

Bartlett Regional Hospital

FINANCE COMMITTEE MEETING
February 19, 2021 – Noon
Bartlett Regional Hospital – Zoom Meeting
Agenda

Mission Statement

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

Public may follow the meeting via the following link: <https://bartletthospital.zoom.us/j/99133088324>
or by calling 1-888-788-0099, Meeting ID: 983 2538 5494

CALL TO ORDER

PUBLIC COMMENT

APPROVAL OF MINUTES – January 8, 2021 Minutes

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1. December 2020 Financial Statements Review

- A. December Financial Summary
- B. Statistics
- C. Financial Indicators
- D. Income Statement
- E. Revenue Worksheet
- F. Wages
- G. Balance Sheet
- H. Accounts Receivable
- I. Write-Offs

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2. Purchase of Clinic Building

- Engineers Report

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3. Fire-door Replacement

4. Design Fees

5. Memo to CBJ Assembly – Information only

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Next Meeting: Friday, March 19, 2021 at 12:00 via Zoom

Committee member comments / questions

ADJOURN

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Meeting – January 8, 2021

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

Finance Committee* & Board Members present: Deb Johnston*, Lance Stevens*, Brenda Knapp*, Mark Johnson, Kenny Solomon-Gross, Rosemary Hagevig, Iola Young,

Staff & Others: Kevin Benson, CFO, Billy Gardner, COO, Chuck Bill, CEO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Blessy Robert, Director of Accounting, Willy Dodd, Megan Rinkenberger, Sarah Griffith and Adam Sycks from Elgee Rehfeld, and two attendees only identified by phone numbers ending in -4990 and -6320.

Public Comment: None

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

Audit Presentation – Sarah Griffith, Elgee Rehfeld

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

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

Land Purchase – Kevin Benson, CFO

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

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

November 2020 Financial Review – Kevin Benson, CFO

Inpatient revenue continued to be below budget, at 17% behind last years' YTD budget. Outpatient revenue remains strong, just shy of budget, and 7% ahead of last year YTD. RRC is seeing

patients and generating revenue, but at only 59% of the pre-covid budget. Physician revenue continued to be strong, exceeding budget expectations. Medicare income is down significantly from budget. Total operating revenue was \$9.7M. Net income remained positive, but very thinly so. Breaking even during covid-19 continues to be counted as a success.

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

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

Adjourned – 12:52 p.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: February 12, 2021

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: December Financial Performance

Bartlett Regional Hospital continues to incur decreases in inpatient volumes resulting in an inpatient revenue shortfall of \$1.4 million (25%). After 6 months, inpatient revenues are \$7.1 million (20%) behind the budget target. Outpatient revenues were strong exceeding budget by \$480,000 (5%) ahead of budget. Year-to-date, outpatient revenue has performed well and is currently running \$1.3 million (2.3%) ahead of budget and 7% greater than the prior year.

Rainforest Recovery reopened the very end of October at 50% capacity and is steadily increasing volumes and generating greater revenues and finishing the month 14% less than budget. Physician revenue exceeded budget by \$34,000 or 3%. Total revenues were short of budget by \$920,000 thousand or (6%). Year-to-Date revenues are \$4 million short of budget or 8%.

Deductions from Revenue was less than budget commensurate with the reduction of revenue by \$274,000 thousand or 4%.

Net Patient Revenue finished \$646,000 or 7% less than budget. Since HHS relaxed the rules surrounding the realization of Provider Relief Funds, we were able to record the funds remaining of \$1.7 million and is reflected in Other Operating Revenue. As a result, Other Operating Revenues finished \$2.4 million greater than budget. This resulted in a overage of \$1.7 million or 18% greater than budget target.

Expenses exceeded budget by \$1.2 million or 12%. The biggest variance in supplies was a result of a failure between the Materials Management application and the Inventory system. This error occurred over several months so it was not noticed and resulted in a correction of \$500,000 to expense. Increased staff costs were incurred with unbudgeted Covid-19 staffing (triage, front desk, molecular lab, etc.). After all this Bartlett finished with an Operating Income of \$261,000 and a Net Income of \$436,000. After 6 months BRH has a small Net Income of \$822,000 or 1.32%.

Other Significant Items:

- As a result of COVID, the Year-to-Date expense for oxygen is \$122,000 which is 100% greater than budget. The cost of send our lab tests is \$289,000 which is 80% greater than budget.

Bartlett Regional Hospital
Dashboard Report for December 2020

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Nov)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	383	386	-1%	375	386	2,226	2,290	-3%	2,405
Patient Days - Critical Care Unit	93	96	-3%	75	84	595	572	4%	542
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	15.4	15.6	-1%	15	15.7	15.3	15.6	-1%	16.0
Patient Days - Obstetrics	46	69	-33%	60	57	373	410	-9%	409
Patient Days - Nursery	35	54	-35%	44	60	309	319	-3%	378
Total Hospital Patient Days	557	605	-8%	554	587	3,503	3,590	-2%	3,734
Births	18	25	-27%	21	24	151	146	3%	166
Mental Health Unit									
Patient Days - Mental Health Unit	121	279	-57%	216	163	997	1,656	-40%	1,763
Avg. Daily Census - MHU	3.9	9.0	-57%	7.0	5	5.4	9.0	-40%	9.6
Rain Forest Recovery:									
Patient Days - RRC	173	399	-57%	329	167	358	2,371	-85%	2,020
Avg. Daily Census - RRC	6	12.9	-57%	10.6	6	2	12.9	-85%	11.0
Outpatient visits	139	19	618%	26	80	517	473	9%	139
Inpatient: Admissions									
Med/Surg	64	80	-20%	65	57	341	474	-28%	421
Critical Care Unit	33	45	-26%	40	37	213	265	-20%	241
Obstetrics	20	27	-25%	23	25	162	158	2%	167
Nursery	18	25	-27%	21	24	151	147	3%	174
Mental Health Unit	20	37	-46%	29	15	124	222	-44%	225
Total Admissions - Inpatient Status	155	213	-27%	178	158	991	1,266	-22%	1,228
Admissions - "Observation" Status									
Med/Surg	71	57	25%	47	54	370	337	10%	346
Critical Care Unit	25	30	-18%	25	28	157	180	-13%	201
Mental Health Unit	3	3	18%	4	1	14	15	-7%	12
Obstetrics	17	19	-11%	18	11	84	114	-26%	113
Nursery	0	0	-100%	0	0	0	1	-100%	5
Total Admissions to Observation	116	109	6%	94	94	625	647	-3%	677
Surgery:									
Inpatient Surgery Cases	49	53	-7%	38	38	296	313	-5%	295
Endoscopy Cases	100	92	9%	93	91	524	546	-4%	588
Same Day Surgery Cases	111	104	7%	118	107	699	615	14%	536
Total Surgery Cases	260	248	5%	249	236	1,519	1,474	3%	1,419
Total Surgery Minutes	17,474	15,437	13%	16,227	16,651	108,796	91,624	19%	90,877
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	941	1,243	-24%	1,146	863	5,696	7,378	-23%	7,387
Cardiac Rehab Visits	56	65	-14%	52	57	342	387	-12%	453
Lab Visits	319	402	-21%	302	266	1,721	2,388	-28%	1,518
Lab Tests	9,743	8,572	14%	9,359	9,479	58,519	53,636	9%	53,636
Radiology Visits	796	840	-5%	844	711	4,796	4,985	-4%	4,698
Radiology Tests	3,506	2,449	43%	2,178	2,123	13,961	15,361	-9%	15,361
Sleep Study Visits	7	29	-76%	28	13	134	171	-22%	138
Physician Clinics:									
Hospitalists	257	237	8%	252	217	1,390	1,409	-1%	1,083
Bartlett Oncology Clinic	79	83	-5%	66	85	505	495	2%	396
Ophthalmology Clinic	78	55	43%	64	78	558	324	72%	-
Behavioral Health Outpatient visits	437	385	13%	326	407	2,399	2,287	5%	2,432
Bartlett Surgery Specialty Clinic visits	250	209	20%	247	242	1,365	1,240	10%	1,742
	1,101	969	14%	955	1,029	6,217	5,754	8%	5,653
Other Operating Indicators:									
Dietary Meals Served	22,663	30,346	-25%	31,754	19,820	118,529	180,116	-34%	153,222
Laundry Pounds (Per 100)	381	384	-1%	352	357	2,244	2,278	-1%	2,400

