PUBLIC PARTICIPATION** – Dr. Roy Getchell, Haines Borough School District Superintendent, introduced himself and school principal, Lily Boron. He expressed gratitude and sincere appreciation for working with the staff at Bartlett Regional Hospital to address the needs of the people in the Haines. He provided an overview of the devastating effects of the massive landslide that happened on December 2<sup>nd</sup>. This landslide took out several homes in the community and the lives of David Simmons and kindergarten teacher Janae Larsen. He highlighted how Ms. Lawhorne, Mr. Grigg and team sprang into action to develop a plan of support. Support included counseling for grief, worries and loss; support for staff in working with students; support for parents; care packages of comfort items; in person classroom support when school resumed; intensive response services for those in grief and support for the reintroduction of kindergarten students back into the building after the loss of their teacher. The support of BRH allowed the school district to finish the semester in person, under challenging circumstances. He is proud and thankful for all of the support that has been provided to Haines and has incredible hope for walking together, side by side, as we move into 2021. Ms. Boron said it’s a privilege to be here to report how much the Bartlett team has brought to the community and to the school. The role of the school is to provide a safe place for students to learn. This support allowed the school district to regroup in a time of intense crisis and finish the semester strong and in person. She expressed thanks to the BRH Board of Directors for the classroom supplies donation which will make a huge difference and have an impact on every student. She again expressed thanks for the BRH team and the support for the Haines community. Mr. Stevens thanked Dr. Getchell and Ms. Boron for speaking. We know the grief and challenges the school district is facing will not end with the end of winter break. We look forward to the partnership this has created and being able to provide support throughout the challenges ahead. We wish you a very safe and happy holiday. He also noted that this is a great reminder of how our community hospital makes a regional impact.

**BOARD EDUCATION: Haines Disaster Support Update** – Ms. Lawhorne thanked Dr. Getchell and Ms. Boron for their heartfelt words. She said it was a very powerful experience for her to have been there. BRH has a mission and vision to be the best community and regional hospital in Alaska and it's important to recognize opportunities when they present to put our mission and vision into action. On December 2<sup>nd</sup>, after becoming aware of the events in Haines, Ms. Lawhorne and Mr. Grigg discussed what assistance could be provided and the importance for the Haines community, particularly school staff and students, to be given the opportunity to process the situation with behavioral health professional staff who can guide them through their emotions. She reached out to Dr. Getchell to offer assistance. Preparations were made for a team of professionals to travel to Haines with much needed supplies and an eagerness to assist with whatever was needed. Relationships and trust of the Haines and Bartlett teams were built, not just as individuals but as community members supporting each other in this time of crisis. These relationships spread exponentially and we were able to rise to the challenge of meeting the needs of the community. Mr. Grigg reported that this has probably been the most rewarding two weeks of his 23 year career. From an on the ground, human impact in the midst of a crisis, we used our middle name very well, Bartlett **Regional** Hospital. He identified all team members involved and the work accomplished (summary report included in the packet). On December 3<sup>rd</sup>, Mr. Grigg had sent a summary of the crisis stabilization plan to Mr. Bill, the Board of Directors and his colleagues at the Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH) to let them know the work that was to be done with our behavioral health grant money. Although Mr. Grigg was not requesting additional funding, DHSS responded with overwhelming support and offered an additional \$1.4 Million grant funding to assist with these efforts. This money was provided by amending an existing grant in order to speed up the process. The money was prioritized for use in four areas: school district staff training and enhanced behavioral health support, displaced households, childcare and support for Lynn Canal Counseling Services. At this point, it's looking very good that use of CARES dollars is going to be extended to be expended beyond December 30<sup>th</sup>. Mr. Grigg will meet with Dr. Getchell, Mayor Olerud and the EOC to talk about the approved components the State has given to put these funds into and to identify the agencies where this funding can go. Bartlett is the conduit for these funds, receiving the funds and sifting them through to Haines for use in these areas approved by the State. Mr. Grigg closed his comments by saying he is very proud of the staff for their long days and nights, expressed sincere thanks to the Board for its support and to Mr. Bill not hesitating in approving this support. He praised Dr. Getchell and Ms. Boron for running an amazing ship.

Ms. Knapp commended Mr. Grigg and Ms. Lawhorne for the work and support that has been given to Haines. She wants to make sure this report is shared with the CBJ Assembly as it is a great example of what a community hospital does. Mr. Solomon-Gross and Ms. Hagevig expressed how proud they are of the way everyone pulled together and provided support and agree the report needs to be shared with the Assembly. Mr. Stevens expressed his thanks for the thorough report and support.

**CONSENT AGENDA - MOTION by Mr. Solomon-Gross to approve the consent agenda. Mr. Johnson seconded. There being no objections, consent agenda approved.**

**NEW BUSINESS: Interim CEO Information** – Mr. Stevens had asked Mr. Hargrave to provide information as to how to best engage Mr. Bill beyond February 5<sup>th</sup> should the need arise. Information was provided as to the benefits of a casual position vs. a contractor. Based on the information provided, Mr. Stevens is leaning towards recommending a casual position where we control the work, the work hours and what is to be expected. The proposed hourly rate seems reasonable and there are going to be things that come up with the partnership development as well as legislative and ASHNHA activities that his insight cannot be transferred in a timely manner over the next month. Before questions were posed, Mr. Stevens clarified that discussions about the position and the contract are to be discussed in open session. Personal ability to fulfill the obligation of the job and/or personal characteristics are allowed to be discussed in executive session. Mr. Solomon-Gross asked if Mr. Bill would have to have his own business license if he were a contractor, if we have an estimated number of hours that we would anticipate needing and what the scope of his job would be. He also

inquired as to who Mr. Bill's direct supervisor would be to oversee his work. Mr. Stevens said these details would be worked out but he anticipates that the interim CEO and the new CEO would be who he would report to. There needs to be some flexibility in the number of hours as time needed for different projects will vary but there does need to be boundaries set. Ms. Knapp questioned the salary requested as the amount listed is less than what he currently receives. Mr. Bill said he requested the \$200.00 per hour realizing that it is less than his current rate of pay but noted his expenses will be less. The number of hours per month will be driven by the Board and the interim CEO/CEO but he would hope that 10-20 hours a month and no more would be reasonable. Ms. Knapp asked if there would be a contract that specifies a number of hours not to exceed, tasks that he may be specifically called upon to perform as needed under those hours and a time limit at which the contract would expire or be renewed. Mr. Stevens said yes, this is appropriate to set boundaries so that we have some certainty and flexibility. He also noted that a contract would cause more challenges than we would have if he were a casual employee. Mr. Kendziorek asked if legal has been consulted about this to make sure there are no legal issues. Mr. Hargrave noted that Robert Palmer has advised us of the importance of this being a Board decision and not Mr. Bill's decision. Mr. Bill has made the offer and now the Board needs to determine what they want to do with it. He's not lobbying to become a contractor, he's offering to assist during the transition. Discussion held about casual employees and what the department of labor guidelines are. Mr. Johnson said that based on what he's heard, casual would be simpler but would need to be clarified. He then brought up the issue of contacts with CBJ, ASHNHA and the legislation to ensure our needs are met, another area that Mr. Bill can provide assistance with during the CEO transition. Mr. Stevens summarized discussions by directing Mr. Hargrave to provide a more structured casual relationship for Mr. Bill that the Board can vote on at next month's meeting. Mr. Bill is supportive of the discussions held and is willing to serve as the Board sees fit.

Interim CEO – Mr. Stevens noted that our transitional leadership plan identified the interim CEO to be our CFO, Kevin Benson. Mr. Benson has transitioned into this role at another facility and feels comfortable filling this role as an interim. Due to the increase in responsibility, a proposal to increase his pay from \$236,766.40 (plus 30% for benefits) to \$307,796.32 (plus 30% for benefits) beginning January 1<sup>st</sup> was presented. Mr. Benson will shadow Mr. Bill for a month. ***MOTION by Ms. Hagevig to approve the recommended interim salary for Kevin Benson in the amount of \$307,796.32 (plus 30% for benefits) for purposes of discussion. Ms. Knapp seconded.***

Ms. Knapp wants to make sure Mr. Benson has the support he needs in the Finance Department to be able to cover both the CEO and CFO roles. Ms. Young asked if Mr. Benson plans to apply for the permanent CEO position. He responded that he will not. He feels he can best serve Bartlett in the CFO role supporting the new CEO. Mr. Solomon-Gross expressed support of Mr. Benson shadowing Mr. Bill for a month. Mr. Hargrave asked for clarification of authority. Mr. Bill will have the authority of CEO until February 5<sup>th</sup> and Mr. Benson will take over on February 6<sup>th</sup>, 2021. Mr. Benson stated that he was comfortable with the succession plan early on and is even more comfortable taking on this role thanks to the strength of Bartlett's Senior Leadership Team. The team proved, during Mr. Bill's absence in October, that they are capable of managing the organization and Mr. Benson will lean on them to help get Bartlett through the interim CEO phase. Mr. Hargrave asked if the Board is to appoint Mr. Benson for a time certain. Mr. Kendziorek suggested amending the motion to add that it continues until a new CEO is appointed or Mr. Benson requests that he no longer be interim. Ms. Knapp recommends adding by mutual consent in case the Board no longer wants him to fill this position. Ms. Hagevig accepts the amendments.

Roll call vote taken. ***MOTION to approve the recommended interim salary for Kevin Benson in the amount of \$307,796.32 (plus 30% for benefits) to continue until a new CEO is appointed or Mr. Benson and the Board mutually consent that Mr. Benson will no longer serve the role of interim CEO unanimously approved.***

Mr. Stevens thanked Mr. Benson for his willingness to take on this role and acknowledge the strong leadership team to help get through this transition.

**OLD BUSINESS: CLO Replacement Update** – Barbara Nault, of Studebaker Nault, PLLC introduced herself and thanked the Board for the opportunity to work with BRH. She provided some history about herself and noted that she has done work for the hospital on and off for several years working with Jane Mores and Megan Costello. She lives in the

Seattle area but has a 20+ year background practicing law in Alaska. Her firm's specific focus is healthcare law. They will assist or take lead on some matters for BRH and CBJ's legal department will continue to handle others.

**Medical Staff Report** – Dr. Neyhart noted the minutes from the December 1<sup>st</sup> Medical Staff meeting are in the executive session portion of the packet. She reported that her year as Chief of Staff is coming to an end. She learned a lot and enjoyed working with the senior leadership team. She is in awe of what this hospital has done. Mr. Stevens asked about the status of the Juneau Medical Society funds that were to be transferred to the Bartlett Foundation. Dr. Neyhart reported that the Secretary/Treasurer has delivered a letter to the Bartlett Foundation with a request to use some of the funding for specific contributions. Mr. Bill confirmed that the Foundation is willing to accept the funds and take over administration of them after final details are worked out.

Mr. Johnson asked what discussions have taken place amongst the medical staff about a job description for a Chief Medical Officer position. Dr. Neyhart reported that there hasn't been a lot of discussion. A draft job description had been reviewed but has since been updated by Dr. Buley, Mr. Hargrave and Mr. Bill. Given Mr. Bill's upcoming retirement, the Board might want to consider filling CEO position with a physician who has healthcare administration credentials. Mr. Kendziorek stated that he will share his thoughts about this position later in the meeting. Mr. Stevens reported that we're very early in the process and don't have plans at this point to administer or fill the position. Ms. Knapp suggests postponing any decision about filling this position until a new CEO is hired. Mr. Bill and Mr. Hargrave will continue work to define the job description for the Board and new CEO to look at.

Dr. Neyhart thanked Mr. Bill and reported on the incredible care she recently received while hospitalized at BRH. She reported that she came home from Seattle to receive care from her home team rather than stay there and go back to Harborview. Care exceeded her expectations.

#### **COMMITTEE REPORTS:**

**Ad Hoc Planning Committee Meeting** – Mr. Kendziorek reported the draft minutes from the November 25<sup>th</sup> meeting are in the packet and hit the highlights. It was a very good meeting with some high levels talks. This affiliation project is being slow rolled in anticipation of a new CEO. Mr. Bill is to provide a document in January with the framework of an RFP that will be coming out later. Dr. Jones noted the importance of the public knowing that we aren't looking to be bought out and that the goal is to strengthen the care available in the community. Mr. Kendziorek reported that we have made this very clear in our meetings. He also stated that we are in the most opportune financial position to form these relationships. Mr. Johnson noted that the ECG report pushes towards aligning with one entity but we need to be looking at more than one as one entity will not be able to meet all of our needs. Mr. Kendziorek clarified that ECG doesn't dictate what we have to do, they've made recommendations only. Ms. Hagevig suggests Mr. Bill provide information about the affiliation efforts during his radio spots to help ease community fears. He is more than happy to do that and reported that feedback received from the medical staff is that they overwhelmingly want autonomy. He also agrees that we should reach agreements with multiple entities to meet all of our needs. Mr. Stevens reported that Mr. Bill had been tasked with developing a marketing plan and hopes he is working on this. Mr. Bill suggested a marketing plan needs to wait until we have more clarity on what partnering is going to look like but can get started on it soon. Discussion was held about break down in communications and how to get physicians on board. This topic will be discussed at the January Medical Staff meeting. Mr. Stevens stated that it's important for BRH to become more proactive in its conversations and communications with the community.

