Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, October 25, 2022; 5:30 p.m.
Zoom Meeting

This virtual meeting is open to the public and may be accessed via the following link:
https://bartletthospital.zoom.us/j/93293926195

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

I. CALL TO ORDER

II. ROLL CALL

III. APPROVE AGENDA

IV. PUBLIC PARTICIPATION

V. CONSENT AGENDA
A. 09 27, 2022 Board of Directors Meeting Minutes (Pg.3)
B. August 2022 Financials (Pg.10)

VI. BOARD EDUCATION
- Credentialing Process – Debbie Kesselring (Pg.19)

VII. OLD BUSINESS
A. Covid Update
B. Family Practice Building Acquisition
C. Update on Land Acknowledge

VIII. NEW BUSINESS
- Board Self Evaluation – **ACTION ITEM** (Pg.31)

IX. MEDICAL STAFF REPORT
- Rules and Regulations Consents – **ACTION ITEM** (Pg.36)

X. COMMITTEE MINUTES/REPORTS
A. October 7, 2022 Draft Planning Committee Minutes (Pg.37)
B. October 13, 2022 Draft Board Governance Committee Minutes (Pg.40)
C. October 14, 2022 Draft Finance Committee Minutes (Pg.41)
   - da Vinci Robot – **ACTION ITEM** (Pg.43)
D. October 24, 2022 Draft Board Quality Committee Minutes (To be inserted)

XI. MANAGEMENT REPORTS

A.	CEO Report – David Keith	(Pg.51)
B.	CFO Report – Bob Tyk	(Pg.57)
C.	HR Report – Dallas Hargrave	(Pg.60)
D.	CCO Report – Kim McDowell	(Pg.62)
E.	CBHO Report – Tracy Dompeling	(Pg.66)
F.	Legal Report – Barbra Nault	(Pg.68)

XII. CBJ LIAISON REPORT

XIII. PRESIDENT REPORT

XIV. BOARD CALENDAR – November 2022 (Pg.69)

XV. BOARD COMMENTS AND QUESTIONS

XVI. EXECUTIVE SESSION

A. Credentialing Report
B. October 4, 2022 Medical Staff Meeting Minutes
C. Patient Safety Dashboard
D. Legal and Litigation

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

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

  And

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

XVII. ADJOURNMENT

NEXT MEETING – Tuesday, November 22, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
September 27, 2022 – 5:30 p.m.
BRH Boardroom and Zoom

CALL TO ORDER – Due to technical difficulties, the camera and microphone in the Boardroom were not available at the start of the meeting. Mr. Solomon-Gross, Board President, started the meeting from his laptop and called the meeting to order at 5:32 p.m. He identified attendees.

BOARD MEMBERS PRESENT *(Zoom attendees italicized)*

Kenny Solomon-Gross, President	Brenda Knapp, Vice President	Deb Johnston, Secretary
Mark Johnson	Hal Geiger	*Iola Young*
Max Mertz	Lisa Petersen	*Lindy Jones, MD*

ALSO PRESENT *(Zoom attendees italicized)*

David Keith, CEO	Bob Tyk, Interim CFO	Tracy Dompeling, CBHO
Cindy Carte, HR Manager	*Joseph Roth, MD*	*Barbara Nault, Legal Advisor*
Robert Palmer, CBJ Attorney	*Michelle Hale, CBJ Liaison*	Anita Moffitt, Exec. Assistant
Nate Rumsey, Business Development	Nathan Overson, Compliance	Sam Norton, Interim IT Dir.
Gail Moorehead, Quality Director		

Mr. Tyk introduced Sam Norton, Interim IT Director. Mr. Norton has a lot of experience with Meditech and interim coverage.

APPROVE AGENDA – Mr. Solomon-Gross added **Land Acknowledgement Update** as item C under Old Business on the agenda. ***MOTION by Mr. Geiger to approve the agenda as amended. Ms. Johnston seconded. There being no objections, agenda approved.***

PUBLIC PARTICIPATION – None

CONSENT AGENDA – ***MOTION by Mr. Geiger to approve the consent agenda. Ms. Johnston seconded. There being no objection, the August 23, 2022 Board of Directors Minutes and July 2022 Financials approved.***

OLD BUSINESS

Covid-19 Update - Ms. Dompeling reported 3 employees out with Covid, 0 Covid positive patients in house. PPE and testing supplies are good but we are watching the supply chain due to hurricane activity. Dr. Jones reported the ER is still seeing Covid patients on a daily basis, one of them medevacked yesterday. Employee Health is holding clinics for employees to receive Covid boosters and flu shots.

Technical issues with Boardroom equipment resolved at 5:41pm.

Family Practice Building Acquisition – Mr. Rumsey reported BRH representatives were able to do a walk-through of the Family Practice building last Friday. In response to the seller's concerns, Dan Bleidorn has requested the City Attorney's help to determine whether BRH's list of recommended maintenance items for owners to complete before finalizing the sale was submitted to the owners in a timely fashion. Mr. Rumsey will meet with Mr. Walker to obtain more information and will then work with Senior Leadership to come up with a recommendation on how to proceed.

Mr. Rumsey, Ms. Mow and Ms. Nault are reviewing lease agreements with existing tenants of the building and will draft appropriate lease agreements for when BRH takes ownership. Ms. Knapp initiated discussion about maintenance/repair item expectations. Mr. Keith noted these items will be part of negotiation process. We will prioritize them and determine which ones we are willing to negotiate on and which ones we are not. Mr. Rumsey explained the timing of the signing of the purchasing agreement and when the list of maintenance items was submitted to the owners. Dr. Jones stated that the owners are community minded individuals that want the best for BRH and the community. He is confident we can work out an agreement. Mr. Mertz agreed and stated we need to be respectful of closing this agreement in a reasonable amount of time.

Update on Land Acknowledgement – Mr. Geiger reported he and Ricardo Worl are working together to build the ad-hoc committee charged with gathering public comment on incorporating a land acknowledgement into our Board meetings and bringing a recommendation back to the Board for consideration. Erin Hardin is the BRH staff representative to assist the committee.

NEW BUSINESS

Charity Care Program – Mr. Tyk reported a synopsis of the Charity Care packet is included in tonight's packet. This program allows patients to receive medically necessary services at reduced or no charge if they meet eligibility requirements. He provided an overview of the requirements and the screening process to determine eligibility. Patients that don't qualify for a full write-off are asked to submit a payment plan for the remaining portion of their bill. This program does not cover services rendered and billable by an independent medical professional (radiologist, pathologist, ER physician, etc.) Applications are available in the Patient Financial Services (PFS) Department, via mail and on our website. All self-pay patients are offered this program during the admissions process and follow up by the Patient Financial Counselor. Dr. Jones reported that JEMA (Juneau Emergency Medical Associates) has mirrored BRH's Charity Care Program. If patients are eligible for charity care with BRH, they are eligible with JEMA. Ms. Johnston initiated conversation about eligibility of under insured patients. Under insured patients do not qualify for the program since patients that have insurance cannot apply for Medicaid. Applying for Medicaid is a requirement for the program. Mr. Tyk stated the current policy has been in place for quite some time and could be changed to help people in an under insured or other disqualifying situation. Mr. Keith reported that he and Mr. Tyk will review the policy and provide feedback to the Board. Mr. Johnson requests a consistent policy that ensures coverage for everyone in need of assistance. Ms. Knapp would like to know what the financial impact is going to be on revenue by expanding the charity care program.

Medical Respite - Mr. Tyk provided highlights from the Medical Respite Program write up included in the packet. This began as a pilot program in 2010 for indigent patients with contagious illnesses unable to congregate or return to shelters. Due to the success of the program, continued support funding of $5,000 per year was paid in equal parts by CBJ and BRH. In more recent years, prior to the pandemic, funding moved to the Juneau Community Foundation. The Juneau Coalition on Housing and Homelessness receives a large block grant each year that they divide between programs as the Coalition determines, medical respite had been receiving $5,000 per year. We have requested an increase amount this year due to the significant increase in need and less involvement by the initial program partners. We have been notified that we have $13,000 available to us through that fund with some additional rollover funds from FY22. We expect information about that amount in about a month. Respite needs increased in 2020 due to the pandemic and funds for the program were quickly depleted resulting in BRH and CBJ contributing additional funds and FEMA funding was secured to cover costs of quarantine and isolation. Federal funding ended on June 30, 2022. Rooms in the primary hotel used for medical respite have been booked since March of 2022 so all medical respite needs were met with other hotels and covered by BRH with reimbursement from CBJ. Due to the very limited number of rooms during the tourist season and Ironman competition, BRH reserved blocks of rooms at the Driftwood Hotel in anticipation of isolation needs through August 2022. If these patients had no place to go, they would wind up in BRH. The number of persons needing to quarantine will ebb and

flow but we do not expect to need to hold rooms through the winter months. BRH recently paid the Driftwood Hotel $24,000 for rooms reserved for medical respite, some had not been used. Efforts are in progress to define a more sustainable, long-term system beyond the previous program since we expect to have continued increase in utilization from what we had prior to the pandemic. Mr. Keith stated the concern is that there are no boundaries around this program and the cost have gone well beyond expectations. It's now an ethical dilemma to decide at what point we can't afford to continue doing this much of the program and how do we reprioritize. The reality is that CBJ and BRH has taken over a program that they can't really afford in the capacity it is being presented today. He and Mr. Tyk have a meeting scheduled with Robert Barr and others to discuss what we can and can't afford as well as boundaries of the program and the need to stick to them.

CEO Goals – Mr. Solomon-Gross provided an overview of the CEO goals included in tonight's packet. He worked with Mr. Keith, Mr. Hargrave, the Governance Committee, Mr. Geiger to develop these goals. They are in no particular order. Mr. Mertz suggested goal #3, *establish a formal board orientation process for new board members*, should be removed since there are bigger issues to address. Ms. Johnston agreed, it is important but doesn't need to be included in the goals. Mr. Geiger disagreed. Ms. Knapp highlighted the orientation process and suggested the Governance Committee review it and make recommendations. Ms. Petersen reported that she had researched and downloaded materials on board responsibilities and would be happy to share. Mr. Solomon-Gross feels it's an important and easily attainable goal to develop a robust onboarding process. Mr. Keith stated orientation is about strategic alignment of the organization; the alignment goes well beyond the organization. BRH is tied to CBJ with nuances that Board members may or may not understand and we are building operational tactics for a new strategic plan that most Board members are unaware of. Orientation goes well beyond who the contacts are and what the responsibility and accountabilities of the board members are. It's truly understanding the goals, objectives, strategies and priorities of the organization and how we work in a model so tightly in alignment with the city. Regardless of whether this goal is included in the goals or not, we are working on it. Ms. Hale expressed appreciation for what Mr. Keith said. BRH is the most complex organization in the city and its Board has incredible responsibility; financial responsibility to the city and for the health and welfare of the people in the community. The Board should be aware of what keeps the CEO up at night. She agrees with Mr. Keith regarding understanding strategies and strategy alignment. Mr. Keith stated items listed in his management report are topics that are important to him and Senior Leadership. They are parts of bigger issues, easy to measure and quantify and some fit into the set goals. The goals were identified with Mr. Keith's input. ***MOTION by Mr. Geiger on behalf of the Governance Committee to approve the CEO goals as presented. There being no further discussion or objection, MOTION approved.***

MEDICAL STAFF REPORT – Dr. Roth thanked Board members for serving on the board. He then reported the following: Recent articles in the New York Times about hospital charity care programs might be of interest to the Board. It was status quo at the September 6th Medical Staff meeting. Medical staff is aware that SLT is working on it but they have concerns about radiology and orthopedic services coverage. There are also concerns about Hospice and Home Health services. Without them, people have to stay in the hospital because there is no place to send them. He encourages BRH and CBJ to help in any way possible so these services can continue. He observed that Wildflower Court has shut down one wing of their facility and encourages BRH to work with them to help move patients out of the hospital. He reported Medical Staff is not supportive of the hospital's plan to put in an outpatient pharmacy as part of the ER expansion project. Mr. Keith reported he has had conversations with Wildflower Court leaders and will provide more information during his report. In response to Ms. Petersen, Dr. Roth reported the opposition to an outpatient pharmacy is that it would be in direct competition with local pharmacies in the community. Dr. Jones reported ER physicians support an outpatient pharmacy to avoid complications from patients not being able to get prescriptions filled after pharmacy hours or having to go pick up prescriptions when they have a contagious illness. Mr. Keith requested further dialog, particularly about why an outpatient pharmacy would be perceived as competition. Dr. Roth explained BRH's plan was to open the outpatient pharmacy to CBJ employees,

not just ER patients needing medication. This would be direct competition with local pharmacies and would be burning bridges in the community, not building them. There are ways to make an outpatient pharmacy work, but not the way it was presented. An outpatient pharmacy at BRH would hurt Ron's Apothecary and Juneau Drug much more than it would one of the box store pharmacies. Mr. Mertz stated that he's sensitive to competition and feels that BRH should be doing things to nurture business such as Ron's and Juneau Drug. He also thinks it's worth evaluating the impact that an outpatient pharmacy would have. In response to Ms. Knapp, Dr. Jones reported there are lots of concerns about patients not being able to get prescriptions filled when they leave the ER. They are sent home with enough medication to get them through until they can get to a pharmacy in a reasonable amount of time. Mr. Keith stated that everything we do in Juneau is a partnership. It's not a one size fits all and can't be one sided. There are plenty of opportunities that would work to meet the needs of our community.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 7:02pm and resumed at 7:15pm.

COMMITTEE REPORTS:

Planning Committee – Ms. Knapp reported minutes from the September 2nd meeting in the packet. Many of the topics that were discussed are covered in Mr. Keith's report. The next meeting will be held on October 7th.

Finance Committee – Ms. Johnston reported the minutes from the September 9th meeting accurately reflect the discussions from the meeting. Financials were reviewed and the Charity Care Program and its policy discussed.

MANAGEMENT REPORTS:

CEO Report – Mr. Keith explained the format of his report. Over time, these reports will be modified. He provided an overview of his 100-day plan. These high priority items will not be completed in 100 days but work will begin within 100 days. Cost management - BRH has lost over $1 Million each month for the last three months. Mitigation plans are being put into place immediately. Recruitment and retention - he has challenged staff to be more creative in their efforts to be successful in this area. Organizational structure - under review and changes will be coming. Physician alignment - We need to make the hospital easier for physicians to work in by addressing concerns such as Meditech, the OR and broken processes. Master Facility Plan – make sure our plans are still current, doable and affordable. Behavioral health enterprise – quantify the impact of our behavioral health enterprise and mitigate any potential losses. Patient throughput – be more creative in how we move patients through and out of the hospital. He reported the radiology services agreement is in Dr. Strickler's hands. There have been many concessions made to try to keep the local radiology service provider and it's up to Dr. Strickler to determine if he can meet the hospital's expectations or not. He has informed Catholic Community Services (CCS) that BRH will take over Hospice and Home Healthcare (HHHC) services. We need to do this as part of the continuum of care, part of the solution to our inpatient problem and more importantly, it's so critical to the community we can't bear to lose it. We are going through the due diligence process but CCS needs to tell us when they are ready to hand it over so we can start making long term plans. Wildflower Court (WFC) will have a new interim administrator in October. Mr. Keith will meet with him to discuss how BRH might be able to take over responsibility of WFC as well. He reported that Mr. Norton is here to help BRH become a fully integrated Meditech Expanse institution by guiding us and working with clinicians to make Meditech Expanse become a useful tool and not an irritant. CFO recruitment is an ongoing issue. We have had some good candidates that have opted to not take the position and other candidates that are not qualified. We are going to evaluate our process, including the salary range. It's important to be respectful of Mr. Tyk's time as the interim CFO but we need someone with the competency the Board and Mr. Keith expects. Other projects in the works: Working on updating our website and strengthening our brand in the community and across the state. A team is in and place working on developing a stronger alignment of all onboarding orientations for physicians, staff, leadership and the board. Work is being done to improve employee recognition to the community and community recognition to the employees. Looking at telehealth services and evaluating our capability, not only as a buyer of telehealth but also as a seller or provider of telehealth. The New Service Line Committee will be very busy looking at new and existing services and how we can bring more robust volume and revenues to the organization to help support things we don't get revenues for. The Assembly approved the design funding for the ED expansion project at last night's meeting. The application for the Certificate of Need (CON) will be filed tomorrow morning for the ED expansion project. Mr. Keith is committed to being more confident in our processes in the future.