Bartlett Regional Hospital
Dashboard Report for December 2020

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,047	4,652	8.5%	3,903	5,851	4,520	29.5%	4,316
Contractual Allowance %	44.4%	43.0%	3.2%	42.4%	43.9%	43.0%	2.2%	40.7%
Bad Debt & Charity Care %	2.2%	2.7%	-16.6%	2.5%	1.2%	2.7%	-53.7%	2.7%
Wages as a % of Net Revenue	57.7%	49.5%	16.6%	49.6%	53.5%	47.2%	13.4%	46.5%
Productive Staff Hours Per Adjusted Patient Day	28.8	22.1	30.1%	18.9	31.9	17.7	79.7%	17.7
Non-Productive Staff Hours Per Adjusted Patient Day	4.8	3.9	22.8%	3.5	5.2	2.8	88.1%	2.8
Overtime/Premium % of Productive	5.92%	5.77%	2.6%	5.77%	6.53%	6.96%	-6.2%	6.96%
Days Cash on Hand	102	116	-12.0%	119	108	116	-6.9%	119
Board Designated Days Cash on Hand	119	135	-12.0%	154	126	135	-6.9%	154
Days in Net Receivables	45.6	46	0.0%	56	45.6	46	0.0%	56
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.4%	33.7%	73.4%	63.3%
Total debt-to-capitalization (without PERS)					15.1%	33.7%	-55.1%	16.5%
Current Ratio					7.99	2.00	299.5%	8.51
Debt-to-Cash Flow (with PERS)					8.73	2.7	223.4%	6.46
Debt-to-Cash Flow (without PERS)					2.26	2.7	-16.2%	1.69
Aged A/R 90 days & greater					43.8%	19.8%	121.2%	50.5%
Bad Debt Write off					0.5%	0.8%	-37.5%	0.5%
Cash Collections					102.4%	99.4%	3.0%	88.0%
Charity Care Write off					0.7%	1.4%	-50.0%	0.9%
Cost of Collections (Hospital only)					4.4%	2.8%	57.1%	4.6%
Discharged not Final Billed (DNFB)					9.5%	4.7%	102.1%	10.2%
Unbilled & Claims on Hold (DNSP)					9.5%	5.1%	86.3%	10.2%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.04%
POS Cash Collection					1.4%	21.3%	-93.4%	2.0%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,443,060	\$4,713,628	-\$1,270,568	-27.0%	\$3,944,495	1. Inpatient Revenue	\$22,628,864	\$29,329,224	-\$6,700,360	-22.8%	\$28,005,277	-19.2%
\$851,942	\$1,001,455	-\$149,513	-14.9%	\$849,649	2. Inpatient Ancillary Revenue	\$5,796,602	\$6,231,311	-\$434,709	-7.0%	\$5,949,989	-2.6%
\$4,295,002	\$5,715,083	-\$1,420,081	-24.8%	\$4,794,144	3. Total Inpatient Revenue	\$28,425,466	\$35,560,535	-\$7,135,069	-20.1%	\$33,955,266	-16.3%
\$9,726,715	\$9,246,693	\$480,022	5.2%	\$8,971,792	4. Outpatient Revenue	\$58,870,152	\$57,535,001	\$1,335,151	2.3%	\$54,937,835	7.2%
\$14,021,717	\$14,961,776	-\$940,059	-6.3%	\$13,765,936	5. Total Patient Revenue - Hospital	\$87,295,618	\$93,095,536	-\$5,799,918	-6.2%	\$88,893,101	-1.8%
\$272,658	\$316,608	-\$43,950	-13.9%	\$344,868	6. RRC Patient Revenue	\$503,731	\$1,970,005	-\$1,466,274	-74.4%	\$1,881,076	-73.2%
\$299,408	\$269,091	\$30,317	11.3%	\$299,178	7. BHOPS Patient Revenue	\$1,424,248	\$1,674,357	-\$250,109	-14.9%	\$1,598,759	-10.9%
\$1,040,456	\$1,006,356	\$34,100	3.4%	\$942,635	8. Physician Revenue	\$6,093,185	\$6,261,772	-\$168,588	-2.7%	\$5,979,123	1.9%
\$15,634,239	\$16,553,831	-\$919,592	-5.6%	\$15,352,617	9. Total Gross Patient Revenue	\$95,316,782	\$103,001,670	-\$7,684,889	-7.5%	\$98,352,059	-3.1%
					Deductions from Revenue:						
\$2,960,565	\$3,175,748	\$215,183	6.8%	\$2,799,262	10. Inpatient Contractual Allowance	\$16,385,151	\$19,760,216	\$3,375,065	17.1%	\$17,521,486	-6.5%
\$0	\$0	\$0		-\$308,333	10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$3,311,825	\$3,300,693	-\$11,132	-0.3%	\$3,435,232	11. Outpatient Contractual Allowance	\$21,680,955	\$20,537,639	-\$1,143,316	-5.6%	\$19,221,980	12.8%
\$663,498	\$636,456	-\$27,042	-4.2%	\$580,418	12. Physician Service Contractual Allowance	\$3,810,722	\$3,960,171	\$149,449	3.8%	\$3,641,362	4.7%
\$12,378	\$14,640	\$2,262	15.5%	\$12,677	13. Other Deductions	\$78,038	\$91,091	\$13,053	14.3%	\$83,758	0.0%
\$103,391	\$68,800	-\$34,591	-50.3%	\$134,064	14. Charity Care	\$722,605	\$428,087	-\$294,518	-68.8%	\$408,764	76.8%
\$246,743	\$275,713	\$128,970	34.3%	\$253,949	15. Bad Debt Expense	\$462,605	\$2,337,771	\$1,875,166	80.2%	\$2,232,247	-79.3%
\$7,298,400	\$7,572,050	\$273,650	3.6%	\$6,907,269	16. Total Deductions from Revenue	\$43,140,076	\$47,114,975	\$3,974,899	8.4%	\$42,801,264	0.8%
44.4%	43.0%			44.4%	% Contractual Allowances / Total Gross Patient Revenue	43.9%	43.0%			40.7%	
2.2%	2.7%			2.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.2%	2.7%			2.7%	
46.7%	45.7%			45.0%	% Total Deductions / Total Gross Patient Revenue	45.3%	45.7%			43.5%	
\$8,335,839	\$8,981,781	-\$645,942	-7.2%	\$8,445,348	17. Net Patient Revenue	\$52,176,706	\$55,886,695	-\$3,709,990	-6.6%	\$55,550,795	-6.1%
\$2,934,618	\$527,164	\$2,407,454	456.7%	\$325,007	18. Other Operating Revenue	\$9,971,872	\$3,280,134	\$6,691,738	204.0%	\$2,506,730	297.8%
\$11,270,457	\$9,508,945	\$1,761,512	18.5%	\$8,770,355	19. Total Operating Revenue	\$62,148,578	\$59,166,829	\$2,981,748	5.0%	\$58,057,525	7.0%
					Expenses:						
\$4,346,429	\$3,947,424	-\$399,005	-10.1%	\$3,719,559	20. Salaries & Wages	\$25,162,958	\$23,429,896	-\$1,733,062	-7.4%	\$22,803,926	10.3%
\$327,409	\$369,339	\$41,930	11.4%	\$303,879	21. Physician Wages	\$1,773,806	\$2,192,208	\$418,402	19.1%	\$1,918,753	-7.6%
\$138,160	\$128,755	-\$9,405	-7.3%	\$165,358	22. Contract Labor	\$987,116	\$764,219	-\$222,897	-29.2%	\$1,116,085	-11.6%
\$2,240,566	\$2,203,011	-\$37,555	-1.7%	\$2,137,268	23. Employee Benefits	\$13,559,679	\$13,075,943	-\$483,736	-3.7%	\$12,085,969	12.2%
\$7,052,564	\$6,648,529	-\$404,035	-6.1%	\$6,326,064		\$41,483,559	\$39,462,266	-\$2,021,293	-5.1%	\$37,924,733	9.4%
62.6%	69.9%			72.1%	% Salaries and Benefits / Total Operating Revenue	66.7%	66.7%			65.3%	
\$73,531	\$81,316	\$7,785	9.6%	\$121,634	24. Medical Professional Fees	\$614,814	\$482,640	-\$132,174	-27.4%	\$501,956	22.5%
\$293,873	\$170,112	-\$123,761	-72.8%	\$223,726	25. Physician Contracts	\$1,529,816	\$1,009,686	-\$520,130	-51.5%	\$1,399,201	9.3%
\$254,474	\$174,321	-\$80,153	-46.0%	\$200,006	26. Non-Medical Professional Fees	\$1,222,715	\$1,034,689	-\$188,026	-18.2%	\$954,309	28.1%
\$1,926,373	\$1,219,338	-\$707,035	-58.0%	\$1,128,582	27. Materials & Supplies	\$8,934,897	\$7,237,413	-\$1,697,484	-23.5%	\$6,781,389	31.8%
\$122,992	\$143,380	\$20,388	14.2%	\$146,908	28. Utilities	\$659,446	\$851,056	\$191,610	22.5%	\$767,583	-14.1%
\$432,628	\$432,224	-\$404	-0.1%	\$407,585	29. Maintenance & Repairs	\$2,574,394	\$2,565,472	-\$8,922	-0.3%	\$2,234,249	15.2%
\$49,555	\$52,297	\$2,743	5.2%	\$40,089	30. Rentals & Leases	\$301,100	\$310,417	\$9,318	3.0%	\$300,355	0.2%
\$65,584	\$53,793	-\$11,791	-21.9%	\$39,858	31. Insurance	\$297,284	\$319,285	\$22,002	6.9%	\$270,732	9.8%
\$583,834	\$677,441	\$93,607	13.8%	\$588,935	32. Depreciation & Amortization	\$3,933,310	\$3,627,398	-\$305,912	-8.4%	\$3,488,390	12.8%
\$50,909	\$51,246	\$337	0.7%	\$52,453	33. Interest Expense	\$305,668	\$304,165	-\$1,503	-0.5%	\$314,716	-2.9%
\$102,814	\$145,689	\$42,875	29.4%	\$74,024	34. Other Operating Expenses	\$537,444	\$864,818	\$327,374	37.9%	\$709,449	-24.2%
\$11,009,131	\$9,849,686	-\$1,159,444	-11.8%	\$9,349,864	35. Total Expenses	\$62,394,447	\$58,069,305	-\$4,325,140	-7.4%	\$55,647,062	-12.1%
\$261,326	-\$340,741	\$602,067	-176.7%	-\$579,509	36. Income (Loss) from Operations	-\$245,869	\$1,097,524	-\$1,343,393	-122.4%	\$2,410,463	-110.2%
\$101,310	\$104,050	-\$2,741	-2.6%	\$102,593	37. Interest Income	\$614,172	\$617,585	-\$3,414	-0.6%	\$610,392	0.6%
\$73,568	\$100,476	-\$26,908	-26.8%	\$111,348	38. Other Non-Operating Income	\$453,688	\$596,362	-\$142,674	-23.9%	\$836,504	-45.8%
\$174,878	\$204,526	-\$29,649	-14.5%	\$213,941	39. Total Non-Operating Revenue	\$1,067,860	\$1,213,947	-\$146,087	-12.0%	\$1,446,896	-26.2%
\$436,204	-\$136,215	\$572,419	420.2%	-\$365,568	40. Net Income (Loss)	\$821,991	\$2,311,471	-\$1,489,480	64.4%	\$3,857,359	78.7%
2.32%	-3.58%			-6.61%	Income from Operations Margin	-0.40%	1.85%			4.15%	
3.87%	-1.43%			-4.17%	Net Income	1.32%	3.91%			6.64%	

Bartlett Regional Hospital
December 2020 Financial Operating Summary

Financial Group	In-Pt Dec	DecBudget	Out-Pt		Physician Division		BRH Total	
			DecActual	DecBudget	DecActual	DecBudget	DecActual	DecBudget
Aetna	286,381	459,263	1,723,696	1,405,587	150,447	154,047	2,160,524	2,018,897
Blue Cross	266,903	496,567	1,955,840	1,417,106	203,642	204,590	2,426,385	2,118,263
Comm	121,012	197,971	354,480	355,641	66,869	103,303	542,361	656,915
MCD	1,825,030	2,020,047	1,897,216	1,835,068	359,512	316,701	4,081,758	4,171,816
MCR	1,795,681	2,379,450	2,986,371	2,606,664	292,570	365,937	5,074,622	5,352,051
Other	19,664	71,662	217,537	228,201	5,405	16,524	242,607	316,387
SEARHC	20,922	35,195	90,280	124,699	12,188	10,864	123,390	170,758
Self	88,341	89,577	230,031	203,152	12,794	31,592	331,166	324,321
VA/Cham	55,297	141,076	129,205	253,728	20,516	68,058	205,018	462,862
Worker's	-	9,995	148,946	92,597	-	3,831	148,946	106,423
Grand Total	4,479,231	5,900,803	9,733,602	8,522,443	1,123,943	1,275,447	15,336,776	15,698,693
Commercial	674,296	1,163,796	4,182,962	3,270,931	420,958	465,771	5,278,216	4,900,498
Government	3,716,594	4,647,430	5,320,609	5,048,360	690,191	778,084	9,727,394	10,473,874
Self Pay	88,341	89,577	230,031	203,152	12,794	31,592	331,166	324,321
Total Charges	4,479,231	5,900,803	9,733,602	8,522,443	1,123,943	1,275,447	15,336,776	15,698,693

% of Hospital Charges	24%	30%	35%	32%	5%	5%	63.4%	66.7%
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Prior Month

Commercial	1,027,903	1,126,239	3,666,267	3,165,410	494,928	460,023	5,189,098	4,751,672
Government	3,663,421	4,497,521	5,085,346	4,885,497	521,503	768,481	9,270,271	10,151,499
Self Pay	61,883	86,682	138,179	196,602	12,715	31,203	212,777	314,487
Total Charges	4,753,207	5,710,442	8,889,792	8,247,509	1,029,147	1,259,707	14,672,146	15,217,658

% of Hospital Charges	25%	30%	35%	32%	4%	5%	63.2%	66.7%
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<u>Description</u>	<u>DecActual</u>	<u>DecBudget</u>	<u>DecActual</u>
			<u>(Over) / Under</u>
			<u>Budget</u>
Mgrs & Supervisors	379,977	480,540	100,563
Techs & Specs	710,288	678,173	(32,115)
RN's	861,632	950,516	88,884
Clerical & Admin	364,678	368,385	3,707
Clinical - Other	312,337	348,111	35,774
Non-Clinical - Other	276,356	301,464	25,108
Overtime	207,743	175,082	(32,661)
Premium Pay	47,040	16,815	(30,225)
Shift Differentials	142,170	133,933	(8,237)
On-Call	19,857	28,323	8,466
Non Productive	603,963	466,082	(137,881)
Premium Pay	0	-	-
Productivity Incentives	100,400	0	(100,400)
Grand Total	4,026,441	3,947,424	(79,017)
Physicians	327,409	369,339	41,930
Contract Labor	138,160	128,755	(9,405)
Physician Contracts	465,569	498,094	32,525

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
December 31, 2020

	<u>December-20</u>	<u>November-20</u>	<u>December-19</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	34,239,541	36,007,775	33,759,459	480,082
2. Board designated cash	35,824,845	35,719,904	38,876,149	(3,051,305)
3. Patient accounts receivable, net	13,030,156	14,135,598	16,728,824	(3,698,669)
4. Other receivables	(252,703)	(876,477)	2,290,218	(2,542,920)
5. Inventories	3,341,683	3,825,453	3,225,457	116,226
6. Prepaid Expenses	2,828,828	2,553,548	878,858	1,949,970
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	89,041,227	91,394,678	95,787,842	(6,746,616)
Appropriated Cash:				
9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
Property, plant & equipment				
10. Land, bldgs & equipment	146,403,489	145,924,595	149,368,673	(2,965,184)
11. Construction in progress	7,105,584	6,881,459	2,523,423	4,582,161
12. Total property & equipment	153,509,073	152,806,054	151,892,096	1,616,977
13. Less: accumulated depreciation	(97,974,462)	(97,390,628)	(99,962,995)	1,988,533
14. Net property and equipment	55,534,611	55,415,428	51,929,102	3,605,509
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	161,143,073	163,377,341	166,810,061	(5,666,988)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	671,459	2,335,104	2,173,149	(1,501,691)
18. Accrued employee benefits	4,772,028	4,844,802	3,739,912	1,032,115
19. Accounts payable and accrued expenses	3,131,977	1,962,013	3,729,333	(597,356)
20. Due to 3rd party payors	4,250,857	4,250,857	2,255,085	1,995,772
21. Deferred revenue	(3,009,812)	(1,144,552)	(2,257,437)	(752,375)
22. Interest payable	329,797	263,838	340,359	(10,562)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	127,203	416,869	396,788	(269,585)
25. Total current liabilities	11,143,509	13,798,931	11,222,189	(78,682)
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,137,329	1,152,380	1,317,223	(179,894)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	87,670,098	87,685,149	98,220,427	(10,550,329)
31. Total liabilities	98,813,607	101,484,080	109,442,616	(10,629,011)
32. Fund Balance	62,329,465	61,893,262	57,367,443	4,962,022
33. Total liabilities and fund balance	161,143,073	163,377,341	166,810,061	(5,666,988)