**CEO Recruitment Committee Meeting** – Draft minutes from the December 2<sup>nd</sup> meeting are in the packet. Mr. Solomon-Gross reported that he and Mr. Hargrave are having weekly update meetings. Mr. Hargrave has conducted 21 initial screenings of candidates with more scheduled to take place. A summary list of who has applied will be available at the CEO Recruitment meeting on December 30<sup>th</sup>. We are on target for hitting the goal set for our timeline. Ms. Hagevig reported that a nurse has now been added to this committee.

**Finance Committee Meeting** – Draft minutes from the December 11<sup>th</sup> meeting are in the packet. Ms. Johnston reported that our performance is as expected. We had COVID related delays in completion of our financial audit and Medicare Cost Report. These were highlighted in Mr. Benson’s report and documented in the minutes.

**Planning Committee Meeting** – Draft minutes from the December 17<sup>th</sup> meeting are in the packet.

#### **MANAGEMENT REPORTS:**

**HR report** – Mr. Solomon-Gross reported that he was happy to learn that the student loan assistance has taken off so well and asked if we will be able to continue offering it. Mr. Hargrave reported that he hasn’t seen a permanent change to the tax code but the State has implemented and finalized regulations for SHARP 3, a student loan assistance program that allows employers to provide student loan assistance without having to pay employer/employee income taxes. We will keep an eye on that and evaluate the success of the current program in increasing retention before determining whether this will be an ongoing benefit or not.

**CNO report** – Ms. Young asked what central staffing at Centennial Hall looks like in terms of number of staff hours, cost and what that effort entails. Ms. Lawhorne reported that central staffing works to meet immediate staffing needs in the hospital. Their role is to coordinate staff on hand with the needs that exist in the moment. She also reported that Centennial Hall is currently closed and we have not invested a large number of staff hours recently. We were dedicating a nurse or higher trained medical personnel to oversee the operations. We collaborate with the management of Centennial Hall. If they have a critical hole that needs to be filled for safety reasons, we look at our staffing to see how we might support them to meet their needs. The funding for these positions is allocated from the COVID-19 cost center. Dr. Jones stated that when we needed Centennial Hall and needed the expertise of the BRH nurses to set it up to meet the needs of the community, they were there. The hospital really served the community well during that time.

**COO report** – Mr. Gardner reported that the molecular lab can be thought of as three components; the construction, Roche 6800 equipment setup and the registration process. As far as construction, the hoods have been installed and certified, ductwork installed and completed on the third floor and other equipment installed. We have received a temporary certificate of occupancy and a substantial completion date is set for January 29<sup>th</sup>. The Roche 6800 arrived in 10 crates. The Roche engineers were on site to help set it up and staff have received training. The IT staff is working on interfacing and validations are being conducted by Britt Watters and Dr. Vanderbilt. There are a variety of stakeholders working on the registration process. It is anticipated to be the end of January before the registration process is finalized, interfacing and validations are completed and then a soft start of testing. We are currently getting 960 tests per week from Roche and have asked them to up the supplies. These increases may not be able to take place until March but we will continue to try to expedite the increase in supplies. The three modules are on campus for the registration triage building. Railings, decks and ramps are being built and power and exhaust fans are going in. The estimated completion date for this project is January 4<sup>th</sup>. Photos of progress to date are included in the packet. Mr. Stevens thanked Mr. Gardner for the thorough report and fast paced efforts to get these projects implemented as quickly as possible. Dr. Jones thanked Mr. Gardner and Mr. Fortin for the hard work and would like to be able to advertise testing capabilities to the legislature when we open. Mr. Gardner thanked Dr. Jones, the Board and Mr. Bill for the support. Mr. Bill added that we’ve had incredible cooperation with CBJ Engineering in getting these things done in a timely manner. He did state that the legislature has contracted with a different company so will not be looking at BRH to do their testing. We are prepared to do so if we need to. Mr. Kendziorek reported that the Planning Committee worked really hard on these projects but it’s Mr. Gardner’s hard work that made these things happen and will continue to make things move forward with the master facility plan.

Ms. Hagevig commented that feedback from the Assembly is that BRH needs to be more focused on its work within the community and to recall that we are a community, publicly owned hospital. In addition to the Haines report, the Centennial Hall homeless efforts and the molecular lab project are good examples that BRH is doing the types of things they should expect from a community hospital. Ms. Knapp also noted that there have been concerns expressed by the Assembly that they are not getting information quickly enough. Mr. Solomon-Gross echoed sentiments expressed by other board members and noted we haven’t even heard from Mr. Grigg yet. He does agree that we do have to do something to provide a conduit for getting information to the Assembly.

**CBHO report** – Mr. Grigg reported that three days before getting the money for Haines, DBH had given BRH another \$1.2 Million to support what we are doing in our Crisis Stabilization program. This amount is in addition to the \$360,000 recorded in November. The fact that the State entrusted us with more operational funds to support what we are doing is pretty phenomenal. Ms. Hagevig reported that the CEO of the Mental Health Trust Authority had nothing but huge praise for Juneau’s cutting edge behavioral health program and the strides made in putting Juneau on the map. Dr. Neyhart noted that behavioral health programs like this don’t happen in most areas of the country. Mr. Johnson echoed sentiments already expressed and wonders why the prison system doesn’t work more closely with the behavioral health system. Mr.



Stevens noted as we get stronger in behavioral health, we can continue to look for avenues to provide services that strengthen the overall capabilities of the hospital as well as strengthen the community. He also stated that it's pretty hard to fathom the amount of money from the state and other partners that have been put into these programs, especially due to declining budgets. Hats off to the behavioral health team for all of their efforts and results. Ms. Knapp encourages sending the Haines outreach report to the Mental Health Trust and to make sure our Legislatures see it as well.

Mr. Stevens noted that Ms. Hale has now joined the meeting and welcomed her after her day of long meetings. (7:09 p.m.)

**CFO report** – Mr. Benson reported strong cash collections in October of \$8.9 Million. November came in just over \$9.1 Million. He reported that the disappropriation of \$700,000 CARES funding from CBJ for the molecular lab was to be discussed at this evening's Assembly meeting. These discussions are now postponed until January. Mr. Stevens noted that since our last meeting, there has been clarification on what we can spend CARES money on. Ms. Hale clarified that CBJ has not overspent CARES money, a need had been identified to assist low income people. The use of CARES funding now allowing BRH to pay for the testing equipment was discussed. Mr. Stevens stated that it is an important distinction for the Board to realize and to help the City, as they work through discussions about those with the most immediate financial needs of food and shelter. The Finance Committee will prepare for adjustments as we need to be forward thinking when the City is thinking of immediate hardship needs vs. Capital projects and what our role is in that. Ms. Hale expressed appreciation for the comments. She noted that the reason the Assembly chose to move discussions to January 6<sup>th</sup> is because if legislation is signed, it will take some of the pressure off. Mr. Stevens thanked Ms. Hale for the information and said it gives us two weeks to prepare and to be a part of discussions.

**CEO REPORT** – Mr. Kendziorek requested an update on the Bartlett Surgery and Specialty Clinic building. Mr. Bill reported that the appraisal came in at \$3.2 or \$3.4 Million dollars. He expressed concerns that he had asked CBJ engineers to look into. Engineers felt that the appraised price was reasonable but suggested obtaining a commercial appraisal and inspection due to infrastructure concerns that they were not able to comment on. Mr. Bill also expressed concerns about leasing parking from Tlingit and Haida that may affect the appraised value. We expect to have a report early in January about the infrastructure. Mr. Kendziorek suggested that a Chief Medical Officer (CMO) may be more than what BRH needs and suggests more thought be given to hiring one. He proposed combining the roles of the Chief of Staff (COS) and a CMO and make it a three year paid position. This would require physician buy-in and a change in the Medical Staff bylaws but would go a long way in improving our relations and communication with the Medical Staff. Ms. Hagevig agrees this is an interesting concept and suggests we follow up on it sooner rather than later. Ms. Knapp sees merits to the idea presented but expressed concerns about lines of authority and a need for it to be explored in more detail. Discussion was held about development of a job description. Mr. Stevens said this gives us a great opportunity to expand conversations when the new CEO comes on board. Dr. Neyhart agrees it's a good idea to put the discussion of a CMO on hold until a new CEO is hired. She noted that the COS is elected by the Medical Staff and not appointed by the Board or the CEO. It would take a change of the bylaws to change the term and should also be put on the back burner until a new CEO is hired. She also noted the COS and the CMO have entirely different roles. Mr. Bill and Mr. Hargrave will continue working with Dr. Buley to put together a CMO job description for the CEO to look at and to determine if they want to hire one or not. A discussion was held about how Dr. Buley became involved in the development of a proposed job description. Ms. Hagevig suggests this draft job description be presented at committee level for review prior to presenting it to the Board. A determination was made to move it to the Governance Committee and that the medical staff be notified when these discussions are to be held. A date for the next Governance Committee meeting will be determined after Mr. Bill, Mr. Hargrave and Dr. Buley finish the proposed job description. Dr. Jones reported that the Medical Staff has a lot of anxiety about this and suggests not spending a lot of time on this until the new CEO is hired. Mr. Bill agrees, the Board should not put a lot of energy into this at this time. He then expressed how proud he is of Mr. Grigg and Ms. Lawhorne for the support provided to Haines and then reported on the following: We are in discussions with a urology group in Anchorage about providing urology services for BRH in Juneau. The Rural Demonstration Project has been renewed pending the President's signature. (This is \$3.7 Million dollar project for BRH but the net impact is \$1.8 Million a year due to the Medicare low volume discount and will be retroactive to July 1, 2020.) He has continued discussions with the organizations that have expressed interest in partnering possibilities. These organizations include University of Washington, Virginia Mason, PeaceHealth, Providence and SEARHC. Work will continue to develop a draft RFP for the new CEO to look at. There is absolutely no interest or intention of losing local control or autonomy. Dr. Neyhart and Mr.

Bill have met to discuss the future of pediatric care in Juneau. They will hold another meeting with Dr. Dressel and a Valley Medical physician to discuss options. He reported there are no COVID positive patients in house and have one employee in quarantine due to travel. We have provided 497 COVID vaccinations and had one severe reaction to the vaccine. There are on average 6 vaccine doses per vial instead of 5 doses. Distribution of the vaccine is driven by the guidelines from the CDC and State Epidemiology. Second vaccinations are to be given 21 days after initial vaccination. Mr. Johnson noted that the President is threatening to veto the COVID relief bill. Discussion was held about the number of employees choosing not to be vaccinated. 70% of staff have received the vaccine. This is up from the 40% that had said they would take it when the survey had been conducted. We still have 20-30% of our staff that want to wait for FDA approval. Ms. Hagevig asked if ASHNHA has had a chance to weigh in on the Governor's Executive Order to divide the DHSS into two departments. Mr. Bill said it's too soon to speculate but wonders what is driving it. Ms. Hale asked Mr. Bill to speak to the changes in communication to allow CBJ to know about local issues before it makes national news such as the adverse reaction to the COVID vaccine. Mr. Bill is still unclear how the New York Times got the information first but a plan is now in place to notify the appropriate local people as soon as possible. Dr. Jones explained how the adverse reaction made national news before it became known locally. He reported that he had sought assistance from Dr. Anne Zink, Chief Medical Officer for the State of Alaska, when the adverse reaction took place and she was on the phone with several physicians from the CDC. Knowing about the event, the CDC and the State of Alaska wanted to get out in front of it so shared the information. Ms. Hale thanked Dr. Jones for the explanation. Dr. Neyhart expressed her appreciation for the discussions she has had with Mr. Bill about the future of pediatric care in Juneau. She wants to make it clear that she is not looking for a buyout for her practice and to assure the Board that outpatient pediatric care is not a losing proposition.

**PRESIDENT REPORT** – Mr. Stevens thanked Dr. Neyhart for her year of service as the Chief of Staff. He reported that in recognition of her service, a leaf will be put on the Bartlett Foundation's Giving Tree in her name. He stated that he has had two very rewarding and challenging years serving as the Board President. He is looking forward to the opportunity for the next President to serve and grow their knowledge about the inner workings of the hospital. It's been a privilege and an honor to serve.

**ELECTION OF BOARD OFFICERS** – Mr. Stevens opened the floor to the nomination of Board Officers.

- Board President – **Ms. Young nominated Marshal Kendziorek for Board President.**

Mr. Kendziorek accepted the nomination and provided a brief statement about his years of experience on the Board to support his nomination.

**Ms. Hagevig nominated Kenny Solomon-Gross for Board President.** Mr. Solomon-Gross accepted the nomination and provided a brief statement about his experience on the Board and how he would serve the Board to support his nomination.

Ms. Hale wanted to emphasize that the Board is the community and when decisions have to be made about what serves Bartlett and what serves the community, that's the wrong way to think about it. It's what serves the community vs. what serves the community. As we move forward with the elections, everyone needs to be thinking of that. She also reported that it's very hard for her to stay on top of what's going on with the BRH Board so she's started attending committee meetings which puts an enormous drain on her time.

Mr. Stevens reported that we have gone past our allotted time on our agenda. The rule of the Board is to continue on our agenda and extend our time. ***Motion by Mr. Johnson to extend time on our agenda for at least a half an hour. Mr. Kendziorek seconded. Motion approved.*** Meeting time extended to 8:34 p.m.