Mr. Geiger stated he likes this style of communication and asked Mr. Keith what he envisions for HHHC. Mr. Keith does not want to see HHHC shut down, he wants it to be turned over to BRH. BRH will figure out how to make it work. It's too important for the community to lose and as far as continuum of care, it best aligns itself with the hospital. In response to Ms. Knapp's question about cost recovery, he reported that break-even would be the worst case scenario, making a profit would be the best. In response to Mr. Mertz's question about telehealth proposals, Mr. Rumsey explained that proposals we receive are often to expand telehealth services we are already receiving through partnerships. Ms. Petersen explained what eICU telehealth services provides. Mr. Solomon-Gross expressed appreciation for the transparency in Mr. Keith's report. Mr. Keith stated that some of these actions are going to result in reactions from physicians, staff and the community. He requested that all questions be directed to him so he is given the chance to create mutual understandings.

CFO Report - Mr. Tyk reported that a message was added to all self-pay accounts on September 20th. If they pay their balance in the next 45 days, they will get a 30% discount. As of this morning, we have received $25,000 in cash towards these accounts. We have finalized the RFP to outsource self-pay collections. A vendor was selected today and the negotiations with the winning bidder will begin soon. Mr. Geiger requests that when statistics are presented, such as the case mix index, some sort of analysis is also provided so he knows why he's looking at the statistics. Mr. Keith has requested that Mr. Tyk star in a promotional video to be posted on social media to help CFO recruitment efforts. In response to Mr. Mertz's question about how the day to day functions are going in the short staffed accounting department, Mr. Tyk reported it has been rough. They are treading water but the things that need to get done are getting done.

HR Report – Ms. Carte reported we continue to interview the most qualified candidates for the CFO position and are working with recruitment agencies to help find candidates. We continue to make progress on our market wage analysis, an RFP was completed, a vendor selected and a contract is being negotiated. Working on recruitment and retention efforts with a focus on engaging high school and college students. BRH staff attended the UAS campus career kickoff on September 2nd and made some connections. They will attend career fares at both local high schools in October and the UAF and UAA career fares in November. Work continues with Erin Hardin to develop some strategies for recruitment via our social media campaign. Looking at options to hire foreign workers for hard to fill positions. The two firms we have engaged with for recruiting foreign applicants are targeting applicants from the Philippines. Our team is working with the local Filipino community to solicit support and help identify potential candidates. Progress is being made on the onboarding initiative with another meeting scheduled to take place tomorrow to do some process mapping. Mr. Hargrave and Mr. Rumsey met with CBJ planners to begin the process of identifying opportunities to improve housing availability in a way that would benefit BRH and the community. Housing, real or perceived, is often a noted barrier from candidates that we offer positions to. Housing is either unavailable or too expensive. Looking at the leadership reporting structure, working to strategize it to make sure lines of communication and accountability to the organization makes sense. Mr. Solomon-Gross thanked Ms. Carte for the updates.

CCO Report – No questions or comments.

CBHO Report – Ms. Dompeling highlighted the crisis stabilization and observation service lines as topics that keep her awake at night. The building is moving along and we are doing everything we can to keep costs down. We are working with Agnew : Beck to get a good understanding of the service lines and what type of revenues we will see to offset costs of the program. Salary and wages information has been provided to them for use in a proformas. We will look at proposed initial staffing ideas to determine the best model. BRH is the farthest along in crisis stabilization services in Alaska but other organizations in the state are farther along in crisis observation. A large number of people from BRH, CBJ, JHAMI, JPD and CCFR will go on a site visit in Arizona next week to see the Crisis Now model first hand. This model is a community effort with a lot of stakeholder engagement and support to ensure our community needs are met. She expressed concern that in the future, this will become Bartlett's responsibility like the medical respite program. A program manager for these service lines has been hired. He starts on October 2nd and will go on the site visit in Arizona. He will be a big help in getting policies in place and recruitment. Behavioral health providers gathered at the Alaska Hospital and Healthcare Association (AHHA) conference last week and discussed various issues. AHHA and the Alaska Behavioral Health Association (ABHA) are very interested in helping to advocate for behavioral health organizations throughout the state for higher Medicaid reimbursement rates for behavioral health services. Mr. Johnson has been a strong advocate for behavioral health services during his time on the board. He noted that Medicaid increased reimbursement rates for these services a few years ago and wonders if they will do it again. Ms. Dompeling is optimistic that they will; if the state does not recognize that without appropriate reimbursement for services being provided, the state will have fewer and fewer providers moving forward. She acknowledged that there are a large number of adolescents in the state in need of

involuntary, in patient services. Mr. Johnson encourages pursuing adolescent involuntary, in-patient services. In response to Ms. Petersen, Ms. Dompeling reported we are going to have 4 beds for voluntary crisis stabilization of adolescents. We do not have the projected financials of the program yet, Agnew : Beck is working on it and we should have them within a couple of months. Mr. Solomon-Gross stated this topic is to be put on the agenda for the next Planning Committee meeting. Ms. Johnston would like the financial projections discussed at the Finance Committee meeting as well.

Legal Report – Ms. Nault reported since the last meeting, her office has worked with directors and SLT on the following: Applied Behavioral Health Analyst services agreement. Notices to terminate the 340B contract pharmacy agreements. Consult with CBJ Law regarding guardianship services. Existing lease agreements in the Family Practice building. Ophthalmology and Radiology services agreements. Question regarding EMTALA (Emergency Medical Treatment and Active Labor Act). Market wage analysis. Matters related to the ongoing discussion regarding CCS services.
Mr. Palmer reported the Assembly approved an alternative procurement ordinance for the ED expansion project. This is only the second time they have approved one. He suggests the Board pay attention to this project and provide regular updates to the Assembly on the success or opportunities for this process. He stated he is grateful the new CEO has come on board with a positive influence on conversations. Staff has been very supportive of the projects BRH is doing.

CBJ LIAISON REPORT – Ms. Hale thanked Mr. Palmer for the work on approving the ordinance. She also thanked Mr. Keith and staff for ensuring the Assembly was approving the right amount of funding pending the CON for the ED expansion project. This will be Ms. Hale's last meeting; she will not be the BRH liaison next year. She expressed her appreciation to the board for hiring Mr. Keith. He will be very good for BRH and for the Board. She reported the 3 Assembly members are running unopposed. It will be nice that the Assembly will be able to move beyond Covid and focus on getting things done; the highest priority is housing. The Assembly is off for one month due to elections. There should be a new Liaison at the October Board meeting. She expressed her appreciation for BRH taking over the HHHC services. Dr. Jones disagreed with Ms. Hale about the Assembly wasting their time on Covid, he stated they crushed it. She will pass this sentiment on to the Assembly. Mr. Solomon-Gross thanked Ms. Hale for being our liaison for the last 4 years and being our conduit to the Assembly.

PRESIDENT REPORT – Mr. Solomon-Gross reported the Governance training in Colorado Springs was a little different than it had been in the past. They really focused on taking care of the needs of our customers. (He compared this conference with movie theater conferences.) The importance of training was stressed during the conference. Training will be provided in the next couple of months on the responsibility of the Board when it comes to credentialing providers. The importance of transparency was also discussed. He reported that his weekly meetings with the CEO will now include one board member in attendance. He and Mr. Geiger met with Mr. Hargrave to discuss CEO and Board evaluations. Staff will be asked to provide input as the evaluation tool used last year was not very useful. He is working with Mr. Keith to have staff provide presentations about concepts and new service lines.

BOARD CALENDAR – October calendar reviewed. Finance Committee meeting moved to 12:00pm, Friday, October 21st. Quality Committee will meet at 1:00pm, Monday, October 24th. No other changes.

BOARD COMMENTS AND QUESTIONS – Mr. Solomon-Gross wants the Board and CEO evaluation done by the end of the year to allow Mr. Johnson's input before he terms out on the Board. Ms. McDowell will provide an in depth OR update at the next meeting.

MOTION by Mr. Johnston to extend the meeting for an additional 30 minutes. Mr. Geiger seconded. There being no objections, MOTION approved.

Mr. Solomon-Gross called for a short break. The meeting recessed at 8:34pm and resumed at 8:40pm.

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

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

  And

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

  And

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

***Mr. Johnson* seconded.** Mr. Solomon-Gross reminded attendees that all information to be discussed in executive session is confidential. Attendees are to ensure there are no unauthorized people in the room with them or able to hear the conversations.

The Board entered executive session at 8:40 p.m. and returned to regular session at 8:55 p.m.

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

ADJOURNMENT: 8:56 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, October 25, 2022

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

Overview

August showed some significant improvements over the past three months. Increases in a number of the hospital volumes helped to drive up Gross Patient Revenue, hitting $20 million for the first time in over twelve months. Deductions from Revenue are back in line with April and earlier this year. Operating expenses increased some but in the end Net Income/Loss decreased to a loss of ($311,409) for the month. Compared to the greater than $1.0 million in the past few months.

Income Statement

Patient revenue on the inpatient side was basically flat compared to the past months. Outpatient revenue on the other hand increased by almost $2 million dollars compared to any month in the past twelve months. This is a 17.2 % increase in outpatient patient revenue compared to the month of July. Total outpatient volumes increased by 10.7%. The difference is the result of the variances in the prices associated with the various outpatient tests.

Deductions from revenue decreased back to a level more consistent with April and before. The largest decrease was in the bad debt expense number. As was mentioned in prior months, once we began releasing the held AR (held because of the NDC issue) this calculated number would be reduced.

Other operating revenue decreased In August as we trued up the PERS on-behalf payment. We book monthly estimates and then true-up when we get the statement. July's estimate was too high, so the adjustment was made in August.

Salaries, wages and benefits increased as a pure dollar amount but decreased to only 69.8% of total operating revenue. Contract labor continues to be a high dollar amount even though we continue to recruit for permanent staff.

Medical professional fees increased as a result of two large invoices from our previous Sleep Lab provider being entered in August (a catch-up) and additional outsourced laboratory fees from LabCorp.
Physician contracts increased as a result of locum providers for BOPS; a quarterly bonus payment to Dr. Miller and a payment to Virginia Mason Medical Center related to Oncology charges.
Materials and supplies increased mainly as a result of an inventory adjustment for Pharmacy in the amount of $333,378. This is the physical inventory completed at the end of June.
The end result was a net Loss of ($311,409) for the month.

Balance Sheet

The largest change in the Balance Sheet in August was in Other Receivables. Grants Receivables received $238,000 in August. The credit is due to the Grant activity not yet being processed.

Dashboards/Financial Indicators

Volumes varied in the month of August when compared to July. Inpatient Acute Days decreased slightly from an ADC of 20.3 to an ADC of 20.0. Births, OB days and Nursery days all decreased as well. The volumes on the Mental Health Unit increased nicely as did RRC. As an aside, we have opened the RRC to be able to uses all 12 beds. This was a change related to COVID precautions. As was mentioned earlier, outpatient volumes increased nicely lead by Surgery, Laboratory and Diagnostic Imaging. All these increases drove the large increase in outpatient revenue.
The CMI for all three indicators rose nicely when compared to July; Medicare went from 1.39 to 1.58 and Medicaid went from 1.12 to 1.30. This increase speaks to the complexity of the patient mix and it drives our reimbursement higher. The greater the CMI the more BRH gets reimbursed.

Conclusion

Definite improvements this month across the board…revenue, deductions and expenses. We have not hit a positive bottom line but a million dollar improvement is very positive.

Respectfully submitted

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

MONTH ACTUAL	MONTH BUDGET	MO $ VAR	MTD % VAR	PR YR MO			YTD ACTUAL	YTD BUDGET	YTD $ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
						Gross Patient Revenue:						
$4,027,710	$5,447,262	-$1,419,552	-26.1%	$3,831,558	1.	Inpatient Revenue	$8,243,398	$10,480,067	-$2,236,669	-21.3%	$7,893,064	4.4%
$1,099,216	$1,423,538	-$324,323	-22.8%	$1,169,065	2.	Inpatient Ancillary Revenue	$2,239,531	$2,738,753	-$499,222	-18.2%	$2,257,173	-0.8%
$5,126,926	$6,870,800	-$1,743,875	-25.4%	$5,000,623	3.	Total Inpatient Revenue	$10,482,929	$13,218,820	-$2,735,891	-20.7%	$10,150,237	3.3%
$13,314,095	$12,654,339	$659,756	5.2%	$11,142,418	4.	Outpatient Revenue	$24,674,330	$24,345,851	$328,479	1.3%	$22,096,816	11.7%
$18,441,021	$19,525,139	-$1,084,119	-5.6%	$16,143,041	5.	Total Patient Revenue - Hospital	$35,157,259	$37,564,671	-$2,407,412	-6.4%	$32,247,053	9.0%
$218,659	$284,472	-$65,813	-23.1%	$300,261	6.	RRC Patient Revenue	$401,544	$547,294	-$145,750	-26.6%	$577,425	-30.5%
$196,611	$534,480	-$337,869	-63.2%	$355,268	7.	BHOPS Patient Revenue	$396,070	$1,028,298	-$632,228	-61.5%	$734,504	-46.1%
$1,295,030	$1,301,016	-$5,986	-0.5%	$1,182,691	8.	Physician Revenue	$2,500,306	$2,503,043	-$2,737	-0.1%	$2,069,896	20.8%
$20,151,321	$21,645,107	-$1,493,787	-6.9%	$17,981,261	9.	Total Gross Patient Revenue	$38,455,179	$41,643,306	-$3,188,127	-7.7%	$35,628,878	7.9%
						Deductions from Revenue:						
$2,874,182	$3,321,214	$447,032	13.5%	$2,799,714	10.	Inpatient Contractual Allowance	$6,062,388	$6,416,357	$353,970	5.5%	$5,418,022	11.9%
-$350,000	-$350,000	$0		-$308,333	10a.	Rural Demonstration Project	-$700,000	-$700,000	$0		-$308,333	
$5,287,432	$5,043,953	-$243,479	-4.8%	$4,163,123	11.	Outpatient Contractual Allowance	$10,056,148	$9,704,133	-$352,015	-3.6%	$7,372,176	36.4%
$792,835	$639,672	-$153,163	-23.9%	$627,808	12.	Physician Service Contractual Allowance	$1,512,410	$1,230,674	-$281,736	-22.9%	$1,160,041	30.4%
$23,107	$27,579	$4,472	16.2%	$22,266	13.	Other Deductions	$48,349	$53,059	$4,710	8.9%	$49,755	0.0%
$16,786	$131,459	$114,673	87.2%	$73,565	14.	Charity Care	$81,627	$252,916	$171,289	67.7%	$142,489	-42.7%
$121,762	$321,678	$199,916	62.1%	$596,260	15.	Bad Debt Expense	$888,618	$618,881	-$269,737	-43.6%	$1,090,505	-18.5%
$8,766,104	$9,135,555	$369,451	4.0%	$7,974,403	16.	Total Deductions from Revenue	$17,949,540	$17,576,020	-$373,519	-2.1%	$14,924,655	20.3%
42.7%	*41.6%*			*42.2%*		*% Contractual Allowances / Total Gross Patient Revenue*	*44.0%*	*41.7%*			*38.3%*	
0.7%	*2.1%*			*3.7%*		*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*2.5%*	*2.1%*			*3.5%*	
43.5%	*42.2%*			*44.3%*		*% Total Deductions / Total Gross Patient Revenue*	*46.7%*	*42.2%*			*41.9%*	
$11,385,217	$12,509,552	-$1,124,336	-9.0%	$10,006,858	17.	Net Patient Revenue	$20,505,639	$24,067,286	-$3,561,646	-14.8%	$20,704,223	-1.0%
$35,967	$385,030	-$349,063	-90.7%	$364,698	18.	Other Operating Revenue	$401,237	$770,064	-$368,827	-47.9%	$749,434	-46.5%
$11,421,184	$12,894,582	-$1,473,398	-11.4%	$10,371,556	19.	Total Operating Revenue	$20,906,876	$24,837,350	-$3,930,473	-15.8%	$21,453,657	-2.5%
						Expenses:						
$4,638,771	$4,919,521	$280,750	5.7%	$4,350,677	20.	Salaries & Wages	$9,039,136	$9,839,049	$799,914	8.1%	$8,638,118	4.6%
$363,200	$441,172	$77,972	17.7%	$349,470	21.	Physician Wages	$630,748	$882,346	$251,598	28.5%	$689,517	-8.5%
$896,896	$79,320	-$817,576	-1030.7%	$146,297	22.	Contract Labor	$1,530,571	$158,645	-$1,371,926	-864.8%	$406,383	276.6%
$2,078,228	$2,634,597	$556,369	21.1%	$2,363,594	23.	Employee Benefits	$4,452,311	$5,269,189	$816,878	15.5%	$4,755,384	-6.4%
$7,977,095	$8,074,610	$97,515	1.2%	$7,210,038			$15,652,766	$16,149,229	$496,464	3.1%	$14,489,402	8.0%
69.8%	62.6%			69.5%		% Salaries and Benefits / Total Operating Revenue	74.9%	65.0%			67.5%	
$95,316	$74,615	-$20,701	-27.7%	$89,756	24.	Medical Professional Fees	$134,029	$149,231	$15,202	10.2%	$137,368	-2.4%
$399,851	$406,220	$6,369	1.6%	$463,251	25.	Physician Contracts	$726,672	$812,441	$85,769	10.6%	$834,217	-12.9%
$223,427	$224,544	$1,117	0.5%	$199,537	26.	Non-Medical Professional Fees	$444,709	$449,086	$4,377	1.0%	$314,931	41.2%
$1,507,512	$1,341,113	-$166,399	-12.4%	$1,541,901	27.	Materials & Supplies	$2,812,730	$2,682,196	-$130,534	-4.9%	$3,120,445	-9.9%
$140,725	$149,546	$8,821	5.9%	$105,215	28.	Utilities	$262,418	$299,096	$36,678	12.3%	$231,732	13.2%
$536,097	$420,977	-$115,120	-27.3%	$361,725	29.	Maintenance & Repairs	$962,443	$841,955	-$120,488	-14.3%	$783,742	22.8%
$75,688	$67,007	-$8,681	-13.0%	$43,326	30.	Rentals & Leases	$162,338	$134,013	-$28,325	-21.1%	$95,256	70.4%
$78,806	$80,116	$1,310	1.6%	$68,839	31.	Insurance	$153,688	$160,230	$6,542	4.1%	$150,163	2.3%
$589,009	$667,574	$78,565	11.8%	$607,718	32.	Depreciation & Amortization	$1,183,388	$1,335,145	$151,757	11.4%	$1,217,767	-2.8%
$32,919	$112,179	$79,260	70.7%	$49,154	33.	Interest Expense	$184,951	$224,358	$39,407	17.6%	$98,512	87.7%
$148,396	$149,152	$756	0.5%	$129,278	34.	Other Operating Expenses	$242,079	$298,280	$56,201	18.8%	$255,889	-5.4%
$11,804,841	$11,767,653	-$37,188	-0.3%	$10,869,738	35.	Total Expenses	$22,922,211	$23,535,260	$613,050	2.6%	$21,729,424	-5.5%
-$383,657	$1,126,929	-$1,510,586	-134.0%	-$498,182	36.	Income (Loss) from Operations	-$2,015,335	$1,302,090	-$3,317,425	-254.8%	-$275,767	630.8%
						Non-Operating Revenue						
$1,332	$45,124	-$43,792	-97.0%	$104,340	37.	Interest Income	$3,320	$90,248	-$86,928	-96.3%	$204,718	-98.4%
$70,916	$63,353	$7,563	11.9%	$63,838	38.	Other Non-Operating Income	$132,774	$126,704	$6,070	4.8%	$196,582	-32.5%
$72,248	$108,477	-$36,229	-33.4%	$168,178	39.	Total Non-Operating Revenue	$136,094	$216,952	-$80,858	-37.3%	$401,300	-66.1%
-$311,409	$1,235,406	-$1,546,815	-125.2%	-$330,004	40.	Net Income (Loss)	-$1,879,241	$1,519,042	-$3,398,283	-223.7%	$125,533	1597.0%
-3.36%	8.74%			-4.80%		Income from Operations Margin	-9.64%	5.24%			-1.29%	
-2.73%	9.58%			-3.18%		Net Income	-8.99%	6.12%			0.59%	