**Bartlett Regional Hospital
Accounts Receivable
12/31/2020**

Aging by Fin Grp	Unbilled A/R	0-30	31-60	61-90	91-120	121-150	151+	A/R Total	Billed & Unbilled 12/31/2020	Billed & Unbilled 11/30/2020
Aetna	\$164,944	\$228,869	\$442,395	\$279,844	\$197,703	\$149,031	\$505,918	\$1,803,761	\$1,968,705	\$1,835,424
Blue Cross	\$196,014	\$164,243	\$94,131	\$127,583	\$42,385	\$0	\$270,335	\$698,678	\$894,692	\$1,480,676
CB	0	0	0	0	0	0	0	\$0	\$0	\$0
Com	\$29,582	\$12,687	\$18,616	\$99,908	\$93,408	\$0	\$38,825	\$263,443	\$293,025	\$305,293
Medicaid	\$783,450	\$1,405,729	\$825,754	\$702,059	\$152,320	\$176,580	\$277,021	\$3,539,463	\$4,322,913	\$3,575,949
Medicare	\$667,705	\$1,550,402	\$206,317	\$384,666	\$212,320	\$111,101	\$85,857	\$2,550,663	\$3,218,368	\$4,130,792
Medicare Rep	\$18,229	\$0	\$0	\$0	\$3,509	\$0	\$88,626	\$92,135	\$110,364	\$113,487
Other	\$95,711	\$90,531	\$23,144	\$10,884	\$29,052	\$14,999	\$40,689	\$209,299	\$305,010	\$134,357
SEARHC	\$0	\$28,804	\$24,819	\$0	\$1,212	\$4,406	\$1,459	\$60,700	\$60,700	\$26,728
Self	\$28,024	\$13,654	\$264,981	\$202,092	\$47,777	\$68,673	\$2,214,255	\$2,811,432	\$2,839,455	\$2,662,246
VA	\$44,398	\$56,079	\$19,663	\$0	\$29,224	\$0	\$64,415	\$169,381	\$213,779	\$147,091
Worker's	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$564
in-patient Total	\$2,028,057	\$3,550,999	\$1,919,820	\$1,807,036	\$808,911	\$524,790	\$3,587,399	\$12,198,955	\$14,227,011	\$14,412,608
Aetna	\$431,859	\$1,324,261	\$574,138	\$324,432	\$205,927	\$150,955	\$361,586	\$2,941,299	\$3,373,158	\$3,339,024
Blue Cross	\$699,939	\$926,812	\$367,591	\$212,519	\$91,600	\$55,311	\$215,730	\$1,869,563	\$2,569,502	\$2,374,853
CB	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Com	\$51,865	\$238,452	\$135,105	\$37,709	\$12,794	\$65,130	\$169,248	\$658,438	\$710,302	\$641,125
Medicaid	\$449,441	\$673,649	\$201,519	\$152,132	\$29,638	\$39,859	\$137,857	\$1,234,654	\$1,684,096	\$1,740,471
Medicare	\$975,068	\$1,245,055	\$371,220	\$251,965	\$240,310	\$55,163	\$77,947	\$2,241,661	\$3,216,729	\$2,892,238
Medicare Rep	\$0	\$2,276	\$142	\$1,458	\$164	\$1,110	\$55,722	\$60,872	\$60,872	\$63,356
Other	\$32,334	\$79,595	\$32,657	\$40,526	\$8,537	\$3,388	\$37,187	\$201,890	\$234,224	\$182,718
SEARHC	\$56,435	\$47,303	\$34,968	\$44,856	\$1,451	\$1,149	\$6,234	\$135,961	\$192,395	\$170,195
Self	\$21,015	\$192,509	\$303,630	\$333,212	\$273,830	\$301,518	\$4,745,293	\$6,149,992	\$6,171,006	\$6,156,607
VA	\$163,857	\$117,050	\$18,939	\$11,696	\$21,278	\$6,493	\$47,553	\$223,009	\$386,866	\$544,885
Worker's	\$23,536	\$86,902	\$137,044	\$133,021	\$16,275	\$10,676	\$31,483	\$415,402	\$438,938	\$411,457
out-patient Total	\$2,905,349	\$4,933,865	\$2,176,953	\$1,543,526	\$901,803	\$690,751	\$5,885,842	\$16,132,740	\$19,038,089	\$18,516,931
Aetna	\$596,803	\$1,553,131	\$1,016,533	\$604,276	\$403,630	\$299,986	\$867,505	\$4,745,060	\$5,341,863	\$5,174,449
Blue Cross	\$895,953	\$1,091,055	\$461,722	\$340,102	\$133,986	\$55,311	\$486,065	\$2,568,241	\$3,464,194	\$3,855,530
CB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Com	\$81,446	\$251,139	\$153,721	\$137,617	\$106,201	\$65,130	\$208,073	\$921,881	\$1,003,327	\$946,418
Medicaid	\$1,232,892	\$2,079,378	\$1,027,272	\$854,191	\$181,958	\$216,439	\$414,879	\$4,774,117	\$6,007,009	\$5,316,421
Medicare	\$1,642,773	\$2,795,457	\$577,538	\$636,631	\$452,630	\$166,264	\$163,804	\$4,792,324	\$6,435,097	\$7,023,030
Medicare Rep	\$18,229	\$2,276	\$142	\$1,458	\$3,673	\$1,110	\$144,348	\$153,007	\$171,235	\$176,843
Other	\$128,045	\$170,126	\$55,801	\$51,410	\$37,590	\$18,387	\$77,875	\$411,189	\$539,234	\$317,075
SEARHC	\$56,435	\$76,106	\$59,787	\$44,856	\$2,664	\$5,555	\$7,692	\$196,661	\$253,095	\$196,923
Self	\$49,039	\$206,164	\$568,611	\$535,304	\$321,607	\$370,191	\$6,959,548	\$8,961,423	\$9,010,462	\$8,818,853
VA	\$208,255	\$173,129	\$38,603	\$11,696	\$50,502	\$6,493	\$111,968	\$392,390	\$600,646	\$691,977
Worker's	\$23,536	\$86,902	\$137,044	\$133,021	\$16,275	\$10,676	\$31,483	\$415,402	\$438,938	\$412,021
Grand Total	\$4,933,405	\$8,484,863	\$4,096,773	\$3,350,563	\$1,710,714	\$1,215,541	\$9,473,241	\$28,331,695	\$33,265,100	\$32,929,539

Aged Balance excludes Credit Balances

	December-20	November-20
Aging	\$28,331,695	\$26,773,151
Unbilled	\$4,933,405	\$6,156,388
Total	\$33,265,100	\$32,929,539

Totals		
One Time PPD Ins	\$0.00	
RRC/MCR NO Enrollment	\$0.00	
Compliance/Risk/Adminstrative	\$0.00	
SP Prompt Pay Disc	\$15,392.45	190
BOPS Provider Enrollment LPC		
Authorization/Alert Missing	\$695.00	1
1115 Waiver Svcs on Commerical Ins	\$594.55	7
Denied Appeals /Timely	\$0.00	
BOPS/MCR Provider NOT Eligible	\$0.00	
Mental Health BD MHU, RRC BOPS	\$92,313.46	163
Late Fees	\$0.00	0
	\$108,995.46	361

Collections		
One Time Ins PPD	\$0.00	
Collections SPPPD	\$77,843.80	190

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: February 12, 2021

TO: Bartlett Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: Purchase of Clinic Building

There hasn't been much new on the purchase of the Bartlett Specialty and Surgical Clinic from last meeting. The owners rejected the \$2 million offer and instead want \$2.5. My impression is this is a firm number.

I am attaching the Engineer's Report that was completed. It didn't reveal any serious issues with the building. While the roof is fine now, it is nearing its end of life and will need replacement in the next few years. I reached out to CBJ staff about a rough estimate to replace the roof. Here is the reply I received.

We just got out of a meeting where this question came up. I told Kevin we figure \$30-40/SF depending on the quantity of insulation added. I took a look at the appraisal and figure that there is roughly 9480 SF of flat roof area plus another 1662 SF of wall parapet for a total replacement quantity of ~11,142 SF. At \$35/SF this is a construction cost of \$389,970. Add another 20% for design, CA, etc. and we are at \$468k. This is a pretty rough number and could decrease significantly if insulation is not added, or could increase significantly if we found asbestos in any of the old roof layers. Building age is such that there shouldn't be asbestos but you know how that goes...

That's a ballpark estimate based on the information I have to determine the size of the roof.



Home Inspection Report



3225 Hospital Drive, Juneau , AK 99801

Inspection Date:

Thursday, January 21, 2021

Prepared For:

City And Boroughs for Juneau And Bartlett Regional Hospital

Prepared By:

Southeast Real Estate Inspections

PO BOX 210433

Auke Bay, AK 99821

(907) 321-4489

inspectseast@gmail.com

Report Number:

1/21/21

Inspector:

Caleb Ziegenfuss

License/Certification #:

123904

Inspector Signature:

Report Overview

Scope of Inspection

Visual Inspection Only

All components designated for inspection in the ASHI Standards of Practice are inspected, except as may be noted in the "Limitations of Inspection" sections within this report. It is the goal of the inspection to put a buyer in a better position to make a buying decision. Not all improvements will be identified during this inspection. Unexpected repairs should still be anticipated. The inspection should not be considered a guarantee or warranty of any kind. Please refer to the pre-inspection contract for a full explanation of the scope of the inspection.

State of Occupancy

Occupied commercial spaces by multiple tenants.

Weather Conditions

Clear and sunny, approximately 45 deg.

Structure Overview

Description

Construction Type	<p>Foundation appears to be a CMU wall with poured concrete slab floor for original warehouse structure.</p> <p>A poured concrete wall and footer assembly with slab floor for tower addition foundation. The majority of the foundation is concealed by exterior cladding and interior fur out framing and drywall. No significant cracks or signs of excessive settling or structural damage visible.</p> <p>Exterior structural framing appears to be conventional wood framed construction. 2x framing, sheeting and wall wrap and cladding. Floor assembly appear to be steel columns and wood framed joist and subfloor assembly.</p> <p>Exterior walls are insulated with fiberglass bat insulation and clad with gypsum wall board.</p> <p>The roof framing is wood framed parallel chord trusses with wood sheet decking and torch down roofing.</p> <p>Fiberglass bat insulation visible between trusses with a 2-4 " air gap and vented bird blocking to provide roof ventilation.</p>
Overall Impression	<p>The building exterior cladding, doors, windows and roofing visually ins-extend and appears to be in overall good condition. Some minor maintenance type repairs and painting should be anticipated. Some areas of weathering and aging visible though on going maintenance and upgrades such as metal roofs and sidings show building is overall well maintained.</p> <p>The interior finishes, fixtures appear intact and complete. Significant upgrades to lower street level structure occupied by BRH appear current and satisfactory. The tower addition interiors show signs of aging and use, some of the systems showing signs of typical wear though appear overall well maintained. All systems appear overall functional.</p> <p>No sign of significant structural concerns, mechanical systems failure or safety hazard visible.</p>

Roofing

Description

Roof covering Torch down asphalt roofing, roll on type sealer top coating applied.
Roof flashings Parapet walls with mansard style roofs over eaves.
Chimneys Active and abandoned boiler stacks through penthouse roof.
Roof drainage system Three roof drains on original structure, two drains on tower addition roof. No side scupper drains present.
Method of inspection Visual inspection of roof coatings, drains, penetration boots and flashing conditions.

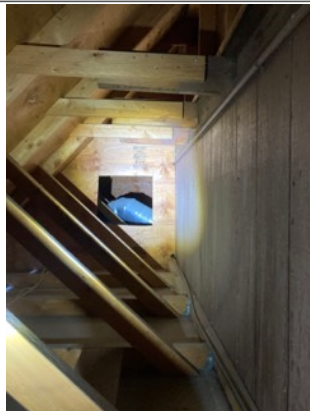
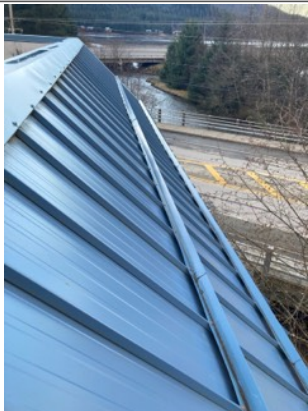
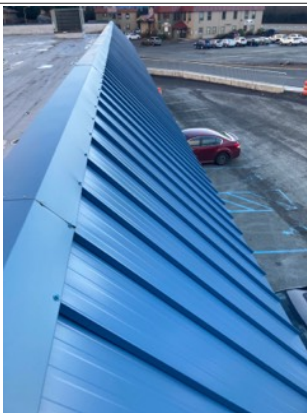
Observations

Sloped The mansard style metal roof at the extended eaves are built off the parapet walls to provide extended eaves. The roofing is a standing seam metal panel with hidden fasteners. The metal roofing appears to be in overall good condition. Proper flashing noted at eaves and wall caps. Snow stops installed and secure. No sign of active leaks or significant damage visible. Top wall cap flashings extends over the vertical areas of the flat (low slope) touchdown roofing back side of parapet wall and appears to provide adequate protection.
The soffits show some signs of water staining however no elevated moisture readings noted when tested by digital meter. Stains appear to be from previous conditions. A small access hatch is located on front eave that allows for visual inspection of partial roof sheeting, fascias and soffits. Visible mansard roof sheeting and eave construction appears dry and sound, though access and visibility was limited to this portion. The fiber cement soffit cladding appear intact and sound.



Small access hatch to mansard roof eave framing. Plywood sheer sheeting is installed on the rafter and soffit framing approximately every 20' that restricts access to the southeast sides of building. Consider installing additional access for inspection/maintenance.







Flat

A low sloped roof assembly present over both the original structure and the tower addition. The roof assembly appears to be a built up, torch down asphalt membrane covering with several recessed roof drains that are presumably piped through building and discharge to storm drains. The roofing appears to be +/- 15 years. A roll on type top coat sealer has been applied to prolong roof serviceability. The wall transitions, penetration boots and drain wells appear well sealed and functional. Areas of patching and blistering are present. The roof appears to slope enough to provide positive drainage over most of the surfaces though a few areas of standing water pooling near parapet wall and penthouse wall framing may be susceptible to accelerated deterioration of coatings and may result in water intrusion. No scupper type drains present as overflow protection due to drain obstruction.

Roofing appears to be overall functional though appears to be nearing the end of its useful life. The estimated average life expectancy of Modified Bitumen (torch down asphalt membrane) is +/- 20 years. Many factors such as installation, geographical location and maintenance may affect serviceable life. Recommend anticipating some maintenance related repairs and sealing of areas noted and replacement of the low slope roof system in the near future.





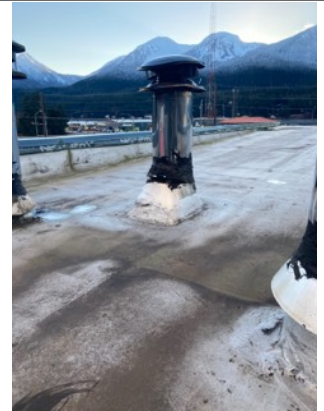
Water pools along side the penthouse wall, ventilation hood is cut low into the roof to wall coving. This area may be susceptible to water intrusion.

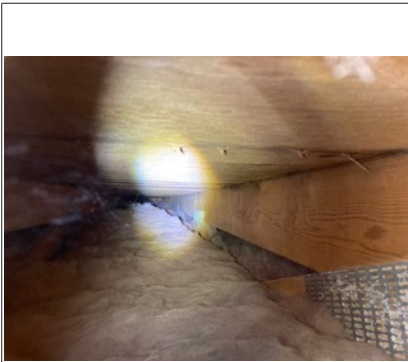


Several areas of patching and sealing present on roof. Recommend qualified roofing contractor evaluate and monitor/repair as needed to ensure proper protection and anticipate replacement of low slope roofing systems in the near future.