**Roll call vote taken for Board President Nominations.** Mr. Kendziorek, Mr. Johnson, Ms. Johnston and Ms. Young voted in favor of Marshal Kendziorek for President. Mr. Stevens, Ms. Hagevig, Mr. Solomon-Gross, Ms. Knapp and Dr. Jones voted in favor of Kenny Solomon-Gross for President. **Mr. Solomon-Gross approved for Board President by majority vote.**

Vice-President: **Ms. Knapp nominated Rosemary Hagevig for Vice-President.** Ms. Hagevig accepted the nomination. No other nominations and no objections. **Ms. Hagevig approved for Board Vice-President.**

Secretary: **Ms. Johnston nominated Mark Johnson for Board Secretary.** Mr. Johnson accepted the nomination. No other nominations and no objections. **Mr. Johnson approved for Board Secretary.**

Mr. Johnson and Mr. Solomon-Gross thanked Mr. Stevens for his two years of service. Mr. Solomon-Gross will look for help from Mr. Stevens in the coming year. Mr. Stevens congratulated the newly appointed officers and thanked those that are willing to serve and continue to move the community part of Bartlett Regional Hospital to the forefront and for the efforts that have propelled us to some of the extreme success we've heard in tonight's meeting. Ms. Knapp also thanked Mr. Stevens for his time and noted that Mr. Stevens will also have a leaf put on the Foundation's Giving Tree. Mr. Bill said Mr. Stevens will be recognized in a special way at the next Board meeting. Mr. Solomon-Gross requested Mr. Stevens to finish out tonight's meeting.

**BOARD CALENDAR** – January calendar reviewed. No additions or changes at this time. Mr. Stevens noted that committee assignments will be one of the first tasks for the new Board President. A physician recruitment meeting may be scheduled for the end of January.

**BOARD COMMENTS AND QUESTIONS** – Mr. Solomon-Gross thanked the Board for their support and will serve BRH and the community to the best of his abilities. He thanked Mr. Kendziorek for his willingness to step up and serve as President and hopes to be able to count on him and his wealth of knowledge during the next year. Mr. Stevens commented that we speak to the quality of the Senior Leadership Team we have and it's easy to congratulate them because they do an outstanding work. It's also important to recognize the staff so don't forget to thank them during the holidays. It's a huge team that makes it all work and we couldn't make it work without each and every one of them.

**EXECUTIVE SESSION** – *Motion by Mr. Solomon-Gross 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, the patient safety dashboard and union negotiations.*

**Ms. Hagevig seconded.** The Board entered executive session at 8:22 p.m. and returned to regular session at 8:44 p.m.

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

**ADJOURNMENT** – 8:45 p.m.

**NEXT MEETING:** 5:30pm -Tuesday, January 26, 2021

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

DATE: December 31, 2020  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: November Financial Performance

Bartlett Regional Hospital continues to incur decreases inpatient volumes resulting in an inpatient revenue shortfall of \$1 million (19%). After 5 months, inpatient revenues are \$5 million (17%) behind the prior year. Outpatient revenues were reasonably close to budget with a \$249,000 (3%) shortfall against budget. Year-to-date, outpatient revenue has performed well and is currently running \$855,000 (1.8%) ahead of budget and 7% greater than the prior year.

Rainforest Recovery reopened the very end of October at 50% capacity and is now providing care and generating revenue although at 42% of the pre-Covid budget. Physician revenue was strong exceeding budget by \$65,000 or 7%. Total revenues were short of budget by \$11.4 million (9%).

Deductions from Revenue was less than budget commensurate with the reduction of revenue by \$1.3 Million (17%).

Net Patient Revenue finished \$129,000 or 1.5% less than budget. Since there wasn't much of a Loss of Patient Revenue as in past months, CARES monies of \$500,000 was realized to recognize Covid-19 related expenses which have not been claimed to date. There remains another \$1.7 of CARES funds to be realized by the end of June 2021. As a result, Other Operating Revenues finished \$442,000 greater than budget. This resulted in a surplus of \$313,000 or 3.3% of excess Total Operating Revenue over budget.

Expenses exceeded budget by \$236,000 million or 2.5%. Increased staff costs were incurred with unbudgeted Covid-19 staffing (triage, front desk, molecular lab, etc.) and mandated Emergency Leave. This resulted in an Operating Loss of \$66,000 and a Net Income of \$178,000. After 5 months BRH has a very small Net Income of \$386,000 or 0.76%.

#### Other Significant Items:

- Cash Collections were very strong at \$9.1 million as Accounts Receivable increased slightly.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Oct)	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	386	373	3%	420	370	1,843	1,904	-3%	2,146
Patient Days - Critical Care Unit	84	93	-10%	80	108	502	475	6%	492
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	15.7	15.6	1%	17	15.4	15.3	15.6	-1%	17.2
Patient Days - Obstetrics	57	67	-15%	47	73	327	341	-4%	347
Patient Days - Nursery	60	52	16%	38	68	274	265	3%	272
<b>Total Hospital Patient Days</b>	<b>587</b>	<b>585</b>	<b>0%</b>	<b>585</b>	<b>619</b>	<b>2,946</b>	<b>2,985</b>	<b>-1%</b>	<b>3,257</b>
Births	24	24	1%	19	28	133	122	9%	124
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	163	270	-40%	268	227	876	1,377	-36%	1,259
Avg. Daily Census - MHU	5.4	9.0	-40%	8.9	7	5.7	9.0	-36%	8.2
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	167	387	-57%	321	18	185	1,971	-91%	1,475
Avg. Daily Census - RRC	6	12.9	-57%	10.7	1	1	12.9	-91%	9.6
Outpatient visits	80	19	327%	17	92	378	334	13%	123
<b>Inpatient: Admissions</b>									
Med/Surg	57	77	-26%	59	57	277	394	-30%	405
Critical Care Unit	37	43	-14%	36	42	180	220	-18%	223
Obstetrics	25	26	-3%	19	30	142	132	8%	134
Nursery	24	24	0%	19	28	133	122	9%	125
Mental Health Unit	15	36	-59%	42	24	104	184	-44%	191
<b>Total Admissions - Inpatient Status</b>	<b>158</b>	<b>206</b>	<b>-23%</b>	<b>175</b>	<b>181</b>	<b>836</b>	<b>1,053</b>	<b>-21%</b>	<b>1,078</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	54	55	-2%	53	73	299	280	7%	287
Critical Care Unit	28	29	-5%	23	36	132	150	-12%	154
Mental Health Unit	1	2	-59%	1	1	11	13	-13%	11
Obstetrics	11	19	-41%	14	13	67	95	-29%	95
Nursery	0	0	-100%	0	0	0	1	-100%	1
<b>Total Admissions to Observation</b>	<b>94</b>	<b>106</b>	<b>-11%</b>	<b>91</b>	<b>123</b>	<b>509</b>	<b>538</b>	<b>-5%</b>	<b>548</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	38	51	-25%	48	57	247	260	-5%	272
Endoscopy Cases	91	89	2%	91	94	424	454	-7%	449
Same Day Surgery Cases	107	100	7%	90	123	588	511	15%	492
<b>Total Surgery Cases</b>	<b>236</b>	<b>240</b>	<b>-2%</b>	<b>229</b>	<b>274</b>	<b>1,259</b>	<b>1,226</b>	<b>3%</b>	<b>1,213</b>
Total Surgery Minutes	16,651	14,939	11%	16,775	19,889	91,322	76,187	20%	86,090
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	863	1,203	-28%	1,044	901	4,755	6,135	-22%	6,172
Cardiac Rehab Visits	57	63	-10%	45	59	286	322	-11%	332
Lab Visits	266	389	-32%	408	282	1,402	1,986	-29%	2,067
Lab Tests	9,479	8,633	10%	9,451	10,372	48,776	45,064	8%	54,600
Radiology Visits	711	813	-13%	774	897	4,000	4,145	-3%	4,100
Radiology Tests	2,123	2,362	-10%	2,149	2,246	10,455	12,912	-19%	12,674
Sleep Study Visits	13	28	-53%	29	27	127	143	-11%	142
<b>Physician Clinics:</b>									
Hospitalists	217	230	-6%	159	229	1,133	1,172	-3%	1,146
Bartlett Oncology Clinic	85	81	5%	82	98	426	412	3%	425
Ophthalmology Clinic	78	53	48%	58	97	480	269	78%	107
Behavioral Health Outpatient visits	407	373	9%	274	432	1,962	1,901	3%	1,746
Bartlett Surgery Specialty Clinic visits	242	202	20%	235	284	1,115	1,031	8%	1,392
	1,029	938	10%	808	1,140	5,116	4,785	7%	4,816
<b>Other Operating Indicators:</b>									
Dietary Meals Served	19,820	29,367	-33%	30,329	20,339	95,866	149,771	-36%	146,894
Laundry Pounds (Per 100)	357	371	-4%	354	392	1,863	1,894	-2%	1,907