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

	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22
Gross Patient Revenue:													
1. Inpatient Revenue	$3,831,558	$4,824,972	$4,387,111	$3,192,673	$3,672,150	$4,412,846	$3,829,268	$3,872,858	$3,587,976	$3,929,079	$3,968,043	$4,215,688	$4,027,710
2. Inpatient Ancillary Revenue	$1,169,065	$1,337,900	$1,212,281	$950,044	$1,073,788	$1,160,613	$981,373	$1,081,410	$1,096,773	$928,481	$1,049,117	$1,140,316	$1,099,216
3. Total Inpatient Revenue	$5,000,623	$6,162,872	$5,599,392	$4,142,717	$4,745,938	$5,573,459	$4,810,641	$4,954,268	$4,684,749	$4,857,560	$5,017,160	$5,356,004	$5,126,926
4. Outpatient Revenue	$11,142,418	$10,874,045	$11,722,594	$9,976,299	$11,143,687	$10,491,837	$10,234,016	$11,452,789	$11,222,953	$11,601,673	$11,242,830	$11,360,235	$13,314,095
5. Total Patient Revenue - Hospital	$16,143,041	$17,036,917	$17,321,986	$14,119,016	$15,889,625	$16,065,296	$15,044,657	$16,407,057	$15,907,702	$16,459,233	$16,259,990	$16,716,239	$18,441,021
6. RRC Patient Revenue	$300,261	$277,183	$227,844	$166,861	$252,501	$190,248	$243,856	$211,413	$208,848	$249,944	$196,884	$182,885	$218,659
7. BHOPS Patient Revenue	$355,268	$434,612	$387,400	$413,225	$574,433	$406,510	$391,780	$624,646	$390,417	$456,653	$529,944	$199,460	$196,611
8. Physician Revenue	$1,182,691	$856,222	$1,142,756	$827,856	$854,494	$775,989	$898,164	$897,198	$1,060,736	$1,076,229	$862,360	$1,205,276	$1,295,030
9. Total Gross Patient Revenue	$17,981,261	$18,604,934	$19,079,986	$15,526,958	$17,571,053	$17,438,043	$16,578,457	$18,140,314	$17,567,703	$18,242,059	$17,849,178	$18,303,860	$20,151,321
Deductions from Revenue:													
10. Inpatient Contractual Allowance	$2,716,381	$3,185,293	$2,260,163	$2,917,302	$2,807,374	$3,082,649	$2,671,339	$2,791,603	$2,490,383	$2,972,366	$3,105,403	$3,188,205	$2,874,182
10a. Rural Demonstration Project	-$225,000	-$225,000	-$725,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000	-$350,000
11. Outpatient Contractual Allowance	$4,163,123	$4,822,166	$5,351,541	$4,414,193	$4,173,471	$4,207,232	$4,270,949	$4,780,143	$4,827,998	$4,860,343	$5,284,968	$4,768,716	$5,287,432
12. Physician Service Contractual Allowance	$627,808	$544,518	$586,628	$547,175	$475,883	$452,923	$494,154	$515,089	$576,784	$781,557	$407,030	$719,575	$792,835
13. Other Deductions	$22,266	$26,208	$21,883	$23,902	$21,140	$20,316	$22,490	$20,832	$25,302	$27,821	$27,703	$25,242	$23,107
14. Charity Care	$73,565	$188,462	$87,947	$216,604	$45,611	$132,111	$30,914	$86,009	$114,562	$143,248	$56,435	$64,841	$16,786
15. Bad Debt Expense	$596,260	$296,308	$467,961	$23,326	$1,011,727	$281,765	$9,964	$198,141	$493,288	$725,275	-$344,442	$766,855	$121,762
16. Total Deductions from Revenue	$7,974,403	$8,837,955	$8,051,123	$7,792,502	$8,185,206	$7,826,996	$7,149,810	$8,041,817	$8,178,317	$9,160,610	$8,187,097	$9,183,434	$8,766,104
% Contractual Allowances / Total Gross Patient Revenue	*40.5%*	*44.8%*	*39.2%*	*48.5%*	*40.4%*	*42.4%*	*42.7%*	*42.6%*	*42.9%*	*45.3%*	*47.3%*	*45.5%*	*42.7%*
% Bad Debt & Charity Care / Total Gross Patient Revenue	*3.7%*	*2.6%*	*2.9%*	*1.5%*	*6.0%*	*2.4%*	*0.2%*	*1.6%*	*3.5%*	*4.8%*	*-1.6%*	*4.5%*	*0.7%*
% Total Deductions / Total Gross Patient Revenue	*44.3%*	*47.5%*	*42.2%*	*50.2%*	*46.6%*	*44.9%*	*43.1%*	*44.3%*	*46.6%*	*50.2%*	*45.9%*	*50.2%*	*43.5%*
17. Net Patient Revenue	$10,006,858	$9,766,979	$11,028,863	$7,734,456	$9,385,847	$9,611,047	$9,428,647	$10,098,497	$9,389,386	$9,081,449	$9,662,081	$9,120,426	$11,385,217
18. Other Operating Revenue	$364,698	$816,211	$550,548	$2,170,951	$3,342,074	$353,598	$351,197	$1,068,226	$888,429	$365,743	$430,405	$365,270	$35,967
19. Total Operating Revenue	$10,371,556	$10,583,190	$11,579,411	$9,905,407	$12,727,921	$9,964,645	$9,779,844	$11,166,723	$10,277,815	$9,447,192	$10,092,486	$9,485,696	$11,421,184
Expenses:													
20. Salaries & Wages	$4,350,677	$4,217,486	$4,596,066	$4,184,946	$4,448,979	$4,187,133	$4,172,073	$4,501,362	$4,317,359	$4,357,166	$4,497,152	$4,400,364	$4,638,771
21. Physician Wages	$349,470	$401,311	$349,004	$347,759	$235,235	$310,416	$329,545	$273,221	$444,317	$422,325	$260,633	$267,548	$363,200
22. Contract Labor	$146,297	$180,317	$183,959	$141,874	$116,802	$131,180	$209,851	$259,925	$199,136	$789,120	$820,571	$633,674	$896,896
23. Employee Benefits	$2,363,594	$2,351,367	$2,603,560	$2,371,632	$2,384,712	$2,390,367	$2,192,232	$2,502,779	$2,527,370	$2,427,959	$2,434,120	$2,374,084	$2,078,228
	$7,210,038	$7,150,481	$7,732,589	$7,046,211	$7,185,728	$7,019,096	$6,903,701	$7,537,287	$7,488,182	$7,996,570	$8,012,476	$7,675,670	$7,977,095
% Salaries and Benefits / Total Operating Revenue	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%	84.6%	79.4%	80.9%	69.8%
24. Medical Professional Fees	$89,756	$85,053	$43,133	$40,688	$50,370	$103,234	$165,961	$41,788	$54,167	$63,462	$48,386	$38,713	$95,316
25. Physician Contracts	$463,251	$251,085	$316,585	$416,828	$326,380	$390,072	$322,387	$325,313	$249,694	$412,311	$514,752	$326,821	$399,851
26. Non-Medical Professional Fees	$199,537	$153,952	$231,198	$199,503	$194,816	$251,322	$203,518	$211,847	$181,852	$209,768	$246,454	$221,282	$223,427
27. Materials & Supplies	$1,541,901	$1,526,388	$1,442,389	$1,241,206	$1,553,150	$1,344,539	$1,354,348	$1,346,888	$1,281,281	$1,435,271	$1,331,112	$1,305,218	$1,507,512
28. Utilities	$105,215	$100,105	$145,196	$126,857	$157,087	$253,444	$199,502	$187,642	$117,421	$214,545	$98,852	$121,693	$140,725
29. Maintenance & Repairs	$361,725	$559,794	$583,950	$318,644	$456,037	$434,349	$440,614	$448,823	$468,289	$521,697	$435,114	$426,346	$536,097
30. Rentals & Leases	$43,326	$47,645	$56,231	$76,991	$97,199	$48,761	$60,069	$84,113	$64,215	$77,726	$51,336	$86,650	$75,688
31. Insurance	$68,839	$72,913	$61,900	$66,224	$60,796	$65,724	$120,075	$102,592	$70,720	$67,712	$66,848	$74,882	$78,806
32. Depreciation & Amortization	$607,718	$642,412	$641,278	$640,504	$640,537	$645,931	$600,353	$606,903	$598,119	$585,394	$584,119	$594,379	$589,009
33. Interest Expense	$49,154	$49,154	$49,154	$49,761	-$241,751	$34,580	$32,973	$32,973	$32,973	$32,973	$32,973	$32,973	$32,919
34. Other Operating Expenses	$129,278	$110,601	$120,834	$171,096	$119,674	$119,261	$186,388	$125,175	$97,288	$191,849	$127,071	$93,683	$148,396
35. Total Expenses	$10,869,738	$10,749,583	$11,424,437	$10,394,513	$10,600,023	$10,710,313	$10,589,889	$11,051,344	$10,704,201	$11,809,278	$11,549,493	$10,998,310	$11,804,841
36. Income (Loss) from Operations	-$498,182	-$166,393	$154,974	-$489,106	$2,127,898	-$745,668	-$810,045	$115,379	-$426,386	-$2,362,086	-$1,457,007	-$1,512,614	-$383,657
Non-Operating Revenue													
37. Interest Income	$104,340	$100,903	$103,116	$102,277	$102,195	$100,015	$102,268	$2,698	$600	$835	$733	$1,988	$1,332
38. Other Non-Operating Income	$63,838	$65,029	$272,136	$62,201	$61,340	$62,183	$59,617	$61,897	$57,400	$64,348	$64,269	$61,858	$70,916
39. Total Non-Operating Revenue	$168,178	$165,932	$375,252	$164,478	$163,535	$162,198	$161,885	$64,595	$58,000	$65,183	$65,002	$63,846	$72,248
40. Net Income (Loss)	-$330,004	-$461	$530,226	-$324,628	$2,291,433	-$583,470	-$648,160	$179,974	-$368,386	-$2,296,903	-$1,392,005	-$1,448,768	-$311,409

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
August 31, 2022

	August-22	July-22	August-21	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	20,962,221	19,961,738	18,249,832	2,712,389
2. Board designated cash	28,004,896	27,452,982	33,137,952	(5,133,056)
3. Patient accounts receivable, net	20,751,228	21,572,310	16,890,263	3,860,965
4. Other receivables	(79,787)	178,507	1,857,907	(1,937,695)
5. Inventories	3,435,392	3,399,741	3,367,771	67,621
6. Prepaid Expenses	3,623,126	3,371,478	2,809,614	813,512
7. Other assets	31,936	32,938	30,377	1,561
8. Total current assets	76,729,012	75,969,694	76,343,716	385,297
Appropriated Cash:				
9. CIP Appropriated Funding	29,046,423	29,046,423	19,481,653	9,564,770
Property, plant & equipment				
10. Land, bldgs & equipment	153,345,547	153,308,451	149,897,827	3,447,719
11. Construction in progress	20,119,756	20,000,385	10,780,518	9,339,238
12. Total property & equipment	173,465,303	173,308,836	160,678,345	12,786,957
13. Less: accumulated depreciation	(109,992,994)	(109,403,986)	(102,791,929)	(7,201,066)
14. Net property and equipment	63,472,309	63,904,855	57,886,422	5,585,892
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,654,846	-
16. Total assets	181,902,590	181,575,814	166,366,633	15,535,959
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	3,872,037	3,322,640	1,435,323	2,436,714
18. Accrued employee benefits	4,650,681	4,650,759	5,197,548	(546,867)
19. Accounts payable and accrued expenses	5,873,081	4,909,551	3,461,923	2,411,157
20. Due to 3rd party payors	2,708,665	2,708,665	3,947,392	(1,238,727)
21. Deferred revenue	712,985	756,152	1,085,668	(372,683)
22. Interest payable	147,817	110,578	63,059	84,758
23. Note payable - current portion	1,490,000	1,490,000	910,000	580,000
24. Other payables	170,789	1,035,204	265,021	(94,232)
25. Total current liabilities	19,626,055	18,983,549	16,365,934	3,260,120
Long-term Liabilities:				
26. Bonds payable	34,545,000	34,545,000	17,350,000	17,195,000
27. Bonds payable - premium/discount	2,759,020	2,763,340	111,877	2,647,143
28. Net Pension Liability	62,063,897	62,063,897	62,063,897	-
29. Deferred In-Flows	4,884,297	4,884,297	4,884,297	-
30. Total long-term liabilities	104,252,214	104,256,534	84,410,071	19,842,143
31. Total liabilities	123,878,269	123,240,083	100,776,005	23,102,263
32. Fund Balance	58,024,321	58,335,731	65,590,626	(7,566,306)
33. Total liabilities and fund balance	181,902,590	181,575,814	166,366,633	15,535,959