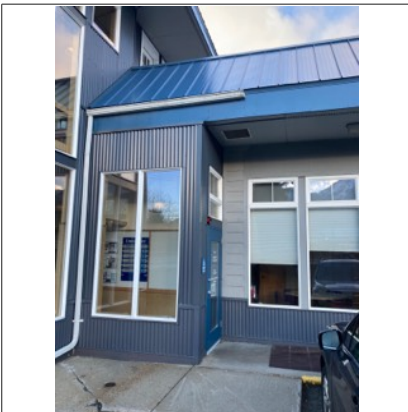
Limited visibility of the bottom side of roof sheathing is visible through bird block vents between truss top cords located in the mansard eave framing. No obvious signs of water damage 'intuition where visible.





Water intrusion at the roof access door. Elevated moisture readings noted at interior wall assembly. Recommend qualified contractor evaluate extent of damage and properly seal door threshold/roof transition to prevent further damage.

Gutters & downspouts Metal gutters and downspouts are only present on the exterior tower eaves and a small section protecting the main tower entry wall that does not have extended eaves. The gutters installed appear properly sloped and secure. Remaining eaves over original structure and southeast tower eaves over flat/low sloped roof do not have gutters. Missing gutters cause excessive backsplash on wall components that may cause accelerated deterioration. The lower walls have been recently clad with a metal siding Wainscot to replace the damaged fiber cement siding. Areas of pooling water and corrosion near exterior door frames as well as elevated moisture readings to interior wall board in these areas may be in part due to the lack consider installing gutters and downspouts where missing to improve drainage away from building.



Discretionary improvements Water pools along side the penthouse wall, ventilation hood is cut low into the roof to wall coving. This area may be susceptible to water intrusion. Several areas of patching and sealing present on roof. Recommend qualified roofing contractor evaluate and monitor/repair as needed to ensure proper protection and anticipate replacement of low slope roofing systems in the near future.

Roofing

Observations cont.

Discretionary improvements cont.

Water intrusion at the roof access door. Elevated moisture readings noted at interior wall assembly. Recommend qualified contractor evaluate extent of damage and properly seal door threshold/roof transition to prevent further damage.

Small access hatch to mansard roof eave framing. Plywood sheer sheeting is installed on the rafter and soffit framing approximately every 20' that restricts access to the southeast sides of building. Consider installing additional access for inspection/maintenance.

Consider installing gutters and downspouts to all eaves where missing to aid in directing excessive water away from lower wall cladding and doors.

Exterior / Structure

Description

Wall covering Fiber cement lap siding and corrugated metal panels.

Eaves / soffits / fascias Metal wrapped fascias, fiber cement soffits.

Doors Hollow metal, steel framed exterior doors.

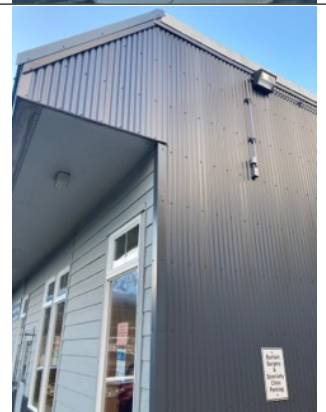
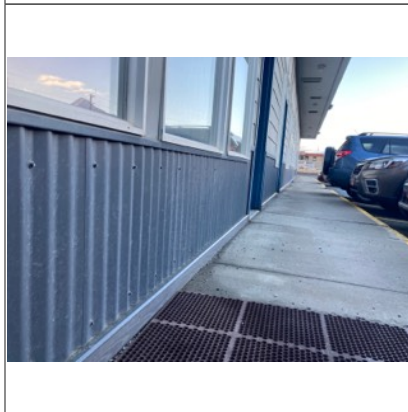
Window/door frames and trim Vinyl framed windows, fiber board window trims,

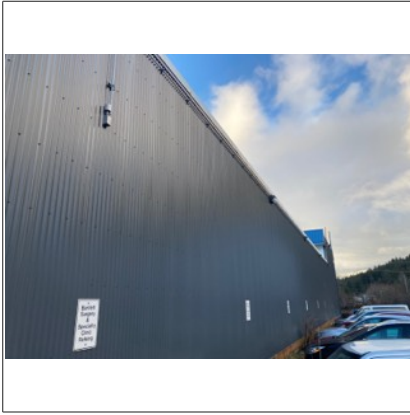
Entry walkways and patios Pours concrete service /entry walks

Observations

Ext. walls The exterior of the building inspected and appears to be in overall good condition. The structure appears to be a conventional wood framed construction clad with fiber cement lap siding and trims. Corrugated metal panels have been installed on the lower portions around perimeters and over the back northeast wall. The cladding appears to be intact and functional. Proper flashings present. The foundation appears to be a Continuous concrete slab on a CMU block foundation for original structure and the tower addition foundation is conventional poured wall and footer assembly with concrete slab Interior floor. The metal siding panels and termination trims appear proper satisfactory. Fiber cement siding and trims appear overall intact and complete.

Cladding appears to be in overall good condition. No sign of significant damage or structural concerns visible. Some typical weathering and peeling paint / cracked caulking present. Minor maintenance type repairs and repainting should be anticipated to ensure prolonged integrity and weather protection.

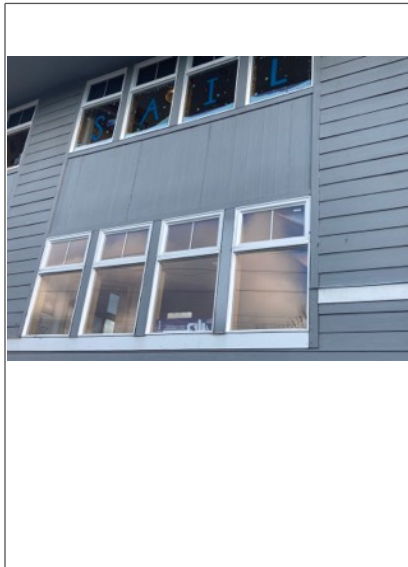
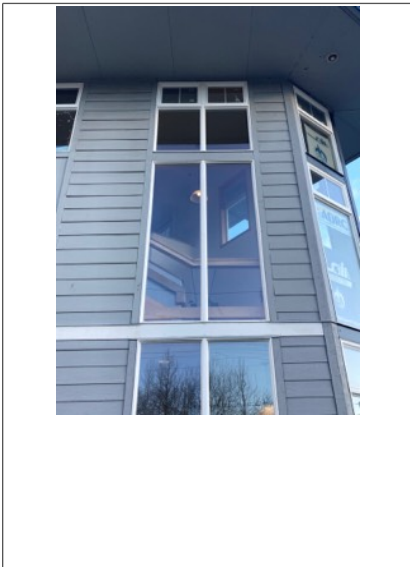




Windows / Doors / Flashings

The exterior doors and windows tested and operational. Locks and weather seals functional. No damaged glass or signs of active water intrusion visible near windows. The exterior doors tested and functional though appear to be significantly corroded and are no longer providing adequate weather protection. Recommend anticipating replacement of exterior doors in the near future.

Interior wall cladding near exterior doors show elevated moisture readings due to water intrusion from improperly sloped walkways and excessively corroded and improperly sealed doors. Condition of fur out framing over foundation is unknown. Recommend Anticipating some minor wall repairs at time of door replacement.



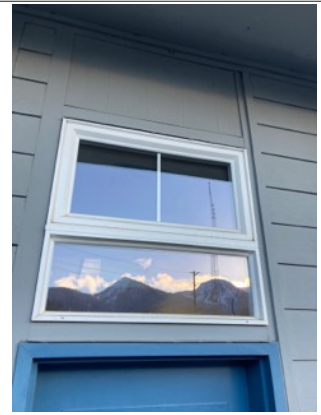
Interior wall cladding near exterior doors show elevated moisture readings due to water intrusion from improperly sloped walkways and failing exterior door frames.



Is few areas of moisture stains at interior window trims and wall cladding though no elevated moisture readings noted at time of inspection other then near doors as noted.



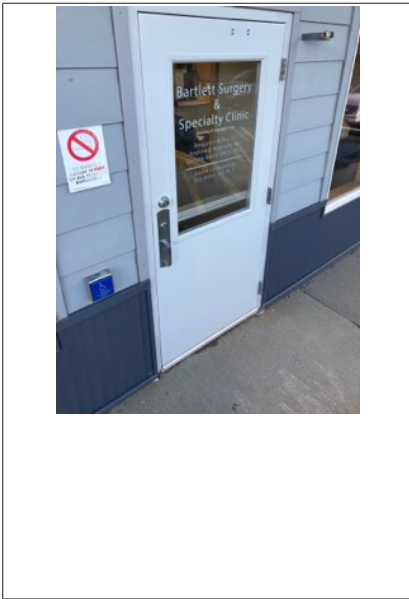
Signs of water intrusion under doors. Flooring damage and moisture wicking up drywall.



Many of the exterior doors are significantly weathered and are nearing the end of their serviceable life. Recommend Anticipating exterior door replacement throughout.



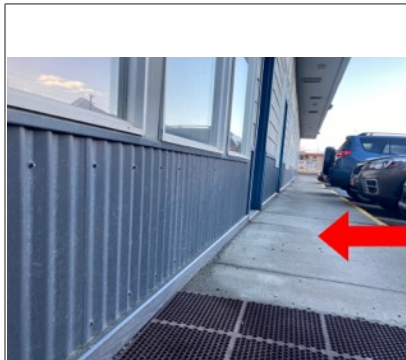
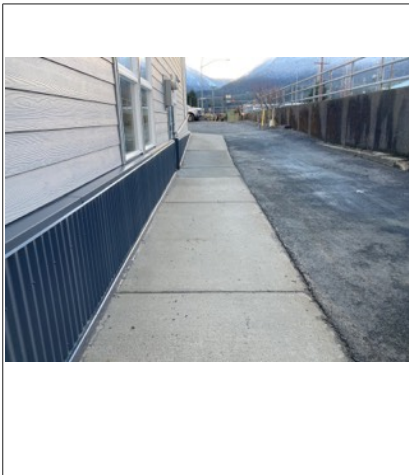
Damaged door and frames due to water pooling.



Walkway

Concrete side walks on three accessible walls. Walkways appear overall sound. Some typical cracking and heaving present though no significant trip hazards noted.

A few areas of the concrete side walks appear to slope towards the building. Sidewalks are flush with floor slabs and water intrusion under door thresholds visible on a few of the exterior doors has contributed to corrosion of door frames and water damage to floor coverings. Areas of elevated moisture readings on drywall where moisture appears to be wicking up. Recommend anticipating replacement and re sloping of portions of walkways to direct water away from structure.



Water pools against building in a few areas. Recommend repair

Discretionary improvements

Typical cracks at siding / trim details. Areas of spalling and de laminations visible at exterior fiberboard trims. This type of material is susceptible to accelerated deterioration when subjected to moisture. Recommend anticipating repainting and sealing of all non metallic exterior claddings.

A few areas of the concrete side wall appear to slope towards the building. Sidewalks are flush with floor slabs and water intrusion under door thresholds visible on a few of the exterior doors has contributed to corrosion of door frames and water damage to floor coverings. Areas of elevated moisture readings on drywall where moisture appears to be

Exterior / Structure

Observations cont.

Discretionary improvements cont.

wicking up. Recommend anticipating replacement and re sloping of portions of walkways to direct water away from structure.

Many of the exterior doors are significantly weathered and are nearing the end of their serviceable life. Recommend Anticipating exterior door replacement throughout.



Areas of typical exterior weathering consistent with age. Recommend repair and repaint fiber cement sidings and trims as needed.



Typical cracks at siding / trim details. Areas of spalling and de laminations visible at exterior fiberboard trims. This type of material is susceptible to accelerated deterioration when subjected to moisture. Recommend anticipating repainting and sealing of all non metallic exterior claddings.



Interior Finishes

Description

Wall/ceiling materials Gypsum wallboard on interior walls and underside of ceiling trusses and floor joists. Suspended ceiling grid installed throughout the original structure tenant spaces.

Floor surfaces Commercial carpets installed throughout finished spaces and commercial grade sheet vinyl in wet locations.

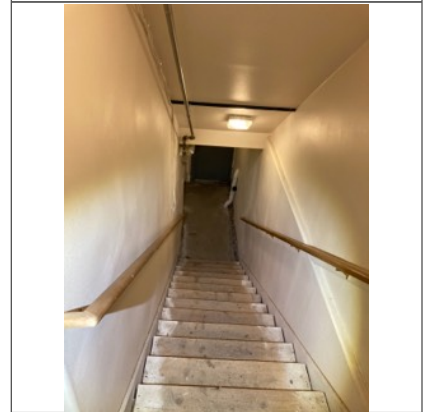
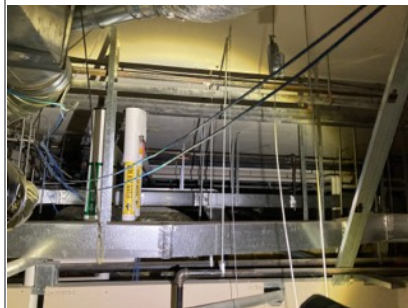
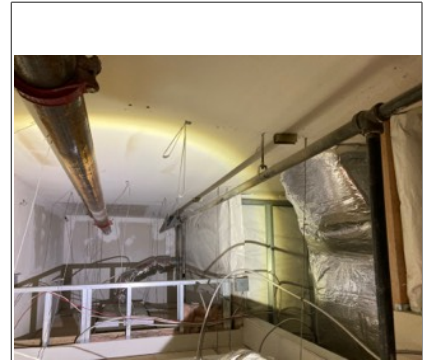
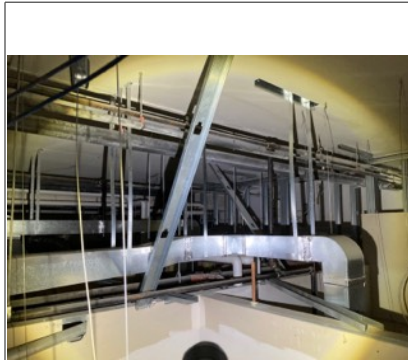
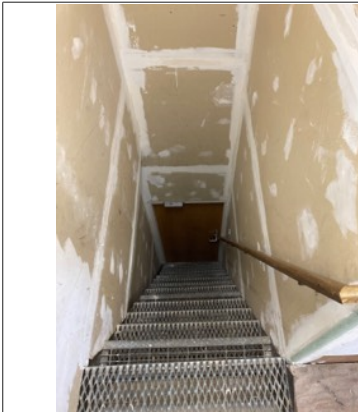
Window type(s) / glazing Vinyl framed casement and awning style windows.