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

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	5,004	4,425	13.1%	4,049	6,022	4,495	34.0%	4,392
Contractual Allowance %	39.2%	43.0%	-8.7%	38.9%	43.9%	43.0%	2.1%	40.4%
Bad Debt & Charity Care %	2.1%	2.7%	-23.4%	2.7%	1.0%	2.7%	-61.0%	2.7%
Wages as a % of Net Revenue	52.5%	48.5%	8.2%	48.4%	52.7%	46.8%	12.7%	46.0%
Productive Staff Hours Per Adjusted Patient Day	27.5	21.2	29.8%	19.1	32.5	21.0	54.7%	21.4
Non-Productive Staff Hours Per Adjusted Patient Day	4.8	3.4	43.8%	3.4	5.3	3.3	61.7%	3.4
Overtime/Premium % of Productive	10.97%	10.20%	7.5%	10.20%	6.65%	6.96%	-4.4%	6.96%
Days Cash on Hand	119	122	-2.4%	116	115	122	-5.8%	117
Board Designated Days Cash on Hand	132	135	-2.4%	152	127	135	-5.8%	152
Days in Net Receivables	48.5	48	0.0%	55	48.5	48	0.0%	55
					<b>Actual</b>	<b>Benchmark</b>	<b>% Over (Under)</b>	<b>Prior Year</b>
Total debt-to-capitalization (with PERS)					58.8%	33.7%	74.5%	63.0%
Total debt-to-capitalization (without PERS)					15.2%	33.7%	-54.8%	16.4%
Current Ratio					6.59	2.00	229.4%	9.46
Debt-to-Cash Flow (with PERS)					9.21	2.7	241.2%	5.58
Debt-to-Cash Flow (without PERS)					2.39	2.7	-11.6%	1.46
Aged A/R 90 days & greater					43.6%	19.8%	120.2%	47.5%
Bad Debt Write off					0.4%	0.8%	-50.0%	5.0%
Cash Collections					102.9%	99.4%	3.5%	72.0%
Charity Care Write off					0.7%	1.4%	-50.0%	1.0%
Cost of Collections (Hospital only)					4.3%	2.8%	53.6%	5.3%
Discharged not Final Billed (DNFB)					11.7%	4.7%	148.9%	9.5%
Unbilled & Claims on Hold (DNSP)					11.7%	5.1%	129.4%	9.5%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.0%
POS Cash Collection					1.7%	21.3%	-92.0%	2.1%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,583,449	\$4,655,429	-\$1,071,980	-23.0%	\$4,337,720	1. Inpatient Revenue	\$19,185,804	\$24,615,596	-\$5,429,793	-22.1%	\$24,060,782	-20.3%
\$1,005,371	\$989,097	\$16,274	1.6%	\$827,133	2. Inpatient Ancillary Revenue	\$4,944,659	\$5,229,856	-\$285,197	-5.5%	\$5,100,340	-3.1%
\$4,588,820	\$5,644,526	-\$1,055,706	-18.7%	\$5,164,853	3. Total Inpatient Revenue	\$24,130,463	\$29,845,452	-\$5,714,990	-19.1%	\$29,161,122	-17.3%
\$8,884,031	\$9,132,542	-\$248,511	-2.7%	\$8,480,540	4. Outpatient Revenue	\$49,143,437	\$48,288,308	\$855,129	1.8%	\$45,966,043	6.9%
\$13,472,851	\$14,777,068	-\$1,304,217	-8.8%	\$13,645,393	5. Total Patient Revenue - Hospital	\$73,273,900	\$78,133,760	-\$4,859,861	-6.2%	\$75,127,165	-2.5%
\$183,121	\$312,701	-\$129,580	-41.4%	\$327,272	6. RRC Patient Revenue	\$231,073	\$1,653,397	-\$1,422,324	-86.0%	\$1,536,208	-85.0%
\$198,440	\$265,773	-\$67,334	-25.3%	\$262,438	7. BHOPS Patient Revenue	\$1,124,840	\$1,405,266	-\$280,426	-20.0%	\$1,299,581	-13.4%
\$1,059,633	\$993,934	\$65,699	6.6%	\$805,401	8. Physician Revenue	\$5,052,729	\$5,255,416	-\$202,688	-3.9%	\$5,036,488	0.3%
\$14,914,045	\$16,349,476	-\$1,435,432	-8.8%	\$15,040,504	9. Total Gross Patient Revenue	\$79,682,542	\$86,447,839	-\$6,765,299	-7.8%	\$82,999,442	-4.0%
					Deductions from Revenue:						
\$2,293,308	\$3,136,543	\$843,235	26.9%	\$2,731,964	10. Inpatient Contractual Allowance	\$13,424,586	\$16,584,468	\$3,159,882	19.1%	\$15,030,557	-10.7%
\$0	\$0	\$0			10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$2,962,538	\$3,259,943	\$297,405	9.1%	\$2,737,114	11. Outpatient Contractual Allowance	\$18,369,130	\$17,236,946	-\$1,132,184	-6.6%	\$15,786,748	16.4%
\$597,049	\$628,598	\$31,549	5.0%	\$692,982	12. Physician Service Contractual Allowance	\$3,147,223	\$3,323,715	\$176,492	5.3%	\$3,060,943	2.8%
\$12,669	\$14,458	\$1,789	12.4%	\$12,883	13. Other Deductions	\$65,660	\$76,451	\$10,791	14.1%	\$71,081	0.0%
\$98,884	\$67,951	-\$30,933	-45.5%	\$148,545	14. Charity Care	\$619,214	\$359,287	-\$259,927	-72.3%	\$274,700	125.4%
\$208,034	\$371,075	\$163,041	43.9%	\$253,680	15. Bad Debt Expense	\$215,862	\$1,962,058	\$1,746,196	89.0%	\$1,978,299	-89.1%
\$6,172,482	\$7,478,568	\$1,306,086	17.5%	\$6,268,835	16. Total Deductions from Revenue	\$35,841,675	\$39,542,925	\$3,701,250	9.4%	\$35,893,995	-0.1%
39.2%	43.0%			41.0%	% Contractual Allowances / Total Gross Patient Revenue	43.9%	43.0%			40.4%	
2.1%	2.7%			2.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.0%	2.7%			2.7%	
41.4%	45.7%			41.7%	% Total Deductions / Total Gross Patient Revenue	45.0%	45.7%			43.2%	
\$8,741,563	\$8,870,908	-\$129,346	-1.5%	\$8,771,669	17. Net Patient Revenue	\$43,840,867	\$46,904,914	-\$3,064,049	-6.5%	\$47,105,447	-6.9%
\$963,535	\$520,655	\$442,880	85.1%	\$504,257	18. Other Operating Revenue	\$7,037,254	\$2,752,970	\$4,284,284	155.6%	\$2,181,723	222.6%
\$9,705,098	\$9,391,563	\$313,535	3.3%	\$9,275,926	19. Total Operating Revenue	\$50,878,121	\$49,657,884	\$1,220,235	2.5%	\$49,287,170	3.2%
					Expenses:						
\$4,157,691	\$3,820,096	-\$337,595	-8.8%	\$3,815,032	20. Salaries & Wages	\$20,816,528	\$19,482,472	-\$1,334,056	-6.8%	\$19,084,367	9.1%
\$257,326	\$357,426	\$100,100	28.0%	\$319,712	21. Physician Wages	\$1,446,397	\$1,822,869	\$376,472	20.7%	\$1,614,874	-10.4%
\$170,042	\$124,601	-\$45,441	-36.5%	\$114,197	22. Contract Labor	\$848,956	\$635,464	-\$213,492	-33.6%	\$950,727	-10.7%
\$2,263,256	\$2,131,948	-\$131,308	-6.2%	\$2,104,430	23. Employee Benefits	\$11,319,113	\$10,872,932	-\$446,181	-4.1%	\$9,948,701	13.8%
\$6,848,315	\$6,434,071	-\$414,244	-6.4%	\$6,353,371	68.5% % Salaries and Benefits / Total Operating Revenue	\$34,430,994	\$32,813,737	-\$1,617,257	-4.9%	\$31,598,669	9.0%
70.6%	68.5%			68.5%		67.7%	66.1%			64.1%	
\$106,254	\$78,690	-\$27,564	-35.0%	\$65,018	24. Medical Professional Fees	\$541,282	\$401,324	-\$139,958	-34.9%	\$380,323	42.3%
\$335,603	\$164,620	-\$170,983	-103.9%	\$290,686	25. Physician Contracts	\$1,235,943	\$839,574	-\$396,369	-47.2%	\$1,175,475	5.1%
\$231,726	\$168,698	-\$63,028	-37.4%	\$164,867	26. Non-Medical Professional Fees	\$968,241	\$860,368	-\$107,873	-12.5%	\$754,303	28.4%
\$852,366	\$1,180,023	\$327,657	27.8%	\$965,554	27. Materials & Supplies	\$7,008,524	\$6,018,075	-\$990,449	-16.5%	\$5,652,808	24.0%
\$108,728	\$138,763	\$30,035	21.6%	\$140,207	28. Utilities	\$536,454	\$707,676	\$171,222	24.2%	\$620,675	-13.6%
\$377,084	\$418,285	\$41,201	9.8%	\$301,472	29. Maintenance & Repairs	\$2,141,766	\$2,133,248	-\$8,518	-0.4%	\$1,826,664	17.3%
\$59,712	\$50,614	-\$9,098	-18.0%	\$42,213	30. Rentals & Leases	\$251,545	\$258,120	\$6,575	2.5%	\$260,266	-3.4%
\$43,745	\$52,058	\$8,313	16.0%	\$40,882	31. Insurance	\$231,699	\$265,492	\$33,793	12.7%	\$230,874	0.4%
\$672,414	\$658,816	-\$13,598	-2.1%	\$586,841	32. Depreciation & Amortization	\$3,349,476	\$3,049,957	-\$299,519	-9.8%	\$2,899,455	15.5%
\$50,909	\$49,592	-\$1,317	-2.7%	\$52,453	33. Interest Expense	\$254,759	\$252,919	-\$1,840	-0.7%	\$262,263	-2.9%
\$84,005	\$141,022	\$57,017	40.4%	\$125,222	34. Other Operating Expenses	\$434,630	\$719,129	\$284,499	39.6%	\$635,425	-31.6%
\$9,770,861	\$9,535,252	-\$235,609	-2.5%	\$9,128,786	35. Total Expenses	\$51,385,313	\$48,319,619	-\$3,065,694	-6.3%	\$46,297,200	-11.0%
-\$65,763	-\$143,689	\$77,926	-54.2%	\$147,140	36. Income (Loss) from Operations	-\$507,192	\$1,338,265	-\$1,845,457	-137.9%	\$2,989,970	-117.0%
\$104,883	\$100,693	\$4,190	4.2%	\$101,649	37. Interest Income	\$512,862	\$513,535	-\$673	-0.1%	\$507,799	1.0%
\$72,992	\$97,230	-\$24,238	-24.9%	\$134,586	38. Other Non-Operating Income	\$380,120	\$495,886	-\$115,766	-23.3%	\$725,156	-47.6%
\$177,875	\$197,923	-\$20,048	-10.1%	\$236,235	39. Total Non-Operating Revenue	\$892,982	\$1,009,421	-\$116,439	-11.5%	\$1,232,955	-27.6%
\$112,112	\$54,234	\$57,878	-106.7%	\$383,375	40. Net Income (Loss)	\$385,790	\$2,347,686	-\$1,961,896	83.6%	\$4,222,925	90.9%
-0.68%	-1.53%			1.59%	Income from Operations Margin	-1.00%	2.69%			6.07%	
1.16%	0.58%			4.13%	Net Income	0.76%	4.73%			8.57%	

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
November 30, 2020

	<u>November-20</u>	<u>October-20</u>	<u>November-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	36,007,775	35,276,569	33,045,522	2,962,253
2. Board designated cash	35,719,904	35,848,433	38,508,116	(2,788,213)
3. Patient accounts receivable, net	14,135,598	15,041,478	16,783,273	(2,647,675)
4. Other receivables	(876,477)	(1,118,159)	2,107,527	(2,984,004)
5. Inventories	3,825,453	3,239,954	3,081,425	744,029
6. Prepaid Expenses	2,553,548	2,808,825	965,327	1,588,222
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	91,394,678	91,125,977	94,520,067	(3,125,388)
Appropriated Cash:				
9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
Property, plant & equipment				
10. Land, bldgs & equipment	145,924,595	145,123,772	151,641,044	(5,716,449)
11. Construction in progress	6,881,459	6,872,162	1,088,165	5,793,294
12. Total property & equipment	152,806,054	151,995,934	152,729,209	76,845
13. Less: accumulated depreciation	(97,390,628)	(96,718,334)	(100,377,543)	2,986,916
14. Net property and equipment	55,415,426	55,277,602	52,351,667	3,063,760
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	163,377,341	162,970,814	165,964,850	(2,587,509)
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	2,335,104	2,062,280	1,869,093	466,011
18. Accrued employee benefits	4,844,802	4,897,206	3,666,193	1,178,609
19. Accounts payable and accrued expenses	1,962,013	2,021,606	2,929,113	(967,101)
20. Due to 3rd party payors	4,250,857	4,250,857	1,908,165	2,342,692
21. Deferred revenue	(1,144,552)	(1,173,782)	(1,824,686)	680,134
22. Interest payable	263,838	197,878	272,287	(8,450)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	416,869	363,418	330,626	86,243
25. Total current liabilities	13,798,931	13,489,463	9,995,791	3,803,138
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,152,380	1,167,430	1,332,842	(180,463)
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	87,685,149	87,700,199	98,236,046	(10,550,897)
31. Total liabilities	101,484,080	101,189,662	108,231,837	(6,747,759)
32. Fund Balance	61,893,262	61,781,151	57,733,011	4,160,251
33. Total liabilities and fund balance	163,377,341	162,970,814	165,964,850	(2,587,509)



Wednesday, January 20, 2021

Charles Bill  
Sent via email

Dear Mr. Bill:

On behalf of Bartlett Regional Hospital, and with the concurrence of the Board of Directors, I am pleased to offer you the **Executive Consultant** position on the terms set forth in this agreement.

- **Position:** The **Executive Consultant** position is casual in the Executive department and reports to Kevin Benson, Interim CEO. The position duties and responsibilities are outlined in the attached position description.
- **Compensation:** Your hourly compensation will be **\$198.00** payable every two weeks subject to standard payroll deductions and withholdings. In lieu of benefits, casual employees shall be paid a two dollar (\$2.00) per hour differential in addition to the applicable hourly wage set forth.
- **Overtime:** This position is considered non-exempt for purposes of federal wage and hour law, which means you are eligible for overtime pay.
- **Benefits:** This is a non-benefited position however as a BRH employee you are entitled to use of the Employee Assistance Program (EAP) through ComPsych.
- **Effective Date:** If you elect to accept this offer, this change will be effective on **02/07/2021**.
- **At-Will Employment:** To satisfy any future question as to the nature of this offer, I must inform you that this is not an employment contract. Although we hope to establish a rewarding relationship, in accordance with the law, employees of BRH are at-will, and are employed without any commitments (on either side) as to duration of employment. Also, BRH reserves sole discretion for determining what constitutes cause for termination of employment.

In accordance with the law, employees of BRH are required to adhere to policy and meet performance expectations for continued employment. In addition, BRH reserves the sole discretion to eliminate positions, reduce the workforce, or make changes to your position, duties, responsibilities, compensation, or benefits as it deems necessary upon notice to you due to changes in the requirements for the type of work performed, lack of funding, or lack of work.

Your signature below is formal acceptance of this offer. This offer will remain open for three (3) business days and expires on **01/29/2021**. The employment terms in this letter supersede any other arrangements or promises made to you by anyone, whether oral or written.

Please feel free to contact me with any questions at 907-586-0225 or via email [dhargrave@bartlethospital.org](mailto:dhargrave@bartlethospital.org). I look forward to hearing from you!

Best Regards,

*Dallas Hargrave*  
Human Resources Director

**Acknowledged, Accepted and Agreed:**

**I, Charles Bill accept the offer extended by BRH for casual employment as an Executive Consultant.**

\_\_\_\_\_  
**Charles Bill**

\_\_\_\_\_  
**Date**

# Bartlett Regional Hospital

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

## Minutes CEO RECRUITMENT COMMITTEE MEETING December 30, 2020 – 2:00 p.m. Zoom Videoconference

Called to order at 2:14 p.m., by Kenny Solomon-Gross

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

**Also Present:** Michelle Hale, Dallas Hargrave, Loren Jones and Anita Moffitt

**APPROVAL OF AGENDA — *MOTION* by Ms. Hagevig to approve the agenda as presented. Mr. Johnson seconded. Agenda approved.**

**PUBLIC PARTICIPATION – None**

**APPROVAL OF MINUTES - *MOTION* by Ms. Hagevig to approve the December 2, 2020 minutes as presented. Dr. Urata seconded. Minutes approved.**

**REVIEW PROCESS AND TIMEFRAME –** Mr. Hargrave reported that we are on the week of December 28<sup>th</sup> and are at this point of reviewing resumes and Mr. Hargrave conducting initial phone interviews. We will work on developing the recruitment materials for the first formal interview during executive session today. The idea is that the process that we work on will be recommended by the committee to be forwarded on to the Board during the regular Board meeting if not before. Forwarding to the Board depends on when we want to conduct the first formal interviews. Mr. Solomon-Gross reminded everyone that this timeframe is a fluid chart and dates can be moved if needed.

**EXECUTIVE SESSION – *Motion* by Mr. Wayne Stevens to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 2:17 p.m. and returned to regular session at 2:58 p.m.