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

	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22	May-22	June-22	July-22	August-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343	7,271,871	5,967,974	22,211,019	20,962,221
2. Board designated cash	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473	27,375,730	27,374,717	28,944,179	28,004,896
3. Patient accounts receivable, net	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612	18,180,691	18,966,587	20,620,575	20,751,228
4. Other receivables	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406	1,323,543	1,501,123	1,346,190	(79,787)
5. Inventories	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649	3,642,059	3,613,561	3,236,548	3,435,392
6. Prepaid Expenses	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501	1,893,949	1,717,382	3,371,478	3,623,126
7. Other assets	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937	31,937	32,937	32,939	31,936
8. Total current assets	75,481,097	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921	59,719,780	59,174,281	79,762,928	76,729,012
Appropriated Cash:													
9. CIP Appropriated Funding	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681	29,145,697	28,560,714	28,560,714	29,046,423
Property, plant & equipment													
10. Land, bldgs & equipment	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023	153,025,175	153,025,325	153,308,451	153,345,547
11. Construction in progress	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285	14,423,945	17,812,831	18,510,117	18,209,189	20,119,756
12. Total property & equipment	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968	170,838,006	171,535,442	171,517,640	173,465,303
13. Less: accumulated depreciation	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)	(108,329,760)	(108,913,879)	(109,403,986)	(109,992,994)
14. Net property and equipment	57,875,266	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602	62,508,246	62,621,563	62,113,654	63,472,309
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
16. Total assets	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075	2,580,462	2,849,971	3,322,640	3,872,037
18. Accrued employee benefits	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132	5,368,868	4,822,998	4,650,759	4,650,681
19. Accounts payable and accrued expenses	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105	3,390,582	4,609,541	4,030,238	5,873,081
20. Due to 3rd party payors	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813	2,706,739	2,708,665	2,708,665	2,708,665
21. Deferred revenue	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335	697,168	649,002	1,123,835	712,985
22. Interest payable	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892	165,131	105,323	16,175	147,817
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,030,000	1,490,000
24. Other payables	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354	458,446	1,000	83,469	170,789
25. Total current liabilities	14,474,039	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706	16,397,396	16,776,500	16,965,781	19,626,055
Long-term Liabilities:													
26. Bonds payable	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	16,230,000	35,005,000	34,545,000
27. Bonds payable - premium/discount	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979	82,713	78,446	2,796,398	2,759,020
28. Net Pension Liability	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
30. Total long-term liabilities	86,648,938	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173	83,260,907	83,256,640	104,749,592	104,252,214
31. Total liabilities	101,122,977	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879	99,658,303	100,033,140	121,715,373	123,878,269
32. Fund Balance	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170	64,370,267	62,978,263	61,376,769	58,024,321
33. Total liabilities and fund balance	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049	164,028,570	163,011,403	183,092,142	181,902,590

Bartlett Regional Hospital
Dashboard Report for August 2022

	CURRENT MONTH						YEAR TO DATE			
Facility Utilization:	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**	**Prior Month**	**% Over (Under) Pr Yr**	**Actual**	**Budget**	**% Over (Under) Budget**	**Prior Year**
Hospital Inpatient:Patient Days										
Patient Days - Med/Surg	548	558	-1.7%	459	536	19.4%	1,084	1,115	-3%	929
Patient Days - Critical Care Unit	72	100	-28%	89	93	-19.1%	165	199	-17%	181
Avg. Daily Census - Acute	20.0	21.2	-6%	17.7	20.3	13.1%	20.1	21.2	-5%	17.9
Patient Days - Obstetrics	44	64	-31%	54	73	-18.5%	117	128	-9%	137
Total Hospital Patient Days	**664**	**721**	**-8%**	**602**	**764**	10.3%	**1,366**	**1,443**	-5%	**1,247**
Births	18	25	-29%	26	29	-30.8%	47	51	-7%	55
Patient Days - Nursery	47	49	-5%	43	62	9.3%	109	99	11%	108
Mental Health Unit										
Patient Days - Mental Health Unit	123	159	-22%	116	101	6.0%	224	317	-29%	277
Avg. Daily Census - MHU	4.0	5.1	-22%	3.7	3	7.2%	3.6	5.1	-29%	4.5
Rain Forest Recovery:										
Patient Days - RRC	196	167	17%	171	169	14.6%	365	334	9%	371
Avg. Daily Census - RRC	6	5.4	17%	6	5	-2.0%	6	5.4	9%	6
Outpatient visits	46	44	5%	49	49	-6.1%	95	87	9%	94
Inpatient: Admissions										
Med/Surg	67	68	-1%	79	70	-15.2%	137	136	1%	149
Critical Care Unit	35	59	-40%	38	47	-7.9%	82	118	-30%	77
Obstetrics	19	27	-31%	29	28	-34.5%	47	55	-14%	62
Nursery	19	25	-24%	26	31	-26.9%	50	50	-1%	55
Mental Health Unit	21	25	-15%	26	15	-19.2%	36	49	-27%	51
Total Admissions - Inpatient Status	**161**	**204**	-21%	**198**	**191**	-18.7%	**352**	**408**	-14%	**394**
Admissions -"Observation" Status										
Med/Surg	69	73	-6%	66	57	4.5%	126	146	-14%	149
Critical Care Unit	31	25	22%	21	35	47.6%	66	51	30%	42
Mental Health Unit	1	4	-72%	2	3	-50.0%	4	7	-44%	6
Obstetrics	24	15	57%	13	11	84.6%	35	31	14%	33
Total Admissions to Observation	**125**	**117**	7%	**102**	**106**	17.9%	**231**	**234**	-1%	**230**
Surgery:										
Inpatient Surgery Cases	52	49	7%	44	59	18.2%	111	97	14%	104
Endoscopy Cases	116	89	30%	98	95	18.4%	211	178	19%	181
Same Day Surgery Cases	117	104	12%	115	96	1.7%	213	209	2%	217
Total Surgery Cases	**285**	**242**	18%	**257**	**250**	10.9%	**535**	**484**	11%	**502**
Total Surgery Minutes	18,450	16,168	14%	15,346	17,639	20.2%	36,089	32,336	12%	32,550
Outpatient:										
Total Outpatient Visits (Hospital)										
Emergency Department Visits	1,218	1,030	18%	1,158	1,181	5.2%	2,399	2,060	16%	2,394
Cardiac Rehab Visits	148	32	366%	52	115	184.6%	263	64	314%	151
Lab Tests	11,153	10,003	11%	9,774	10,113	14.1%	21,266	20,006	6%	20,000
Diagnostic Imaging Tests	2,773	2,398	16%	2,537	2,421	9.3%	5,194	4,796	8%	4,913
Sleep Study Visits	20	21	-7%	24	7	-16.7%	27	43	-37%	53
Physician Clinics:										
Hospitalists	242	245	-1%	252	246	-4.0%	488	489	0%	496
Bartlett Oncology Clinic	124	97	27%	94	100	31.9%	224	195	15%	190
Ophthalmology Clinic	87	73	19%	123	125	-29.3%	212	147	44%	201
Behavioral Health Outpatient visits	737	666	11%	626	626	17.7%	1,363	1,333	2%	1,201
Bartlett Surgery Specialty Clinic visits	272	231	18%	242	276	12.4%	548	461	19%	447
Total Physician Clinics	**1,462**	**1,312**	**11%**	**1,337**	**1,373**	**9.3%**	**2,835**	**2,625**	**8%**	**2,535**
Other Operating Indicators:										
Dietary Meals Served	15,500	17,757	-13%	15,180	7,479	107.2%	28,953	35,515	-18%	30,879
Laundry Pounds (Per 100)	436	577	-24%	402	390	11.8%	826	1,154	-28%	800

Bartlett Regional Hospital
Financial Indicators for August 2022

Facility Utilization:	CURRENT MONTH Actual	Budget	% Over (Under) Budget	Prior Year	YEAR TO DATE Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,978	6,267	-20.6%	4,561	5,079	6,029	-15.8%	4,629
Contractual Allowance %	42.7%	40.0%	6.8%	40.5%	44.0%	40.0%	10.1%	38.3%
Bad Debt & Charity Care %	0.7%	2.1%	-67.2%	3.7%	2.5%	2.1%	20.5%	3.5%
Wages as a % of Net Revenue	51.8%	43.5%	19.1%	48.4%	54.6%	45.2%	20.8%	47.0%
Productive Staff Hours Per Adjusted Patient Day	24.0	26.6	-10.0%	21.9	25.1	26.6	-5.6%	22.4
Non-Productive Staff Hours Per Adjusted Patient Day	3.6	4.1	-13.7%	3.6	3.8	4.1	-8.5%	3.6
Overtime/Premium % of Productive	6.90%	7.92%	-12.8%	8.20%	7.53%	7.92%	-4.9%	6.39%
Days Cash on Hand	58	59	-1.0%	55	60	59	2.1%	55
Board Designated Days Cash on Hand	158	159	-1.0%	159	163	159	2.1%	159
Days in Net Receivables	63.3	63	0.0%	47	63.3	63	0.0%	47
Days in Accounts Payable	24.5	24	0.0%	200	24.5	24	0.0%	200
Total CMI	1.37							
MCR CMI	1.58							
MCD CMI	1.30							

Bartlett Regional Hospital

Write-Offs September 2022

One Time PPD Ins		
RRC/MCR NO Enrollment		
Compliance/Risk/Adminstrative	$1,333.25	2
SP Prompt Pay Disc	$27,512.09	287
Medicare Patient <120 days		
Authorization/Alert Missing	$3,830.39	7
1115 Waiver Svcs on Commercial Ins	$317.00	1
Denied Appeals /Exhausted/Timely	$1,095.53	3
BOPS Provider NOT Eligible to Bill	$1,673.35	4
Mental Health BD MHU, RRC BOPS		
No Provider Enrollment		
	$35,761.61	
Collections		
One Time Ins PPD		
Collections SPPPD	$106,987.53	287
	$106,987.53	

September 2022 ME Totals

- Charity $23,530.14
- **Claims on hold $0.00 (NDC Claims processing manually)**
- POS Collections $31,108.09
- Cares Adjustments $19,970.27
- HRSA PMTS $0.00
- PFD Discount Adj $13,319.85*
- PFD Payments $29,897.25*

*listed on extraordinary list

Molecular Lab Revenue $66,000

Board of Directors:

Credentialing Accountability

Debbie Kesselring, CPCS, CMPSM

October 2022

MISSION: *"Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner."*

VISION: *"Bartlett Regional Hospital will be the best community hospital in Alaska"*

Board of Directors Have Final Authority

WHEREAS, the Bartlett Regional Hospital Medical Staff is responsible for the oversight of provision of medical care in the Hospital and implementation of reasonable performance improvement measures, and accepts this responsibility, subject to the ultimate authority of the Hospital Board in accordance with CBJ 40.15.020.

**BRH Medical Staff Bylaws, Preamble*

Purpose of Credentialing

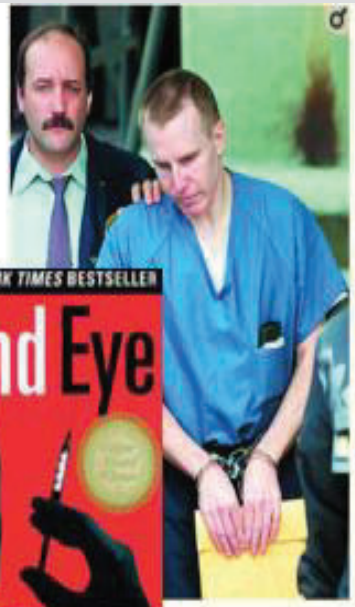
- To assure qualified practitioners can demonstrate and document current clinical competence.

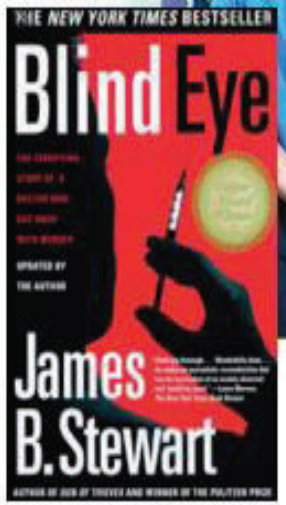
- To protect patients, staff, other healthcare practitioners, and the hospital.

- To match needed services and skill sets with qualifications and competence of practitioners.

- To ensure that requested privileges are within the capabilities and resources of the facility.

Our job is keep the Juneau Empire news out of our Hospital





Texas neurosurgeon nicknamed 'Dr. Death' found guilty of maiming woman during surgery

Officials: Fake doctor provides services at Prince George's Hospital Center for 5 years

Fake Doctor Who Practiced With Friend's Licence For 9 Years To Refund Wages (PHOTO)

AIIMS complains of fake doctor inside Trauma Centre emergency

The man identified as, Ram Kishan Gupta, claimed to be a faculty member of the Orthopaedic Department at the AIIMS Trauma Centre and was asking the junior residents at the emergency to admit a patient.

Link: https://www.youtube.com/watch?v=GPRaF0pFOac

Credentialing Functions of the Medical Staff Service Department

- Obtain completed application.
- High level overview for any missing data.
- Conduct primary source verification.
- Analyze information for red flags, gaps in services, liability, violations, etc.
- Medical Staff Service Director file authentication.
- Recommend approval of credentialing files to the Credentials Committee.

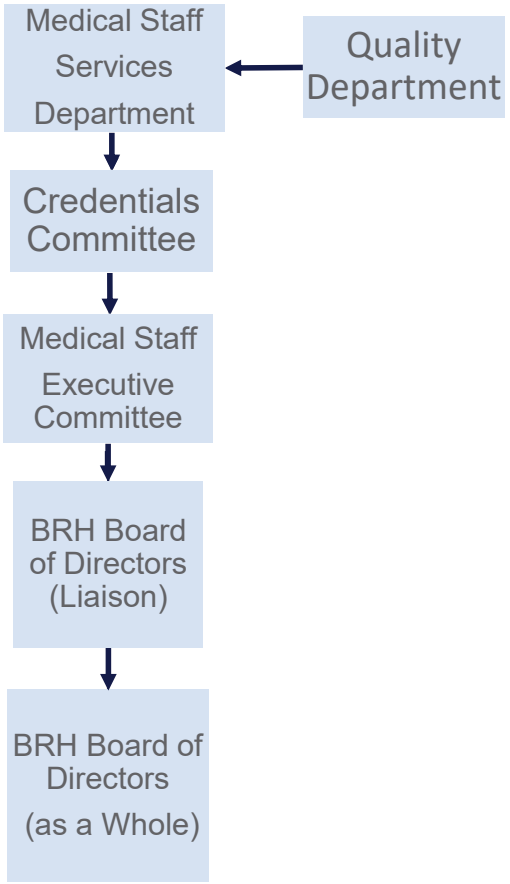
Credentialing Items Analyzed for Liability (Trust, by Verify)

Application Completeness.
Professional Schooling
Internship /Residency /Fellowship.
Previous Employment/Affiliations.
Current Hospital Affiliations.
Privilege Requests.
Peer References.
License (State and Federal).
DEA.
Board Certification(s).
Claims Histories.
National Practitioner Data Bank.
Office of Inspector General.
Excluded Parties Systems (SAM/EPLS).
Medicare Exclusions.
Background Check.
National Provider Identifier.

Governing Documents that Influence Compliance the Credentialing Process

- BRH Board of Director Bylaws.
- BRH Medical Staff Bylaws and Rules/Regulations.
- BRH Medical Staff Policies.
- Hospital Policies.