Doors Solid core interior doors

Observations

Wall / ceiling Claddings The interior wall cladding and visible structural components appear intact and sound. The fire separation drywall intact and properly sealed where visible. A few areas of water intrusion noted by exterior doors, areas of old water stains tested and no signs of elevated moisture readings or active leaks other than noted previously in report. Stains appear to be from previous conditions.

A few areas with diagonal cracks through wallboard visible on each floor Adjacent to elevator shaft suggests minor settling of structural supports however a full structural assessment was not performed. Further evaluation by licensed structural engineer is recommended if cracking worsens or shows signs of movement.



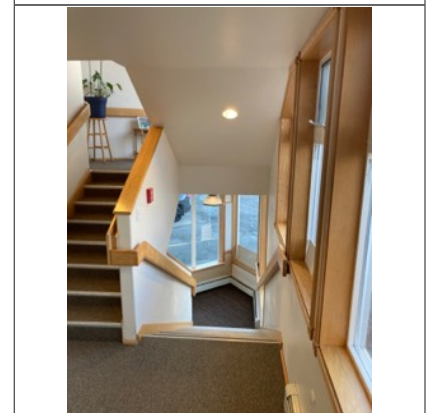
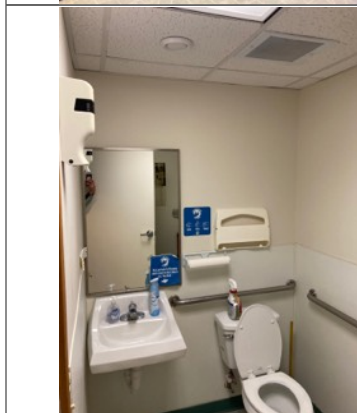
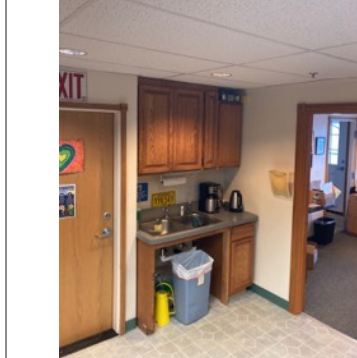
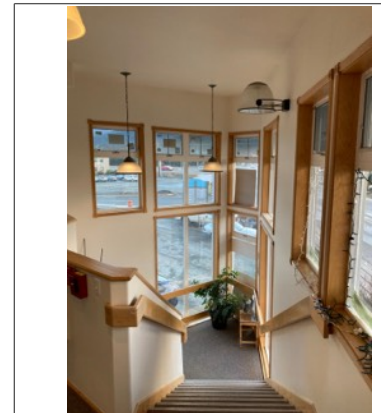
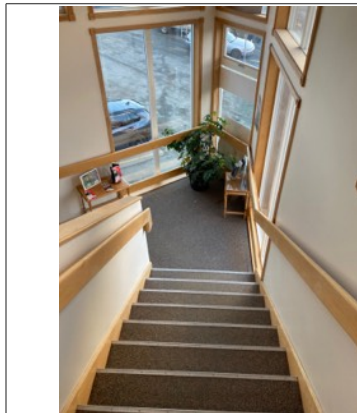
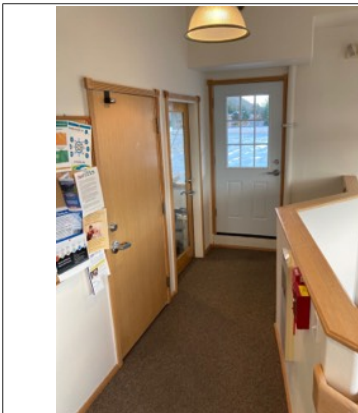
Fixtures And Finishes The building interior finishes and fixtures appear to be in overall intact and complete. The original, street level area appear to have more recent updates with most mechanical systems ran above the suspended ceiling grid with steel framed partition walls throughout. Interior spaces are finished with typical commercial grade finishes including solid core doors, glue down carpets and sheet vinyl floors in wet locations. Visible fixtures and finishes appear to be satisfactory. Some typical minor wear consistent with age though no sign of significant damage or defects visible.

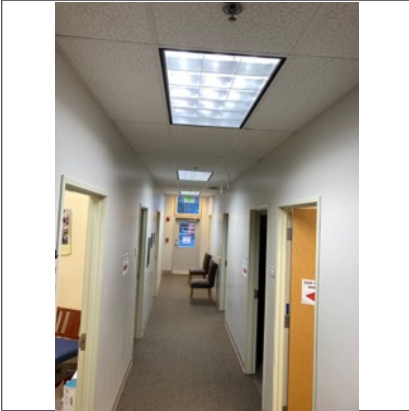
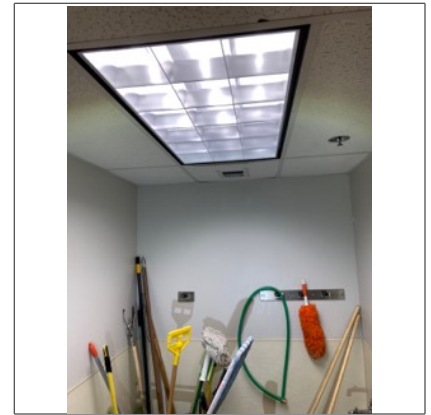
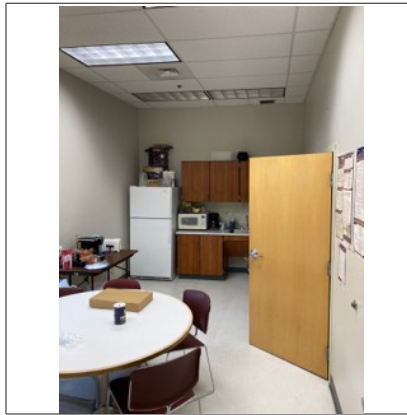
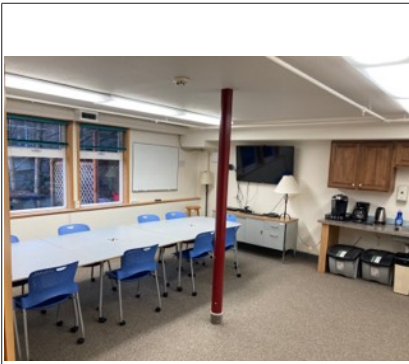
Interior Finishes

Observations cont.

Fixtures And Finishes cont. The multi level tower addition interior appears to be conventional wood framed partition walls and floor frame assembly. Some areas have suspended ceilings and other areas have Gypsum wallboard ceilings. The interior finishes in this portion of facility appear more dated though overall intact and complete. Typical wear and minor damage consistent with the age. No significant improvements or defects noted. Finishes appear to be original to addition buildout.

Secure and functional hand rails at all stairs noted. Doors and windows tested, hardware appears overall functional.
Not all areas of the interior spaces were readily accessible due to tenant uses. Some minor maintenance type repairs should be anticipated.

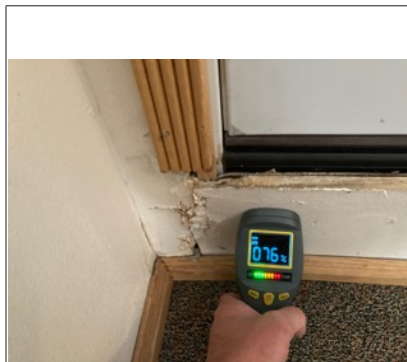




Discretionary improvements A few minor areas of concern noted



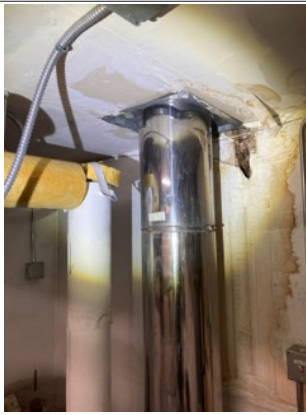
A few areas of wet drywall on ground level exterior doors appear to be from improperly sloped walkways and failing door seals/frame.



Water intrusion noted at exterior door at roof access. Recommend further evaluation and repair as needed to restore weather protection and prevent further damage.



Areas of water damage visible in boiler room appear to be from previous roof leaks at chimney penetration. No elevated moisture readings present. Condition of framing/sheeting is unknown.



Cracks in the drywall on walls adjacent to elevator shaft. Cracks visible on each level. May be from settling or minor seismic movements.



Electrical

Description

Size of service 800 amp

Service drop •Underground

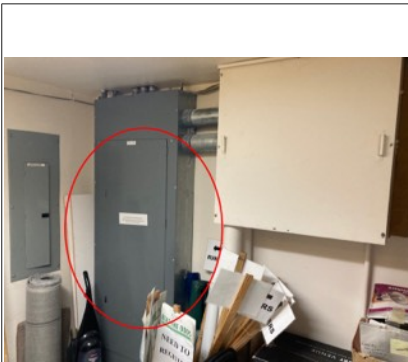
Service equip / main disconnect First floor tower utility room.

Sub-panel(s) Several sub panels located throughout tenet spaces.

Observations

Service / entrance The building appears to have one electrical service. One meter present. The main 800 amp service panel is located in the first floor utility room in tower addition. Several sub panels throughout individual tenant spaces and penthouse present. The main panel contains the 800 amp service disconnect to building and main shutoffs for sub panels. Electrical panel condition appear satisfactory, panel covers were not removed during inspection to avoid accidental breaker manipulation to medical equipment that may be in use. The lighting fixtures, light switches and receptacles tested and appear overall functional. Proper grounding and gfcı protection where required. Visible branch circuit wiring appears properly secured, covered junction boxes and secure conduits present where visible. No obvious improper alterations or safety concerns noted.

Low voltage system controls not evaluated.



Main 800 amp electrical service panel with sub panel disconnects



Heating

Description

Energy source Oil

System type Oil fired boiler with hydronic registers

Other components Oil tank, lift pump, day tank

Observations

Boiler An oil fired boiler with hot water baseboard heat registers installed for the tower addition and original structure tenants spaces. Boiler fired and ran properly at time of inspection. Visible distribution piping, zone valves, circulation pumps appear satisfactory. No sign of excessive corrosion or leaks visible, proper pressure relief valves, gauges and emergency disconnect as required. Exterior exhaust venting appears satisfactory. Louvered vents through wall provide adequate combustion air. A recent service tag dated 12/'19 present. No sign of obvious damage or defects noted. Recommend listening heating contractor clean and service boiler system annually to ensure proper operation and maximize efficiency. Boiler manufactured in 1991. 30 years old.

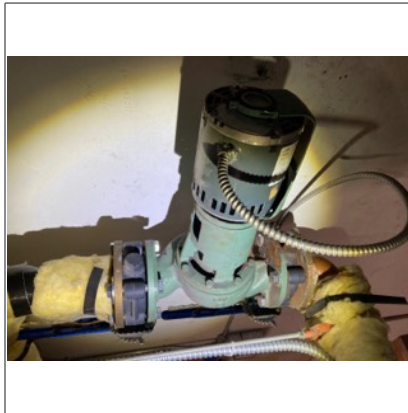
Fuel Storage And Delivery A double wall, above ground oil tank located outside near creek. Size and age is unknown. The tank appears to be in overall good condition. No excessive corrosion or leaks visible. Age is estimated to be approximately 30 years old. Visible fuel lines are exposed copper pipe. No kinks or damage noted. Due to the age of tank and fuel lines and close proximity to salmon creek, recommend anticipating tank and fuel line system upgrades to include leak detection and containment systems in the near future.

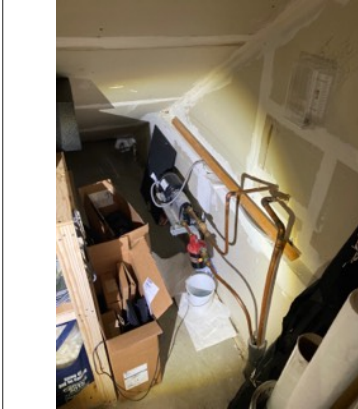
A fuel lift pump is installed in the storage closet under emergency egress stairs and a day storage tank installed in penthouse near boiler. System appears functional, no leaks or defects noted, fuel shutoff valves located at day tank, and lift pump.

Discretionary improvements

Due to the age of tank and fuel lines and close proximity to salmon creek, recommend anticipating tank and fuel line system upgrades to include leak detection and containment systems in the near future.

Photos





Fuel oil lift pump and shutoff is located storage closet under emergency escape stairs.



HRV /ventilation

Description

Central Ventilation Central HVAC ventilation system installed serves the original street level structure area. Roof top fan unit, visible ducting appear intact and functional. Normal controls and operations visible.

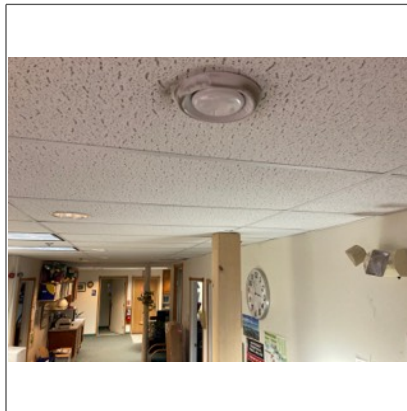
HRV A simple heat ventilation system installed to provide mechanical ventilation to the tower addition. Unit running and appears satisfactory. Visible ductings, dampers and diffusers appear intact and functional.