Mr. Solomon-Gross noted that week 7 is the week of January 4<sup>th</sup>. He identified 2:00 p.m. on Wednesday, January 6<sup>th</sup> as the next meeting date and time. He apologized for technical difficulties at the beginning of the meeting and welcomed Lisa Petersen to the committee.

**Adjourned 3:00 p.m.**

# Bartlett Regional Hospital

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## Minutes CEO RECRUITMENT COMMITTEE MEETING January 6, 2021 – 2:00 p.m. Zoom Videoconference

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

**CEO Recruitment Committee and Board Members Present:** Kenny Solomon-Gross, Mark Johnson, Rosemary Hagevig, Mila Cosgrove, Max Mertz, Wayne Stevens, Dr. Bob Urata, Lisa Petersen, Lance Stevens, Iola Young and Hal Geiger

**Also Present:** Michelle Hale, Dallas Hargrave and Anita Moffitt

**APPROVAL OF AGENDA — *MOTION* by Ms. Hagevig to approve the agenda as presented. Mr. Johnson seconded. Agenda approved.**

**PUBLIC PARTICIPATION – None**

**APPROVAL OF MINUTES - *MOTION* by Ms. Hagevig to approve the December 30, 2020 minutes as presented. Dr. Urata seconded. Minutes approved.**

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 2:04 p.m. and returned to regular session at 3:06 p.m.

**REVIEW TIMEFRAME –** Mr. Hargrave provided an overview of the timeframe. Applications will be reviewed over the next two weeks. Recommendations to be made to the Board at the January 26<sup>th</sup> Board of Directors meeting to approve the first round of interviews for candidates. Discussion held about when interviews are to be held as Dr. Urata is unavailable to participate during the week of February 8<sup>th</sup>. It was agreed that if the Board approves, the first round of interviews will be scheduled to take place the first week of February. This will allow Dr. Urata to provide his valuable input, consistency in participation by all interviewers and will reduce the risk of losing good candidates by delaying interviews. CEO recruitment committee meetings will be held at 2:00pm on the following Wednesdays: January 13<sup>th</sup>, 20<sup>th</sup> and 27<sup>th</sup>. Applications will be reviewed and candidates identified for interview.

**NEXT MEETING – 2:00pm, Wednesday, January 13<sup>th</sup>, 2021**

**Adjourned 3:14 p.m.**

# Bartlett Regional Hospital

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

**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**January 13, 2021 – 2:00 p.m.**  
**Zoom Videoconference**

**Called to order at 2:05 p.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee\* and Board Members Present:** Kenny Solomon-Gross\*, Mark Johnson\*, Rosemary Hagevig\*, Mila Cosgrove\*, Max Mertz\*, Wayne Stevens\*, Dr. Bob Urata\*, Lisa Petersen\*, Deb Johnston, Brenda Knapp, Hal Geiger

**Also Present:** Loren Jones, Dallas Hargrave and Anita Moffitt

**APPROVAL OF AGENDA — *MOTION* by Ms. Hagevig to approve the agenda as presented. Mr. Johnson seconded. Agenda approved.**

**PUBLIC PARTICIPATION – None**

**APPROVAL OF MINUTES - *MOTION* by Mr. Johnson to approve the January 6, 2021 minutes as presented. Dr. Urata seconded. Minutes approved.**

**EXECUTIVE SESSION – *MOTION* by Mr. Stevens to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Mr. Johnson seconded.** The committee entered executive session at 2:07p.m. and returned to regular session at 3:09 p.m.

**REVIEW TIMEFRAME –** Mr. Hargrave provided an overview of the timeframe. The week of January 11<sup>th</sup> we are still working through developing the selection process. Applications will continue to be reviewed through next week. Recommendations will be presented to the Board during the executive session of the January 26<sup>th</sup> Board of Directors meeting to approve selected candidates for the first round of interviews.

**NEXT MEETING – 2:00pm, Wednesday, January 20<sup>th</sup>, 2021**

**Adjourned 3:13 p.m.**

# Bartlett Regional Hospital

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**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**January 20, 2021 – 2:02 p.m.**  
**Zoom Videoconference**

**Called to order at 2:05 p.m., by Kenny Solomon-Gross**

**CEO Recruitment Committee and Board Members Present:** \*Kenny Solomon-Gross, \*Mark Johnson, \*Rosemary Hagevig, \*Mila Cosgrove, \*Max Mertz, \*Wayne Stevens, \*Dr. Bob Urata, \*Lisa Petersen, Deb Johnston, and Hal Geiger

**Also Present:** Michelle Hale, Dallas Hargrave and Anita Moffitt

**APPROVAL OF AGENDA — *MOTION* by Ms. Hagevig to approve the agenda as presented. Mr. Johnson seconded. Agenda approved.**

**PUBLIC PARTICIPATION – None**

**APPROVAL OF MINUTES - *MOTION* by Ms. Hagevig to approve the January 13, 2021 minutes as presented. Mr. Johnson seconded. Minutes approved.**

**EXECUTIVE SESSION – *MOTION* by Ms. Hagevig to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, and to discuss recruitment examination materials that are confidential Ms. Cosgrove seconded.** The committee entered executive session at 2:06p.m.and returned to regular session at 3:08 p.m.

**REVIEW TIMEFRAME –** Mr. Hargrave provided an overview of the timeframe. The week of January 25<sup>th</sup>, recommendations will be presented to the Board during the executive session of the January 26<sup>th</sup> Board of Directors meeting to approve selection process so that the committee can move forward with the first round of interviews. Candidates will be selected and interviews scheduled to take place the week of February 1<sup>st</sup>.

**NEXT MEETING – 2:00pm, Wednesday, January 27<sup>th</sup>, 2021**

**COMMENTS –** Ms. Hale expressed appreciation for the work being done. Mr. Solomon-Gross thanked everyone for their hard work.

**Adjourned 3:11 p.m.**

# Bartlett Regional Hospital

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## Finance Committee Meeting Minutes Zoom Meeting – January 8, 2021

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

**Finance Committee\* & Board Members present:** Deb Johnston\*, Lance Stevens\*, Brenda Knapp\*, Mark Johnson, Kenny Solomon-Gross, Rosemary Hagevig, Iola Young,  
**Staff & Others:** Kevin Benson, CFO, Billy Gardner, COO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Blessy Robert, Director of Accounting, Willy Dodd, Megan Rinkenberger, Sarah Griffith and Adam Sycks from Elgee Rehfeld, and two attendees only identified by phone numbers ending in -4990 and -6320.

**Public Comment:** None

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

### **Audit Presentation – Sarah Griffith, Elgee Rehfeld**

Results of 2020 Financial Statement Audit. Audit went well, remote process went smoothly despite unusual methods. Opinion of the financial statements was unmodified, which is good. There was a \$7.5M decrease in pension plan liability. Despite much higher expenses in 2020, the net position of BRH was also improved compared to the previous year. The Letter to the Board is short, which is good. There was a significant audit adjustment that was deemed to be an isolated event and did not indicate a control deficiency.

*Ms. Knapp made a MOTION to recommend the audit be moved to the Board of Directors. Mr. Stevens seconded, and it passed.*

### **Land Purchase – Kevin Benson, CFO**

Last Fall, Mr. Bill was approached to purchase the BSSC building for \$2M. It was presented to the board, who advised staff to go ahead and evaluate the opportunity. The building was appraised at \$3.1M. The owners have kept it off the market, and have not entertained other offers, but are anxious to proceed. The engineer's evaluation is last step in the due diligence process. Bartlett occupies half the building and is anticipating a continuation of growth. The projected return on investment is at ten years. The three tenants in the building are BRH, United Way (who sublets), and a physician. Both other tenant agreements will have expired by the end of August 2021. The parking situation at the building is not sufficient by itself. Other parking options, as well as a "parking in lieu of" fee may need to be considered in the cost of the property.

*Ms. Knapp made a MOTION to move the Land Purchase Proposal to the Board of Directors. Mr. Stevens seconded, and it passed.*

**November 2020 Financial Review – Kevin Benson, CFO**

Inpatient revenue continued to be below budget, at 17% behind last years' YTD budget. Outpatient revenue remains strong, just shy of budget, and 7% ahead of last year YTD. RRC is seeing patients and generating revenue, but at only 59% of the pre-covid budget. Physician revenue continued to be strong, exceeding budget expectations. Medicare income is down significantly from budget. Total operating revenue was \$9.7M. Net income remained positive, but very thinly so. Breaking even during covid-19 continues to be counted as a success.

**Next Meeting:** February 12, 2021 at 12:00pm via Zoom.

**Board Comments:** The committee expressed their gratitude to Kevin, his staff, and others who contributed to the success of the audit.

**Adjourned – 12:52 p.m.**



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

DATE: January 8, 2021  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: Purchase of 3225 Hospital Drive Building

BRH has the opportunity to purchase the building at 3225 Hospital Drive. The Bartlett Surgical & Specialty Clinic occupies approximately half of the space in that building and pays \$181,000 in rent annually. The owners have asked BRH for a purchase price of \$2 million. While BRH evaluates this opportunity, the owners would not advertise or entertain other offers. This potential purchase was presented to the BRH Board. The Board directed staff to evaluate this opportunity and authorized an appraisal to be completed. The appraisal valued the building at \$3.1 million. An engineer evaluation is scheduled to take place in the next few weeks.

The Owners are anxious to proceed with this transaction and may open the building up to other offers if the purchase does not place soon. The engineer's evaluation is the last step in the due diligence process. An offer could be made contingent the engineer's report and appropriation by CBJ Assembly.

The reasons why BRH would purchase this property are as follows:

- The BSS clinic currently occupies half of the building and has no plans for relocating.
- BRH has grown its operations over the years and space is short and at a premium.

Other considerations associated with this purchase include:

- The return on investment is about 10 years.
- BRH would be able to eliminate \$181,000 of rent expense.
- United Way rents the tower portion of the building for \$123,000 annually. The 8-year rental agreement will expire on 8/31/2021.
- A physician rents an office within the clinic for \$57,000 annually. The rental agreement will expire on June 30, 2021.

# Bartlett Regional Hospital

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## Board Quality Committee January 13, 2021 Minutes

**Called to order at 3:30 pm by Board Quality Committee Chair, Rosemary Hagevig**

**Board Quality Committee\* and Board Members Present:** Rosemary Hagevig (Chair)\*, Mark Johnson\*, Lindy Jones,\* Kenny Solomon-Gross, and Hal Geiger

**Staff Present:** Gail Moorehead, Director of Quality, Billy Gardner, COO, Kevin Benson, CFO, Dallas Hargrave, Director of HR, Deborah Koelsch, RN Clinical Quality Data Coordinator, Rebecca Embler, Quality Systems Analyst

**Approval of the minutes – 11 18 2020 Quality Committee Meeting – *minutes approved as written.***

**Old Business:** No old business discussed.

### ***New Business:***

#### **BOD Quality Dashboard**

Deb Koelsch presented the Quality Scorecard measure results for Q4 2020.

- For Risk Management measures, Injurious Fall Rate was 2.15 (total of 4 falls, all in the minor category; 1 unexpected) and there were 0 Serious Safety Events and 1 Sentinel Event. For Readmission Rate measures, 30-day Hospital Pneumonia rate was 0%, 30-day Hospital Heart Failure Rate was 0%. 30-day Hospital-wide Readmission Rate was 8.5%, slightly increased from 7.8% in Q2 2020.
- For Core Measures, Severe Sepsis/Septic Shock was 60%, which changed from last reporting by +7% and is at the national average of 60%, and Screening for Metabolic Disorders was 88%, decreased from 100% in Q2 2020. Great job to Behavioral Health for this metric.
- Mr. Kendziorek asked for clarification on what the Screening for Metabolic Disorders metric is looking at, and Deb described that sometimes it's just hidden information; MHU has a great process for looking up that data. Dr. Jones also clarified that this metric is just individuals admitted to MHU, and are on anti-psychotics.
- Ms. Hagevig asked if we will see changes in scores now that BH is back up and running, but we don't expect to.
- Ms. Hagevig asked about Sepsis measure; how much control do we have over it; Ms. Koelsch described that the number of cases is usually low and there are many factors that can make this metric have a fallout.

Rebecca Embler presented the Patient Experience and HCAHPS results for Q4 2020.

- For Patient Experience results, scores for all service areas except Emergency Department were above benchmark for Q4 2020. It was noted that this is due to lower scores in two survey questions; *Doctor's concern to keep you informed* and *Nurses attention to your needs*.
- For HCAHPS results, it was noted all scores are below the previous period for Q4 2020. This was due to Q3 2020 being a 6-quarter high-point, as well as COVID impacts on quality of communication, and is expected to increase in the coming quarters.
- Mr. Solomon-Gross asked if we expect survey return rates to be higher because of COVID considerations, and it was noted that we are seeing higher return rates due to electronic surveys, and also may expect to be getting more feedback due to the frustrating nature of the COVID situation.