BRH Existing Unique Credentialing Flow



Details of BRH Existing Unique Credentialing Flow

Credentials Committee Accountability

- Review Credentialing files
- Detailed discussion
- Make formal recommendation to the Medical Staff Executive Committee or refer back to Medical Staff Services Department

Medical Staff Executive Committee Accountability

- Credentialing Committee recommends approval
- Adopt the recommendations or refer back to Committee
- Make formal recommendation to the member BRH Board of Directors

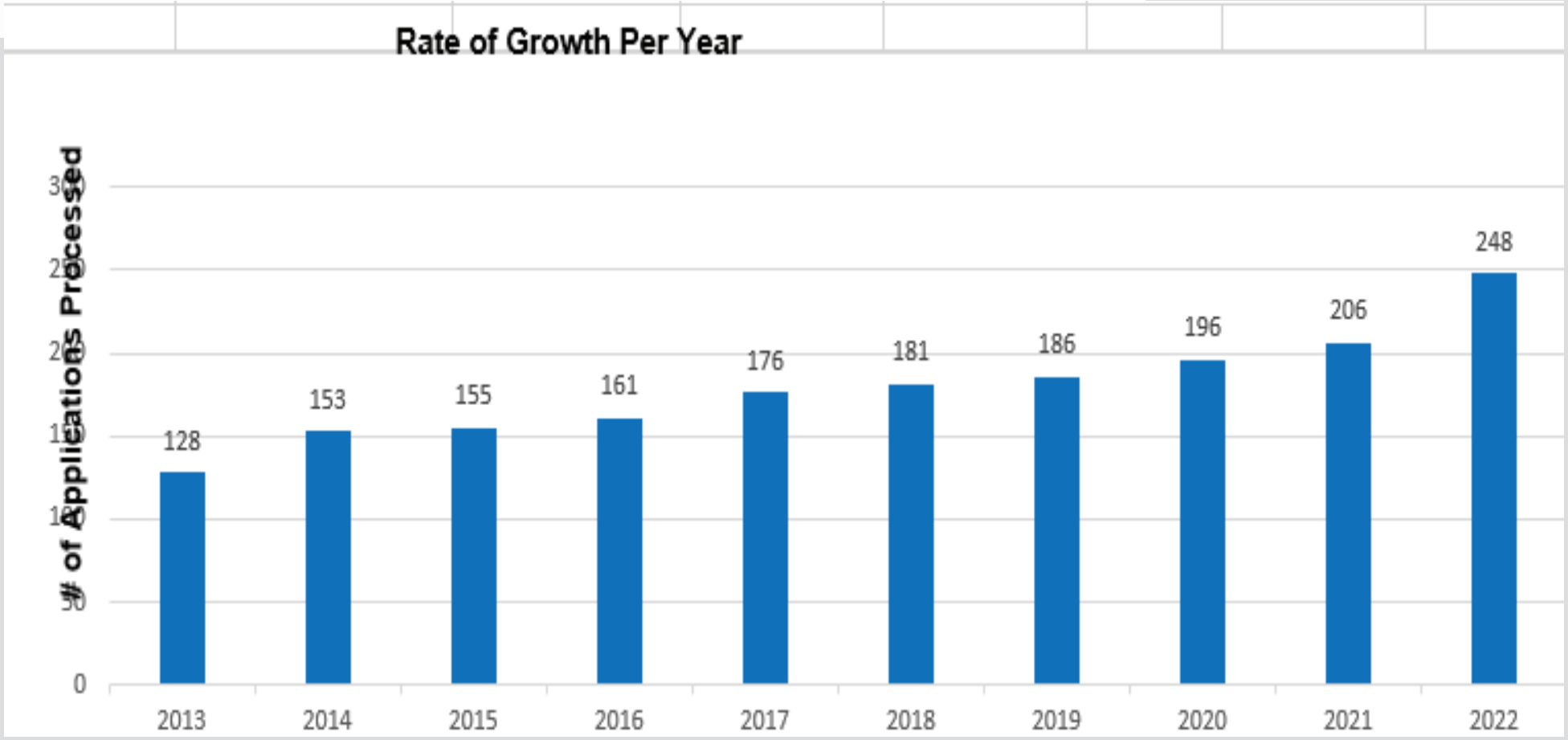
BRH Board of Director Liaison Accountability

- Review credentialing files
- Adopt the recommendations or refer back to Committee
- Make formal motion to the whole BRH Board of Directors for approval

BRH Board of Directors (as a whole) Accountability

- Board of Director credentialing liaison formal motion for approval
- Credentialing files are reviewed
- Adopt the recommendations or refer back to Committee(s)
- Final approval of credentialing files for Medical Staff and Advance Practice Clinicians

Provider Files Presented to the BOD (2013 – 2022)



BRH Board of Directors Current Onboarding Process

- Horty Springer Credentialing of Excellence Seminar
- Medical Staff Services Department 1:1

Best Practice for Onboarding Board of Directors

- Horty Springer Credentialing of Excellence Seminar
- Medical Staff Services Department 1:1
- Provide Annual Education to the Board of Directors
- Create a “Welcome” Manual/Resource Located In Nasdaq Boardvantage

Medical Staff Services Team

departmentcredentialing@bartletthospital.org

Debbie Kesselring, CPCS, CPMSM ¶
Director·of·Medical·Staff·Services¤

Ashley Guthrie, Medical Staff Coordinator ¤

Christina Choquette Medical Staff Specialist ¤

Melissa Adams, Medical Staff Specialist ¤

DRAFT BRH BOARD SELF EVALUATION

Questions in Sections A through D should be answered by all board members. Questions in Sections A through C and Section E should be answered by the senior leadership team.

*Choose the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

A. How Well Has the Board Done Its Job?

1. Our organization has a strategic plan or a set of clear long-range goals and priorities.	1	2	3	4	5
2. The board's meeting agenda clearly reflects our strategic plan or priorities.	1	2	3	4	5
3. The board has insured that the organization also has a one-year operational or business plan.	1	2	3	4	5
4. The board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.	1	2	3	4	5
5. The board ensures that the organization's accomplishments and problems are communicated to community members and stakeholders.	1	2	3	4	5
6. The board has ensured that community members and stakeholders have received reports on how our organization has used its financial and human resources.	1	2	3	4	5

Open-ended questions

7. What is the most important thing the board can do to improve how it does its job in the future?

8. Is there any other comment you would like to make regarding how the Board has done its job?

B. How Well Has the Board Conducted Itself?

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

1. Board members are aware of what is expected of them.	1	2	3	4	5
2. The agenda of board meetings is well planned so that we are able to get through all necessary board business	1	2	3	4	5
3. It seems like most board members come to meetings prepared.	1	2	3	4	5
4. We receive written reports to the board in advance of our meetings	1	2	3	4	5
5. All board members participate in important board discussions.	1	2	3	4	5
6. We do a good job encouraging and dealing with different points of view.	1	2	3	4	5
7. We all support the decisions we make.	1	2	3	4	5
8. The board has planned and led the orientation process for new board members.	1	2	3	4	5
9. The board has a plan for member education and further board development.	1	2	3	4	5

Open-ended questions

10. What is the most important thing the board can do to improve how the board conducts business?

11. What suggestions do you have for ongoing board education topics?

12. Are there any other comments you would like to make regarding how the board has conducted itself?

C. Board's Relationship with CEO

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

1. There is a clear understanding of where the board's role ends and the CEO's begins.	1	2	3	4	5
2. There is good two-way communication between the board and the CEO.	1	2	3	4	5
3. The board trusts the judgment of the CEO.	1	2	3	4	5
4. The board provides direction to the CEO by setting new policies or clarifying existing ones.	1	2	3	4	5
5. The board has communicated the kinds of information and level of detail it requires from the CEO.	1	2	3	4	5
6. The board has developed formal criteria and a process for evaluating the CEO.	1	2	3	4	5
7. The board, or a committee of the board, has formally evaluated the CEO within the past 12 months.	1	2	3	4	5
8. The board evaluates the CEO primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.	1	2	3	4	5
9. The board provides feedback and shows its appreciation to the CEO on a regular basis.	1	2	3	4	5
10. The board ensures that the CEO is able to take advantage of professional development.	1	2	3	4	5

Open-ended questions

11. What is the most important thing the board can do to improve the board's relationship with the CEO?

12. Is there any other comment you would like to make regarding the board's relationship with the CEO?

D. Performance of Individual Board Members

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

1. I am aware of what is expected of me as a board member.	1	2	3	4	5
2. I have a good record of meeting attendance.	1	2	3	4	5
3. I read the minutes, reports and other materials in advance of our board meetings.	1	2	3	4	5
4. I am familiar with what is in the hospital's by-laws and governing policies	1	2	3	4	5
5. I frequently encourage other board members to express their opinions at board meetings.	1	2	3	4	5
6. I am encouraged by other board members to express my opinions at board meetings.	1	2	3	4	5
7. I am a good listener at board meetings.	1	2	3	4	5
8. I follow through on things I have said I would do.	1	2	3	4	5
9. I maintain the confidentiality executive session topics.	1	2	3	4	5
10. When I have a different opinion than the majority, I raise it.	1	2	3	4	5
11. I support board decisions once they are made even if I do not agree with them.	1	2	3	4	5
12. I promote the work of the hospital in the community whenever I had a chance to do so.	1	2	3	4	5
13. I stay informed about issues relevant to our mission and bring information to the attention of the board.	1	2	3	4	5

Open-ended questions

14. What is the most important thing the board can do to improve your performance as a board member?

15. What is the most important change *you* can make to improve your performance as a board member?

16. Are there any other comments you would like to make regarding performance of individual board members?

E. Questions for Senior Leaders Only

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

1. The board has a clear understanding of where the board's role ends and the CEO's begins.	1	2	3	4	5
2. There is good two-way communication between the board and hospital leadership.	1	2	3	4	5
3. The board trusts the judgment of the hospital leadership.	1	2	3	4	5
4. The board provides clear strategic direction to hospital leadership.	1	2	3	4	5
5. The board committee meeting materials are the appropriate level of detail.	1	2	3	4	5
6. When providing information to the board, I feel like the board is listening to me.	1	2	3	4	5
7. The board clearly respects and appreciates staff.	1	2	3	4	5

Open-ended questions

8. What is the most important thing the board can do to support you?

9. What is the most important change the board could make to improve its effectiveness?

10. Is there any other feedback you would like to provide to the board

BARTLETT REGIONAL HOSPITAL
RULES & REGULATIONS

I. PROVISION OF CARE

B. Informed Consent:

1. An Informed Consent shall be obtained prior to diagnostic, therapeutic or operative procedures which have more than minimal risk.

2. Informed Consent is a conversation between the patient and the proceduralist that includes discussion of risks, benefits, and alternatives (including the alternative of doing nothing), and agreement to accept the risks and proceed with the procedure.

a. ~~a.~~ Informed Consent has continuing force and effect up to 30 days or until the patient revokes or the patient's condition changes materially such that either the scope of the procedure or the risks change.

b. Consents are valid for 30 days from date signed.

c. When the consent is older than 30 days, a new consent must be obtained.

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Planning Committee Meeting Minutes
October 7, 2022 – 12:00 p.m.
Zoom Videoconference

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

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Max Mertz*, Mark Johnson*, Kenny Solomon-Gross, Iola Young and Deb Johnston

ALSO PRESENT: Bob Tyk, Tracy Dompeling, Kim McDowell, Dallas Hargrave, Marc Walker, Nate Rumsey, Nathan Overson, Jeanne Rynne, Anita Moffitt, Beth Mow, Gail Moorehead and Jason Hoffbauer

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Mertz ***made a MOTION to approve the minutes from the September 2, 2022 Planning Committee meeting. Mr. Johnson seconded. There being no objections, minutes approved.***

NEW BUSINESS:

Plans and Financing for BOPS/CSC Facility Programs – Ms. Dompeling reported BOPS (Bartlett Outpatient Psychiatric Services), Crisis Stabilization, ABA (Applied Behavioral Analysis) and Crisis Intervention services will be located in the new building. New service lines to be implemented are Crisis Observation (up to 23 hours and 59 minutes) and Crisis Stabilization Residential Services. She, along with Robert Barr and representatives from JAMHI, JPD, CCFR and SEARHC went on a site visit to Recovery International (RI) in Arizona earlier this week to observe their behavioral health service continuum that includes Crisis Observation and Stabilization programs. The thought behind their Observation program is that there is no wrong door option. Patients can come in on their own or be brought in by family members, police or community members when in a crisis situation. It's a safe, warm place where screening and assessments can be done within that 23 hour and 59-minute time period to identify the next steps for treatment. WMU (Withdrawal Management Unit) can also play into this continuum of behavioral health services. The planned use of the third floor of the new building is for crisis stabilization long term residential treatment. (Long term treatment is for up to 7 days, or longer if they meet criteria.) We are looking at options to move adolescent observation and stabilization services to third floor so all adolescents are together and not on the first floor with adults. Staff providing adolescent services will have experience and training in working with adolescents. We are working with Agnew : Beck on processes and proformas. They will be looking at volumes, services we can bill for through the 1115 waiver and other types of services that can be billed for separately. The staffing model of RI International will be used as a comparison moving forward. Marshall Crosland has been hired as the Behavioral Health Program Manager and was able to go on the site visit as well. He will look at services that need to be fine-tuned and identify the work flow between programs. RI International suggests we create a model for our community before we are told how it has to be done. Communities should have of dispatch or call center to help determine where patients should go and should also have mobile crisis response teams. An overview of the call center's operation in AZ provided by Ms. Dompeling. Ms. Knapp acknowledged Ms. Dompeling's excitement about the programs. Crisis observation is a new thrust that we haven't considered yet. We need to compare original assumptions for this building and its services with what might be better alternatives now. Ms. Dompeling stated the programs she described are in line with what the 2 grant proposals submitted to the state were intended for. In response to Ms. Knapp,

Mr. Tyk reported the proforma is going to be about staffing and expectations of patient volumes for the new programs. With the exception of the 8 beds and some of the crisis intervention, the programs moving into that building don't generate money. He will meet with Ms. Dompeling and her directors to review financials of BOPS, RRC and PES to determine how to cut expenses. He noted salary, wages and benefits is what generally kills these programs and if we can break even, we would be well served. Ms. Knapp expressed the importance of knowing what services other organizations in town are doing so we don't duplicate efforts. Mr. Johnson noted there used to be a stake holder group that helped get a handle on who was doing what and also identified amount unmet needs in our community and throughout the state. He also noted that JYS provides up to level 4, unsecured treatment, meaning kids can walk away. A study had been conducted years ago on the sustainability of a level 5 residential psychiatric treatment program. Medicaid has increased reimbursement rates in the past and could increase them again if a strong case could be made for doing so. AK loses a lot of money by sending kids out of state for secure treatment. He urged when working on the proforma, to look at long term planning. He then questioned the need, sustainability and the location of the ABA services. With so many outstanding questions, he suggested a task force might be appropriate to dig deeper into the behavioral health programs. Mr. Mertz and Mr. Solomon-Gross support the Finance Committee reviewing the financial aspects of these programs. Planning Committee is to work with Ms. Dompeling to get an understanding of what programs we're going to have, how they're going to work and how we're going to pay for them. Mr. Solomon-Gross requests Ms. Dompeling put some slides together for the next Planning meeting about the services and where they will be provided in the building. Ms. Knapp suggested she and Mr. Solomon-Gross meet with Mr. Keith and Ms. Dompeling to discuss what information is expected to be included in the slides. (Mr. Johnson will submit his questions in writing to the group.)

Da Vinci Robot – Mr. Tyk reported Dr. Newbury has been advocating for a Da Vinci robot for about three years. He had hosted a luncheon last year in which the Da Vinci reps and Dr. Joanie Hope, a gynecological oncologist from Anchorage that Dr. Newbury refers cases to, presented the Da Vinci robot. A proforma was built based on the numbers and types of surgical cases that leave Juneau. Mr. Tyk noted unlike three years ago, there is no longer a need to buy the Da Vinci robot, there are now lease options and a payback would be realized in a little over 2.5 years. Dr. Hope has committed to come to Juneau to perform surgery on patients referred by Dr. Newbury. A robotically trained urologist has agreed to come and work with Dr. Huffer. Mr. Keith, after meeting with the sales rep and Dr. Newbury, felt this would be a positive bottom line issue and instructed Mr. Tyk to move forward with getting a contract in place. The robot can also be used for recruiting other physicians trained on robotics. We will start with gynecology and urology but over time, general, head and neck, thoracic and other surgeries will be performed by robotics but. Getting the contract written up is taking a lot of time due to the language requirements by CBJ. Also slowing down the process, a 5-year lease of this type is $2.7 Million, well above Mr. Keith's spending authority. The board will need to approve this purchase and then present to the Assembly for approval of fund appropriation. While working through those processes, we are working to bring the third OR up to Joint Commission standards so will have 3 functional operating rooms when this is completed. In response to Ms. Johnston, Mr. Tyk reported the lease for a robot is just under $40,000 a month over a 5-year period. Ms. Knapp agrees this will help with recruitment but it still needs to go to finance for further discussion about how we are paying for it. Mr. Johnson feels it might help with leakage of patients and that studies show that robotic surgery reduces pain and suffering and speeds recovery time. Mr. Tyk reported two procedures per month by Dr. Hope would cover the lease payments each month. After further conversation, Ms. Knapp referred this matter to Finance for further consideration. Staff is to provide information about costs coverage and utilization of the equipment. Mr. Johnson suggested the Finance Committee may want to review the Moss Adams report from a few years ago as well.