Observations

Central air conditioning



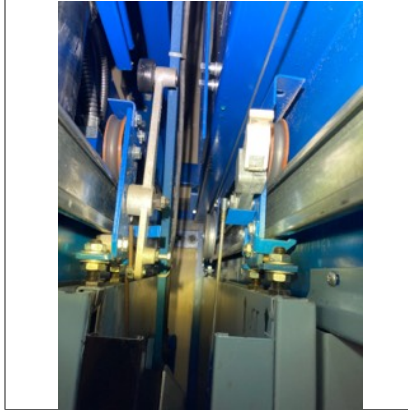
HRV



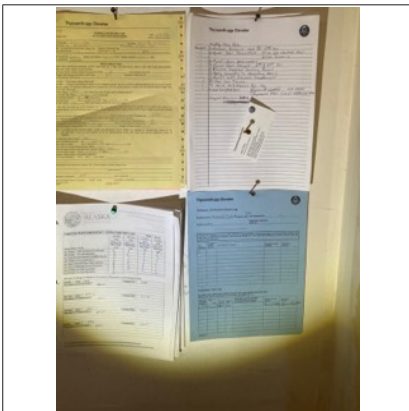
Elevator

Description

Elevator systems The electric elevator installed in addition tower appears to be satisfactory. Normal controls and operations noted. Service records and fire department emergency testing certificates preset. System appears to be maintained and serviced regularly. Recent fire department test date 12/'20



Photos



Plumbing / Fire protection

Description

Water supply source 2" municipal water supply

Main water valve location Main water shutoff valve is located in the sprinkler riser closet located in the southeast (front corner) of building. Original structure.

Interior supply piping •Copper

Waste system •Public Sewer System

Water heater Multiple electric hot water heaters present. 50 gal. tank in the tower penthouse and one 80 gal. tank visible in the BRH space. Urology clinic space not accessible.

Fire Suppression Hydronic sprinkler system installed throughout Facility

Observations

Water heater unit The domestic hot water appears to be provided by at least two electric water heaters. The hot water tested and system functional. Proper pressure relief valve and extension installed. No active leaks or excessive corrosion noted. Tanks appear to have several years of serviceable life expectancy.

All water heaters are required to be installed with seismic straps. Recommend installing seismic straps to all water heaters.



Recommend installing seismic straps on all water heaters as required.



Supply / Distribution/ DWV/ Fixtures The main water service is provided by a 2" municipal service that supply's

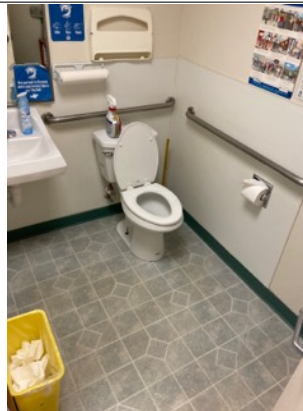
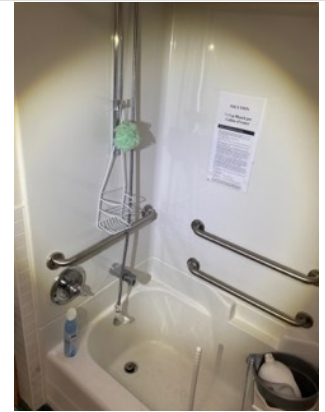
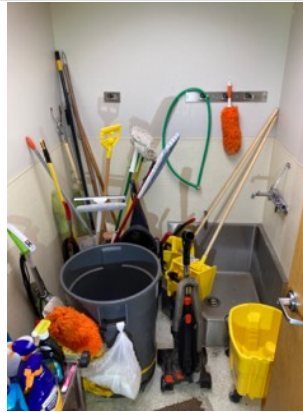
Plumbing / Fire protection

Observations cont.

Supply / Distribution/ DWV/ Fixtures cont. domestic water as well as fire suppression system. The plumbing fixtures tested in accessible spaces. Functional flow and drainage observed. No sign of leaks or backups visible. Proper P trap drain assembly and isolation valves installed each fixture. Some tenant spaces in use at time of inspection and that evaluated. Function and condition presumed satisfactory



The main water shutoff valve is located in then sprinkler riser closet in the front , street side corner of building accessible through BRH space.



Sprinkler Riser The building is equipped with a hydronic fire suppression system with overhead sprinklers in each room, closet and above ceilings. A recent service/inspection was done on 6/20



Southeast Fire Protection
 Alaska License # 57068
 113 Harvest Way #13, Sitka, AK 99835
 Phone 907-747-3135 • Fax 907-747-6314
 Juneau Phone 907-790-3135 • Fax 907-790-3136

THIS AREA EQUIPPED WITH:

1. Type	2. Design Value
3. Type	4. Rate of Flow Value
5. Type	6. Mechanical Control Value
7. Action Value	8. Other Type Value

Value Serial No. *4" Roling 10*

Static Water P.S.I. *60*
 Residual Water P.S.I. *60*
 Did Alarm Operate? *yes*
 Air Pressure *45 psi*
 Air Pressure Trip Point *45 psi*
 Trip Time (sec) *1*
 Water Flow Test (gpm) *150*
 Low Points Disposed *yes*
 Water Supply & Valve Left open *yes*

Number of Low Points to be Disposed *20*

Date *6-19-20*
 Inspector *PA. [Signature]*
 Permit # *2020*

DO NOT REMOVE

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: January 26, 2021
TO: Jeff Rogers
FROM: Kevin Benson, Chief Financial Officer
RE: Bartlett Covid Response

Purpose:

Bartlett wants to provide a more comprehensive narrative and financial information to help the Assembly better understand Bartlett's response to the Covid-19 pandemic. We are putting forth the following information to accomplish this.

Background:

Bartlett Regional Hospital was on pace to having a very robust year in FY2020 with strong volumes and revenues. All that changed when Covid-19 entered the community and BRH had to change direction from normal patient care operations to developing a response to the virus that causes Covid-19.

Response:

At the onset of the Covid-19 Pandemic, BRH activated its Incident Command System (ICS) to respond to this crisis. Over the course of the next months here are the measures that were implemented:

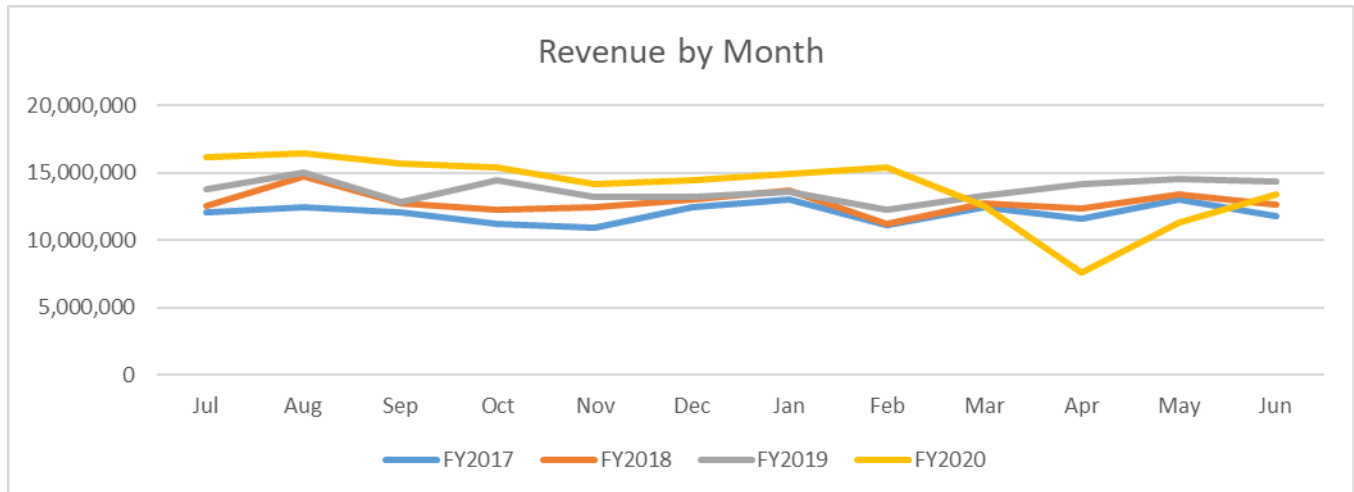
- Developed a new visitor policy to restrict access to only persons needing to be at the hospital.
- Locked down all entrances other than the main entry which was open from 6AM to 8PM, M-F, and the Emergency Department, which continued to be open 24/7. Set up a newly staffed screening station at the main entrance to screen persons seeking entry for Covid-19 symptoms and appropriateness for entry.
- BRH ICS worked closely with CBJ ICS to understand and coordinate efforts in the Unified Command Center.
- Set up a newly staffed triage tent outside the Emergency Department to screen patients seeking care there.

- Around mid-March all elective outpatient services were closed. Only inpatient and emergency services continued. During this time BRH focused on determining how to safely treat Covid-19 patients and protect staff from exposure.
- Residents at the Rainforest Recovery Center (RRC) were discharged to make room for using the facility as a location to isolate and treat Covid-19 patients. The furniture was put into storage and the facility was stood up as an Alternative Care Site and was issued a license for Temporary Beds. The facility was equipped with beds, pharmaceuticals and medical equipment.
- Prepared to increase the number of beds in the Med/Surg floor by going to semi-private rooms. BRH was issued a license for Temporary Beds on this unit. Also created a “Covid” wing with negative pressure rooms.
- The Emergency Department triage tent proved to be an inadequate long-term solution so another, larger tent was constructed. Going into the winter it was realized this also was inadequate and a wooden structure was constructed and just recently put into service.
- Admissions to the Mental Health Unit were restricted to Southeast Alaska where previously BRH received patients from throughout the state. This reduced the number of patients to that service by 60%.
- There was substantial construction within the hospital to create negative pressures rooms within the Emergency Department, the Medical Floor and CCU.
- Sought to increase the supply of Personal Protective Equipment (PPE) as it was understood that care for Covid-19 patients would require a great deal of this supply. Of course, every other hospital was making the same effort so PPE supplies were initially very limited.
- It was initially believed that ventilators would be needed for treatment of more severe cases and our supply went from 8 to 16. It was later determined that high-flow oxygen was a better treatment option. This presented a challenge as high-flow oxygen requires a great deal of stored O2. BRH tripled the supply of O2 on site in preparation for this.
- In order to protect staff and provide for proper distancing, the IT department mobilized approximately 100 staff to work from home involving the purchase of tablets, laptops and sending their workstations home.
- Converted outpatient behavioral health service to exclusively a telehealth service.
- Moved all meetings to a virtual experience though the acquisition of Zoom meeting software and for enterprise use.

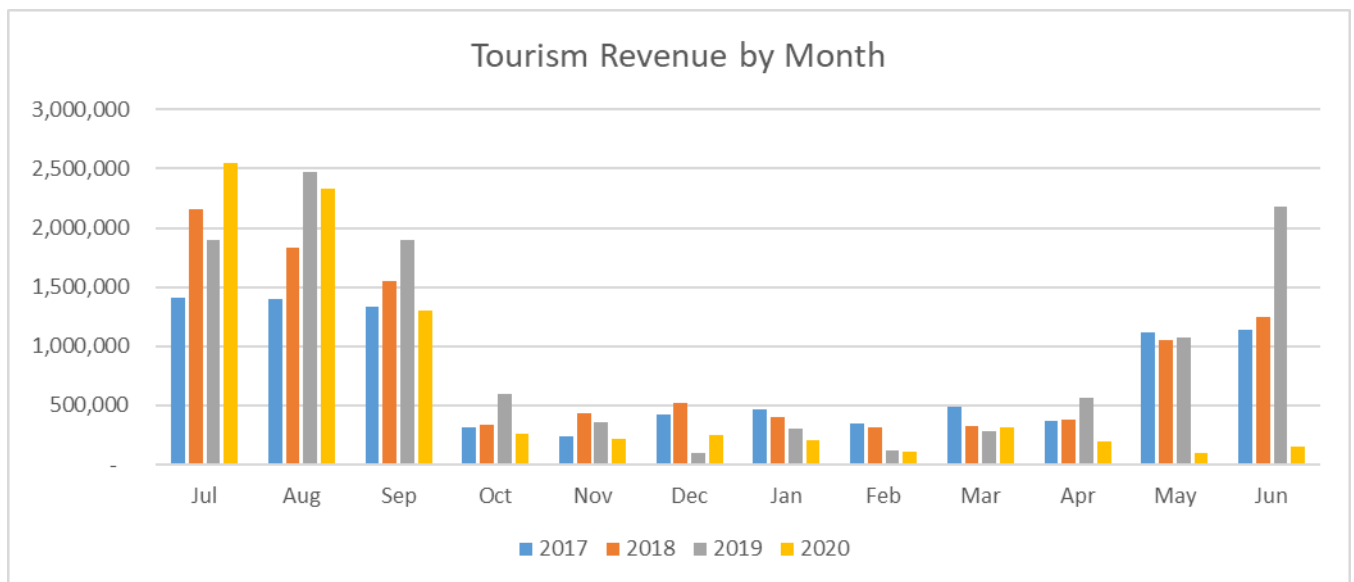
These are the high level changes that occurred. Department managers provided detail what was done within their areas and that can be found in Appendix A.

Financial Impact: Lost Revenue

The financial impact to BRH of the Covid-19 response was significant. Until March, BRH was experiencing strong volumes and revenues and consistently exceeded the prior year on a monthly basis. Shutting down outpatient services for six weeks reduced revenue by 50%. A gradual opening of outpatient services in early May led to a gradual increase in patient revenues. The graph below shows the reduction of revenue in FY2020 beginning in March.



In addition, the revenue usually generated by the tourism industry was greatly reduced. BRH typically sees \$12 million of annual revenue from tourism, with a majority seen in May-September.



Financial Impact: Expenses:

While BRH was seeing reduced revenue, expenses were increasing. There was discussion at the beginning of the pandemic regarding the possibility of furloughing staff. However, there was concern that in the event of a Covid-19 surge, these furloughed staff may not be available to return and BRH would not have the staff to provide the needed patient care. It was determined to maintain the current staff and utilize a work pool to reassign staff whose department closed or experienced minimum volume.