### **Risk Management Plan**

- Ms. Moorehead presented on the updates to the Risk Management Plan. The Risk and Compliance roles were combined this year, and some other small grammatical changes were made. There were some changes to the way information is reported to the BOD. Quality and Risk are still highly collaborative. The Safety Assessment Code (SAC) Matrix was removed as a required tool. Risk reporting will now be included in Performance Improvement committee meetings.
- Ms. Hagevig asked how approval for these updates happen. Ms. Moorehead said that this will be approved at this BOD Committee meeting and any changes will be incorporated into the report before going to the BOD.
- Mr. Solomon-Gross asked to clarify if any of the changes are substantive other than the PIC reporting. Ms. Moorehead confirmed. ***Mr. Johnson asked for a MOTION to approve the plan as written, and motion was approved.***

### **Infection Prevention Plan**

- Minor grammatical changes and community risk assessment. Expressly called out that we are in a pandemic, and dealing with a novel strain, so objectives reflect that. Structure of the department is not changing, but staffing has changed with the addition of a full-time Employee Health nurse and part-time Program Specialist for data entry and auditing.
- The Juneau community demographics haven't changed a lot; some decline in overall population, and some growth in the senior age group. Ms. Gribbon noted that the plan did not include employee travel considerations in previous years, and that has now been added.
- The Bartlett workforce size had increased since last year to 743 employees, of which 611 are full or part time and working on campus. This is the population that needs to be screened for vaccination and other diseases.
- 2021 Infection Control Plan Goals: 1) Improve compliance with CDC hand hygiene guidelines, 2) Reduce surgical site infections by reducing risk of infection, 3) Decrease risk of acquiring health care associated C diff, 4) Prepare for a protect staff, patients and community from influenza exposure at Bartlett, 5) Maintain established COVID

prevention policies, 6) Reduce the risk of HAI transmission risk attributable to surface contamination.

- New to the plan this year is Water Management-related risk.
- Mr. Geiger asked about goal to not have any hospital-acquired COVID in 2021; Ms. Gribbon clarified that this is any new illness, not a patient admitted with COVID. We have had staff acquire COVID.

### **Environment of Care Management Plan**

Deferred to March

### **Patient Safety and Quality Improvement Plan**

- Ms. Moorehead noted that the 2020 Patient Safety Plan was reviewed and no changes were made because all components are still applicable. For the evaluation of 2020 Plan, it was noted that there were a few accomplishments; re-establishing the Patient Safety Committee with a focus on targeted taskforces (Restraints, Falls, Inpatient Glycemic Controls), improving Press Ganey patient surveys to try to hone-in on the feedback we are getting from patients and implement improvements based on that, utilizing Smartsheet to make data more accessible and collaborative; and working to create successful metrics with ASHNA on Partnership for Patients.
- 2020 Goals include: 1) Demonstrate Antimicrobial Stewardship leadership within Juneau community, 2) Incorporate cross-sectional Patient Safety committee to review and assure Corrective Action plans are met and sustainable, 3) Improve Bartlett's Culture of Safety, 4) Improve compliance with Sepsis core measure
- 2021 Goals include: 1) Develop Performance Improvement onboarding methodology for all new management team members in order to enable them to identify PI opportunities, 2) Reduce Inpatient Fall rates via cross-departmental taskforce, 3) Update Provider review process, specifically around metrics and accessibility to data, 4) Maintain Sepsis core measure compliance at National Average.
- Mr. Solomon-Gross asked for clarification on Antimicrobial Stewardship, and it was noted that our pharmacy looks at all antibiotics that are used in our hospital to make sure we are using the right type and dosage for the infection we're trying to treat. Dr. Jones added that this is mostly for 24-hour pharmacy, and it's a great program we're doing at Bartlett to make sure we're not overprescribing antibiotics.
- Mr. Solomon-Gross asked about what types of falls are included in our metric, and it was noted that all falls are included, even if at Physical Therapy, but the ones we focus on are the anticipated falls, based on patient condition, medication, etc. Some of the unanticipated falls are behavioral and that is why we have 1:1 sitters.

**Note:** Will defer to send Annual Plan packet to the BOD until March meeting, after Environment of Care Management Plan is presented to this committee.

**Adjourned at 4:40 pm**

**Next Quality Board meeting:** March 10, 2020 @ 3:30pm

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## **January 26, 2021 Management Report From Studebaker Nault and CBJ Law**

### **Topics**

- Review allocation of responsibilities across legal team
- Report on pending contract negotiations
- Legal consultations with Senior Leadership Team

# Bartlett Regional Hospital

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

Report Period - 2nd Quarter FY21 (Oct, Nov, Dec) Submitted by Dallas Hargrave

<b>New Hires</b>	39
------------------	----

<b>Separations</b>	6	All Other Separations
	3	Retirement
	18	Casuals/temp
<b>Total</b>	27	

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

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
	ED RN Case Manager	FT	Case Management
	RN	FT	ER, M/S , WMU
	Occupational Therapist	FT	Rehabilitation Services

All Employee Turnover		
All Employee Types	FT Employees	All Others
3.96%	2.25%	8.29%

<b>681 Employees</b>
FS/FT employees = 488
All others = 193

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
2.49%	1.50%	4.50%

<b>201 Nurses</b>
FS/FT = 134
All others = 67

Grievances	0
Arbitration Cases	0

<b>Reports of Injury</b>	
<b>Department</b>	<b>Brief overview</b>
HIM	EE fell in parking lot while exiting vehicle
Emergency Department	Needlestick
Dietary	EE burned hand on hot steam while cooking
Development Programs	Needlestick
MHU	EE punched by patient in arm and stomach
Lab	Needlestick

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## January 2021 Nursing Report Rose Lawhorne, CNO

### Nursing Administration

- Central Staffing continues to solidify departmental processes. They recently assisted with staffing the COVID vaccine point of distribution (POD) for BRH staff.
- All Central Staffing employees have completed Functional Administrator training, Levels 1, 2, and 3, in our staffing and scheduling software (API). The training improves efficiency and maximizes program utilization.
- Central Staffing has completed an employee training checklist and guide. As a new department, the team had the opportunity to design and implement new processes and workflow. The checklist and guide will provide continuity for training staff as they join this department.
- The nursing supervisors implemented a new SmartSheet tool for tracking float contracts of staff members building skills and learning to work in multiple departments. The cumbersome paper system made tracking progress difficult, and is now replaced by an automated process that offers updated information, easily accessible in real-time.
- Bradley Grigg, CBHO, has graciously offered a behavioral health assistant (BHA) certification opportunity through Alaska Native Tribal Health Consortium to our patient observers to enhance their role in therapeutic patient support. Three BHAs and one patient observer are enrolled in the program. Thanks to Bradley for providing access to this program that will expand the scope of our team and improve our patient care
- Nursing Administration has hired three new BHAs. To maximize scheduling flexibility, they have completed orientation at Withdrawal Management Unit (WMU), Rainforest Recovery Center (RRC), and facility entrance screening.

### Obstetrics (OB) Department

- In conjunction with Case Management, we submitted an application for the Plans of Safe Care Request for Proposal (RFP) through State of Alaska Department of Health and Social Services (DHSS) and Office of Children's Services (OCS). If awarded, the RFP would include \$100,000 annually for an OB-focused case manager/services coordinator for three years as a pilot program. The coordinator would provide perinatal support to families with newborns exposed to substances, and would connect families to community resources. The program goals include promoting healthy families, decreasing stigma of substance use disorders, and preventing the separation of Alaskan families.
- We rolled out our Adverse Childhood Experiences (ACEs) training to our entire unit (nurses and certified nursing assistants). We recognize the tremendous value of educating staff on trauma-informed care, and are beyond excited to see how this aids in the care we provide for our families. Thanks to our lactation coordinator and one of our nurses for leading these powerful trainings. In November, DHSS and Dr. Zink made a statement regarding the importance of ACEs and its connection to healthcare in the state.



- *“The findings stress that an intergenerational approach is needed to address adverse childhood experiences, which we know are linked to poorer health outcomes,”* said Alaska’s Chief Medical Officer Dr. Anne Zink. *“By improving support to families who are expecting a new child, we can expect significant health gains for the new child and the whole family. Early intervention, even before birth, can result in long-term health gains as we work to prevent and reduce ACEs.”*
- Link to a State of Alaska DHSS press release addressing this topic and highlighting the impact of ACEs on families:  
[https://content.govdelivery.com/attachments/AKDHSS/2020/11/16/file\\_attachments/1602695/DHSS\\_PressRelease\\_DPH-WCFH\\_ACES\\_20201116.pdf](https://content.govdelivery.com/attachments/AKDHSS/2020/11/16/file_attachments/1602695/DHSS_PressRelease_DPH-WCFH_ACES_20201116.pdf)
- Bradley Grigg, CBHO, has worked with Lauren Beason, OB director, to develop the Real Talk Mothers’ Support Group led by a licensed professional counselor. Facilitated, virtual discussions will offer a safe place for mothers to discuss challenging motherhood issues, receive guidance, and develop goals for improving health, wellness, parenting, and self-care. Thanks so much to Bradley and Lauren for providing yet another opportunity to promote health and wellness of members of our community.
- We created a large process improvement (PI) project board in our hallway. This display entitled “What’s Happening on OB” showcases PI projects underway on OB and recognizes staff involved in each effort. We enjoy showcasing our efforts to providers, colleagues, and patients. Thank you to the nurses who created this board.
- We have completed installation of Alaska-themed, artistic communication boards in patient rooms. They are highly visible and have custom headers to facilitate communication for specific criteria between care providers and patients. Families have expressed appreciation for the improved communication and enhanced participation in individualized care plans. The boards also have a great custom background of Alaskan mountains and wildlife.

### **Critical Care Unit (CCU)**

- We implemented the EASE communication application in CCU in mid-January. This tool allows the care team to send HIPPA compliant updates to loved ones. With increased visitor restrictions during the pandemic, these messages provide reassurance and comfort to our patients’ families and friends, ensuring that information shared is protected.
- The CCU team has recognized effects of the strain we carry as healthcare workers during this time. We have committed to monthly activities that support emotional and mental health. In December, we held a virtual “Running from COVID 10K” race. In January, we are completing a 30-day fitness challenge to promote healthy activities and reduce stress and burnout.
- Efforts to improve consistency in reporting and documentation of critical lab values in the patient records have shown significant improvement over the last several months. Documentation of critical lab values for the month of December was 90% as compared to 60% at the beginning of the project in June. Thanks to the staff for your efforts!

### **Emergency Department (ED)**

- The new screening and triage building is completed and in place at the entrance of the ED, with heating issues still being addressed. The ED director is working with the community relations director to disseminate information to the community for entry processes. The new structure offers a reception area, a triage room, a negative pressure patient room, a

donning and doffing room, and a supply storage area. The entire building is designed to be a negative pressure environment, offering protection in the current COVID world.

- Bradley Grigg, CBHO, continues to lead the hiring and training of behavioral health technicians (BHTs) for the ED and the new screening area. The BHT role is being expanded to allow them to utilize their skills on patient arrival and throughout the care experience. They will provide support to behavioral health patients. Additionally, they will offer therapeutic interventions for those who present with primary medical needs but also experience behavioral health concerns secondarily. These symptoms may include anxiety, depression or stresses experienced by patients or their loved ones.
- ED lobby construction continues, with the placement of a wall for Patient Access Services (PAS) personnel who are positioned in the lobby. Currently ED is looking at different furniture options that would comply with social distancing requirements, but then be connected to accommodate more people when social distancing is no longer needed.
- We are coordinating preceptorships for several new nursing graduates from Southeast Alaska. Training will begin in February, and the positions provide employment for nurses wanting to live and work in their home state!

# Bartlett Regional Hospital

January 26, 2021 Board Report  
Billy Gardner, Chief Operating Officer

## Diagnostic Imaging (Paul Hawkins)

- New PACS Admin pending offer.
- New radiologist work stations. Ergonomic sit/stand desks
- Power Scribe One upgrade with ModLinK is being tested for go live in January. New features will stream line clinical guidance, peer review and critical test reporting. ModLink will carry data from modalities to PowerScribe reports.
- Ultrasound candidates are being recruited, tight market, no applicants with minimum qualifications.
- Reviewing class specifications for DI positions.
- Script Sender project scheduled to start in February, orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. This will also make sure supporting diagnosis codes for new (AUC) appropriate use criteria are provided.

## Future Plan

- Possibility of offering a monthly ultrasound guided IV start class for nurses interested in learning this skillset.
- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Fill remaining ultrasound vacancies.
- New MRI purchase and remodel if facilities move forward with ER expansion.
- 16 slice CT scanner is at end of life/support plan for replacement in progress.
- Brain Perfusion CTA AI for brain sparing treatment, a partnership between AMBRA Health and Rapid AI.

## Respiratory Department (Robert Follett)

- Fully staffed with one traveler augmenting staffing.
- Working with IT in the Upgrade of Trace master ECG management system project planning meeting occurring weekly, should finalize after expanse.
- Conducted airway training with CCFR.