OLD BUSINESS:

Family Practice Building Update – Mr. Rumsey reported BRH and the current owners have agreed on a purchase price. BRH has transmitted a signed purchase agreement addendum to CBJ to finalize the purchase. He is waiting to hear back from CBJ regarding the timing of the closing. He should be receiving information from CBJ on the existing leases by early next week. This will help in moving forward with new lease agreements with the existing tenants.

Master Facility Plan and Timeline – Mr. Walker reported he and Mr. Rumsey have met and discussed refreshing the look and condensing the master facility plan and timeline. There will potentially be some significant changes in the

content. Mr. Keith has requested a thorough review and discussion about how each project is going to align with the strategic plan in the future. A meeting is scheduled to take place next Tuesday to begin that review.

Current Projects Update – The current projects update is included in the packet. Mr. Walker reported the physician sleep room project has been canceled due to costs and lack of data supporting the need for the project. Also, a need to get the equipment out of OR 3 presented a higher need for that space.

Bops / Crisis Stabilization Project Update – Ms. Rynne reported an overview of the work in progress. Construction is moving along and still on schedule for completion by March of 2023.

Emergency Department (ED) Expansion Project Update - Ms. Rynne reported the Assembly approved the GC/CM procurement process on September 26th. We have advertised the Request for Qualifications (RFQ) and expect statements of qualifications to come in from interested contractors next Wednesday. An RFP will be issued for cost proposals and additional qualifications. We hope to complete the selection process of the GC/CM contractor by the December 12th Assembly meeting. Design development is now complete. We should have a cost estimate for the design development phase come in on October 12th. The GC/CM will be on board and able to provide input before we begin the construction documents. In response to Mr. Mertz, she reported this is not the first time the Assembly has approved a GC/CM process.

Comments – Ms. Knapp thanked everyone for their time.

Next Meeting – 12:00 p.m., November 4, 2022

Adjourned – 1:07 p.m.

Bartlett Regional Hospital

Minutes
BOARD GOVERNANCE COMMITTEE MEETING
October 13th, 2022 – 12:00 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:02 p.m. by Hal Geiger.

BRH BOARD & COMMITTEE MEMBERS (*) PRESENT – Hal Geiger* (Committee Chair), Iola Young*, Lisa Petersen* and Kenny Solomon-Gross (Board President).

BRH STAFF & OTHERS - Kim McDowell, CCO, Tracy Dompeling, CBHO, Robert Tyk, Interim CFO, Dallas Hargrave, HR Director, Sam Norton, Interim IT Director, Nathan Overson, Director of Compliance/Risk and Suzette Nelson, Executive Assistant.

Ms. Young made a MOTION to approve the agenda. Mr. Solomon-Gross seconded and the agenda was approved

Ms. Young made a MOTION to approve the minutes from August 25, 2022, subject to minor editorial changes. Mr. Solomon-Gross seconded and minutes were approved.

PUBLIC PARTICIPATION – None

BOARD ATTESTATION – Mr. Overson briefed the board members regarding the draft board attestation--something that aligns the city's conflict of interest and the hospital's compliance training. Mr. Keith, CEO, would like it simple, meaningful, and the format easy to understand and would meet the regulatory requirements. Mr. Overson will continue to work on this with the intent to have an attestation be a part of board orientation.

BOARD SELF-EXAMINATION – Mr. Hargrave will work with Mr. Solomon-Gross and Mr. Geiger to get a new draft together and present it the entire BOD (Board of Directors) for the upcoming October 25, 2022 meeting.

THE STRATEGIC PLAN (2.2 & 2.3) -- Sam Norton, Interim IT Director, provided the committee information regarding Meditech. He has heard feedback from staff and engaged Meditech to come on site in two weeks. They will complete a health check and look at the system both clinically and its financial revenue cycle. They will use their tools and measure it.

BOARD COMMENTS AND QUESTIONS – Ms. Young expressed her gratitude to Mr. Tyk's hard work and expertise to BRH.

NEXT MEETING: TBD

ADJOURNMENT: 1:09pm

Finance Committee Meeting Minutes – Zoom Meeting
October 21, 2022 at 12:00pm

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

Finance Committee (*) & Board Members: Deb Johnston*, Hal Geiger*, Max Mertz, Kenny Solomon-Gross, Brenda Knapp, Mark Johnson

Staff & Others: Robert Tyk, Interim CFO; David Keith, CEO; Dallas Hargrave, HR Director; Sam Muse, Controller; Kris Muller, Senior Accountant; Jennifer Knight, Senior Accountant; Tracy Dompeling, CBHO; Beth Mow, Contracts Administrator; Kim McDowell, CNO; Sharon Price, Executive Assistant to CFO; Sarita Knull, CBJ Controller.

Public Comment: None

Ms. Johnston made a MOTION to approve the minutes from the September 9, 2022, Finance Committee Meeting. Mr. Geiger moved to approve them, and Mr. Mertz second.

August 2022 Financial Review – Bob Tyk

We had a strong outpatient revenue; it was driven by ancillary services. For 30 days, we offered a 30% discount to patients that used self-pay, resulting in $85,000.00 collected. Salaries, wages, and benefits went up, contract labor was the biggest contributor to that. We had a larger outsource lab bills for Sleep Lab (up $28,000) and for LabCorp (up $24,000). For our independent contractor physicians, we need to adjust their contracts in the future and build in Relative Value Units (RVUs). We can compare the compensation based on MGMA standards and see where our physicians fit in that range. Mr. Keith said the contracts are reviewed annually to confirm if the volumes produced by the physician meets the contracted amount. Any extra revenue and productivity generated, then falls towards the quarterly bonus. We have also been working on outsourcing the self-pay process, but we are having an issue with the contract. CBJ has said we can't indemnify patients the way the company's contract states. We have now pushed this to legal for them to modify the contract language. The inventory adjustment was very high for both pharmacy and materials department. In pharmacy, the count was off because of the inconsistencies of items being counted as each versus boxes. Mr. Muse said this is on our list of things to improve.

In the Financial Indicators, all three CMI (Case Mix Index) indicators went up. We have removed some of the financial indicators from the report so that we can develop indicators that are more indicative to BRH. That will allow us to more accurately identify how our organization is operating compared to other Alaskan hospitals and possibly nationally.

daVinci – Return on Investment

This project was brought up about three years ago by Dr. Newbury but didn't move forward. Recently, Dr. Newbury, Dr. Hope, Kim McDowell met with a daVinci rep multiple times to go over case volumes expectations and financial impact. Our current surgeons aren't trained with robotics, so we plan to use this as a recruitment incentive. This device can be utilized for general surgery, gynecological, head and neck, thoracic, and urological. Dr. Hope, who has worked with the daVinci robot, has agreed to come to Juneau from

Anchorage to perform gynecological oncology surgeries. Dr. Logan has also agreed to come to Juneau to work with Dr. Huffer to use this for our urology cases. The proposal is to lease this robot for five years, with $40,000 in monthly payments. We have estimated that the revenue from using this on at least two patients each month will cover that monthly cost. The Assembly will have to authorize this sending of $2.7 million over five years. There is also language in the contract about indemnification that will have to be looked at. The OR3 room has already been cleared out to make space for the robot. Mr. Tyk would like to present this to the full Board of Directors (BOD) with the Finance Committee's approval. If the BOD approves it, it will move to the Assembly for approval of an appropriation of funds for this contract before we can sign it. Mr. Keith stated that not all doctors are going to adapt and use this device, but it would be best utilized as a recruitment feature for newer doctors who have been trained with robotic surgery. Mr. Geiger would like to see a chart of more realistic numbers reflecting what surgeries BRH would be capable of performing with the daVinci robot, this is something the full BOD might want to see to make their decision.

Ms. Johnston made a MOTION to approve that the daVinci project be brought to the full BOD to discuss it being presented to the Assembly for approval of the seven-year commitment. Mr. Mertz approved, and Mr. Geiger seconded it.

Behavioral Health Pro-forma – Tracy Dompeling and Bob Tyk

Mr. Tyk put together an income statement for all the programs in Behavioral Health that report to Ms. Dompeling. Mr. Tyk and Ms. Dompeling held meetings with all the department directors and service line providers. A number of these departments were hampered by Covid restrictions, fewer beds, and low staff. What has come out of this is conversations with providers, changes in how we staff, Rainforest Recovery Center and Mental Health Unit will be open to 12 beds again. Our model of the Applied Behavioral Analysis (ABA) will never be profitable for us because we take all payers. Mr. Tyk suggested to Jenna Wiersma, director of ABA, to look for grants to help support this needed program. At the moment, all provider revenue is going into Behavioral Outpatient Services (BOPS). This will get fixed by accounting to better allocate the revenue and expense to the appropriate location. Ms. Dompeling said there isn't a productivity bar that has been set, we will get to that point when the FY24 budget is ready. Mr. Tyk said for the productivity side, we are starting a contract with a firm to do a labor assessment which will give us a productivity standard for all our departments. We are sending information to them this week. When we are able to capture RVU's, that will help us build productivity on the provider's side.

Next Meeting: Thursday, November 17th at 8am, via Zoom

Additional Comments: None

Adjourned: 1:59 p.m.

daVinci
Return on Investment

Bartlett Regional

Applicable Case Volume

System Financials and Assumptions

Hospital ID	10245
Purchase, Lease, or Rental	Lease
Duration of Contracted Term (Yrs)	7
System Name	da Vinci Xi Single
Sum of Lease/Rental Payments	$2,148,000
Annual Service Cost (Purchase/Lease Only)	$154,000
Commercial Payer Mix	40%
Commercial Payer Premium to Medicare	50%
Cost of 1 Bed/Day	$1,645
OR Fixed Cost per Case	$750
OR Variable Cost per Minute	$20

Bartlett Regional Hospital

Friday, July 8, 2022

Capital Expenditures - Line Items

Item	Cost	
da Vinci Xi Single System	$	1,900,000
Table	$	75,000
Simulator	$	25,000
Hub	$	35,000
Item 4	$	-
Total	$	2,035,000

Minimum Case Volume Expectations

Procedure	New Robotic Patient Source	% Converted from OPEN (Existing Only)	Avg Length of Stay (Existing Only)	Medicare/Commercial Blended Payment	Year 1	Year 2	Year 3	Year 4	Year 5	Total Procedures	5-Year Annualized
Colon Resection	Existing	90%	10.0	$34,294	22	25	30	30	30	137	27
Ventral Hernia	Existing	90%	6.0	$18,070	45	50	55	55	55	260	52
Hysterectomy - Benign	Existing	10%	3.0	$21,913	30	40	40	40	40	190	38
Inguinal Hernia	Existing	70%	0.0	$6,098	56	60	60	60	60	296	59
Rectal Resection	Existing	100%	8.0	$26,551	3	5	10	10	10	38	8
Hysterectomy - Malignant	Incremental			$15,606	24	35	35	40	40	174	35
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				TOTALS	180	215	230	235	235	1095	219

Financial Impact: Converted Procedures
Cash Flow Impact, Net Income and Return on Program

Converted Procedures

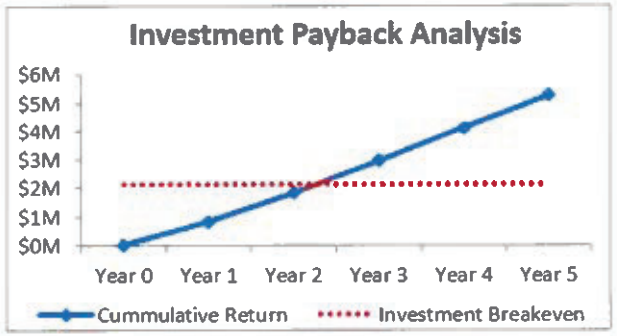
Estimated da Vinci Financial Cash Flow Analysis (USD)									*Est. da Vinci* Secondary Benefits Analysis									
Procedure Type	Est. Annual	Modeled I&A Cost	Medicare/ Commercial Blended	Est. Reimbursement less all dV	Est. Annual Cash Flow after all dV	OR Cost per Case	Contribution Margin per dV	Annual dV Contribution Margin	Avg LOS for	Est. Bed Days Gained	LOS Savings	Complications Savings	Transfusion Savings	Conversion Savings	Total Savings	Total Increm Expenses	Increase in Reimbursement	Annual Net Financial Impact of
TOTALS	184	$1,405	$17,778	$16,373	$3,015,919	$2,959	$13,414	$2,470,805		412	$677,805	$173,888	$1,397	$6,991	$851,693	$123,762	$51,217	$779,149
Colon Resectio	27	$2,246	$34,234	$32,048	$878,194	$4,088	$27,988	$767,134	10.0	142	$234,388	$38,687		$2,183	$275,247	$68,268		$277,888
Rectal Resectio	8	$2,065	$26,551	$24,486	$188,895	$4,358	$20,128	$153,935	8.0	12	$20,883	$10,323	$894		$32,527	$8,294		$24,233
Ventral Hernia	52	$1,183	$18,870	$16,687	$878,103	$2,958	$13,937	$724,783	6.0	288	$342,168	$51,748		$482	$393,908			$393,908
Ventral Hernia [		$1,183	$6,888	$4,915					8.5									
Inguinal Hernia	59	$1,145	$6,888	$4,963	$293,241	$2,470	$2,493	$147,017								$47,449	$51,217	$3,768
Sleeve Gastrect		$1,843	$22,571	$20,728					4.0									
Gastric Bypass		$1,888	$34,398	$32,538					4.0									
Fundoplication		$1,643	$38,264	$36,611					5.0									
Pancreatic		$2,052	$26,858	$24,806					9.0									
MP Chole		$1,178	$5,676	$4,506														
Gastrectomy		$2,139	$13,246	$11,116					4.0									
Other General S		$1,434	$13,246	$11,812					4.0									
dVL		$1,691	$33,311	$31,620					7.5									
Other Thoracic		$1,462	$13,246	$11,844					6.0									
dVMVR		$1,473	$52,389	$50,916					13.0									
REVASC		$1,535	$38,760	$36,216					10.0									
dVC		$1,967	$38,726	$36,759					7.0									
dVER		$1,887	$12,665	$11,778					6.5									
Ovarian Cystect		$1,108	$7,612	$6,504					6.5									
Pyeloplasty		$1,472	$46,004	$44,532					5.0									
dVH - Benign	38	$1,377	$21,913	$20,536	$780,376	$2,678	$17,968	$678,916	3.0	49	$81,263	$3,549	$783	$4,326	$91,912	$5,233		$79,588
dVH - Benign (C		$1,377	$11,678	$10,201					8.5									
dVH - Malignant		$1,417	$15,696	$14,188					4.0									
dVSC		$1,638	$9,734	$8,184					3.0									
dVMyo		$1,419	$12,865	$11,446					3.2									
Oophorectomy		$1,678	$15,655	$14,585					9.5									
Other Urology		$1,517	$13,246	$11,729					3.0									
dVP		$1,648	$15,176	$13,528					3.0									
dVPN		$1,585	$46,004	$44,418					4.0									
dVN		$1,294	$46,004	$44,711					3.0									

Return on Investment – IRR & Payback

Investment Summary	
Project IRR	61.8%
Estimated Payback	2.3 Years
Incremental Admissions	174
Open-to-MIS Conversions	625
Bed-Days Preserved	2,060
Total Cost Avoidance	$4,258,467
Incremental Revenue	$2,715,444

*Based on a 40% commercial payer mix and a 50% commercial payer premium to Medicare

Totals	$2,150,286	$5,251,030	$3,100,745



BUSINESS PLAN DETAIL

Procedure Type	Patient Source	Est. Reimburse.	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Colon Resection	Existing	$34,294	22	25	30	30	30	137
Ventral Hernia	Existing	$18,070	45	50	55	55	55	260
Hysterectomy - Benign	Existing	$21,913	30	40	40	40	40	190
Inguinal Hernia	Existing	$6,098	56	60	60	60	60	296
Rectal Resection	Existing	$26,551	3	5	10	10	10	38
Hysterectomy - Malignant	Incremental	$15,606	24	35	35	40	40	174
	Totals	$17,433	180	215	230	235	235	1,095

GYO Specific Proforma to include continuum of care: Dr. Hope committed to Nov timeframe.