The staff pool was assigned to many locations within BRH including the main entry screening station, the Emergency Department triage area, standing up of Rainforest Recovery Center, etc. Staff also worked outside of BRH working with CBJ on the setup of Centennial Hall, airline passenger testing, and CCFR testing.

A new department was set up to record staff time spent on the Covid-19 response and other related expenses. Through the end of December, the recorded expenses are as follows:

Salaries	3,070,212
Benefits	1,242,314
Student Loan Forgiveness	425,989
Supplies	237,386
Pharmaceuticals	312,746
Software Support	222,690
Minor Equipment	355,311
Capital Equipment	661,581
Total Expenditures	6,528,229

Provider Relief Funds (CARES):

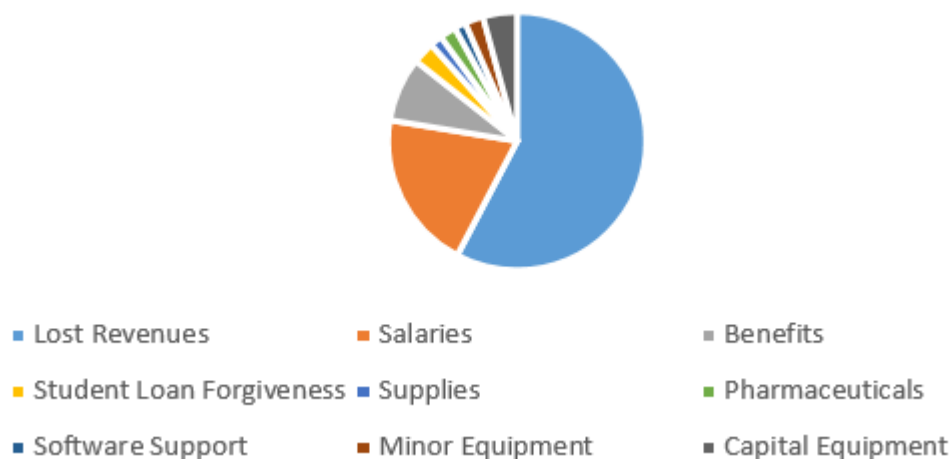
The operating model of reduced revenues and increased expenses is an unsustainable business model. However, BRH received \$13.2 million in Provider Relief Funds (CARES) to help bridge the deficit that otherwise would have been incurred during this time. These funds are administered by the US Department of Health and Human Services. Initially the direction provided by HHS in May was that these funds could be used to offset lost revenue and expenses related to Covid-19. Since then, the guidelines on how to apply these funds changed continuously, making the realization of these funds difficult and frustrating as we chased a moving target. There were many hospitals and health systems which returned large sums of CARES funding. At one point there was a very real concern that BRH

would possibly need to return some of the funds received. Under intense political pressure HHS finally reversed guidelines and moved back to the original guidelines issued in May. It now appears that HHS has finalized their guidelines and loosened the restrictions on how to apply these funds.

The attached worksheet shows the how BRH will realize these funds. The following is a brief summary of each item:

- **Lost Revenues:** \$8.9 million will be applied to lost revenues. In mid-March BRH closed down outpatient services other than the Emergency Department. Revenues dropped by 50% for six weeks and gradually returned over the next four months. In addition, revenues normally generated by the tourist season were not generated.
- **Operating Expenses:** When the effects of Covid-19 began to be felt locally, a new department was set up to capture ongoing related operating expenses. There were added staff costs associated with front door screening, emergency department triage screening and added staff costs related to preparing the facility to treat Covid-19 patients. Mandated Emergency Family Leave was incurred for staff needing to be home for day care and remote learning. Supply costs for PPE were incurred, maintenance costs for ventilation changes to create negative pressure treatment rooms, increased oxygen costs, etc. These costs totaled \$6.5 million through the end of December. Although the Covid-19 related costs have stabilized, they will continue to be incurred until the end of the pandemic.
- **Capital Spending:** This was a rule change that helped BRH. HHS changed their guidelines from claiming one year of depreciation to claiming the entire cost of equipment. The main capital projects included the Emergency Department triage tent and now the triage building. At the start of the pandemic, in order to keep staff safe, a work-from-home policy recently implemented for Patient Financial Services was extended to other departments. Approximately 90 staff were setup to work remotely. This required additional work stations which cost \$100,000. Other pieces of equipment included ventilation hoods for molecular testing, an ultralow freezer and Cepheid Testing Machine.

Lost Revenue & Expenses



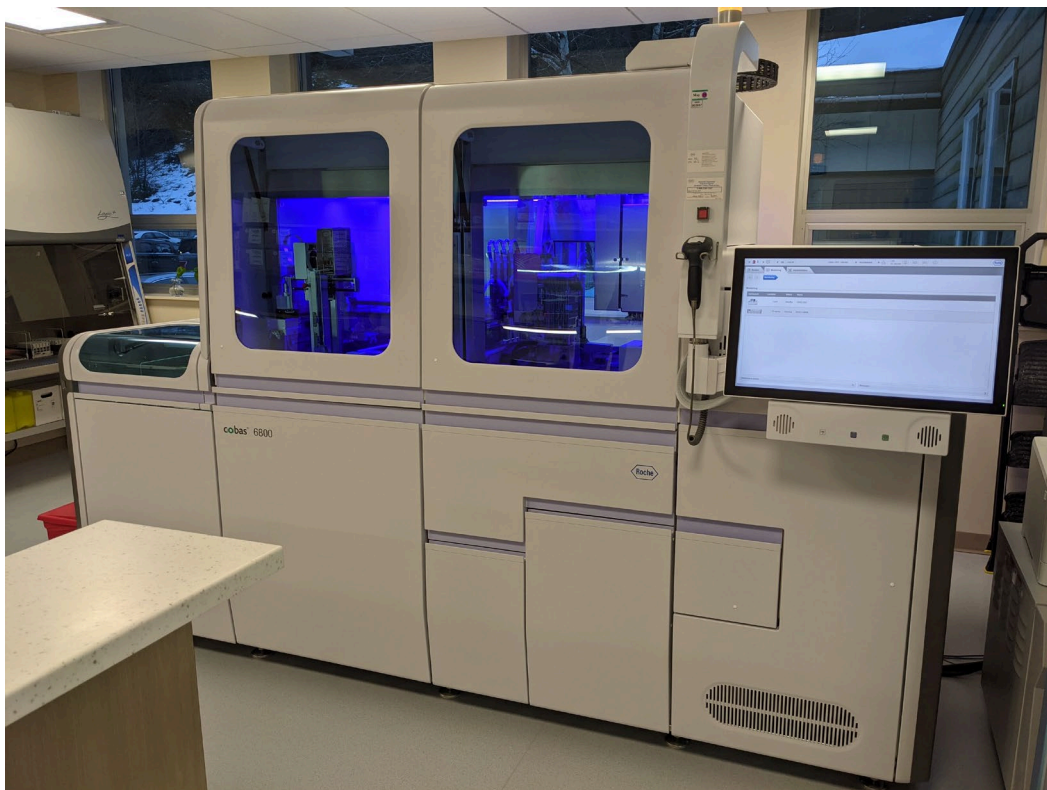
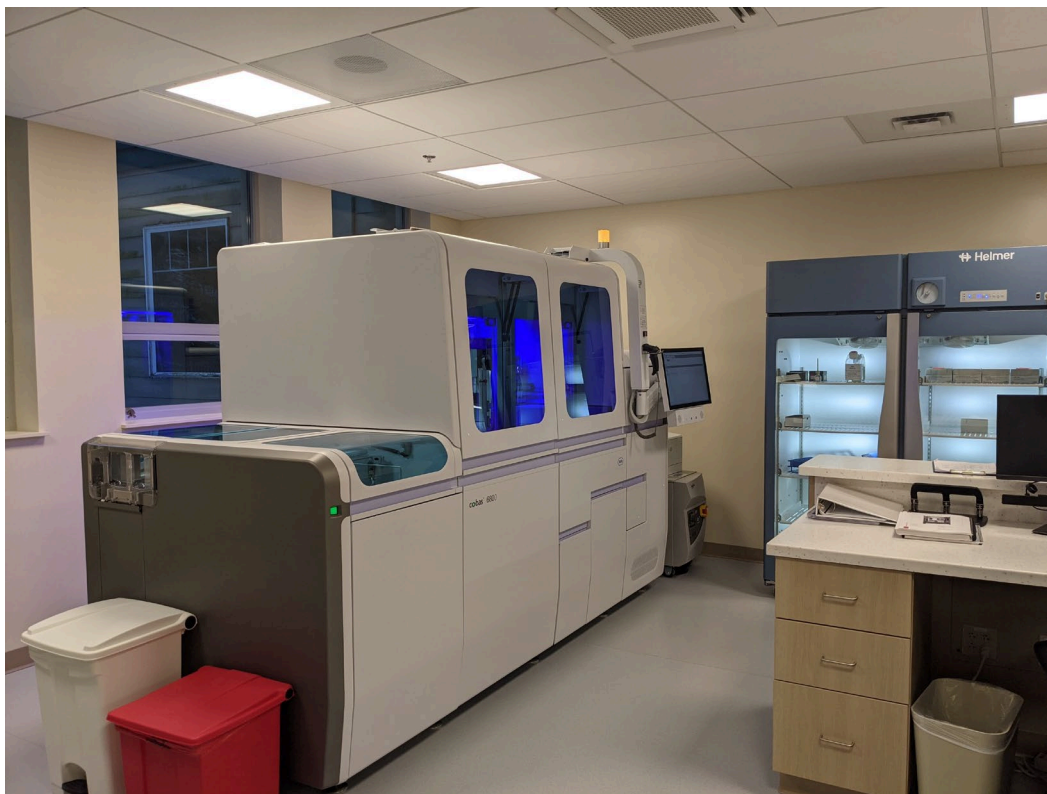
Lost Revenue & Covid Expenses	Amount
Lost Revenues	8,905,818
Salaries	3,070,212
Benefits	1,242,314
Student Loan Forgiveness	425,989
Supplies	237,386
Pharmaceuticals	312,746
Software Support	222,690
Minor Equipment	355,311
Capital Equipment	661,581
Total Expenditures	15,434,047
Provider Relief Funds	13,200,000
Covid Deficit	2,234,047

Total spending and lost revenues qualifying to be claimed under Provider Relief Funds total \$15.4 million. This amount is \$2.2 million greater the CARES funding of \$13.2 million. This does not include the acquisition and operating costs of molecular testing.

Molecular Testing: BRH is currently standing up a Molecular Testing Lab within the hospital. This will allow for a quicker turnaround and greater volumes of tests.

The capital costs to set up the Molecular Testing Lab is estimated to be approximately \$700,000 while the operating cost is conservatively estimated to cost \$1.8 million annually. This is an additional \$2.5 million cost which is unbudgeted and has no funding opportunities that we are aware of. See Appendix B.

Bartlett Regional Hospital – Molecular Testing Lab Photos





Appendix A: Bartlett Regional Hospital – Departmental Responses to Covid-19 – January 2021

Medical Surgical Unit - 6010

- Needed to convert six rooms in the back wing of the floor into a negative pressure area. Converted physician documentation station into a donning room. Converted store room in wing to a doffing room.
- Supplies needed:
 - HEPA filters to create negative pressure. (Not sure if machines we had or purchased during beginning of covid.) Then needed certification we had good negative pressure.
 - Construction was done to build a wall to hold the negative pressure in.
 - Extra workstations on wheels were ordered for the covid wing along with communication phones to carry in there for nurses
 - We needed six extra portable suction machines since we had to convert each room into two beds per room
 - We ordered extra oxygen tanks to have on hand
 - We needed extra hand sanitizers mounted in areas.
 - Mirrors were recommended in use for donning and doffing clothes to prevent cross contamination. (CDC recommendation.)
 - Infection control had to purchase additional PAPR machines especially when masks were low. And battery packs to run 24 hours.
 - MS needed more thermometers for the unit and extra vital sign machines to keep in the contaminated section.
 - We need a special closed food cabinet for the unit to deliver food and pick up trays from covid rooms.
 - PPE orders were a big expense (gowns, masks gloves, eye protection and gloves) for the unit especially when they were in short supply.
 - Some of our furniture needed to be removed and placed in storage
 - We acquired two travelers to help
 - Needed individual computers for each isolation room
 - Each isolation room needed its own laundry holder left in room, ordered four

Critical Care Unit - 6020

- Attached are the pictures representing the changes in CCU since COVID -19.
 - We turned CCU 08 into a negative airflow room with a new fan in the ceiling.
 - We also converted windows in CCU 07, CCU 06, and CCU 05 to allow hook-up of the HEPA filter and make the room a negative airflow room when needed.
 - CCU 08- CCU 06 have plastic curtains for more of a barrier to doffing gown and gloves. There are also markings on the floor which differentiate 6 feet from the bed.
 - We went ahead and switched all fabric curtains to the plastic curtains for ease of cleaning in between patients in the rooms.
 - We have a barrier between OB and CCU near room 8, so traffic cannot easily flow from CCU into OB.
 - We also have a cart near 08/09 for mask storage.
 - We also purchased a full length mirror so staff can see themselves when donning and doffing.





Mental Health Unit – 6060

- We removed all items of communal use from our dayroom and placed them into another patient room so that removed one bed from rotation of 12.
- We no longer serve all of Alaska, at this time, and only serve Southeast so this has decreased our census by an average of 5 patients per day.
- Staff who were not needed due to low census were largely utilized in other locations like the COVID Tent and Centennial Hall.
- We purchased IV pumps and poles under Detox to be ready to help support medical detox IV if there were a surge of COVID patients on Medical.
- We test all our patients for COVID and no positive infectious patients are allowed on MHU.
- We limit how many patients can be in our dayroom due to space limitations and also changed the nature and length of some of our more aerosolizing activities like talking / aerobics so that we limit time that may spread COVID if patients were just exposed and not positive yet.
- We close down half our unit for high risk for violence or infectious patients who won't mask, are more likely to spit or yell. We also use more PPE with goggles and N95s for very high risk patients which may increase some medical supply costs.
- We are working on put magnetic locks on our doors outside of room 9 so if we have a high risk person we could contain them to only 3 rooms instead of having to close down 6 rooms. However, that has not made any forward progress in several weeks from my understanding. We appear to be waiting on Maintenance and Juneau Alarm.