## Sleep Lab

- Sleep lab volumes trending upward

## Cardiac and Pulmonary Rehab

- Created new service: supervised exercise therapy for peripheral artery disease

## **Maintenance Department (Marc Walker)**

- ED Waiting Area/ PAS Window: Began 12/17/2020 – current estimated completion date of 01/23/2021. As PAS staff are able to see what they agreed to they are asking for a few changes. The changes will not be allowed to be part of this contract as term contract limits have been exceeded.
- Covid Lab: Laboratory space is substantially complete. The completion date for the entire project is currently Jan 29<sup>th</sup>. Contractor working on final punch list items
- ED Ortho/ Trauma rooms: Professional Services Fee Proposal received. CBJ is putting together the contract and negotiating fees. Project estimated completion date of April 30 2021.
- Cardiac Rehab space expansion: Professional Services Fee Proposal received. CBJ is putting together the contract and negotiating fees.
- ASU-11/Endo Fan: Bids Received and low bid accepted. The contractor was given the notice to proceed. Estimated Substantial Completion 05/27/2021.
- Physician Call room update: Rough Estimate of Project Cost being redefined.
- Side Walk Phase 1 Replacement: Currently being worked on by CBJ Engineering and Dowl. Meeting with BRH on the January 6<sup>th</sup> to confirm the project scope. Construction estimate \$1.2M, Professional Services \$120K (Deferred Maintenance) Estimated Bid first week of March 2021. Construction 4 months middle of summer 2021
- Underground Fuel Line Replacement: Currently being worked on by CBJ Engineering. Construction estimate \$120K, Professional Services \$25K (Deferred Maintenance). Estimated Bid mid-March 2021. Construction 2 months early summer 2021.
- New South Entrance: Currently being worked on by CBJ Engineering and Dowl.
- Hospital Drive: On hold until spring.
- CSR Equipment upgrade: Awaiting Final Design from PDC Engineers. Estimated delivery of final design documents 01/15/2021
- ED Triage Building: Nearing completion. Estimated substantial completion date of 01/08/2021 Final Punch List Items are currently being worked on.
- ASU 1 Conversion to Glycol: 100% drawings completed 12/21. Construction estimate \$125K, Professional Services estimate \$25K (Deferred Maintenance). Construction 3 weeks, estimated project completion date of 04/30/2021
- RRC Siding and Window Replacement: 100% documents received and are currently under review.
- Behavioral Health Facility: Conceptual Design Documents have been received. Owner comments due 01/15. Bid documents due 02/15. Advertise Project 02/22. Bid opening 03/23.

### **Materials Management (Ethan Sawyer)**

- Finalizing CCU Storage space remodel this week
- Coordinating new KPI's (Key Performance Indicators) with Blessy to report on supply chain efficiency and effectiveness. Hoping to have some form of this deliverable in the next 30-60 days

### **Pharmacy Department (Ursula Iha)**

- Bartlett pharmacy coordinated with the State of Alaska to serve as a distribution site for the initial roll out of the COVID-19 vaccine. Our ability to store the Pfizer vaccine at ultra-cold temperature allows us to receive vaccine directly from the manufacturer. This capability gives the Point of Dispensing (POD) team flexibility to schedule administration clinics efficiently for those who meet eligibility criteria. Upon arrival, this initial supply was distributed to Bartlett hospital staff, front line caregivers and Juneau pharmacies who vaccinated long-term care staff and residents. The pharmacy staff continues to work closely with the State of Alaska, Juneau POD team, and other vaccination providers to streamline through the phases of distribution. To ensure that the integrity of the vaccines we receive is maintained, Bartlett's pharmacy staff takes responsibility for the removal from cold storage through distribution and preparation for administration.
- Pharmacists provide education for providers and staff when needed for individual patient concerns. Chris Sperry PharmD gave numerous presentations to professional organizations, public outlets, Bartlett and CBJ staff about the new vaccines and COVID treatments.
- Pharmacy staff are continuing work on the Glycemic Control Task Force and preparing for the upcoming upgrade to Meditech Expanse in March.

### **Physical Therapy Department (James "Rusty" Reed)**

- We remain fairly steady with inpatients but fluctuates.
- We continue to be fairly busy with new outpatient referrals and glad to report a decrease in cancellations. We are continuing to move forward with implementing the Jellyfish Health platform for appointment reminders and other functionalities to make us more efficient.
- Wound care remains fairly steady and we are continuing to maintain a no wait list.
- Pediatrics slowed down because of the holidays. We have now increased back to what we were but remain less than pre COVID levels. We are currently averaging about 5 visits per day on campus and averaging about 5-7 teletherapy visits per day. Remain hopeful for an offsite location so that we can regain and build this service line.

- We have 2 OT's out on FMLA. We are bringing in an OT traveler who has pediatric experience. Our plan is to have her address some of our pediatric waitlist and once our pediatric OT returns from FMLA she will be able to continue care with these patients.
- We have hired a part time Admin Assistant II and she is doing an excellent job.
- Continue to look for a casual OT to hire but nothing yet.
- Casual PT position has been filled and she has just completed NEO and we will start department orientation.



# Punchlist Walk-through

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

**Project:** BRH Temporary Triage Facility, CBJ Contract # MR 21-142  
**Contractor:** Dawson  
**Date/Time:** Monday, January 11, 2021 – 10:30 am  
**Weather:** Rain, 41 degrees F  
**Report by:** Jeanne Rynne, CBJ Project Manager, 586-0497

Trades, etc.	# of Persons	Major Equipment / Notes
General Contractor – Dawson	3	Plus Chris Gilberto, Pat Shanley
Van Pool Painting	1	
JYW – Corey Wall	1	Corey Wall
BRH	1	Kim McDowell

**Punchlist:**

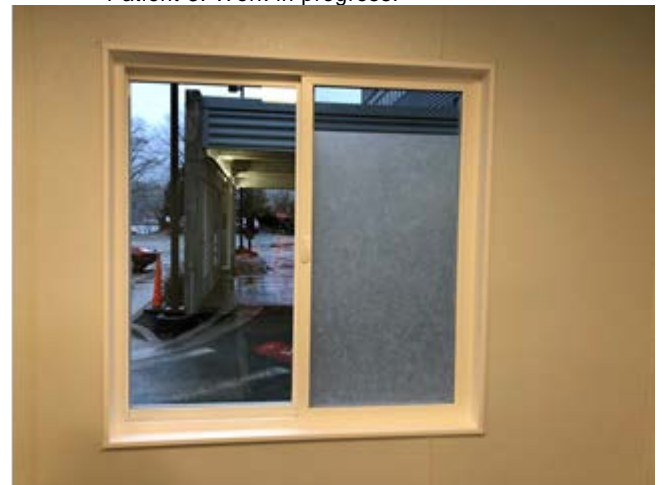
1. Unless otherwise noted, items noted as “in progress” are punchlist items to be completed.
2. The (3) new 42” doors arrived and have been installed.
3. Painting at new 42” doors in progress.



4. Final cleaning in progress.



5. Privacy film being installed at windows, west wall of Patient 3. Work in progress.



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

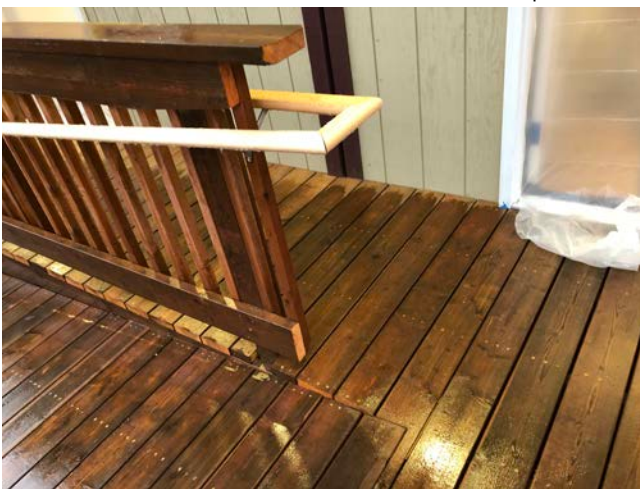
6. Extend handrail from deck railing at stair, north side to comply with ADA. Attach handrail support to concrete sidewalk. Apply 2 coats clear coat to match other handrails (approved change from previous decision to go with red paint).



7. Handrail installation complete at south side of ramp, 2 coats of clear coat applied. Installation complies with ADA.



8. Handrail installed as directed at deck/ramp transition.



9. Proper handrail extensions at bottom of stairs and ramp, south side.



10. EPDM roofing seam between west and center modulars properly terminated.





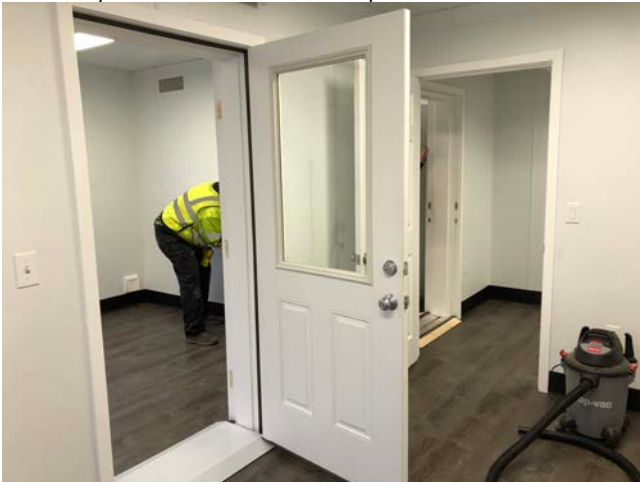
11. New threshold complete at openings B2/C5.



12. Threshold transition in progress at opening between Don/Doff 5 and 4.



13. Door C1 has been installed at location of B4 to provide door with half-lite per the door schedule.



14. Reinstall sign at existing post.



15. Install (2) exterior lights at east side of building (recently added to the project 1/7/21. Cost approved by Marc Walker 1/11/21.
16. Trim building wrap flush with bottom of siding at east and west sides.
17. Complete removal of construction waste at site.
18. Complete final Testing and Balancing report once able to close newly painted exterior doors.
19. Paint metal skids.
20. Install slip-resistant strips to the exterior ramp at exposed stair nosings (not under overhang).

# Bartlett Regional Hospital

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

- **December Psychiatry Update:**
  - **Dr. Joanne Gartenberg** Behavioral Health Medical Director
  - **America Gomez, Psychiatric Mental Health NP** (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  - **Cynthia Rutto, Psychiatric Mental Health NP** (BRH Employee), is providing inpatient MHU services and outpatient services to children, adolescents, and adults in addition to taking call
  - **Dr. Helen Short** (Locum Psychiatrist) has extended her assignment, providing inpatient services on MHU, through February 2021 while we continue to recruit for full time MHU coverage and call. Dr. Short has been with us on multiple assignments for nearly 2 years.
  - **Dr. Monika Karazja** (Locum Psychiatrist) is providing inpatient services on MHU in addition to outpatient services to adults. Her current assignment is through May 2021.
  - **Dr. David White (Locum)** is a Child & Adolescent Psychiatrist who is providing outpatient services to children and adolescents at BOPS and through PES. He is also assisting us in the development of the Crisis Stabilization Program. Dr. White has signed a one-year commit to BRH (through October 2021)
  
- **RAINFOREST RECOVERY CENTER:**
  - **RRC Residential Treatment Update:**
    - Utilization remains near or at 100% most days.
    - Admissions only from Southeast will be considered at this time.
    - Capacity remains at 8 (75%)
    - Current Waitlist is 13 patients
    - Weekly in-house patient COVID testing
    - Biweekly in-house RRC staff COVID testing
    - Masking requirements

- **RRC Withdrawal Management (Detox) Update:**
  - Average daily utilization is 2 patients (current capacity is 4).
  - Staffing includes 1 RN and 1 CNA per 12-hour shift.
  - We now offer 24/7 admissions
  - **40% of WMU patients have successfully transitioned to RRC residential treatment since December 1**
  
- **RRC Outpatient Treatment Update:**
  - We currently have 38 patients enrolled receiving:
    - 100% virtual treatment
    - Medication Assisted Treatment
    - Assessment
    - Individual & Group Treatment Sessions
    - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
  
- **Adult Mental Health Unit (MHU):**
  - December daily average census was 4
  - MHU continues to only accepting patients from Southeast.
  - Average length of stay for December was 9 days.
  
- **Bartlett Outpatient Psychiatric Services (BOPS):**
  - BOPS outpatient operations continue to be 100% virtual
    - 6.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
    - 3.5 Psychiatric providers are delivering telehealth psychiatric / medication management from their home offices/BOPS Clinic.
    - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
  - **December 2020 Stats:**
    - 401 patient encounters
    - No show rate 20.2% (significantly below national average of 23%)
    - Continued significant increase in new patient referrals, especially children/adolescents.