Pre-op Workup

- History & Physical (99204)
- CT Abdomen (74176)
- PET (78811)
- Ultrasound Guided Biopsy (10022)
- Chest X-Ray (71020)

Admission

- Surgical Procedure (DRG 737-738)
- Pathology (88307)

Post-op Follow-up

- Physician Exam
  (every 3 months x 2 yrs→ biannual x 3 years → annual) - (99213)
- Adjuvant Chemotherapy
- CT (Pelvis) – biannual (74176)
- PET (Pelvis) biannual (78811)

GYO Patient Continuum Care:

- Medicare Reimbursement for Pre-op workup = $1,900
- Medicare Reimbursement for Admission = $13,500
- Medicare Reimbursement for Post-op follow up = $11,700

List price lease payment estimated @ $40,000
X 2 GYO patients per month @27,000 per patient = $54,000

Urology Prostatectomy Proforma to include continuum of care: Dr. Logan

Pre-op Workup

- History & Physical (99204)
- Bone Scan (78300)
- Biopsy (1002)
- CT Scan (74150)
- MRI (74181/72195)

Admission

- Surgical Procedure
  (DRG 665-667)
- Pathology (88307)

Post-op Follow-up

- Physical Exams
  (every 3 months x 2 yrs→ biannual x 3 years → annual)– (99213)
- Pathology (88333)
- PSA (88325)
- Bone Scan (84152)
- IMRT Planning (77301)
- IMRT Treatment Delivery (77418)

Prostatectomy Patient Continuum Care:

- Medicare Reimbursement for Pre-op workup = $1,600
- Medicare Reimbursement for Admission = $10,150
- Medicare Reimbursement for Post-op follow up = $17,600

List price lease payment estimated @ $40,000
X 2 prostates patients per month @$29,350 per patient = $58,700

Surgical Robots, Once 'On the Horizon,' Poised to Transform Surgery

By CHRISTINA FRANGOU

DENVER—Over the next five years, robotic surgery in the United States will be transformed, driven by an expansion of commercially available robotic platforms.

At the 2022 annual meeting of the Society of American Gastrointestinal and Endoscopic Surgeons, Santiago Horgan, MD, a professor of clinical surgery at the University of California, San Diego, predicted that robotic surgery is about to enter a new chapter.

"In the next five years, we will have at least four or five soft tissue robotic platforms and maybe two or three flexible robots for endoscopy, colonoscopy, etc. So, it's a very promising time," Dr. Horgan said.

Dr. Horgan, who has been performing robotic surgery since 2000 and is a pioneer in NOTES (natural orifice transluminal endoscopic surgery) procedures, said he believes that flexible robotic systems will transform the practice of general surgery.

Two surgical device companies now have FDA-approved flexible systems that can navigate into the far reaches of the lungs. Dr. Horgan said he expects this technology will soon be approved for general surgery procedures and revolutionize surgical approaches to the gastrointestinal tract.

"Patients will get the best of the best. If they need an endoluminal approach, it will be done from the inside. If they need an external approach, it'll be from the outside," he said.

Much has changed in the 28 years since the FDA approved the first robotic general surgery device. Called Automated Endoscopic System for Optimal Positioning, or AESOP (Computer Motion), this first robot in general surgery allowed surgeons to maneuver an endoscope inside a patient's body during surgery using voice commands. Four years later, Zeus (Computer Motion) arrived on the scene with its three robotic arms and voice-operated camera.

In 2000, the FDA-approved Intuitive Surgical's da Vinci surgical system for general laparoscopic surgery. Basic tasks like suturing and knot-tying were faster with the da Vinci compared with Zeus, although still slower than laparoscopy (*Surg Endosc* 2003;17:574-579). Over the da Vinci's first decade, surgeons were slow to adopt the technology; the first generation was unwieldy, time-consuming and expensive compared with laparoscopy. The second generation, however, brought improvements in the technology. Over the last decade, robotic surgery has taken off: Use of robotic surgery for general surgery procedures surged from 1.8% in 2012 to 15.1% in 2018 (*JAMA Netw Open* 2020;3[1]:e1918911). The growth in hernia repair over the same period was even more remarkable: from 0.7% to 28.8% for repair of inguinal hernias and from 0.5% to 22.4% for ventral hernias.

Several robots now approved in Europe or elsewhere are expected to move into the United States in the next five years. Also, there are promising new platforms approved outside of general surgery or in later stages of development.

Below is a list of robots that are available in the United States or Europe for general surgery procedures, and robotic platforms in or nearing clinical trials. This list is based largely on Dr. Horgan's 2022 presentation at SAGES. The details of the surgical platforms have been independently confirmed by the manufacturers, unless otherwise noted.

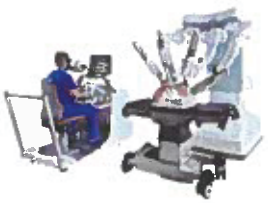
Surgical Robotic Systems

da Vinci Surgical Systems X and Xi

Now in its fourth generation, Intuitive Surgical's da Vinci robotic platforms account for the largest share of robotic-assisted surgical (RAS) procedures in the United States and worldwide. In December 2021, Intuitive reported that more than 10 million RAS procedures have been performed worldwide with its surgical systems.

Today, Intuitive has two multi-port robotic systems in use: Xi and X. The two platforms share the same arm architecture, surgeon console and vision cart. The X is marketed as the "value-oriented option" of the two systems and is designed for use in a single quadrant; the Xi can be used in multi-quadrant procedures.

Intuitive received FDA clearance for the Xi system in 2014 and for the X in 2017.



Avatera

Made and designed by Germany's avateramedical GmbH, the Avatera system is designed with single-use instruments and consists of two main components: a four-arm surgical robot and surgeon console. In May 2022, the company announced successful completion of the first 10 operations in humans with the Avatera system, including removal of prostate and kidney tumors.

Avatera has received the CE mark and is approved for minimally invasive surgery in urology and gynecology in the European Economic Area.

Bitrack

Bitrack is developed by Rob Surgical, a Spanish startup created by the Polytechnic University of Catalonia and the Institute for Bioengineering of Catalonia. This system was first tested on animal models in 2014 and completed technical validation in 2018. Bitrack enables four-quadrant anatomic access with open-source ports that allow for robotic and laparoscopic instruments to operate simultaneously, and is controlled by a surgeon at an open console.

The company says its intended uses are in general surgery, urology, colon and rectal surgery, gynecologic surgery and thoracic surgery. It has not yet been cleared for use in any country.

(Rob Surgical did not respond to requests for confirmation of this information.)

CEO Report to the Board

October 2022

David Keith, CEO

- **Financial Stewardship**: The Senior Leadership Team (SLT) continues to assist departments in managing their budgets. Department leaders have been effective in curbing labor, miscellaneous and contractual costs, contributing to a major improvement in the monthly financials. A plan for revenue cycle review is anticipated with the arrival of a revenue cycle consultant this November. A labor benchmark assessment is also planned for.

- **Organizational Structure:** The SLT has completed the first version of the new organizational structure. The final-draft version will be shared with the Board in November. The goal of the reorganization is to a) create a reasonable span of control, b) increase accountability, c) improve lines of communication and d) be budget-neutral or better.

- **Solorad Radiology Agreement**: It is anticipated an agreement with Solorad will be reached by November. Plans are being readied with other provider(s) in the event an agreement is not reached.

- **Home Health &Hospice:** Catholic Community Services (CCS) notified Bartlett Regional Hospital they will no longer provide Home Health and Hospice services outlined in the July 2019 Memorandum of Agreement (MOA) between the two organizations. BRH is now pursuing state licensures to establish a new Home Health and Hospice in Juneau. Note: There is interest from an experienced Alaska-based Home Health and Hospice provider in joint-venturing with BRH to establish these services. This option will be seriously considered and vetted through legal.

- **Medical Respite:** Meeting with City and Deputy Manager Robert Barr and I resulted in an MOA for matched funding by the City and Borough of Juneau (CBJ) and BRH to support medical respite care. BRH's matching fund commitment is in the amount of $64,100. The Juneau

Medical Respite program was initially implemented as a pilot project in 2010 to address isolation needs associated with the flu. It was intended to provide safe, short-term housing, food, and medical follow up when an individual living in homelessness contracted a contagious illness and was unable to return to a shelter or congregate living environment. Due to the success of the project, it received continued funding of roughly $5,000 per year, with equal contributions from BRH and CBJ. In March of 2020 however, medical respite needs dramatically increased with the pandemic. Due to COVID-positive patients and need for quarantine and isolation, demand sky-rocketed, costs escalated and payments - lagged. Costs of the program are declining and should return to pre-pandemic levels. The ongoing management of the program will be reviewed, and the program financially capped on an annual basis.

- **MEDITECH and IS**: Sam Norton completed an initial review of the Information Systems (IS) Department and has submitted initial findings to the SLT. MEDITECH will be presenting the Emergency Department Module (EDM) to BRH stakeholders the third week of October. The EDM will ultimately replace the current T-systems being used in the Emergency Room.

- **Family Practice Building**: The purchase of the Family Practice Building is nearing completion, with a negotiated purchase price having been set. The sellers have accepted a reduction in the asking price of ($2.4M) as consideration for maintenance and code compliance concerns identified by BRH during the inspection process. A closing date has yet to be established at the date of this writing.

- **COVID:** With the drop in COVID-19 community transmission rates in Juneau from high to substantial, the hospital has changed its masking and pre-procedure testing policies. Masks are now optional for visitors, patients, and staff in most areas of the hospital and pre-procedure testing is no longer required.

- **Surgical Robot**: BRH is moving to incorporate the da Vinci robot into its surgical suite. The most popular surgical robot today is the da Vinci Surgical System, developed by the US Company, Intuitive Surgical. Its three-dimensional (3D) vision system accurately captures images. With an advanced motion control system, its robotic arms can replicate what the human arm can do, with the capacity to perform more complicated surgeries. In 2000, the FDA approved the use of the da Vinci system, and it has since become the most widely used surgical robot. As of today, more than 6 million surgeries have been performed globally using the da Vinci surgical system, and there are more than 39,000 surgeons qualified to perform surgery

with da Vinci. There are also 4,986 da Vinci systems in hospitals worldwide, spread over 66 countries on six continents. The mainstreaming of robotic surgery has overcome skepticism about the need to train residents on robotic systems. In 2002, only 23 percent of general surgery residency program directors prioritized developing a robotics curriculum. In 2018, support for formalized robotics training had climbed to 63 percent.

- **Strategic Planning:** Staff continue the strategic planning development process and working at the department level; identifying priorities, opportunities, resources and timelines. Their goal is to align their operations to the Strategic Plan initiatives set by the Board. The draft operational plan(s) including annual priorities will be shared with the Board and CBJ leaders for review, approval and inclusion into future budgets. Pathways to successful implementation and completion is critical and dependent upon SLT guidance and assistance from Board and CBJ leadership. The goal is to avoid unnecessary delays and identify potential challenges in advance of any executed initiative. Estimated Time of Arrival of first draft for Planning Committee consumption is after the first of the calendar year.

Erin Hardin - Community Relations/Marketing: Nothing to report

Nate Rumsey – Business Development/Strategy

- **Strategic Planning:** This initiative is in the "Functional Planning and Tactics" phase. Bartlett Directors and Managers are working with their department staff to develop objectives and SMART goals linked to the Board's strategic priorities and initiatives. Several departments have requested facilitation and these work groups have been very constructive. By the end of October, the Senior Leadership Team and I will receive the initial input from each department and will collectively begin to prioritize objectives and SMART goals to finalize a manageable, comprehensive strategy. Once the plan is adopted it will move into the "Execution, Measurement, and Monitoring" phase.

Strategic Priority #1 - Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Service Lines:** The Bartlett Services Committee met on October 6th to discuss process updates for the evaluation and support of new service and new service line proposals, including a

proposed Bartlett services development decision tool. Additionally, a new service proposal was made by Physical Therapy. The committee's next step is to develop additional process guidance and training for Directors, Managers, and Senior Leaders. The committee is scheduled to meet next on November 7th.

Strategic Priority #2 – Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.

- **Family Practice Building:** An agreement has been reached for BRH to finalize the purchase of the Family Practice Building. CBJ Legal and Lands and Resources are working with the title company to finalize the closing documents. BRH has received the existing lease documents and is developing new lease agreements in consultation with CBJ legal. Initial alternatives to leverage new property in alignment with strategic initiatives have been identified.

- **Catholic Community Services Home Health and Hospice:** BRH notified CCS of our intentions to establish home health and hospice programs on October 17th and will continue to coordinate with CCS while pursuing new licenses for these services. CCS ceased home health and hospice operations on October 19th. A conceptual implementation plan has been developed, and initial staffing and licensing requirements have been identified. Due diligence with CCS is ongoing.

Nathan Overson – Compliance & Legal:

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- **Consent:** A modification was made to the existing "Consent for Treatment, Diagnostic and Surgical Procedures" form. The added language will allow a patient to consent to a blood draw, before the procedure, if a member of the care team is unexpectedly exposed to blood or other potentially infectious materials. This adjustment greatly enhances safety outcomes and peace of mind for staff and physicians in these infrequent instances.

Strategic Goal #6 – Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.

- **Policy Tech Training:** Met one on one with new directors and policy owners for focused training on policy management and administration within Policy Tech; Bartlett's document control system.
- **BOD Attestation:** Presented a draft attestation at the Board Governance Committee for the committee to review. Once approved, the attestation will be used in conjunction with Board member training for on boarding and periodic training. Training topics such as compliance, conflict of interest, and a code of ethics are included.

Strategic Goal #1 – Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.

- **Home Health & Hospice:** Worked with Nate Rumsey, Business Development Strategist, to help identify business needs in the scope of services for Home Health & Hospice, and identified specific state licensure requirements for services within both agencies.

Gail Moorehead - Quality:

Strategic Priority #5: Quality and Safety: Provide excellent community-centered care that improves outcomes, maximizes safety, improves access and affordability, and is in compliance with national and state regulations.

- AHHA readmissions task group presented at the conference at the end of September and an offshoot of this project is working on a comprehensive discharge process for our patients to ensure that patients feel safe and supported when they leave the hospital and have all the necessary supplies and teaching. The initial focus of this project covers Medical/Surgical, Critical Care, and Same Day Surgery. The success of the project will be tracked through the HCAPS discharge questions for each unit and shared through the Board Quality Committee.

- Accreditation: Preparing for accreditation of the behavioral health ABA program by The Joint Commission. This will require an onsite visit by the surveyors within the next 6 months. This is a collaboration between behavioral health and Quality.

- An infusion and Oncology services process improvement task force is being established to review our services and patient experiences with our process of receiving care are BRH. The flow of patients receiving care was brought to the attention of administration through a patient feedback letter and we want to ensure that we are creating the best experience possible for patients. The taskforce consists of pharmacy, infusion services, oncology, quality, and medical staff departments. Our COO Kim McDowell is the senior leader support that will allow us to evaluate and exceed the expectations of our patients.

Sara Dodd - Physician Services

Strategic Priority #1 – Services: Develop, maintain, and grow a sustainable service portfolio that

is responsive to community needs

- **Active recruitments:** We are actively recruiting for an Orthopedic Surgeon, Medical

  Oncologist, Neurologist and an Ophthalmologist.

  I have identified and communicated with multiple orthopedic surgery candidates. I am actively working with existing Juneau practices to continue enhancing and expanding the orthopedic needs of our community.

- **Ophthalmology:** Earlier this year, we focused on identifying bottlenecks and with adjustments went from running a schedule that could accommodate an average of 22 patients per day to a schedule that accommodates an average of 42 patients per day.

Mignon (Mimi) Benjamin, MD – Hospitalists:

The hospitalist service has never required a locums agency for staffing. Recently a full-time hospitalist announced they were moving at the end of 2022. Drs. Mignon and Brian Benjamin are also trying to cut back or retire May 1 2023. Dr. Mignon Benjamin would like to transition away from medical directorship of the hospitalist service.

- Recruiting more casual hospitalists to help with staffing. This allows for flexibility in the physician's schedules which has been identified as an attractive part of their job and one of the reasons they stay as BRH hospitalists. We have had very little attrition since the hospitalist service was formed in 2016.