Obstetrical Unit – 6080

- **Sealed door between OB and CCU outside of CCU isolation rooms.** This added an extra level of safety between COVID patients in CCU and healthy OB patients. This seal is temporary, and can be broken in cases of emergency.
- **Reoriented equipment/furniture in OB1.** Room OB 1 is setup as our COVID room- it has clearly identified space for donning/doffing, an allocated space for the bassinet that is 6ft from the mother's bed. It also has a HEPPA filter and a fully-stocked PPE cart for quick access.
- **All OB rooms and SCN (Special Care Nursery) have floor markings identifying proper donning and doffing spaces.** These allow us to be prepared and safe when caring for COVID positive patients in both labor, but also high-risk newborn care.
- **Supply Changes:** only supply needs that have changed have been to accommodate increased usage of PPE. Prior to rapid testing availability, all staff caring for a labor patient needed to wear an N95 for the entire 2nd stage of labor (pushing).
- **PPE Cart in hallway alcove:** we added a large 3 tiered cart in our main hallway alcove to allow for proper storage and handling of used and clean N95 masks.

Hospitalists – 6198

- As we had no CMO and volunteer chief of staff, I as the hospitalist medical director had to step into the role of CMO and direct the physician response. I had to restructure my team to cover my shifts while I spent 200+ hours in march and April doing the following
 - Attending state meeting daily
 - Worked with other Alaskan hospitals to coordinate the response and flow
 - Huddling with management when covid issues arose, helped to create protocols (such as the red yellow green system), educating nurse teams
 - Medical consultant for the ICS team
 - Formulating a covid physician response across the hospital which included organizing a leadership team for potential surge response which required multiple meetings
 - Establishing and upkeep of the provider covid folder: the main communication strategy for medical protocols
 - Working with the planning section (James Caldwell) to help with strategies for staff
 - Keeping up on the ever changing landscape of the disease as data came out for treatment. Connecting with areas down south that were already surging to find out their strategies. Listing to multiple CMEs such as the University of Washington, EM rap etc..... Reading articles in NEJM/JAMA, etc. and reporting back the latest data to the hospital and to physicians.
 - Working with pharmacy as new drugs came out.

Same Day Surgery – 6213

- Same Day Surgery was essentially closed from Mid-March to May.
 - The unit itself was arranged to accommodate a possible “surge” (this did not occur)
 - No new supplies were requested, other than increased PPE
 - No remodeling or capital acquisitions required
 - Staffing:
- Minimum staffing of 2 RNs per shift was maintained to be ready for “urgent” cases moving through SDS
 - All other staff were able to work in other areas in the hospital, such as:
 - * Infection control (education, monitoring, fit testing, as needed)
 - * participating in the labor pool employment opportunities
 - * staffing the front entry and ED tent COVID areas
 - * laundry
 - * orienting and floating to other units in the hospital
 - * working with education to create and staff “just in time” trainings for all RN staff
 - * training and working with Tonia Montez to stand up Central Staffing
- Since re-opening in May, as per the SOA Health Mandates and BRH Incident Directives:
 - COVID education, screening and required testing has become a routine and critical new process for patients accessing services in SDS
 - The majority of patients are COVID tested at CCFR
 - COVID screening and confirmation of testing is done during the PAT interview, as well as the day before the procedure, and upon arrival on the DOS.
 - If a patient has not been able to access CCFR, OR and SDS staff have been trained to administer a COVID test prior to the procedure
 - CCFR and BRH Lab/Micro are essential in successfully administering and tracking the tests and results for our patients

Diagnostic Radiology/Imaging – 7041...

- Phone registration process so outpatient Covid-19 patients could be registered as outpatient by phone and brought in the back door to get X-ray and returned to their car
- Developed a lung ultrasound protocol for Covid-19 lung screening
- Used CARES Act funding to purchase 5 portable ultrasound units
- Used two of our new PACS workstations so radiologist could work offsite
- Restructured waiting room and schedule so scheduled patients would not have to wait in waiting room and could go from registration to exam
- Walk in patients would be only patients to be in waiting room
- Mammography patients go directly to mammography suite, which increased number of screenings and patient safety
- Radio interviews about social distancing and outpatient safety increased screenings and made patients comfortable to come in to hospital for testing

Facilities – 8360

- Triage Tent
 - Initial setup
 - Tear down and set up of three additional versions
 - Triage tent power
 - Purchase of portable barriers
 - Purchase of primary and backup heaters
 - Setup of fuel delivery system
 - Purchase of new inflatable tent to replace damaged tent \$70,000
 - Rented portable toilets for Triage Tent
 - New Triage building
- Had window adapters made for negative air machine MS, CCU, RRC
- Dozens of shields designed, made and installed around the campus
- Set up Isolation area in ED

- Installed rigid wall, door and active monitoring system ED Isolation
- Developed Isolation design with consultant for ED, MS and OR
- Consultants to measure air exchanges and develop a more permanent design for ED isolation
- Remove furnishings from RRC for covid isolation facility
- Set up and take down of RRC as covid isolation facility
- Setup MS isolation wing including purchase of materials
- Purchase of 10 additional portable HEPA filters
- Purchase of UVC sterilizers for small devices such as phones
- Purchase of 4 ceiling mount HEPA fans
- Install Ceiling mount HEPA fan in CCU
- Install HEPA filter Boxes for the exhaust air from the ED isolation area
- New covid lab
- Purchased scrubs for staff treating covid patients, and setup scrub distribution and laundry for staff
- Maintained a significantly increased inventory of oxygen.
- Rented generator, and repairs to refrigerated container for potential body hold

Patient Access Services - 8390

- March – 3 staff members were set up with lap tops to work from home; 3 went to help in the labor pool/central staffing.
- ED Services – cell phone/cordless phone, alternate plan to obtain information from patients who may be compromised.
- Calls to patients for scheduled services to review demographics/insurance to expedite their encounter with PAS on check-in.
- Data entry of all COVID tests, during the months March – April the hospital was only scheduling necessary tests/procedures PAS was able to keep up with the calls from patients. As BRH opened back up for services additional staffing was needed to do call backs to patients. We do have Casuals come in three times a week from 1630-1930 to do patient call backs.
- Screening all patients/visitors – Overseeing the main entrance Monday – Friday 0600 – 2000
- Added plexiglass barriers to workstations
- Doubled supplies for sanitizing products/wipes, as we sanitize after each patient encounter
- Meditech build in response to adding telemed services throughout the hospital and BOPS.

Health Information Management – 8440

- When it was decided to send staff home, we sent everyone home except for the Director to validate records in the electronic health record and other duties such as analyzing and indexing, as well as birth certificates, lab coding and updating spreadsheets. The Director answered phones in the office as well as all the scanning and coordinating work with the staff at home.
 - We obtained 2 laptops from IT to help with the staff who did not have a computer they could use at their home
- We brought one staff member back in May. When surgeries started, we brought two more back and by the end of June everyone was back in the office.
- We moved one staff member in a private office and set up the physician computers for another staff member so there was more social distancing.
- We obtained a badge reader for the door, as well as a hand sanitizer for the customer window, and pen holders for sanitized and not sanitized use, which are cleaned throughout the day, as well as the clipboard.
- We instituted a cleaning process for all common areas, such as fax machines, scanning station, doors and kitchen after use as well as cleaning in the evening of each person's workstation.
- One employee retired at the end of July. Another staff member went out on EFMLA in late August due to children not doing in-person learning. We recruited for a full-time staff member in August and obtained a casual. The staff member on EFMLA came back part time due to schooling and remained on EFMLA until she resigned in December. We only utilized the casual until October.
- We have limited access for non-HIM employees into our work area. This means mailing or faxing items that historically have been in the physician boxes in HIM. We also have been tasked with printing obstetrical records from outside clinics and delivering them to the OB Floor. We limit trips to the main hospital as much as we can.

Finance – 9000

- COVID department was established to track all expenses for Provider relief fund reporting.
- Staff time was tracked manually via ‘green slips’ (emailed to payroll) as part of ICS process to capture home department of the employees before the cost was transferred to COVID department. This step was especially important for Cost report.

Information Systems – 9200

- Various inter-office moves to space out employees for social distancing
- Remodel support for COVID wing and COVID overflow areas
- Mobilized approximately 100 staff to work from home
 - Involved purchasing tablets, laptops, iPads, mobile phones
 - Sending staff home with their desktop workstations
- Acquired Zoom meeting software for enterprise use and set staff up to meet remotely and begin telehealth services
 - Acquired several peripherals for this purpose (webcams, sound bars, microphones, etc.)
- Acquired the use of Smartsheets
 - Amazed at what Miranda was able to build for our use
- Improved Citrix Portal offerings and added access for more groups
- Increased VPN access to internal hospital network
- Accelerated the implementation of our HelpDesk support team from Engage
- Worked with vendors to update IMO codes to include current COVID problems in Meditech and T-system
- Coordinated downtimes in T-system to update documentation to reflect latest COVID info.
- Updated patient education in Meditech to include COVID specific education.
- Built COVID care plan and clinical panel in Meditech
- Built (and rebuilt as evidence changed) COVID screening tools in Meditech
- Faced a massive increase (3,000%) in cyber attacks
 - Increased our Cyber security awareness training for staff
- Kept up with our project load including Installing our new VxBlock and migrating MEDITECH and PACS over to the new hardware.
 - Found new ways to get creative with vendors and support options to keep things on track
- Assisted with some of the logistics of the Mobile Testing site
- Assisted with IT needs of the Centennial Hall shelter
- Working with Lab and others on the COVID analyzer project
- Secured a \$1 Million grant from the State for telehealth and other communications projects
 - WebEx, WebEx Teams
 - New firewalls
 - EASE (Patient communication) application
 - New wireless network across the hospital

Clinical Information Systems

- Remote staffing required extra equipment and software licenses to be sent home for Clinical IS
 - Dual monitors (KK, Tania, Joyce)
 - Laptops (Elisa, Sally)
 - Dell docking stations (Sally, KK, Joyce)
 - Smartsheet accounts (Clinical IS team)
 - Zoom premier accounts (Clinical IS team)

Staff Development – 9405

- Man power was biggest use of CARES monies within the staff development department, as Miranda spent many hours on the following projects
 - Smart sheets
 - Daily staff screening
 - CBJ Centennial Hall quarantine site visitor tracking
 - Vaccine task force
 - Volunteer organization

- Community vaccination pod
 - Monitoring vaccine side effects
 - Molecular lab
 - Mandatory Covid reporting to state
- ICS
- Assists in facilitating infection control weekly update, took attendance and recorded in Relias

Bartlett Regional Hospital

Molecular Lab Operations

The following are the assumptions included in the operation of the Molecular Lab soon to go into operation at BRH:

Direct Costs:

- It was determined that operate a lab performing up to 900 tests per week would include 2.5 lab staff to run the lab. Patients would be registered within the Electronic Health Record and hold the documentation of the tests results. The volume of registrations would require 2.0 registration staff. These position have been hired and are going through orientation and training.
- Benefit costs for staff at BRH runs around 30% of salary costs.
- Supply costs are the most expensive operating component of operating the lab. Collection kits cost approximately \$6.00 per kit. The analyzer reagent costs \$26.00 per test and other miscellaneous costs around \$3.00 per test.
- Space was found in the hospital near to the lab that was suitable for the operation of the molecular lab. This space required substantial remodeling to be able the house this service. The useful life of this space is estimated to be 15 years and will be depreciated over that time frame.
- The analyzer was ordered through CBJ and arrived in December. The useful life of this equipment is estimated to be 5 years and will be depreciated over that time frame.
- Additional equipment was ordered by BRH. This included ventilation hoods (2), freezer, centrifuge, etc.

Indirect Costs:

- Overhead costs were determined from the Medicare Cost report which allocates facility costs (non-patient department that supports the patient care services). Based on that methodology the following percentages were added to account for other costs associated with this service.
- Plant Operational costs (6.3%) were added for utilities, repairs and service contracts.
- Housekeeping costs (2.2%) were added to account for cleaning of the space and laundry costs.
- Medical Records costs (2.3%) were added to account for medical coding and Electronic Health Record expenses.
- Administrative and General costs (23.2%) were added to account for management and supervision of the department, insurance, human resources, accounting, billing and collections and many other smaller services and departments.

Bartlett Regional Hospital							
Operation of Molecular Lab							
			Total Cost		Cost per Test		
			900	500	900	500	
Cost of Operation:			Test Per Week		Test Per Week		
Staffing:	FTES	Hrly Rate					
Lab Techs	2.50	\$ 33.13	172,276	172,276	3.68	6.63	
Registration	2.00	\$ 24.22	100,755	100,755	2.15	3.88	
			273,031	273,031	5.83	10.50	
Benefits		30%	81,909	81,909.36	1.75	3.15	
Supplies:	Cost per Test						
Reagents	35	46,800	1,638,000	910,000	35.00	35.00	
Depreciation:	Years	Cost					
Building Improvement	15	325,000	21,666.67	21,666.67	0.46	0.83	
Equipment	5	400,000	80,000.00	80,000.00	1.71	3.08	
Total Direct Costs			2,094,607	1,366,607	44.76	52.56	
Overhead:							
Plant Operation	318,341	6.3%	132,041	86,149	2.82	3.31	
Housekeeping	109,363	2.2%	45,361	29,596	0.97	1.14	
Medical Records	114,517	2.3%	47,499	30,990	1.01	1.19	
Admin & General	1,170,025	23.2%	485,300	316,629	10.37	12.18	
Total Expense			2,804,808	1,829,971	59.93	70.38	
Number of Tests			46,800	26,000			
Direct Cost per Test			44.76	52.56			
Total Cost Per Test			59.93	70.38			