- **Expansion of Outpatient Supports:**
  - **BOPS is currently recruiting for a Neuropsychologist to meet the growing need of individuals meeting the need for neuro-psych evaluations to better determine a plan of treatment for this population of patients. The current community need for these evaluations are:**
    - **BOPS: 50 patients**
    - **Juneau School District: 50+**
    - **We are working with primary pediatric providers to determine their level of need**
  - **BOPS is currently in the planning phase of opening an Applied Behavioral Analysis Clinic to better provide “in community services” to Juneau and Southeast Alaska families with you on the autism spectrum and who have other complex behavioral challenges.**
  - Bartlett Oncology and BOPS are partnering to serve oncology patients and their families who evidence signs of increased depression and anxiety. Services will begin in January 2021.
  - OT/PT and RRC are partnering to expand capacity for OT/PT patients via telehealth. Staff will meet virtually from the new RRC Withdrawal Management Unit Conference Room. This expansion will allow for a minimum of 10 additional hours weekly of services.
  - Erin Maloney, BOPS Therapist, is partnering with Sarah Gress, RN, to co-facilitate a community support group for families who are experiencing Perinatal Bereavement.
  - The COVID-19 Staff Support Program was birthed to provide professional, confidential counseling to employees of Bartlett Regional Hospital to support them during the period of time they are caring for patients impacted by the COVID-19 pandemic. Counseling services are facilitated by licensed contracted therapists who are not employees of BRH. Services utilize a brief treatment approach. **Since May 1, 2020, 82 BRH Employees have accessed these supports.**

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

- December 2020:
  - 97 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
    - 75 Adults
    - 22 Children/Adolescents

- **Crisis Stabilization Services Update:**
  - Crisis Center Floor Plan – Finalized
  - Exterior Rendering of Facility – Finalized
  - Patient Safety Environmental Risk Assessment – Finalized
  - Final Cost Review – Completed
  - **Anticipated “Out to Bid” Date: February 15, 2021**
  - Total estimated capital cost remains \$10.5 million:
    - \$7.7 Million – Construction of the Crisis Facility, including the new BOPS Clinic
    - \$1.5 Million – Ground floor parking garage (approximately 22 spots)
    - \$1.3 Million – Contingency costs.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

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

## January 26, 2021 Board Report

Kevin Benson, CFO

### Finance – Kevin Benson

- The budget season for FY2022 got kicked off this week. The budget cycle is very tight with presentation going to the Finance Committee in February.
- The 340B program was expanded to add Ron's Apothecary and Foodland as participating pharmacies. These locations were registered with HRSA and will be effective April 1<sup>st</sup>.

### HIM – Rachael Stark

- We started our purging process for RRC and Bartlett Regional Hospital charts.
- We had a resignation and will be searching for a full-time employee for the Release of Information position.
- We are restarting meeting once a month for some customer training scenarios, standardization of greeting and certain aspects of the Release of Information process. This hopefully will be a great way to be able to train in customer service, engage everyone in the process and be better prepared to help our external and internal customers. Our last session was 10/29/2020 and we hope to implement a plan for everyone to be able to utilize the skills learned to date.
- We are working with IT on the Fair Warning product.
- We also are trying to prepare for the Meditech upgrade to Expanse and the ambulatory product.

### PFS – Tami Lawson-Churchill

- Overall cash collections for the month of November was just over \$8.9 Million
- Medicaid Provider Self-Audit is almost completed for BRH, BOPS and RRC will be completed this week
- Federal Price Transparency implementation is a challenge. We have our estimator tool up on the website but they are still working on the other components of the requirements
- State Price Transparency team has meetings scheduled to implement process before our 3/31/21 extension deadline
- Preparing and testing AMB Expanse for Go-Live
- Outpatient Pharmacy Implementation project with Cardinal for RRC
- Working on Molecular Lab project for client billing processes
- We will be implementing a new system called Optum to replace our current MedAssets system effective 4/1/21

### PAS – Angelita Rivera

- PAS – ED waiting room remodel project soon to be completed.
- The Jellyfish appointment notification project is almost ready to launch with the Physical Rehab department. This took a bit longer than anticipated but a lot of the issues were related to interface between Jellyfish and Meditech.
- Gearing up for the molecular lab project, PAS has hired three Emergency Workers to get the project started. We are currently working on the process from Smartsheets to how it will be entered into Meditech.

### IS – Scott Chille

#### 1. Projects:

- a. **Wireless Upgrade** project starting: expect completion **January 2021** (contractor delayed due to illness)
- b. **Philips iECG (Tracemaster View)** in-progress: expected completion **April 2021**
- c. **Philips Intellispace Perinatal** Interface project: expected completion **May 2021**

- d. FairWarning privacy monitoring/auditing tool in-progress: **December 2020**
- e. **MEDITECH Expense – Go-Live moved to March 1, 2021 – on track**
- f. **Project Schedule Attached**

**2. Department Updates**

- a. HelpDesk Ticket process improvement – continued sustained improvements

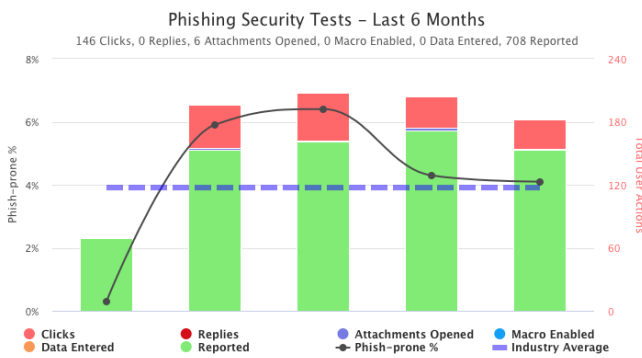
**3. Information Security**

- a. Attacks on Bartlett network continuing to increase dramatically as we gain more visibility across our network.
- b. Continuing to decrease our overall vulnerability posture in the face of an increased attack on our hospital during the COVID outbreak
- c. Security Awareness Program has reached Long-Term Sustainment & Culture Change over the last 2-years from Non-existent/Compliance Focused in 2017-2018.

**Attacks on Bartlett Network**

	As of March-15	As of Aug-31	As of Sep-30	As of Oct-31	As of Nov-24	As of Dec-5	As of Jan-08
Per Minute	86	366	870	2542	377	1020	1230
Per Hour	5,160	21,960	52,200	152,520	22,620	61,200	73,800
Per Day	123,840	527,040	1,252,800	3,660,480	542,880	1,468,800	1,771,200
Per Week	866,880	3,689,280	8,769,600	25,623,360	3,800,160	10,281,600	12,398,400
Per Month	3,839,040	16,338,240	38,836,800	113,474,880	16,829,280	45,532,800	54,907,200
Per Year	45,201,600	192,369,600	457,272,000	1,336,075,200	198,151,200	536,112,000	646,488,000

**Phishing**



See More Phishing Reports

Industry Benchmark Data

Your Last Phish-prone %: **4.0%**

Industry Phish-prone %: **3.9%**

Industry: Healthcare & Pharmaceuticals

Organization Size: Medium (250-1000 users)

Program Maturity: 1 Year

Industry Benchmark Chart Data

**Your Program's Maturity Level**

Please refer to the diagram below and, as closely as possible, select the maturity level of your awareness program.



Please select your program's maturity level (hover over choices below for more information on each level)

Nonexistent | Compliance Focused | Awareness / Behavior Change | **Sustainment / Culture Change** | Metrics Framework

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## January 2021 Board Report Chuck Bill, CEO

This is my last report for the BRH board of directors! I want to begin by thanking the board and the Assembly for giving me the opportunity to lead this fine organization for the last 6 2/3 years. It has always been an honor, and often, FUN.

I also want to thank Anita Moffitt and my Senior Leadership Team for their amazing talents and dedication. I can't overstate how impressed I am with the employees and physicians who work at Bartlett. The quality of the care they provide is unexcelled and their commitment during the past year's pandemic truly highlights that.

Finally, the community has embraced and welcomed Sue and me with warmth and friendship, making it a delight to be here.

Thank you All!

However, work continues!

As you can see from the Senior Leaders' reports, we continue to be very busy on all fronts.

- The Roche 6800 is installed and ready to perform once the software interfaces are complete.
- The Triage building is nearly ready to go.
- Billy has provided more details on these and other projects.
- Under Gail Moorehead's Leadership, we have been very successful in vaccinating all BRH staff and physicians who have an interest and were instrumental in the planning and provision of the first CBJ COVID Vaccination Clinic which vaccinated nearly 1200 person.
- Meanwhile, I participated in the first ASHNHA Legislative Committee meeting where we heard from DHSS. The Governor's 2022 budget for Medicaid is flat with this year, which sounds good but it contains a 5% cut offset by anticipated CAREs funding. That means that next year's base will start 5% lower.

The State is also working on a conversion of Medicaid from the current model to a DRG model similar to Medicare. Based on our experience with the Medicare Rural Demonstration project, we know that the shortfall of the Medicare DRG model is about \$3.6 million/year. The State says they want to use a DRG formula that will be budget neutral.

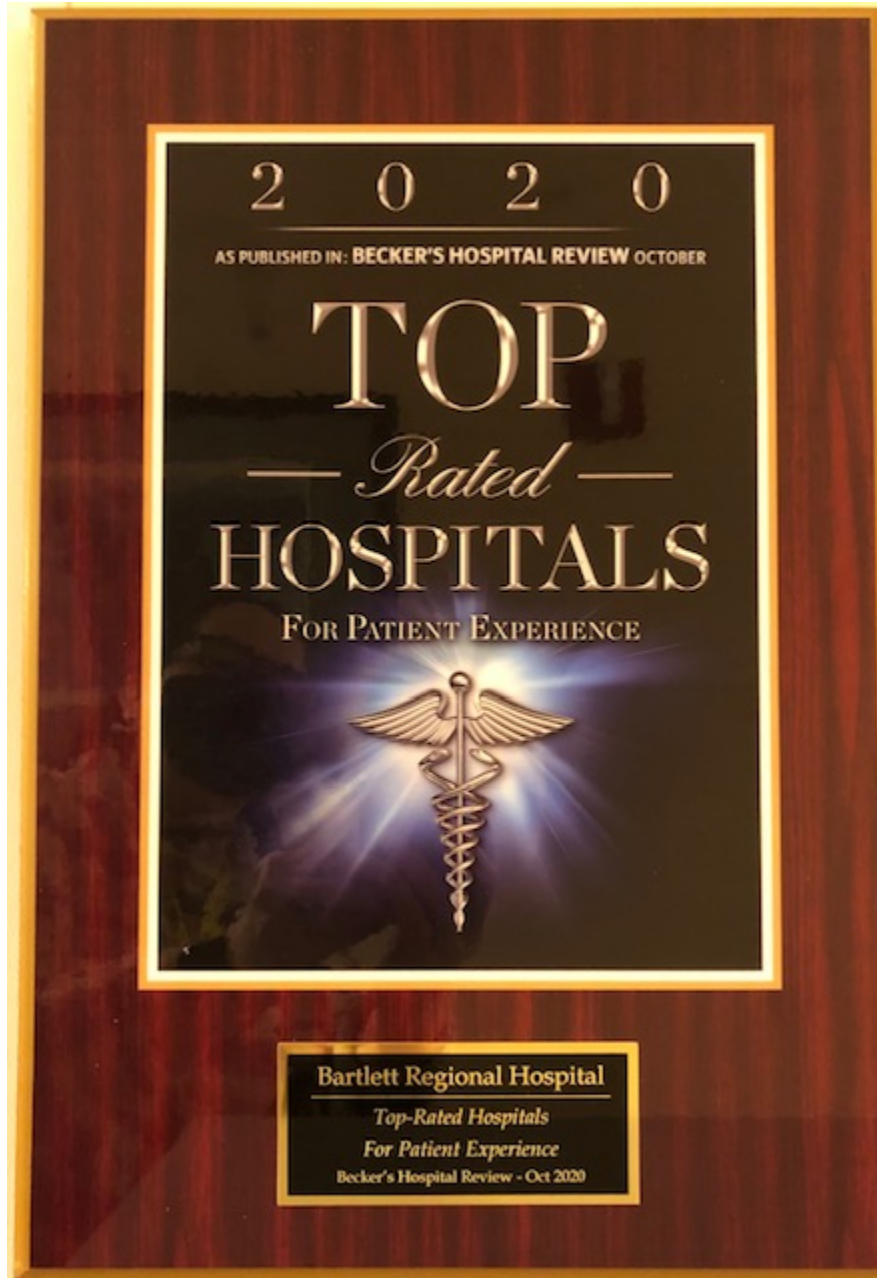
- We had a 3 day visit from AKOSH following up on an employee complaint about safety related to Workplace violence and COVID. I am very proud of the work we have done in both areas but we can always get better so the final report will be interesting.
- On the physician recruitment front we have two general surgeon candidates scheduling visits for February. We are looking for ways to enhance our Medical Oncologist recruitment.

I'll have recent development updates in my live report.

Thanks so much!



**TOP RATED HOSPITALS FOR PATIENT EXPERIENCE**  
Becker's Hospital Review – October 2020



## **Board Committee and Liaison Assignments 2021**

### **Executive Committee**

President – Kenny Solomon-Gross  
Vice President – Rosemary Hagevig  
Secretary – Mark Johnson  
Past President – Lance Stevens

### **Finance Committee**

Deb Johnston., Chair  
Brenda Knapp  
Lance Stevens

### **Planning Committee**

Lance Stevens, Chair  
Iola Young  
Hal Geiger

### **Governance Committee**

Brenda Knapp, Chair  
Rosemary Hagevig  
Hal Geiger

### **Quality Committee**

Rosemary Hagevig, Chair  
Lindy Jones, M.D.  
Mark Johnson

### **Compliance and Audit Committee**

Iola Young, Chair  
Deb Johnston  
Hal Geiger

### **Physician Recruitment**

Mark Johnson, Chair  
Lindy Jones, M.D.  
Iola Young

### **Joint Conference Committee**

Executive Committee of Board (Board President serves as Chair; Board VP is Vice Chair)  
Executive Committee of Medical Staff  
Representatives of Administration

### **BRH Foundation (2<sup>nd</sup> Tuesday of each month noon)**

Rosemary Hagevig, Liaison

### **Credentialing (2<sup>nd</sup> Tuesday of each month 7:00 a.m.)**

Rosemary Hagevig, Liaison  
(Mark Johnson, Backup)

## February 2021

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

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

### 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> Wednesday every month

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