- The hospitalists have agreed to do 2-year rotations as medical director. While not ideal, this would prevent the recruitment of another medical director unfamiliar with Bartlett. Dr. Greer would be first and will interview with CEO prior to any decision making. Meeting set for 11/8/2022.

Bartlett Regional Hospital

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

October 2022 CFO Board Report
Robert Tyk, Interim CFO

ACCOUNTING – Sam Muse

- New AP Specialist, Daisy Hamby, started 9/19/2022
- New Senior Accountant, Jennifer Knight, starts on 10/3/2022
- New Grant Manager, Noelle Dersé, starts on 10/31/2022
- Financial Statement Audit is underway and to be completed in the next month
- Medicare Cost Report Audit for 6/30/2021 is currently ongoing
- Preparation of the 6/30/2022 cost report is underway

HIM DEPARTMENT – Rachael Stark

- HIM continues analyzing all inpatient, surgery, clinical and emergency room visits daily. Due to the analyst departing Bartlett, we have all been doing this function for the past few weeks.
- We also release records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital. We now have a fillable form on our web page that has seen an increase in release for records. We have put a drop down box so patients can choose between BOPS, RRC and Bartlett.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill molecular labs.
- HIM continues to input all babies born at Bartlett Regional Hospital into the Vital Statistics application with the State of Alaska. According to Vital Statistics our numbers are the best in the state.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting every two weeks with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.

MATERIAL MANAGEMENT – Willy Dodd

- Materials Management has secured an off-site storage facility. This storage will allow MM to organize and store larger quantities of high-use supplies off site. In turn, decreasing overflowing storage

throughout the hospital and storeroom. This will also allow our team to bring in larger quantities of hard to find items, reducing the potential for stock outs. We anticipate moving items over the next several weeks, as we organize and clean existing storage within the hospital.

- The MM handheld trial is ongoing. We have had some technical delays, but have fixed those issues and the MM team will be using the device to determine its feasibility within our department. Once we have completed the trial in MM, we will be working with the clinical nursing staff to trial for patient chargeable items.

- The OR inventory clerk position is posted and we are working to identify a suitable candidate for the position. Thank you to the OR buying team and MM staff for handling the additional workload while we find a replacement.

PATIENT FINANCIAL SERVICES (PFS) – Tami Lawson-Churchill

- Overall cash collections for the month of September are up from prior month at just over $10.3 Million
- PFS has finalized the RFP for early out collections process and chose the company True Bridge. We had our first introductory call with them and implementation should begin soon.
- Alaska DSH Desk Audit was completed and submitted timely
- PFD discount program has been successful thus far resulting in a reduction in AR by around $58,000 in the first 10 days
- PFS has taken on the enrollment process for Psychiatric and Behavioral Health providers and clinics. We are in the process of recruiting an Enrollment Specialist for this process.
- PFS is still working with Pharmacy, IT and Tegria to resolve NDC quantity discrepancies. Error rates are decreasing steadily. PFS is still manually correcting NDC units before sending claims out to the payer.

INFORMATION SYSTEMS – Sam Norton

Governance

- IT Director has met with Senior Leadership and provided summary of 30-day assessment with recommendations.
- Physician EHR Advisory Committee members being recruited

Applications

Meditech Expanse:

- To provide necessary focus on enhancing our Expanse version 2.1 system the Expanse version 2.2 update will be delayed. Meditech personnel are on site this week to gather input from physicians

and others. This, along with a technical review being completed will result in recommendations for corrections and improvement, as well as optimization of the current system. In parallel a thorough review of Meditech Revenue Cycle will kick off in November

- Plans in place for Emergency Department to participate in demonstration of Meditech's ER module in November.
- Additional "rounding" by IT staff has begun and will help ensure clinical staff have personal contact with support personnel and are aware of important updates.
- Changes have been implemented to correct two different revenue/billing issues within Meditech (NDC coding and EKG billing).
- At provider request, now all prescriptions for medications with protocols will be sent with the protocol information included to the retail pharmacy
- Changes have been implemented which allow physicians more quickly locate patient orders.
- Tracking and Reporting improved at the request of Behavioral Health
- Improvement made for Rehab/Speech Therapist when ordering Swallow Study Tray so that no longer patient's diet order is not discontinued inappropriately.
- Anesthesia app (Plexus) – iPad use now includes color coded message to show patient case updates/progress tracking
- Patient Sitter Intervention/Assessment has been built for Nursing

Information Security and Infrastructure

- Maintenance performed to Wireless Area Network (WAN) to resolve issues with loss of signal by physicians using mobile devices during rounds.
- Server Certificate Renewal and Deployment is being completed to ensure up-to-date and secure performance
- IT server and storage located near surgery has been migrated and equipment moved as required for OR needs
- Beginning full Laptop and Device encryption
- Datacenter has expanded 'compute capacity' for virtual servers needed upcoming projects and addition space to Unity Storage Area Network.
- Software upgrade of Datacenter to current supported levels including VMware.
- Two Factor Authentication, required for up-to-date security protocols, is being tested.

Bartlett Regional Hospital

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Management Report from
Dallas Hargrave, Human Resource Director
October 2022

Report Period - 1st Quarter FY23 (July, August, September)

New Hires	49	

Separations	29	All Other Separations
	2	Retirement
	14	Casuals/temp
Total	45	

Contract/Travelers		
	1	Speech/Language Pathologist
	1	CT/Xray Tech
	1	Chemo Pharmacy Tech
	1	Histology Technologist
	1	RN Case Manager/ CDI Lead
	1	Social Work Case Manager
	2	OR Surgical Tech
	1	Physical Therapist
	3	RN - Emergency Dept
	4	RN - Med/Surg
	3	RN- Operating Room
	4	RN- Mental Health Unit
	1	MRI Tech
	1	Utrasound Tech II
	1	Ultrasound Tech/ Echo Tech
Total	26	

Hard to Recruit Vacancies	**Position Title**	**Status**	**Department**
	Forensic Nurse Examiner II	Casual	Emergency
	CDI Social Work Case Manager	FT and PT	Case Management
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	CT Technologist	FT	Diagnostic Imaging
	Physical Therapist	FT	Rehabilitation Services
	Dietitian	FT	Nutrition
	RNs	FT	ALL UNITS

All Employee Turnover		
All Employee Types	**FT Employees**	**All Others**
6.53%	**4.92%**	**10.71%**

704 Employees
FS/FT employees = 508
All others = 196

Nurse Turnover		
All Nurse Types	**FT Nurses**	**All Others**
6.01%	**5.21%**	**7.35%**

183 Nurses
FS/FT = 115
All others = 68

Grievances	1 Pending
Arbitration Cases	0

Reports of Injury

Department/Employee	Brief overview
Operating Room	Exposure to blood while cleaning a room
Operating Room	Skin tear/cut with suture scissors
Critical Care Unit	Skin tear due to patient scratching staff
Critical Care Unit	Patient bit staff who was providing care
Environmental Services	Needlestick
Laboratory	Slip and Fall in work unit
Patient Access Services	Slip and Fall on wet floor in Emergency Department
Medical/Surgical	Trip and Fall over loose computer cables

October 2022 Chief Clinical Report
Kim McDowell, CCO

Kim McDowell, CCO

Last month I reported an opportunity for Bartlett Regional Hospital to participate in a pilot program to address employee burnout. This is in conjunction with the Alaska Hospital and Healthcare Association (AHHA) and Dr. Shapiro. I am excited to report that the funding request to Bartlett Regional Hospital Foundation to help supplement the cost of the program was granted. I look forward to working with AHHA, and Dr. Shapiro on supporting our clinical teams in addressing burnout. Thank you, Bartlett Regional Hospital Foundation!

Staffing and Recruitment:

- Surgical Services currently has three OR nurses in training, and three OR Techs in training. Once training is successfully completed all six staff will join the Surgical Services Team in full capacity.

- Med/Surg has three nurses that completed preceptorship, which will increase staffing on the Med/Surg unit.

- Physical Therapy student expressed interest in working at BRH. Tentative offer made and was accepted. They will graduate in May, and work for BRH full-time.

New/ Updated/Changed Services

- Speech Therapy, DI and Pharmacy worked together to modify Barium Swallow studies. BRH is now using the only product that has been cleared by the FDA for patients that require a modified swallow study.

- Bartlett Service Line Committee met to discuss plan to offer Pelvic Floor treatment to patients. Pelvic Floor treatment is designed to help treat patients with pelvic floor dysfunction.

- Monoclonal Antibody (MAB) Clinic will close October 24th. Communication has been sent to all providers that are credentialed to practice at BRH, as well as a press release for community awareness. In September there were only eight patients that were scheduled for MAB. Evusheld will remain available through Infusion Therapy.

- COVID-19 Drive-thru will close on November 15th. This will also include the COVID-19 Hotline. Communication has been sent to all credentialed providers, as well as a press release for the

community. The majority of the testing was related to pre-procedural testing, which can be absorbed with current staff in Surgical Services.

Patient Flow

- This past summer reaffirmed BRH's need to put in a place a mechanism that will help support patient flow, and decrease admission wait times in the emergency department (ED). I am currently working with selected staff to create a collapse plan that would be activated if certain criteria are met, such as inability to transfer, or admit patients, and ED length of stay greater than three hours for patients waiting to be admitted. When activated messaging would go out to all providers to prioritize discharges early to accommodate patients waiting for admission.

- Turnaround times (TAT) in operating room noted to take longer than needed. OR Consultant auditing TAT to determine root cause of delay. Once cause identified, will create an action plan in conjunction with interim director to improve TAT.

- Multiple challenging placement concerns on units. Working with multiple agencies to find creative solutions for placements that will also provide needed services not available here at BRH.

Diagnostic Imaging (DI)

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- October is Breast Cancer Awareness month. BRH is working with Capital City Fire and Rescue to raise breast cancer awareness. Erin Hardin is arranging radio and Facebook spots and working with Bartlett Oncology for the Community Health forum on October 29th. Patients who get mammograms in October at BRH will receive a special self-care gift bag. DI will be offering screenings on Saturday the 15th and evening appointment slots on Fridays.

Dietary Services

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- The cafeteria had a soft reopening for breakfast service last week. Hot breakfast service will reopen for staff and patient visitors at the end of October. Once consultation happens with Toast inc. to discuss using QR codes so patients can order their own meals, and Dietary Food Management (DFM) system partners to implement a self-checkout, the cafeteria will be able to

once again open to the public. Having this system in place will greatly decrease wait times for staff in the cafeteria.

Emergency Department (ED)

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- ED construction meetings continue with Alaska Architects and CBJ are going well. The team met last week to review the 170-page document and design plans. Small changes were noted but will not add to scope.

Medical-Surgical Unit

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Med/Surg education specialist created a "STAT Education Cart" with educational materials. Using QR codes staff will have easier access to monthly education sessions and demonstrations. The unit also uses expired supplies for hands-on learning. This will be instrumental as well with new team members and staff that float to the unit, all of whom have been doing an excellent job with the high census and providing excellent care.

Nursing Administration

Strategic Goal #5 – Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- House Supervisors (HS)will have training weekly at their huddles. Training topics include working relationships, behavioral health topics, emergency management, and communication. These trainings will be helpful for the two HS that are applying for their Clinical Ladder. One of who is working to implement Tiger Text on the units to improve communication regarding patient flow.

Obstetrics Department (OB)

Strategic Goal #5 – Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- The OB PI Committee which consists of 13 RN's met in late September and discussed project ideas, goals, and forecasted priorities for the next 6 months. The committee had a great discussion and idea sharing within the team about strategic planning for not only their unit, but many areas of the hospital system and how the overlap could be beneficial for many units. The OB team often overlaps other units. For example, during OB drills. The October drill focused on maternal code blue and emergency hysterotomy. The team did an outstanding job creating a real-life simulation and many great takeaways and learning points were had. Twenty OB RNs and five family practice providers were in attendance.

Surgical Services

Strategic Goal #5 – Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- The team is continuing work on OR three ensuring that is ready for use when the need arises. This is preparation for repairs to the other two OR rooms, and for flexibility to accommodate more cases. This project brought up some life safety concerns for staff. It was noted that the smoke evacuators used during surgery to mitigate smoke exposure to staff during a procedure that requires cautery are not ideal. OR will trial new smoke evacuators soon. OR also had a fire drill in which they practiced how to respond and how to evacuate patients in the event of a fire in the OR.

Cardio/Pulmonary & Respiratory Therapy

Cardiac Rehab

Strategic Goal #3 – People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.

- Referrals remain steady with 112 visits for September which includes Cardiac/Pulmonary rehab. Cardiac rehab's Clinical Coordinator participated in the community health fair to bring awareness to the community about services they provide.

Respiratory Therapy

Strategic Goal #5 – Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

- The new Pulmonary Function Test (PFT) machine was delivered and installed last week. Training on the new PFT machine started last week as well.

Bartlett Regional Hospital

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

October 25, 2022 Behavioral Health Board Report

Tracy Dompeling, Chief Behavioral Health Officer

Crisis Stabilization and Observation Services: Construction completion has been delayed by a month giving a new anticipated occupancy date of April 2023. Work continues with Agnew :: Beck to formulate the Pro-forma. Reimbursable services have been identified for both service lines. The last needed element to complete the Pro-forma is data from Bartlett to provide analysis of volume. This data will be provided by October 24, 2022. After review of the Pro-forma, recruitment will commence for positions needed to support the services.

Service Line Budget Meetings: Much of the month was spent reviewing individual service line budgets with Behavioral Health Directors and the Chief Financial Officer. These meetings were beneficial to explain the behavioral health service continuum at Bartlett and identify areas for budget adjustments to accurately reflect wages, expenses, provider contracts, and revenue in specific service lines. These budget modifications are needed to provide an accurate assessment of service line revenue and expenses to drive future decisions of services, volumes, and staffing.

Community Navigators: After much internal discussion, there is an identified pathway for Community Navigators to begin billing Medicaid 1115 waiver services (Intensive Case Management and Community Recovery Support Services). We anticipate this will begin in November 2022. This revenue generating change, along with the Juneau Community Foundation grant, will provide for more accurate analysis of the service line and identify whether additional grant funding may be needed to support these valuable community services or if they can be fully sustainable through Medicaid 1115 waiver billing.

Individual Behavioral Health Service Lines

- **Behavioral Health Outpatient Services (BOPS):** Operations Director Jenn Carson has begun working with Patient Financial Services to obtain confirmation of provider enrollment

verification with insurances to ensure maximum reimbursement on outpatient service claims. This allows providers to be connected with patients based not only on needed services but also based on confirmed enrollment with the patient's insurance.

- **Crisis and Community Intervention Services:** Both Crisis Intervention and Community Navigators will be consolidated under a new title of Crisis and Community Intervention Services (CCIS) (from Crisis Intervention Services). The change was made to accurately reflect the organizational supervision, location within the Psychiatric Emergency Services budget, and to help facilitate Medicaid 1115 waiver billing for the Community Navigators.

- **Rainforest Recovery Center:** Changes to the COVID-19 mitigation plan at Bartlett no longer requiring the 7 day follow up testing for RRC residents before sharing occupancy in a room. This change removes a significant barrier to timely patient care and allows the ability to achieve maximum census of 12 patients.

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October 25, 2022
Management Report
From Studebaker Nault and CBJ Law

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

November 2022

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

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

Committee Meeting Checkoff:
Board of Directors – 4th Tuesday every month
Board Compliance and Audit – 1st Wednesday every 3 months (Jan, April, July, Oct.)
Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
Executive – As Needed
Finance – 2nd Friday every month
Joint Conference – Every 3 months
Physician Recruitment – As needed
Governance – As needed
Planning – 1st Friday every month

November 2022 – BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, November 4th
https://bartletthospital.zoom.us/j/94747501805
Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Board Quality Committee 3:30pm Wednesday, November 9th
https://bartletthospital.zoom.us/j/93135229557
Call 1 888 788 0099 Meeting ID: 931 3522 9557

BRH Finance Committee 8:00am Friday, November 17th
https://bartletthospital.zoom.us/j/94088630653
Call 1 888 788 0099 Meeting ID: 940 8863 0653

BRH Board Compliance and Audit Committee 12:00pm Friday, November 18th
https://bartletthospital.zoom.us/j/99426258856
Call 1 888 788 0099 Meeting ID: 994 2625 8856

BRH Board of Directors Meeting 5:30pm Tuesday, November 22nd
https://bartletthospital.zoom.us/j/93293926195
Call 1 888 788 0099 Meeting ID: 932 9392 6195